4. Morelli A, *et al.* Effects of terlipressin on systemic and regional haemodynamics in catecholamine-treated hyperkinetic septic shock. *Intensive Care Med* 2004; **30:** 597–604.
5. Leone M, *et al.* Terlipressin in catecholamine-resistant septic shock patients. *Shock* 2004; **22:** 314–19.
6. Jolley DH, *et al.* Terlipressin infusion in catecholamine-resistant shock. *Anaesth Intensive Care* 2003; **31:** 560–4.
7. Rodríguez-Núñez A, *et al.* Terlipressin for catecholamine-resistant septic shock in children. *Intensive Care Med* 2004; **30:** 477–80.

Variceal haemorrhage. Systematic review has indicated[1] that terlipressin is effective in the management of acute oesophageal variceal haemorrhage (see under Monoethanolamine, p.2346), and reduces the relative risk of mortality by about one-third. Differences in effectiveness from other therapies could not be conclusively shown. Comparison of a regimen of terlipressin given by intravenous bolus injection, plus glyceryl trinitrate given sublingually, with balloon tamponade in variceal bleeding has suggested similar efficacy.[2] However, tamponade was successful in all patients that were previously unresponsive to terlipressin plus glyceryl trinitrate whereas this drug combination failed in all patients previously unresponsive to tamponade. A comparison of terlipressin and endoscopic injection sclerotherapy found them to be equally effective for the control of acute variceal bleeding.[3]

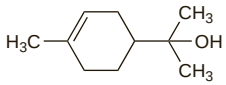
1. Ioannou G, *et al.* Terlipressin for acute esophageal variceal hemorrhage. Available in The Cochrane Database of Systematic Reviews; Issue 1. Chichester: John Wiley; 2003 (accessed 16/09/05).
2. Fort E, *et al.* A randomized trial of terlipressin plus nitroglycerin vs balloon tamponade in the control of acute variceal hemorrhage. *Hepatology* 1990; **11:** 678–81.
3. Escorsell À, *et al.* Multicenter randomized controlled trial of terlipressin versus sclerotherapy in the treatment of acute variceal bleeding: the TEST study. *Hepatology* 2000; **32:** 471–6.

Preparations

Proprietary Preparations (details are given in Part 3)
Arg.: Glycylpressin; ***Austria:*** Glycylpressin; Haemopressin; ***Belg.:*** Glypressin; ***Braz.:*** Glypressin†; ***Cz.:*** Glypressin; Remestyp; ***Denm.:*** Glypressin; ***Fin.:*** Glypressin; ***Fr.:*** Glypressine; ***Ger.:*** Glycylpressin; Haemopressin; ***Gr.:*** Glypressin; ***Hong Kong:*** Glypressin; ***Hung.:*** Glypressin; ***Irl.:*** Glypressin; ***Ital.:*** Glipressina; ***Malaysia:*** Glypressin; ***Mex.:*** Glyverase; ***Neth.:*** Glypressin; ***Pol.:*** Remestyp; ***Rus.:*** Remestyp (Реместил)†; ***Singapore:*** Glypressin; ***Spain:*** Glypressin; ***Switz.:*** Glypressine; ***Thai.:*** Glypressin; ***Turk.:*** Glypressin; ***UK:*** Glypressin.

Terpineol

$C_{10}H_{18}O$ = 154.2.
CAS — 8000-41-7 (terpineol); 98-55-5 (α-terpineol).



Pharmacopoeias. In *Br.*
BP 2008 (Terpineol). A mixture of structural isomers in which α-terpineol predominates. It is a colourless, slightly viscous liquid which may deposit crystals; it has a pleasant characteristic odour. Very slightly soluble in water; freely soluble in alcohol (70%); soluble in ether.

Profile
Terpineol has disinfectant and solvent properties. It is used with other volatile agents in preparations for respiratory-tract disorders.

Preparations
BP 2008: Chloroxylenol Solution.

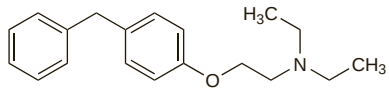
Proprietary Preparations (details are given in Part 3)
Multi-ingredient: ***Arg.:*** Aseptobron; Aseptobron Ampicilina†; Atomo Desinflamante; Atomo Desinflamante Familiar; Atomo Desinflamante G; Bronco Etersan; Di-Neumobron; ***Austral.:*** Karvol†; Tixylix Chest Rub†; ***Braz.:*** Bromil; Eucaliptan†; Mentalol†; Penetro; Tabletes Valda†; Valda†; ***Cz.:*** Coldastop; ***Fr.:*** Nazinette du Docteur Gilbert; Pectoderme†; Valda; ***Hong Kong:*** Valda†; ***India:*** Dettol Obstetric; Easi Breathe; Fairgenol†; Karvol Plus; Sinarest Vapocaps; ***Irl.:*** Karvol; Valda†; ***Israel:*** Gargol; Karvol; Rexitol; ***Ital.:*** Calyptol; Rikospray; Skab 2; ***NZ:*** Tixylix Chest Rub; ***Port.:*** Valda†; ***S.Afr.:*** AF; Karvol; ***Singapore:*** Karvol; ***Spain:*** Caltoson Balsamico; Eupnol; Pastillas Juanola†; ***Switz.:*** Perskindol Classic; Sedotussin†; ***UK:*** Chymol; Jacksons Mentholated Balm; Karvol; Nowax; Waxwane†.

Tesmilifene Hydrochloride *(USAN, rINNM)*

BMS-217380-01; BMY-33419; DPPE; Hidrocloruro de tesmilifeno; Tesmilifène, Chlorhydrate de; Tesmilifeni Hydrochloridum. 2-[(α-Phenyl-*p*-tolyl)oxy]triethylamine hydrochloride; *N,N*-Diethyl-2-[4-(phenylmethyl)phenoxy]-ethanamine hydrochloride.

Тезмилифена Гидрохлорид

$C_{19}H_{25}NO,HCl$ = 319.9.
CAS — 98774-23-3 (tesmilifene); 92981-78-7 (tesmilifene hydrochloride).



(tesmilifene)

Profile
Tesmilifene hydrochloride is an intracellular histamine antagonist that appears to augment the antineoplastic activity of drugs such as the anthracyclines and taxanes. It is under investigation for the treatment of various cancers, including hormone-refractory cancer of the prostate and gastric and hepatic cancers.

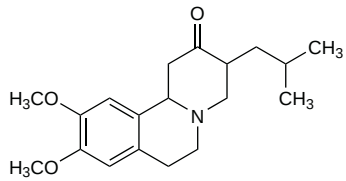
◊ References.
1. Reyno L, *et al.* Phase III study of N,N-diethyl-2-[4-(phenylmethyl)phenoxy]ethanamine (BMS-217380-01) combined with doxorubicin versus doxorubicin alone in metastatic/recurrent breast cancer: National Cancer Institute of Canada Clinical Trials Group Study MA19. *J Clin Oncol* 2004; **22:** 269–76.
2. Raghavan D, *et al.* Phase II trial of tesmilifene plus mitoxantrone and prednisone for hormone refractory prostate cancer: high subjective and objective response in patients with symptomatic metastases. *J Urol (Baltimore)* 2005; **174:** 1808–13.

Tetrabenazine *(BAN, rINN)*

Ro-1-9569; Tetrabenatsiini; Tetrabenazin; Tetrabenazina; Tétrabénazine; Tetrabenazinum. 1,3,4,6,7,11b-Hexahydro-3-isobutyl-9,10-dimethoxybenzo-[*a*]quinolizin-2-one.

Тетрабеназин

$C_{19}H_{27}NO_3$ = 317.4.
CAS — 58-46-8.
ATC — N07XX06.
ATC Vet — QN07XX06.



Adverse Effects
Drowsiness is the most frequent adverse effect of tetrabenazine. Orthostatic hypotension, symptoms of extrapyramidal dysfunction, gastrointestinal disturbances, and depression may also occur. Neuroleptic malignant syndrome and parkinsonism have been reported rarely. Overdosage has produced sedation, sweating, hypotension, and hypothermia.

Effects on mental function. Depression is well documented as an adverse effect of tetrabenazine, and occurs in about 15% of patients; it has been reported to respond to reboxetine.[1] Florid psychiatric symptoms such as panic attacks and obsessive-compulsive symptoms may be precipitated or exacerbated by tetrabenazine.[2]

1. Schreiber W, *et al.* Reversal of tetrabenazine induced depression by selective noradrenaline (norepinephrine) reuptake inhibition. *J Neurol Neurosurg Psychiatry* 1999; **67:** 550.
2. Bruneau MA, *et al.* Catastrophic reactions induced by tetrabenazine. *Can J Psychiatry* 2002; **47:** 683.

Extrapyramidal disorders. Dysphagia and choking were associated with tetrabenazine in the treatment of Huntington's chorea.[1] Fatal pneumonia, probably as a consequence of aspiration, had also been reported.

1. Snaith RP, Warren H de B. Treatment of Huntington's chorea with tetrabenazine. *Lancet* 1974; **i:** 413–14.

Overdosage. A patient who swallowed about 1 g (40 tablets) of tetrabenazine became drowsy 2 hours later and marked sweating occurred.[1] Her state of consciousness improved after 24 hours and she talked rationally and gained full control of micturition after 72 hours.

1. Kidd DW, McLellan DL. Self-poisoning with tetrabenazine. *Br J Clin Pract* 1972; **26:** 179–80.

Precautions
Tetrabenazine may exacerbate the symptoms of parkinsonism. It may cause drowsiness; affected patients should not drive or operate machinery.

Interactions
Tetrabenazine has been reported to block the action of reserpine. It may also diminish the effects of levodopa and exacerbate the symptoms of parkinsonism. Use of tetrabenazine immediately after a course of an MAOI may lead to confusion, restlessness, and disorientation; tetrabenazine should not be given with, or within 14 days of stopping, such therapy.

Pharmacokinetics
Absorption of tetrabenazine is poor and erratic after oral doses. It appears to be extensively metabolised by first-pass metabolism. Its major metabolite, hydroxytetrabenazine, which is formed by reduction, is reported to be as active as the parent compound. It is excreted in the urine mainly in the form of metabolites.

Uses and Administration
Tetrabenazine is used in the management of movement disorders including chorea (p.953), ballism (p.953), dystonias (p.809), tardive dyskinesia (see under Extrapyramidal Disorders, p.971), and similar symptoms of CNS dysfunction.

For the treatment of chorea, ballism, and other organic CNS movement disorders, a starting oral dose of 25 mg three times daily has been recommended; the *BNF* considers a dose of 12.5 mg twice daily (or 12.5 mg daily in the elderly) more appropriate initially, which is less likely to cause excessive sedation. The dose may be gradually increased by 25 mg daily every 3 or 4 days according to response up to a maximum of 200 mg daily. If the patient does not respond within 7 days of receiving the maximum dose further treatment with tetrabenazine is unlikely to be of benefit.

For moderate to severe tardive dyskinesia, a dose of 12.5 mg daily is recommended initially, subsequently titrated according to response.

Extrapyramidal disorders. In a long-term study[1] of the use of tetrabenazine in 400 patients with movement disorders, the best responses seemed to be in tardive dyskinesia, tardive dystonia, and Huntington's disease but benefit was also obtained in some patients with idiopathic dystonia, segmental myoclonus, and Tourette's syndrome. Others have commented that in severe dystonia unresponsive to other drugs a combination of tetrabenazine with trihexyphenidyl and pimozide is sometimes effective.[2] Tetrabenazine significantly reduced chorea in ambulatory patients with Huntington's disease in a small 12-week randomised placebo-controlled study.[3] It was well tolerated, although there was a significant increase in reports of drowsiness and insomnia, which generally resolved with adjustment of doses.

1. Jankovic J, Beach J. Long-term effects of tetrabenazine in hyperkinetic movement disorders. *Neurology* 1997; **48:** 358–62.
2. Marsden CD, Quinn NP. The dystonias. *BMJ* 1990; **300:** 139–44.
3. Huntington Study Group. Tetrabenazine as antichorea therapy in Huntington disease: a randomized controlled trial. *Neurology* 2006; **66:** 366–72.

Preparations
Proprietary Preparations (details are given in Part 3)
Canad.: Nitoman; ***Denm.:*** Nitoman; ***Fr.:*** Xenazine; ***India:*** Revocon; ***Irl.:*** Nitoman; ***Israel:*** Xenazine; ***NZ:*** Xenazine; ***Port.:*** Nitoman; Revocon; ***UK:*** Xenazine.

Tetrachlorodecaoxide

TCDO; Tetrachlorodecaoxygen Anion Complex; Tetraclorodecaóxido; WF-10.

Cl_4O_{10} = 301.8.
CAS — 92047-76-2.

Profile
Tetrachlorodecaoxide is a water-soluble anion complex containing oxygen in a chlorite matrix. Active oxygen is only released in the presence of biological material. It has been applied as a solution for the stimulation of wound healing.

Wounds. Tetrachlorodecaoxide was reported to promote wound healing compared with saline in a double-blind study of 271 patients,[1] but a smaller study failed to show any benefit over glycerol.[2]

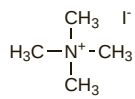
1. Hinz J, *et al.* Rationale for and results from a randomised, double-blind trial of tetrachlorodecaoxygen anion complex in wound healing. *Lancet* 1986; **i:** 825–8.
2. Hughes LE, *et al.* Failure of tetrachlorodecaoxygen anion complex to assist wound healing. *Lancet* 1989; **ii:** 1271.

Preparations
Proprietary Preparations (details are given in Part 3)
Austria: Oxilium; ***Indon.:*** Oxoferin; ***Port.:*** Oxoferin; ***Switz.:*** Oxilium†; ***Thai.:*** Immunokine; Oxoferin; ***Venez.:*** Oxoferin.

Tetramethylammonium Iodide

Tetrametilamonio, ioduro de.

$C_4H_{12}IN$ = 201.0.
CAS — 75-58-1.



Profile
Tetramethylammonium iodide is a quaternary ammonium compound that has been used for the emergency disinfection of drinking water. It has also been employed for its ganglion-blocking properties.