



# The evidence is stacked in its favour

**Established efficacy in both  
hypertension and angina**

**A reliable choice for good  
tolerability in both young and  
elderly patients<sup>1</sup>**

**More consistent compliance  
than nifedipine retard<sup>2</sup>**

TM

**AMLODIPINE**

**ABBREVIATED PRESCRIBING INFORMATION FOR ISTIN™ (AMLODIPINE):** UK. **PRESENTATION:** TABLETS CONTAINING 5MG OR 10MG AMLODIPINE. **INDICATIONS:** FIRST-LINE TREATMENT OF HYPERTENSION AND MYOCARDIAL ISCHAEMIA ASSOCIATED WITH STABLE ANGINA PECTORIS OR VASOSPASTIC (PRINZMETAL'S OR VARIANT) ANGINA. **DOSAGE:** FOR HYPERTENSION AND ANGINA, INITIAL DOSAGE 5MG ORALLY ONCE DAILY WHICH MAY BE INCREASED TO A MAXIMUM DAILY DOSAGE OF 10MG. **USE IN CHILDREN:** NOT RECOMMENDED. **USE IN THE ELDERLY:** NORMAL DOSAGE. **USE IN RENAL IMPAIRMENT:** NORMAL DOSAGE. **USE IN HEPATIC IMPAIRMENT:** DOSAGE RECOMMENDATIONS HAVE NOT BEEN ESTABLISHED: USE WITH CAUTION. **CONTRA-INDICATIONS:** KNOWN SENSITIVITY TO DIHYDROPYRIDINES. **WARNINGS AND PRECAUTIONS:** PREGNANCY AND LACTATION: ISTIN SHOULD NOT BE ADMINISTERED DURING PREGNANCY OR LACTATION, OR TO WOMEN OF CHILD-BEARING POTENTIAL UNLESS EFFECTIVE CONTRACEPTION IS USED. **SIDE-EFFECTS:** OEDEMA, HEADACHE, FLUSHING, DIZZINESS, NAUSEA, PALPITATIONS, FATIGUE, ABDOMINAL PAIN AND SOMNOLENCE. LESS COMMONLY, PRURITUS, DYSPNOEA, ASTHENIA, MUSCLE CRAMPS, DYSPEPSIA AND GINGIVAL HYPERPLASIA. RASH, AND RARELY ERYTHEMA MULTIFORME HAVE BEEN OBSERVED. AS WITH OTHER CALCIUM CHANNEL BLOCKERS, THE FOLLOWING, WHICH CANNOT BE DISTINGUISHED FROM THE NATURAL HISTORY OF THE UNDERLYING DISEASE HAVE BEEN RARELY REPORTED: MYOCARDIAL INFARCTION AND CHEST PAIN. **FURTHER INFORMATION:** STUDIES HAVE SHOWN THAT ISTIN DID NOT LEAD TO CLINICAL DETERIORATION IN NYHA



CLASS I-III HEART FAILURE. STUDIES HAVE NOT BEEN PERFORMED IN PATIENTS WITH CLASS IV HEART FAILURE. **LEGAL CATEGORY:** POM. **PACKAGE QUANTITIES AND BASIC NHS COST:** 5MG TABLETS CALENDAR PACK OF 28 £11.85 (PL 0057/0297); 10MG TABLETS CALENDAR PACK OF 28 £17.70 (PL 0057/0298). FURTHER INFORMATION ON REQUEST. **PFIZER LIMITED,** RAMSGATE ROAD, SANDWICH, KENT CT13 9NJ. **REFERENCES:** 1. CROSS BW ET AL. BR J CLIN PRACT, 1993, 47(5): 237-240. 2. DETRY JR. CLIN CARDIOL, 1994, 17 (SUPPL III): 12-16.



# She's going on 40<sup>mg</sup>

*She's going on 40mg Monit SR once daily.*

*She's switching from twice daily therapy.*

*She wants sustained daytime symptom control.*

*She needs a 24-hour time low-nitrate period.*

*fortify your angina patients*

ONCE  daily  
**Monit SR**  
isosorbide mononitrate 40mg

**Monit SR Tablets:** Abbreviated Prescribing Information Use: Prophylaxis of angina. **Presentation:** Tablets containing isosorbide mononitrate 40mg in a sustained release form. **Dosage and administration:** One tablet daily in the morning. The tablets should be swallowed whole without chewing.

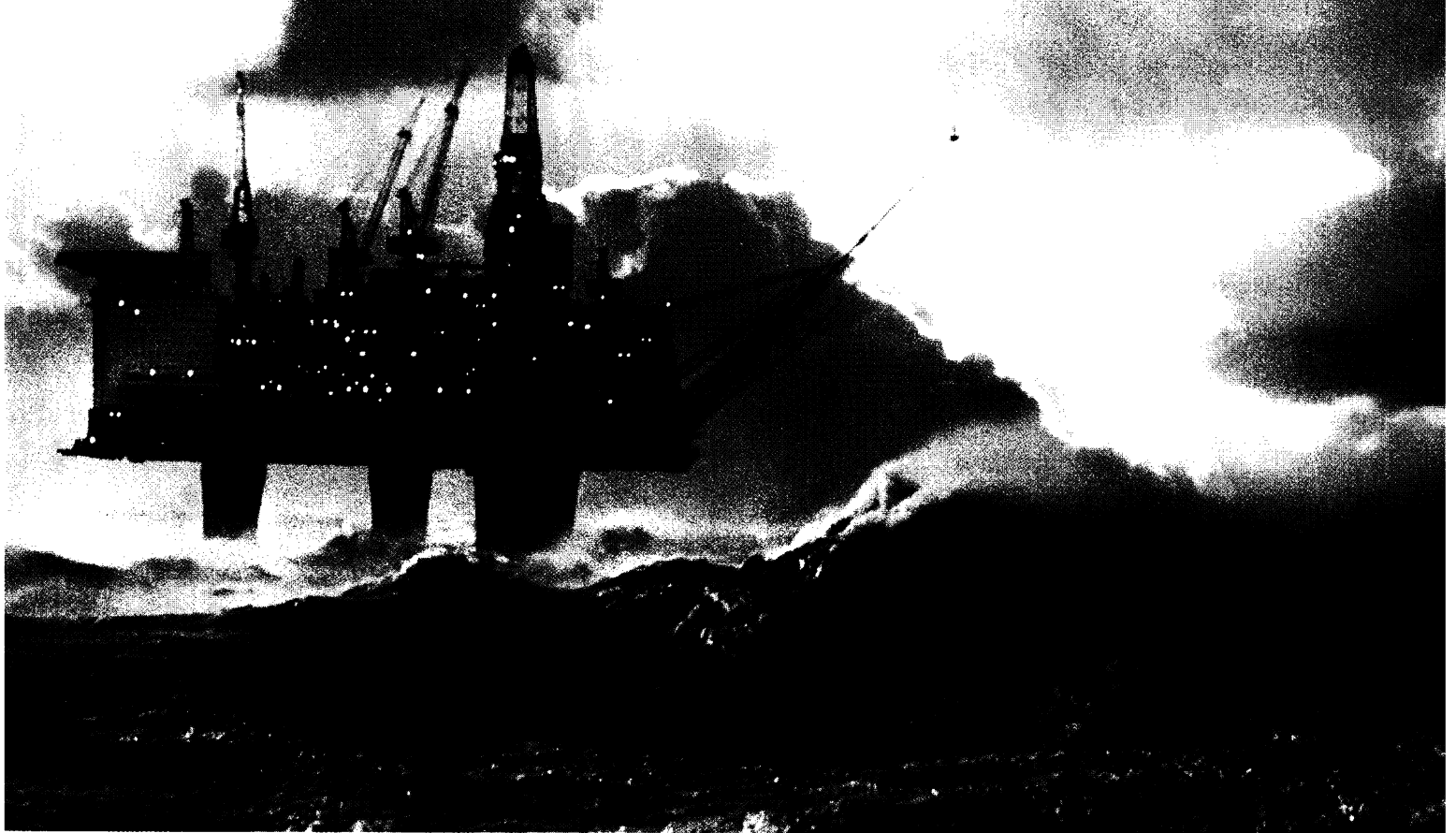
**Elderly Patients:** No adjustment of dose necessary, but caution in elderly patients with a known susceptibility to hypotensive medications. **Children:** Use not established.

**Contraindications:** A known sensitivity to the drug or to isosorbide dinitrate, marked low blood pressure, shock and acute myocardial infarction with low left ventricular pressure. **Precautions:** 'Monit' SR is not indicated for the relief of acute anginal attacks. Patients who have not previously received nitrates should be started with a low dose which should be increased gradually before introducing 'Monit' SR. Isosorbide mononitrate may potentiate the action of hypotensive agents. **Pregnancy and lactation:** Use

not recommended. **Side effects:** Headache, dizziness, flushing and weakness. Nausea and vomiting may occur occasionally. Postural hypotension and skin reactions may occur. **Legal classification:** P. **Product licence holder and number:** Lorex Synthelabo Ltd. 4969/0023. **Basic NHS cost:** 'Monit' SR in calendar packs of 28 tablets (OP) £10.24. Further information is available from: Lorex Synthelabo Ltd., Lunar House, Feldhouse Lane, Globe Park, Marlow, Bucks. SL7 1TW. Code No. Mon 153A. Date of preparation: April 1996.

NOW ONCE DAILY

# WORKS A 24 HOUR DAY IN ANGINA



*Tildiem*<sup>®</sup> **LA**  
*diltiazem 200mg & 300mg*

24 HOUR CONTROL OF ANGINA • CONTROLS HEART RATE • WELL TOLERATED

Tildiem<sup>®</sup> LA200/Tildiem<sup>®</sup> LA300 - Abbreviated Prescribing Information (refer to data sheet for full prescribing information). Presentation: Capsules each containing 200mg or 300mg diltiazem in a modified (extended) release formulation. Indications: Tildiem<sup>®</sup> LA200 and Tildiem<sup>®</sup> LA300 are indicated for angina pectoris and mild to moderate hypertension. Dosage and Administration: Tildiem LA200 and Tildiem LA300 capsules should not be chewed but swallowed whole with water, ideally before or during a meal. The usual adult starting dose is Tildiem LA300 once-daily. This dose may be titrated up to a maximum of 500mg o.d. (one LA300 capsule and one LA200 capsule). Recommended starting dose in the elderly and patients with impaired hepatic or renal function is Tildiem LA200 once daily. This dose may be increased to one capsule of Tildiem LA300 daily if clinically indicated. Heart rate should be monitored and dose should not be increased if this falls below 50 beats per minute. Contraindications: Pregnancy, women of child-

Lorex Synthelabo

bearing potential, marked bradycardia, sick sinus syndrome, left ventricular failure with stosis, second or third degree AV block in the absence of a functioning pacemaker, concomitant use with dantrolene infusion. Warnings and Precautions: Caution in patients with mild bradycardia, reduced left ventricular function, first degree AV block, prolonged PR interval, and during concomitant use with alpha-blockers, beta-blockers or other drugs known to induce bradycardia. (Refer to data sheet for full information.) Side Effects: Headache, malaise, ankle oedema, hot flushes, gastrointestinal disturbances, skin rash, asthma, fatigue and palpitations. Basic NHS Cost: Tildiem LA200 28 capsules £11.10. Tildiem LA300 28 capsules £11.80. Product Licence Numbers: Tildiem LA200 4969/0016. Tildiem LA300 4969/0014. Legal Category: POM. Tildiem and Lorex Synthelabo are trade marks. Further information is available from Lorex Synthelabo Ltd, Lunar House, Fieldhouse Lane, Globe Park, Marlow, Bucks. SL7 1LW. Date of preparation: January 1996. Code no: TIL 180.



## ZOCOR® (simvastatin, MSD)

### ABRIDGED PRODUCT INFORMATION

Refer to Data Sheet before prescribing.

#### PRESENTATION

Peach, oval-shaped, film-coated tablets, marked 'ZOCOR 10' on one side, containing 10 mg simvastatin, MSD.

Tan, oval-shaped, film-coated tablets, marked 'ZOCOR 20' on one side, containing 20 mg simvastatin, MSD.

#### INDICATIONS

Primary hypercholesterolaemia unresponsive to diet and other non-pharmacological measures.

In patients with coronary heart disease and a plasma cholesterol level of 5.5 mmol/l or greater, to

- reduce risk of mortality
- reduce risk of coronary death and non-fatal myocardial infarction
- reduce risk for undergoing myocardial revascularising procedures (CABG and PTCA)
- slow the progression of coronary atherosclerosis, including reducing development of new lesions and new total occlusions.

#### DOSAGE AND ADMINISTRATION

##### Hypercholesterolaemia

Initially 10 mg *nocte*; dose range 10-40 mg once daily *nocte*.

Maximum therapeutic response occurs within four to six weeks. Consider dose reduction if total serum cholesterol level falls below 3.6 mmol/l or if LDL cholesterol falls below 1.94 mmol/l. (See Data Sheet for full dosage instructions.) A standard cholesterol-lowering diet should be continued.

##### Coronary heart disease

Starting dose 20 mg day *nocte*. Adjustment of dose as above.

*Concomitant therapy:* 'Zocor' is effective alone or in combination with bile-acid sequestrants. In patients taking immunosuppressants concomitantly with 'Zocor', the maximum recommended dosage is 10 mg day (see below).

*Impaired renal function:* In patients with severe renal insufficiency (creatinine clearance <30 ml/min), dosages above 10 mg day should be carefully considered and, if deemed necessary, implemented cautiously.

*Elderly patients:* Modification of dose should not be necessary.

*Children:* Studies to show safety and efficacy have not been done.

#### CONTRA-INDICATIONS

Hypersensitivity to this product; active liver disease or unexplained persistent elevations of serum transaminases; porphyria; pregnancy and breast-feeding; women of childbearing potential unless adequately protected by non-hormonal methods.

#### PRECAUTIONS

*Homozygous familial hypercholesterolaemia:* 'Zocor' is unlikely to be effective.

*Hypertriglyceridaemia:* 'Zocor' is not indicated where hypertriglyceridaemia is the abnormality of most concern.

*Hepatic effects:* Initial and periodic liver-function monitoring recommended. Discontinue if persistent enzyme elevations occur, particularly if they rise to three times the upper limit of normal. Caution in patients with a history of liver disease and/or alcoholism.

*Muscle effects:* Clinically insignificant transient mild elevations of creatine phosphokinase have been seen. Therapy with HMG-CoA reductase inhibitors has rarely been associated with myopathy (<0.1%). Myopathy should be considered in any patient with marked elevations of creatine phosphokinase (CPK) levels ( $\geq 10$  times the upper limit of normal) or with diffuse myalgias, muscle tenderness and such marked elevations of CPK levels. The patient should be asked to promptly report unexplained muscle pain, tenderness or weakness. The risk of myopathy with HMG-CoA reductase inhibitors is known to be increased by concomitant immunosuppressive therapy including cyclosporine, by concomitant therapy with a fibric acid derivative or lipid-lowering doses of nicotinic acid, and believed to be enhanced by itraconazole. There have been rare reports of severe rhabdomyolysis with secondary acute renal failure. Therefore, the benefits and risks of using simvastatin concomitantly with immunosuppressive or



fibrate drugs, lipid-lowering doses of nicotinic acid, or itraconazole and other systemic azole antifungal derivatives should be carefully considered.

**Pregnancy:** Contra-indicated. One month should elapse between ending therapy with 'Zocor' and planned conception.

**Pediatric use:** Safety and effectiveness in children have not been established.

**Drug interactions:** Care should be taken in patients on concomitant lipid-lowering therapy, particularly fibrates or nicotinic acid derivatives or itraconazole or immunosuppressive therapies, as they are at increased risk of myopathy. In two clinical studies, 'Zocor' modestly potentiated the anticoagulant effect of warfarin; patients taking coumarin derivatives should have their prothrombin time determined prior to therapy with 'Zocor' and monitored as usual. Slight elevation in digoxin levels has been seen when co-administered with 'Zocor'.

#### SIDE EFFECTS

Side effects reported most frequently in controlled clinical trials: abdominal pain, constipation, flatulence, asthenia, and headache. Rarely, myopathy. Side effects reported either in long-term extension studies or in marketed use: nausea, diarrhoea, rash, dyspepsia, pruritus, alopecia, dizziness, muscle cramps, myalgia, pancreatitis, paraesthesia, peripheral neuropathy, vomiting, and anaemia. Rarely, rhabdomyolysis and hepatitis jaundice occurred. An apparent

hypersensitivity syndrome has been reported rarely which has included some of the following features: angioedema, lupus-like syndrome, polymyalgia rheumatica, vasculitis, thrombocytopenia, eosinophilia, ESR increased, arthritis, arthralgia, urticaria, fever, flushing, dyspnoea, and malaise. Marked and persistent increased serum transaminases have been reported infrequently. Elevated alkaline phosphatase and  $\gamma$ -glutamyl transpeptidase have been reported. Liver-function test abnormalities have generally been mild and transient. Increases in CPK (muscle derived) have been reported. Side effects reported but where a causal relationship to 'Zocor' is not established: depression, erythema multiforme including Stevens-Johnson syndrome, leucopenia, and purpura.

#### PACKAGE QUANTITIES AND BASIC NHS COST

10 mg tablets, £18.29 for 28-tablet calendar pack  
20 mg tablets, £31.09 for 28-tablet calendar pack

#### Product licence numbers:

10 mg tablets, 0025 0241; 20 mg tablets, 0025 0242

**Product licence holder:** Merck Sharp & Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU.

POM Date of review: August 1995.

# denotes registered trademark of Merck & Co., Inc., Whitehouse Station, NJ, USA.

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# ZOCOR®

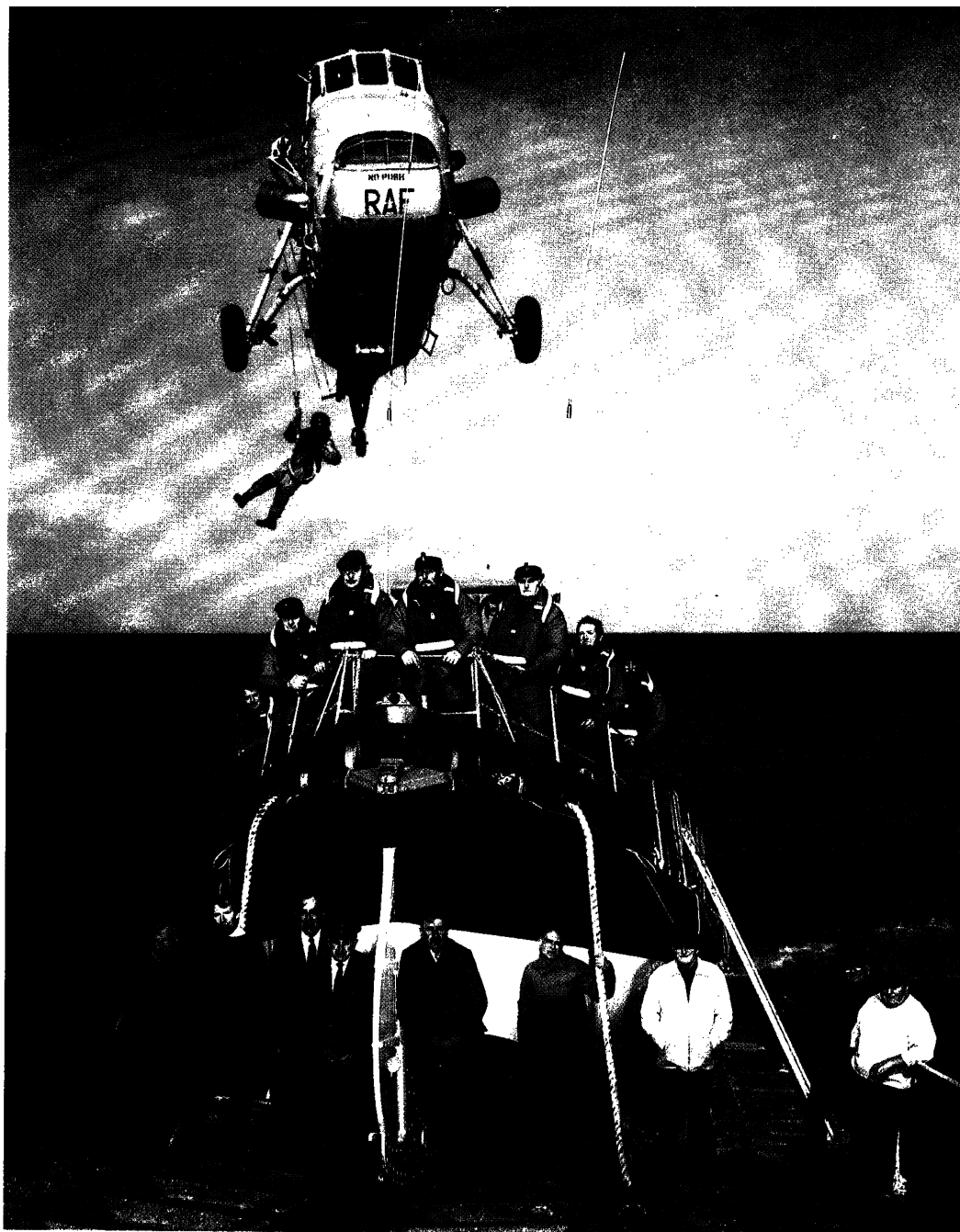
(simvastatin, MSD)

**Improving survival in  
post-MI and angina patients**



Merck Sharp & Dohme Limited  
Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU

08-96 ZCR 95 GB 70195 J. A



# PROTECTING THE ~~WE~~ HEALTH OF THE NATION

# TRITACE

RAMIPRIL

## UNCOMPROMISED PROTECTION

### PRESCRIBING INFORMATION

**Presentation:** Capsules containing 1.25mg, 2.5mg or 5mg ramipril. **Indications:** Mild to moderate hypertension. Congestive heart failure. Post-myocardial infarction with clinical evidence of heart failure. **Dosage and administration:** **Hypertension:** Initial dose 1.25mg titrated up to 10mg per day according to response. Usual dose 2.5mg or 5mg daily. Stop diuretic therapy 2 - 3 days before starting Tritace and resume later if required. **Congestive heart failure:** Initial dose 1.25mg once daily titrated up to 10mg per day according to response. Doses above 2.5mg daily can be given as single or two divided doses. **Post-myocardial infarction:** Initiate treatment between day 3 and day 10 following MI. Initially 2.5mg twice a day increasing to 5mg twice a day after 2 days. Assessment of renal function is recommended prior to initiation. Reduced maintenance dose may be required in impaired renal function. Monitor patients with impaired liver function. In the elderly the dose should be titrated according to need. Not recommended for children. **Contra-indications:** Hypersensitivity to ramipril, history of angioneurotic oedema, pregnancy, lactation. **Precautions:** Do not use in aortic stenosis or outflow obstruction. Assess renal function before use. Use with caution during surgery or anaesthesia. Do not use in patients using

polyacrylonitrile (AN69) dialysis membranes or during low-density lipoprotein apheresis with dextran sulphate. **Drug interactions:** Combination with diuretics, adrenergic blocking drugs or other antihypertensive agents may potentiate antihypertensive effect. Risk of hyperkalaemia when used with agents increasing serum potassium. May enhance the effect of antidiabetic agents. May increase serum lithium concentrations. **Side effects:** Nausea, dizziness, headache, fatigue, cough, hypersensitivity reactions, gastrointestinal disturbance, jaundice, impaired renal function, angioneurotic oedema, pancreatitis and vasculitis. Agranulocytosis and bone marrow depression seen rarely with ACE inhibitors. Symptomatic hypotension may occur after initial dose or increase in dose, especially in salt/volume depleted patients. **Basic NHS cost:** 28 x 1.25mg capsules £5.30; 28 x 2.5mg capsules £7.51; 28 x 5mg capsules £9.55. **Product licence numbers:** 1.25mg PL 0086/0130, 2.5mg PL 0086/0131, 5mg PL 0086/0132. **Legal category:** POM **Date of preparation:** August 1995 **Product licence holder:** Hoechst UK, Salisbury Road, Hounslow, Middlesex TW4 6JH. **Correspondence to:** Hoechst Marion Roussel, Broadwater Park, Denham, Middlesex UB9 5HP.

**Hoechst Marion Roussel**

Broadwater Park, Denham, Middlesex UB9 5HP

#### Modalim® Prescribing Information

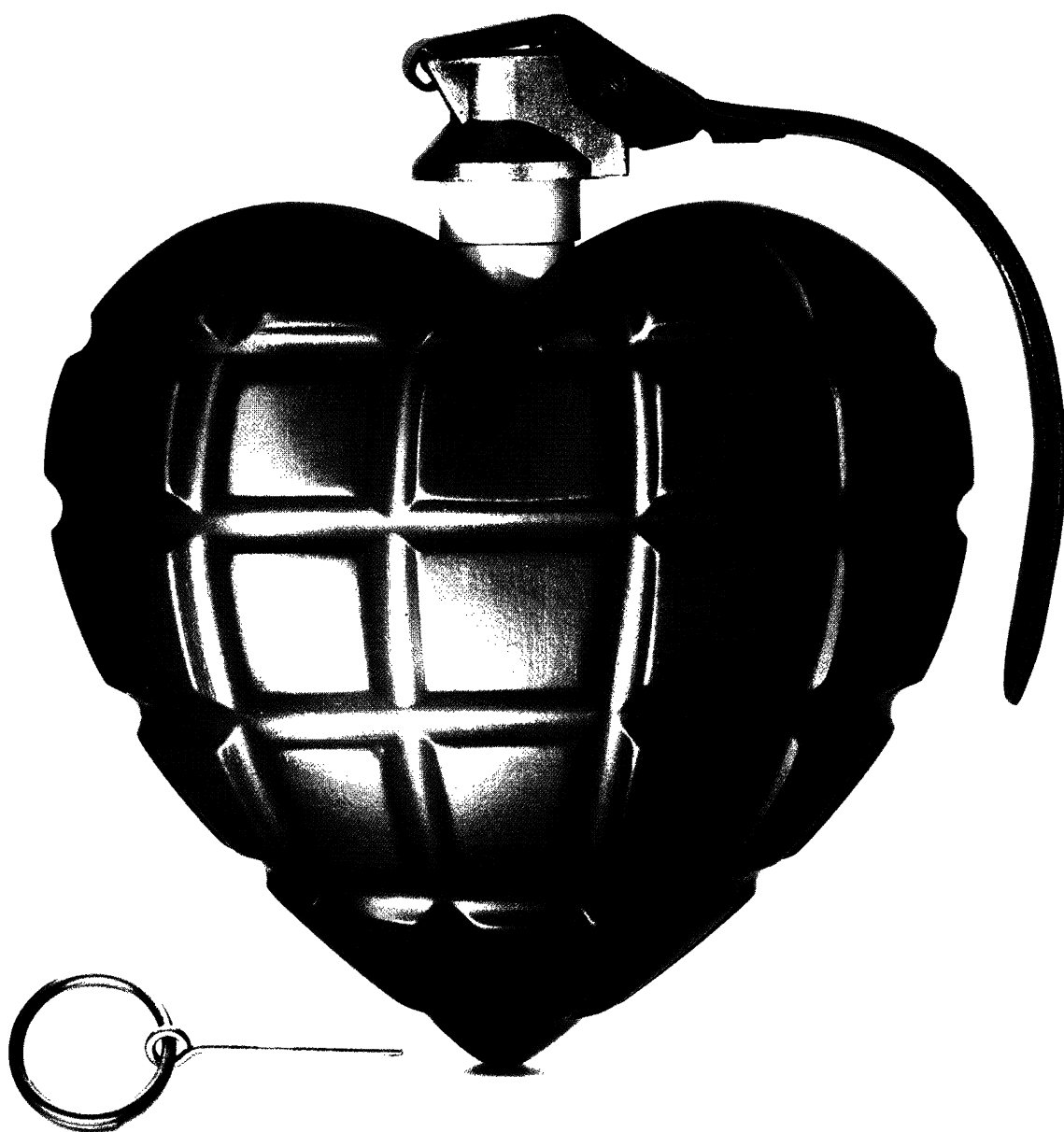
**Presentation** White, capsule-shaped tablets embossed MODALIM on one side with a breakline on the other, each containing 100mg ciprofibrate. **Uses:** For the treatment of primary hyperlipidaemia resistant to appropriate dietary management, including hypercholesterolaemia, hypertriglyceridaemia and combined hyperlipidaemia. In the Fredrickson classification, this includes types IIa, IIb, III and IV. **Dosage** *Adults:* One tablet 100mg ciprofibrate per day. *Elderly patients:* As for adults but see precautions and warnings. *Use in impaired renal function:* In moderate renal impairment it is recommended that dosage be reduced to one tablet every other day. Patients should be carefully monitored. MODALIM should not be used in severe renal impairment. *Use in children:* Not recommended since safety and efficacy in children have not been established. **Contra-indications:** Severe hepatic impairment, severe renal impairment, pregnancy and lactation. **Use in Pregnancy and Lactation:** There is no evidence that ciprofibrate is teratogenic, but there were signs of toxicity at high doses in teratogenicity tests in animals, and ciprofibrate has been shown to be excreted in breast milk in rats. In the absence of data on its use in human pregnancy or lactation, Modalim is contraindicated during pregnancy and in nursing mothers.

**Precautions:** The daily dose should not exceed 100mg; doses of 200mg or more have been associated with a high risk of muscle-related side effects. Use with caution in patients with impaired renal or hepatic function. If, after several months therapy, serum lipid concentrations are not satisfactorily controlled, additional or different therapeutic measures should be considered. **Interactions:** Ciprofibrate is highly protein bound and therefore likely to displace other drugs from plasma protein binding sites. MODALIM has been shown to potentiate the effect of warfarin indicating that concomitant oral anticoagulant therapy should be given at reduced dosage and adjusted according to prothrombin time. Although there are no specific data, it is likely that ciprofibrate will also potentiate the action of oral hypoglycaemic agents and its action may be affected by oral contraceptives. As with other fibrates, the concomitant use of Modalim with HMG-CoA reductase inhibitors, or other fibrates, may predispose patients to myopathy. **Side effects:** There have been occasional reports of headache, vertigo, rashes and gastrointestinal symptoms including nausea, vomiting, diarrhoea and dyspepsia. Generally these side effects were mild to moderate in nature and occurred early on, becoming less frequent as treatment progressed. Isolated cases of pneumonitis have been reported. As with other drugs of this class, a low incidence of myalgia, elevation of serum creatine phosphokinase, impotence, hair loss and rare cases of rhabdomyolysis, have been reported. Dizziness, drowsiness or tiredness have only rarely been reported in association with MODALIM. It is therefore unlikely to affect ability to drive or to use machinery. Abnormal liver function tests have been observed occasionally. Periodic liver function tests are recommended. MODALIM should be halted if liver enzyme abnormalities persist.

**NHS Price** £13.35 per pack of 28 tablets. **Legal Category:** POM PL11723/0050 Modalim is a registered trademark.

Modalim is a registered trademark.  
Further information is available from:  
Sanofi Winthrop Ltd, One Onslow Street,  
Guildford, Surrey, GU1 4YS  
Telephone: 01483 505515  
Fax: 01483 35432  
Date of Preparation: December 1995

# MIXED HYPERLIPIDAEMIA - A GREATER RISK OF CHD THAN RAISED CHOLESTEROL ALONE



ONCE DAILY

**Modalim**   
ciprofibrate

POWERFUL CONTROL OF MIXED HYPERLIPIDAEMIA

“ There is a good case for the greater use of an intravenous beta-blocker when there is tachycardia (in the absence of heart failure), relative hypertension or pain unresponsive to opioids. It may be prudent to test the patient's response to this form of therapy by first using a short-acting preparation ”

The Task Force on the Management of Acute Myocardial Infarction of the European Society of Cardiology.  
*Eur Heart Journal* 1996; 17: 43-63

- Brevibloc is an ultra short-acting, intravenous, cardioselective  $\beta$ -blocker for rapid and precise control of SVT, and sinus tachycardia. It has a rapid onset of action with full therapeutic effect delivered in just 2 minutes and an elimination half-life of only 9 minutes.<sup>1</sup>
- Brevibloc is recommended for control of post arrest narrow complex tachycardia (SVT) in the European Resuscitation Council Guidelines.<sup>2</sup>

**ABBREVIATED PRESCRIBING INFORMATION. PRESENTATION** Please refer to the data sheet before prescribing. Ampoules containing 2.5g esmolol hydrochloride in 10ml sterile aqueous concentrated solution (250mg/ml) to be diluted before intravenous administration. Vials containing 100mg esmolol hydrochloride in 10ml sterile aqueous solution (10mg/ml) for intravenous administration without dilution. **USES** For the short-term treatment of tachycardia and hypertension occurring in the perioperative period and supraventricular tachyarrhythmias including atrial fibrillation, atrial flutter and sinus tachycardia. **DOSAGE AND ADMINISTRATION** BREVIBLOC 2.5g CONCENTRATE MUST BE DILUTED BEFORE INFUSION with an appropriate intravenous fluid to give a final concentration of 10mg/ml and infused into a large vein. Brevibloc 100mg is a ready-to-use preparation at a concentration of 10mg/ml. The following dose regimens may be used. **a)** For intraoperative treatment - during anaesthesia when immediate control is required, give an 80mg loading bolus over 15-30 seconds followed by a 150 micrograms/kg/min infusion. Titrate the infusion rate as required up to 300 micrograms/kg/min. **b)** Upon awakening from anaesthesia, administer an infusion of 500 micrograms/kg/min for four minutes followed by a 300 micrograms/kg/min infusion. **c)** For post-operative situations when time for titration is available give the 500 micrograms/kg/min loading dose over one minute before each titration step to produce a rapid onset of action. Use titration steps of 50, 100, 150, 200, 250 and 300 micrograms/kg/min given over four minutes, stopping at the desired

**Brevibloc<sup>®</sup>**  
(esmolol HCl)

**ULTRA SHORT-ACTING  
BETA-BLOCKADE**

therapeutic effect. **d)** For supraventricular tachyarrhythmias when time for titration is available give the 500 micrograms/kg/min loading dose over one minute before each titration step to produce a rapid onset of action. Use titration steps of 50, 100, 150 and 200 micrograms/kg/min given over four minutes, stopping at the desired therapeutic effect. **CONTRAINDICATIONS, WARNINGS, ETC. CONTRAINDICATIONS** Severe bradycardia, heart block greater than first degree, cardiogenic shock and overt heart failure. **WARNINGS AND PRECAUTIONS** Use with caution in patients with bronchospastic disease or impaired renal function or diabetes. Brevibloc should also be used with caution in combination with verapamil in patients with impaired ventricular function. The combination should not be given to patients with conduction abnormalities and Brevibloc should not be administered within 48 hours of discontinuing verapamil. The hypotensive effects of inhalation anaesthetic agents may be increased in the presence of Brevibloc. The dosage of either agent may be modified as needed to maintain the desired haemodynamics. Infusion concentrations of 20mg/ml have been associated with significant venous irritation and thrombophlebitis in animals and man. Extravasation of 20mg/ml may lead to a serious local reaction and possible skin necrosis. Concentrations greater than 10mg/ml or infusion into small veins or through a butterfly catheter should be avoided. **Use in Children** The safety and effectiveness of Brevibloc in children have not been established. **Use in Elderly** Analysis of data from 252 patients over 65 years of age indicated no variations in pharmacodynamic effects; however no special studies in the elderly have been conducted. **ADVERSE EFFECTS** Most frequently observed side effect has been hypotension. Other reported side effects have included bradycardia and bronchospasm. **PHARMACEUTICAL PRECAUTIONS** BREVIBLOC 2.5g CONCENTRATE MUST BE DILUTED BEFORE USE. BREVIBLOC IS NOT COMPATIBLE WITH SODIUM BICARBONATE. **LEGAL CATEGORY** Prescription Only Medicine **PRODUCT LICENCE HOLDER AND NUMBER** Gensia Europe Limited, Bracknell Beeches, Bracknell, Berkshire, RG12 7BW. PL 10476/0005 PA 614/2/2 Brevibloc 2.5g Concentrate Ampoule and PL 10476/0006 PA 614/2/1 Brevibloc 100mg Vial. Basic N.H.S. price: Brevibloc 2.5g 10ml Concentrate Ampoule £65.90 and Brevibloc 100mg 10 ml Vial pack of 5 £29.50. Issued: DECEMBER 1995 Code ESM/GB/API/94003-1 Brevibloc<sup>®</sup> is a registered trade mark of Ohmeda Inc., N.J., USA. The Gensia logo is a registered trademark of Gensia Inc. Gensia<sup>®</sup> is a registered trademark of Gensia Europe Limited.

**Date of Preparation:** April 1996

#### References

1. Wiest D. *Clin Pharmacokinet* 1995; 28 (3): 190-202.
2. Chamberlain D et al. *Resuscitation* 1994; 28: 151-159

**Gensia Europe Limited, Genaresa House, Bracknell Beeches, Old Bracknell Lane, Bracknell, Berks. RG12 7BW Tel: (44) 01344 308803 Fax: (44) 01344 360609**



**GENSIA<sup>®</sup>**

Please send me further product information on Brevibloc

Name: \_\_\_\_\_

Position: \_\_\_\_\_

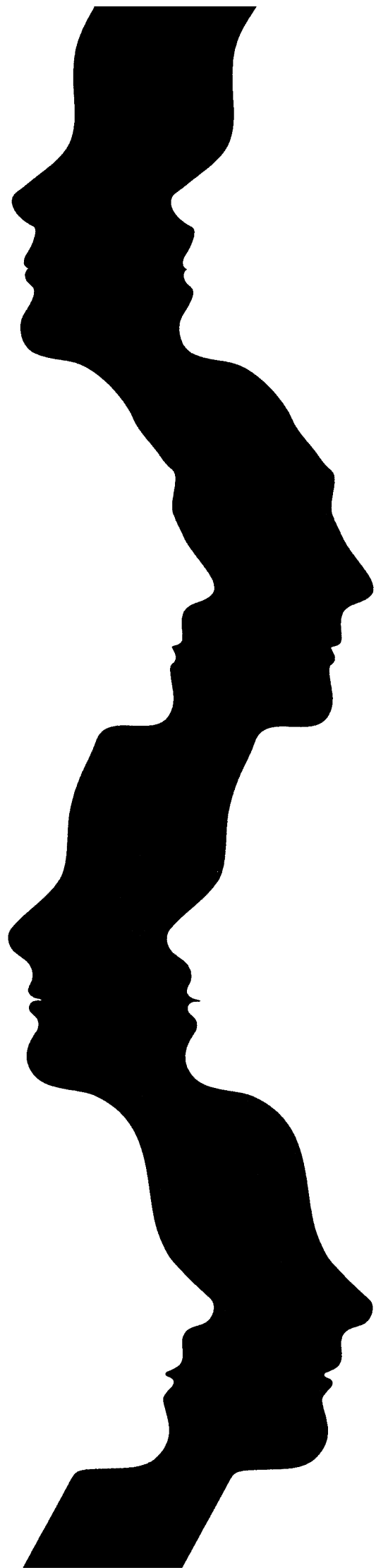
Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Please return coupon to: Medical Communications Manager Gensia Europe Limited, Genaresa House, Bracknell Beeches, Old Bracknell Lane, Bracknell, Berks. RG12 7BW







"THE PARTNERSHIP OF JOHNSON & JOHNSON INTERVENTIONAL  
SYSTEMS AND CORDIS REPRESENTS NOT JUST A NEW COMPANY,  
BUT A NEW COMMITMENT: TO TAKE INTERVENTIONAL MEDICINE  
FROM WHERE IT IS TO WHERE IT MIGHT BE."

BOB CROCI  
Company Group Chairman,  
Johnson & Johnson

# You and your patient.

Ours is a partnership forged with a clear purpose: to better serve our customers and our community. We are proud of what we have accomplished in the past separately, and we are excited about what the future holds for us together.

The merger of Johnson & Johnson Interventional Systems and Cordis Corporation offers opportunities never before possible for you and your patient:

## **More Innovation**

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Together we will be better able to meet the increasing need for our products around the world.

## **More Effective Management of Costs**

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## **Better Outcomes**

Together we will strive to improve procedural success rates, clinical outcomes, and enhance quality of life.

***Cordis***

a Johnson & Johnson company

*Together for better care.*



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You can rely on your Cordis Corporation and Johnson & Johnson Interventional Systems representatives to continue to provide you with dedicated service. If you have questions about any of our products or services, please contact your representative.

## Cordis offers a complete line of products for vascular disease management:

### *Diagnostic Cardiology*

Diagnostic Catheters  
Catheter Sheath Introducers  
Disposable Biopsy Forceps  
Diagnostic Guide Wires

### *Interventional Cardiology*

PALMAZ-SCHATZ™  
balloon-expandable STENTS  
PTCA Balloons  
PTCA Guiding Catheters  
PTCA Steerable Guide Wires  
Long and Mid-length Introducer Sheaths  
Accessories

### *Intravascular Ultrasound*

Oracle Imaging Systems  
Diagnostic Catheters  
Combined Diagnostic/PTCA Catheters

### *Interventional Neuroradiology*

Microcatheters  
Steerable Guide Wires  
Neurovascular Guiding Catheters  
Infusion Catheters

### *Electrophysiology*

Fixed-tip Catheters  
Deflectable Catheters  
Catheter Cables  
EP Navigation Products

### *Endovascular*

PALMAZ™ and PALMAZ-SCHATZ™  
balloon-expandable STENTS  
Peripheral Angioplasty Balloons  
Peripheral Guiding Catheters  
Peripheral Steerable Guide Wires  
Infusion Catheters (Microcatheters)  
Torque-control Balloon Catheters  
Accessories

### *Custom Procedure Packs*

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*Together for better care.*

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# Cardiovascular Research - A New Initiative

The Governors of the Wellcome Trust have decided to support a new initiative for the development of research relating to the cardiovascular system.

The purpose of this initiative is to develop the molecular and cell biological aspects of research into disease of the cardiovascular system. The programme will particularly concentrate on the research training and career development of clinical and basic scientists interested in this subject.

The Trust invites applications from centres who wish to participate in this initiative. Those centres which make a successful application are likely already to have an active programme of research in cardiovascular biology, and will be expected to show that both clinical and basic science disciplines are contributing to the development of their research. Successful centres will be required to have a commitment to research training, and may well already have a track record in developing the careers of young clinicians and scientists working in this subject. They will need to show that the opportunities provided by the Trust's programme will allow them to make further contributions to the development of research, and of the careers of research workers in this area. The Trust is particularly concerned about helping clinical scientists who wish to pursue a career in cardiovascular medicine going beyond the normal range of interests of academic cardiology. Successful institutions in this new initiative will be required to demonstrate their own commitment to the long-term future of clinical and basic scientists involved in this initiative.

In the first instance, intending applicants must obtain a copy of the further details of this initiative, and instructions on how to apply, by writing to: **Miss Margaret Hurley (Grants Section), The Wellcome Trust, 183 Euston Road, London NW1 2BE. Fax: 0171-611 8687.**

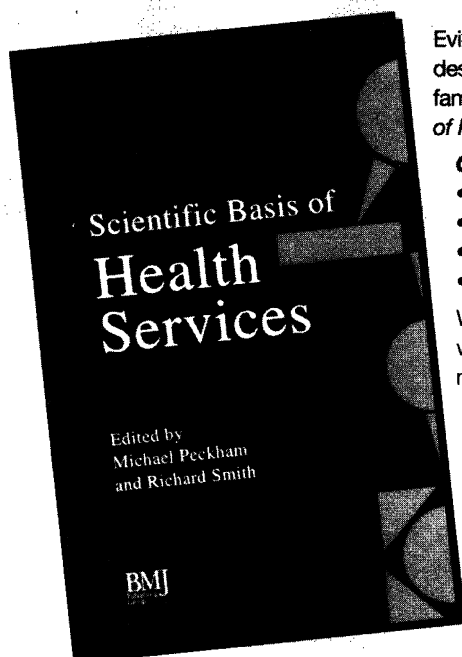
The final date for dispatch of further details to intending applicants will be **24 June 1996**. These details will not be faxed.

The closing date for preliminary applications is **15 July 1996**. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**



The Wellcome Trust is a Registered Charity (No: 210183), and seeks to support research in biomedical sciences and the history of medicine by means of grants and other activities.

## Applying science to health care



### Scientific Basis of Health Services

Edited by  
Michael Peckham  
and Richard Smith

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