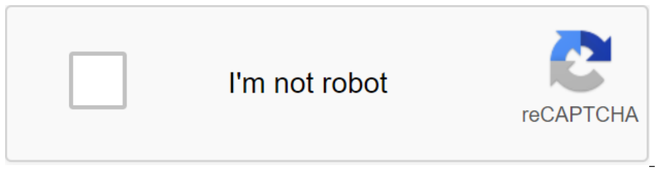
Resgat pomada bula pdf



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How does the life cream work? Rescue is a synthetic corticosteroid that acts, fighting inflammation and itching and... How does the life cream work? Rescue is a synthetic corticosteroid that acts by fighting inflammation and itching and causing narrowing of blood vessels (vasoculation properties). The rapid onset of action was observed after one week of treatment. Anti-rescue cream This medicine is not suitable for use by people who are sensitive to mometasone and other corticosteroids or who have had some kind of allergic reaction or unusual reaction to any of the components of the formula of this product. This medication is not suitable for children under 2 years of age.How to use a lifesaving CremeRescue is indicated for dermatological use. Do not bandage the appendix (occlusion bandages), unless for medical reasons. Follow your doctor's advice, always respecting the time, dose and duration of treatment. Do not stop treatment without the knowledge of the doctor. Dosed rescue creamSwas should apply a thin layer of rescue to the affected areas once a day. What if I forgot to use a life cream? If any dose is forgotten, apply the drug as soon as possible and keep it at the same time applying until the end of treatment. If in doubt, seek advice from your pharmacist or doctor or dentist. Rescue cream precautionsIf the injury does not improve after the first days of treatment, the possibility of another related diagnosis (e.g. bacterial or fungal infection) that will require specific treatment prescribed by the doctor should be considered. The absorption of the entire body of corticosteroids used on the skin may increase if extensive areas are processed or using occlusive technique (closed bandages). In such cases, the necessary precautions should be taken, as well as when long-term treatment is expected, especially in children and infants. Drug interactionsNo clinically appropriate drug interactions have been reported. Tell your doctor or dentist if you are using any other medications. Do not use medication without the knowledge of a doctor. It can be dangerous for your health. Warning of life creamsIf irritation or allergy occurs when using Rescue, you should stop using the medication and should seek medical attention for appropriate treatment. In the case of a dermatological infection, your doctor should specify treatment with appropriate antimic cosmetic (fungal medications) or antibiotic. If the respondence does not occur quickly, it will suspend the use of the rescue until the infection is under control One of the undesirable effects reported due to the use of systemic corticosteroids, including adrenal suppression, can also occur using topical corticosteroids, especially in children and infants. Adverse reactions of the creamAlong rescue with the effects necessary to treat it, the medication can cause undesirable effects. While not all of these side effects occur, you should seek medical attention if any of them occur. Unwanted reactions at the site of the use of life-saving creamsParestesia (tingling), itching (itching), signs of skin atrophy (thinner and brittle skin), abscess, exacerbation of the disease, erythema (redness), furunculosis, acne, reactions at the place of application and folliculitis (inflammation of the skin follicles). The following adverse reactions at the site were reported infrequently using other corticosteroids on the skin, irritation, dryness, hypertrichosis (hair enlargement), hypopigmentation (spots lighter than skin), perioral dermatitis (inflammation of the skin around the mouth), allergic contact dermatitis, skin cocarization, secondary infection. Tell your doctor, dentist or pharmacist if you've had any undesirable reactions with your medication. Also inform the company through your customer service. Special population of rescue creamPregnancy and lactation This medicine should not be used by pregnant women without medical advice or dentist. As the safety of the use of rescue during pregnancy has not been established, the product should be used during pregnancy only if the benefits justify the potential risks to the fetus, mother or newborn. Rescue, like any corticosteroid, should not be used by pregnant women in large quantities or for long periods of time. It is not known whether the use of corticosteroids to the skin can lead to sufficient absorption of the entire body to produce detectable quantities in breast milk. Corticosteroids administered in systemic form (orally or through injections) are found in breast milk in quantities that probably have no harmful effect on children receiving breast milk. However, a decision should be made between discontinuing breastfeeding or discontinuing treatment, taking into account the importance of treatment for the mother. Use in childrenChildren may have the following undesirable effects more easily than adults because of the relationship between the surface area of the skin and body weight: reversible suppression of the production of corticosteroids by the patient's adrenal glands and Cushing syndrome (clinical picture due to excess corticosteroids induced by corticosteroids applied to the skin. The use of corticosteroids on children's skin should be limited to a minimum dose compatible with an effective therapeutic regimen. Continuous treatment with corticosteroids can interfere with the growth and development of children. Adult and pediatric use for 2 years.CompositionEach gram mometazone furoate cream contains: Mometasone furoate 1 mg. Emitted: autoimulsifying wax, lanolin and gasoline, liquid gasoline, titanium dioxide, parabens, phenoxyethanol, propylene glycol, simetonone, dimeticonol, deionized water, phosphoric acid, sodium hydrooxide. Overdose of lifesaving creamIf you use topical corticosteroids (on the skin) excessively and for a long time, you can suppress adrenal function, causing the following symptoms: despondency, low blood pressure and low glucose may appear after discontinuation of corticosteroids based on medications. If this happens, you should seek medical attention to indicate appropriate treatment for symptoms. Symptoms of acute hypercortisolism (excess corticosteroids in the blood) are usually reversible. If necessary, the doctor will treat mineral imbalance and in cases of chronic toxicity, the doctor may advise to slowly suspend the use of corticosteroids. If you use a large amount of this medication, quickly seek medical attention and take a package or package of leaflets of the drug if possible. Call 0800 722 6001 if you need an additional guide. The medical interactions of the lifesaving creamSeveral interactions have been documented, mainly in relation to the corticosteroid class and are classified according to risk categories: AldesleukinCorticosteroids can reduce the antineoplastic effect of Aldesleukin.Risk X: avoid combination. Amftemycin BCorticosteroids (orally inhaled) can raise the hypokalemic effect of ampotericin B.Risk C: Monitor therapy. Antidiabetic agentsCorticosteroids (orally inhaled) can reduce the hypoglycemic action of antidiabetic agents. In some cases, corticosteroid mediated suppression of the HPA axis has led to acute adrenal cramps that can manifest as severe hypoglycemia, especially in the insulin profile or the use of another antidiabetic agent. Risk C: Therapy Monitor. CorticorlinCorticosteroids can reduce the therapeutic effect of corticorlin. In particular, seeric ACTH's reaction to corticorlin may go blind due to recent or current use of corticosteroids. Risk C: Therapy Monitor. Cyp3A4 Inhibitors (Strong) There May Be Increased Seeric The use of inhaled corticosteroids with CYP3A4 inhibitors is not recommended. Risk C: Therapy Monitor. DeferasiroxCorticosteroids can increase the adverse/toxic effects of deferasirox. Specifically, the high risk of ulcers/irritation or bleeding from G.I. Risk C: Monitor Therapy. HyaluronidaseCorticosteroids can reduce the therapeutic effects of hyaluronidase. Patients receiving corticosteroids (especially in high doses) may not receive the desired clinical response to standard doses of hyaluronidase. Higher doses of hyaluronidase may be required. Risk D: consider a change in therapy. A diuretic loop (orally inhaled) can raise the hypokalemic effects of diuretic loops. Risk C: Therapy Monitor. TelaprevirCorticosteroids can reduce the concentration of teuprevir blood serum, and this can increase the concentration of corticosteroids in the serum. Concomitant uses of telprevir and systemic corticosteroids are not recommended. Consider alternatives when possible. When used together, use extra care and monitor for excessive corticosteroid effect and reduced body-previer effects. Risk D: consider a change in therapy. Thiazoid diureticsCorticosteroids (orally inhaled) can elevate hypocalemic effects of thiazid diuretics. Risk C: Therapy Monitor. The sharing of mometasone furoate (active substance) with ketoconazole, a powerful inhibitor of the enzyme CYP3A4, can increase the plasma levels of mometasone furoate (active substance). The action of the life-saving substance CreamEfficacyResultsAdult useMometasone Furoate (active substance) was evaluated in three double-blind clinical studies in which 737 patients showed better recovery of lung function and a lower incidence of asthma exacerbations compared to placebo. In two clinical studies, 440mcg mometasone furoate (active substance) is administered once a day and 220mcg mometasone furoate (active substance) administered twice a day is produced by an improvement in EV1 compared to placebo. In addition, the rates of forced expiration (FRPe) have improved significantly compared to placebo. There was also a decrease in asthma exacerbations (with 440mcg daily) and a reduction in the use of lifesaving drugs with agonists No. 2 compared to placebo. In the third clinical study, patients who took 200mcg mometasone Furoate (active substance) once a day, administered at night, achieved significantly greater improvement in VEVE1 compared to those taking a placebo. The maximum expiring flow (PEF) measured at night improved by 7% at the baseline level in the group that received Mometasone Furoate (active substance), compared to 4% at the baseline who received placebo.1Multicenter, a double-blind, randomized study of asthma patients ranging from mild to moderate severity received Mometasone Furoate (active substance) internal powder (MF-DPI). Asthmatic patients without inhaling corticosteroids (12 years and older) demonstrated improved respiratory condition by receiving 200mcg of MF-DPI in the morning (n'72), 400mcg MF-DPI (n'77), or placebo (n'87) within 12 weeks. Patients who received MF-DPI showed excellent responses during treatment, tested by EV and FVC (EVD, forced expiring volume; FVC, coercive life potential). Patients receiving 400mcg MF-DPI showed improvements in FRPe compared to placebo. Patients receiving MF-DPI needed lower doses of rescue from agonists No. 2 compared to those who received a placebo. MF-DPI is well tolerated in both doses. Adverse events were mild to moderate. Thanks to the excellent reaction of the group, which received 400mcg MF-DPI for PFER compared to 200mcg for PFER, The authors recommend an initial dose of 400mcg MF-DPI as ideal in the daily therapeutic regimen.2Double-blind, multicenter-controlled, placebo-controlled study lasting 12 weeks compared to the internal use of 400mcg of Mometasone Furoate powder (active substance) (MF-DPI) once a day, administered at night with 200gmc of the same drug twice a day , improved lung function and asthma symptoms. Symptoms of asthma, the use of albutherol (rescue) were significantly reduced in groups treated with MF-DPI, as well as improved sleep quality compared to the placebo group. The only difference between asthmatic manifestations was that during the dose of 400mcg MFDPI there was less cough. Adverse events in both doses were predominantly respiratory infections and headaches ranging from mild to moderate.3Pediatric useDable-blind, randomized study of dose definition lasting 12 weeks. Patients aged 12 and over received inhaled mometasone furoate (active substance) inhaled inhaled powder (MD-DPI) to test effectiveness. Mometasone Furoate (active substance) was effective in alleviating the symptoms of persistent asthma without causing suppression of the function of the HPA axis. Patients were randomly assigned to receive inalatory treatment every 12 hours with a placebo, 168 micrograms of diclometazone, or 100mcg, 200mcg, or 400mcg mometasone furoate (active substance). Treatment of 200mcg mometasone furoate (active substance) has been consistently more effective than 100 micrograms of mometasone. Adverse events were similar in all study groups: headache, candidiasis in the mouth and throat.4 Study with duration weeks, multicenter, double-blind, parallel groups controlled by placebo, rated 2 modes of furoate mometasone (active substance) inalatory powder (100mcg at night vs. 100mcg twice a day) in 296 children between the ages of 4 and 11 with asthma. Significant improvements were observed in both regimen in relation to placebo for VET1, forced expiring flow, forced life potential, maximum expiring flow in the morning and night, asthma assessment symptoms, use of albumerol (rescue), night awakening, response to therapy, and quality of life. Both mometasone Furoate (active substance) DPI regimen were well tolerated and significantly improved lung function, maintaining effective asthma control and improving the quality of life of children.5Study where Mometasone Furoate (active substance) administered inaltivate powder (MF-DPI) have proven effective in treating persistent asthma severity, involving improved pulmonary activity, reducing asthma, and reducing or eliminating the need for oral asthma. The daily dose regimen 1 (one) was effective in patients with mild to moderate persistent asthma who had previously received inhaled corticosteroid regimens (ICS), as well as in patients who received only 2 agonists to relieve symptoms. Regime 1 (one) daily dose of 200mcg showed more benefits than a regimen of 1 (one) morning daily dose of 200mcg. Patients with severe asthma who depended on oral corticosteroids (OCS) and high doses of SHF were able to gain greater asthma control when they switched their medications to MF-DPI. In years of research, MF-DPI was well tolerated, and most side effects were considered mild and moderate. The administration of 200-400mcg MF-DPI in patients with mild to moderate asthma symptoms has been effective in improving pulmonary function and asthma control. Treatment of 400mcg MF-DPI has allowed a significant reduction in oral corticosteroid use.6Currently, asthma treatment guidelines recommend by the Administration of Inhalation Corticosteroids (SHF) as a treatment of choice in the fight against mild to moderate asthma in patients of all ages, including young children. In a large literature review study, clinical data such as efficacy, long-term safety, lack of systemic effects and dose approved for children by the FDA (U.S. Drug Regulatory Agency) were analyzed. The analysis showed that the daily dose in children aged 4-11 years significantly improved lung function and quality of life, reducing the use of life-saving drugs and exacerbations associated with the use of other ICS. No systemic impact on or a slowdown in growth. The results of pediatric studies are consistent and 1 (one) dose regimen has shown safety. The ease of using MF-DPI can help maintain asthma control due to a good commitment to treatment.7 Bibliographic references:1. Product information: ASMANEX TWISTHALER (R) oral inhalation powder, mometasone furoate oral inhalation powder. Schering Corporation, Kenilworth, New Jersey, 2008.2. Nayak AS, Banov C, Corren J, et al. Once a day mometasone furoate dry powder inhaler in the treatment of patients with permanent asthma. Anne Allergy Asthma Immuno. 2000; 84:417-24.3. Karpel JP, Busse WW, Noonan MJ et al. Effects of mometazone furoate is given once a day in the evening for lung function and symptom control in persistent asthma. Ann Pharmacoter. 2005;39(12):1977-83.4. Bernstein DI, Berkowitz RB, Cervinsky P, et al. Dose-band study of a new steroid for asthma treatment: mometasone furoate dry powder inhaler. Breathe Med. 1999; 93:602-12.5. Berger M. Milgrom H., Chervinsky. and other effects of treatment with mometazone furoate dry powder inhaler in children with permanent asthma. Anne Allergy Asthma Immuno. 2006;97:672–80.6. Karpel JP, Nelson H. Mometasone furoate dry power inhaler: Once a day inhaled corticosteroid to treat persistent asthma. Curr Med Res Opin. 2007 November;23(11):2897-911.7. Milgrom H. Mometasone furoate in children with mild to moderate permanent asthma, review evidence. Pediatrician Drugs. 2010; 12 (4): 213-21.Pharmacological characteristicsAct by reducing the formation, release and activity of endogenous chemical mediators of inflammation (sinins, histamine, liposomal enzymes, protaglandins). Leukocytes and macrophases should be present to begin responses mediated by the above substances. Inhibits the margin and subsequent migration of cells to the area of lesion, as well as changes the expansion and increased permeability of blood vessels, which leads to a decrease in the access of cells to these wounded areas. Mometasone Furoate (active substance) is a corticosteroid that demonstrates powerful anti-inflammatory activity. The mechanism of action of corticosteroids in asthma is not yet fully known. Inflammation is an important component of asthma pathogenesis. Corticosteroids have many inhibiting effects on different cell types (e.g. mast cells, eosinophils, neutrophils, macrophagues and lymphocytes) and intermediaries (e.g. histamine, eikosanoids, leukotrienes and cytokines) involved in inflammation and asthmatic reactions. These anti-inflammatory actions of corticosteroids can contribute to their effectiveness in asthma. The operation of the furoate mometazone is based on the connection with the corticosteroid receptor. These receptors are found in the cytoplasm of most cell types and are very epithelial lungs and epithelial bronchial. Once associated with the receptor, the genes that produce the anti-inflammatory proteins are activated. It also has an effect on bronchial hyperresiance, capable of causing a 20% reduction in forced volume expiration (PC20) of 1 second. Mometasone Furoate (active substance) is widely metabolized by the liver, mainly by the enzyme system CYP3A4. In vitro studies have shown that Mometasone Furoate (active substance) bears a high resemblance to the human glucocorticoside receptor, much higher than dhimhazon, fluticason, budesonide or triamcinolone. Corticosteroids have the ability to suppress the activity of the hypothalamic adrenal axis (HPA), causing inhibition of negative feedback. Mometasone Furoate (active substance) has a minimal effect on the function of the HPA axis in patients with mild to moderate asthma. This drug is very little systemically absorbed after it is inhaled, and its effects are mostly pulmonary. Mometasone Furoate (active substance) has a half-life lifespan of about 5 hours and an average distribution volume of 152L. Protein binding, in vitro, is 98 to 99%. Storage Of Rescue Cream Physical Cream is homogeneous from white to almost white. Store at room temperature (15 to 30 degrees Celsius). Protect against light and moisture. Number of packages and expiration dates: see do not use expired medicines. Keep it in the original packaging. Before use, watch the appearance of the medicine. If it is on its expiration date and you notice a change in appearance, consult your pharmacist to see if you can use it. All medicines must be kept within the reach of children. CremeMS Foreclosure Legal Statements - 1.0573.0500.Pharmacist Responsible:Gabriela Mallmann.CRF-SP No 30.138.Registered by:Ach' Laborat'rios Farmac'uicos S.A.Av. Brigadier Faria Lima, 201 - 20th floor. Sao Paulo - SP. CNPJ 60.659.463/0029-92.Ind'stria Brasileira.Fabricado por:Ach' Laborat'rios Farmac'uicos S.A.Guarulhos - SP. Selling on prescription. Editor's NoteData 2019-01-08Rating NameRating 5 5 resgat pomada bula anvisa. resgat pomada bula pdf