PROFESSIONAL INFORMATION

SCHEDULING STATUS: **S0**

1. NAME OF MEDICINE

CITRO-SODA CRANBERRY granules

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

Each 4 g contains:

Sodium bicarbonate	1716 mg
Tartaric acid	858 mg
Citric acid	702 mg
Sodium citrate	613 mg
Contains sugar:	
Liquid glucose	356 mg
Contains sweetener:	
Aspartame	10 mg

For a full list of excipients see section 6.1

3. PHARMACEUTICAL FORM

Granules.

CITRO-SODA CRANBERRY consists of sweetened, cranberry flavoured granules. When added to water they effervesce and dissolve to form a red violet coloured, alkaline solution which is cranberry flavoured.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications:

CITRO-SODA CRANBERRY is a gastric antacid and urinary alkalinising agent. As a urinary alkaliniser, **CITRO-SODA CRANBERRY** can be used to alleviate symptoms associated with inflammatory conditions of the bladder. **CITRO-SODA CRANBERRY** can be used to prevent crystalluria during sulphonamide treatment.

4.2 Posology and method of administration

Posology

Do not exceed the prescribed dose

Adults:

One to two 5 ml medicine measures (4 g to 8 g) in half a glass of cold water 3 to 4 times daily, taken on an empty stomach and followed with additional water.

Long-term therapy: One 5 ml (4 g) medicine measure daily.

Children (6 to 12 years of age):

One 5 ml medicine measure (4 g) in half a glass of cold water 2 to 3 times daily, taken on an empty stomach and followed with additional water.

Method of administration

Oral.

Drink after effervescence.

4.3 Contraindications:

- Hypersensitivity to sodium bicarbonate, tartaric acid, citric acid, sodium citrate or any of the ingredients in the preparations listed in section 6.1.
- Patients with severe renal disease, metabolic disturbances with alkalosis, hypocalcaemia or hypochlorhydria.
- **CITRO-SODA CRANBERRY** should not be given with urinary antiseptics which require acidic urine, such as methenamine mandelate and methenamine hippurate **(see 'section 4.5).**

4.4 Special warnings and precautions for use:

CITRO-SODA CRANBERRY

- Phenylketonurics: **CITRO-SODA Cranberry** contain phenylalanine.
- Use with care in patients suffering from renal insufficiency.
- Do not use this product if you are suffering from congestive cardiac failure or hypertension except under the advice and supervision of a doctor (**see section 4.8**).
- Alkalinising agents do not eradicate bacteriuria although they may temporarily relieve lower urinary tract symptoms.

- Caution should also be observed in patients with cirrhosis of the liver, congestive heart failure or hypertension, peripheral and pulmonary oedema and pre-eclampsia.

Citric Acid:

- Citric acid ingested frequently or in large quantities may cause erosion of the teeth and have a local irritant action.

Sodium bicarbonate:

- Bicarbonate or bicarbonate-forming compounds should not be given to patients with respiratory alkalosis, hypocalcaemia, or hypochlorhydria.
- Caution should be used in patients with peptic ulceration and patients with renal abnormalities, to avoid the condition of metabolic alkalosis.
- Sodium-containing salts should be given with extreme caution to patients with heart failure, oedema, renal impairment, hypertension, eclampsia, or aldosteronism.
- Patients with renal disease should have periodic determinations of serum electrolytes to ensure that acid-base balance is maintained.

Should not be taken by patients on a sodium-restricted diet.

CITRO-SODA CRANBERRY contains liquid glucose which may have an effect on the glycaemic control of patients with diabetes mellitus.

CITRO-SODA CRANBERRY contains Aspartame. Aspartame is hydrolysed in the gastrointestinal tract when orally ingested. One of the major hydrolysis products is phenylalanine.

4.5 Interactions with other medicines and other forms of interaction

Antacids

- Concurrent use of antacids with citrates may result in systemic alkalosis. Concomitant administration of antacids with sodium citrate and sodium bicarbonate may promote the development of calcium stones in patients with uric acid stones and may also cause hypernatraemia. Concurrent use of aluminium-containing antacids with citrate salts can increase aluminium absorption, possibly resulting in acute aluminium toxicity, especially in patients with renal insufficiency.

Quinolones

- Citrates may reduce the solubility of ciprofloxacin, norfloxacin, or ofloxacin in the urine. Patients should be observed for signs of crystalluria and nephrotoxicity.

Salicylates

- Concurrent use of salicylates with citrates may increase the urinary excretion and decrease the therapeutic effects of salicylates due to alkalinization of the urine.

Tetracyclines

- Tetracycline absorption may be decreased when it is used concurrently with sodium bicarbonate because of the increase in intragastric pH. **CITRO-SODA CRANBERRY** should not be taken within 1 to 2 hours of tetracyclines.

Ketoconazole

- Sodium bicarbonate may cause increased gastrointestinal pH; concurrent administration with sodium bicarbonate may result in a marked reduction in absorption of ketoconazole; patients should take **CITRO-SODA CRANBERRY** at least 2 hours after ketoconazole.

Methenamine

- Alkalinisation of the urine caused by sodium bicarbonate and citrates may reduce the effectiveness of methenamine by inhibiting its conversion to formaldehyde; concurrent use with **CITRO-SODA CRANBERRY** is not recommended.

Barbiturates

- Alkalinisation of the urine leads to increased renal clearance of acidic medicines such as barbiturates.

Lithium

- Sodium bicarbonate enhances lithium excretion

4.6 Fertility, pregnancy and lactation:

Pregnancy

The safety of **CITRO SODA CRANBERRY** in pregnancy and lactation has not been established.

Breastfeeding

Caution should be exercised when administered to a nursing mother.

Fertility

The effects of **CITRO SODA CRANBERRY** in the fertility of males and females has not yet been established.

4.7 Effects on ability to drive and use of medicines

None known.

4.8 Undesirable effects:

Frequency	System organ class	Undesirable effects
Less Frequent	Gastrointestinal disorders	• Stomach cramps and laxative effect (diarrhoea or loose bowel movements).
	Metabolism and nutrition disorders	• Increased thirst • Hypernatraemia (dizziness; fast heartbeat; high blood pressure; irritability; muscle twitching; restlessness; seizures; swelling of feet or lower legs; weakness).
	Gastrointestinal disorders	• Abdominal distension, flatulence, belching and nausea may occur if the product is taken before effervescence is complete. • Violent vomiting, diarrhoea and abdominal pain may occur if product is ingested undiluted.

Frequency Unknown	Metabolism and nutrition disorders	• Metabolic alkalosis (shortness of breath, muscle weakness and mental disturbances such as restlessness, convulsions and coma) may occur especially in patients with renal dysfunction. • Alkalosis may precipitate seizures. • Hypokalaemia (mood changes, tiredness, slow breathing, muscle weakness, and irregular heartbeat). • Excessive doses may lead to sodium overloading
	Musculoskeletal and connective tissue disorders	• Muscle hypertonicity, twitching and tetany may develop, especially in hypocalcaemic patients.
	Cardiac disorder	• Cardiovascular collapse may occur if the product is ingested undiluted.
	Renal and urinary disorders	• Renal failure may occur if the product is ingested undiluted**.**

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the Med safety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA's website .

Adverse Drug Reactions may also be reported to Adcock Ingram Limited using the following email:Adcock.AEReports@adcock.com

4.9 Overdose

Overdosage may result in metabolic alkalosis and hypernatraemia.

Alkalosis may precipitate seizures.

Excessive use of bicarbonate or bicarbonate-forming compounds may lead to hypokalaemia. Symptoms include mood changes, tiredness, slow breathing, muscle weakness, and irregular heartbeat.

Excessive use of Tartaric acid:

Strong solutions of tartaric acid are mildly irritant and if ingested undiluted may cause violent vomiting and diarrhoea, abdominal pain, and thirst. Cardiovascular collapse or acute renal failure may follow (**see section 4.8**).

Symptomatic and supportive treatment should be instituted to correct fluid and electrolyte balance with complete withdrawal of the preparation. In these cases, regular electrolyte estimations should be taken and the necessary therapy instituted. During treatment of acidosis, frequent monitoring of serum-electrolyte concentrations and acid–base status is essential.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamics properties

A18.3. Ion-exchange preparations

Mechanism of action

CITRO-SODA CRANBERRY has urinary alkalinising and gastric antacid properties.

Urinary alkaliniser:

Sodium bicarbonate increases the excretion of free bicarbonate ions in the urine, thus raising the urinary pH. By maintaining alkaline urine, the actual dissolution of uric acid stones may be accomplished. Citrates (sodium citrate and citric acid) are metabolised to bicarbonates (see above).

Gastric antacid:

Sodium bicarbonate, sodium citrate and citric acid react chemically to neutralise or buffer existing quantities of gastric hydrochloric acid but have no direct effect on its output. This action results in an increased pH value of stomach contents, thus providing relief of hyperacidity symptoms.

5.2 Pharmacokinetics Properties:

Sodium bicarbonate:

Renal elimination; CO2 (carbon dioxide) formed is eliminated via the lungs.

Sodium citrate and citric acid:

Citrates are oxidised in the body to form sodium bicarbonate. This is eliminated via the urine and less than 5 % is excreted unchanged.

Tartaric acid:

Tartaric acid is absorbed from the gastrointestinal tract but up to 80 % of an ingested dose is probably destroyed by micro-organisms in the lumen of the intestine before absorption occurs. Absorbed tartaric acid is excreted unchanged in the urine.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

- Aspartame (E951)
- Colour blue F, D and C No.1 (C.I. 42090)
- Colour Carmoisine WS (C.I. 14720),
- Flavour Cranberry permaseal S-123772
- Glucose liquid (44 Baume)

6.2 Incompatibility

Not applicable

6.3 Shelf Life

24 months

6.4 Special precautions for storage

Store in a cool (at or below 25 °C), dry place.

Keep in original packaging until required for use.

6.5 Nature and contents of container

CITRO-SODA CRANBERRY:

Screw-top, glass bottles containing 60 g, 100 g or 120 g and sachets of 4 g packed into cartons of 2's, 8's, 30's and 44's.

Not all pack sizes may be marketed at the same time.

6.6 Special precautions for disposal

Not applicable

7. HOLDER OF THE CERTIFICATE OF REGISTRATION:

Adcock Ingram Limited
1 New Road
Erand Gardens
Midrand, 1685
Customer Care: 0860 ADCOCK / 232625

8. REGISTRATION NUMBER(S):

28/18.3/0372

9. DATE OF FIRST AUTHORISATION/RENEWAL OF AUTHORISATION:

12 April 1994

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26 February 2025

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