INTERNATIONAL CONFERENCE ON PROGRESSION OF ATHEROSCLEROSIS IN ANGINAL SYNDROMES AND HEART TRANSPLANTATION

June 23–24, 1994, Palazzo dei Congressi, Lugano, Switzerland

Worldwide authorities will discuss the cause, mechanisms, and therapy of disease progression in patients with coronary artery disease and patients who have undergone heart transplantation. The aim of the conference is to give an overview of pathological, biomolecular, and pathophysiological mechanisms responsible for disease progression in ordinary angina syndromes and transplanted hearts.

For information:
PD Dr med A Gallino, MD, Head, Division of Cardiology, Ospedale San Giovanni, 6500 Bellinzona, Switzerland.

University of Glasgow

CLINICAL RESEARCH INITIATIVE IN HEART FAILURE

CARDIOVASCULAR EPIDEMIOLOGIST

This major new Initiative, which has been funded by the Medical Research Council, is seeking to appoint a clinical epidemiologist. The person appointed will be responsible for providing the overall management of the epidemiological aspects of this five year study. The post, which will be on the Clinical Lecturer scale, is a joint appointment between the Departments of Public Health and Cardiology. Applicants should have appropriate clinical and research experience. A postgraduate qualification and experience in epidemiology would be an advantage.

Informal enquiries to Professor J. McEwan, Department of Public Health (telephone 041-339 8855 ext 4039).

Applications, cv together with the names and addresses of three referees, should be submitted to Dr. Henry J. Dargie, Consultant Cardiologist, Western Infirmary, Glasgow, G11 6NT, not later than 14th January, 1994.

PLACES LIMITED

THE INTERNATIONAL CONGRESS ON SMOKING CESSATION

S.E.C.C.
GLASGOW
5–8 MARCH 1994

The Programme for the International Congress on Smoking Cessation will be of specific interest to practising cardiologists who are involved in all aspects of smoking cessation and smoking-related diseases and has the following aims:

- To focus on the concept of smoking as a preventable disease by bringing together experts on the pharmacology of nicotine, nicotine dependence and the pathophysiological processes resulting directly from smoking.
- To consider the changing epidemiology of smoking-related diseases and to debate the interpretation of the statistical basis for establishing an association between both primary and secondary (passive) smoking and specific diseases.
- To provide a forum for concerned scientists to discuss the current research into methods of stopping patients smoking and to examine currently available and future therapeutic interventions to assist in smoking cessation programmes.

Topics for inclusion

These themes will be covered under the following sections:

Smoking as a Disease

◆

Established Risks of Continuing Smoking

◆

Environmental Tobacco Smoke (ETS)

◆

Benefits and Problems of Smoking Cessation

◆

Aids to Cessation

◆

The Total Approach to Smoking Cessation

FOR FURTHER INFORMATION PLEASE CONTACT:

Congress Secretariat: Gardiner-Caldwell Communications Ltd, The Old Ribbon Mill, Pitt Street Macclesfield, Cheshire SK11 7PT, UK. Tel. 0625 618507 (16 lines). Fax No. 0625 610260

Co-sponsored by The Journal of Smoking-Related Disorders

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POM Reviewed August 1993

ABRIDGED PRODUCT INFORMATION

Refer to Data Sheet before prescribing.

INDICATIONS

All grades of essential hypertension and renovascular hypertension. Heart failure (as adjunctive therapy); improves symptoms, and reduces mortality and hospitalisation.

DOSAGE AND ADMINISTRATION

Hypertension: Initially, 5 mg once daily, reduce starting dose to 2.5 mg if over 65 years, on diuretics or renally impaired. Adjust dose according to response; maintenance usually 10-20 mg once daily. Maximum dose 40 mg daily. Diuretic-treated patients – if possible stop diuretic two to three days before starting 'Innovace'. Resume diuretic later if required.

Heart failure (adjunctive therapy): Initially, 2.5 mg daily under medical supervision (hospital initiation for severe heart failure; hospital initiation for high-risk patients is recommended), increasing to the usual maintenance dose of 10-20 mg daily according to tolerability. This dosage schedule has been shown to improve survival.

Impaired renal function: May require a lower maintenance dose. 'Innovace' is dialysable.

CONTRA-INDICATIONS Pregnancy – stop therapy if suspected. Hypersensitivity to 'Innovace'. Patients reacting with angioneurotic oedema to previous ACE-inhibitor treatment.

PRECAUTIONS

Assess renal function prior to therapy with 'Innovace' and during therapy where appropriate.

Renal insufficiency; possibility of hypotension especially in ischaemic heart disease or cerebrovascular disease or in volume-depleted patients; surgery/anaesthesia.

Combination with antihypertensives may increase hypotensive effect. In some patients with bilateral renal artery stenosis increased blood urea and creatinine has been seen, especially in patients treated with diuretics and/or those with renal insufficiency. Minimises thiazide-induced hypokalaemia and hyperuricaemia. 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.

ACE inhibitors should be avoided in patients dialysed with high-flux membranes.

SIDE EFFECTS

Side effects include: dizziness, headache. Others include fatigue, asthenia, hypotension, orthostatic hypotension, syncope, nausea, diarrhoea, muscle cramps, rash, cough.

Less commonly, angioneurotic oedema; other hypersensitivity reactions; renal failure; symptomatic hypotension (especially if volume-depleted); severe hypotension (more likely if severe heart failure); hyperkalaemia, hyponatraemia; increases in liver enzymes and serum bilirubin (usually reversible on discontinuation of 'Innovace'); paraesthesiae; impotence.

A complex of symptoms has been reported which may include fever, serositis, vasculitis, myalgia, arthralgia/arthritis, a positive ANA, elevated ESR, eosinophilia and leucocytosis. Rash, photosensitivity or other dermatological manifestations may occur.

BASIC NHS COST

Titration Pack (2.5 mg tablets x 11, 5 mg tablets x 14), £6.12 for 14-day calendar pack. 2.5 mg tablets, £10.00 for bottles of 50. 5 mg tablets, £7.86 for 28-day calendar pack; £14.03 for bottles of 50. 10 mg tablets, £11.03 for 28-day calendar pack; £19.69 for bottles of 50. 20 mg tablets, £13.10 for 28-day calendar pack; £23.40 for bottles of 50.

Product licence numbers:

2.5 mg tablets, 0025/0220; 5 mg tablets, 0025/0194; 10 mg tablets, 0025/0195; 20 mg tablets, 0025/0196.

Issued August 1993.

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References:

1. Kjekshus, J., and Swedberg, K., *Amer. J. Cardiol.*, 1989, **63,** 26D.
2. The SOLVD Investigators. *New Engl. J. Med, 1991,* **325,** 293.
3. Cohn, J. N., et al., *New Engl. J. Med.*, 1991, **325,** 303.

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Two major studies further reinforce the benefits of 'Innovace' in heart-failure treatment

Live longer...

... than patients treated with conventional therapy or a vasodilator combination. Three major survival studies involving over 3,600 heart-failure patients confirm that the addition of 'Innovace' to optimal diuretic/digoxin treatment can significantly improve survival in mild, moderate and severe heart failure when compared with placebo[1,2] or a vasodilator combination[3]

Live better...

... than patients receiving optimal diuretic/digoxin therapy. In the CONSENSUS and SOLVD studies, patients with heart failure who received 'Innovace' in addition to concomitant heart-failure treatment showed further improvements as reflected in the reduced frequency of hospitalisations[1,2]

Only

INNOVACE®

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CONSENSUS•SOLVD•V-HeFT II

Proving to be essential in mild, moderate and severe heart failure

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