

Legals & References

References: 1. Compral pain powder dissolution evaluation. Document no. 23/AD/063 (on file) 2. Diener HC, Pfaffenrath V, Pageler L, et al. The fixed combination of acetylsalicylic acid, paracetamol and caffeine is more effective than single substances and dual combination for the treatment of headache: a multicentre, randomized, double[1]blind, single-dose, placebo-controlled parallel group study. *Cephalalgia* 2005;25:776–787. doi:10.1111/j.1468- 2982.2005.00948. 3. Weiser T, Weigmann H. Effect of Caffeine on the Bioavailability and Pharmacokinetics of an Acetylsalicylic Acid-Paracetamol Combination: Results of a Phase I Study. *Adv Ther* 2019;36:597-607. <https://doi.org/10.1007/s12325-019-0891-5>. 4. Circana data April MAT 2024

Product Legal details:

☐ Compral® Pain Tablets. Each tablet contains paracetamol 100 mg; aspirin 400 mg; caffeine anhydrous 30 mg. Reg. No. B/2.8/1147. (Approved PI, November 2021).

Pack size < 38 sachets) ☐

Pack sizes ≥ 38 sachets) ☐

Compral® Pain Powders. Each powder contains aspirin 453,6 mg; caffeine anhydrous 64,8 mg; paracetamol 324,0 mg. Reg. No. 36/2.8/0009. (Approved PI, October 2021)

Company Legal details:

For full prescribing information refer to the Professional Information approved by SAHPRA.

Adcock Ingram Limited. Co. Reg. No. 1949/034385/06. Private Bag X69, Bryanston, 2021, South Africa. Customer Care: 0860 ADCOCK/232625. www.adcock.com

STRENGTH START: 250
PROPRIETARY NAME AND DOSAGE FORM: COMPRAL™ PAIN TABLETS

COMPOSITION:
 Each tablet contains:
 Paracetamol 100 mg
 Aspirin 400 mg
 Cellulose anhydrous 30 mg
 List of excipients: Acacia, starch, purified talc, hydrogated colloidal silicon, lauryl sulphate, colloidal silicon dioxide, microcrystalline cellulose, purified water
 Sugar free

PHARMACOLOGICAL CLASSIFICATION:
 A.2.8 Analgesic combination
PHARMACOLOGICAL ACTION:
COMPRAL PAIN TABLETS have analgesic, anti-inflammatory and antipyretic actions. They **INCREASE** the length of the prostaglandin.

INDICATIONS:
COMPRAL PAIN TABLETS are effective for the relief of pain of mild to moderate intensity and is also indicated in a wide variety of febrile conditions.

CONTRAINDICATIONS:
 Patients with haemophilia, severe renal impairment or patients receiving oral anticoagulant therapy.
 Intolerance or hypersensitivity to aspirin or other NSAIDs, paracetamol, caffeine or to any of the ingredients of **COMPRAL PAIN TABLETS**.
 Active or history of recurrent ulcer haemorrhage/ulceration.

Heart failure:
 History of gastrointestinal perforation, ulceration or bleeding (PUBs) related to previous NSAIDs, including **COMPRAL PAIN TABLETS**.
Not for use in children and adolescents under 18 years of age.

WARNINGS AND SPECIAL PRECAUTIONS:
 This product contains paracetamol which may be fatal in overdose. In the case of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poisons Centre must be contacted immediately.

Aspirin has been implicated in Reye's Syndrome, a rare but serious illness, in children and teenagers with chickenpox or influenza. A doctor should be consulted before aspirin is used in such patients.

COMPRAL PAIN TABLETS should not be used in children and adolescents under 18 years of age.

Caution is required in patients with a history of hypertension and/or heart failure as fluid retention and oedema have been reported in association with **COMPRAL PAIN TABLETS** therapy. In view of the **COMPRAL PAIN TABLETS** inherent potential to cause fluid retention, heart failure may be precipitated in some compromised patients.

History of the safety shows an increased frequency of adverse reactions to NSAIDs, including **COMPRAL PAIN TABLETS**, especially gastrointestinal perforation, ulceration and bleeding (PUBs) which may be fatal.

The risk of gastrointestinal perforation, ulceration or bleeding (PUBs) is higher with increasing doses of **COMPRAL PAIN TABLETS**, in patients with a history of ulcers, and the elderly.

When gastrointestinal bleeding or ulceration occurs in patients receiving **COMPRAL PAIN TABLETS**, treatment with **COMPRAL PAIN TABLETS** should be stopped.

COMPRAL PAIN TABLETS should be given with caution to patients with a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastro-oesophageal reflux disease, oesophagitis) as the condition may be exacerbated.

Serious skin reactions, some of them fatal, including cutaneous dermatitis, Steven's Johnson syndrome, and toxic epidermal necrolysis have been reported. **COMPRAL PAIN TABLETS** should be discontinued at the first appearance of skin rash, mucous lesions, or any other sign of hypersensitivity.

Regular use of NSAIDs such as **COMPRAL PAIN TABLETS** during the third trimester of pregnancy may result in premature closure of the foetal ductus arteriosus in utero, and possibly to postnatal pulmonary hypertension of the newborn. The usual of labour may be delayed and its duration increased.

Patients suffering from liver or kidney disease should take **COMPRAL PAIN TABLETS** under medical supervision.

Do not use continuously for more than 10 days without consulting a doctor.
 Consult a doctor if no relief is obtained from the recommended dosage.
 Excessive and prolonged use of this medicine may be dangerous.
 Store in a safe place out of reach of children.

INTERACTIONS:
Aspirin may enhance the activity of oral antidiabetic preparations and sulphonylureas. Aspirin diminishes the effects of antidiabetic preparations such as prednisolone and sulphapyridine. Salicylates and other salicylates may mask the respiratory symptoms of aspirin overdosage and have been reported to enhance toxicity.

NSAIDs: use of two or more NSAIDs concomitantly could result in an increase in side effects. Concomitantly increased risk of gastrointestinal perforation, ulceration or bleeding (PUBs).

Anti-coagulants: **COMPRAL PAIN TABLETS** may enhance the effects of anti-coagulants such as warfarin.

Anti-plaquet medicines and selective serotonin reuptake inhibitors (SSRIs): increased risk of gastrointestinal bleeding.

PRECAUTIONS AND LACTATION:
 Safety and efficacy in pregnancy and lactation have not been established.

Pregnancy:
Not to be taken during the first and third trimesters of pregnancy except under the advice and supervision of a medical doctor.

DRUGS AND DIRECTIONS FOR USE:
DO NOT EXCEED THE RECOMMENDED DOSE.
 Use the lowest effective dose for the shortest possible duration of treatment.
 Adults: 1 to 2 tablets, 4 hourly.
Not more than 4 doses in 24 hours.
Not for use in children and adolescents under 18 years of age.

SIDE EFFECTS:
Paracetamol:
 Skin rashes and other allergic reactions may occur. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by fever and mucous lesions. The use of paracetamol has been associated with the occurrence of neutropenia, pancytopenia and leucopenia.

Aspirin:
 Disturbance or irritation of the gastric mucosa and resultant dyspepsia, heartburn, indigestion, and indigestion may occur in some cases. Some persons, especially asthmatics, exhibit relative sensitivity to aspirin which may include sinusitis, conjunctivitis, bronchospasm and dyspnoea.

Prolonged use of high doses may lead to anaemia, blood dyscrasias, gastrointestinal haemorrhage, peptic ulceration and renal papillary necrosis.

Cardiac disorders:
 Oedema, hypertension and cardiac failure.

Contraindicated epinephrine disorders:
 The most commonly observed adverse events are gastrointestinal in nature.

Double ulcers, perforation or gastrointestinal bleeding, sometimes fatal. Insomnia, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melasma, haemorrhoids, ulcerative stomatitis, exacerbation of colitis and Crohn's disease, gastritis.

Skin and subcutaneous tissue disorders:
 Skin rashes, including Steven's Johnson syndrome and toxic epidermal necrolysis.

KNOWN SYMPTOMS OF OVERDOSEAGE AND PARTICULARS OF ITS TREATMENT:
 Prolonged treatment is essential. In the case of an overdose, consult a doctor immediately or take the person directly to a hospital. A delay in starting treatment may mean that acetate will prove too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed.

Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5-10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia and possibly abdominal pain. Mild symptoms during the first two days of acute poisoning do not reflect the potential seriousness of the overdose.

Liver damage may become apparent 12 to 48 hours, or later after ingestion. Initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin, coagulopathy and prothrombin time. Liver damage may lead to encephalopathy, coma and death.

Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac arrhythmias have been reported.

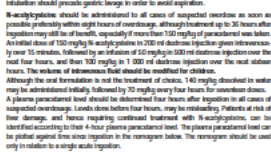
Treatment for paracetamol overdosage:
 Although evidence is limited it is recommended that any adult patient who has ingested 5-10 grams or more of paracetamol (or a child who has had more than 140 mg/kg) within the preceding four hours, should have the stomach emptied by i/v gastric lavage (or by nasogastric tube) and a single dose of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this may require treatment if patients susceptible to paracetamol poisoning (see above). In patients who are oliguric or anuric, intravenous fluidation should promote gastric lavage in order to avoid aspiration.

N-acetylcysteine should be administered to all cases of suspected overdose as soon as possible preferably within eight hours of overdose, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 100 mg/kg of paracetamol was taken.

A standard dose of 100 mg/kg of N-acetylcysteine in 200 ml solution together given intravenously over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml dextrose injection over the next four hours, and then 100 mg/kg in 1 000 ml dextrose injection over the next sixteen hours. The volume of intravenous fluid should be modified for children.

Although oral formulation is not the treatment of choice, 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg every four hours for successive doses.

A plasma paracetamol level should be determined four hours after ingestion in all cases of suspected overdosage. Levels above 400 mg/L, may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to four-hour plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the nomogram below. The nomogram should be used only in relation to a single acute ingestion.



Source: Martindale: The Complete Drug Reference - 37th Edition.

These whole plasma paracetamol levels are above the "normal treatment line", should continue N-acetylcysteine treatment with 100 mg/kg 15 over sixteen hours repeatedly until recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the "high risk treatment line". Prothrombin index correlation best with survival. Monitor all patients with significant ingestion for at least ninety six hours.

Aspirin:
 Symptoms include dizziness, tinnitus, vomiting, nausea, vomiting, mental confusion, hypernatremia, respiratory alkalosis, metabolic acidosis, tinnitus and depression of the central nervous system. In children serious signs of overdosage may develop rapidly.

IDENTIFICATION:
 White, round, bevel-edged tablets with the word "COMPRAL" imprinted on one side.

PRESENTATION:
 Polypropylene strips of 7 tablets packed in a display carton or a display board of 48 x 2's.
 ALUPHOPHOC blister packs containing 12, 24, 36 or 72 tablets.
 ALUPHOPHOC blister packs of 7 tablets, packed into a display carton of 50 x 2's.
 ALUPHOPHOC blister packs of 6 tablets per strip, packed into a cardboard carton of 12, 24, 36 and 50 tablets.
 PFRDPE box of 30 and 100 tablets.
Not all packs and pack sizes are necessarily marketed.

STORAGE REQUIREMENTS:
 Store at or below 25 °C in a well-closed container. Exposure to air should be kept to a minimum.

KEEP OUT OF REACH OF CHILDREN.
REGISTRATION NUMBER:
 SC.97147

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:
 Alcock Inogen Limited
 1 New Road, East/Croft, Milton, 1000
 P.O. Box 103, Brisbane, 4001
 www.alcock.com

DATE OF PUBLICATION OF THIS PACKAGE INSERT:
 May 1989

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