

CIPROFLOXACIN: INSTRUCTION AS A SOURCE OF INFORMATION AND THE DEGREE OF ITS RELIABILITY

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Introduction. In the modern world, antibacterial therapy is a kind of panacea that saves humanity from serious bacterial infections and epidemics. The search, creation and study of new groups of antibacterial drugs is intensively progressing. Fluoroquinolones are the one of the relatively new groups of antibacterial agents. Despite the intensive synthesis of new fluoroquinolones, the first drug of this group, ciprofloxacin, is still relevant and is widely used in medical practice.

Aim. Our task was to study the nomenclature of ciprofloxacin-containing medicines at the Ukrainian pharmaceutical market, as well as a comparative study of the content of package insert for patients to determine their compliance with the official instructions for medical use.

Materials and methods. The study has been conducted using official instructions for the medical use of the drug presented at the electronic resource <http://www.drlz.com.ua/>, as well as package insert to the corresponding medicine.

Results and discussion. At the time of the study, 54 names of ciprofloxacin were registered in Ukraine, including 44 trade names of finished pharma products. Finished ciprofloxacin-containing pharma products were presented by: 2 concentrate solution for infusion, 8 solutions for infusion (including one in combination with metronidazole), 2 combined with fluocinone or dexamethasone ear drops, 6 drops for ear/eye (including one in combination with dexamethasone), 2 names of prolonged-action OD tablets (1000 and 500 mg), 5 tablets combined with tinidazole or ornidazole, 2 tablets of 750 mg, 10 tablets of 500 mg and 7 tablets of 250 mg each. For further study, 10 tablets of 500 mg tablets were selected: Ciprinol®, Ciprofloxacin-Darnitsa, Flaprox, Medociprin, Ciprolet®, Ciprobela®, Ciprobay®, Cital® and Cifran. Analyzing the official instructions for medical use, we found almost 100% coincidence in all points of the instruction, including pharmacokinetics, despite the presence of some differences in the composition of adjuvants. At the same time, the differences between the official instruction and the package insert of the corresponding preparation were significant and they concerned the dosing regimens - there was no clear indication of the duration of application of the drug.

Conclusions. The package insert is the primary and most important source of information for the patient. Therefore, its content should be carefully monitored by the competent authorities. Otherwise, the risk of irrational application increases.