



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 patients¹**

**More consistent compliance
than nifedipine retard²**

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.



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.

© Merck Sharp & Dohme Limited 1996. All rights reserved.

ZOCOR[®]

(simvastatin, MSD)

Improving survival in
post-MI and angina patients



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

08-97 ZCR 95 GB 70195 J. A

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 hyper-
plasia, 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.

© Registered trademark of Bayer AG.

Germany. © Bayer plc, June 1996.
Bayer and  are trademarks of
Bayer AG, Germany.

ONCE-DAILY

Adalat[®] LA
LONG ACTING
nifedipine 30mg & 60mg
FOR HYPERTENSION AND ANGINA



Bayer 



NOW ONCE DAILY

WORKS A 24 HOUR DAY IN ANGINA

Tildiem[®] **LA**
diltiazem 200mg & 300mg

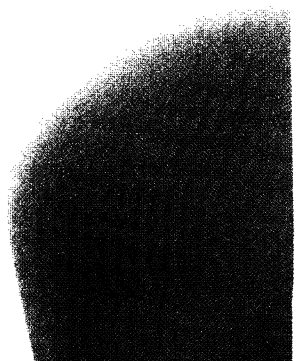
24 HOUR CONTROL OF ANGINA • CONTROLS HEART RATE • WELL TOLERATED

Tildiem[®] LA200/Tildiem[®] LA300 Abbreviated Prescribing Information (refer to data sheet for full prescribing information). Presentation: Capsules each containing 200mg or 300mg diltiazem in a modified (extended) release formulation. Indications: Tildiem[®] LA200 and Tildiem[®] LA300 are indicated for angina pectoris and mild to moderate hypertension. Dosage and Administration: Tildiem LA200 and Tildiem LA300 capsules should not be chewed but swallowed whole with water, ideally before or during a meal. The usual adult starting dose is Tildiem LA300 once-daily. This dose may be titrated up to a maximum of 500mg o.d. (one LA300 capsule and one LA200 capsule). Recommended starting dose in the elderly and patients with impaired hepatic or renal function is Tildiem LA200 once daily. This dose may be increased to one capsule of Tildiem LA300 daily if clinically indicated. Heart rate should be monitored and dose should not be increased if this falls below 50 beats per minute. Contraindications: Pregnancy, women of child-

bearing potential, marked bradycardia, sick sinus syndrome, left ventricular failure with stasis, second or third degree AV block in the absence of a functioning pacemaker, concomitant use with dantrolene infusion. Warnings and Precautions: Caution in patients with mild bradycardia, reduced left ventricular function, first degree AV block, prolonged PR interval, and during concomitant use with alpha-blockers, beta-blockers or other drugs known to induce bradycardia. (Refer to data sheet for full information.) Side Effects: Headache, malaise, ankle oedema, hot flushes, gastrointestinal disturbances, skin rash, asthma, fatigue and palpitations. Basic NHS Cost: Tildiem LA200 28 capsules £11.10. Tildiem LA300 28 capsules £11.80. Product Licence Numbers: Tildiem LA200 4969/0016. Tildiem LA300 4969/0014. Legal Category: POM. Tildiem and Lorex Synthelabo are trade marks. Further information is available from Lorex Synthelabo Ltd, Lunar House, Fieldhouse Lane, Globe Park, Marlow, Bucks. SL7 1LW. Date of preparation: January 1996. Code no: TIL 180.

Lorex Synthelabo

A
crowning
achievement
in stent
technology.



Now from the makers of the PALMAZ-SCHATZ™
balloon-expandable STENT:

- Exceptional flexibility
- More lengths from which to choose
- And an easier-to-use delivery system



Introducing the PALMAZ-SCHATZ Crown STENT

The balloon-expandable Crown stent is excellent for deployment through tortuous vessels, yet it maintains radial strength equal to the PALMAZ-SCHATZ. The Crown offers the same accuracy of placement.

The Crown comes premounted on the new PowerGrip™ delivery system (with non-compliant, high-pressure balloon), offering greater ease, with single-user, rapid-exchange capabilities and a low, sheathless profile.

The Crown is available in 30 mm, and soon, 22 mm and 15 mm lengths, with minimal foreshortening on expansion.

This is the stent you've been asking for, and now you can order it just by calling your Cordis representative.

See package insert for full product information.
PALMAZ-SCHATZ and PowerGrip are
trademarks of Johnson & Johnson.
©1996 Cordis Corporation.
All rights reserved. PML129

Cordis®
a Johnson & Johnson company



PROTECTING THE WEALTH 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

SIEMENS



BS EN ISO 9001 : 1994
Certificate No. FS 32798

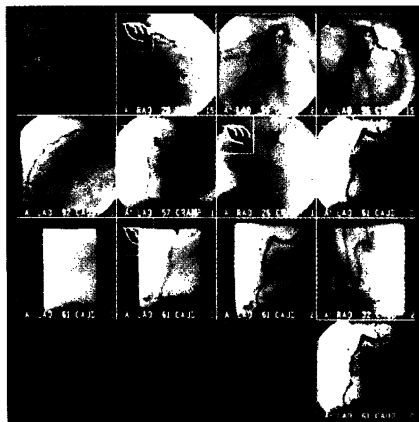
Compact • Customised • Cost efficient COROSKOP Classic

A system that adapts to your changing requirements.

As a member of the T.O.P.-Line family your COROSKOP® Classic system is designed with the future in mind, and its modular structure supports system upgrades that fit the realities of your budget. The use of international interface standards opens your cath. lab. to the world of digital image transfer, which today means cost effective, leading edge, CD-M technology. COROSKOP will easily adapt to the technologies of the future.

MULTIMAP

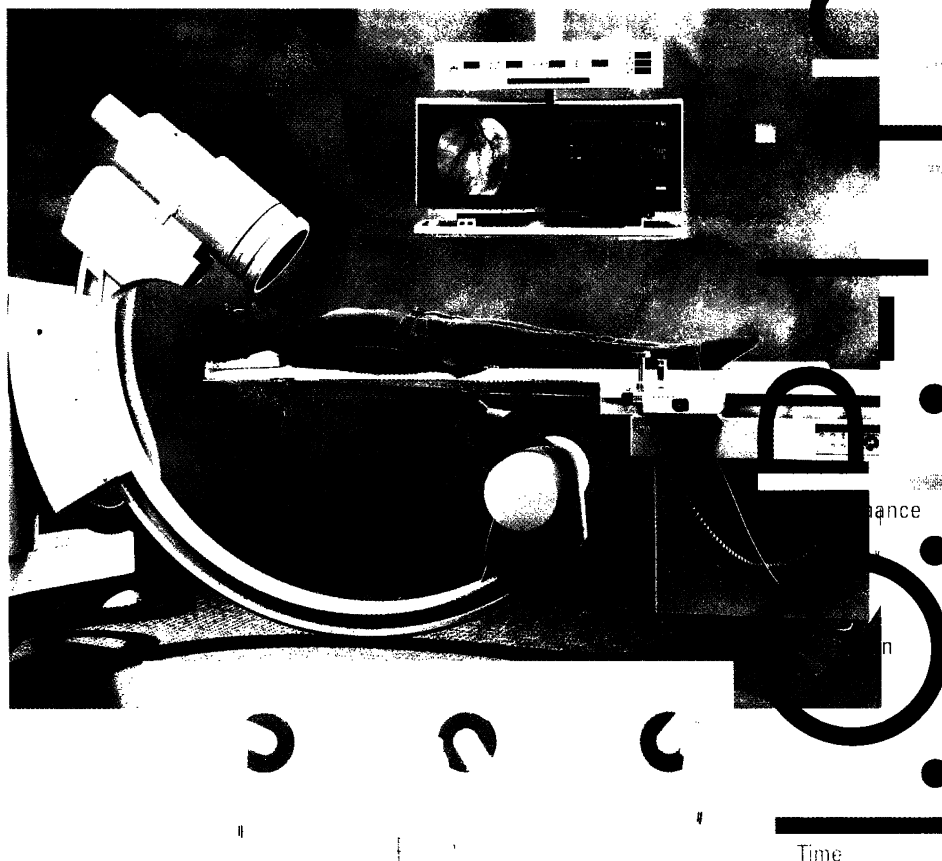
intelligent image presentation.



MONOSCREEN mapping allows the simultaneous display of the reference image and live fluoroscopy on the same monitor. Picture-in-picture and variable image sizing ensure maximum flexibility.

Image quality - no doubt about it.

HICOR® digital image processing always delivers outstanding image quality.



Optimal patient access and expanded application range are the result of the new 3-way C-arm positioning.

For further information on the **COROSKOP Classic**, please contact:

Siemens plc
Medical Engineering
Siemens House
Oldbury, Bracknell
Berkshire, RG12 8FZ
Telephone: 01344 396317
Fax: 01344 396337



Siemens UPTIME Services
your partner for performance



She's going on 40mg

She's going on 40mg Monit SR once daily.

She's switching from twice daily therapy.

She wants sustained daytime symptom control.

She wants to avoid a long low-nitrate period.

fortyfy your angina patients

ONCE  daily
Monit SR
isosorbide mononitrate 40mg

Monit SR Tablets: Abbreviated Prescribing Information Use: Prophylaxis of angina. **Presentation:** Tablets containing isosorbide mononitrate 40mg in a sustained release form. **Dosage and administration:** One tablet daily in the morning. The tablets should be swallowed whole without chewing.

Elderly Patients: No adjustment of dose necessary, but caution in elderly patients with a known susceptibility to hypotensive medications. **Children:** Use not established.

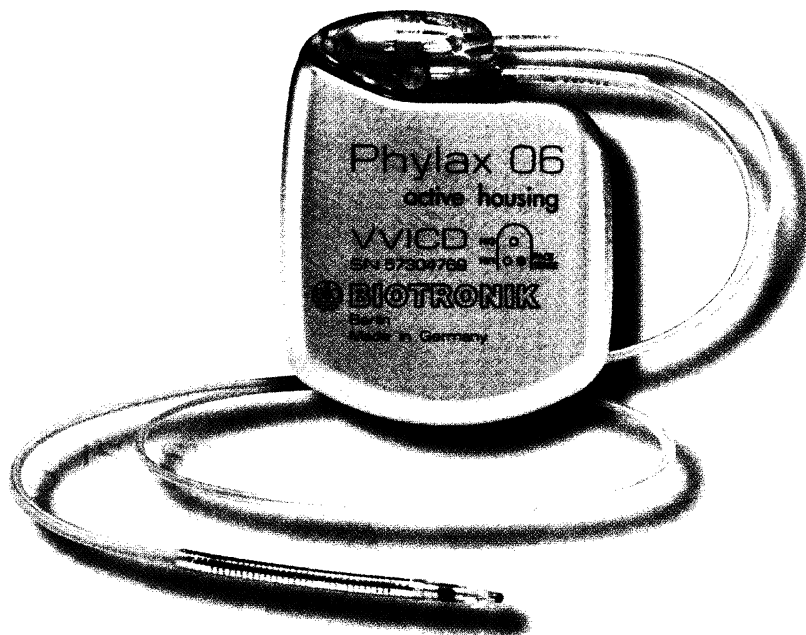
Contraindications: A known sensitivity to the drug or to isosorbide dinitrate, marked low blood pressure, shock and acute myocardial infarction with low left ventricular pressure. **Precautions:** 'Monit' SR is not indicated for the relief of acute anginal attacks. Patients who have not previously received nitrates should be started with a low dose which should be increased gradually before introducing 'Monit' SR. Isosorbide mononitrate may potentiate the action of hypotensive agents. **Pregnancy and lactation:** Use

not recommended. **Side effects:** Headache, dizziness, flushing and weakness. Nausea and vomiting may occur occasionally. Postural hypotension and skin reactions may occur. **Legal classification:** P. **Product licence holder and number:** Lorex Synthelabo Ltd. 4969/0023. **Basic NHS cost:** 'Monit' SR in calendar packs of 28 tablets (OP) £10.24. Further information is available from: Lorex Synthelabo Ltd., Lunar House, Fieldhouse Lane, Globe Park, Marlow, Bucks. SL7 1LW. Code No. Mon 153A. Date of preparation: April 1996.


Lorex Synthelabo

The new pushes its way in forcefully.

SCHILLER 1759 - 1805



The comprehensive
one-source therapy concept.

The lightest and smallest ICD:
only 109 g and 69 cm³.

Extensive diagnostic functions.

Highly flexible therapy
programming.

6-year operational warranty
due to BIOTRONIK battery.

Easily implantable fractally
structured lead system with
highest efficacy.



BIOTRONIK

BIOTRONIK GmbH & Co.
Woermannkehrre 1 · D-12359 Berlin · Germany
Tel. (+49 30) 689 05-0 · Fax (+49 30) 685 28 04

BIOTRONIK UK Ltd.
45, Raleigh Park Road · Botley · Oxford OX2 9BB
Tel. (0865) 79 18 58 · Fax (0865) 79 17 79

**It's easy to be the leader
in cardiac imaging.
We just follow you.**



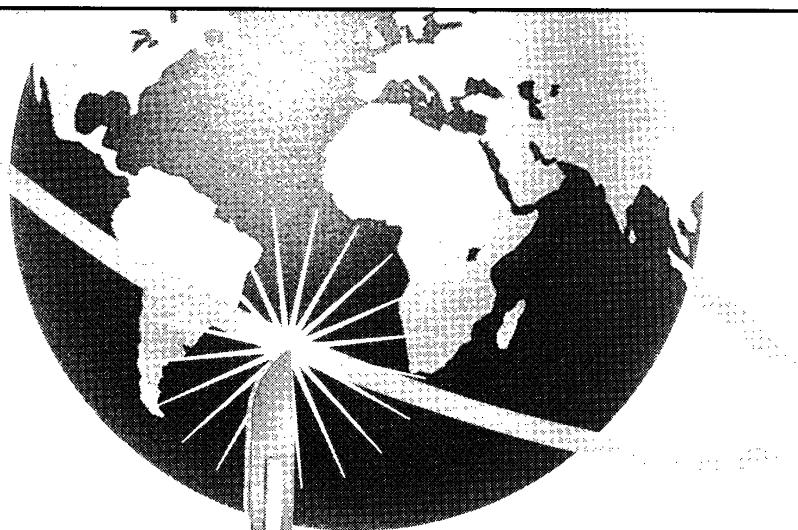
Listening to cardiologists puts us way ahead in meeting your clinical and economic needs. That's why more cath labs use Philips X-ray equipment than any other kind. Why hospitals are improving productivity with "swing labs" and CD-Medical digital archiving. And why we're working with leading research institutions to develop practical MR cardiac perfusion and coronary artery imaging.

Why are we always looking ahead?
Because you are.

Let's make things better.



PHILIPS



THE CHOICE FOR QUALITY WORLDWIDE

With a reputation built on consistently high quality standards, Swann-Morton Ltd is a leading manufacturer of surgical blades and scalpels to the world's surgeons.

Additional to the company's comprehensive surgical ranges are the 'Major' Orthopaedic range, the 'Fine' range, 'Minor' disposable scalpels, and specialised blades such as myringotomy and cervical biopsy. All ranges are subject to constant product development in

response to customer demand. All appropriate products are sterilised by Swann-Morton (Services) Ltd.

As well as achieving BS5750, subsequently updated to BS EN ISO 9001, Swann-Morton have now been accredited to EN 46001, which enables them to CE mark their products under the Medical Device Directive (93/42/EEC).

Swann-Morton
PRECISION IN YOUR HANDS

Swann-Morton Limited,
Owlerton Green,
Sheffield S6 2BJ, England.
Tel: 0114 234 4231
Fax: 0114 231 4966



New Edition from W.B. Saunders Company Ltd

Heart Disease 5/e

A Textbook of Cardiovascular Medicine

Eugene Braunwald

Harvard Medical School & Brigham and Women's Hospital, Boston, MA, USA

Through 4 highly successful editions, *Heart Disease 5/e: A Textbook of Cardiovascular Medicine* has been the unquestionable champion among cardiology textbooks. But never before have Dr Braunwald and associates undertaken such a sweeping revision as you'll find in the new 5th Edition. Of the 81 authors, 22 are new, and many of them are household names in cardiology. Their contributions result in a completely fresh look at the challenges facing cardiology today, and the progress that is occurring on every front. *Heart Disease 5/e* offers today's most comprehensive coverage of the ways in which pregnancy, as well as primary diseases of noncardiovascular systems such as the lungs, the musculoskeletal system, the nervous system, the kidney, and the endocrine glands, can affect cardiovascular health.

Contents (abbreviated)

■ Examination of the Patient ■ Normal and Abnormal Circulatory Function ■ Diseases of the Heart, Pericardium, Aorta, and Pulmonary Vascular Bed ■ Broader Perspectives on Heart Disease and Cardiologic Practice ■ Heart Disease and Disorders of Other Organ Systems

October 1996

Two Volume Set ■ Hb ■ 0 7216 5663 3 ■ 2144 pages ■ 973 ills ■ £103.00

Single Volume ■ Hb ■ 0 7216 5666 8 ■ 2192 pages ■ 973 ills ■ £92.00

CD-ROM coming in 1997

<http://www.hbuk.co.uk/wbs/>

ORDER TODAY: 0181 300 3322 or E-MAIL: cservice@hbuk.co.uk

W.B. Saunders Company Ltd, 24-28 Oval Road, London NW1 7DX, UK

CKBHJ9/96

In post menopausal
hypertension
why treat her like a man?

A new once daily ACEi

PERDIX[®]

moexipril hydrochloride

Heart disease is the single largest killer of women in the UK.¹ Hypertension is found frequently in post menopausal women. It has been shown that Perdix controls hypertension and is metabolically neutral in post menopausal women treated with HRT.²

Perdix® 7.5mg and 15mg Tablets. Prescribing Information.

Refer to Summary of Product Characteristics before prescribing. **Presentation:** Tablets containing 7.5mg and 15mg moexipril hydrochloride. **Uses:** Treatment of hypertension as monotherapy. Second line therapy for the treatment of hypertension in combination with diuretics or calcium antagonists. **Dosage and Administration:** *Untreated Patients:* in patients with uncomplicated essential hypertension the recommended initial dose is 7.5mg once a day. Adjust dosage according to response. Usual dosage range is 15 to 30mg per day as a single daily dose. Doses over 30mg have been used, but do not appear to give a greater effect. If blood pressure is not controlled with Perdix alone, a low dose of a diuretic may be added. *Diuretic treated patients:* symptomatic hypotension may occur occasionally following the initial dose of Perdix. Discontinue diuretic 2-3 days before starting Perdix to reduce the likelihood of hypotension. Adjust dosage of Perdix according to response. Resume diuretic later if required. *Nifedipine treated patients:* initial dose of 3.75mg recommended. *Elderly:* initial dose of 3.75mg followed by titration to optimal response. *Children:* not recommended. *Renal failure:* if creatinine clearance $\leq 40\text{ml/min}$, initial dosage should be 3.75mg. *Hepatic cirrhosis:* initial dosage of 3.75mg is recommended. *Afro-Caribbean patients:* may show a reduced therapeutic response. **Contra-indications:** Hypersensitivity to moexipril hydrochloride. History of angioedema following treatment with ACE inhibitors. Pregnancy and lactation. **Special warnings and precautions for use:** **Warnings:** Angioedema: angioedema involving the extremities, face, lips, mucous membranes, tongue, glottis or larynx has been reported in patients treated with ACE inhibitors. Discontinue treatment with Perdix and institute appropriate therapy immediately. **Hypotension:** Perdix can cause symptomatic hypotension, most commonly in volume and/or salt-depleted patients. Correct before initiating therapy with Perdix. **Neutropenia/agranulocytosis:** agranulocytosis and bone marrow depression may result particularly in patients with renal impairment and a collagen-vascular disease. **Precautions:** Changes in renal function may be anticipated in susceptible individuals. Increases in blood urea nitrogen and serum creatinine may occur in hypertensive patients on diuretic therapy and more commonly those with renal artery stenosis in a solitary kidney or bilateral renal artery stenosis. Dosage reduction of Perdix and/or discontinuation of the diuretic may be required. Hyperkalaemia occurs rarely. Risk factors

include renal insufficiency, diabetes mellitus, and concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes. Patients with hepatic cirrhosis may develop elevated plasma levels of moexipril hydrochloride. In patients undergoing surgery or during anaesthesia with agents that produce hypotension, Perdix will block the angiotensin II formation that could otherwise occur secondary to compensatory renin release. **Interactions:** Combination with diuretics or other antihypertensive agents may have a potentiating effect. Potassium loss caused by thiazide diuretics may be attenuated. Concurrent use of potassium supplements or potassium sparing diuretics may lead to elevated serum potassium. Increased serum lithium levels and symptoms of lithium toxicity have been reported in patients receiving ACE inhibitors during lithium therapy. **Side effects:** include cough, headache, dizziness, fatigue, flushing, and rash. Less commonly, symptomatic hypotension, postural hypotension, syncope, chest pain, angina/myocardial infarction, palpitations, rhythm disturbances and cerebrovascular accident. Increases in serum creatinine levels. Abdominal pain, dyspepsia, constipation, nausea, vomiting, diarrhoea, appetite/weight change, dry mouth, pancreatitis, hepatitis. Upper respiratory infection, pharyngitis, sinusitis/rhinitis, bronchospasm, dyspnoea. Renal insufficiency. Hypersensitivity reactions, drowsiness, sleep disturbances, nervousness, mood changes, anxiety. Also angioedema, taste disturbances, tinnitus, sweating, flu syndrome, malaise, arthralgia, myalgia. **Pharmaceutical precautions:** Store in a dry place below 25°C. **Legal category:** POM. **Package quantities and prices:** Perdix 7.5mg: calendar packs of 28 tablets £8.50; Perdix 15mg: calendar packs of 28 tablets £9.80. **Product licence numbers:** Perdix 7.5mg – 4438/0033. Perdix 15mg – 4438/0034. **Product licence holder:** Schwarz Pharma Ltd., Schwarz House, East Street, Chesham, Bucks. HP5 1DG. Telephone: 01494 772071. Fax: 01494 773934. **Date of preparation:** September 1995 (389). **Further information is available from the licence holder:** Schwarz Pharma Limited, East Street, Chesham, Bucks. HP5 1DG. **References:** 1. British Heart Foundation, 1995. 2. Data on file 02.

SCHWARZ
PHARMA LTD


PERDIX[®]
moexipril hydrochloride