Unidep SR 300 Tablet (Bupropion Hydrochloride 300 mg)

Meta title, meta description and short product description

Meta title	Unidep SR 300 (Bupropion 300 mg) Antidepressant Tablet
Meta description	Unidep SR 300 contains bupropion hydrochloride 300 mg in a sustained-release tablet for major depressive disorder. Uses, mechanism, dosage and safety.
Short product description	Unidep SR 300 Tablet contains bupropion hydrochloride 300 mg in a sustained-release formulation, used in the management of major depressive disorder. Acting on dopamine and noradrenaline, it supports mood, energy and motivation, and is associated with a low incidence of weight gain and sexual side effects.

Product Overview

Unidep SR 300 Tablet is an antidepressant formulation containing 300 mg of bupropion hydrochloride. Manufactured by Consern Pharma Ltd, the tablet uses a sustained-release design that allows the active ingredient to be absorbed gradually, maintaining stable blood concentrations and supporting a once-daily regimen at this strength.

Bupropion occupies a distinct position among antidepressants. Unlike selective serotonin reuptake inhibitors, it has negligible effect on serotonin and instead influences dopamine and noradrenaline, two neurotransmitters closely associated with drive, reward and alertness. This profile makes it particularly relevant where low energy, reduced motivation and loss of interest are prominent features of depression.

Composition

Each sustained-release tablet contains:

- Bupropion hydrochloride: 300 mg

The tablet matrix controls the rate at which the medicine is released, which reduces peak concentrations and contributes to tolerability.

Therapeutic Uses

Unidep SR 300 Tablet is indicated for:

- Major depressive disorder in adults
- Maintenance treatment to reduce the risk of depressive relapse

Bupropion is also recognised as an aid to smoking cessation, although lower-strength preparations are generally used for that purpose.

Mechanism of Action

Bupropion is classified as a norepinephrine-dopamine reuptake inhibitor (NDRI). After neurotransmitters are released into the synapse, transporter proteins normally return them to the nerve terminal for reuse. Bupropion partially blocks the transporters for dopamine and noradrenaline, increasing the concentration of these messengers available to act on receiving neurons.

Dopamine is central to the brain's reward circuitry and to motivation, while noradrenaline regulates arousal, attention and energy. Enhanced activity in these pathways is associated with improvements in mood, interest and concentration. Bupropion is metabolised in the liver to hydroxybupropion, an active metabolite that contributes significantly to its therapeutic effect.

Key Benefits

Improvement in Core Depressive Symptoms

Bupropion reduces persistent low mood, hopelessness and loss of pleasure, supporting a gradual return to normal functioning.

Support for Energy and Concentration

Its noradrenergic and dopaminergic action is associated with improved alertness, focus and daily drive.

Favourable Weight Profile

Bupropion is not typically associated with weight gain and may be weight-neutral or lead to modest weight reduction.

Low Rate of Sexual Dysfunction

Sexual side effects, which are common with serotonergic antidepressants, occur infrequently with bupropion.

Once-Daily Convenience

The 300 mg sustained-release strength allows a single daily dose, simplifying long-term treatment.

Dosage and Administration

Treatment with bupropion is commonly initiated at 150 mg daily and increased to 300 mg after several days, depending on response and tolerability. The 300 mg tablet represents the usual maintenance dose for depression.

- The tablet is taken once daily, preferably in the morning, to reduce the likelihood of sleep disturbance.
- It is swallowed whole with water and is not crushed, chewed or divided, as this would disrupt the sustained-release mechanism.
- It may be taken with or without food.
- A missed dose is skipped rather than doubled, because higher single doses increase the risk of seizures.

Treatment is generally continued for at least several months after symptoms resolve. Discontinuation is carried out gradually rather than abruptly.

Onset of Action

Early changes, such as improved energy, sleep pattern or appetite, may appear within the first one to two weeks. A meaningful improvement in mood typically develops over four to six weeks of consistent use, with the full therapeutic effect sometimes requiring longer.

Side Effects

Commonly reported side effects include:

- Insomnia
- Dry mouth
- Headache
- Nausea and reduced appetite
- Dizziness
- Agitation, anxiety or tremor
- Increased sweating
- Constipation

Less common but serious effects include seizures, elevated blood pressure, severe allergic reactions and neuropsychiatric symptoms such as agitation, hallucinations or unusual changes in behaviour. As with all antidepressants, an increase in suicidal thoughts has been reported, particularly in young adults during the early stages of treatment or after dose changes. Such reactions require immediate medical attention.

Warnings and Precautions

Bupropion is contraindicated in individuals with:

- A seizure disorder or history of seizures
- Current or past bulimia or anorexia nervosa
- Abrupt withdrawal from alcohol, benzodiazepines, barbiturates or antiepileptic medicines
- Use of a monoamine oxidase inhibitor (MAOI) within the previous 14 days
- Concurrent use of any other bupropion-containing product

The risk of seizures is dose-related, so the recommended maximum dose is not exceeded. Caution applies in hepatic or renal impairment, uncontrolled hypertension, bipolar disorder and history of head injury. Alcohol intake is minimised during treatment. The product is not intended for use in individuals under 18 years of age, and its use in pregnancy and breastfeeding requires careful evaluation.

Drug Interactions

Clinically relevant interactions include:

- MAO inhibitors, which must not be combined with bupropion
- Medicines that lower the seizure threshold, including antipsychotics, tramadol, theophylline and systemic corticosteroids
- Medicines metabolised by the CYP2D6 enzyme, such as certain antidepressants, beta-blockers and antiarrhythmics, whose levels may increase
- Levodopa and amantadine, which may increase the risk of adverse effects
- Alcohol, which may lower the seizure threshold

Storage

Store below 30°C in the original packaging, protected from moisture and direct light. Keep out of the reach of children.

Conclusion

Unidep SR 300 Tablet provides bupropion hydrochloride in a convenient once-daily sustained-release form for the management of major depressive disorder. Its dopaminergic and noradrenergic action supports mood, energy and motivation, while its low association with weight gain and sexual dysfunction offers practical advantages for long-term use. Correct administration, adherence to dose limits and awareness of seizure-related precautions are central to its safe and effective use.