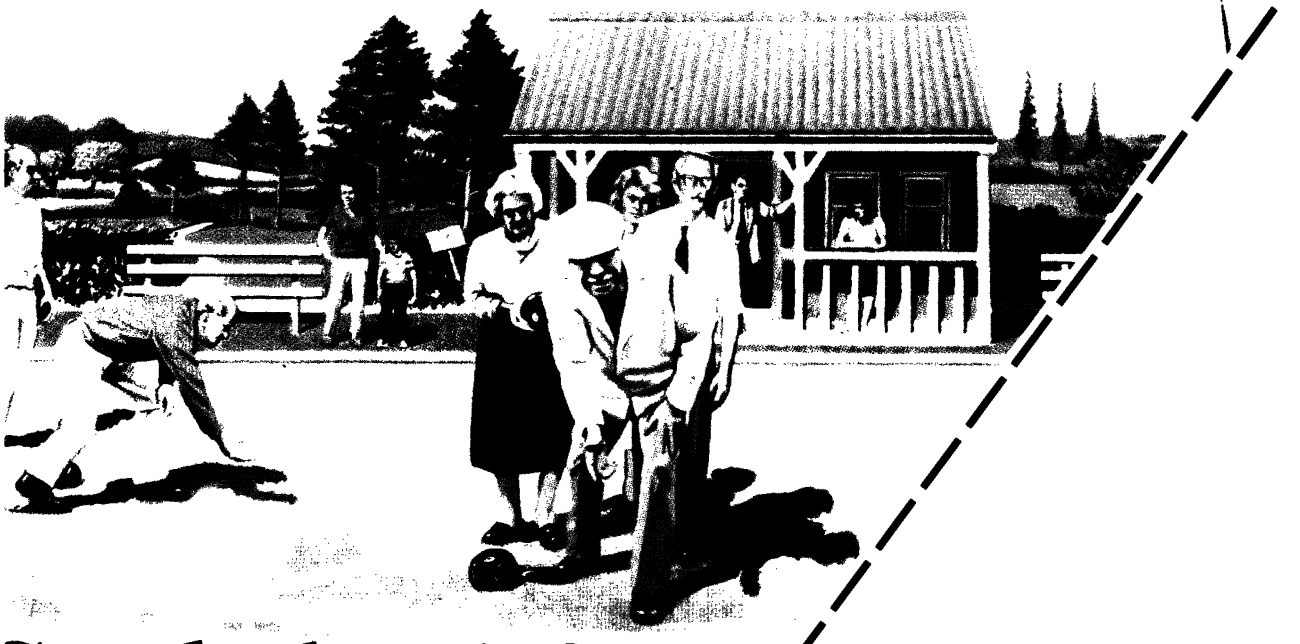


Gently does it for the older patient.

Half-'Inderal' LA is an 80mg long-acting formulation of the world's most tried and trusted beta-blocker.

It is especially suitable for older patients who may need a lower than usual dosage level.

In addition, this new once-daily regimen can be used to ease the problem of poor compliance in patients currently taking 80mg in multiple doses.

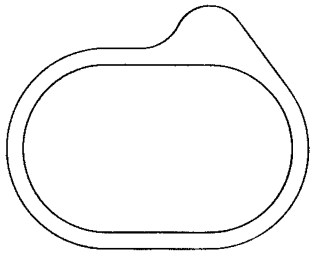
NEW ONCE DAILY

Half-Inderal LA

80mg propranolol hydrochloride BP in a long-acting formulation.

'Inderal' LA, Half-'Inderal' LA: abridged prescribing information. Presentation 'Inderal' LA: Capsules each containing 160mg propranolol hydrochloride in long-acting formulation. Half-'Inderal' LA: Capsules each containing 80mg propranolol hydrochloride in long-acting formulation. **Dosage** Angina, anxiety, essential tremor, thyrotoxicosis, prophylaxis of migraine: 1 capsule Half-'Inderal' LA, once daily, increased, as necessary, to 1 capsule 'Inderal' LA, once daily and a further increment of Half-'Inderal' LA. Hypertension: 1 capsule 'Inderal' LA, once daily, increased, if necessary, in increments of Half-'Inderal' LA. (In appropriate patients e.g., the elderly, starting dose is 1 capsule of Half-'Inderal' LA, once daily). **Contraindications** Heart block. Bronchospasm. Prolonged fasting. Metabolic acidosis. **Precautions** Untreated cardiac failure. Bradycardia. Modification of tachycardia of hypoglycaemia. Transference from, or discontinuanc clonidine. Prescription of Class I antidysrhythmic agents. Co-administration with ve amil. Anaesthesia. Pregnancy. **Adverse Reactions** Cold extremities, nausea, insom lassitude and diarrhoea are usually transient. Isolated cases of paraesthesia of hands; rashes and dry eyes have been reported with beta-blockers. Consider continuance if they occur. Beta-blockers should be withdrawn gradually. **Overdosa** See data sheet. **Basic NHS cost** 28-day calendar pack, 'Inderal' LA £6.66, H 'Inderal' LA £4.48. **PL Nos.** 'Inderal' LA 0029/0128, Half-'Inderal' LA 0029/0173. Full pres ing information is available from: Imperial Chemical Industries PLC, Pharmaceutic Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF. *Tradem

With long-acting nitrates, non-compliance can be a pain in the chest



For out-patients. Transiderm®-Nitro glyceryl trinitrate the only one a day long-acting nitrate

Presentation
Transiderm-Nitro 5 and 10 are transdermal drug delivery systems, comprising respectively 10cm² and 20cm² self-adhesive, pink-coloured patches, containing a drug reservoir of glyceryl trinitrate.
Indication
Prophylactic treatment of attacks of angina pectoris
Dosage
One Transiderm-Nitro 5 patch is to be applied every 24 hours. If a higher dose is required, a Transiderm-Nitro 10 patch may be substituted. If acute attacks of angina pectoris occur, rapidly acting nitrate preparations may be required.
Side-effects
Headache, usually transient; reflex tachycardia. Postural hypotension, nausea and dizziness occur rarely. A local mild itching or burning sensation may occasionally occur.
Precautions
Pregnancy and lactation; recent myocardial infarction, heart failure. Withdraw gradually. The system should be removed before cardioversion or DC defibrillation is attempted.
Contra-indications
Hypersensitivity to nitrates, severe hypotension, marked anaemia, increased intraocular or intracranial pressure.
Packs
Boxes of 30 patches. Transiderm-Nitro 5 (PL0001/0094) basic NHS price 64.4p per day; Transiderm-Nitro 10 (PL0001/0095) basic NHS price 70.9p per day. ® denotes registered trademark.
Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

Average absorption rates from Transiderm-Nitro 5 and 10: 5mg/24 hours, 10mg/24 hours

A second opportunity to keep hypertension under your control

Diuretics and beta-blockers will eventually reach the limits of their effectiveness in controlling hypertension. Increasing the dosage may only increase the level of side effects.[1,2] That is whe you need the added effect of Hypovase.[3]

Hypovase lowers blood pressure by reducing peripheral resistance, and in addition, can actually help restore plasma lipi levels disrupted by previous bet blocker or diuretic therapy.[4,5] The action of Hypovase is there- fore complementary to most first-line agents. When you add Hypovase, blood pressure goes down without side effects going u

For control, not problems in hypertension, add Hypovase.

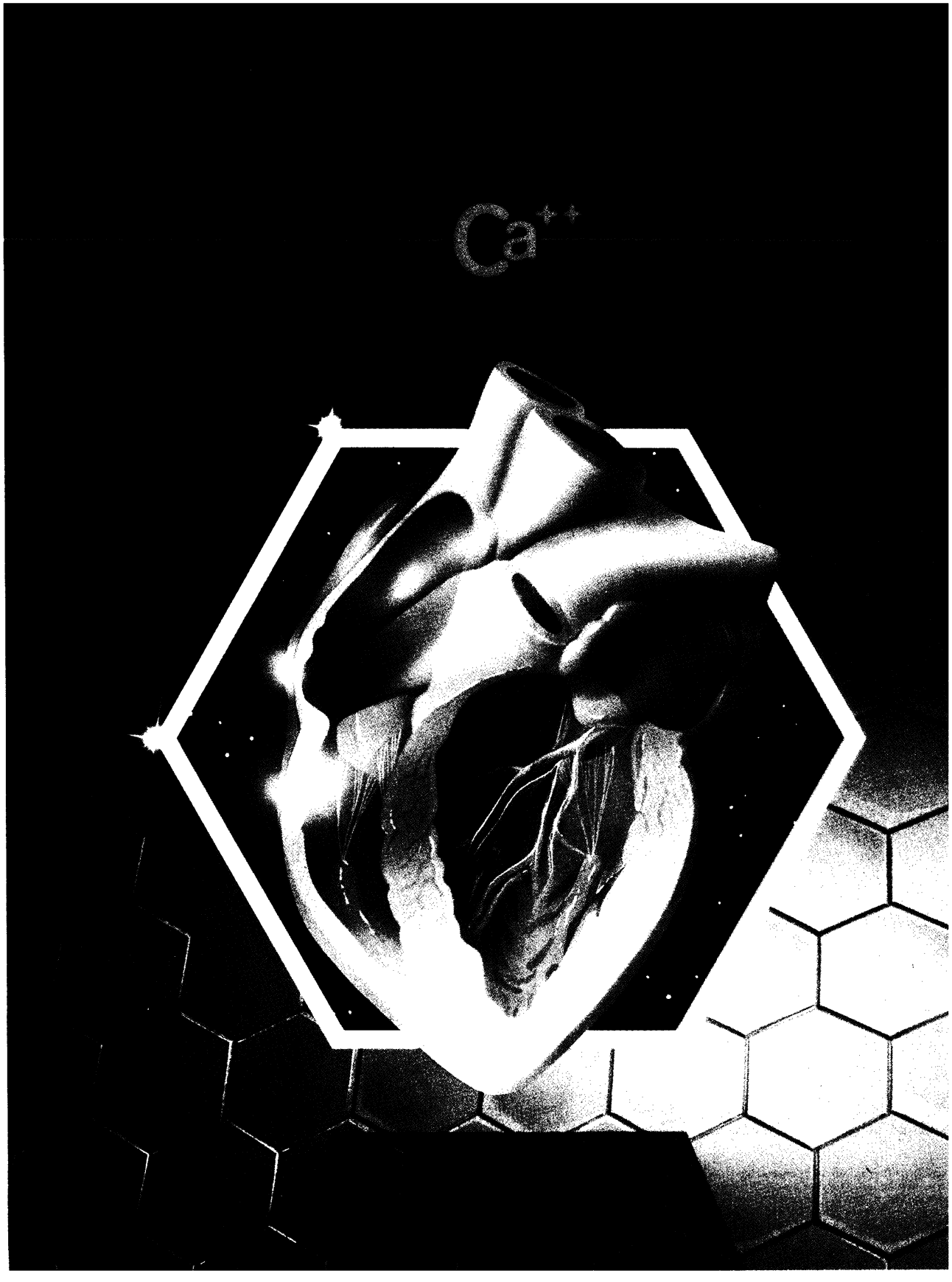
Hypovase
prazosin HCl

Adds to the value of beta-blockers or diuretics.

Prescribing Information: Indications Hypovase is indicated in the treatment of hypertension of varied aetiology and all grades of severity. It can be used alone or in conjunction with other a ıypertensive drugs such as a beta-blocker or a thiazide diuretic. **Contra-indications** Sensitivity to Hypovase. **Precautions** A small percentage of patients may react more rapidly and to a gr extent than the majority. In some cases this has led to sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. **Warnings** Use during pregnancy. Although no teratogenic effects were seen in animal testing, the safety of Hypovase use during pregnancy or during lactation has not yet been established. Accordingly, it should be used, during ·hese times only when in the opinion of the physician, potential benefit outweighs potential risk. **Use for children** Hypovase is not recommended for the treatment of children under the age of ·welve years since safe conditions for its use have not been established. **Side-effects** Dizziness, drowsiness and lack of energy are the most common. **Dosage** Starting dose 0.5mg two or three nours before retiring; thereafter up to 20mg in divided doses. **Basic NHS Cost** 0.5mg tablet (PL57/0149) pack of 100, £4.08; 1mg tablet (PL57/0106) pack of 100, £5.25; 2mg tablet (PL57/0107) pack of 100, £6.98; 5mg tablet (PL57/0108) pack of 100, £15.58. Also available is a b.d. Starter Pack for hypertension only containing 8 x 0.5mg and 32 x 1mg Hypovase tablets £2.70.

References: 1. Bai A., et al, J. Roy. Col. Phys., London, Oct 1982; 16: 4. 2. Maclean D., Tudhope G.R., Brit. Med. J., April 1983; 286: 1419. 3. Fauchald P., et al, Int. Symp. 1978, Pro. Exc. Med., 85-93. 4. Velasco M., et al, J. Cardiovasc. Pharmacol., 1982, Vol. 4, (Suppl 2): S225-S227. 5. Leren P., Lancet, 1980, July 2: 4-6.

*Trade Mark. Further information on request. Pfizer Pfizer Ltd., Sandwich,


Ca++

in angina

Calcium ion exchange mechanisms exert a number of direct effects on the cardiovascular system.

The migration of ionic calcium influences the tone of vascular smooth muscle and therefore both myocardial perfusion and total peripheral resistance. Since the movement of calcium ions controls the rate of myocyte contraction, myocardial work is also calcium-dependent.

In angina, whether or not coronary artery disease is the main cause, the use of a calcium antagonist can relieve cardiac distress, firstly by shortening the myocyte action potential, which improves the utilisation of myocardial oxygen, secondly, by reducing total peripheral resistance and therefore cardiac work and thirdly by dilating the coronary arteries. This results in an increase in myocardial perfusion.

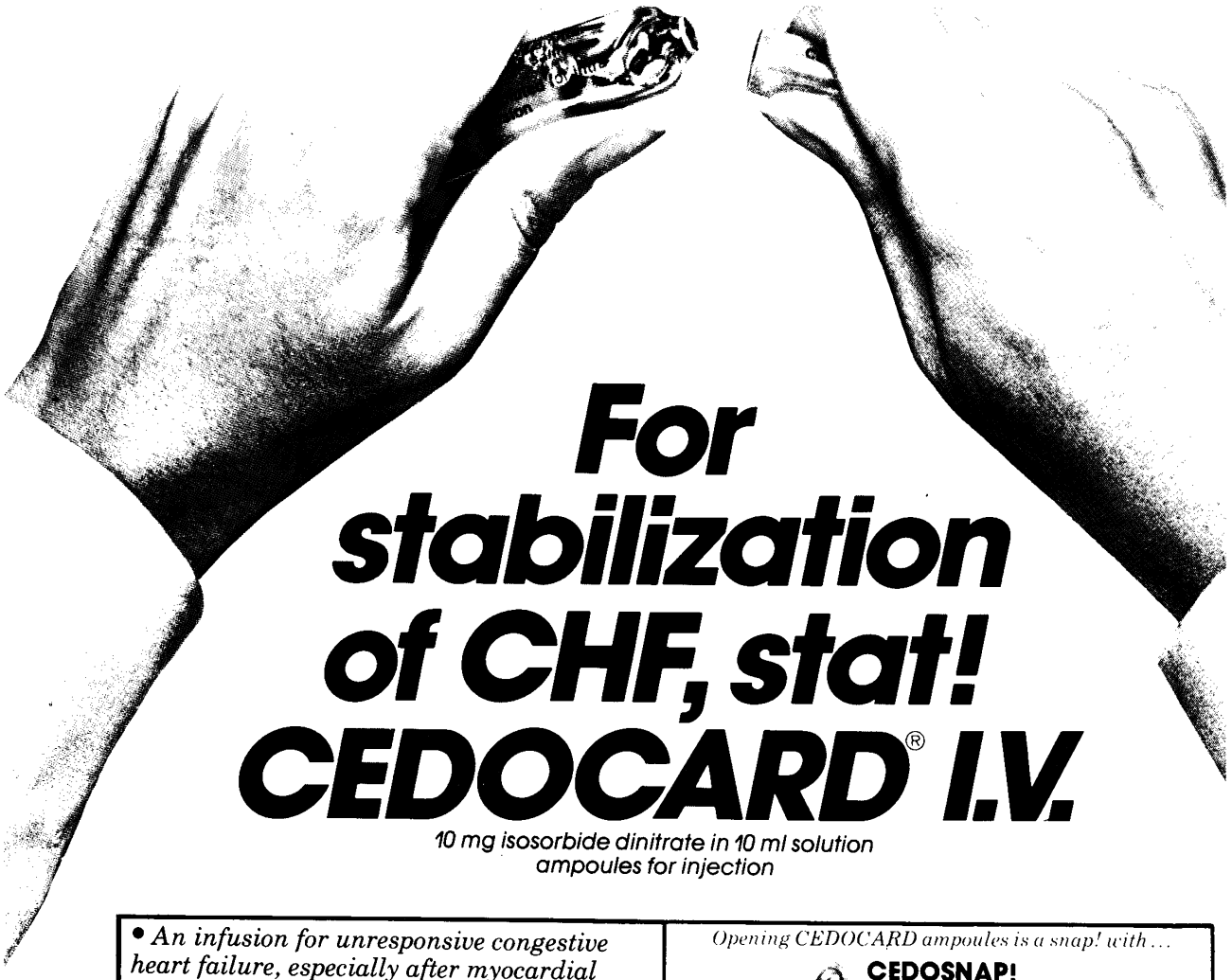
Although they share the same basic mode of action, calcium antagonists are not related by chemical structure and their individual pharmacological properties result in distinctly different profiles of activity. Their effects differ, notably in the degree of peripheral vasodilatation and in the extent to which myocardial contractility and pulse rate are altered.

Tildiem® (diltiazem) is a calcium antagonist, particularly well suited to the treatment of angina,[1] producing significant coronary artery dilatation[2] and moderate reductions in both pulse rate and peripheral resistance.[3]

Tildiem
diltiazem

LOREX PHARMACEUTICALS

Prescribing information appears overleaf



For stabilization of CHF, stat!

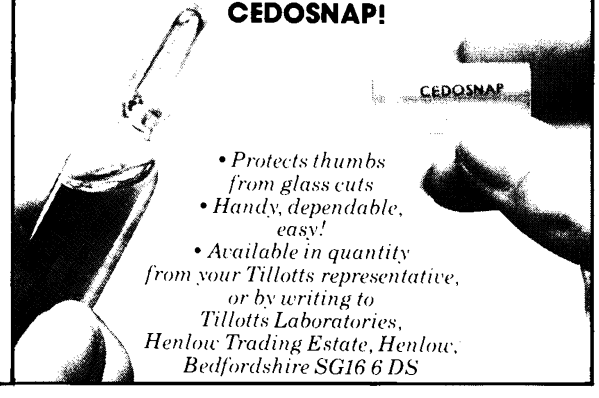
CEDOCARD® I.V.

10 mg isosorbide dinitrate in 10 ml solution
ampoules for injection

- *An infusion for unresponsive congestive heart failure, especially after myocardial infarction*
- *Stabilizes patients as quickly and effectively as I.V. glyceryl trinitrate*
- *For the control of refractory angina pectoris; provides all of the haemodynamic benefits of oral isosorbide dinitrate, in parenteral form*
- *More certain delivery than I.V. glyceryl trinitrate, CEDOCARD I.V. loses much less potency through PVC tubing than does GTN*

Opening CEDOCARD ampoules is a snap! with . . .

CEDOSNAP!



- *Protects thumbs from glass cuts*
- *Handy, dependable, easy!*
- *Available in quantity from your Tillotts representative, or by writing to Tillotts Laboratories, Henlow Trading Estate, Henlow, Bedfordshire SG16 6 DS*

Peace of Heart

Prescribing Information: Presentation Clear glass ampoules containing 10 mg of isosorbide dinitrate in 10 ml of colourless isotonic saline solution. **Uses** For the treatment of unresponsive congestive heart failure, particularly after myocardial infarction. Cedocard infusion reduces elevated left ventricular filling pressure in patients with congestive heart failure. For the control of refractory angina pectoris. **Dosage & Administration** Administration by intravenous infusion only. Adult dose: The dosage must be determined individually. Doses of 2-10 mg per hour (33-167 mcg/min) are recommended. There is no recommended dose for children. Start the infusion with 2 mg/hour and increase progressively according to the evolution of haemodynamic parameters and the clinical condition of the patient. Gradually decrease the concentration of infusion and switch to oral or sublingual Cedocard. There should be no abrupt interruption of the infusion except for severe hypotension. Continuous haemodynamic supervision during the infusion is required (blood pressure and pulse rate should be closely monitored). *Preparation of solution for infusion.* The contents of Cedocard I.V. must be administered by infusion only. Cedocard I.V. can be diluted with isotonic saline, 5-30% glucose solution or Krebs-Ringer solution. **Contra-indications, Warnings, etc.** Contra-indications: Hypotension, cardiogenic shock. Precautions: Close supervision of the pulse rate and blood pressure of the patient is necessary for safe and optimum treatment. Cedocard I.V. must be administered by infusion after dilution. If PVC infusion bags (e.g., Travenol Viaflex, Boots Steriflex) and administration sets are used for Cedocard infusion, 15-30% of the drug can be lost by adsorption. There is no loss of active constituent from solution in glass or polyethylene apparatus. It is recommended that Cedocard I.V. is administered using a syringe pump (glass or rigid plastic) with short sections of polyethylene tubing. Alternatively, a polyethylene infusion bag (e.g., Boots Polyfusor) may be used. Should only PVC infusion bags be available it is particularly important to carry out close haemodynamic monitoring of the patient; infusion rate should be modified according to required haemodynamic response. PVC bags of 500 ml volume should be used to minimise adsorption of isosorbide dinitrate. Adverse reactions: Headache. In the case of an excessive reduction in blood pressure, phenomena indicating a reduced blood supply to the heart may appear. Treatment of overdosage: If arterial systolic blood pressure drops below 90 mm Hg and if heart rate increases above 10% of its initial value, the infusion should be discontinued to allow a return to pretreatment levels. Passive exercise of the extremities of the recumbent patient will promote venous return. **Pharmaceutical Precautions** Protect from exposure to excessive heat. The Cedocard dilution for infusion is stable up to 24 hours. **Legal Category** POM. **Package Quantities** Packs of 10 ampoules. **Further Information** Nil. **Product Licence** PL 0424/0012.

Tillotts LABORATORIES

Henlow Trading Estate, Henlow, Beds. SG16 6DS.