**Diu-Tansin**

**Losartan**

Losartan is indicated for the treatment of hypertension for patients in whom combination therapy is appropriate.

**Dosage and Administration**

The usual starting and maintenance dose of Diu-Tansin is tablet/losartan potassium 50 mg/hydrochlorothiazide 12.5 mg once daily. For patients who do not respond adequately to Diu-Tansin, the dose may be increased to two tablets of Diu-Tansin once daily. The maximum dose is two tablets of Diu-Tansin once daily. In general, the antihypertensive effect is attained within three weeks after initiation of therapy.

Diu-Tansin should not be initiated in patients who are intravascularly volume depleted (e.g., those treated with high-dose diuretics).

Diu-Tansin is not recommended for patients with severe renal impairment (creatinine clearance <30 mL/min) or for patients with hepatic impairment.

No initial dosage adjustment of Diu-Tansin is necessary for elderly patients. Diu-Tansin may be administered with or without food. No initial dosage adjustment of Diu-Tansin is necessary for elderly patients.

**Precautions**

Losartan-Hydrochlorothiazide

Hypersensitivity: Angioedema.

Hepatic and renal impairment: Diu-Tansin is not recommended for patients with hepatic impairment or severe renal impairment (creatinine clearance <30 mL/min).

**Losartan**

Renal function impairment: As a consequence of inhibiting the renin-angiotensin system, changes in renal function including renal failure have been reported in susceptible individuals. These changes in renal function may be reversible upon discontinuation of therapy.

Other drugs that affect the renin-angiotensin system may increase blood urea and increase serum creatinine in patients with bilateral renal artery stenosis or stenosis of the artery to the solitary kidney. Similar effects have been reported with losartan; these changes in renal function may be reversible upon discontinuation of therapy.

**Hydrochlorothiazide**

Hypotension and electrolyte/fluid imbalance: As with all antihypertensive therapy, symptomatic hypotension—may occur in some patients. Patients should be observed for clinical signs of fluid or electrolyte imbalance, e.g., volume depletion, hypotension, hyperkalemia, hypocalcemia, alkalosis, hypomagnesemia or hypokalemia which may occur during intercurrent diarrhea of vomiting. Periodic determination of serum electrolytes should be performed at appropriate intervals in such patients.

**Metabolic and endocrine effects:** Thiazide therapy may impaire glucose tolerance. Dosage adjustment of antidiabetic agents, including insulin, may be required.

Thiazides may decrease urinary calcium excretion and may cause intermittent and slight elevation of serum calcium. Marked hypercalcemia may be evidence of hidden hyperparathyroidism. Thiazides should be discontinued before coming out tests for parathyroid function.

Increase in cholesterol and triglyceride levels may be associated with thiazide diuretic therapy.

**Pregnancy**

When used in pregnancy during the second and third trimesters, drugs that act directly on the renin-angiotensin system can cause injury and even death to the developing fetus. When pregnancy is detected, Diu-Tansin should be discontinued as soon as possible.

Although there is no experience with the use of Diu-Tansin in pregnant women, animal studies with losartan postassium have demonstrated fetal and neonatal injury and death, mechanism of which is believed to be pharmacologically mediated through effects on the renin-angiotensin system. In humans, fetal renal perfusion, which is dependent upon the development of the renin-angiotensin system, begins in the second or third trimesters of pregnancy.

Thiazides cross the placental Barrier and appear in cord blood. The routine use of diuretics in otherwise healthy pregnant women is not recommended and exposes mother and to fetus unnecessary hazard including fetal or neonatal jaundice, thrombocytopenia and other adverse reaction which have been accused in the adult. Diuretics do not prevent development of toxemia of pregnancy, and there is no satisfactory evidence that they are useful in the treatment of toxemia.

**Nursing Mothers**

It is not known whether losartan is excreted in human milk. Thiazides appear in human milk. Because of the potential for adverse effects on the nursing infant, a decision should be made whether to discontinue nursing or discontinue the drug taking into the important of the drug to the mother.

**Pediatric Use**

Safety and effectiveness in children have not been established.