

PROGEST

Tablets

Composition

Each tablet contains Allyloestrenol 5 mg.

Action

Progestogens are often used in combination with oestrogens in the management of postmenopausal disorders. The progestogenic component is added to reduce the increased risk of endometrial hyperplasia, or carcinoma which occurs when unopposed long term oestrogen therapy is employed.

Pharmacokinetics

Absorption

Progesterone is absorbed by the digestive tract. Pharmacokinetic studies conducted in healthy volunteers have shown that after oral administration plasma progesterone levels increased to reach the C_{max} in 2.2 +/- 1.4 hours. The elimination half-life observed was 16.8 +/- 2.3 hours.

Distribution

Progesterone is approximately 96%-99% bound to serum proteins, primarily to serum albumin (50%-54%) and transcortin (43%-48%).

Elimination

Urinary elimination is observed for 95% in the form of glycuconjugated metabolites, mainly 3 α , 5 β -pregnandiol (pregnandiol).

Metabolism

Progesterone is metabolised primarily by the liver. The main plasma metabolites are 20 α hydroxy- Δ 4 α - prenolone and 5 α -dihydroprogesterone. Some progesterone metabolites are excreted in the bile and these may be deconjugated and further metabolised in the gut via reduction, dehydroxylation and epimerization. The main plasma and urinary metabolites are similar to those found during the physiological secretion of the corpus luteum.

Indications

Threatened and habitual abortion.
Failure of nidation.

Contraindications

Undiagnosed vaginal bleeding, missed or incomplete abortion, history of thrombo-embolism and mammary carcinoma.

Adverse Reactions

Progesterone may change vaginal bleeding patterns. It may cause changes in weight and appetite.

Most common side effects are tiredness, weakness, headache, shortness of breath, vision changes, loss of coordination and slurred speech; mental depression, stomach pain, yellowing of the eyes and skin rashes.

Precautions

Progesterone must not be given to patients with missed or incomplete abortions, undiagnosed vaginal bleeding, unless treatment is being attempted to patients with neoplasms of the breast.

Progesterone should be used with care in patients with heart or kidney disease, asthma or epilepsy, and other conditions affected by fluid retention.

Dosage and Administration

For threatened abortion

The suggested dose is 5 mg three times daily for 5-7 days.

For habitual abortion

The dose is 5-10 mg daily for at least 16 weeks.

Failure of nidation

10-20 mg daily from 16th to 26th day of each cycle until conception is achieved then 10 mg daily for at least 16 weeks.

Presentation

Box of 20 tablets