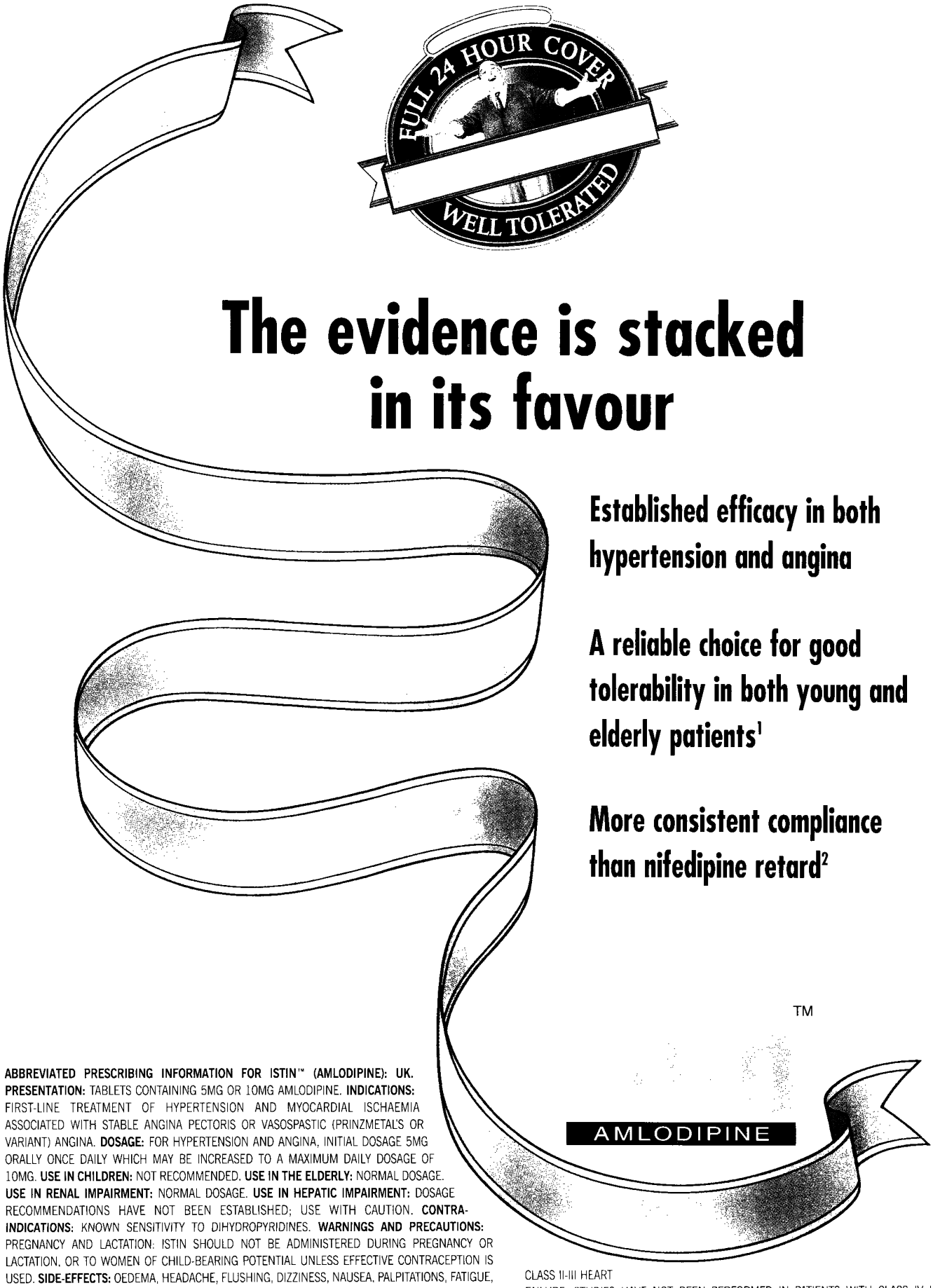


The evidence is stacked in its favour

Established efficacy in both hypertension and angina

A reliable choice for good tolerability in both young and elderly patients[1]

More consistent compliance than nifedipine retard[2]

TM

AMLODIPINE

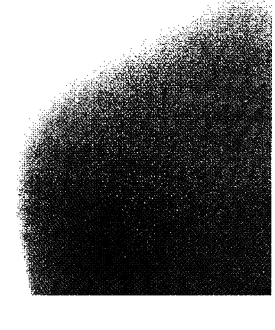
ABBREVIATED PRESCRIBING INFORMATION FOR ISTIN™ (AMLODIPINE): UK. PRESENTATION: TABLETS CONTAINING 5MG OR 10MG AMLODIPINE. **INDICATIONS:** FIRST-LINE TREATMENT OF HYPERTENSION AND MYOCARDIAL ISCHAEMIA ASSOCIATED WITH STABLE ANGINA PECTORIS OR VASOSPASTIC (PRINZMETAL'S OR VARIANT) ANGINA. **DOSAGE:** 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 II-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.

Pfizer

61436

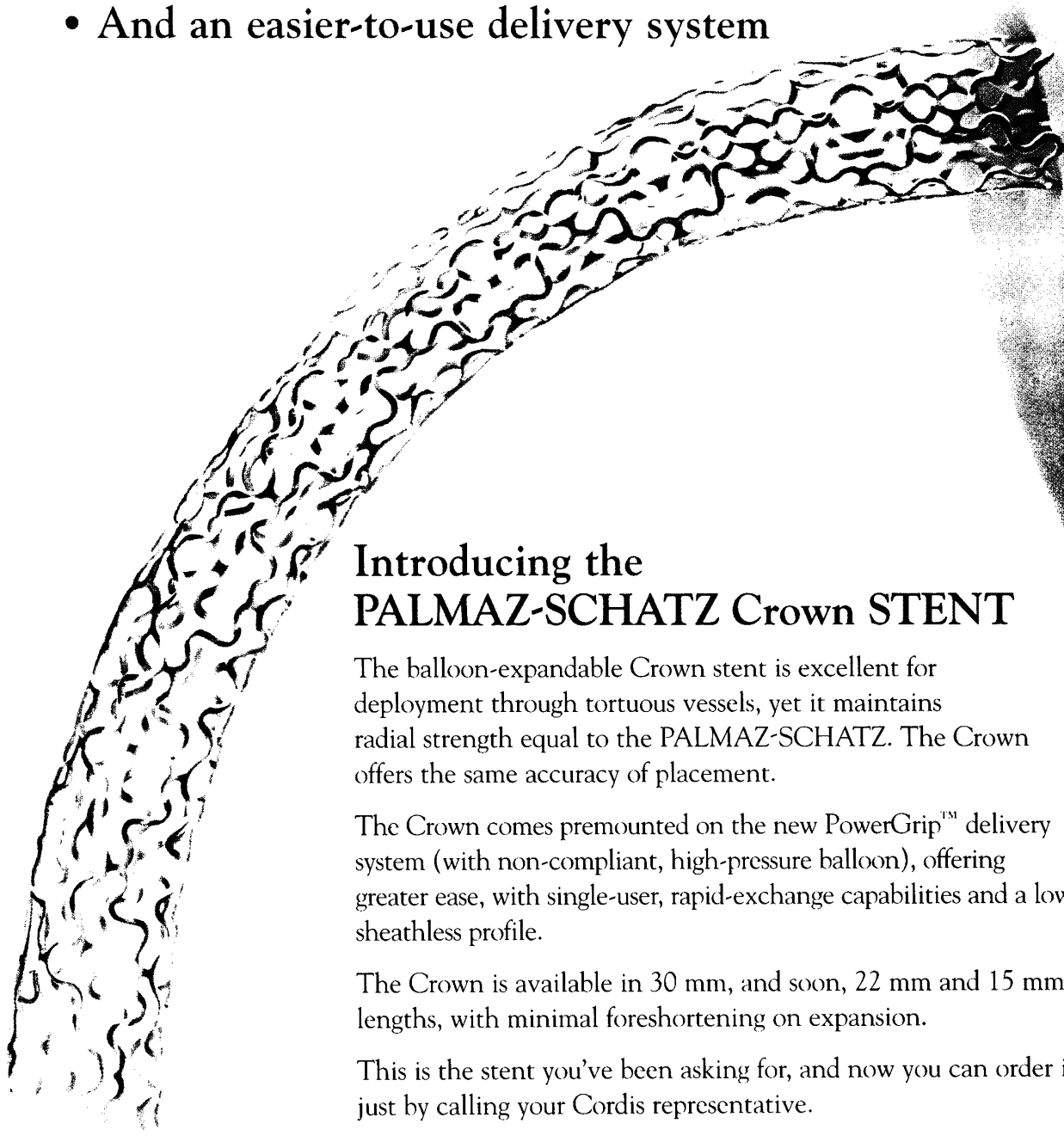
Feb '96

A crowning achievement in stent technology.



Now from the makers of the PALMAZ-SCHATZ™ balloon-expandable STENT:

- Exceptional flexibility
- More lengths from which to choose
- And an easier-to-use delivery system



Introducing the PALMAZ-SCHATZ Crown STENT

The balloon-expandable Crown stent is excellent for deployment through tortuous vessels, yet it maintains radial strength equal to the PALMAZ-SCHATZ. The Crown offers the same accuracy of placement.

The Crown comes premounted on the new PowerGrip™ delivery system (with non-compliant, high-pressure balloon), offering greater ease, with single-user, rapid-exchange capabilities and a low, sheathless profile.

The Crown is available in 30 mm, and soon, 22 mm and 15 mm lengths, with minimal foreshortening on expansion.

This is the stent you've been asking for, and now you can order it just by calling your Cordis representative.

See package insert for full product information.
PALMAZ-SCHATZ and PowerGrip are trademarks of Johnson & Johnson.

Cordis®
a Johnson & Johnson company

ADALAT LA30/ADALAT LA60-ABRIDGED PRESCRIBING INFORMATION (Refer to full data sheet before prescribing)
Presentation: Tablets each containing 30mg or 60mg nifedipine in a modified (extended) release formulation. **Indications:** Mild to moderate hypertension. Prophylaxis of angina pectoris either as monotherapy or in combination with a beta-blocker.
Dosage and Administration: Adalat LA tablets must be swallowed whole; under no circumstances should they be bitten, chewed or broken up. One 30mg tablet once-daily swallowed whole with a glass of liquid to be taken at approximately 24-hour intervals, preferably during the morning. Dosage can be increased according to individual requirements up to a maximum of 90mg once-daily. Patients in whom hypertension or anginal symptoms are controlled on Adalat capsules or Adalat retard may be switched safely to Adalat LA. Prophylactic anti-anginal efficacy is maintained when patients are switched from other calcium antagonists such as diltiazem or verapamil to Adalat LA at the recommended initial dose of 30mg Adalat LA once-daily, with subsequent titration to a higher dose as warranted clinically. *Renal Impairment* Dosage adjustment should not be necessary. *Elderly* Dosage adjustment not usually necessary. Treatment may be continued indefinitely. *Children* No recommendations for use.
Contra-indications, warnings etc.
Contra-indications: Known hypersensitivity to nifedipine; severe aortic stenosis; cardiogenic shock; women of child-bearing potential and nursing mothers; hepatic impairment; history of gastro-intestinal obstruction, oesophageal obstruction, or any degree of decreased lumen diameter of the gastro-intestinal tract; inflammatory bowel disease or Crohn's disease. Concomitant administration with rifampicin.
Warnings and Precautions: Outer membrane of tablet is not digested and may be seen in the toilet or associated with the patient's stools. If used in combination with beta-blocking drugs and other anti-hypertensives a possible additive effect resulting in postural hypotension should be borne in mind. Adalat LA will not prevent possible rebound effects after cessation of other anti-hypertensive therapy. Caution in patients with hypotension or whose cardiac reserve is poor. Deterioration of heart failure has occasionally been observed with nifedipine. If ischaemic pain is observed following the introduction of therapy, discontinue treatment. Diabetic patients may require adjustment of their control. Marked decrease in blood pressure can occur in dialysis patients with malignant hypertension and hypovolaemia.
Interactions: Interactions have been observed with cimetidine, quinidine, digoxin, diltiazem and rifampicin. Spectrophotometric values of urinary vanillylmandelic acid may be increased falsely. **Side-effects:** Headache, flushing, tachycardia, palpitations, gravitational oedema, paraesthesia, dizziness, lethargy and gastro-intestinal symptoms such as nausea. Less commonly, skin reactions such as rash, pruritus and urticaria. Less frequently, myalgia, tremor, visual disturbances and increased frequency of micturition. Rare cases of gingival hyperplasia, gynaecomastia in older men on long-term therapy, hypersensitivity-type jaundice and disturbances of liver function such as intra-hepatic cholestasis, all of which regress on withdrawal of therapy. In isolated cases, photosensitivity, exfoliative dermatitis, systemic allergic reactions and purpura, which usually regress after discontinuation of the drug. **Legal Category:** POM. **Package Quantities and Basic NHS Costs:** Calendar packs containing 28 tablets; Adalat LA30 £10.36, Adalat LA60 £15.40. **Product Licence Numbers:** PL 0010/0174-0175. **Date of Preparation:** March 1995.

Further information available from:
Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone: (01635) 563000.

Bayer

ONCE-DAILY

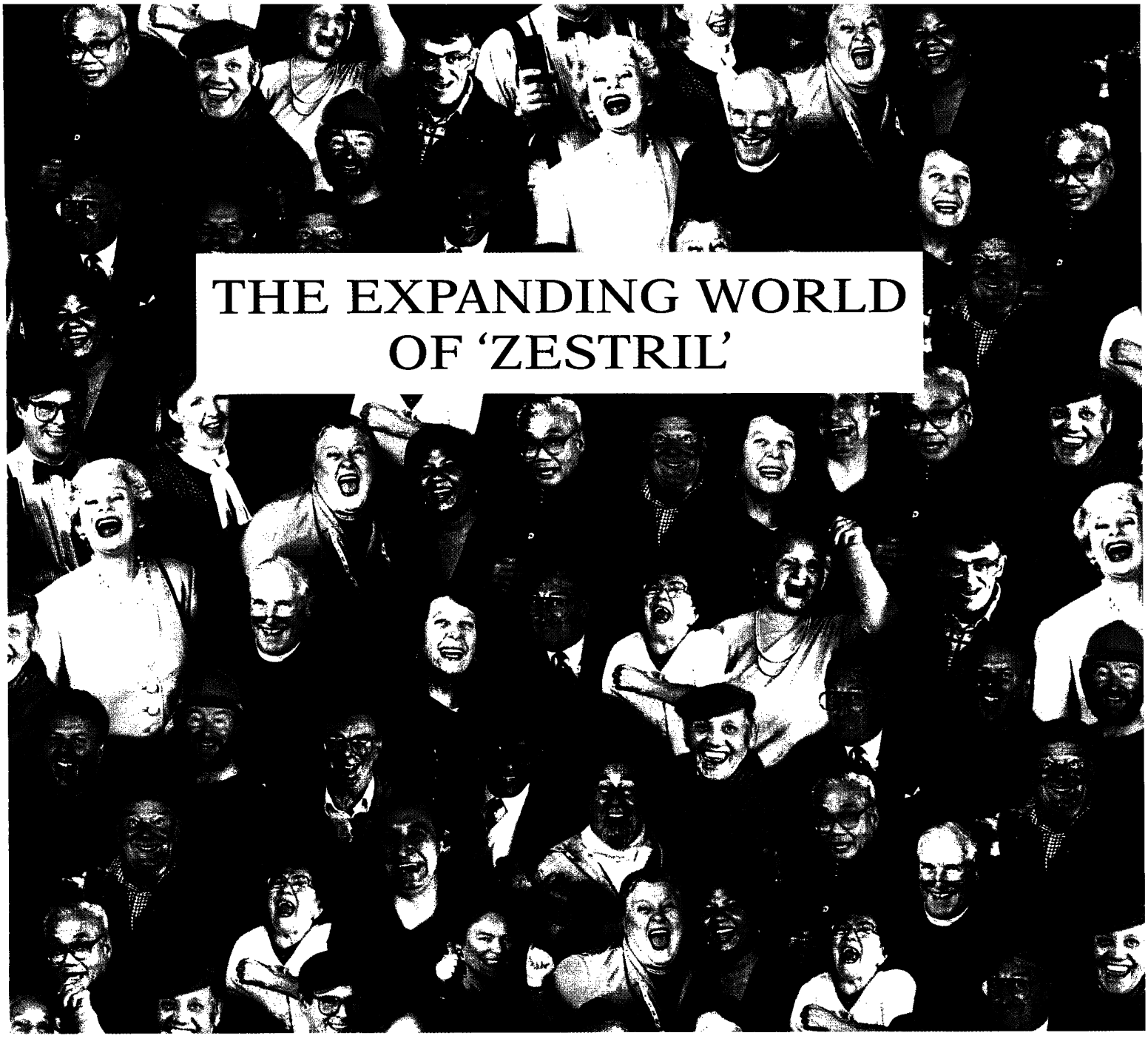
Adalat® LA
LONG ACTING

nifedipine 30mg & 60mg

FOR HYPERTENSION AND ANGINA

MAKES THE WHOLE

GO SMOOTHER



THE EXPANDING WORLD OF 'ZESTRIL'

- More Doctors are prescribing 'Zestril' for more patients than ever before
- 'Zestril' has 12 million patient years of experience
- 48,000 patients are currently involved in 3 major trials with lisinopril
- Lisinopril is on over 75% of hospital formularies

PRESCRIBING INFORMATION
Consult data sheet before prescribing.
'ZESTRIL'
USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy).
PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').
DOSAGE AND ADMINISTRATION: ***Hypertension*** Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diuretic-treated patients – if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.
Congestive heart failure Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.
Renal impairment – May require lower maintenance dosage.
Children – Not recommended.
CONTRAINDICATIONS: Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.
PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium-sparing diuretics and potassium-containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.
SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria anuria, renal dysfunction, acute renal failure, impotence, pancreatitis, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia and neutropenia.

LEGAL CATEGORY: POM.
PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12619/0084) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.
'Zestril' is a trademark.
Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

95/4366/K Issued Feb '95

ZENECA

lisinopril

Helping hypertensives retain their Zest for Life

ZOCOR® (simvastatin, MSD)

ABRIDGED PRODUCT INFORMATION

Refer to Summary of Product Characteristics 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.
Brick-red, oval-shaped, film-coated tablets, marked 'MSD 749' on one side, containing 40 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 (≥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 report promptly 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.
Paediatric 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, photosensitivity, fever, flushing, dyspnoea, and malaise.
Marked and persistent increased serum transaminases have been reported infrequently. Elevated alkaline phosphatase and γ-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
40 mg tablets, £47.04 for 28-tablet calendar pack

Product licence numbers:
10 mg tablets, 0025 0241
20 mg tablets, 0025 0242
40 mg tablets, 0025 0243

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

POM Date of review: August 1996.

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

ZOCOR®

(simvastatin, MSD)

Improving survival in post-MI and angina patients

MSD

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

08-97 ZCR.95.GB.70195.J. A

Treat hypertension without disturbing... the old ticker*

New 2.5mg
suitable for elderly hypertensive patients

New for angina
recommended daily dose 5mg or 10mg

Once daily

Plendil®

Felodipine

Plendil 2.5mg or 5mg or 10mg

*Plendil has minimal effect on cardiac function[1,2]

PLENDIL® (felodipine) ABBREVIATED PRESCRIBING INFORMATION *(Refer to full Summary of Product Characteristics before prescribing)* **Presentation:** Extended release tablets containing 2.5mg, 5mg or 10mg felodipine. **Uses:** Management of all grades of hypertension. Angina pectoris. **Dosage: Hypertension:** *Adults/elderly:* Adjust individually. Initial dosage 5mg or 2.5mg in elderly, once daily. Usual maintenance doses 5-10mg once daily. Doses above 20mg daily rarely required. For dose titration, 2.5mg available. Take in the morning, swallow whole with water. **Angina pectoris:** *Adults/elderly:* Adjust individually. Initial dosage 5mg once daily, increase to 10mg once daily if required. *Children:* not recommended. Use in hepatic impairment, low dosage. Use in renal impairment, normal dosage. Can be used with ß-blockers, ACE inhibitors or diuretics, but take care to avoid hypotension. **Contraindications:** Hypersensitivity to felodipine. Pregnancy. **Warnings and precautions:** May rarely precipitate severe hypotension with tachycardia which may result in myocardial ischaemia. **Interactions:** Drugs affecting the cytochrome P450 enzyme system. Enzyme inhibitors impair elimination. Enzyme inducing agents such as some anti-convulsants (eg. phenytoin, carbamazepine and phenobarbitone) can increase elimination. Do not take grapefruit juice with Plendil. **Pregnancy and lactation:** Felodipine should not be given during pregnancy. May be present in breast milk, effects on the neonate unknown. **Adverse events:** Flushing, headache, palpitations, dizziness and fatigue may occur transiently. Ankle swelling is dose related. Patients with gingivitis/periodontitis may experience gingival enlargement. Also rash, pruritus, arthralgia, paraesthesia, nausea, gum hyperplasia, peripheral oedema, tachycardia, urticaria including angio-oedema and increased liver enzymes have been reported but a causal relationship has not been established. **Pharmacological properties:** Felodipine is a vascular selective calcium antagonist, effective in all grades of hypertension. Felodipine improves exercise tolerance and reduces anginal attacks in patients with stable, effort-induced angina pectoris. The predominant pharmacodynamic feature of felodipine is its pronounced vascular vs myocardial selectivity. **Legal Category:** POM. **Marketing Authorisation number:** PL 0017/0349 – Plendil 2.5mg; PL 0017/0301 – Plendil 5mg; PL 0017/0302 – Plendil 10mg. **Package quantities and cost:** 2.5mg calendar pack of 28 tablets £6.09; 5mg calendar pack of 28 tablets £8.12; 10mg calendar pack of 28 tablets £10.92. **Further information on request from:** Schwarz Pharma Limited, East Street, Chesham, Bucks. HP5 1DG. Tel (01494) 772071. **Marketing Authorisation holder:** Astra Pharmaceutical Limited, Home Park, Kings Langley, Herts. WD4 8DH and is the registered owner of the trademarks. **Date of preparation:** June 1996 (133). **References: 1.** Koolen J. et. al., Am. J. Cardiol., 1994; 74: 730-732. **2.** Cohn J.N., Circulation, (V-HeFT suppl.1), 15th October, 1995; 92 (8): Abstract No. 0677.

SCHWARZ

SIEMENS

The cath lab evolution
BICOR/COROSKOP H*i*-P T.O.P.

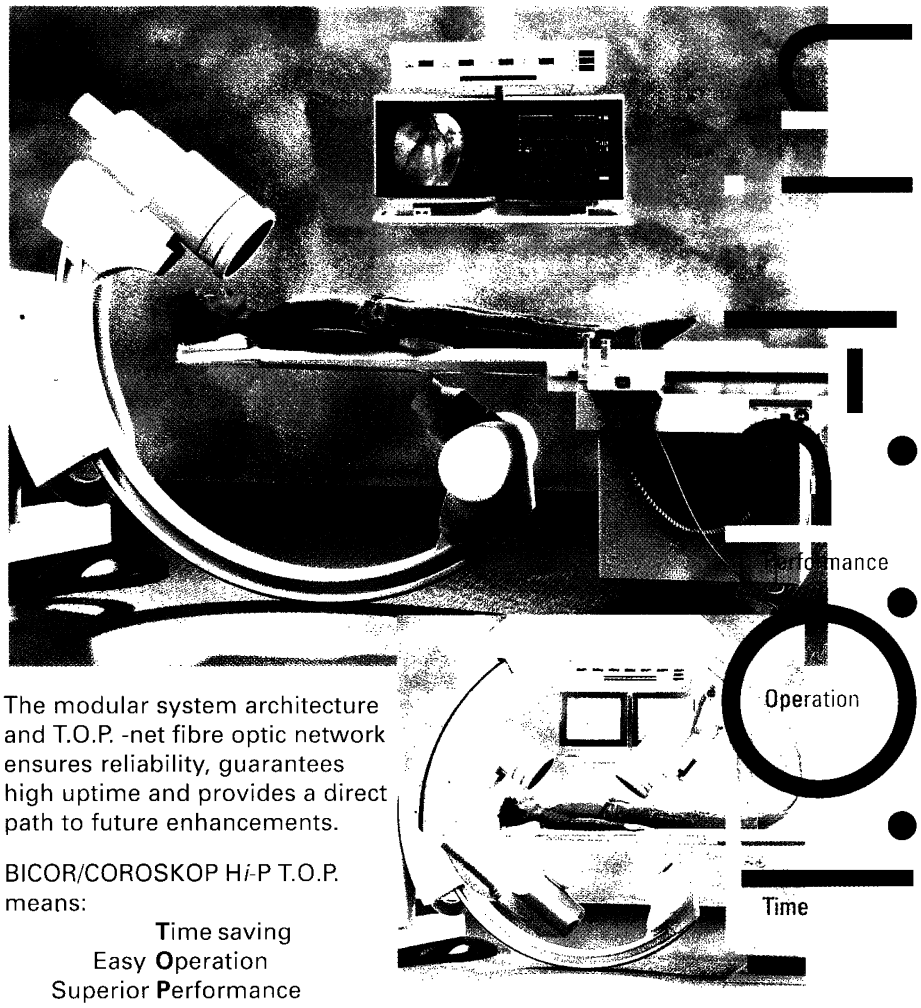
T.O.P. Line is the new generation of system developed for cardiac and general angiography. The system architecture incorporating intelligent management control, delivers greater efficiency providing the advantages of even better, faster and more cost effective angiographic procedures.

The ***new*** extremely flexible and light weight COROSKOP® H*i*-P stand allows fast positioning, -20° per second in the RAO/LAO projections. The system also permits 55° cranial angulation giving excellent compound views.

User and patient comfort has been further enhanced with the 3 position C-arm:
The standard work position at the head of the table, lateral position at the side of the table and a park position. This flexible configuration permits head to toe coverage without the need for repositioning.

Our innovative HICOR® cardiac digital imaging system is designed optimally to meet your current expectations as well as your future clinical requirements.

The CATHCOR® Physiological Recording System can be fully integrated within the BICOR®/ COROSKOP H*i*-P T.O.P. Line system, providing comprehensive reporting and data base facilities inclusive of x-ray examination data.



The modular system architecture and T.O.P. -net fibre optic network ensures reliability, guarantees high uptime and provides a direct path to future enhancements.

BICOR/COROSKOP H*i*-P T.O.P. means:

Time saving
Easy **O**peration
Superior **P**erformance

For further information on the **BICOR/COROSKOP H*i*-P T.O.P.**, please contact:

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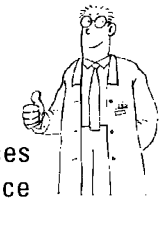
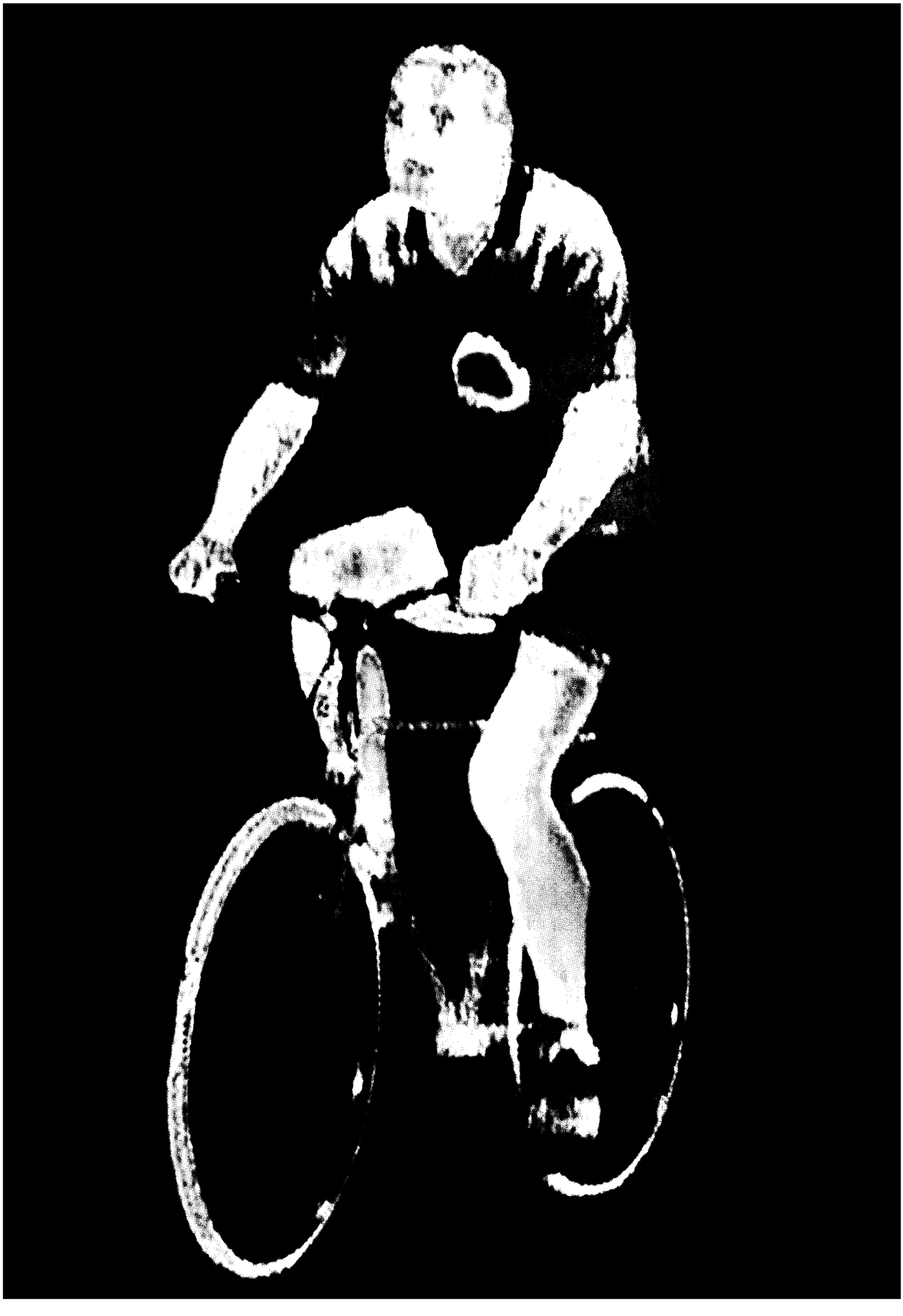
Medical Engineering
Siemens House
Oldbury, Bracknell
Berkshire, RG12 8FZ
Telephone: 01344 396317
Fax: 01344 396337



Siemens *UPTIME* Services
your partner for performance



syscor® MR▼

nisoldipine

acts selectively on the coronary arteries

Syscor MR (nisoldipine) is a new, once-daily Ca^{2+} antagonist with different pharmacological properties to other Ca^{2+} antagonists[1,2].

Because nisoldipine acts selectively on the coronary arteries compared with the myocardium and peripheral vessels[2,3], there is no clinical negative inotropic effect[4], and "... no change in heart rate occurred with nisoldipine coat-core" (Syscor MR) in the DEFIANT study[5]. Syscor MR also has a very low incidence of acute peripheral vasodilator side-effects[6].

Syscor MR, Bayer's 3rd generation Ca^{2+} antagonist, is an effective once-daily therapy in chronic stable angina and mild to moderate hypertension.

SYSCOR MR 10, 20, 30 - ABRIDGED PRESCRIBING INFORMATION ▼
(Refer to full Summary of Product Characteristics before prescribing)
Qualitative and quantitative composition: Film-coated tablets each containing 10mg, 20mg, or 30mg nisoldipine. **Pharmaceutical form:** Modified (extended)-release tablets for oral administration. **Therapeutic indications:** Mild to moderate arterial essential hypertension. Prophylaxis of chronic stable angina pectoris. **Posology and method of administration:** Syscor MR tablets must be swallowed whole, under no circumstances should they be bitten, chewed or broken up. Taken once-daily swallowed whole with a little liquid at approximately 24-hour intervals, i.e. at the same time each day, preferably during the morning. A food interaction has been observed, and it is therefore preferable to administer Syscor MR in the fasting state, i.e. before breakfast. The recommended initial dose in angina pectoris is 10mg once-daily. The usual maintenance dose is 20-40mg once-daily. The maximum recommended dose is 40mg once-daily. In hypertension, the recommended initial dose is one 10mg tablet once-daily. If necessary, the dosage can be increased according to individual requirements up to a maximum of 40mg once-daily. Assess at least one week after starting on any dosage before titration to a higher dosage. *Renal impairment:* Dosage adjustment should not be necessary. *Elderly:* Therapy should commence with 10mg once-daily, with titration to higher doses if clinically warranted and according to tolerability. Treatment may be continued indefinitely. **Contra-indications:** Known hypersensitivity to nisoldipine; cardiogenic shock; children (aged less than 12 years); pregnant women or nursing mothers; fixed cardiac output obstruction, such as aortic stenosis; hepatic impairment. **Special warnings and special precautions for use:** Caution in patients with hypotension as there is a risk of further reduction in blood pressure. **Interactions with other medicaments and other forms of interaction:** If used in combination with beta-blocking drugs, a possible additive effect resulting in postural hypotension should be borne in mind. Syscor MR may not prevent possible rebound effects after cessation of other antihypertensive therapy. No significant interaction of Syscor MR and propranolol, but a possible additive effect of the two drugs must be borne in mind. Interactions have been observed with cimetidine, rifampicin, quinidine and grapefruit juice. Possibility of interaction with phenytoin or carbamazepine cannot be excluded. No interaction has been observed with ranitidine, warfarin or digoxin. **Effect on ability to drive and use machines:** None known. **Undesirable effects:** Gravitational oedema, headache, flushing, tachycardia, palpitation, dizziness and gastrointestinal disorders such as nausea and constipation. Less frequently, paraesthesia, hypotension, asthenia, dyspnoea and allergic skin reactions (rash, itching). Disturbances of the enzymes AST (SGOT), ALT (SGPT) and CPK may occur which tend to return to normal with continuation of therapy. If abnormalities do not regress within a few weeks, discontinue treatment. Enzyme elevations usually regress on discontinuation of the drug. Syscor MR has a mild hypouricaemic effect. Increased diuresis has been observed in isolated cases. **Legal category:** POM. **Package quantities and basic NHS costs:** Calendar packs containing 28 tablets: Syscor MR10 £9.80; Syscor MR20 £13.72; Syscor MR30 £17.64. **Marketing Authorisation numbers:** PL 0010/0198-0200. **Date of preparation:** July 1996.

REFERENCES 1. Kazda S *et al Arzneim-Forsch Drug Res* 1980; **30** (II): 2144-2162. **2.** Godfraind T *et al J Cardiovasc Pharmacol* 1992; **20** (Suppl 5): S34-S41. **3.** Scharf *et al in:* Hugenholtz PG, Meyer J, eds. *Nisoldipine* 1987. Berlin, Heidelberg: Springer-Verlag; 1987: 109-114. **4.** Scharf *et al J Cardiovasc Pharmacol* 1992; **20** (Suppl 5): S79-S81. **5.** DEFIANT Research Group *Eur Heart J* 1992; **13**: 1498-1505. **6.** Lewis BS *et al Am J Cardiol* 1995; **75**: 48E-53E.

Further information available from: Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone: (01635) 39000.

Bayer

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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

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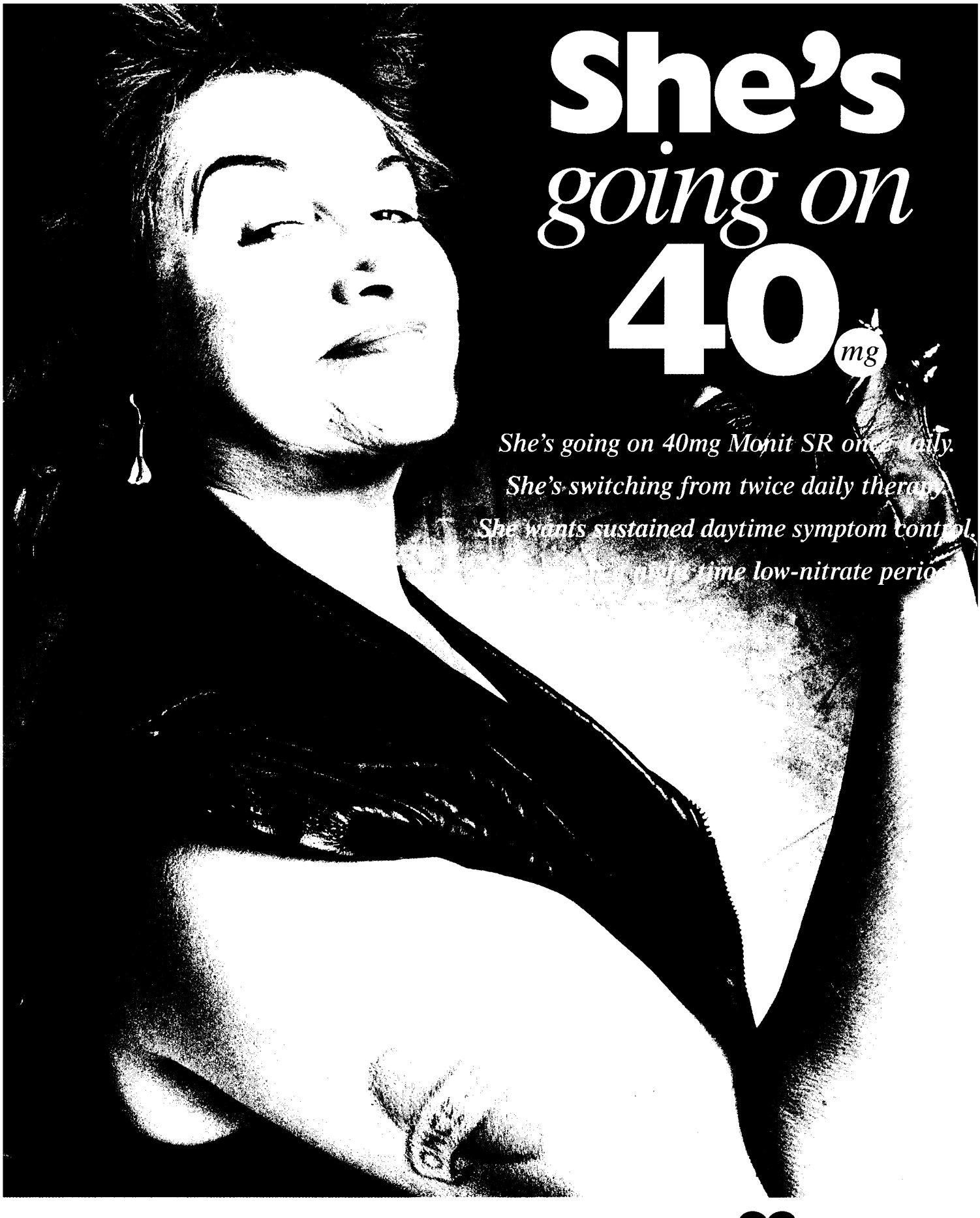

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isosorbide mononitrate 40mg

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 Synthélabo Ltd. 4969/0023. **Basic NHS cost:** 'Monit' SR in calendar packs of 28 tablets (OP) £10.24. Further information is available from: Lorex Synthélabo Ltd., Lunar House, Feldhouse Lane, Globe Park, Marlow, Bucks. SL7 1LW. **Code No.** Mon 153A. **Date of preparation:** April 1996.

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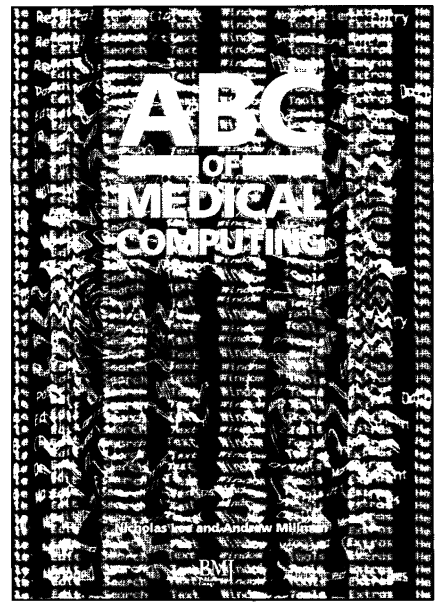

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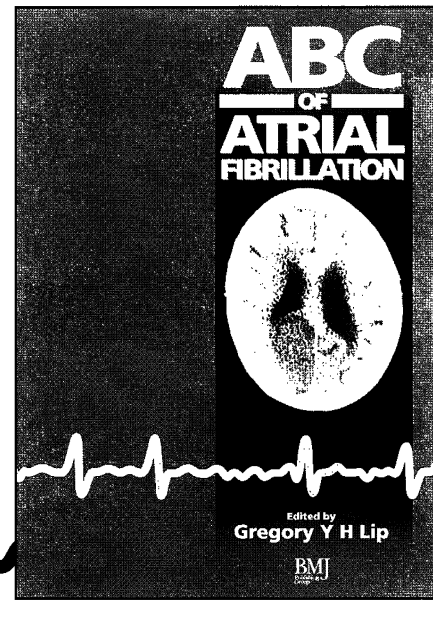

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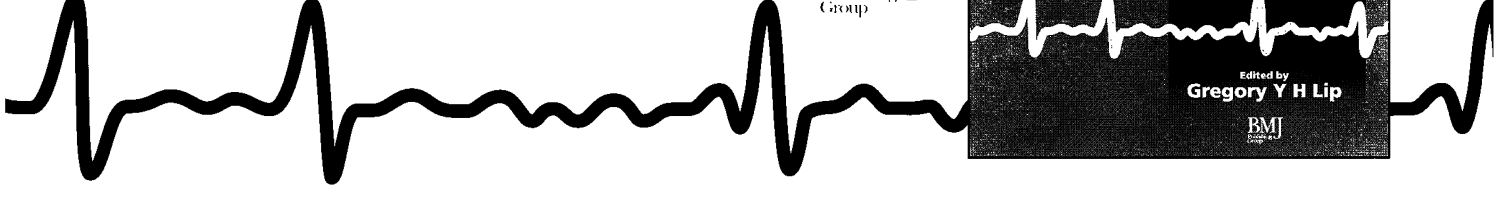

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SCHWARZ

Date of preparation May 96 (019)