

## SUMMARY OF PRODUCT CHARACTERISTICS

### 1. NAME OF THE MEDICINAL PRODUCT

Trittico 75 mg prolonged-release tablets.

Trittico 150 mg prolonged-release tablets.

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Trittico 75 mg prolonged-release tablets

Each tablet contains: trazodone hydrochloride 75 mg equivalent to trazodone 68.3 mg.

Trittico 150 mg prolonged-release tablets

Each tablet contains: trazodone hydrochloride 150 mg equivalent to trazodone 136.6 mg.

Excipients with known effect:

sucrose.

For the full list of excipients, see section 6.1.

### 3. PHARMACEUTICAL FORM

Prolonged-release tablets.

White to off-white coloured tablets, biconvex, lozenge-shaped, with double score line on both sides.

The tablet can be divided into three equal doses.

### 4. CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

Depressive disorders with or without anxiety.

#### 4.2 Posology and method of administration

Use of the product is restricted to adult patients.

The tablets can be divided into 3 parts to allow for gradual dosage, in divided doses, depending on the severity of the disease, weight, age and general condition of the patient.

It is advisable to start the course of treatment with night-time administration and with increasing daily dosages.

Trittico prolonged-release tablets could be administered on an empty stomach or after meals (see section 5.2).

This medicinal product should be administered for treatment cycles of at least a month.

#### Adults

75-150 mg per day, to be administered in a single dose at night before bedtime.

The dosage may then be increased up to 300 mg daily, to be divided into two administrations.

In hospitalised patients, the dose may be increased further, to up to 600 mg daily in repeated doses.

#### Elderly:

For very elderly or frail patients, the recommended starting dose is 100 mg daily, administered in divided doses or as a single night-time dose (see section 4.4). This may be incrementally increased, as described under the dosage for "Adults", under medical supervision, according to tolerance and efficacy. In general, single doses above 100 mg should be avoided in these patients. Doses above 300 mg per day are unlikely to be required.

#### Paediatric population:

Use of trazodone is not recommended in children and adolescents under 18 years of age due to a lack of safety data.

#### Hepatic impairment:

Trazodone undergoes extensive hepatic metabolism (see section 5.2), and has also been associated with hepatotoxicity (see sections 4.4 and 4.8.).

Caution should be exercised when prescribing trazodone for patients with hepatic impairment, particularly in cases of severe hepatic impairment. Periodic monitoring of liver function should be considered.

#### Renal impairment:

No dosage adjustment is usually necessary, but caution should be exercised when prescribing for patients with severe renal impairment (see also section 4.4 and 5.2).

### **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Alcohol intoxication and intoxication with hypnotics.

Acute myocardial infarction.

### **4.4 Special warnings and precautions for use**

#### Use in children and adolescents under 18 years old

Trazodone should not be used in children and adolescents under 18 years of age. Suicide-related behaviours (suicide attempt and suicidal thoughts), and hostility (predominant aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants as compared to those treated with a placebo. Moreover, long-term safety data on children and adolescents regarding growth, maturation and cognitive and behavioural development are not available.

#### Suicide/suicidal thoughts or clinical worsening

Depression is associated with increased risk of suicidal thoughts, self-harm and suicide (suicide/related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Patients with a history of suicidal behaviour or thoughts, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment, are at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. A meta-analysis of placebo-controlled clinical trials of antidepressant drugs in the treatment of psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients under 25 years old.

Close supervision of patients and in particular those at high risk should always accompany drug therapy with antidepressants, especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted of the need to monitor for any clinical worsening, suicidal behaviour or thoughts or unusual changes in behaviour and to seek medical advice immediately if these symptoms appear.

To minimise the potential risk of suicide attempts, particularly at the start of treatment, only restricted quantities of trazodone should be prescribed at each visit.

It is recommended that careful dosing and regular monitoring be adopted in patients with:

- Epilepsy - in particular, abrupt dosage increases or decreases should be avoided
- Hepatic or renal impairment, particularly if severe
- Heart disease, such as angina pectoris, conduction disorders or AV blocks of differing degrees, recent myocardial infarction
- Hyperthyroidism
- Micturition disorders, such as prostate hypertrophy,
- Acute narrow angle glaucoma, increased intraocular pressure, although major changes have not yet been observed, due to the minor anticholinergic effect of trazodone.

Should jaundice occur in a patient, treatment must be withdrawn.

Administration of antidepressants in patients with schizophrenia or other psychotic disorders may result in a possible worsening of psychotic symptoms. Paranoid thoughts may be intensified. During therapy with trazodone a depressive phase can change from a manic-depressive psychosis into a manic phase. If this occurs, trazodone treatment must be discontinued.

Interactions in terms of serotonin syndrome/ neuroleptic malignant syndrome have been reported in the event of concomitant use of other serotonergically acting substances (e.g. tricyclic antidepressants, SSRIs, SNRIs and MAO inhibitors) and neuroleptics. Cases of neuroleptic malignant syndrome with fatal outcome have been reported in cases of coadministration with neuroleptics, for which this syndrome is a known possible adverse drug reaction (see sections 4.5 and 4.8 for further information).

Agranulocytosis may present with influenza-like symptoms. Blood tests should therefore be performed if the patient develops a sore throat and fever.

Hypotension, including orthostatic hypotension and syncope, has been reported in patients receiving trazodone. Concomitant administration of antihypertensive therapy with trazodone may require a reduction in the dose of the antihypertensive drug.

Caution is advised in patients taking serotonergic agents such as trazodone concomitantly with anticoagulant and/or antiplatelet agents, and in patients with a known bleeding tendency.

### **Elderly**

Elderly patients are often more sensitive to the effects of antidepressants and, in particular, may more often experience orthostatic hypotension, drowsiness and other anticholinergic effects of trazodone.

Careful consideration should be given to the potential additive effects with concomitant treatment use, such as with other psychotropics or antihypertensives, or in the presence of risk factors such as comorbidities, which can exacerbate these reactions.

It is recommended that the patient/caregiver is informed of the potential onset for these reactions and monitored closely for such effects after starting treatment, as well as before and following dose increases.

Following therapy with trazodone, particularly for a prolonged period, an incremental dosage reduction prior to withdrawal is recommended, to minimise the occurrence of withdrawal symptoms, characterised by nausea, headache, and malaise.

There is no evidence that trazodone possesses any addictive properties.

As with other antidepressants, cases of QT interval prolongation have been reported rarely with trazodone. Special precautions should be taken when administering trazodone with other medicinal products known to prolong the QT interval. Trazodone should be used with caution in patients with cardiovascular disease, including conditions associated with prolongation of the QT interval.

CYP3A4 inhibitors may lead to a significant increase in the plasma concentration of trazodone. See section 4.5 for further information.

As with other drugs with alpha-adrenolytic activity, cases of priapism have been reported rarely during treatment with trazodone. This may be treated with an intracavernosal injection of an alpha-adrenergic agent such as adrenaline or metaraminol. However there are reports of trazodone-induced priapism which have required surgical intervention or led to permanent sexual dysfunction. Patients developing this suspected adverse drug reaction should cease trazodone immediately.

### **Interference with urine tests**

When immunoassays are used for drug screening in urine, a cross-reactivity of the trazodone metabolite meta-Chlorophenylpiperazine (m-CPP) which is structurally similar to

methylenedioxymethamphetamine (MDMA, ecstasy), may cause false positivity for amphetamine. In these cases, it is recommended to perform a confirmation analysis by mass spectrometry (MS) techniques.

#### Important information about some of the excipients:

Trittico prolonged-release tablets contain sucrose: patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase deficiency should not take this medicinal product.

### **4.5 Interaction with other medicinal products and other forms of interaction**

#### General

The sedative effects of antipsychotics, hypnotics, sedatives, anxiolytics, and antihistaminic drugs may be intensified; dosage reduction is recommended in such instances.

The metabolism of antidepressants is accelerated due to the hepatic effects of oral contraceptives, phenytoin, carbamazepine and barbiturates. The metabolism of antidepressants is inhibited by cimetidine and some other antipsychotics.

#### CYP3A4 inhibitors

Drug metabolism studies in vitro indicate that there is a potential for drug interactions when trazodone is coadministered with cytochrome P450 3A4 inhibitors (CYP3A4), such as erythromycin, ketoconazole, itraconazole, ritonavir, indinavir and nefazodone. CYP3A4 inhibitors may lead to a significant increase in the plasma concentration of trazodone. It has been confirmed by in vivo studies in healthy volunteers, that a ritonavir dose of 200 mg BID increases the plasma levels of trazodone greater than two-fold, leading to nausea, syncope and hypotension. Therefore, if trazodone is administered with a potent CYP3A4 inhibitor, a reduction in the dose of trazodone is needed.

However, coadministration of trazodone and potent CYP3A4 inhibitors should be avoided where possible.

#### Carbamazepine

Coadministration of carbamazepine and trazodone results in reduced trazodone plasma concentrations. Concomitant use of carbamazepine 400 mg daily led to a decrease in plasma levels of trazodone and its active metabolite m-Chlorophenylpiperazine of 76% and 60%, respectively. For this reason, patients taking trazodone in combination with carbamazepine should be carefully monitored to assess whether an increase in the dosage of trazodone is required.

#### Tricyclic antidepressants

Concomitant use with trazodone should be avoided due to the risk of interaction. Carefully evaluate the possibility of onset of serotonin syndrome and cardiovascular adverse effects.

#### Fluoxetine

Rare cases have been reported of elevated trazodone plasma levels and adverse effects when trazodone had been combined with fluoxetine, a CYP1A2/2D6 cytochrome inhibitor. The mechanism underlying a pharmacokinetic interaction is not fully understood. A pharmacodynamic interaction (serotonin syndrome) cannot be excluded.

#### Monoamine oxidase inhibitors (MAOIs)

Possible interactions with monoamine oxidase inhibitors (MAOIs) have occasionally been reported. Although some physicians do give both concurrently, use of trazodone concomitantly with MAOIs, or within two weeks after discontinuation of MAOI treatment, is not recommended. The administration of MAOIs within one week of stopping trazodone treatment is also not recommended.

#### Phenothiazines

Severe orthostatic hypotension has been observed in the event of concomitant use of phenothiazines, e.g. chlorpromazine, fluphenazine, levomepromazine, and perphenazine.

#### Anaesthetics and muscle relaxants

Trazodone hydrochloride may enhance the effects of muscle relaxants and volatile anaesthetics, and caution should be exercised in such instances.

#### Alcohol

Trazodone intensifies the sedative effects of alcohol. Alcohol intake should be avoided during trazodone therapy.

#### Levodopa

Antidepressants can accelerate the metabolism of levodopa.

#### Other

Concomitant use of Trazodone with drugs known to prolong the QT interval may increase the risk of ventricular arrhythmias, including torsades de pointes. Caution should be taken when these drugs are co-administered with trazodone.

Since trazodone is only a weak inhibitor of noradrenaline re-uptake and does not modify the blood pressure response to tyramine, interference with the hypotensive action of guanethidine-like compounds is unlikely. However, studies in laboratory animals suggest that trazodone may inhibit most of the acute actions of clonidine.

In the case of other types of antihypertensive drugs, although no clinical interactions have been reported, the possibility of potentiation should be considered.

Undesirable effects may be more frequent during concomitant use of plant-based medicinal preparations containing St John's Wort (*Hypericum perforatum*).

Oral anticoagulant and/or antiplatelet agents: altered anti-coagulant functions (laboratory values and/or clinical signs and symptoms) with increased bleeding have rarely been reported.

There have been reports of changes in prothrombin time in patients receiving trazodone and warfarin.

Combination of trazodone with digoxin and phenytoin may result in elevated levels of these chemicals in the blood. Monitor plasma concentrations in these patients.

### **4.6 Fertility, pregnancy and lactation**

#### Pregnancy

Data on a limited number (< 200) of exposed pregnancies indicate that there are no adverse effects of trazodone on pregnancy or on the health of the foetus/newborn. To date, no other relevant epidemiological data are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or postnatal development at therapeutic doses (see section 5.3).

Caution should be taken when trazodone is administered to pregnant women. When trazodone is used until delivery, newborns should be monitored for withdrawal syndromes.

#### Breastfeeding

Limited data indicate that excretion of trazodone in human milk is low, but levels of the active metabolite are not known. Given the lack of data, the decision on the use of trazodone during breastfeeding must be made taking into account the benefits of breastfeeding and the benefits of trazodone therapy for the woman.

### **4.7 Effects on ability to drive and use machines**

Trazodone has minor or moderate influence on the ability to drive and use machines. Patients must be cautioned against the risks of driving or operating machinery until they are sure they are not affected by drowsiness, sedation, dizziness, confusional state, or blurred vision.

### **4.8 Undesirable effects**

Cases of suicidal thoughts and behaviour have been reported during trazodone therapy or soon after discontinuation of treatment.

The following symptoms, some of which are commonly reported in cases of untreated depression, have also been recorded in patients receiving trazodone therapy:

<b>MedDRA system organ class</b>	<b>FREQUENCY</b> <i>not known (cannot be estimated from the available data)</i>
Blood and lymphatic system disorders	Blood dyscrasias (agranulocytosis, thrombocytopenia, eosinophilia, leukopenia and anaemia)
Immune system disorders	Allergic reactions
Endocrine disorders	<b>Syndrome of Inappropriate Antidiuretic Hormone Secretion</b>
Metabolism and nutrition disorders	Hyponatraemia <sup>1</sup> , weight loss, anorexia, increased appetite
Psychiatric disorders	Suicidal ideation or suicidal behaviour <sup>2</sup> , confusional state, insomnia, disorientation, mania, anxiety, nervousness, agitation (very occasionally exacerbating to delirium), delirium, aggressive reaction, hallucinations, nightmares, libido decreased, withdrawal syndrome
Nervous system disorders	Serotonin syndrome, convulsions, neuroleptic malignant syndrome, dizziness, vertigo, headache, drowsiness <sup>3</sup> , restlessness, alertness decreased, tremor, blurred vision, memory disturbance, myoclonus, expressive aphasia, paraesthesia, dystonia, taste altered.
Cardiac disorders	Cardiac arrhythmias <sup>4</sup> (including torsades de pointes, palpitations, premature ventricular contractions, ventricular couplets, ventricular tachycardia), bradycardia, tachycardia, ECG abnormalities (QT prolongation)
Vascular disorders	Orthostatic hypotension, hypertension, syncope
Respiratory, thoracic and mediastinal disorders	Nasal congestion, dyspnoea
Gastrointestinal disorders	Nausea, vomiting, dry mouth, constipation, diarrhoea, dyspepsia, stomach pain, gastroenteritis, increased salivation, paralytic ileus
Hepatobiliary disorders	Hepatic function abnormalities (including jaundice and hepatocellular damage) <sup>5</sup> , cholestasis intrahepatic
Skin and subcutaneous tissue disorders	Skin rash, pruritus, hyperhidrosis
Musculoskeletal and connective tissue disorders	Pain of extremities, back pain, myalgia, arthralgia
Renal and urinary disorders	Micturition disorders, urinary incontinence, urinary retention
Reproductive system and breast disorders	Priapism <sup>6</sup>
General disorders and administration site conditions	Weakness, oedema, influenza-like symptoms, fatigue, chest pain, fever
Investigations	Elevated liver enzymes

<sup>1</sup> Fluid and electrolyte status should be monitored in symptomatic patients.

<sup>2</sup> See also section 4.4

<sup>3</sup> Trazodone is an antidepressant with sedative properties and drowsiness is sometimes seen in the first few days of treatment, but this generally disappears as therapy continues

- <sup>4</sup> Studies in animals have shown that trazodone is less cardiotoxic than the tricyclic antidepressants, and clinical studies suggest that it is less likely to cause cardiac arrhythmias in humans. Clinical studies in patients with pre-existing heart disease indicate that trazodone can be arrhythmogenic in some patients of that population.
- <sup>5</sup> Adverse effects on hepatic function, sometimes severe, have been reported rarely.
- <sup>6</sup> See also section 4.4.

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system at <https://www.aifa.gov.it/content/segnalazioni-reazioni-avverse>.

## 4.9 Overdose

### *Features of toxicity*

The most frequently reported reactions to overdose include drowsiness, dizziness, nausea and vomiting.

In more serious cases coma, tachycardia, hypotension, hyponatraemia, convulsions and respiratory failure have been reported.

Cardiac features may include bradycardia, QT interval prolongation and "torsades de pointes". Symptoms may appear within 24 hours or more after overdose.

Overdoses of trazodone in combination with other antidepressants may cause serotonin syndrome.

### *Treatment*

There is no specific antidote to trazodone. Activated charcoal may be used in adults who have ingested more than 1 g of trazodone, or in children who have ingested more than 150 mg of trazodone, within 1 hour of presentation of symptoms. Alternatively, in adults, gastric lavage may be considered within one hour of ingestion of a potentially life-threatening overdose.

In the event of overdose, patients must be monitored for at least 6 hours after ingestion (or 12 hours if a prolonged-release preparation has been taken).

Monitor BP, pulse and Glasgow Coma Scale (GCS). Monitor oxygen saturation if GCS is reduced.

Cardiac monitoring is appropriate in symptomatic patients.

Single brief convulsions do not require treatment. Frequent or prolonged convulsions must be controlled with intravenous diazepam (0.1-0.3 mg/kg body weight) or lorazepam (4 mg in adults and 0.05 mg/kg in children).

If these measures do not control the fits, administer an intravenous infusion of phenytoin. Provide oxygen and correct acid-base and metabolic disturbances as required.

Treatment is symptomatic and supportive in the case of hypotension and excessive sedation. If severe hypotension persists, consider use of inotropes, such as dopamine or dobutamine.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Psychoanaleptics, antidepressants.

ATC code: N06AX05

Trazodone is a triazolopyridine derivative which is effective in the treatment of all types of depression, including depression associated with anxiety and sleep disorders (ATC code: N06AX05), and is characterised by a short onset of action (approximately one week).

Trazodone is a serotonin re-uptake inhibitor and an antagonist of 5-HT<sub>2</sub> receptors, the activation of which is commonly associated with insomnia, anxiety, psychomotor agitation and sexual function disorders.

Unlike other psychotropic drugs, trazodone is not contraindicated in glaucoma or micturition disorders and it does not have extrapyramidal effects. Additionally, since it does not potentiate adrenergic transmission and is virtually devoid of anticholinergic activity, it does not have the typical effects of tricyclic antidepressants on heart conduction.

## 5.2 Pharmacokinetic properties

After a single oral dose administration of Trittico 75 mg, a  $C_{max}$  of approximately 0.7  $\mu\text{g/ml}$  is reached, with a  $T_{max}$  of 4 hours after taking the dose and an AUC of approximately 8  $\mu\text{g/ml/h}$ . After a single oral dose of Trittico AC 150 mg, a  $C_{max}$  of approximately 1.2  $\mu\text{g/ml}$  is reached, with a  $T_{max}$  of 4 hours after taking the dose. The half-life is around 12 hours and the AUC is around 18  $\mu\text{g/ml/h}$ .

A study of interaction with food showed the absence of significant changes in  $C_{max}$  and AUC when Trittico prolonged-release tablets are administered on an empty stomach or after a meal (see section 4.2).

In vitro studies in human liver microsomes show that trazodone is mainly metabolised by cytochrome P450 3A4 (CYP3A4).

## 5.3 Preclinical safety data

**Acute toxicity.** The  $LD_{50}$  of trazodone by oral administration is 610 mg/kg in mice, 486 mg/kg in rats and 560 mg/kg in rabbits. The effects observed consisted of sedation, salivation, palpebral ptosis and clonic convulsions.

**Repeated toxicity.** Subchronic studies were carried out in rats, rabbits and dogs and chronic studies in rats, dogs and monkeys. The oral doses administered ranged between 15 and 450 mg/kg/day in rats, 15 and 100 mg/kg/day in rabbits, 3 and 100 mg/kg/day in dogs, and between 20 and 80 mg/kg/day in monkeys. In the rat studies, treatment caused hypertrophy of the hepatocytes and smooth endoplasmic reticulum with consequent hepatomegaly. This effect is the result of a detoxification mechanism that cannot be interpreted as a pathological phenomenon. Furthermore, lethal doses also produced effects already observed in acute toxicity studies. The relevant NOEL (No Observed Adverse Effect Level) was 30 mg/kg/day. In rabbits, only CNS-depressant effects were observed with a relative NOEL of 50 mg/kg/day. In dogs, the symptoms already observed with acute intoxication were worsened with repeated administrations and the relative NOEL was 10 mg/kg/day. Monkeys appeared to be more resistant than dogs, presenting only pharmacodynamic disturbances. The NOEL was 20 mg/kg/day.

**Reproductive toxicity.** No effects on fertility were observed in rats up to the dose of 300 mg/kg/day. Teratogenicity studies in rats showed an increase in embryo-lethal effects only at doses that have toxic effects on the maternal organism (300-450 mg/kg/day). In rabbits, embryo-lethal effects and rare cases of congenital anomalies were observed only at toxic doses in the mothers (150-450 mg/kg/day). The absence of direct effects on the embryo is confirmed by studies of the passage of trazodone through the placental barrier in rats. Concentrations of the drug in the embryonic tissues and amniotic fluid were found to be negligible. Peri- and post-natal studies in the rat showed only a reduction in the body weight increase of newborn pups at doses over 30 mg/kg/day.

**Mutagenicity.** In vitro mutagenicity tests (in bacterial cells, V77 cells of Chinese hamsters, in murine lymphoma cells, chromosomal aberrations in CHO, CHL/IU cells and human lymphocytes) and in vivo mutagenicity tests (micronucleus test in mice and analysis of the chromosomal metaphase in rats) did not show any mutagenic effects.

**Carcinogenic potential.** Studies carried out in mice and rats did not reveal any potential risk of tumours.

**Antigenicity.** Trazodone was found to be devoid of antigenic activity.

**Cardiotoxicity.** The cardiovascular effects of trazodone were studied in rats, guinea pigs, cats and dogs. The drug showed an almost total lack of cardiotoxicity since no variations in ECG tracings were observed at non hypotensive doses.

**Hormonal effects.** Single doses of over 20 mg/kg administered intraperitoneally in the female rat caused a mild increase in prolactin. This effect disappeared with chronic administrations in the diet.

**Drug dependence.** Two studies performed in rats excluded any potential drug-dependence effects.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

SUCROSE, POVIDONE, CARNAUBA WAX, MAGNESIUM STEARATE.

**6.2 Incompatibilities**

Not applicable.

**6.3 Shelf life**

3 years.

**6.4 Special precautions for storage**

Store at a temperature no higher than 25°C.

**6.5 Nature and contents of container**

Trittico 75 mg prolonged-release tablets: 30 tablets in PVC/aluminium blister

Trittico 150 mg prolonged-release tablets: 20 tablets in PVC/aluminium blister

**6.6 Special precautions for disposal and other handling**

Any unused medicinal products or waste materials should be disposed of in accordance with local requirements.

**7. MARKETING AUTHORISATION HOLDER**

Angelini Pharma S.p.A.

Viale Amelia 70 - 00181 ROME - ITALY

**8. MARKETING AUTHORISATION NUMBER(S)**

Trittico 75 mg prolonged-release tablets, 30 tablets: 022323063

Trittico 150 mg prolonged-release tablets, 20 tablets: 022323075

**9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

15 October 1971/01 June 2010

**10. DATE OF REVISION OF THE TEXT**

July 2023