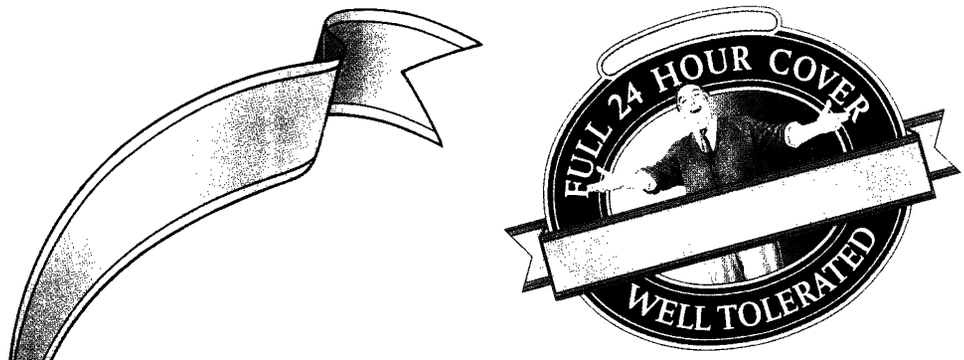


The evidence is stacked in its favour

Established efficacy in both hypertension and angina

A reliable choice for good tolerability in both young and elderly patients[1]

More consistent compliance than nifedipine retard[2]

istin™
AMLODIPINE

ABBREVIATED PRESCRIBING INFORMATION FOR ISTIN™ (AMLODIPINE): UK. PRESENTATION: TABLETS CONTAINING 5MG OR 10MG AMLODIPINE. **INDICATIONS:** HYPERTENSION, PROPHYLAXIS OF CHRONIC STABLE ANGINA PECTORIS, PRINZMETAL'S (VARIANT) ANGINA WHEN DIAGNOSED BY A CARDIOLOGIST. ISTIN IS WELL TOLERATED IN PATIENTS WITH HEART FAILURE AND A HISTORY OF HYPERTENSION OR ISCHAEMIC HEART DISEASE. **DOSAGE:** FOR HYPERTENSION AND ANGINA, INITIAL DOSAGE 5MG ORALLY ONCE DAILY WHICH MAY BE INCREASED TO A MAXIMUM DAILY DOSAGE OF 10MG. **IN CHILDREN:** NOT RECOMMENDED. **IN THE ELDERLY:** NORMAL DOSAGE. **IN RENAL IMPAIRMENT:** NORMAL DOSAGE. **IN HEPATIC IMPAIRMENT:** DOSAGE RECOMMENDATIONS HAVE NOT BEEN ESTABLISHED; USE WITH CAUTION. **CONTRA-INDICATIONS:** KNOWN SENSITIVITY TO DIHYDROPYRIDINES, CARDIOGENIC SHOCK, CLINICALLY SIGNIFICANT AORTIC STENOSIS, UNSTABLE ANGINA. PREGNANCY AND LACTATION: ISTIN SHOULD NOT BE ADMINISTERED DURING PREGNANCY OR LACTATION, OR TO WOMEN OF CHILD-BEARING POTENTIAL UNLESS EFFECTIVE CONTRACEPTION IS USED. **WARNINGS AND PRECAUTIONS:** THERE ARE NO DATA TO SUPPORT THE USE OF ISTIN ALONE, DURING OR WITHIN ONE MONTH OF A MYOCARDIAL INFARCTION. USE IN HYPERTENSIVE CRISIS HAS NOT BEEN ESTABLISHED. **INTERACTIONS:** THERE ARE NO KNOWN INTERACTIONS OF CLINICAL SIGNIFICANCE. **UNDESIRABLE EFFECTS:** HEADACHE, OEDEMA, RASH, FATIGUE, NAUSEA, FLUSHING, DIZZINESS AND GINGIVAL HYPERPLASIA. RARELY PRURITUS, PALPITATIONS, DYSPNOEA, ABDOMINAL PAIN, DYSPEPSIA, MUSCLE CRAMPS, ASTHENIA, SOMNOLENCE, ALTERED BOWEL HABIT, MYALGIA, ARTHRALGIA, MOOD CHANGES, INCREASED URINARY FREQUENCY, IMPOTENCE AND VISUAL DISTURBANCES; AND MYOCARDIAL INFARCTION, ARRHYTHMIA AND CHEST PAIN WHICH CANNOT BE DISTINGUISHED FROM THE NATURAL HISTORY OF THE UNDERLYING DISEASE. VERY RARELY ABNORMAL LIVER FUNCTION TESTS, JAUNDICE, ERYTHEMA MULTIFORME AND GYNAECOMASTIA. **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.

Pfizer

61841

July '97

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 athero-sclerosis, 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 effectiv

Hypertriglyceridaemia: 'Zocor' is not indicated where hypertriglyceridaemia the abnormality of most concern.

Hepatic effects: Initial and periodic liver-function monitoring recommende Discontinue if persistent enzyme elevations occur, particularly if they rise three times the upper limit of normal. Caution in patients with a history of liv disease and or alcoholism.

Muscle effects: Clinically insignificant transient mild elevations of creati phosphokinase have been seen. Therapy with HMG-CoA reductase inhibitors h rarely been associated with myopathy (<0.1%). Myopathy should be considere in any patient with marked elevations of creatine phosphokinase (CPK) leve (≥10 times the upper limit of normal) or with diffuse myalgias, musc tenderness and such marked elevations of CPK levels. The patient should asked to report promptly unexplained muscle pain, tenderness or weakness.

The risk of myopathy with HMG-CoA reductase inhibitors is known to b increased by concomitant immunosuppressive therapy including cyclosporine, h concomitant therapy with a fibric acid derivative or lipid-lowering doses nicotinic acid, and believed to be enhanced by itraconazole. There have been ra reports of severe rhabdomyolysis with secondary acute renal failure. Therefore, th benefits and risks of using simvastatin concomitantly with immunosuppressive fibrate drugs, lipid-lowering doses of nicotinic acid, or itraconazole and oth systemic azole antifungal derivatives should be carefully considered.

gnancy: Contra-indicated. One month should elapse between ending therapy h 'Zocor' and planned conception.
diatric use: Safety and effectiveness in children have not been established.
ug interactions: Care should be taken in patients on concomitant lipid-ering therapy, particularly fibrates or nicotinic acid derivatives or itraconazole immunosuppressive therapies, as they are at increased risk of myopathy.
two clinical studies, 'Zocor' modestly potentiated the anticoagulant effect of rfarin; patients taking coumarin derivatives should have their prothrombin e determined prior to therapy with 'Zocor' and monitored as usual.
ght elevation in digoxin levels has been seen when co-administered with 'Zocor'.

DE EFFECTS

le effects reported most frequently in controlled clinical trials: abdominal n, constipation, flatulence, asthenia, and headache. Rarely, myopathy.
le effects reported either in long-term extension studies or in marketed use: nsea, diarrhoea, rash, dyspepsia, pruritus, alopecia, dizziness, muscle cramps, ralgia, pancreatitis, paraesthesia, peripheral neuropathy, vomiting, and aemia. Rarely, rhabdomyolysis and hepatitis jaundice occurred. An apparent persensitivity syndrome has been reported rarely which has included some of following features: angioedema, lupus-like syndrome, polymyalgia eumatica, vasculitis, thrombocytopenia, eosinophilia, ESR increased, arthritis, hralgia, urticaria, photosensitivity, fever, flushing, dyspnoea, and malaise.
rked and persistent increased serum transaminases have been reported requently. 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: January 1997.

® denotes registered trademark of Merck & Co., Inc., Whitehouse Station, NJ, USA.

Reference
1. Scandinavian Simvastatin Survival Study Group. *Lancet*. 1994, *344*, 1383.

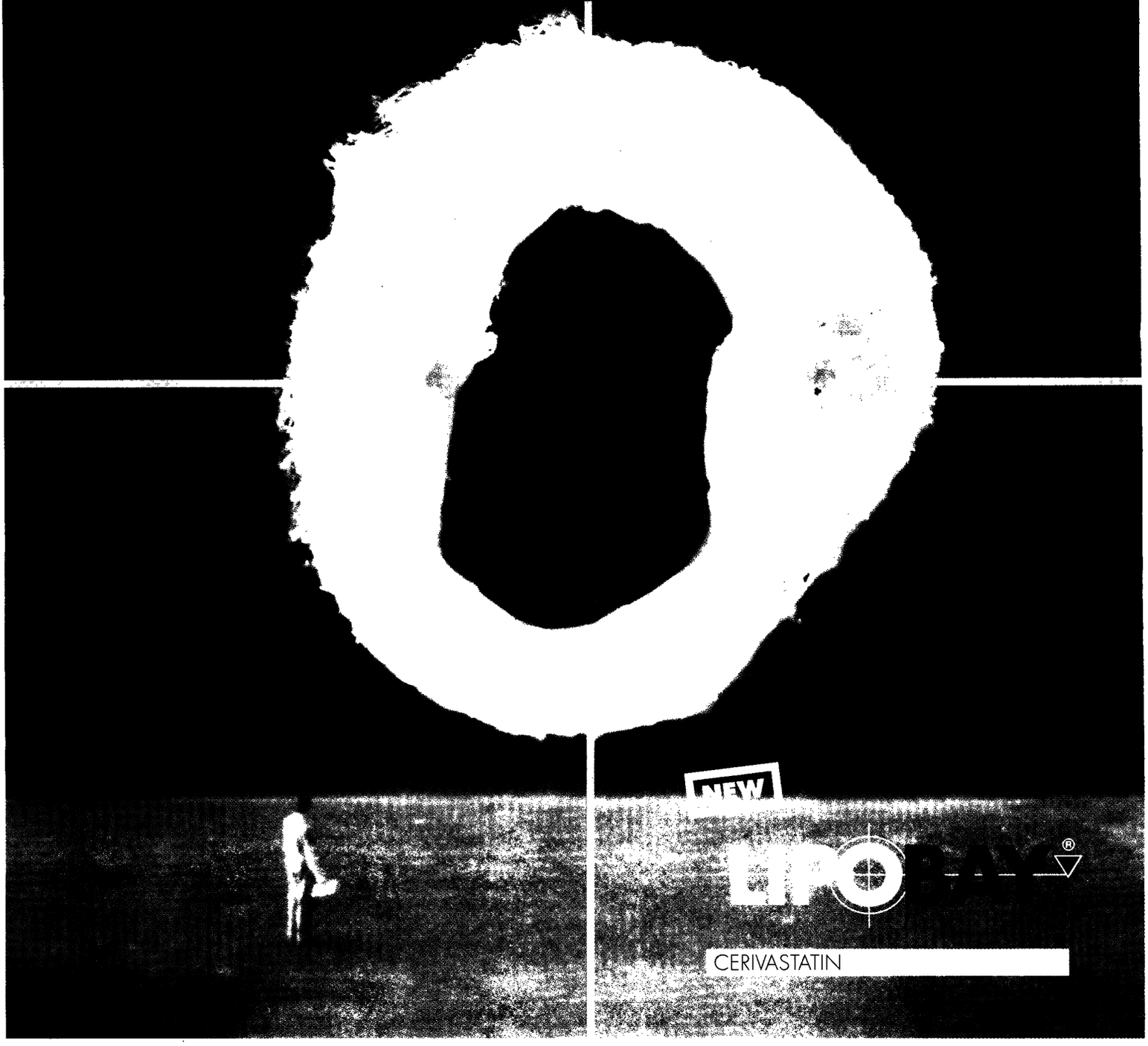
ZOCOR®

(simvastatin, MSD)

The only statin proven to save the lives of post-MI and angina patients[1]

MSD
Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU
I-98 ZCR.96.GB.70826.J. D

Target cholesterol



ABRIDGED PRESCRIBING INFORMATION ▼
LIPOBAY® (100 Microgram Tablets)
LIPOBAY® (200 Microgram Tablets)
LIPOBAY® (300 Microgram Tablets)
(Refer to Summary of Product Characteristics before prescribing)
Qualitative and quantitative composition: Tablets each containing 100, 200 or 300 micrograms cerivastatin. **Pharmaceutical form:** Tablets for oral administration. **Therapeutic indications:** Primary hypercholesterolaemia (Types IIA + IIB): The treatment of hypercholesterolaemia in patients who have not responded adequately to an appropriate diet. **Posology and method of administration:** Exclude secondary causes of hypercholesterolaemia prior to therapy. Continue patients on their standard cholesterol-lowering diet during treatment. ***Adults:*** Take once a day in the evening (at dinner or bed time). The initial dose is 100mcg once-daily. At intervals of at least four weeks, dosage may be increased by increments of 100mcg depending on response. The maximum recommended dose is 300mcg once-daily. Administration with food has no influence. A response is seen within two weeks and the maximum therapeutic response occurs within four weeks, which is maintained during continuation of therapy. ***Elderly:*** Treatment should be initiated at the lower end of the dosage range. ***Renal impairment:*** Initiate treatment at a once-daily dose of 100mcg in moderate to severe renal disease. Subsequent titration, up to a maximum dose of 200mcg once-daily should be performed with caution. ***Children:*** Not recommended. **Concomitant administration:** Efficacy may be enhanced when combined with a bile-acid sequestrant (e.g. cholestyramine). **Contra-indications:** Hypersensitivity to any component of Lipobay™: hepatic impairment or unexplained, persistent elevations in serum transaminases: pregnancy, lactation or women of childbearing potential unless adequately protected by non-hormonal contraceptive methods. **Special warnings and precautions for use:** ***Liver function:*** Increases in liver enzymes have occurred during therapy, the majority of cases being minor and asymptomatic. Liver function tests should be performed before treatment begins and periodically thereafter. Discontinue therapy if increases in ALT and AST exceed three times the upper limit of normal (ULN). Caution in patients with a history of heavy alcohol ingestion or a past history of liver disease (active liver disease or unexplained transaminase elevations are contra-indications). ***Muscle:*** Sporadic elevations of creatine phosphokinase (CPK) have been observed, usually of no clinical significance. Rarely, myopathy, associated with marked elevations of CPK (>10 times the ULN) and/or with diffuse myalgias, muscle tenderness or weakness, has been reported with HMG-CoA reductase inhibitors. Muscle pain, tenderness or weakness should be reported by patients promptly especially if accompanied by malaise or fever. Discontinue if markedly elevated CPK levels occur, or if myopathy is diagnosed or suspected. Risk of myopathy is known to increase in those patients receiving HMG-CoA reductase inhibitors who are concomitantly treated with cyclosporin, fibric acid derivatives and nicotinic acid. Rare cases of renal dysfunction secondary to rhabdomyolysis have occurred with drugs of this class. Therapy with Lipobay™ should be temporarily withheld in any patient experiencing a condition pre-disposing to the development of renal failure secondary to rhabdomyolysis. ***Ophthalmological:*** As with some other statins, new subcapsular and nuclear opacities have been reported, although a causal relationship with Lipobay™ has not been established. **Interaction with other medicaments and other forms of interaction:** Bile ac sequestering agents: Lipobay™ should be administered at least fo hours after the resin (e.g. cholestyramine). No clinically significa effects were seen with warfarin, digoxin, antacids, cimetidine. ***Effec on ability to drive and use machines:*** None known. **Undesirab effects:** Increase in incidence over placebo: headache, upp respiratory tract symptoms (including rhinitis, sinusitis, increas cough), flu syndrome, arthralgia, back pain, abdominal pain, myalg and insomnia. **Legal category:** POM. **Package quantities and bas NHS costs:** Calendar packs containing 28 tablets; Lipobay® 1(Microgram Tablets £12.95, Lipobay® 200 Microgram Tablets £17.3 Lipobay® 300 Microgram Tablets £18.20 **Marketing Authorisatic numbers:** 00010/0226-0228.
Date of Preparation: February 1997

Bayer

For further information refer to
Summary of Product Characteristics or contact:
Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. Tel: (01635) 563000.

syscor® MR▼

nisoldipine

acts selectively on the coronary arteries

Syscor MR (nisoldipine) is a new, once-daily Ca^{2+} antagonist with different pharmacological properties to other Ca^{2+} antagonists[1,2].

Because nisoldipine acts selectively on the coronary arteries compared with the myocardium and peripheral vessels[2,3], there is no clinical negative inotropic effect[4], and "... no change in heart rate occurred with nisoldipine coat-core" (Syscor MR) in the DEFIANT I study[5]. Syscor MR also has a very low incidence of acute peripheral vasodilator side-effects[6].

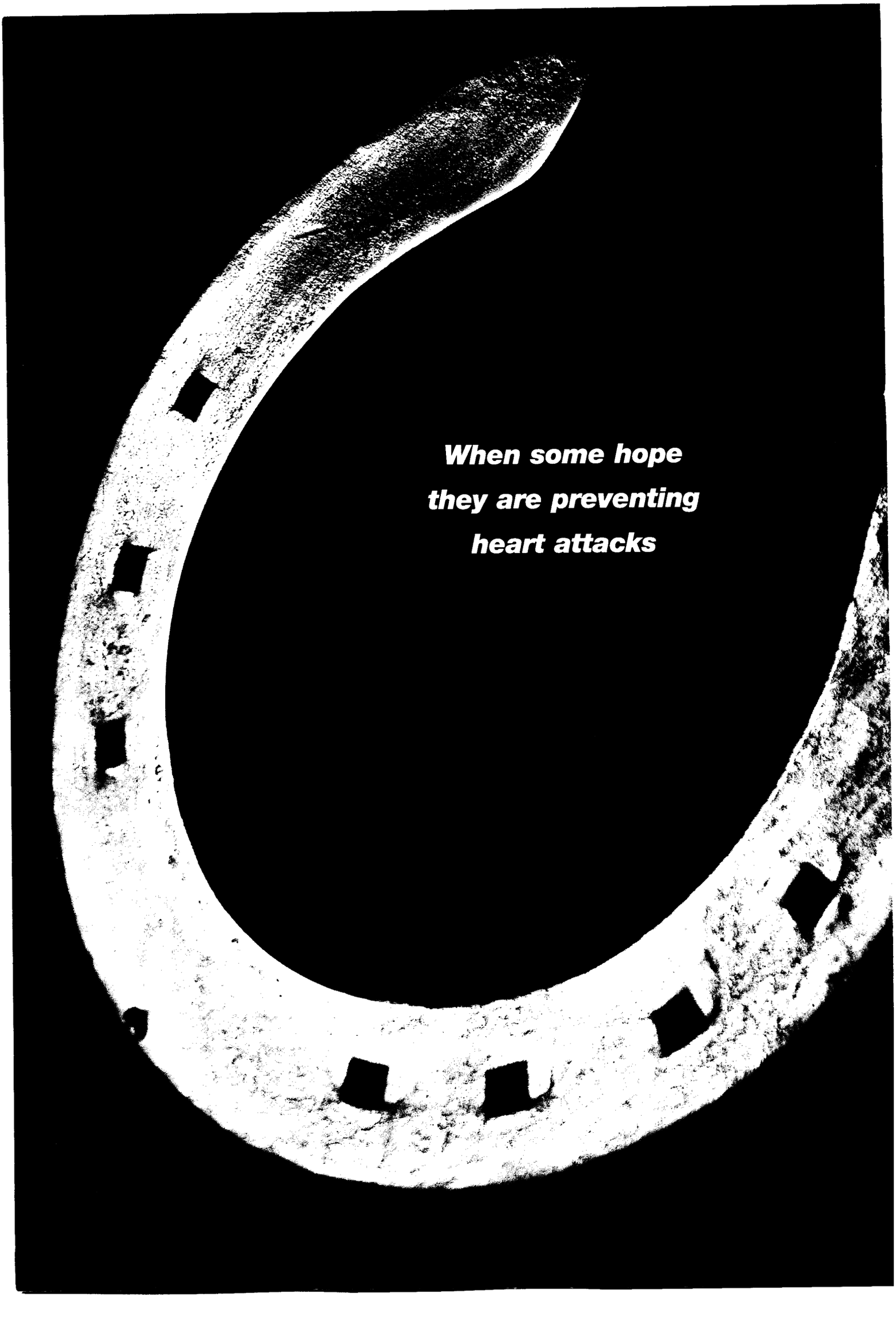
Syscor MR, Bayer's 3rd generation Ca^{2+} antagonist, is an effective once-daily therapy in chronic stable angina and mild to moderate hypertension.

SYSCOR® MR 10, 20, 30 - ABRIDGED PRESCRIBING INFORMATION ▼ (Refer to full Summary of Product Characteristics before prescribing) **Qualitative and quantitative composition:** Film-coated tablets each containing 10 mg, 20 mg, or 30 mg nisoldipine. **Pharmaceutical form:** Modified (extended) release tablets for oral administration. **Therapeutic indications:** Mild to moderate arterial essential hypertension. Prophylaxis of chronic stable angina pectoris. **Posology and method of administration:** Syscor MR tablets must be swallowed whole; under no circumstances should they be bitten, chewed or broken up. Taken once-daily swallowed whole with a little liquid at approximately 24-hour intervals, i.e. at the same time each day, preferably during the morning. A food interaction has been observed, and it is therefore preferable to administer Syscor MR in the fasting state i.e. before breakfast. The recommended initial dose in angina pectoris is 10 mg once daily. The usual maintenance dose is 20–40 mg once-daily. The maximum recommended dose is 40 mg once-daily. In hypertension, the recommended initial dose is one 10 mg tablet once-daily. If necessary, the dosage can be increased according to individual requirements up to a maximum of 40 mg once-daily. Assess at least one week after starting on any dosage before titration to a higher dosage. *Renal impairment* Dosage adjustment should not be necessary. *Elderly* Therapy should commence with 10 mg once-daily, with titration to higher doses if clinically warranted and according to tolerability. Treatment may be continued indefinitely. **Contra-indications:** Known hypersensitivity to nisoldipine or other dihydropyridines; children (aged less than 12 years); pregnant women or nursing mothers; cardiogenic shock, unstable angina or during or within one month of myocardial infarction; secondary prevention of myocardial infarction; acute angina attacks; malignant hypertension; fixed cardiac outout obstruction, such as aortic stenosis; hepatic impairment. **Special warnings and special precautions for use:** Caution in patients with hypotension as there is a risk of further reduction in blood pressure. **Interactions with other medicaments and other forms of interaction:** If used in combination with beta-blocking drugs, a possible additive effect resulting in postural hypotension should be borne in mind. Syscor MR may not prevent possible rebound effects after cessation of other antihypertensive therapy. No significant interaction of Syscor MR and propranolol, but a possible additive effect of the two drugs must be borne in mind. Interactions have been observed with cimetidine, rifampicin, quinidine and grapefruit juice. Possibility of interaction with phenytoin or carbamazepine cannot be excluded. No interaction has been observed with ranitidine, warfarin or digoxin. **Effect on ability to drive and use machines:** None known. **Undesirable effects:** Gravitational oedema, headache, flushing, tachycardia, palpitation, dizziness and gastrointestinal disorders such as nausea and constipation. Less frequently, paraesthesia, hypotension, asthenia, dyspnoea and allergic skin reactions (rash, itching), exacerbation of angina pectoris at the start of treatment. The occurrence of myocardial infarction was not distinguishable from the natural course of ischaemic heart disease. Disturbances of the enzymes AST (SGOT), ALT (SGPT) and CPK may occur which tend to return to normal with continuation of therapy. If abnormalities do not regress within a few weeks, discontinue treatment. Enzyme elevations usually regress on discontinuation of the drug. Syscor MR has a mild hypouricaemic effect. Increased diuresis has been observed in isolated cases. **Legal category:** POM. **Package quantities and basic NHS costs:** Calendar packs containing 28 tablets: Syscor MR 10 £9.80, Syscor MR 20 £13.72, Syscor MR 30 £17.64. **Marketing Authorisation numbers:** PL 0010/0198-0200. **Date of Preparation:** March 1997.

REFERENCES 1. Kazda S *et al Arzneim-Forsch Drug Res* 1990; **30** (I): 2144-2162. **2.** Godfraind T *et al J Cardiovasc Pharmacol* 1992; **20** (Suppl 5): S34-S41. **3.** Schartl M *et al in: Hugenholtz PG, Meyer J, eds. Nisoldipine* 1987. Berlin, Heidelberg: Springer-Verlag; 1987: 109-114. **4.** Schartl M *et al J Cardiovasc Pharmacol* 1992; **20** (Suppl 5): S79-S81. **5.** DEFIANT I Research Group *Eur Heart J* 1992; **13:** 1496-1505. **6.** Lewis BS *Am J Cardiol* 1995; **75:** 46E-53E.

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


When some hope
they are preventing
heart attacks

Others know

That's because they prescribe LIPOSTAT. It's the only statin repeatedly shown to reduce the risk of MI.[1]

In fact, this reduction has been as dramatic as 62% in patients at risk of coronary events.[2]

But that's not all. LIPOSTAT is also the only statin indicated to reduce coronary events in patients both with, or at risk of, CHD.[3] This is because LIPOSTAT is proven to reduce the risk of coronary events in a broader range of patient types than any other statin.[4]

All of which means that by prescribing LIPOSTAT, you'll know you're helping to prevent heart attacks.

Rather than just hoping to.

LIPOSTAT™
PRAVASTATIN SODIUM

Don't leave it to chance

LIPOSTAT™ TABLETS ABBREVIATED PRESCRIBING INFORMATION
PRESENTATION: Tablets containing 10 mg, 20 mg and 40 mg pravastatin. INDICATIONS AND ADULT DOSAGE: HYPERCHOLESTEROLAEMIA: in patients unresponsive to dietary measures. CORONARY ATHEROSCLEROSIS: slows the progression of coronary atherosclerosis and reduces the incidence of clinical cardiac events in hypercholesterolaemic patients with documented disease. PREVENTION OF CORONARY HEART DISEASE: reduces cardiovascular deaths, the risk of myocardial infarction and the need for myocardial revascularisation procedures in hypercholesterolaemic patients. The usual dosage range is 10-40 mg at bedtime. The maximum response from a given dose occurs within 4 weeks. A standard cholesterol lowering diet should be continued. CONCOMITANT THERAPY: LIPOSTAT is effective alone or in combination with bile acid sequestrants. IMPAIRED RENAL FUNCTION AND ELDERLY PATIENTS: Modification of dose is not normally necessary. CHILDREN: LIPOSTAT has not been evaluated in children. CONTRA-INDICATIONS AND WARNINGS: Hypersensitivity to LIPOSTAT. Active liver disease or unexplained persistent elevations in liver function tests. Pregnancy and breast feeding. Women of child bearing potential unless protected by adequate contraception. PRECAUTIONS: Patients with homozygous familial hypercholesterolaemia or when hypercholesterolaemia is due to elevated HDL-C. LIVER FUNCTION: Liver function tests should be performed periodically: discontinue if elevated liver enzymes greater than 3 times the upper limit of normal persist. Caution should be exercised in patients with a history of liver disease or alcoholism. Increases in CPK have occasionally been observed. Discontinue if levels exceed 10 times upper level of normal or if myopathy suspected. There have been rare reports of rhabdomyolysis. Use with caution in patients taking cyclosporin, fibric acid derivatives and nicotinic acid. DRUG INTERACTIONS: No clinically significant effects were seen in a range of studies. SIDE EFFECTS: LIPOSTAT is generally well tolerated. Adverse events are usually mild and transient. Side effects include rash, myalgia, headache, diarrhoea, fatigue, nausea/vomiting, non-cardiac chest pain. OVERDOSAGE: Treat symptomatically. PRODUCT LICENCE NUMBERS: LIPOSTAT Tablets 10 mg 11184/0055: LIPOSTAT Tablets 20 mg 11184/0056: LIPOSTAT Tablets 40 mg 11184/0057. BASIC NHS PRICE: 10 mg tablets, £16.18 for 28 tablet calendar pack. 20 mg tablets, £31.09 for 28 tablet calendar pack. 40 mg tablets, £46.48 for 28 tablet calendar pack. LEGAL CATEGORY: POM. LIPOSTAT is a Squibb Trade Mark. PRODUCT LICENCE HOLDER: Bristol-Myers Squibb Pharmaceuticals Limited. Further information from: Medical Information, Bristol-Myers Squibb Pharmaceuticals Limited, Bristol-Myers Squibb House, 141-149 Staines Road, Hounslow, Middlesex, TW3 3JA. Date of PI preparation: March 1997. Date of literature preparation: April 1997. References: 1. Byington R *et al.* Circulation 1995; **92**(9): 2419-25. 2. Shepherd J *et al.* N Engl J Med 1995; **333**: 1301-7. 3. The Pravastatin Multinational Study Group for Cardiac Risk Patients. Am J Cardiol 1993; **72**: 1031-7. 4. Pitt B *et al.* J Am Coll Cardiol 1995; **26**(5): 133-9. 5. Crouse JR *et al.* Am J Cardiol 1995; **75**: 455-9. 6. ABPI compendium of data sheets 1997/98. 7. Sacks FM *et al.* N Engl J Med 1996; **335**: 1001-9. 8. Jukema JW *et al.* Circulation 1995; **91**:2528-40.

Bristol-Myers Squibb Pharmaceuticals Limited

A new kind of anti-hypertensive

FOR ALL KINDS OF PATIENTS

Not ageist. Not racist. Not sexist.

Highly selective

DIOVAN®
VALSARTAN
80mg

Prescribing information. Presentation
Indications
Dosage
Contra-indications
Precautions
Side-effects *Occasionally:*
Rarely:
Legal Category
Packs
Date of preparation

NOVARTIS

ADALAT® LA 30/ADALAT® LA 60 -
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 chronic stable 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 water 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. Lower maintenance doses may be required in the elderly compared with younger patients. Treatment may be continued indefinitely. Nifedipine is not recommended for use in children. **Contra-indications, warnings, etc. Contra-indications:** Known hypersensitivity to nifedipine or other dihydropyridines because of the theoretical risk of cross-reactivity; women of child-bearing potential and nursing mothers; clinically significant aortic stenosis; cardiogenic shock; unstable angina; during or within one month of a myocardial infarction; do not use for treatment of acute angina attacks; safety in malignant hypertension not established; secondary prevention of myocardial infarction; 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 antihypertensives 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 antihypertensive 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. Nifedipine should not be taken with grapefruit juice. 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 and altered bowel habit. Less commonly, skin reactions such as rash, pruritus and urticaria. Less frequently, myalgia, tremor, visual disturbances and increased frequency of micturition. Impotence and mood changes occur rarely. At the start of treatment, exacerbation of angina pectoris may occur rarely. The occurrence of myocardial infarction was not distinguishable from the natural course of ischaemic heart disease. Rare cases of gingival hyperplasia, 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 LA 30 £10.36, Adalat LA 60 £15.40. **Product Licence Numbers:** PL 0010/0174-0175. **Date of Preparation:** January 1997.

Further information available from: Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone: (01635) 563000.

Bayer

ONCE-DAILY

Adalat® LA

LONG ACTING

nifedipine 30mg & 60mg

FOR HYPERTENSION AND ANGINA

Prescribing Information: Tildiem LA200 and LA300 capsules containing 200mg or 300mg diltiazem HCL in a mixture of immediate release and sustained release pellets. **Indications:** Angina pectoris and mild to moderate hypertension. **Dosage and Administration:** Elderly and patients with impaired hepatic or renal function: Angina and hypertension: The initial dose should be one Tildiem LA200 capsule daily. This dose may be increased to one capsule of Tildiem LA300 daily if clinically indicated. Heart rate should be monitored and if it falls below 50 beats per minute the dose should not be increased. Plasma levels of diltiazem can be increased in this group of patients. **Adults:** Angina and hypertension: The usual starting dose is Tildiem LA300 once daily. This dose may be increased to 2 capsules of Tildiem LA200 daily, and if clinically indicated a higher dose of one Tildiem LA200 plus one Tildiem LA300 capsule may be considered. **Children:** Tildiem LA should not be prescribed. The capsules should not be chewed but swallowed whole with water, ideally before or during a meal. When changing from one type of Tildiem formulation to another it may be necessary to adjust the dosage until a satisfactory response is obtained. **Contraindications:** Pregnancy, women of child-bearing potential, marked bradycardia, sick sinus syndrome, left ventricular failure with

diltiazem HCl 200 & 300

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 reduced ventricular function, mild bradycardia, first degree AV block or prolonged PR interval. Concomitant use with drugs known to induce bradycardia or hypotension. **Side-effects:** Lower limb oedema, headache, hot flushes/flushing, asthenia/fatigue, palpitations, malaise, minor GI disorders and skin rash have been described. **Basic NHS Costs:** Tildiem LA200 28 capsules £11.61. Tildiem LA300 28 capsules £12.80. **Legal Category:** POM **Product Licence Numbers:** Tildiem LA200 4969/0016. Tildiem LA300 4969/0014. **Product Licence Holder:** Lorex Synthélabo Ltd, Lunar House, Globe Park, Marlow, Bucks, SL7 1LW. Date of preparation: April 1997. Code No: TIL301 AD97. Tildiem and Lorex Synthélabo are trade marks.

Lorex Synthélabo

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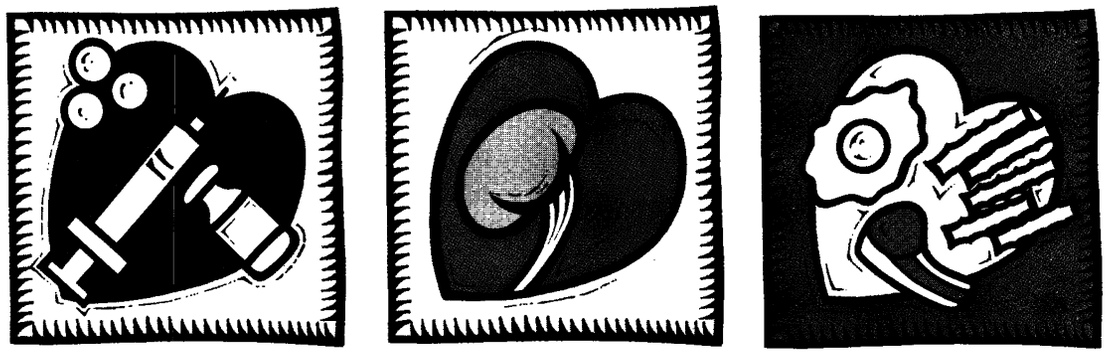
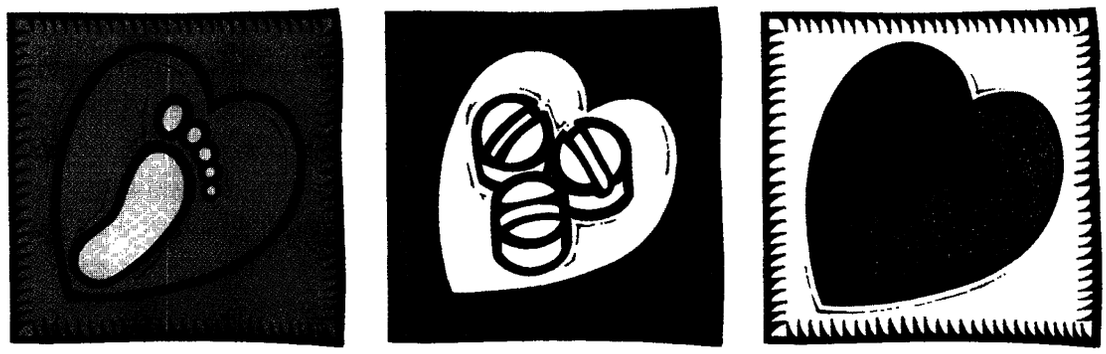


bronchitis, asthma, heart failure,

gout or other coexisting conditions?



CARDURA™

doxazosin

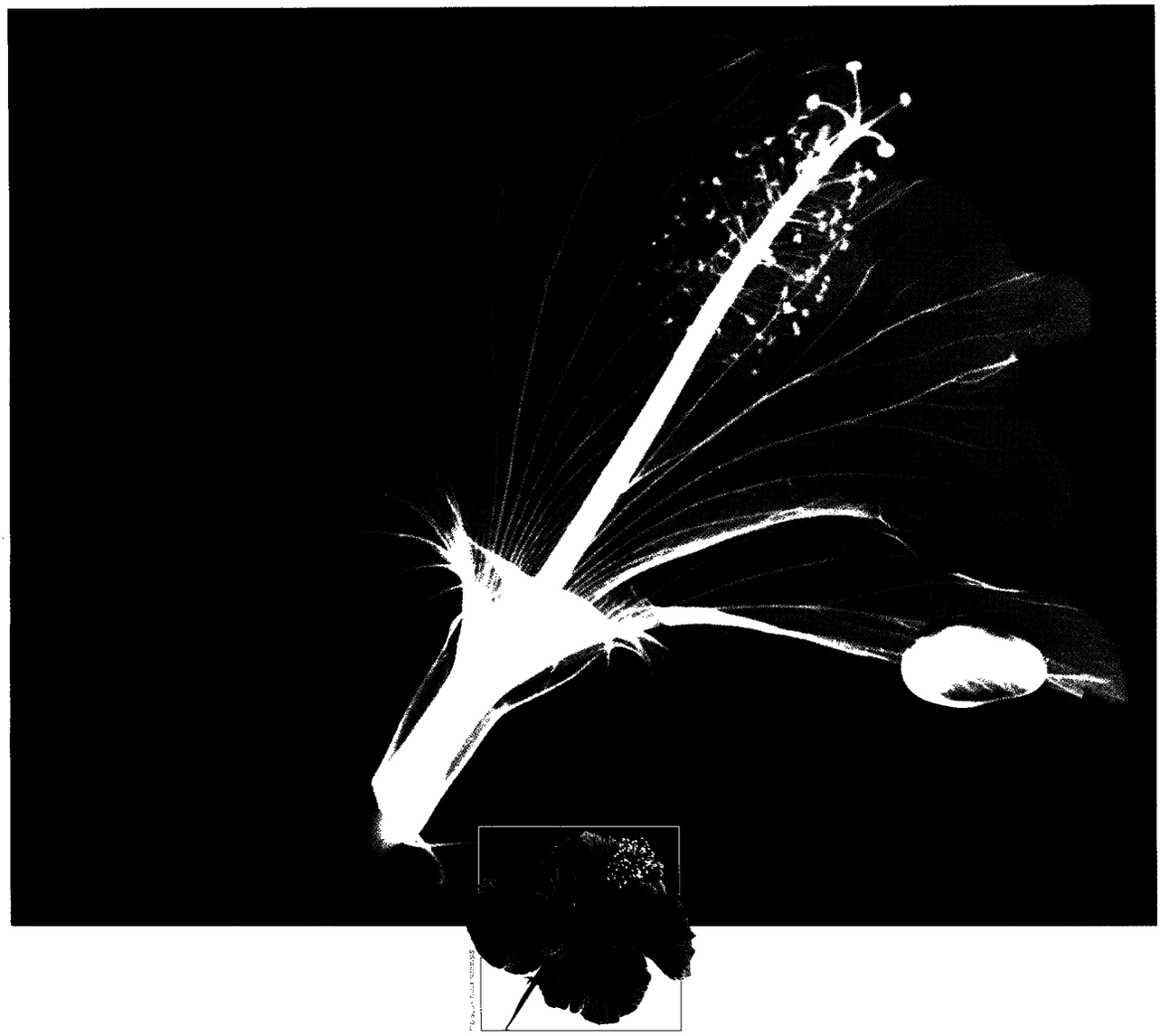
Think of it first when there's a second condition

ABBREVIATED PRESCRIBING INFORMATION FOR CARDURA™ (doxazosin): UK (Hypertension). **Presentation:** White tablets containing doxazosin mesylate to the equivalent of 1, 2 and 4 mg doxazosin. **Indications and dosage: Hypertension:** First-line treatment of hypertension and may be used as the sole agent to control blood pressure in the majority of patients, including patients with asthma, diabetes mellitus, insulin resistance, gout and left ventricular hypertrophy and the elderly. In long term hypertension studies, Cardura produced a modest reduction in plasma total cholesterol, LDL-cholesterol and triglyceride concentrations and may therefore be of benefit to hypertensive patients with concomitant hyperlipidaemia. Cardura is used in a once daily regimen. The initial dose is 1mg. Dosage may then be increased after 1 or 2 weeks of therapy to 2mg and thereafter, if necessary, to 4mg. The majority of patients who respond to Cardura will do so at a dose of 4mg or less. Dosage can be further increased, if necessary, to 8mg or to the maximum recommended dose of 16mg. **Use in children:** Not recommended. **Contra-indications:** Sensitivity to Cardura and related quinazolines. Lactation. **Special Precautions:** Liver impairment. **Driving/Use of Machinery:** The ability to drive or operate machinery may be impaired, especially when initiating therapy. **Use during pregnancy:** Cardura should only be used during pregnancy when, in the opinion of the physician, potential benefit outweighs potential risk. **Side-Effects:** Postural type reactions, rarely associated with fainting. Other reactions include: dizziness, headache, fatigue/malaise, postural dizziness, vertigo, oedema, asthenia, somnolence, nausea and rhinitis. Extremely rare cases of urinary incontinence, Priapism. The following side-effects have been reported in patients treated for hypertension but generally are not distinguishable from symptoms that might have occurred in the absence of exposure to Cardura: tachycardia, palpitations, chest pain, angina pectoris, myocardial infarction, cerebrovascular accident and cardiac arrhythmias. **Legal Category:** POM. **Basic NHS Cost:** 1mg tablet (PL 57/0276) Calendar pack of 28, £10.56; 2mg tablet (PL 57/0277) Calendar pack of 28, £11.08; 4mg tablet (PL 57/0278) Calendar pack of 28, £17.60. Further information on request. INVICTA™ Pharmaceuticals, A Division of Pfizer Limited, Sandwich, Kent.

INVICTA PHARMACEUTICALS

5687/6

June '97



Every picture tells a story

The new nonionic, with

low osmolality, low viscosity[1] and

low toxicity[2] for confidence in achieving

high patient acceptability

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NUMBERS STRICTLY LIMITED TO 90 DELEGATES

RESEARCH MISCONDUCT:

how should editors respond?

Meeting at BMA House 4th November 1997

The format of the meeting will be in the form of *actual* case-based presentations and how these were managed by the individual editors concerned.

Each session is built around a common dilemma that editors face. The opening speaker will have 15 minutes at most to give his/her presentation and then the debate will be opened to the floor for the next 35-40 minutes before the discussant will sum up and draw conclusions. All case-based presentations must be anonymised as far as possible.

The meeting will be of most interest to practising editors and members of editorial boards. The free paper session will consider anonymised cases presented in not more than 300 words and sent to: **Alex Williamson, Publishing Director, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR,** by 10th October 1997.

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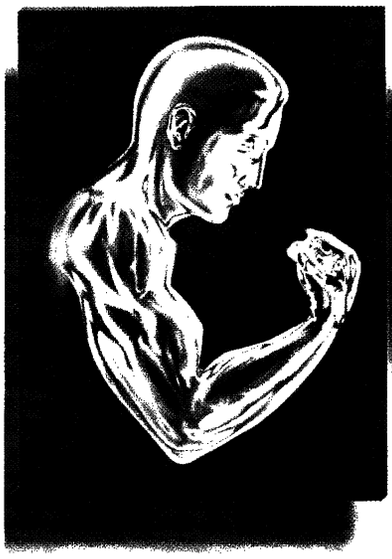
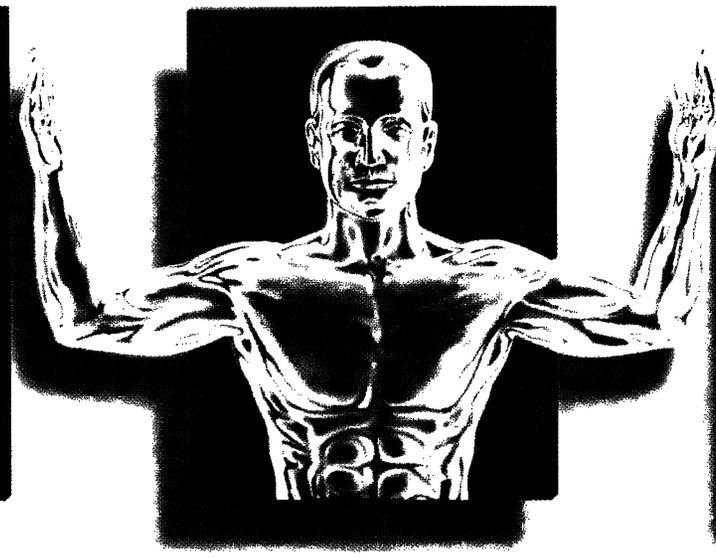
NEW LIPITOR

STRENGTH



to reduce cholesterol and triglyceride levels more than any other statin.[1,2]

RANGE



to treat more profiles and more patients than any other statin.[3]

SIMPLICITY

to bring 70-90% of patients to their EAS treatment goals with the 10mg once daily starting dose.[4]

...never before seen in statin therapy.

New

Lipitor® ▼

atorvastatin

Lowers cholesterol more than any other statin.

Abbreviated prescribing information: Lipitor® ▼

Presentation: Lipitor is supplied as film coated tablets containing 10, 20 or 40mg of atorvastatin. **Indications:** In patients unresponsive to diet and other non-pharmacological measures, Lipitor is indicated for the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, and triglycerides in patients with primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia. Lipitor is also indicated for the reduction of elevated total cholesterol, LDL-cholesterol, and apolipoprotein B in patients with homozygous familial hypercholesterolaemia. **Dosage:** The usual starting dose is one Lipitor 10mg tablet daily. Doses may be given at any time of the day with or without food. The maximum daily dose is 80mg. **Contraindications:** Hypersensitivity to any of the ingredients, active liver disease, unexplained elevations in serum transaminases, pregnancy and breast feeding and in women of child-bearing potential not using contraception. **Warning and precautions:** Liver function tests should be performed before initiation and periodically thereafter and in patients who show signs and symptoms of liver injury (monitor raised transaminases until they return to normal). Drug dosage should be reduced or therapy discontinued if persistent elevations occur above 3-times the upper limit of normal. Lipitor should be used with caution in patients with a history of liver disease and/or alcoholism. Uncomplicated myalgias have been reported. Patients with signs and symptoms of myopathy should have their creatine phosphokinase (CPK) levels monitored. Lipitor should be discontinued if CPK levels are markedly or persistently raised or myopathy is diagnosed or suspected. Rhabdomyolysis with renal dysfunction secondary to myoglobulinuria has been reported with other drugs of this class. **Pregnancy and lactation:** Lipitor is contraindicated in pregnancy and lactation. **Interactions:** There is an increased risk of myopathy if Lipitor is used concurrently with: cyclosporin, fibric acid derivatives, erythromycin, azole antifungals and niacin. Serum levels of enzyme inhibitors such as immunomodulators, many antiarrhythmic agents, some calcium channel blockers and some benzodiazepines may be raised or lowered (erythromycin may increase levels of Lipitor). The effect of enzyme inducers (eg rifampicin or phenytoin) on Lipitor is unknown. Digoxin levels can be increased by Lipitor. Patients on warfarin should be closely monitored as Lipitor caused a minimal decrease in clotting time. Colestipol was seen to lower levels of Lipitor and norethisterone and ethyl oestradiol levels were raised in patients taking the oral contraceptive. **Side effects:** Side effects most frequently reported in controlled clinical studies: constipation, flatulence, dyspepsia, abdominal pain, headache, nausea, myalgia, asthenia, diarrhoea, insomnia, elevations in ALT and CPK levels. Other side effects have been reported in clinical trials but were not necessarily associated with the product. See Summary of Product Characteristics. **Legal category:** POM. **Date of Revision:** December 1996. **Package quantities, marketing authorisation numbers and basic NHS price:** Lipitor 10mg (28 tablets), MA0018/0240 £18.88, Lipitor 20mg (28 tablets), MA0018/0241 £30.60, Lipitor 40mg (28 tablets) MA0018/0242 £47.04. **Marketing Authorisation Holder:** Parke-Davis & Company, Usk Road, Pontypool, NP4 0YH. Lipitor is a registered trade mark. Further information is available on request from: Parke-Davis, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ.

References: 1. Bracs P, *et al.* Abstract, 66th Congress of the European Atherosclerosis Society, July 1996 + Data on file, Parke-Davis RR-720-03598. **2.** Egros F, *et al.* Abstract, 66th Congress of the European Atherosclerosis Society, July 1996 + Data on file, Parke-Davis RR-720-03594. **3.** Summary of Product Characteristics. **4.** Data on file, Parke-Davis.

Date of preparation: June 1997. Item code Z144/90169

LIPITOR HOTLINE: 0645 68 69 70

COMMITTED TO CARE IN CARDIOLOGY

PARKE-DAVIS

Because 1 in 11 unstable angina patients die or suffer MI within 30 days[1]

The PURSUIT Trial: Evaluating a Novel Approach to Platelet Aggregation Inhibition

Unstable Angina: Significant Unmet Clinical Needs Persist

Despite conventional pharmacologic and interventional approaches, approximately 9% of unstable angina patients die or suffer myocardial infarction within 30 days.[1] The need for new and improved approaches thus remains critical.

It is now widely accepted that arterial injury precipitates a cascade of platelet adhesion, activation, and aggregation to form a platelet-rich thrombus at the injured site.[2,3] Steadily increasing evidence implicates arterial thrombosis resulting from platelet aggregation as a pivotal contributor to the morbidity and mortality associated with unstable angina. This suggests that, by helping to prevent arterial thrombus formation, a therapy founded on broad-based inhibition of platelet aggregation should diminish morbidity and mortality in patients presenting with unstable angina. Currently available therapies for unstable angina do not offer comprehensive platelet aggregation inhibition.[4]

The PURSUIT Trial: Exploring a New Therapeutic Approach to Unstable Angina

Including more than 10,000 patients and 700 centers in 28 countries, PURSUIT is the largest clinical trial ever undertaken to assess whether comprehensive platelet aggregation inhibition decreases the high degree of morbidity and mortality associated with acute episodes of unstable angina.[4] As with the landmark ISIS, GUSTO, and TIMI trials in acute ischemic coronary syndromes, results of the PURSUIT trial could change the standard practice and procedures in the treatment of unstable angina.

The PURSUIT trial is being conducted by Duke Clinical Research Institute; The Cleveland Clinic; and Cardialysis, Rotterdam, Netherlands. The long and outstanding record of clinical studies initiated by these groups is a testimony to the scientific excellence and rigorous clinical and statistical standards they apply.

References

1. The Global Use of Strategies to Open Occluded Coronary Arteries (GUSTO IIb) Investigators. A comparison of recombinant hirudin and heparin for the treatment of acute coronary syndromes. *N Engl J Med.* 1996;335:775-782.
2. Théroux P, Ouimet H, McCans J, et al. Aspirin, heparin, or both to treat acute unstable angina. *N Engl J Med.* 1988;319:1105-1111.
3. Weitz JI, Cohn RM, Cimerman N, Hirsh J, Théroux P. New antithrombotics. *Chest.* 1995;108(4 Suppl):358S-365S.
4. Data on file, COR Rx.

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ATTACKS ON PATIENTS DOWN BY 94%[1]

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elantan® LA50
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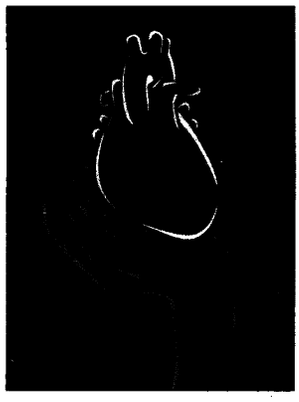
simply effective once daily treatment in angina[1]



Elantan ® LA25 and LA50 (isosorbide mononitrate)

Prescribing information. Presentation: Elantan LA25: Brown and white opaque gelatin capsules containing 25mg isosorbide mononitrate in a slow release formulation. **Elantan LA50:** Brown and flesh coloured opaque gelatin capsules containing 50mg isosorbide mononitrate in a slow release formulation. **Use:** Prophylaxis of angina pectoris. **Dosage and administration:** *Adults and Elderly:* Elantan LA25: One capsule in the morning. This may be increased to two capsules taken simultaneously if required. Elantan LA50: One capsule in the morning. This may be increased to two capsules if required. *Children:* Safety and efficacy has not been established in children. The capsules should be swallowed whole. **Contra-indications, warnings, etc.** *Contra-indications:* Acute myocardial infarction with low filling pressures, acute circulatory failure, (shock, vascular collapse), severe cerebrovascular insufficiency or very low blood pressure, known sensitivity to nitrates, marked anaemia, head trauma, cerebral haemorrhage, severe hypotension, hypovolaemia. *Interactions:* Some of the effects of alcohol and the action of hypotensive agents may be potentiated by this treatment. *Pregnancy and lactation:* Elantan LA25 and LA50 is not recommended for use during pregnancy or lactation. *Warnings*: Use with caution in patients predisposed to hypothyroidism, hypothermia, malnutrition, severe liver or renal disease. Circulatory collapse may arise after the first dose. A headache may occur at the start of treatment, usually this subsides after a few days. Symptoms of postural hypotension and syncope may result in some patients. *Overdosage:* May lead to vascular collapse, gastric lavage is indicated in severe cases. Further measures to support the circulation are recommended, e.g. elevate the foot of the bed and/or treat with hypertensive agents. **Pharmaceutical precautions:** None. **Legal category:** UK: P. ROI: POM. **Package quantity and price:** Elantan LA25 Original pack of 28 capsules UK £7.00, EIRE IR£7.07, Elantan LA50 Original pack of 28 capsules UK £11.30, EIRE IR £12.15. **Marketing authorisation numbers:** Elantan LA25: PL 04438/0028 PA 271/1/9, Elantan LA50: PL 04438/0015 PA 271/1/3. **Name and address of marketing authorisation holder:** Schwarz Pharma Limited, East Street, Chesham, Bucks. HP5 1DG. Telephone: 01494 772071. **Distributed in Republic of Ireland by:** Allphar Services Ltd., Belgard Road, Tallaght, Dublin 24. Telephone: Dublin (01) 4041600. **Date of preparation:** April 1997 (441). **References: 1.** Ahmadinejad M., et al., European Heart Journal, 1988; 9 (suppl. A): 135-139.

SCHWARZ

Date of preparation May 1997 (461)