# SUMMARY OF PRODUCT CHARACTERISTICS

## 1 NAME OF THE MEDICINAL PRODUCT

Cold Relief Capsules

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains:

- Paracetamol 300 mg
- Caffeine 25 mg
- Phenylephrine Hydrochloride 5 mg

For the full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Capsule hard
Green cap with yellow body size one hard gelatin capsule filled with a white powder

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Symptomatic relief of symptoms of influenza, feverishness, chills and colds including feverish colds.

The symptomatic relief of nasal congestion and difficult breathing arising from this, sinusitis and its associated pain, acute nasal catarrh

### 4.2 Posology and method of administration

Posology:

**Adults (including elderly) and children aged 16 years and over:**

Two capsules every 4 - 6 hours as required. 12 capsules in any 24 hours.

Do not take continuously for more than 7 days without medical advice.

Do not exceed the stated dose.

Use the lowest amount needed to achieve benefit for the shortest duration of treatment.

**Children aged 12 years to 15 years:**
Two capsules every 4 - 6 hours when necessary to a maximum of 4 doses in 24 hours. Do not exceed 8 capsules in any 24 hours.

**Children under 12 years of age:**

LemoCalm Plus Cold and Flu Capsules are not recommended for children under the age 12.

Method of administration:

For oral administration

## 4.3 Contraindications

- Hypersensitivity to the active substances or to any of the excipients listed in section 6.1;
- Concomitant use of other sympathomimetic decongestants;
- Hepatic or severe renal impairment, cardiovascular disease, hypertension, diabetes mellitus, hyperthyroidism, phaeochromocytoma, closed angle glaucoma;
- Patients taking tricyclic antidepressants, or beta blocking drugs and those who are taking or who have taken within the last two weeks monoamine oxidase inhibitors (see section 4.5).

## 4.4 Special warnings and precautions for use

Contains paracetamol. Patients should be advised not to take other paracetamol-containing products concurrently. The concomitant use with other products containing paracetamol may lead to an overdose. Paracetamol overdose may cause liver failure which may require liver transplant or lead to death. Concomitant use of other decongestants or cold and flu medicines should be avoided.

Cases of high anion gap metabolic acidosis (HAGMA) due to pyroglutamic acidosis have been reported in patients with severe illness such as severe renal impairment and sepsis, or in patients with malnutrition or other sources of glutathione deficiency (e.g. chronic alcoholism) who were treated with paracetamol at therapeutic dose for a prolonged period or a combination of paracetamol and flucloxacillin. If HAGMA due to pyroglutamic acidosis is suspected, prompt discontinuation of paracetamol and close monitoring is recommended. The measurement of urinary 5-oxoproline may be useful to identify pyroglutamic acidosis as underlying cause of HAGMA in patients with multiple risk factors.

The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Underlying liver disease increases the risk of paracetamol-related liver damage.

Medical advice should be sought before using this product in patients with these conditions:

- Medical advice should be sought before taking this medicine in patients with: glutathione depletion due to metabolic deficiencies.
- An enlargement of the prostate gland;
- Occlusive vascular disease (e.g. Raynaud's phenomenon);
- Cardiovascular disease.

This product should not be used by patients taking other sympathomimetics (such as decongestants, appetite suppressants and amphetamine-like psychostimulants) (see interactions).

Excessive intake of caffeine (e.g. coffee, tea and some canned drinks) should be avoided while taking this product.

Keep out of the sight and reach of children. Do not exceed the stated dose

If symptoms persist consult your doctor

If you are under the care of your doctor or receiving prescribed medicines consult your doctor before taking this product.

Special Label Warnings

Contains paracetamol.

Do not take anything else containing paracetamol while taking this medicine Do not take with other flu, cold or decongestant products Do not take more medicine than the label tells you to. If you do not get better, talk to your doctor.

Talk to a doctor at once if you take too much of this medicine, even if you feel well.

Special Leaflet Warnings

Talk to a doctor at once if you take too much of this medicine even if you feel well. This is because too much paracetamol can cause delayed, serious liver damage.

## 4.5 Interaction with other medicinal products and other forms of interaction

Enzyme-inducing drugs may increase hepatic damage, as does excessive intake of alcohol. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by colestyramine. These interactions are considered to be of unlikely clinical significance in acute usage at the dosage regimen proposed.

Caution should be taken when paracetamol is used concomitantly with flucloxacillin as concurrent intake has been associated with high anion gap metabolic acidosis due to pyroglutamic acidosis, especially in patients with risks factors (see section 4.4).

Medical advice should be sought before taking paracetamol-caffeine phenylephrine in combination with the following drugs:

| | |
|---|---|
| Monoamine oxidase inhibitors (including moclobemide) | Hypertensive interactions occur between sympathomimetic amines such as phenylephrine and monoamine oxidase inhibitors (see contraindications). |
| Sympathomimetic amines | Concomitant use of phenylephrine with other sympathomimetics amines can increase the risk of cardiovascular side effects (see warnings and precautions). |
| Beta-blockers and other antihypertensives (including debrisoquine, guanethidine, reserpine, methyldopa) | Phenylephrine may reduce the efficacy of beta-blocking drugs and antihypertensive drugs. The risk of hypertension and other cardiovascular side effects may be increased (see contraindications). |
| Tricyclic antidepressants (e.g. amitriptyline) | May increase the risk of cardiovascular side effects with phenylephrine (see contraindications). |
| Digoxin and cardiac glycosides | Concomitant use of phenylephrine with digoxin or cardiac glycosides may increase the risk of irregular heartbeat or heart attack. |
| Ergot alkaloids (e.g. ergotamine andmethylsergide) | Concomitant use of phenylephrine hydrochloride may cause an increased risk of ergotism (see Warnings and |

| | |
|---|---|
| | Precautions) |
| Warfarin and other coumarins | The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding; occasional doses have no significant effect. |
| Lithium | Caffeine can increase the elimination of lithium from the body. If taken concomitantly, it is recommended to reduce or moderate the intake of caffeine. |

## 4.6 Fertility, pregnancy and lactation

**Pregnancy**

This product is not recommended for use in pregnancy due to the phenylephrine and caffeine content. There is a potential increased risk of lower birth weight and spontaneous abortion associated with caffeine consumption during pregnancy. Pregnant women should seek medical advice before taking paracetamol.

**Breast-feeding**

This product should not be used while breast-feeding without medical advice. Avoid the use of the product during lactation, unless the benefits to the mother outweigh the risks to the infant. If used, the lowest effective dose and shortest duration of treatment should be considered.

Paracetamol is excreted in breast milk but not in a clinically significant amount at recommended dosages.

Caffeine in breast milk may have a stimulating effect on breast-fed infants but significant toxicity has not been observed.

Phenylephrine may be excreted in breast milk.

## 4.7 Effects on ability to drive and use machines

Patients should be advised not to drive or operate machinery if affected by dizziness

## 4.8 Undesirable effects

Adverse events of paracetamol from historical clinical trial data are both infrequent and from small patient exposure. Accordingly, events reported from extensive post-marketing experience at therapeutic/labelled dose and considered attributable are tabulated below by system class. The frequency of these adverse events is not known (cannot be estimated from available data).

**(i) Paracetamol**

| **Body System** | **Symptoms** |
|---|---|
| Blood and lymphatic system disorders | Thrombocytopenia<br>Agranulocytosis<br>These are not necessarily causally related to paracetamol. |
| Immune system disorders | Anaphylaxis<br>Cutaneous hypersensitivity reactions including skin rashes, angioedema<br>Very rare cases of serious skin reactions have been reported. |
| Hepato-biliary disorders | Hepatic dysfunction |
| Metabolism and nutrition disorders | High anion gap metabolic acidosis |

* There have been cases of bronchospasm with paracetamol, but these are more likely in asthmatics sensitive to aspirin or other NSAIDs.

Description of selected adverse reactions

High anion gap metabolic acidosis

Cases of high anion gap metabolic acidosis due to pyroglutamic acidosis have been observed in patients with risk factors using paracetamol (see section 4.4). Pyroglutamic acidosis may occur as a consequence of low glutathione levels in these patients.

**(ii) Caffeine**

Adverse reactions identified through post-marketing use with caffeine are listed below. The frequency of these reactions is unknown.

| **Body System** | **Undesirable effect** |
|---|---|
| Central Nervous system | Excitability<br><br>Dizziness and headache |
| Psychiatric disorders | Nervousness, insomnia, restlessness, anxiety and irritability |
| Cardiac disorders | Palpitations |
| Gastrointestinal disorders | Gastrointestinal disturbances |

When the recommended paracetamol-caffeine dosing regimen is combined with dietary caffeine intake, the resulting higher dose of caffeine may increase the potential for caffeine-related adverse effects

**(iii) Phenylephrine hydrochloride**

The following adverse events have been observed in clinical trials with phenylephrine and may therefore represent the most commonly occurring adverse events.

| **Body system** | **Undesirable effect** |
|---|---|
| Psychiatric disorders | Nervousness |
| Nervous system disorders | headache, dizziness, insomnia |
| Cardiac disorders | Increases in blood pressure |
| Gastrointestinal disorders | nausea, vomiting, diarrhoea |

Adverse reactions identified during post-marketing use are listed below. The frequency of these reactions is unknown.

| **Body System** | **Undesirable effect** |
|---|---|
| Eye disorders | Mydriasis, acute angle closure glaucoma, most likely to occur in those with closed angle glaucoma. |

| | |
|---|---|
| Immune system disorders | Hypersensitivity, allergic dermatitis, urticaria |
| Cardiac disorders | Tachycardia, palpitations. |
| Skin and subcutaneous disorders | Rash |
| Renal and urinary disorders | Dysuria, urinary retention. This is most likely to occur in those with bladder outlet obstruction, such as prostatic hypertrophy. |

**Reporting of Suspected Adverse Reactions**

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme Website: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

## 4.9 Overdose

### (i) Paracetamol

Paracetamol overdose may cause liver failure which may require liver transplant or lead to death.

Liver damage is possible in adults who have taken 10 g or more of paracetamol.

Ingestion of 5 g or more of paracetamol may lead to liver damage if the patient has risk factors (see below).

***Risk factors***

If the patient

a) Is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St John's Wort or other drugs that induce liver enzymes.

Or

b) Regularly consumes ethanol in excess of recommended amounts.

Or

c) Is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.

***Symptoms and signs***

Symptoms of paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema and death. Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported. ***Treatment***

Immediate treatment is essential in the management of paracetamol overdose.

Despite a lack of significant early symptoms, patients should be refered to hospital urgently for immediate medical attention. Symptoms may be limited to nausea or vomiting and may not reflect the severity of overdose or the risk of organ damage. Management should be in accordance with established treatment guidelines. see BNF overdose section.

Treatment with activated charcoal should be considered if the overdose has been taken within one hour. Plasma paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable). Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion.

The effectiveness of the antidote declines sharply after this time. If required the patient should be given intravenous N-acetylcysteine, in line with the established dosage schedule. If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital.

Management of patients who present with serious hepatic dysfunction beyond 24h from ingestion should be discussed with the NPIS or a liver unit. Acute pancreatitis has been observed, usually with hepatic dysfunction and liver toxicity.

**(ii) Caffeine**

***Symptoms and signs***

Overdose of caffeine may result in epigastric pain, vomiting, diurese, tachycardia or cardiac arrhythmia, CNS stimulation (insomnia, restlessness, excitement, agitation, jitteriness, tremors and convulsions).

It must be noted that for clinically significant symptoms of caffeine overdose to occur with this product, the amount ingested would be associated with serious paracetamol-related liver toxicity.

***Treatment*** No specific antidote is available, but supportive measures such as beta adrenoceptor antagonists to reverse the cardiotoxic effects may be used.

**(iii) Phenylephrine**

***Symptoms and signs***

Phenylephrine overdosage is likely to result in effects similar to those listed under adverse reactions. Additional symptoms may include, irritability, restlessness, hypertension, and possibly reflex bradycardia. In severe cases confusion, hallucinations, seizures and arrhythmias may occur. However the amount required to produce serious phenylephrine toxicity would be greater than that required to cause paracetamol-related liver toxicity.

***Treatment*** Treatment should be as clinically appropriate. Severe hypertension may need to be treated with alpha blocking drugs such as phentolamine.

If overdose is confirmed or suspected, seek immediate advice from your Poison Centre and refer patient to nearest Emergency Medical Centre for management and expert treatment. This should happen even in patients without symptoms or signs of overdose due to the risk of delayed liver damage.

## 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: analgesic and antipyretic.

ATC code: N02BE51

**Paracetamol**: An analgesic and antipyretic.

**Caffeine:** A mild stimulant**.**

**Phenylephrine hydrochloride:** A sympathomimetic decongestant.

The active ingredients are not known to cause sedation.

### 5.2 Pharmacokinetic properties

**Paracetamol:** It is readily absorbed from the gastro-intestinal tract.
It is metabolised in the liver and excreted in the urine mainly as the glucuronide and sulphate conjugates.

**Caffeine:** It is absorbed readily after oral administration maximal plasma concentrations are achieved within one hour and the plasma half-life is about 3.5 hours. 65-80% of administered caffeine is excreted in the urine as 1-methyluric acid and 1-methylxanthine.

**Phenylephrine hydrochloride:** It has reduced bioavailability from the gastrointestinal tract owing to first pass metabolism by monoamine oxidase in the gut and liver. It is excreted in the urine almost entirely as the sulphate conjugate.

### 5.3 Preclinical safety data

Pre-clinical safety data on these active ingredients in the literature have not revealed any pertinent and conclusive findings which are of relevance to the recommended dosage and use of the product and which have not already been mentioned elsewhere in this Summary.

The toxicity of paracetamol has been extensively studied in numerous animal species. Pre-clinical studies in rats and mice have indicated single dose oral LD50 values of 3.7 g/kg and 338 mg/kg, respectively. Chronic toxicity in these species at large multiples of the human therapeutic dose, occurs as degeneration and necrosis of hepatic, renal and lymphoid tissue, and blood count changes. The metabolites believed responsible for these effects have also been demonstrated in man. Paracetamol should not, therefore, be taken for long periods of time, and in excessive doses. At normal therapeutic doses, paracetamol is not associated with genotoxic or carcinogenic risk. There is no evidence of embryo-or foetus-toxicity from paracetamol in animal studies.

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

- Modified maize starch;
- Colloidal anhydrous silica;
- Magnesium stearate ;
- Patent blue V (E131);

- Titanium dioxide (E171);
- Quinoline yellow (E 104);
- Ferric oxide (E 172).

### 6.2 Incompatibilities

Not applicable

### 6.3 Shelf life

3 Years.

### 6.4 Special precautions for storage

Do not store above 25ºC.

### 6.5 Nature and contents of container

PVC/aluminium blisters.
Pack sizes: 8, 12, 16, 24 and 32.

### 6.6 Special precautions for disposal

Not applicable

## 7 MARKETING AUTHORISATION HOLDER

BRISTOL LABORATORIES,
UNIT 3, CANALSIDE,
NORTHBRIDGE ROAD,

BERKHAMSTED HERTFORDSHIRE HP4 1EG,
UNITED KINGDOM

## 8 MARKETING AUTHORISATION NUMBER(S)

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2nd February 2005

## 10 DATE OF REVISION OF THE TEXT

16/01/2025