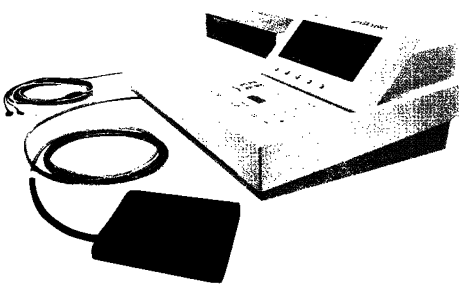


Some find it easy to complete a stress test



**STRESS
WITHOUT
STRAIN**

NEW



GenESA[®]
arbutamine 50 microgrammes/ml

20ml pre-filled syringe as a 50µg/ml sterile solution arbutamine for infusion. Intended for direct intravenous infusion ONLY with the GenESA System.

Over 21% of patients with suspected coronary artery disease are unable to complete an exercise stress test, making it difficult to obtain a diagnostic outcome without alternative investigation.^{1,2,3}

The GenESA System combines the benefits of a potent new catecholamine stressing agent (arbutamine) with a computerised patient-responsive drug delivery and monitoring device.

- **Efficient** - Superior in inducing cardiac ischaemia. Sensitivity and specificity equivalent to conventional exercise stress test when used with ECG, Echo and Nuclear Perfusion Imaging.⁴
- **Controlled** - GenESA gives the physician precise control of heart rate increase to a diagnostic end-point.⁵
- **Automated** - Integration of haemodynamic monitoring, automated drug titration and procedure recording and documentation.

As an adjunct to electrocardiography (ECG), echocardiography or radionuclide myocardial perfusion imaging for the evaluation of patients with suspected coronary artery disease who cannot exercise adequately. In patients who can exercise there is a less favourable risk-benefit profile for arbutamine compared with exercise, and in such patients, exercise should be considered the stress method of choice.

See Summary of Product Characteristics and Device User Manual for full details. GenESA[®] (arbutamine) must only be administered using the GenESA[®] device, supervised by a physician experienced in cardiac stress testing. Emergency monitoring and therapeutic equipment and supplies together with skilled personnel, must be always available. ECG and blood pressure should be monitored continuously. Initially, the GenESA[®] Device administers a small dose of arbutamine (0.1µg/kg/min for one minute) to the patient and measures the heart rate (HR) response. The GenESA[®] Device individualises the dosing regimen of arbutamine according to the HR response of the patient. The maximum infusion rate delivered by the device is 0.8µg/kg/min; the maximum total dose delivered is 10µg/kg. ECG, HR, blood pressure and dosing information are displayed continuously. The device has a series of "alerts" that warn of conditions which may require attention, and "alarms" that stop drug delivery due to a potential safety hazard. The physician may interrupt manually the delivery of arbutamine at any time, terminate the infusion when a diagnostic endpoint is reached or if clinically significant symptoms or arrhythmias occur. On termination, monitor the patient until HR and blood pressure reach acceptable levels and any ECG changes are resolved.

Idiopathic hypertrophic subaortic stenosis. Haemodynamically significant left ventricular outflow obstruction or valvular disease. Predisposition to, or a history of arrhythmias, particularly recurrent sustained ventricular tachycardia. Congestive heart failure (NYHA Class III or IV). Significant cardiac conduction defects. Myocardial infarction within 30 days. Unstable angina. Uncontrolled systemic hypertension. History of cerebrovascular haemorrhage. Aortic aneurysm. Hypersensitivity to arbutamine. Implanted cardiac pacemaker or automated cardioverter/defibrillator.

See Summary of Product Characteristics. Supraventricular and ventricular arrhythmias may be precipitated; discontinue immediately and treat appropriately (not Class I and III antiarrhythmic agents). Not recommended in patients with a history of sustained arrhythmias. Arbutamine should not be administered to patients having a prolonged corrected QT interval at rest, or with known hypokalaemia or hypomagnesaemia. Monitor ECG carefully in the presence of an arrhythmia as the GenESA[®] Device may register an inaccurate heart rate. For patients with resting ECG abnormalities, ECG should not be the diagnostic modality of choice. Arbutamine may cause rapid, reversible increases or paradoxical decreases in heart rate and blood pressure. Arbutamine in combination with α -blockers or β -blockers may produce an exaggerated vasodilatory or hypotensive response. Do not restart arbutamine infusion following a "heart rate saturation" alarm. Arbutamine is not recommended in patients with dilated cardiomyopathy, cardiac transplant, narrow angle glaucoma, uncontrolled hyperthyroidism or those receiving antiarrhythmic agents, digoxin, anticholinergic drugs (eg atropine) or tricyclic antidepressants. Caution in the elderly, those with impaired renal or hepatic function and patients receiving drugs affecting catecholamine metabolism. Possible reduction in serum potassium (including hypokalaemia) and increase in corrected QT interval are greatest at the end of arbutamine infusion, but generally normalise within 60 and 30 minutes of discontinuation, respectively. The sodium metabisulphite excipient may cause allergic reactions (including anaphylaxis or asthmatic episodes). Care should be taken to avoid the possibility of paravenous dosing. Arbutamine should not be used during pregnancy. Beta-blockers may attenuate the response to arbutamine and should be withdrawn at least 48 hours before conducting a GenESA test.

Atrial and ventricular tachyarrhythmias, occasional cases of severe cardiac ischaemia. Tremor, headache, flushing, hypotension, dizziness, paraesthesia, nausea, hot flushes, angina pectoris and increased sweating. Rarely (incidence <2%): dry mouth, taste perversion, chest pain, fatigue, pain (non-specific), vasodilation and hypoaesthesia. Possible hypokalaemia, tachycardia or palpitation. See Summary of Product Characteristics.

Genesia Europe Limited, Bracknell Beeches, Old Bracknell Lane, Bracknell, Berkshire, RG12 7BW, UK.
GenESA[®] and the Genesia logo are registered trademarks of Genesia Inc. Genesia[®] is a registered trademark of Genesia Europe Ltd.

For ordering information contact Customer Services. For product information contact Medical Information Department.
Genesia Europe Limited, Bracknell Beeches, Bracknell, Berkshire RG12 7BW, United Kingdom Tel: (44) (0) 1344 308803, Fax: (44) (0) 1344 360609



GENESIA

**E
H
J**

*The leading
publication
for practicing
cardiologists*

European Heart Journal

Editor-in-Chief:

K. Fox (London, UK)

Supplements Editor:

D.G. Julian (UK)

Associate Editors:

A. Coats & L. Corr (UK)

The *European Heart Journal*, the journal of the European Society of Cardiology, is the leading international publication for practicing cardiologists. Primarily publishing original papers on all aspects of cardiovascular medicine and surgery, the journal also features requested reviews, editorial commentaries, notes containing recent developments in drug research, novel techniques and other advances, correspondence and book reviews. It regularly publishes supplements on important topics, which are sent to subscribers free of charge. A valuable feature of the journal is the inclusion of reports from the European Society of Cardiology and its working parties in addition to the World Health Organization and other supranational bodies.

To request your
FREE sample copy, write
to the address below.

Publication:

Volume 16, 1995, 12 Issues

Subscription:

Institutional: £225.00/\$405.00

Individual: £83.00/\$150.00



W.B. SAUNDERS COMPANY

Harcourt Brace & Co. Ltd
Marketing Department
24-28 Oval Road
London NW1 7DX, UK

Research Areas include:

Coronary heart disease • Congenital heart disease • Arrhythmias and conduction disturbances • Cardiovascular pharmacology and therapy • Cardiac surgery and experimental studies • Cardiovascular epidemiology • Congestive heart failure • Systemic hypotension • Valvular heart disease
• Cardiomyopathies

Recent Contents Include:

Acute myocardial infarction in the young - The role of smoking (*G.I. Barbash*)
Detection of ambulatory ischaemia is not of practical clinical value in the routine management of patients with stable angina: A long-term follow-up study (*D. Mulcahy*)
Atrial fibrillation and anticoagulant therapy (*Nigel M. Wheeldon*)
Reproducibility of doppler indices of left ventricular systolic and diastolic function in patients with severe chronic heart failure (*M. Pozzoli*)
High incidence of left atrial thrombus detected by transoesophageal echocardiography in heart transplant recipients (*G. Derumeaux*)
Can intracoronary ultrasound correctly assess the luminal dimensions of coronary artery lesions? A comparison with quantitative angiography (*J. Haase*)
Effect of peri-operative diltiazem on myocardial ischaemia and function in patients receiving mammary artery grafts (*W. Hannes*)
Above normal left ventricular systolic performance during exercise in young subjects with mild hypertension (*P. Palatini*)
Neutrophil interactions with endothelium and platelets: Possible role in the development of cardiovascular injury (*T. Siminiak*)
Fibrates and statins in the treatment of hyperlipidaemia: An appraisal of their efficacy and safety (*J. Shepherd*)