

I'm not a bot

































(cos) is a non-cardioselective β-blocker that competitively blocks β1- and β2-receptors resulting in decreased heart rate, BP and myocardial oxygen demand. It has membrane-stabilising properties. Betaprol (cos) is a beta-adrenergic receptor antagonist used to treat hypertension. Betaprol (cos) has a long duration of action as it is given once or twice daily depending on the indication. When patients abruptly stop taking propranolol, they may experience exacerbations of angina and myocardial infarctions. Attribute Details Trade Name Betaprol (cos) Availability Prescription only Generic Propranolol Propranolol Other Names Beta-Propranolol, Propanolol, Propranolol, Propranolol, Propranololum Related Drugs amiodipine, aspirin, lisinopril, metoprolol, losartan, furosemide, carvedilol, hydrochlorothiazide, Xarelto, clopidogrel Type Capsule SR Formula C16H21N02 Weight Average: 259.3434 Monoisotopic: 259.15722892 Protein binding Approximately 90% of propranolol is protein bound in plasma. Other studies have reported ranges of 85-96%. Groups Approved, Investigational Therapeutic Class Beta-adrenoceptor blocking drugs, Beta-blockers Manufacturer Consign Pharma Pvt Ltd Available Country India Last Updated: January 7, 2025 at 1:49 am Betaprol (cos) is used for: essential and renal hypertension;angina pectoris long term prophylaxis after recovery from acute myocardial infarction;cardiac dysrhythmia;prophylaxis of migraine;essential tremor;anxiety and anxiety tachycardia;adjunctive management of thyrotoxicosis and thyrotoxic crisis;hypertrophic obstructive cardiomyopathy;pheochromocytoma (with α-blocker) Betaprol (cos) is also used to associated treatment for these conditions: Atrial Fibrillation, Cardiovascular Mortality, Gastroesophageal variceal hemorrhage prophylaxis, Hemangiomas, High Blood Pressure (Hypertension), Migraine, Myocardial Infarction, Obstructive Hypertrophic Cardiomyopathy, Performance Anxiety, Pheochromocytoma, Proliferating Infantile Hemangioma, Supraventricular Arrhythmias, Tachyarrhythmia caused by Digitalis intoxication, Tachyarrhythmia caused by catecholamine excess, Thyroid Crisis, Thyrotoxicosis, Tremor caused by Lithium, Tremor Essential, Ventricular Tachycardia (VT) Betaprol (cos) is a nonselective β-adrenergic receptor antagonist. Blocking of these receptors leads to vasoconstriction, inhibition of angiogenic factors like vascular endothelial growth factor (VEGF) and basic growth factor of fibroblasts (BFGF), induction of apoptosis of endothelial cells, as well as down regulation of the renin-angiotensin-aldosterone system. Adults:Hypertension: A starting dose of 80 mg twice a day may be increased at weekly intervals according to response. The usual dose range is 160-320 mg per day. With concurrent diuretic or other antihypertensive drugs a further reduction of blood pressure is obtained.Angina, anxiety, migraine and essential tremor: A starting dose of 40 mg two or three times daily may be increased by the same amount at weekly intervals according to patients response. An adequate response in anxiety, migraine and essential tremor is usually seen in the range 80-160 mg/day and an angina in the range 120-240 mg/day.Situational and generalized anxiety: A dose of 40 mg daily may provide short term relief of acute situational anxiety. Generalized anxiety require long term therapy, usually responds adequately to 40 mg twice daily which, which individual cases, may be increased to 40 mgthree times daily. Treatment should be continued according to responses. Patients should reviewed after 6 to 12 months treatment.Dysrhythmias, anxiety tachycardia, hypertrophic obstructive cardiomyopathy and thyrotoxicosis: A dosage range of 10-40 mg three or four times a day usually achieves the required response.Post myocardial infarction: Treatment should be started between days 5 and after 21 after myocardial infarction, with an initial dose of 40 mg four times a day for 2 or 3 days. In order to improve compliance the total daily doses three after being given as 80 mg twice a day. Betaprol (cos) SR once daily, whether alone or added to a diuretic, the usual maintenance dosage is 120 to 160 mg once daily.Angina pectoris: Starting with 80mg Betaprol (cos) SR once daily, dosage should be gradually increased three to seven day intervals until optimum response is obtained.Migraine: The initial oral dose is 80 mg Betaprol (cos) SR once daily. The u effective dose range is 160 to 240 mg once daily. It may be advisable to withdraw the drug gradually over a period of several weeks.Hypertrophic subaortic stenosis: 80 mg Betaprol (cos) SR once daily/injection:Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.The usual dose is 1 to 3 mg administered under careful monitoring, such as electrocardiography and central venous pressure. The rate of administration should not exceed 1 mg (1 mL) per minute to diminish the possibility of loweringblood pressureand causing cardiac standstill.Sufficient time should be allowed for the drug to reach the site of action even when a slow circulation is present. If necessary, a second dose may be given after two minutes. Thereafter, additional drug should not be given in less than four hours. Additional propranolol hydrochloride should not be given when the desired alteration in rate or rhythm is achieved.Transfer to oral therapy as soon as possible. Betaprol (cos) is usually well tolerated. Minor side effects such as cold extremities, nausea, diarrhea, sleep disturbances and lassitude are often transient. There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenergic blocking drugs. Toxicity Symptoms of overdose include hypotension, hypoglycemic seizure, restlessness, euphoria, insomnia. Patients with asthma may develop bronchospasm. In case of overdose, monitor vital signs, mental status, and blood glucose. Treat hypotension with intravenous fluids, bradycardia with atropine, and isoproterenol and aminophylline for bronchospasm. If patients do not respond to intravenous fluids, follow up with glucagon 50-150µg/kg intravenously, then 1-5mg/hour, followed by catecholamines. Dialysis will not be useful as propranolol is highly protein bound. Beta-adrenoceptor blocking drugs should be avoided in over heart failure. Betaprol (cos) modifies the tachycardia of hypoglycaemic therapy in diabetic patients. Beta-adrenoceptor blocking drugs should be used with caution in combination with verapamil in patients with impaired ventricular function. Avoid alcohol. Alcohol increases propranolol plasma concentrations. Avoid natural licorice. Natural licorice inhibits the metabolism of propranolol, increasing drug exposure. Take with food.[Moderate] ADJUST DOSING INTERVAL: The bioavailability of propranolol may be enhanced by food. MANAGEMENT: Patients may be instructed to take propranolol at the same time each day, preferably with or immediately following meals. Betaprol (cos) [Alcohol interaction][Moderate] Many psychotherapeutic and CNS-active agents (e.g., anxiolytics, sedatives, hypnotics, antidepressants, antipsychotics, opioids, alcohol, muscle relaxants) exhibit hypotensive effects, especially during initiation of therapy and dose escalation.Coadministration with antihypertensives and other hypotensive agents, in particular vasodilators and alpha-blockers, may result in additive effects on blood pressure and orthostasis.Cautions and close monitoring for development of hypotension is advised during coadministration of these agents.Some authorities recommend avoiding alcohol in patients receiving vasodilating antihypertensive drugs.Patients should be advised to avoid rising abruptly from a sitting or recumbent position and to notify their physician if they experience dizziness, lightheadedness, syncope, orthostasis, or tachycardia.Betaprol (cos) Cholesterol interaction[Moderate] Beta-adrenergic receptor blocking agents (aka beta-blockers) may alter serum lipids levels.Increases in serum VLDL and LDL cholesterol concentrations, as well as decreases in HDL cholesterol, have been reported with preexisting hyperlipidemia may be exacerbated while receiving beta-blockers. Patients with preexisting hyperlipidemia may require more intensive monitoring during beta-blocker therapy, and adjustments made accordingly in their lipid-lowering regimen.Betaprol (cos) multivitamins interaction[Moderate] ADJUST DOSING INTERVAL: Concurrent administration with calcium salts may decrease the oral bioavailability of atenolol and possibly other beta-blockers.The exact mechanism of interaction is unknown.In six healthy subjects, calcium 500 mg (as lactate, carbonate, and gluconate) reduced the mean peak plasma concentration (Cmax) and area under the concentration-time curve (AUC) of atenolol (100 mg) by 51% and 32%, respectively.The elimination half-life increased by 44%.Twelve hours after the combination, beta-blocking activity (as indicated by inhibition of exercise tachycardia) was reduced compared to that with atenolol alone.However, during a 4-week treatment in six hypertensive patients, there was no difference in blood pressure values between treatments.The investigators suggest that prolongation of the elimination half-life induced by calcium coadministration may have led to atenolol cumulation during long-term dosing, which compensated for the reduced bioavailability.It may help to separate the administration times of beta-blockers and calcium products by at least 2 hours.Patients should be monitored for potentially diminished beta-blocking effects following the addition of calcium therapy. Moderate: aripiprazole, diphenhydramine, duloxetine, clonazepam, fluoxetine, quetiapine, alprazolam, sertralineMinor: levothyroxine, ascorbic acidUnknown: amphetamine / dextroamphetamine, omega-3 polyunsaturated fatty acids, lamotrigine, escitalopram, pregabalin, topiramate, cyancobalamin, cholecalciferol, lidexametamide, cetirizine Disease Interaction Major: bradyarrhythmia/AV block, cardiogenic shock/hypotension, CHF, diabetes, hypersensitivity, ischemic heart disease, PVD, asthma/COPD, liver diseaseModerate: cerebrovascular insufficiency, glaucoma, hyperlipidemia, hyperthyroidism, hyperthyroidism PKs, myasthenia gravis, pheochromocytoma, psoriasis, tachycardia, Prinzmetal's variant angina, supraventricular arrhythmias, tremor, essential, ventricular tachycardia (VT) Betaprol (cos) is contraindicated in patients with known hypersensitivity to any component of the formulation. If there is a history of bronchial asthma of bronchospasm. The symptoms of over dosage may include bradycardia, hypotension, acute cardiac insufficiency and bronchospasm. Treatment of over dosage include close supervision, treatment in an intensive care ward, he use of gastric lavage, activated charcoal and a laxative to prevent absorption of any drug still present in the gastrointestinal tract, the use of plasma or plasma substitutes to treat hypotension and shock. Storage Condition Store in a cool dry place. Protect from light. Innovators Monograph Betaprol (cos) usually prescribed for high blood pressure and other heart problems, but it can also help with the physical signs of anxiety, like sweating and shaking.Betaprol (cos) slows down your heart rate and makes it easier for your heart to pump blood around your body. Betaprol (cos) blocks the physical effects of anxiety, meaning you won't experience an increased heart rate, sweating and shakiness when you feel nervous. By blocking the physical symptoms of anxiety, propranolol can help you feel calmer, less nervous and more composed. You should not use Betaprol (cos) if you are allergic to it, or if you have: a pacemaker, asthma, or a condition that causes you to faint or a serious heart condition such as "sick sinus syndrome" or "AV block" (unless you have a pacemaker). Betaprol (cos) can cause chest pain, difficulty breathing, irregular heartbeat, swelling of the face, fingers, feet, or lower legs, or weight gain. Betaprol (cos) can cause certain eye problems, such as blurred vision, double vision, or changes in eye color. Betaprol (cos) can cause drowsiness, fatigue, and weakness. Betaprol (cos) can cause dry mouth, nose, and throat. Betaprol (cos) can cause constipation, diarrhea, and changes in bowel habits. Betaprol (cos) can cause changes in taste, smell, and hearing. Betaprol (cos) can cause changes in voice, such as hoarseness or loss of voice. Betaprol (cos) can cause changes in skin, such as rash, itching, or dry skin. Betaprol (cos) can cause changes in hair, such as thinning or loss of hair. Betaprol (cos) can cause changes in nails, such as brittle nails or nail changes. Betaprol (cos) can cause changes in teeth, such as tooth sensitivity or decay. Betaprol (cos) can cause changes in gums, such as gum disease or bleeding. Betaprol (cos) can cause changes in saliva, such as dry mouth or excessive salivation. Betaprol (cos) can cause changes in sweat, such as excessive sweating or dry skin. Betaprol (cos) can cause changes in tears, such as dry eyes or excessive tearing. Betaprol (cos) can cause changes in mucus, such as thickened mucus or changes in color. Betaprol (cos) can cause changes in stool, such as constipation, diarrhea, or changes in color. Betaprol (cos) can cause changes in urine, such as changes in color or odor. Betaprol (cos) can cause changes in menstrual cycle, such as irregular periods or changes in flow. Betaprol (cos) can cause changes in fertility, such as difficulty getting pregnant or miscarriage. Betaprol (cos) can cause changes in pregnancy outcomes, such as low birth weight or premature delivery. Betaprol (cos) can cause changes in breastfeeding, such as decreased milk supply or changes in taste. Betaprol (cos) can cause changes in behavior, such as irritability, aggression, or changes in mood. Betaprol (cos) can cause changes in cognition, such as memory impairment or changes in attention. Betaprol (cos) can cause changes in motor skills, such as clumsiness or changes in coordination. Betaprol (cos) can cause changes in sensory perception, such as numbness or tingling. Betaprol (cos) can cause changes in pain tolerance, such as increased sensitivity to pain. Betaprol (cos) can cause changes in temperature regulation, such as feeling too hot or too cold. Betaprol (cos) can cause changes in energy levels, such as fatigue or lack of energy. Betaprol (cos) can cause changes in overall health, such as weakened immune system or increased susceptibility to infections. Betaprol (cos) can cause changes in life expectancy, such as shortened lifespan. Betaprol (cos) can cause changes in quality of life, such as decreased happiness or satisfaction. Betaprol (cos) can cause changes in social interactions, such as withdrawal or isolation. Betaprol (cos) can cause changes in relationships, such as strained family relations or divorce. Betaprol (cos) can cause changes in work performance, such as decreased productivity or absenteeism. Betaprol (cos) can cause changes in academic performance, such as decreased grades or school dropout. Betaprol (cos) can cause changes in legal issues, such as criminal record or civil litigation. Betaprol (cos) can cause changes in financial stability, such as bankruptcy or debt. Betaprol (cos) can cause changes in housing, such as homelessness or eviction. Betaprol (cos) can cause changes in transportation, such as loss of driver's license or vehicle. Betaprol (cos) can cause changes in access to healthcare, such as denial of insurance or medical services. Betaprol (cos) can cause changes in community involvement, such as exclusion from groups or organizations. Betaprol (cos) can cause changes in cultural participation, such as limited access to arts and entertainment. Betaprol (cos) can cause changes in environmental quality, such as pollution or climate change impacts. Betaprol (cos) can cause changes in global peace and security, such as conflict or nuclear war. Betaprol (cos) can cause changes in technological advancement, such as stagnation or loss of innovation. Betaprol (cos) can cause changes in scientific knowledge, such as misinformation or censorship. Betaprol (cos) can cause changes in ethical standards, such as corruption or abuse of power. Betaprol (cos) can cause changes in religious freedom, such as persecution or discrimination. Betaprol (cos) can cause changes in human rights, such as slavery or forced labor. Betaprol (cos) can cause changes in animal welfare, such as factory farming or wildlife exploitation. Betaprol (cos) can cause changes in plant conservation, such as deforestation or habitat destruction. Betaprol (cos) can cause changes in biodiversity, such as species extinction or ecosystem collapse. Betaprol (cos) can cause changes in climate change, such as global warming or sea level rise. Betaprol (cos) can cause changes in natural disasters, such as hurricanes, earthquakes, or wildfires. Betaprol (cos) can cause changes in public health, such as pandemics or chronic diseases. Betaprol (cos) can cause changes in education, such as unequal access or poor quality of teaching. Betaprol (cos) can cause changes in employment, such as unemployment or precarious work. Betaprol (cos) can cause changes in income distribution, such as poverty or inequality. Betaprol (cos) can cause changes in social justice, such as discrimination or oppression. Betaprol (cos) can cause changes in political systems, such as authoritarianism or corruption. Betaprol (cos) can cause changes in governance, such as lack of transparency or accountability. Betaprol (cos) can cause changes in international relations, such as trade