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Siemens—Pacemakers are our business



Calcium antagonism in angina

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

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

In angina, whether or not coronary artery disease is the main cause, the use of a calcium antagonist can relieve cardiac distress, firstly by shortening the myocyte action potential, which improves the utilisation of myocardial oxygen, secondly, by reducing total peripheral resistance and

therefore cardiac work and thirdly by dilating the coronary arteries. This results in an increase in myocardial perfusion.

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

Tildiem® (diltiazem) is a calcium antagonist, particularly well suited to the treatment of angina,¹ producing significant coronary artery dilatation² and moderate reductions in both pulse rate and peripheral resistance.³

Tildiem[®]
diltiazem



LOREX
PHARMASIA LITHUA ALI

Prescribing information appears overleaf

Abbreviated Prescribing Information

Presentation:

Off-white, biconvex tablets each containing 60 mg diltiazem hydrochloride in a modified release formulation.

Indications:

Prophylaxis and treatment of angina pectoris.

Dosage:

General: Usual adult dose is one tablet (60 mg) three times daily. Individual patient response may require up to 360 mg daily in divided doses. 480 mg daily have been used with benefit, especially in patients with unstable angina. Elderly and patients with impaired hepatic or renal function: The recommended starting dose is one tablet (60 mg) twice daily. Heart rate should be monitored; if below 50 beats per minute the dose should not be increased.

Contra-indications:

Pregnancy and women of child-bearing potential. Sick sinus syndrome, second or third degree AV block and severe bradycardia.

Warnings and precautions:

Patients with mild bradycardia or a prolonged PR interval should be closely observed. Caution should be observed when Tildiem is used concomitantly with beta-blockers. Patients with pre-existing conduction defects should not receive this combination.

Digitalis glycoside plasma levels may be slightly raised in the presence of Tildiem.

Side Effects:

Few have been observed and are usually mild. Bradycardia and first degree heart block, nausea, ankle oedema, headache, finger swelling and skin rash.

Pack size and basic NHS cost:

Securitainers of 100 tablets £16.67

Product Licence Number:

4969/0005

References:

1. Strauss W E, McIntyre K M, Parisi A F, et al. Safety and efficacy of Diltiazem hydrochloride for the treatment of stable angina pectoris: Report of a cooperative clinical trial. *Am. J. Cardiol.* 1982; **49**: 560-565.
2. Hossack K F, Bruce R A, Ritterman J B, et al. Divergent effects of Diltiazem in patients with exertional angina. *Am. J. Cardiol.* 1982; **49**: 538-546.
3. Henry P D. Comparative pharmacology of calcium antagonists: Nifedipine, Verapamil and Diltiazem. *Am. J. Cardiol.* 1980; **46**: 1047-1058.

Tildiem
diltiazem



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Full prescribing information is available from:
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