



# Deca-Durabolin<sup>®</sup>

25mg or 50mg                      Injection  
(Nandrolone Decanoate)

## Composition

Each ml of the oily solution contains:  
Nandrolone Decanoate (Eur. P)..... 25mg  
Nandrolone Decanoate (Eur. P)..... 50mg

## Characteristics

### Action

**Deca-Durabolin** is an injectable anabolic preparation. The pharmacologically active substance is nandrolone. The decanoate ester gives the preparation a duration of action of about three weeks after injection.

Nandrolone is chemically related to the male hormone. Compared to testosterone, it has an enhanced anabolic and a reduced androgenic activity. This has been demonstrated in animal bioassays and explained by receptor binding studies. The low androgenicity of nandrolone is confirmed in clinical use.

In human, **Deca-Durabolin** has been shown to positively influence calcium metabolism and to increase bone mass in osteoporosis. In women with disseminated mammary carcinoma, **Deca-Durabolin** has been reported to produce objective regressions for many months. Furthermore, **Deca-Durabolin** has a nitrogen-saving action. This effect on protein metabolism has been established by metabolic studies and is utilized therapeutically in conditions where a protein deficiency exist such as during chronic debilitating diseases and after major surgery and severe trauma. In these conditions, **Deca-Durabolin** serves as a supportive adjunct to specific therapies and dietary measures as well as parenteral nutrition.

Androgenic effects (e.g. virilisation) are relatively uncommon at the recommended dosages. Nandrolone lacks the C17 alpha-alkyl group which is associated with the occurrence of liver dysfunction and cholestasis.

## Pharmacokinetics

Nandrolone decanoate is slowly released from the injection site into the blood with a half-life of 6 days. In the blood, the ester is rapidly hydrolysed to nandrolone with a half-life of one hour or less. The half-life for the combined process of hydrolysis of nandrolone decanoate and of distribution and elimination of nandrolone is 3-4 hours. Nandrolone is metabolised by the liver, 19- norandrosterone, 19-norepiandrosterone and 19-noretiocholanolone have been identified as metabolites in the urine. It is not known whether these metabolites display a pharmacological action.

### Indications

Osteoporosis

For the palliative treatment of selected cases of disseminated mammary carcinoma in women.

As an adjunct to specific therapies and dietary measures in pathologic conditions characterized by a negative nitrogen balance.

### Dosage

50 mg every 3 weeks.

50 mg every 2-3 weeks.

25-50mg every 3 weeks.  
or as prescribed by  
the physician.

**N.B.** : For an optimal therapeutic effect it is necessary to administer adequate amounts of vitamins, minerals and protein in a calorie-rich diet.

## **Administration**

**Deca-Durabolin** should be administered by deep intramuscular injection.

## **Contra-Indications**

- Pregnancy.
- Known or suspected carcinoma of the prostate or breast in the male.

## **Use during pregnancy and breast-feeding**

This medicine is contraindicated during pregnancy because of possible masculinization of the foetus. There are insufficient data on the use of the medicine during breast-feeding to assess potential harm to the infant or a possible influence on milk production.

## **Warning and precautions**

- If signs of virilisation develop, discontinuation of the treatment should be considered, preferably in consultation with the patient.
- It is recommended to monitor patients with any of the following conditions:
  - Latent or overt cardiac failure, renal dysfunction, hypertension or migraine (or a history of these conditions), since anabolic steroids may occasionally induce fluid retention;
  - Incomplete statural growth, since anabolic steroids in high dosages may accelerate epiphyseal closure;
  - Skeletal metastasis of breast carcinoma. In these patients hypercalcaemia may develop both spontaneously and as a result of anabolic steroid therapy. The later can be indicative of a positive tumour response to the hormonal treatment. Nevertheless, the hypercalcaemia should first be treated appropriately and after restoration of normal calcium levels hormone therapy can be resumed.
  - Liver dysfunction.
- The use of anabolic steroids to enhance athletic ability may carry severe risks to the user's health and should be discouraged.

## **Interactions**

Anabolic steroids may improve glucose tolerance and decrease the need for insulin or other antidiabetic medicines in diabetes.

## **Adverse reactions**

High dosages, prolonged treatment and/or too frequent administration may cause:

- Virilisation which appears in sensitive women as hoarseness, acne, hirsutism and increase of libido; in prepubertal boys as an increased frequency of erections and phallic enlargement, and in girls as an increase of pubic hair and clitoral hypertrophy. Hoarseness may be the first symptom of vocal change which may end in a long lasting, sometimes irreversible deepening of the voice.
- Amenorrhoea.
- Inhibition of spermatogenesis.
- Premature epiphyseal closure.
- Fluid retention.

## Overdosage

The acute toxicity of nandrolone decanoate in animals is very low. There are no reports of acute overdosage with **Deca-Durabolin** in the human.

## Instructions

To be sold on the prescription of a registered medical practitioner only.

Store at 8-30°C. Protect from light.

Keep out of the reach of children.

## Presentation

Box of 1 x 1ml ampoule

M.L. No.: 000024

Manufactured by:

**Pharmatec**

**Pakistan (Pvt) Ltd.**

D-86/A S.I.T.E.,

Karachi.

For:

**OBS Pakistan (Pvt) Ltd.**

C-14 S.I.T.E., Karachi-75700

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N.V. Organon Oss. The Netherlands.

Mfg. Org. Spec.

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