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 new kind

of antihypertensive

for a kinder life

Prescribing information. Presentation: Capsules of 40mg, 80mg, and 160mg containing valsartan INN. **Indications:** Hypertension. **Dosage:** 80mg daily for most patients. The dosage can be increased to 160mg in patients whose blood pressure is not adequately controlled. For patients over 75, patients with moderate to severe renal impairment and patients on dialysis, a starting dose of 40mg once daily is recommended. For patients with mild to moderate hepatic impairment treatment should commence at 40mg once daily and a daily dose of 80mg should not be exceeded. For patients with intravascular volume depletion the diuretic dosage should be reduced several days before starting treatment with Diovan or a starting dose of 40mg is recommended. **Contra-indications:** Hypersensitivity to components of Diovan, pregnancy, severe hepatic impairment, cirrhosis biliary obstruction. **Precautions:** Use with caution in elderly patients those with mild to moderate hepatic impairment. Those with severe hep impairment should not use Diovan. Sodium and/or volume depletion sh

ciba

# of patients

Not ageist. Not racist. Not sexist.

Highly selective

DIOVAN®

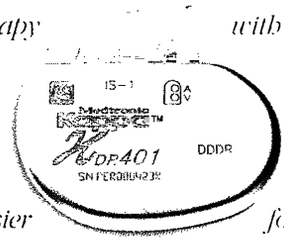
VALSARTAN

highly effective antihypertensive therapy 80mg

ected before starting treatment with Diovan by reducing the diuretic r a lower starting dose should be used. Patients with renal artery s should be carefully monitored. Exercise caution if driving or operating ery. Use of potassium-sparing diuretics, potassium supplements or bstitutes containing potassium may lead to increases in serum potassium; comedication is not advisable while breast-feeding. **Side-effects:** *Occasionally*: Fatigue, neutropoenia, elevations of serum potassium, creatinine and bilirubin. *Rarely:* Epistaxis, decreases in haemoglobin and haematocrit. **Legal Category:** POM. **Packs:** Diovan 40mg (PL00001/0225), £3.35 per pack of 7 capsules. Diovan 80mg (PL00001/0218), £3.94 per pack of 7 capsules and £15.75 per pack of 28. Diovan 160mg (PL00001/0219), £4.92 per pack of 7 capsules and £19.69 per pack of 28. Further information is available from Ciba Pharmaceuticals, Horsham, West Sussex RH12 4AB, England. Telephone (01403) 272 827. ® Diovan is a registered trademark of Ciba Pharmaceuticals. Date of preparation: August 1996.

Medtronic.Kappa™ pacing systems.

Better for your patient. Easier for you.

Not only have we improved pacing therapy, we've also made it less complicated. Introducing Medtronic.Kappa 400 Series pacing systems. Medtronic.Kappa systems let you focus on the patient, as the system initiates therapy and automatically ensures patient-specific heart rate management from implant forward. It also validates therapy with automatic diagnostic tools. But that's only a part of 

the story. Medtronic.Kappa pacing systems are also easier for you and those around you. The system handles the detail, while you oversee the appropriate therapy. It's easier to learn and to use, faster to implant and to follow-up. So you have more time for patients. Medtronic.Kappa 400 Series pacing systems. Better for your patient, easier for you. It's that simple. Just ask your Medtronic representative.

Medtronic Arrhythmia Management. Restoring Rhythms, Renewing Lives.

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FAX (41-21) 641 5252

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Canada
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Toll-free: 1-800-268-5346
(24-hour consultation service)

ONCE-DAILY

Adalat® LA

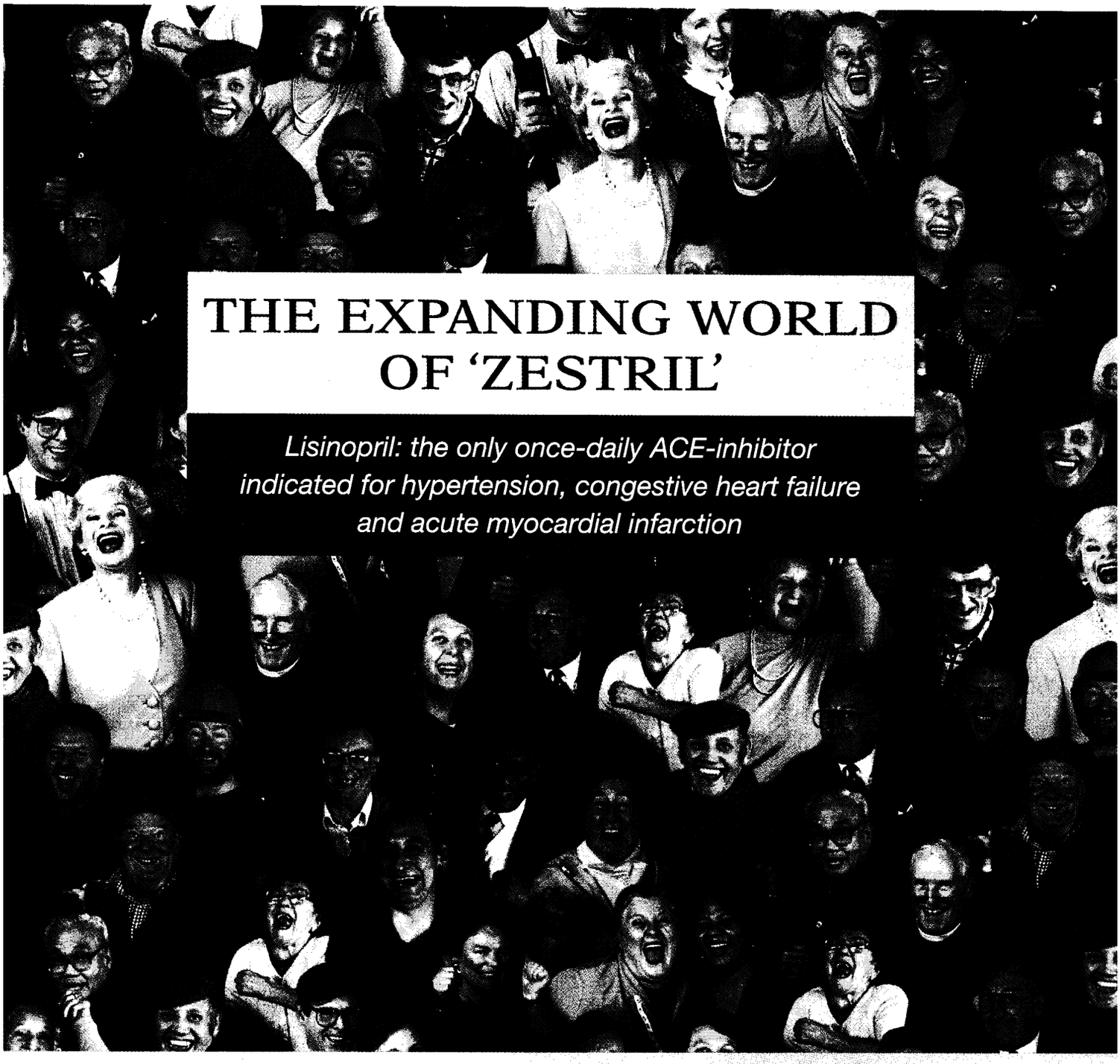
nifedipine 30mg & 60mg

FOR HYPERTENSION AND ANGINA

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



THE EXPANDING WORLD OF 'ZESTRIL'

Lisinopril: the only once-daily ACE-inhibitor indicated for hypertension, congestive heart failure and acute myocardial infarction

- 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). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

DOSAGE AND ADMINISTRATION: ***Hypertension*** Adults (inc 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.

Acute myocardial infarction Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) – see Data Sheet.

Renal impairment – may require lower maintenance dosage. 'Zestril' is dialysable. Children – not recommended.

CONTRA-INDICATIONS: 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. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration – see Data Sheet. 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, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, 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. Hyperkalaemia and hyponatraemia. Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

LEGAL CATEGORY: POM.

PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12619/0084) 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, the property of ZENECA Limited.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 95/4366/K Issued Sept '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

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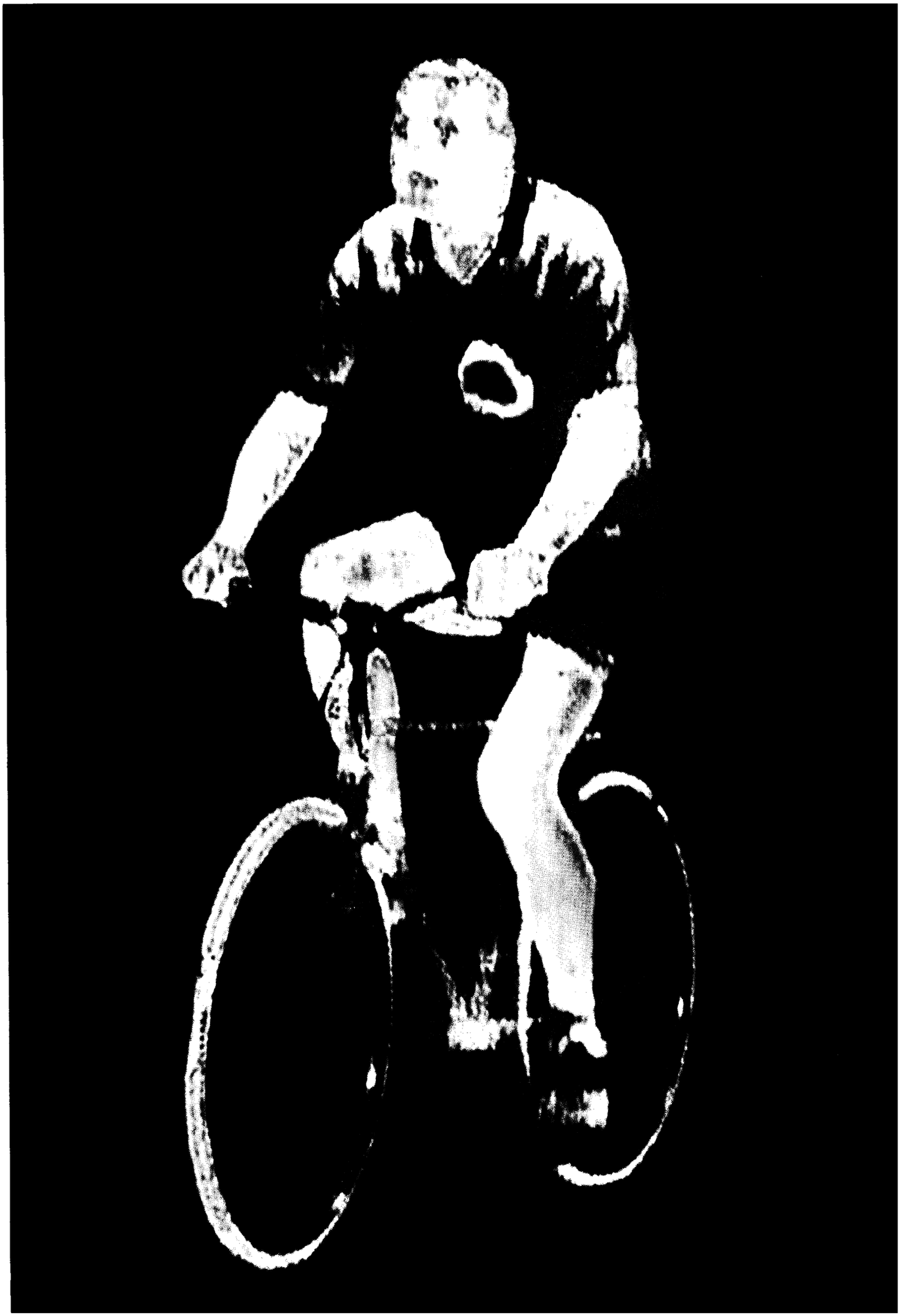

syscor® MR▼

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.** Scharfl *et al In: Hugenholtz PG, Meyer J, eds. Nisoldipine* 1987. Berlin, Heidelberg: Springer-Verlag; 1987: 109-114. **4.** Scharfl *et al J Cardiovasc Pharmacol* 1992; **20** (Suppl 5): S79-S81. **5.** DEFIANT Research Group *Eur Heart J* 1992; **13:** 1496-1505. **6.** Lewis BS *et al Am J Cardiol* 1995; **75:** 46E-53E.

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

Bayer

PROTECTING THE 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

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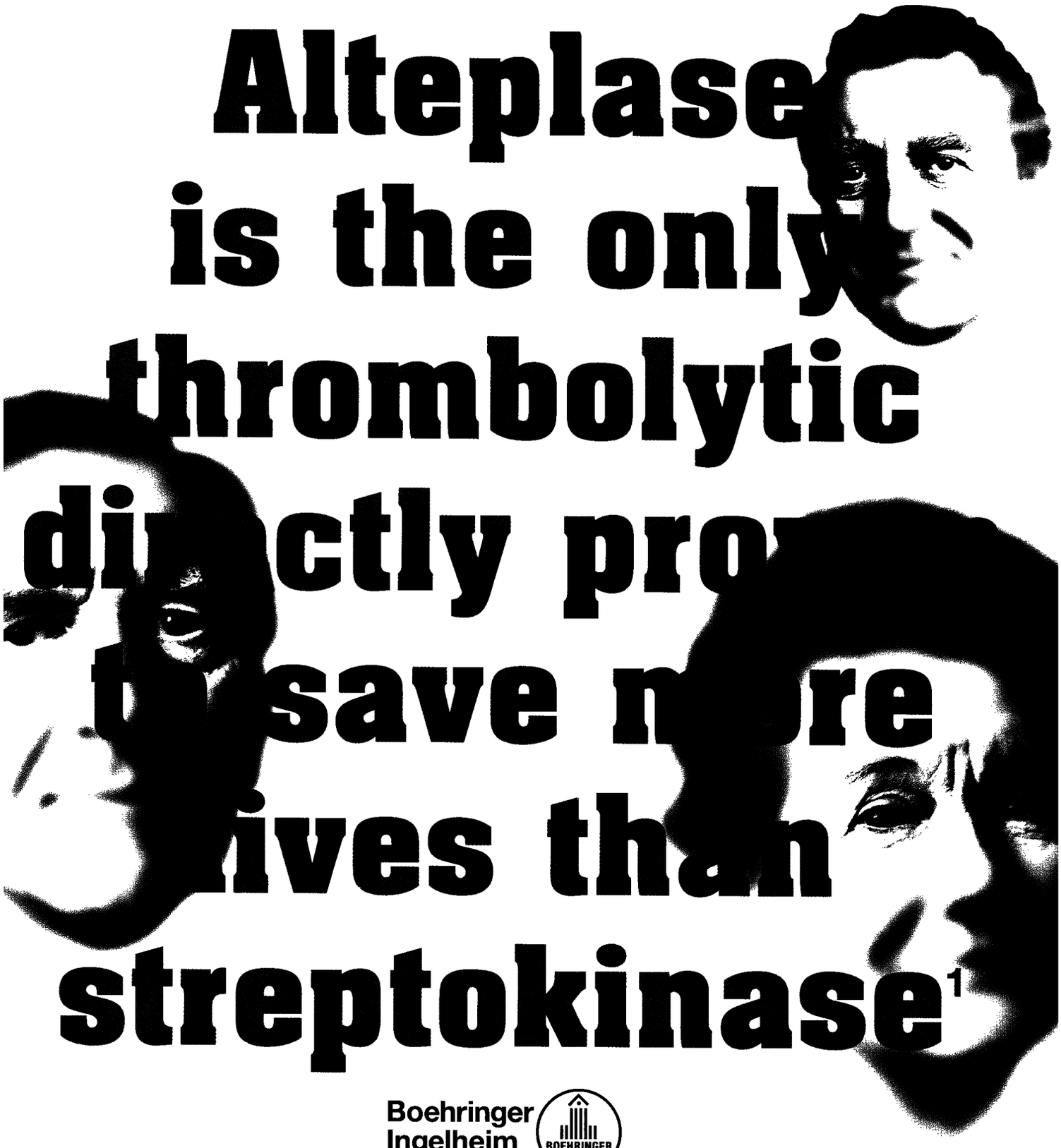
Date of preparation: Feb 1996

Alteplase is the only thrombolytic directly proven to save more lives than streptokinase[1]



Boehringer Ingelheim

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ACTILYSE (alteplase) Prescribing Information. Read the SPC or product leaflet before prescribing. Actilyse vials contain alteplase INN (recombinant human tissue-type plasminogen activator, rt-PA) dry powder 50mg (29 million IU), 20mg (11.6 million IU) or 10mg (5.8 million IU). **Indications:** Thrombolytic treatment in acute myocardial infarction; thrombolytic treatment in acute massive pulmonary embolism with haemodynamic instability (confirmed if possible). **Dosage and Administration:** Adults only. Maximum dose 100mg or 1.5mg/kg for patients weighing less than 65kg. Give as soon as possible after symptom onset. *MI:* 90 minute (accelerated) regimen for treatment started within 6 hours of symptom onset – 15mg iv bolus, 0.75mg/kg by iv infusion over 30 mins (max 50mg), followed by 0.5mg/kg by infusion over 60 mins (max 35mg); 3 hour regimen for treatment started 6-12 hours after symptom onset – 10mg iv bolus, 50mg by iv infusion over 1 hour, followed by remaining dose by infusion at the rate of 10mg/30 mins. *Pulmonary embolism:* 10mg by iv bolus over 1-2 minutes, the remaining dose by iv infusion over 2 hours. *Adjunctive therapy:* iv heparin should also be given, and aspirin after MI. Follow the schedules on the Summary of Product Characteristics. **Contra-indications:** Situations where there is a high risk of haemorrhage such as: known haemorrhagic diathesis; patients taking oral anticoagulants; manifest or recent severe or dangerous bleeding; history of stroke or CNS damage; haemorrhagic retinopathy; within 10 days of traumatic external heart massage, obstetrical delivery, recent puncture of a non-compressible blood vessel; severe uncontrolled arterial hypertension; bacterial endocarditis, pericarditis; acute pancreatitis; documented ulcerative gastrointestinal disease during the last 3 months, oesophageal varices, arterial aneurysms, arterial/venous malformations; neoplasm with increased bleeding risk; severe liver disease, including hepatic failure, cirrhosis, portal hypertension and active hepatitis; major surgery or significant trauma in past 3 months. **Precautions:** Actilyse should be given by physicians experienced in the use of thrombolytics and with the facilities to monitor that use. The elderly; situations where there is an increased risk of bleeding, including recent small traumas. Experience of use in children is limited. Experience of readministration of Actilyse is limited. Avoid rigid catheters. **Interactions:** coumarin derivatives, platelet aggregation inhibitors, heparin, and other agents influencing coagulation. **Pregnancy and lactation:** Experience is very limited. **Side-effects:** Bleeding is the most frequent adverse reaction. Bleeds are of two types: superficial bleeding from punctures or damaged blood vessels; internal bleeding into the gastro-intestinal or uro-genital tract, retro-peritoneum or CNS or bleeding of parenchymatous organs. Intracranial haemorrhage has been reported rarely (less than 1%). Discontinue Actilyse therapy if potentially dangerous haemorrhage occurs – see SPC for further advice on management. Cholesterol crystal embolisation or thrombotic embolisation have occurred rarely. Arrhythmias associated with reperfusion may occur; anti-arrhythmic therapy should be available. Nausea, vomiting, hypotension and fever may occur rarely. No definite allergic reactions with Actilyse are known, but there have been rare reports of anaphylactoid reactions (urticaria, bronchospasm, hypotension), although a causal relationship could not be established; discontinue Actilyse if such a reaction occurs. **Presentations** and basic NHS prices: pack containing 2 x 50mg Actilyse, 2 x 50ml Water for Injections, 2 transfer devices £750.00; pack with 1 x 20mg Actilyse, 1 x 20ml Water for Injections, 1 transfer device £200.00; pack with 1 x 10mg Actilyse, 1 x 10ml Water for Injections, 1 transfer device £150.00. Actilyse PL 0015/0120. Water for Injection PL 0015/0127. POM.
Product Licence holder: Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, RG12 8YS. Reference: 1. The GUSTO Investigators. N Engl J Med 1993; **329**: 673-682. Further information available on request. Date of preparation October 1996. HD 1772/1/Nov 96

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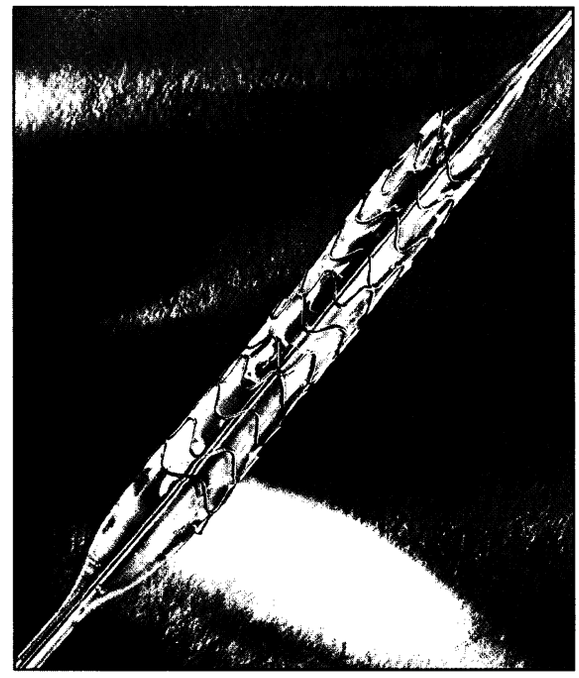

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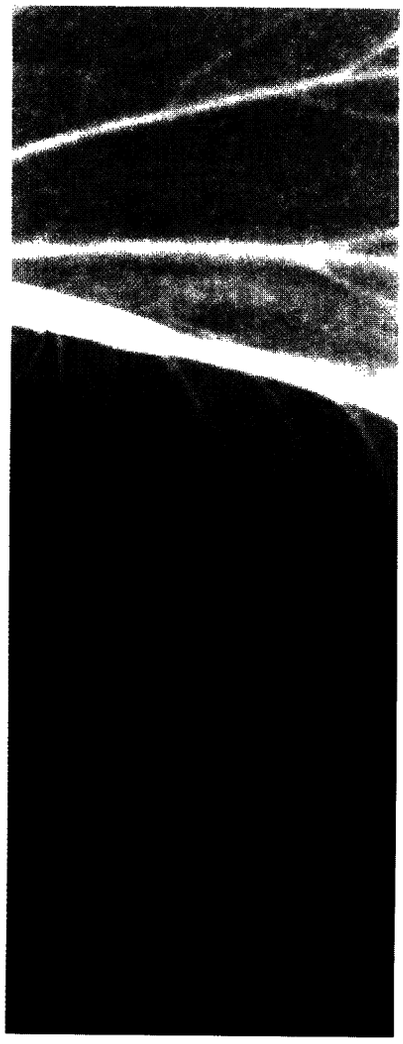

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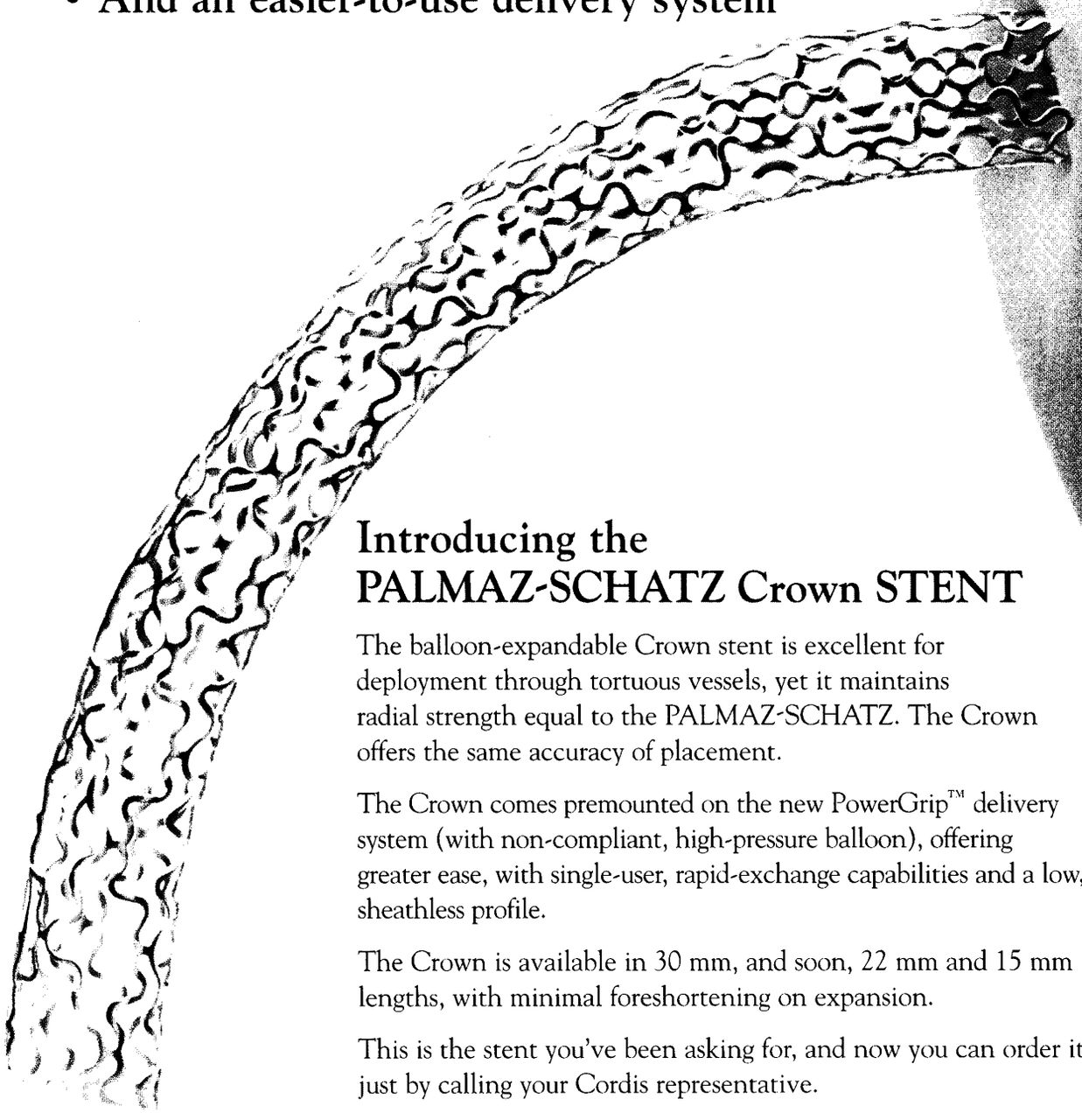

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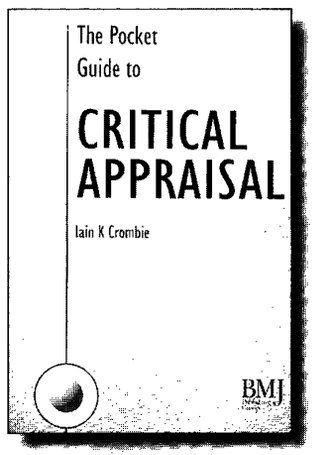

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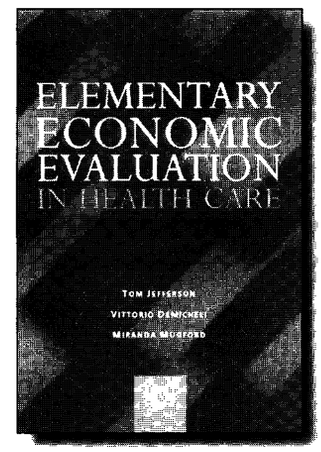

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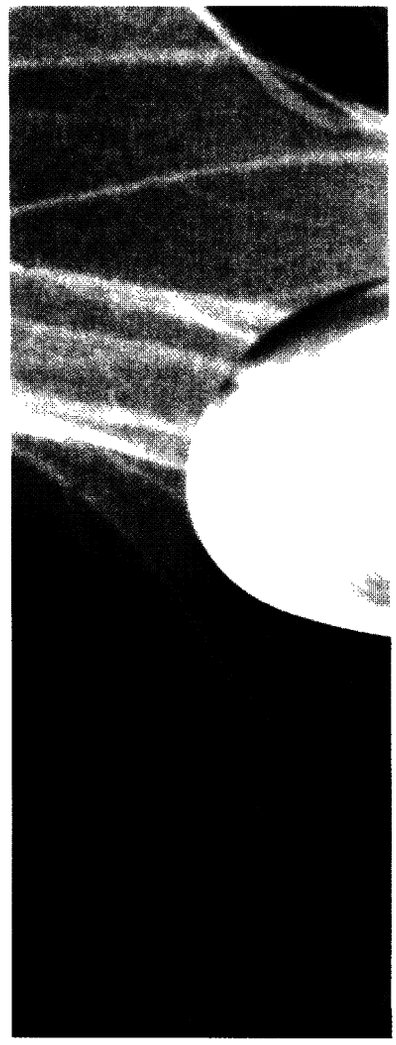

Low osmolality

An ideal contrast medium would have low osmolality reducing local effects of heat and pain, and helping to minimise the risks of systemic effects such as vasodilation, hypervolaemia and osmotic diuresis.

Low viscosity

A new contrast medium would preferably be a non-ionic with low viscosity, thereby lowering the risks of damage to the blood brain barrier or unwanted renal effects. It would also be easy to administer.

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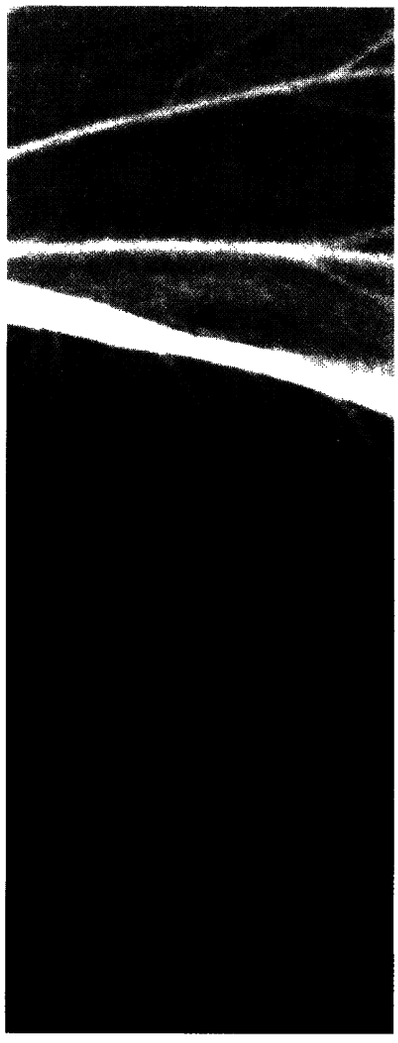

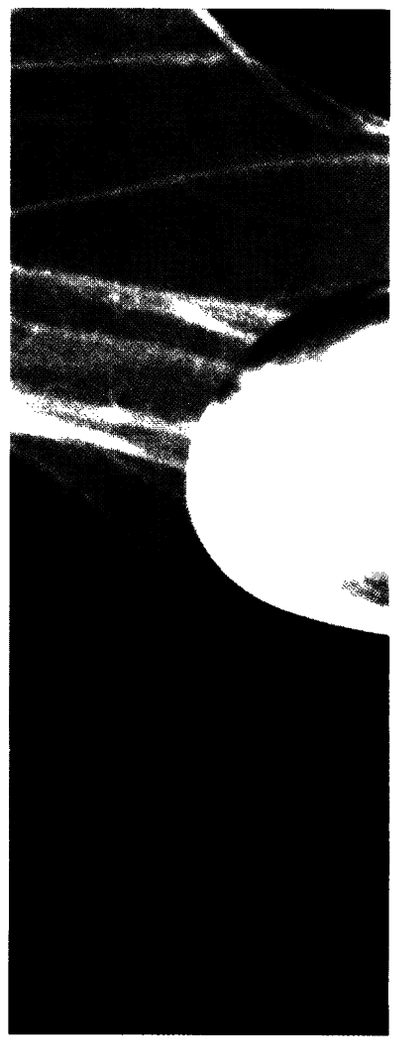

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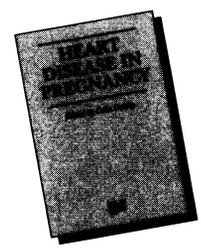

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