Metabolic/endocrine: Decreased glucose tolerance, increased serum levels of low-density lipoproteins and decreased levels of high-density lipoproteins, increased creatine and creatinine excretion, increased serum levels of creatine phosphokinase. Some virilizing changes in women are irreversible even after prompt discontinuance of therapy and are not prevented by concomitant use of estrogens.

Precautions:
Decaget should be used with caution in patients with any disease, especially cancer of the prostate or breast, liver, heart. Kidney disease, allergy, enlarged prostate. High dosage, long term use of androgens has been related to liver cancer. This drug should not be used during pregnancy or lactation. Females should be monitored for signs virilization, such as deepening of the voice. facial haft, acne, menstrual irregularity or clitoral enlargement, consult the doctor promptly if any of these symptoms occur. Use in children should not be recommended due to the possibility this drug may have undesirable effects related to the growth of the child. It should be used with extreme caution in geriatric men because they are at higher risk for developing enlarged prostates or prostate cancer when using this medication.

Dosage and adminstration:
Decaget is intended only for deep intramuscular injection preferably into the gluteal muscle. Dosage should be based on therapeutic response and consideration of the benefit/risk ratio. Duration of therapy will depend on the response of the condition and the appearance of adverse reactions. If possible, therapy should be intermittent. Decaget should be regarded as adjunet ive therapy and adequate quantities of nutrients should be consumed in order to obtain maximal therapeutic effects.

Anaemia of renal disease
A dose of 50-100 mg per week Decavolin is recommended for women and 100-200 mg per week for men. Drug therapy should be discontinued if no hematologic improvement is seen within the first six months. When used in the treatment of renal insufficiency, adequate iron intake is required for maximal response. For children from 2 to 13 years of age, the average dose is 25-50 mg every 3 to 4 weeks.

Warnings: Peliosis hepatitis, a condition in which liver and sometimes splenic tissue is replaced with blood-filled cysts, occurred in patients receiving androgenic anabolic steroids. The condition may not be recognized until life-threatening liver failure or intra-abdominal haemorrhage develops. Lesions completely resolve upon discontinuation. Liver cell tumour, often benign and androgen-dependent but sometimes malignant, have occurred, Drug discontinuation often results in regression or cessation of tumour growth. Hepatic tumours associated with androgens or anabolic steroids may be silent until life-threatening, intra-abdominal haemorrhage develops. Blood lipid changes, Including decreased HDL and increased LDI, associated with increased risk of atherosclerosis are seen in some patients treated with androgens and anabolic steroids

TARGET PHARMA
PHARMACEUTICAL

DECAGET

Composition:
Each mi contains:

Nandrolone Decanoate	250 mg
Oil base	q.s.

Indications and usage:
Decaget is indicated for the management of the anaemia of renal Insufficiency and has been shown to increase haemoglobin and red cell mass.

Contraindications:
1. Known hypersensitivity to the drug.
2. Male patients with carcinoma of the breast or with known or suspected carcinoma of the prostate.
3. Carcinoma of the breast in females with hypercalcemia androgenic anabolic steroids may stimulate osteolytic resorption of bones.
4. Pregnancy, because of masculinisation of the foetus.
5. Nephrosis or the nephrotic phase of nephrifis.
6. Patients with serious cardiac, hepatic or renal disease.

Drug Interactions:
Anticoagulants: Target Pharma may increase sensitivity to oral anticoagulants. Dosage of the anticoagulant may have to be decreased in order to maintain the prothrombin time at the desired therapeutic level. Patients receiving oral anticoagulant therapy require close monitoring, especially when anabolic steroids are started or stopped Anabolic steroids may decrease levels of thyroxine-binding globulin, resulting In decreased total 14 serum levels and increased resin uptake of T3 and 14. Free thyroid hormone levels temain unchanged.

Overdosage:
There have been no reports of acute overdosage with the anabolics.

Adverse reactions:
Hepatic: Choiestatic jaundice with, rarely, hepatic necrosis and death. Hepatocellular neothasms and peliosis hepatitis have been reported in association with long-term use of androgenic anabolic steroids, particularly those that are 17-alpha-alkylated.
In men: Prepubertal: Phallic enlargement and increased frequency of erections.
Postpubertal: Inhibition of testicular function, testicular atrophy and otigospermia, impotence, chronic priapism, epididymitis and bladder irritability.
In women: Clitoral enlargement, menstrual irregularities.
In both sexes: Increased or decreased libido.
Hormone levels remain unchanged.
CNS: Habituation, excitation, insomnia, depression.
Gastrointestinal: Nausea, vomiting, diarrhea.
Hematologic: Bleeding in patients on concomitant anticoagulant therapy (see Precaution, Drug Interactions).
Breast Gynecomastia.
Larynx: Deepening of the vioce in women.
Hair: Hirsutism and male pattern baldness in women.
Skin: Acne (especially in women and prepubertal boys).
Skeletal: Premature closure of epiphyses children (see Precaution, Pediatric Use)
Fluid and electrolytes: Edema retention of serum electrolytes (sodium chloride, potassium phosphate, calcium).