Piracetam has been given for various other disorders in a usual oral dose of up to 2.4 g daily in 2 or 3 divided doses; higher doses of up to 4.8 g daily have been used in severe cases. In severe disorders it has also been given by intramuscular or intravenous injection

Administration in renal Impairment.

Dosage should be reduced in patients with mild to moderate renal impairment according to creatinine clearance (CC):

Ø CC between 50 and 79 mL/minute: two-thirds of the usual dose, given in 2 or 3 divided doses

Ø and 49 mL/minute: CC between 30 one-third of the usual dose, given in 2 divided doses

Ø CC between 20 and 29 mL/minute: one-sixth of the usual dose, given as a single dose

Ø CC less than 20 mL/minute: contra-indicated

Adverse Effects Precautions

Piracetam is reported to produce insomnia or somno lence, weight gain, hyperkinesia, nervousness, and depression. Other reported adverse effects include gastrointestinal disorders such as abdominal pain, diarrhoea, nausea and vomiting, hypersensitivity reactions, ataxia, vertigo, confusion, hallucinations, angioedema, and rashes. Piracetam should not be given to patients with hepatic impairment or severe renal impairment; dosage reduction is recommended for those with mild to moderate renal impairment. Therapy with piracetam should not be withdrawn abruptly in myoclonic patients due to the risk of inducing seizures. When used to treat cortical myoclonus, piracetam is contra-indicated in patients with cerebral haemorrhage, and should be used with caution after major surgery and in those with haemostatic disorders or severe haemorrhage.

Stroke.

Piracetam did not influence the outcome if given within 12 hours of the onset of acute ischaemic stroke in a multicentre, randomised, double-blind study, although post hoc analyses suggested that it might confer benefit when given within 7 hours of onset, particularly in patients with stroke of moderate to severe degree. Further analyses of the same data concluded that piracetam did not produce significant adverse effects when given in high doses to patients with acute stroke, and significantly more patients had recovered from aphasia on piracetam than placebo. The results of two further randomised, double-blind, placebocontrolled studies supporting the role of piracetam as an adjunct to intensive speech therapy in improving aphasia following stroke were also reported. In contrast, a systematic review including the first study considered that the trend towards an increased risk of early death in patients allocated to piracetam was of concern, and concluded that the data did not support routine use of piracetam in acute ischaemic stroke.

Side Effects:

Side effects mainly occur when the preparation is administered in the dose more than 5 g per day. Higher irritability, excited state, sleep disturbance, headache, dyspeptic disturbances, sexual stimulation, higher motor activity are possible, and in elderly patients exacerbation of coronary deficiency sometimes is registered. In this case the dose of the preparation shall be decreased; its administration shall be ceased.

Over-Dosage: Side effects may be intensified on overdosing.

Storage: - Store below 30°C. Protected from light & moisture.

Improper Storage may deteriorate the product

Medicine: - Keep out of reach of children.

Presentation:- Piracetam Injection (200 mg/ml) in a glass vial/Ampoule.

Manufactured by:

AMERICAN REMEDIES
Care & Cure with Research
American Remedies Healthcare Pvt. Ltd.
(An ISO 9001-2015 Certified Company)

ICO: American Remedies LLC, DE, USA
Gala No. 105 to 111, 1st Flr., Bldg. No. E-15/A, Harihar Complex, Bhiwandi, Mumbai - 421302
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WHO GMP CERTIFIED

For the use only of a registered medical practitioner or a hospital or a laboratory

℞ Piracetam Injection

AMERICAN
PIRATICAN 200MG
Injection

For IV use only

Composition:-

Each ml Contains:-

Piracetam	IP	200 mg
Water for Injection	IP	q.s

DESCRIPTION:-

Piracetam injection is a sterile solution of Piracetam in Water for Injection for intramuscular (IM) intravenous (IV) administration.

Piracetam is administered intravenously and intramuscularly on serious cerebral diseases, states of coma, as well as for arresting of abstinent, preliminary or delirious states or acute complications occurred in the period of psychopharmacotherapy.

The chemical name of Piracetam is 2-(2-oxopyrrolidin- 1 -yfiacetamide. And it has the following structural formula:



Piracetam

PHARMACOLOGY

Pharmacodynamics

Piracetam induces metabolic processes in the brain. It increases ATP concentration in the brain tissue, intensifies RNA and phospholipids biosynthesis, stimulates glycolytic processes and increase glucose utilization. The preparation improves the brain integrative activity and memory, as well as protects on various forms of cerebral anoxia and improves the learning process. Piracetam improves feedbacks between cerebral hemispheres and synaptic conduction in the neocortical structures, regenerate and stabilize cerebral functions, especially consciousness, memory and speech, intensifies mental efficiency and increases cerebral blood flow.

Pharmacokinetics

Piracetam is rapidly and extensively absorbed from the gastrointestinal tract; peak plasma concentrations are reached within 1.5 hours after oral doses. The plasma half-life is reported to be 5 hours and it crosses the blood-brain barrier. Piracetam is excreted almost completely in the urine. It crosses the placenta and is distributed into breast milk.

After intravenous and intramuscular administration piracetam is distributed in all the organs and tissues. The preparation penetrates through blood-brain barrier and is accumulated in the brain tissue. It is much slower to be excreted from the cerebrospinal fluid than from other tissues, what proves a high tropism in the brain tissue. Piracetam is practically not subject to biotransformation in the organism. It is mainly excreted by the kidney.

Dosage and Administration

Piracetam acts on the CNS and has been described as a nootropic; it is said to protect the cerebral cortex against hypoxia. It is also reported to inhibit platelet aggregation and reduce blood viscosity at high doses. Piracetam is used as an adjunct in the treatment of myoclonus of cortical origin, and has also been used in dementia . Other disorders or states in which it has been tried (on the basis of a supposed 'cerebrocortical insufficiency' responsive to piracetam) include alcoholism, vertigo, cerebrovascular accidents, dyslexia, behavioural disorders in children, and after trauma or surgery.

In cortical myoclonus, piracetam is given in oral doses of 7.2 g daily increasing by 4.8 g daily every 3 or 4 days up to a maximum of 20 g daily. It is given in 2 or 3 divided doses. Once the optimal dose of piracetam has been established, attempts should be made to reduce the dose of other drugs.