

## Dihydroergotoxine tablets



### ➤ Chemical:

Dihydroergotoxine tablets (Ergoloid Mesylate)

### ➤ Excipients:

Lactose, corn starch, polyvinyl pyrrolidone, magnesium stearate, talc.

### ➤ Adverse Effects:

Side-effects occasionally reported with Dihydroergotoxine mesylate include nausea, vomiting, headache, blurred vision, skin rashes, nasal stuffiness, flushing of the skin, dizziness, bradycardia, and orthostatic hypertension. Local irritation has been reported following sublingual administration.

### ➤ Effects on the Cardiovascular System:

Of 8 patients given Dihydroergotoxine mesylate 1.5 mg three times daily for the treatment of dementia, 3 developed severe sinus bradycardia associated with general deterioration in their condition, necessitating withdrawal of the treatment. (1) However, Cohen (2) reported that no sinus bradycardia had been observed in 40 elderly patients in whom the dose was built up to 1.5 mg three times daily over 3 weeks. 1. Cayley ACD, et al. Sinus bradycardia following treatment with Hydergine for cerebrovascular insufficiency. Br Med J 1975- 4: 384-5. 2. Cohen C. Sinus bradycardia following treatment with Hydergine. Br Med J 1975- 4: 581.

### ➤ Uses and Administration:

Unlike the natural ergot alkaloids, Dihydroergotoxine mesylate has only limited vasoconstrictor effects. It is used with the intention of treating symptoms of mild to moderate impairment of mental function in the elderly in doses of 3 or 4.5 mg daily by mouth, preferably before meals. Higher doses have also been used. It is also given sublingually in doses of 3 mg daily. Doses of 300 mcg have been given intramuscularly, subcutaneously, or by intravenous infusion. In some countries, Dihydroergotoxine mesylate has been used in the treatment of hypertension and in peripheral vascular disease. Dihydroergotoxine mesylate has been used similarly to the mesylate. References to some uses of Dihydroergotoxine mesylate.

1. Bellani M, et al. Treatment of hypertension in the elderly: a controlled clinical trial of dihydroergotoxine mesylate in comparison with nifedipine. Curr Ther Res 1983- 34: 1014-22.
2. Hajioff J, Wallace M. Effect of Dihydroergotoxine mesylate on tardive dyskinesia: a preliminary report. Psychopharmacology (Berlin) 1983- 79: 1-3.
3. Uehlinger DE, et al. Cardiovascular regulation and lipoprotein profile during administration of Dihydroergotoxine in essential hypertension. Eur J Clin Pharmacol 1989- 36: 119-25.



**Senile Dementia:**

There is still much uncertainty about the use of Dihydroergotoxine mesylate in the treatment of senile dementia. It was originally thought to act as a peripheral and cerebral vasodilator and vasodilatation was considered an effective treatment for senile dementia due to cerebral ischaemia. However, cerebral ischaemia is no longer believed to be central to the problem. Dihydroergotoxine mesylate is now classified as a metabolic enhancer. Optimal dosage has not been established- standard oral doses are 3 mg daily in the US and 4.5 mg daily in Europe and Japan, but in some countries as much as 12 mg daily is used without reports of serious side-effects. Some workers have found little difference between doses of 3 and 6 mg daily in patients with senile dementia, whereas others have concluded that 6mg daily was superior in a study of patients with multi-infarct dementia's or mental disturbances after stroke. The overall trend seems to be to use larger doses, orally rather than sublingually, for longer periods. A review in 1979 focused on 22 controlled studies of Dihydroergotoxine mesylate in senile dementia, but although each study showed significant improvement on some behavioral or psychological measure, conclusions as to the therapeutic usefulness of Dihydroergotoxine mesylate were guarded.

Improvements ranging from 11 to 21% were calculated for mood depression, confusion, mental alertness, orientation, recent memory, emotional lability, and self-care from 4 studies submitted to the FDA, but specific clinical effects reported have varied widely. Patients selected for evaluation of Dihydroergotoxine mesylate should be limited to those with senile dementia of the Alzheimer or multi-infarct type and the 2 groups should be considered separately. Patients with advanced disease are unlikely to benefit. Although many clinicians continue to regard Dihydroergotoxine mesylate as a placebo it is one of the few potentially effective treatments available for senile dementia of the Alzheimer type. It is suggested that doses of at least 6 mg daily should be given for 6 months and treatment continued, possibly at a lower dose, if improvement or stabilization of decline is seen- if treatment has not been successful it should be abandoned. Hollister LE, Yesavage J.

**Ergoloid mesylates for senile dementias:**

unanswered questions. Ann Intern Med 1984- 100: 894-8. Further references to Dihydroergotoxine mesylate in senile dementia. 1. Huber F, et al. Effects of long-term ergoloid mesylates ('Hydergine') administration in healthy pensioners: 5-year results. Curr Med Res Opin 1986- 10: 256-79. 2. Orgogozo JM, Spiegel R. Critical review of clinical trials in senile dementia- I. Postgrad Med J 1987- 63: 237-40

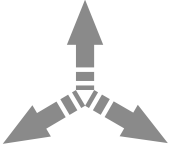
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