The symptoms associated with benign prostatic hyperplasia (BPH) are related to bladder outlet obstruction. The alpha-

adrenoceptor blocking agent, exhibits selectivity for alpha-

1A receptors in human prostate are of the

α1A-adrenoceptor subtype.  The α1A-adrenoceptor in the human prostate is a high affinity site for the α1 adrenoceptor agonist phenylephrine and is considered to be pharmacologically important.  The α1A-adrenoceptor is found at various sites throughout the body, including the prostate, bladder, heart, vasculature, and brain.  The α1A-adrenoceptor is known to play a role in several physiological processes, including blood pressure regulation, cardiac function, and smooth muscle contraction.

CIRCUIT CORRECTION:

For position only; Interleaved 2 of 5; barcode prints Black;

• Barcode = For position only; Interleaved 2of5; barcode prints Black;

• There are different kinds of medication for BPH:

There are three main treatment options for BPH:

1. Watchful waiting
2. Medical treatment
3. Surgical treatment

Watchful waiting involves monitoring the patient's condition and symptoms without initiating any specific treatment. Medical treatment typically involves the use of medications to alleviate symptoms and manage the disease. Surgical treatment involves the removal or destruction of tissue to relieve obstructive symptoms and improve bladder function.

Watchful waiting can be effective in some cases, particularly when the symptoms are mild and progress slowly. Medical treatment may involve the use of medications such as alpha-blockers, 5-alpha reductase inhibitors, and/or hormone therapy. Surgical treatment options include transurethral resection of the prostate (TURP), laser ablation of the prostate, and open prostatectomy.

The choice of treatment depends on various factors, including the severity of the symptoms, the patient's age and overall health, and the patient's preferences.

CIRCUIT CORRECTION:

Please read this leaflet before you start taking tamsulosin capsules. After 1 week you have taken your prescription, read this leaflet again. Please save this leaflet to take the place of useful information when you renew your prescription.

Before taking Flomax capsules, make sure you have read this leaflet and the label on your pack. If you have any further questions, ask your doctor or pharmacist. This leaflet does not replace your doctor's advice. You must discuss Flomax capsules with your doctor before taking them.

On administration of the radiolabeled dose of tamsulosin hydrochloride to four healthy volunteers (n=4), about 14% of the dose was excreted in the urine as unchanged tamsulosin hydrochloride, 2% was excreted as N-desethyl-tamsulosin hydrochloride, and 15% was excreted as glucuronide-conjugated tamsulosin hydrochloride. The remaining 59% of the dose was not recovered.

The mean plasma tamsulosin hydrochloride concentrations following single-dose administration of FLOMAX capsules 0.4 mg and 0.8 mg are shown in Figure 1.

The pharmacokinetics of tamsulosin hydrochloride have been compared in 8 subjects with renal impairment and 6 normal subjects (CL\(\text{CR}\) < 30 mL/min/1.73m\(^2\), creatinine clearance) and in elderly patients (n=24 per study; age range 55-75 years).

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The effects of co-administration of tamsulosin hydrochloride and rifampicin, a potent hepatic CYP3A4 inducer, were also evaluated in rats and dogs. In rats, the AUC of tamsulosin hydrochloride was reduced by about 60% and the half-life of tamsulosin hydrochloride was increased by about 30%. In dogs, the AUC of tamsulosin hydrochloride was reduced by about 50% and the half-life of tamsulosin hydrochloride was increased by about 20%.

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Product Information

What you need to know when taking FLOMAX Capsules (tamsulosin hydrochloride) capsules

1. FLOMAX Capsules (tamsulosin hydrochloride) capsules should be taken only as directed. For treatment of benign prostatic hypertrophy (BPH), follow your doctor's instructions about when to take FLOMAX Capsules.

2. FLOMAX Capsules (tamsulosin hydrochloride) capsules have been shown to reduce symptoms in men with benign prostatic hypertrophy (BPH) associated with an enlarged prostate. FLOMAX Capsules can cause the immediate abduction of the ipsilateral lower eyelid with forward movement of the globe, and increase the hazard of perforation of the cornea. The patient's ophthalmologist should be prepared for possible coemulsification incisions. The patient's ophthalmologist should be prepared for possible coemulsification incisions.

3. FLOMAX Capsules (tamsulosin hydrochloride) capsules are not recommended in patients with glaucoma. However, if a patient with glaucoma is required to take FLOMAX Capsules, the patient's ophthalmologist should be prepared for possible coemulsification incisions.

4. FLOMAX Capsules (tamsulosin hydrochloride) capsules should be taken after the first dose of FLOMAX Capsules has been swallowed. If needed, a second dose should be taken after the patient has been found to have had no adverse effects.

5. FLOMAX Capsules (tamsulosin hydrochloride) capsules are not recommended in patients with glaucoma. However, if a patient with glaucoma is required to take FLOMAX Capsules, the patient's ophthalmologist should be prepared for possible coemulsification incisions.

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