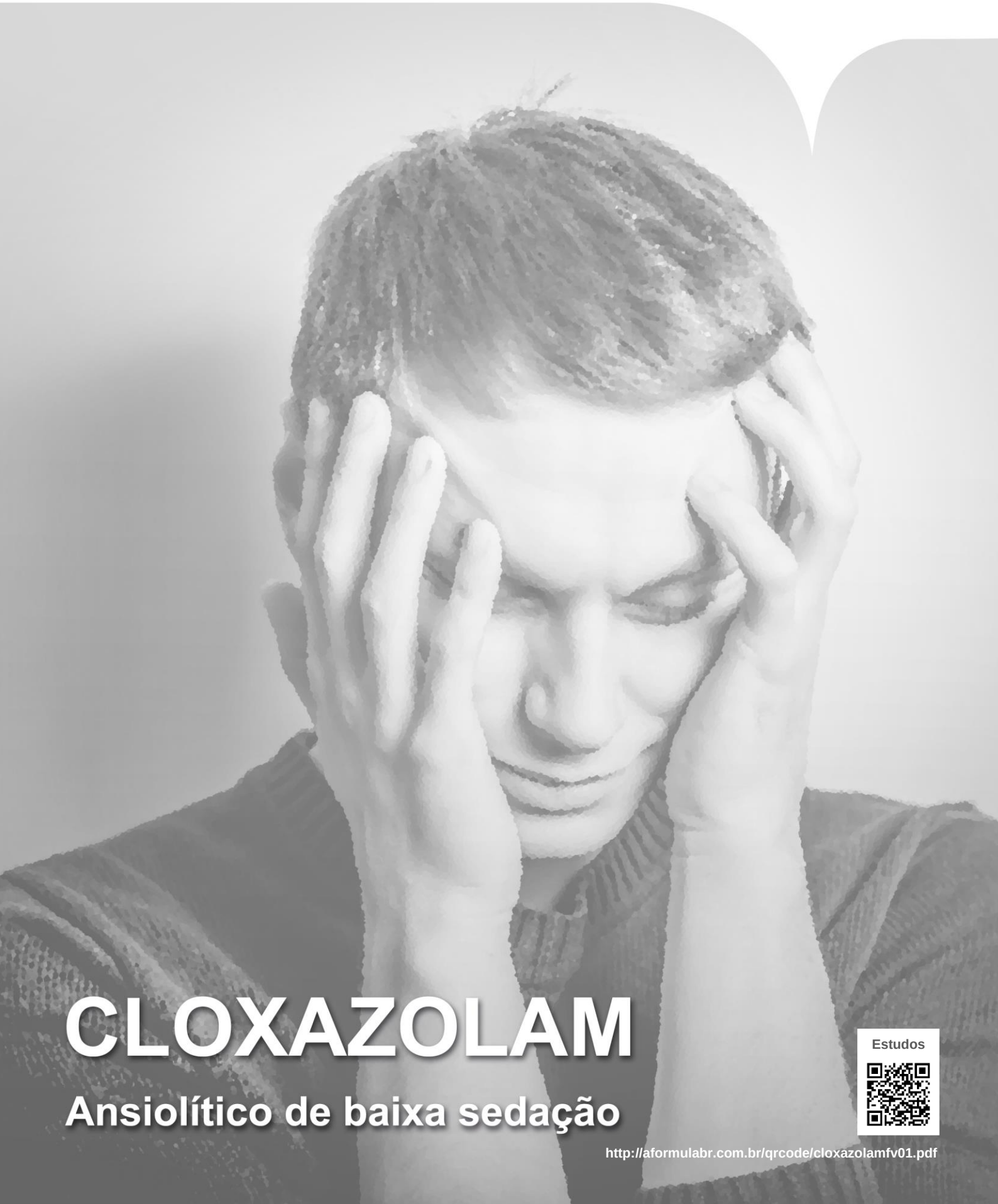
a fórmula



CLOXAZOLAM

Ansiolítico de baixa sedação

Estudos

http://aformulabr.com.br/qrcode/cloxazolamfv01.pdf

a fórmula

CLOXAZOLAM

Ansiolítico de baixa sedação

DESCRIÇÃO

Cloxazolam é um ansiolítico benzodiazepínico de ação central, caracterizado por um anel furano fechado que é metabolizado a cloro-N-desmetildiazepam após três horas.

MECANISMO DE AÇÃO

O **Cloxazolam** por meio de seu metabólito liga-se ao sítio alostérico dos receptores GABAérgicos do cérebro, aumentando ou facilitando a ação do neurotransmissor inibitório GABA, que regula as inibições pré e pós-sinápticas centrais, tendo suas propriedades tranquilizante e anticonvulsivante relacionadas à ação inibitória no sistema límbico e hipotalâmico.
Estudos apontam que em doses terapêuticas, **Cloxazolam** produz principalmente alívio da ansiedade, do medo, da inquietude, da tensão, da agitação, dos sintomas depressivos e de vários tipos de insônia, não causando, de modo geral, sonolência ou ataxia, sendo mais eficaz e tolerável quando comparado bromazepam.

INDICAÇÕES

- ✓ Ansiolítico e sedativo leve;
- ✓ Tratamento de epilepsia intratável;
- ✓ Transtorno do pânico.

DOSE USUAL

Recomendação oral de 1 a 12mg de **Cloxazolam**, 3 vezes ao dia.

SUGESTÕES DE FÓRMULAS

Cloxazolam.....2mg
Strip oral qsp.....1 dose

Modo de uso: 1 dose, 3 vezes ao dia.
Indicação: ansiolítico; tratamento da epilepsia.

Cloxazolam.....1mg

Modo de uso: 1 dose pela manhã, outra ao meio dia e 2 doses ao dormir.
Indicação: ansiedade com insônia.

Obs: estudo indica dosagem máxima diária de 8mg.

PRINCIPAIS REFERÊNCIAS

KIMURA, Nobusuke et al. Initial and Long-Term Effects of Cloxazolam With Intractable Epilepsy. **Pediatric neurology**, v. 43, n. 6, p. 403-406, 2010. Disponível em:< https://www.ncbi.nlm.nih.gov/pubmed/26637082>. Acesso em: 17/10/2018, às 13:49.

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CLOXAZOLAM

ESTUDOS CLÍNICOS

Controlled comparison of two anxiolytic benzodiazepines, cloxazolam and bromazepam.

The clinical activity and the tolerance of cloxazolam (4 mg/day), a new anxiolytic benzodiazepine, was compared to bromazepam (12 mg/day) in two parallel groups of 427 and 410 psychiatric outpatients, respectively. The duration of the study was 4 weeks with clinical assessments at inclusion and after 2 and 4 weeks of therapy by the Hamilton anxiety scale and visual analogue scales. While the Hamilton anxiety scale did not exhibit significant differences between the two benzodiazepines, visual analogue scales showed significant superiority of cloxazolam over bromazepam on psychological anxiety, somatic anxiety, depressed mood, and sleep, with a lack of significant difference related to the sedative effect, but less muscle-relaxant effect with cloxazolam than with bromazepam. The better efficacy and tolerance of cloxazolam compared to bromazepam was confirmed by the global assessments using visual analogue scales; moreover, a significantly larger proportion of patients in the cloxazolam group wanted to continue the same treatment.

Initial and long-term effects of cloxazolam with intractable epilepsy.

Cloxazolam has been used mainly as an anxiolytic agent. The present study was designed to evaluate the effectiveness of cloxazolam as an add-on antiepileptic drug in patients with intractable epilepsy. A total of 32 patients with intractable epilepsy were treated with cloxazolam: 13 with generalized epilepsy, 15 with focal epilepsy, and 4 with undetermined type of epilepsy. The initial effects were evaluated at 1 month after reaching a maintenance dose (0.3-0.5 mg/kg). The long-term effects were investigated at 2 years after reaching a maintenance dose. With cloxazolam, seizure frequency was reduced by ≥ 50% in 19/32 patients (59%) during initial therapy and in 6/23 patients (26%) during long-term therapy. Two became seizure free throughout the cloxazolam therapy. During initial therapy, 8/32 patients (25%) developed 11 episodes of adverse events during the initial therapy, including 5 with drowsiness, 3 with hyperactivity, 2 with irritability, and 1 with loss of appetite. During long-term therapy, 2/23 (9%) developed drowsiness. The mean dose of cloxazolam in patients with an effective response was 0.30 ± 0.18 mg/kg for initial therapy and 0.26 ± 0.20 mg/kg for long-term therapy. Seven of the 19 effective responders developed tolerance (37%). Cloxazolam is an effective and safe antiepileptic drug for intractable epilepsy.

Open label clinical trial with cloxazolam in the treatment of panic or generalized anxiety disorders

Objective: To determine the efficacy and tolerability of cloxazolam in the treatment of Panic or Generalized Anxiety Disorders.Method: 50 patients, 25 with Panic Disorder and 25 with Generalized Anxiety Disorder were treated with cloxazolam during 12 weeks and evaluated with the Hamilton Scales for Anxiety and Depression, Panic Attacks and Anticipatory Anxiety Scale, Marks and Sheehan Phobia Scale, Sheehan SelfAssessment Anxiety Scale and Clinical Global Impressions (CGI). Diagnoses were made according to the Structured Clinical Interview for DSMIV (SCIDIV). Results: In the various assessment instruments statistically significant improvements (mean score reductions) were detected after the 1st week of treatment and beyond. The degrees of improvement were also clinically significant. Circa 80% of the cases in the two diagnostic groups, Panic Disorder or Generalized Anxiety Disorder, were classified as degrees 1 or 2 of the CGI (much better or better). The mean daily dose of cloxazolam was 6.3 mg/day. The most frequent unwanted effect was somnolence, of mild to moderate severity and with minimal disruption of the patient's global level of functioning. Conclusion: cloxazolam is an interesting alternative for the treatment of Panic or of Generalized Anxiety Disorders due to efficacy and a favourable tolerability profile.

Benzodiazepines and their metabolites: relationship between binding affinity to the benzodiazepine receptor and pharmacological activity.

Experiments were carried out to study the relationship between binding affinity to the benzodiazepine receptor and pharmacological activity, especially anti-anxiety activity, of clinically useful benzodiazepines. In the in vitro experiments, fludiazepam showed the highest affinity to the benzodiazepine receptor with 4 times more potency than that of diazepam, which paralleled the in vivo activity. Diazepam and nimetazepam also bound with high affinities as expected from their in vivo activities. On the contrary, medazepam and cloxazolam showed extremely low affinities and oxazolam showed no affinity, although they showed moderate in vivo activity. However, their metabolites were found to have both high affinity and in vivo activities. These results strongly suggest that in the case of medazepam, cloxazolam and oxazolam, their metabolites may bind to receptor sites in the brain and then elicit pharmacological action. This conclusion was supported by the fact that a good correlation between the binding affinity and the anti-anxiety activity of the tested compounds was observed.

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KIMURA, Nobusuke et al. Initial and Long-Term Effects of Cloxazolam With Intractable Epilepsy. **Pediatric neurology**, v. 43, n. 6, p. 403-406, 2010. Disponível em:< https://www.ncbi.nlm.nih.gov/pubmed/26637082>. Acesso em: 17/10/2018, às 13:49.

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