

RIDGED PRODUCT INFORMATION er to Data Sheet before prescribing. ICATIONS

ertension where standard therapy is ineffective nappropriate. Congestive heart failure (adjunc-

therapy).
SAGE AND ADMINISTRATION

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**rension*: Initially 5 mg once daily, reduce ing dose to 2.5 mg if over 65 years, on diuretics enally impaired. Adjust dose according to onse; maintenance usually 10-20 mg once 'Maximum dose 40 mg daily. Diuretic-treated ents — if possible stop diuretic two to three i before starting 'Innovace'. Resume diuretic if required. **gestive heart failure (adjunctive therapy): Initially, ng daily in hospital under medical supervision, easing to the usual maintenance dose of 10-20 once daily according to response. **urder renal function*. May require a lower trenance dose. 'Innovace' is dialysable.

NTRA-INDICATIONS

**pancy — stop therapy if suspected. Hyperativity to 'Innovace'. Patients reacting with oneurotic oedema to previous ACE-inhibitor trent.

Assess renal function prior to therapy with Innovace' and during therapy where appropriate. Renal insufficiency, renovascular hypertension; possibility of hypotension especially in ischaemic heart disease or cerebrovascular disease; surgery

anaestnesia.

Combination with antihypertensives may increase hypotensive effect. Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if given with diuretics. Minimises thiazide-induced hypokalaemia and hyperuricaemia. Potassium supplements, potassium-sparing Potassium supplements, potassium-sparing diuretics, and potassium-containing salt substitutes are not recommended. Possible reduced response in Afro-Caribbean patients. Use with caution in breast-feeding mothers. Do not use in aortic stenosis, or outflow tract obstruction. Monitor serum levels of lithium, if lithium salts are given.

SIDE EFFECTS Dizziness, headache. Others include fatigue, asthenia, nausea, diarrhoea, muscle cramps, rash, dysgeusia, cough.

Less commonly, angioneurotic oedema; other hypersensitivity reactions; renal failure; sympto-

matic hypotension (especially if volume-depleted); made hypotension (especiany) wouther-depicted); severe hypotension (more likely if severe heart failure); hyperkalaemia; hypokalaemia; increases in liver enzymes and serum bilirubin (usually reversible on discontinuation of 'Innovace'); paraesthesiae; impotence.

BASIC NHS COST
2.5 mg tablets, £10.00 for bottles of 50.
5 mg tablets, £7.86 for 28-day calendar pack.
10 mg tablets, £11.03 for 28-day calendar pack.
20 mg tablets, £13.10 for 28-day calendar pack.

Product licence numbers: 2.5 mg tablets, 0025/0194; 10 mg tablets, 0025/0195; 20 mg tablets, 0025/0196. Issued December 1989

*denotes registered trademark of Merck & Co., Inc., Rahway, NJ, USA.

References
1. CONSENSUS Trial Study Group, New Engl. J.
Med., 1987, 316, 1429.
2. Kjekshus, J., and Swedberg, K., Amer. J. Cardiol.,
1988, 62, 67A-72A.

(enalapril maleate, MSD)

Once daily in congestive heart failure



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



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Prescribing Information

Presentation: Burinex A combines the potent loop diuretic bumetanide with the mild potassium sparing diuretic amiloride. Each scored tablet contains 1mg bumetanide and 5 mg amiloride hydrochloride. Indications: Burinex A is indicated where a prompt diuresis is required. It is particularly of value in conditions where potassium conservation is important. Dosage and Administration: The normal adult dose is 1 to 2 tablets daily. Serum electrolytes and urea should be monitored carefully in the elderly. Burinex A is not recommended for use in children. Contra-Indications, Warnings, Precautions and Side Effects: Burinex A is contra-indicated in hyper-kalaemia, severe electrolyte imbalance, acute renal insufficiency, severe progressive renal desease, severe liver disease including hepatic pre-coma and adrenocortical insufficiency. Careful monitoring of fluid and electrolyte status, particularly in seriously ill patients, should be carried out. Hyponatraemia, hypochloraemia and raised blood urea may occur or hyperuricaemia, which may precipitate acute attacks of gout. Patients with prostatic hypertrophy or impaired micturition may develop acute retention. The requirement for hypoglycaemic agents may be increased and latent diabetes may become manifest. Potassium supplements or potassium sparing agents

should not be given concurrently. Serum lithium levels may increase with concomitant lithium therapy. Since ACE inhibitors may elevate serum potassium, use with Burinex A is best avoided, especially in the elderly or in renal impairment. Nephrotoxicity of cephalosporin and aminoglycoside antibiotics may be enhanced. Cardiac glycosides or antihypertensive agents may require dose adjustment. Side effects include: gastrointestinal upset, abdominal or muscle pain, electrolyte or fluid depletion, skin rashes, thrombocytopenia. The safety of Burinex A during pregnancy and lactation has not been established.

Product Licence Number: 0043/0161 Basic NHS Price: £3.28/28 tablets

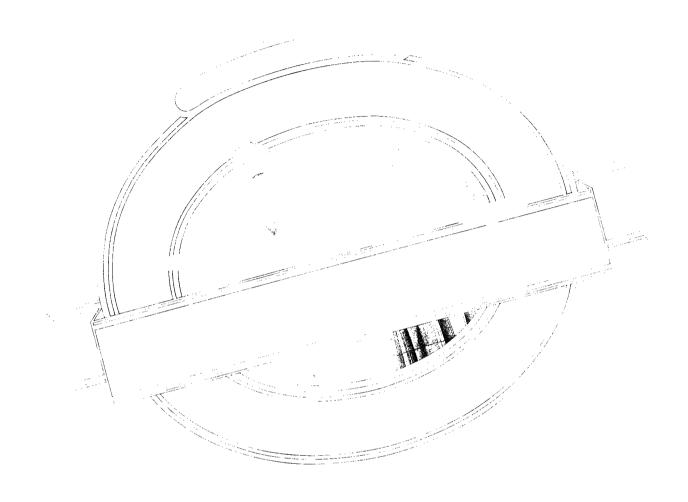


Further information is available from:

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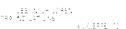
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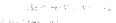
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Ref: 1 Singh BN et al. Am Heart J 1988; 116(6): 1542-1551 2 Ha Dinh et al. Am Heart J 1988; 115(1): 92-96

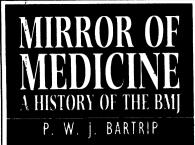
▼ABBREVIATED PRESCRIBING INFORMATION Presentation White, film coated 150mg and 300mg tablets containing propafenone hydrochloride. Indications Prophylaxis and treatment of ventricular arrhythmias. Dose Individual maintenance dose should be determined under cardiological surveillance and hospital conditions. Adults Initially 150mg three times daily increasing at a minimum of 3 day intervals to 300mg twice daily and, if necessary, to a maximum of 300mg three times daily. Elderly patients; patients with impaired hepatic or renal function A reduction in the recommended dose is advisable. Contraindications Uncontrolled, heart failure, cardiogenic shock (except arrhythmia induced), severe bradycardia, uncontrolled electrolyte disturbances, severe obstructive pulmonary disease, marked hypotension, myasthenia gravis. Unless adequately paced, ARYTHMOL should not be used in the presence of sinus node dysfunction, atrial conduction defects, second degree or greater atrio-ventricular block, bundle branch or distal block. Precautions The minor negative inotropic effect of ARYTHMOL may assume importance in patients predisposed to heart failure. Caution should be exercised in patients with obstructive airways disease. Effects of ARYTHMOL may be potentiated if given with other local anaesthetic type agents or agents which depress myocardial activity. Reduced doses of digoxin, warfarin, propranolol and metoprolol may be required when given in combination with ARYTHMOL. Plasma levels of ARYTHMOL may be increased by concomitant administration of cimetidine or quinidine. ARYTHMOL has been shown to decrease pacemaker sensitivity and increase pacing thresholds. ARYTHMOL should not be used during pregnancy. Side effects Generally well tolerated. Minor side effects at high doses usually relate to the nervous system and cardiovascular system. Dizziness, nausea, vomiting, fatigue, bitter taste.

tolerated. Minor side effects at high doses usually relate to the nervous system a constipation, diarrhoea, headache, blurred vision, dry mouth may occur. More rarely, bradycardia, sinoatrial, atrioventricular or intraventricular conduction blocks and hypotension may occur. Small risk of proarrhythmic effects. Very rarely hypersensitivity reactions (e.g. skin rash, cholestasis, blood dyscrasias, lupus syndrome) and seizures may occur. All side effects are reversible on discontinuation of treatment. Product licence numbers ARYTHMOL tablets 150mg 0169/0015, ARYTHMOL tablets 300mg 0169/0016. Basic NHS price ARYTHMOL 150mg × 90 - £19.98, ARYTHMOL 300mg × 60 - £19.98. Further information available from Knoll Ltd, Fleming House, 71 King Street, Maidenhead, Berkshire SL6 1DU.





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VIDEO AND BOOKLET

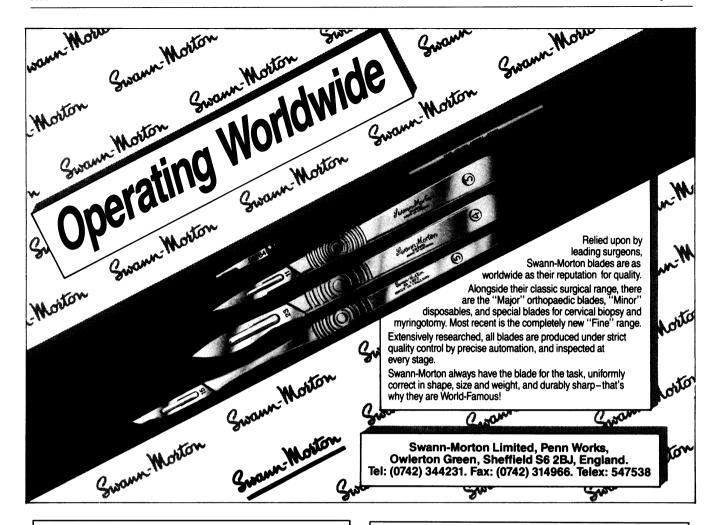
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