



Prescribing Notes for 'Kalten', 'Tenormin' and Tenormin' i S DOSAGE

Hypertension 'Kalten' - 50 mg atenolol + 25 mg hydrochlorothazide + 2.5 mg amilonde hydrochloride (as amilonde hydrochloride BP 2.84 mg) orally one capsule daily: recommended where monotherapy with beta blocker or diuretic proves inadequate.

Tenormin' - 100 mg atenolol, orally once a day. Tenormin' LS 50 mg atenulol orally once a day; some patients may respond adequately to 'Tenormin' low strength (LS) Children - 'Kalten', 'Tenormin' and 'Tenormin' 1S are not recommended for use in children.

Elderly patients - Dosage requirements for 'Tenormin' and Tenormin' LS may be lower, especially in patients with renal impairment.

'Kalten' may be suitable for older patients.

CONTRA-INDICATIONS

'Kalten' : Heart block, hyperkalaemia, anuria, acute renal failure, severe progressive renal disease, diabetic nephropathy; blood urea over 10 mmol/l or serum creatinine over 130 micromul/l if not possible to monitur carefully and frequently. In renal impairment additional potassium conserving agents may cause hyperkalaemia. Sensitivity to hydrochlorothiazide or amilioride hydrochloride.

PRECAUTIONS

Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy Disturbed fluid or electrolyte balance. Caution in patients with chronic obstructive airways disease or asthma. Atenolol modifies the tachycardia of hypoglycaemia. Co-administration with verapamil or Class I antidysrhythmic agents. Withdrawal of clonidine.

Withdrawal of beta-blocking drugs should be gradual in patients with ischaemic heart disease

Additional precautions for 'Kalten'

Co-administration with lithium.

Metabolic effects: Measurement of potassium levels is appropriate especially in the older patient those receiving digitalis preparations for cardiac failure, taking adnormal (low in potassium) diet or suffering from gastrointestinal complaints.

Caution in metabolic or respiratory acidosis. Diabetes: 'Kalten' may lower glucose tolerance. Discontinue before glucose tolerance testing. Hyponatraemia and hypochloraemia may occur.

Hepatic or renal impairment: Caution in patients where fluid and electrolyte balance is critical. Hyperkalaemia and hypokalaemia may occur. Discontinue treatment if increasing azotaemia and oliquria occur. Amiloride may precipitate hepatic encephalopathy. Jaundice may occur in cirrhotic patients

Breast-feeding: Discontinue if 'Kalten' deemed

SIDE EFFECTS

Coldness of extremities, bradycardia and muscular fatique may occur. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers - consider discontinuance if they occur.

With amilloride hydrochloride and hydrochlorothiazide gastrointestinal disturbances may occur. Side-effects commonly associated with diuresis, dizziness and headache, may occur.

Skin rashes and blood dyscrasias have been reported. PRODUCT LICENCE NUMBERS AND BASIC NHS

'Kalten' Capsules (29/186) in calendar packs of 28, £6.70. Tenormin' Tablets (29/122) in calendar packs of 28, £6.98 Tenormin' LS Tablets (29/86) in calendar packs of 28, £4,88.

'Kalten, 'Tenormin' and 'Tenormin' LS are trade marks.

Further information is available on request from the Company



Stuart Pharmaceuticals Limited Stuart House, 50 Alderley Road, Wilmslow, Cheshire SK9 1RE.

combines low strength 'Tenormin' with low dose amiloride/ hydrochlorothiazide.

1 One capsule daily Low dose

Cardioprotection (Potassium protection

New is the modern combination for patients uncontrolled on a diuretic alone.

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PAUL HODGKIN, NIRGGP Lectures Department of Ger of Manchester

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