

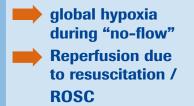
Scientific information on

Resuscitation

Causes of ischaemia:

Cardiac / circulatory arrest due to:

- Coronary heart disease/coronary infarction (70 80%)
- Cardiomyopathy, myocarditis (10 15%)
- Other causes



Risks after reperfusion:

- Specific damage to heart, lung and brain tissue
- Hyperinflammation (= post resuscitation, sepsis-like syndrome)
- Endothelial damage



Conventional measures to reduce tissue damage:

- Cardiac massage (earliest possible)
- Cardiac massage : ventilation → 30:2
- Volume replacement, vasoactive substances → however, up to date not sufficiently effective

Data on selenium (selenite, some with selenase®):

- SIRS / sepsis patients have low selenium levels, this correlates with the severity of the disease [Sakr et al. British Journal of Anaesthesia 98 (2007) 775-784]
- Selenium supplementation reduces mortality in SIRS/sepsis patients (SIC)
 [Angstwurm et al. Crit Care Med 35 (2007) 1-9]
- Selenium significantly improves neurological survival in patients with cardiac arrest [Reisinger et al. European Society of Cardiology (ESC) Congress Vienna 2007]
- High doses of selenium (100 µg/kg) protects from neurodegeneration (animal model) [Ansari et al. Biological Trace Element Research 101 (2004) 73-86]
- High doses of selenium (100 µg/kg) reduce cerebral cell death after ischaemia / reperfusion (animal model) [Yousuf et al. Brain Research 1141 (2007) 218-225]
- Selenium levels are significantly reduced in patients after cardiac / circulatory arrest [Busch et al. DIVI (2008)]

Possible actions of selenium supplementation:

- · Reduction of tissue damage in heart, lungs and brain, i.e. improved neurological outcome
- Prevention or minimisation of systemic inflammation (SIRS)

Suggested timing and dosage for selenium supplementation:

Time point	Dosage
Bolus dose immediately upon transfer	1000 μg Se/d as selenase [®] solution for injection
of the patient into ambulance	
Bolus dose on admission to catheter lab	1000 µg Se/d as selenase® solution for injection
Continuous infusion over 4 days	1000 μg Se/d as selenase® solution for injection



a chance for your intensive care patients



selenase® -

- protects from endothelial, organ and reperfusion damage
- modulates inflammatory and coagulation pathways
- is very well tolerated



Abbreviated Prescribing Information

Abbreviated Prescribing Information selenase* 100 micrograms, solution for injection (50 micrograms/ml) selenase* 500 micrograms, solution for injection (50 micrograms/ml)

Active ingredient: sodium selenite pentahydrate. Composition: Each 2 ml ampoule/10 ml injection vial contains 100 micrograms/500 micrograms selenium as 333 micrograms/
1.66mg sodium selenite pentahydrate (Na₂SeO₃ x 5H₂O), corresponding to 50 micrograms/ml. Excipients: Sodium chloride, hydrochloric acid, Water for Injections. Indication: Proven selenium deficiency that cannot be offset from food sources. Posology and Administration: selenase* solution for injection is administered as an intramuscular or intravenous injection at a daily dose of 100 – 200 µg (1.27 – 2.53 µmol) selenium. If necessary, this dose can be increased to 500 µg (6.33 µmol) for a typical adult. No dosage adjustment is required for paediatric, renal or hepatic impairment patients. Contraindications: Selenosis. Interactions: Ensure that the pH value does not fall below 70 and that the solution is not mixed with reducing substances (e.g. vitamin C). Pregnancy and Lactation: There are no data from the use of selenase* in pregnant or lactating women. Undesirable Effects: None known to date when used as directed. Overdose: Counter measures include gastric lavage, forced diuresis, dialysis or administration of high doses of vitamin C. Pharmaceutical Precautions: Store below 25°C. Legal Category: POM. Presentation: Cartons containing 10 x 2ml ampoules / 10 x10ml glass vials for single use. MA Numbers: PL 20437/0003, PL 20437/0004. MA Holder: biosyn Arzneimittel GmbH, Schorndorfer Str 32, D-70734 Fellbach, Germany. Date of Preparation: November 2004

selenase[®] corrects selenium deficiency

