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Adifax: Abridged Prescribing Information ▼
Indications
Dosage and Administration
Contra-Indications
Precautions and Warnings
Adverse Effects
Promotes healthier eating for a healthier weight
Circadian rhythms and angina attacks

Circadian patterns, demonstrated in many body systems, are frequently linked to the sleep/activity cycle. One rhythm that shows such a cycle is the circadian pattern of angina attacks.

An understanding of the circadian rhythm of ischaemic events may be a guide for future therapeutic interventions in those with chronic stable angina.

**Attack rate pattern**

The circadian rhythm of angina attacks has been evaluated during placebo therapy in 1048 chronic stable angina patients.1

The angina attack rate was low from midnight until 5 a.m. then rose steeply during the day with peaks occurring between 10-11 a.m. and 2-3 p.m.

**Night workers**

Night workers show a similar pattern, but there is a shift in the timing of peak attack rates. A single peak occurs about 2 hours later.2

Clearly, it is important for patients to be adequately protected whenever their 'higher risk' hours occur.

**A steep rise in the early morning**

One particularly 'dangerous' time for most angina sufferers is just after 5.00 a.m. when the attack rate rises sharply. Paradoxically, the plasma levels of some drugs can drop to produce a trough at just that time, resulting in low cover at a time of enhanced risk.

**Round the clock protection**

ISTIN (amlodipine) is a once daily calcium antagonist that overcomes the problems of maintaining cover during the early morning hours.

A long half-life and smooth plasma concentration profile ensures that 24-hour cover is maintained with ISTIN, right to the end of a dosing interval. So while the risk of an angina attack may fluctuate, ISTIN reduces that risk consistently throughout the day, night and early morning period.1

Even when the risk of an angina attack is low, for example late at night, there is still a need for protection. The steady plasma levels provided by ISTIN are as important during these periods too.

**One tablet daily**

While multiple dose drug regimens can cover most of the peak risk times, they are certainly not as convenient, or patient-friendly, as a single single tablet of ISTIN once daily.

To ensure that your angina patients are receiving protection from attacks, whether awake or asleep, consider prescribing ISTIN, one 5mg or 10mg tablet once daily.

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1. Studies suggest that the use of medication, particularly calcium antagonists, may increase the circadian pattern of angina attacks and thus shift peak attack rates.
2. Certain medications, such as nitrates, can exhibit a circadian rhythm, possibly exacerbating angina during certain hours.
3. ISTIN (amlodipine) is a calcium antagonist that provides consistent 24-hour coverage, helping to reduce angina attacks.
4. The benefits of ISTIN have been highlighted in various studies, demonstrating its efficacy in managing angina.
5. Further research and clinical trials continue to validate the use of ISTIN in managing angina attacks.
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Or — Monday 19th October to Wednesday 21st October 1992
Venue: Holland House, Crosthorne, Pershore, Worcestershire.

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PGEA approved. Cost: £40.00 plus accreditation fee.


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Telephone number: 071 955 4432

Postgraduate Education Allowance accreditation in all categories has been obtained.

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- Management of impotence
Medical termination in pregnancy
- Abortion counselling

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Prof Tim Chard
Prof Ian Craft
Sir Jack Dewhurst

and

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Contributors will include:

Dr RFU Ashford
Dr Pat Munday
Dr Brenda Bean
Dr T Nathan
Dr M R Clements
Dr A Rubin
Mr J Crisp
Mr R J Sheridan
Mr D R Griffin
Mr R Smith
Mr B V Lewis
Mr R H Tipton

REGISTRATION FEE: £200.00, including course dinner at the Hilton National with concessionary rates for accommodation (Friday 3rd April).

PGEA APPROVAL has been granted for 4 sessions.

Course organisers:

Dr M R Clements
Mr B V Lewis

Application forms and further details from:

Mrs Suzanne Watkins
Postgraduate Administrator
Postgraduate Centre
Watford General Hospital
Vicarage Road
Watford WD1 8HB
Tel: 0923-217436
Fax: 0923-217910

CONFERENCES

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February 26th 1992, Park Hotel, Cardiff

Chairman: Dr J.R. Peters
Consultant Physician, University Hospital of Wales, Cardiff

Programme

Opening Remarks
Dr J.R. Peters, Consultant Physician, University Hospital of Wales

Cardiovascular Risk Factors in Diabetes — A Complex Problem
Dr J.A.E. Rees, Consultant Physician, University Hospital of Wales

Renal Disease in Diabetes — An Increasing Problem
Dr J.D. Williams, Senior Lecturer and Director, Kidney Research Foundation, Cardiff Royal Infirmary

Diabetic Male Impotence — A Neglected Problem
Dr D. Owens, Senior Lecturer, Diabetes Research Institute, University of Wales College of Medicine

The Role of the Foot Clinic
Dr J. Harries, GP, Cardiff

Diet for Diabetes — The New Approach
Sue Stockdale, Department of Diabetics, University Hospital of Wales

Mary Drout, Chief Dietitian in the Community, Gobelins Health Centre, Cardiff

Establishing a Primary Care Diabetic Clinic
June Small, Practice Nurse Adviser, South Glamorgan Family Health Services Authority, Cardiff

Successful Community Care for Diabetes
Dr R. Gibbins, GP, Buitll Wells

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CHAIR IN GENERAL PRACTICE FREMANTLE HOSPITAL

Applications for appointment to the newly created Chair in General Practice at Fremantle Hospital are invited from medical graduates registered or eligible for registration in Western Australia. In addition to appropriate professional qualifications, it is essential that applicants hold a Fellowship of the Royal Australian College of General Practitioners or its equivalent. Applicants must also possess a substantial background in clinical general practice and demonstrate significant achievement in scholarly research. Evidence of high quality teaching at undergraduate and graduate levels is required.

The appointee will be based at the University Department of General Practice at Fremantle Hospital. He/she will be expected to be active in the service component of the practice for at least four sessions per week and to be responsible for the management of the practice as well as the professional unit.

The appointment will be for a term of 5 years in the first instance, subject to review after 3 years. A remuneration package will be based on the professorial salary of A$73,800 per annum plus a loading of A$13,484 per annum for clinical responsibilities. There are limited rights of private practice (20% time based). Benefits include superannuation, study leave, long service leave, fares to Perth for the appointee and dependents and an allowance towards removal expenses. Further information concerning selection criteria and conditions of appointment should be obtained from Mr Steve Wiles, Personnel Services (tel. (61 9) 380 3070 or confidential facsimile (61 9) 380 1013). Further information concerning the Department of General Practice may be obtained from the Head of Department (tel. (61 9) 384 8633; facsimile (61 9) 384 6238).

Applications addressing the selection criteria and stating full personal particulars (including work and home addresses, telephone facsimile numbers), qualifications and experience should reach the Director, Personnel Services, The University of Western Australia, Nedlands (Perth) Western Australia 6009, by 31 March 1992. The names, addresses and if possible facsimile numbers of three referees should also be included with the application.

The University reserves the right to make no appointment or to fill the position by invitation.

Equal Employment Opportunity is University policy.

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