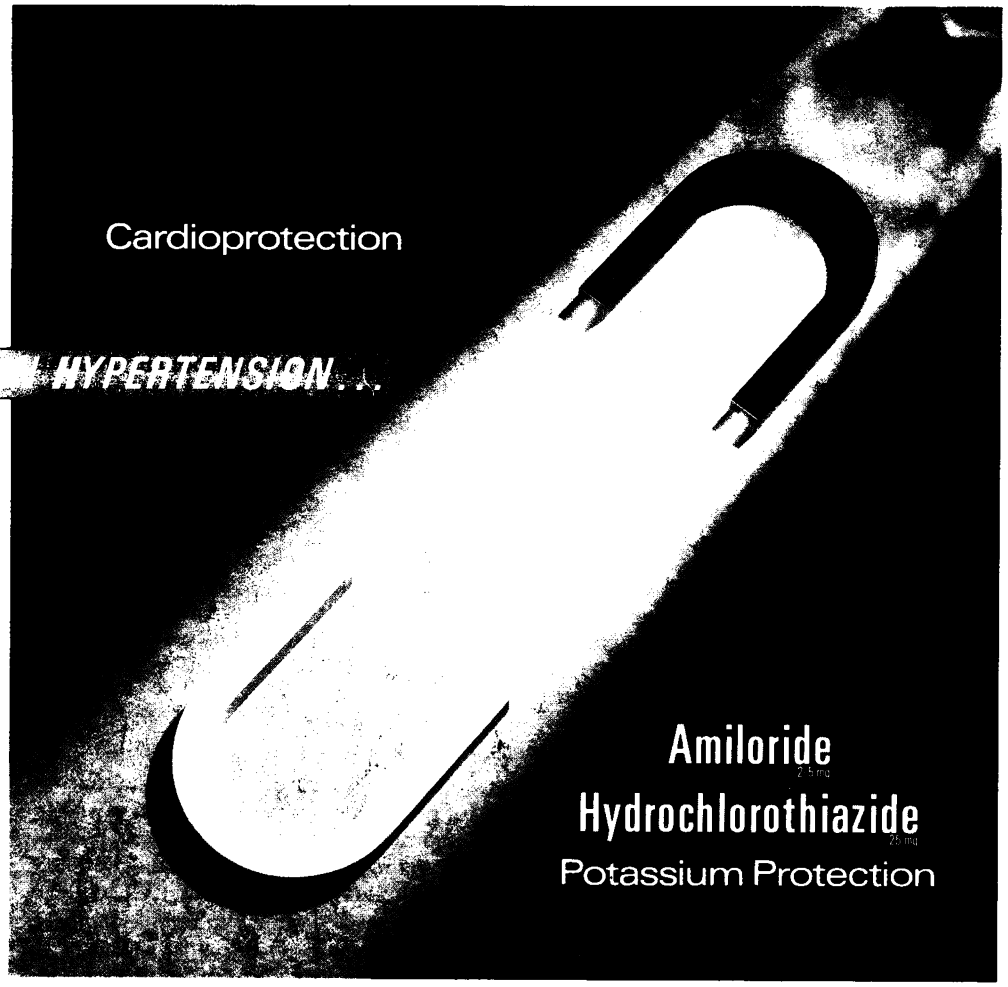



**New** combines low strength 'Tenormin' with low dose amiloride/ hydrochlorothiazide.

1 One capsule daily  Low dose

Cardioprotection  K Potassium protection

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

**Prescribing Notes for 'Kalten', 'Tenormin' and 'Tenormin' LS**

**DOSAGE**

**Hypertension** 'Kalten' – 50 mg atenolol + 25 mg hydrochlorothiazide + 2.5 mg amiloride hydrochloride (as amiloride 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 atenolol orally once a day; some patients may respond adequately to 'Tenormin' low strength (LS).
**Children** - 'Kalten', 'Tenormin' and 'Tenormin' LS 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 micromol/l if not possible to monitor carefully and frequently. In renal impairment additional potassium conserving agents may cause hyperkalaemia.
Sensitivity to hydrochlorothiazide or amiloride hydrochloride.
'Tenormin' : Heart block.

**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 abnormal (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 oliguria occur.
Amiloride may precipitate hepatic encephalopathy.
Jaundice may occur in cirrhotic patients.
**Breast-feeding:** Discontinue if 'Kalten' deemed essential.

**SIDE EFFECTS**

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

'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.
STUART

# Generic f

*During the many conversations we have had with GPs, some serious questions have been raised about the issue of prescribing generics.*

*"What will patients think, if the move to generics leads to differences in the appearance of the medicine they need to use on a regular basis?"*

*"If low prices are to be the determining factor about what is to be prescribed, will it not reduce the level of investment in research for new and better products?"*

*"What do you expect from branded products apply to generics?"*

**Gx Limited is our response to those expressed reservations.**

**We are a British Company and part of the largest pharmaceutical group in the UK, sharing its commitment to investment in research and the development of new medicines.**

**The initial range of Gx products will meet many of the General Practitioner's prescription needs. Doctors will now be able to treat their patients knowing that the Gx products they prescribe will be of the highest quality and of consistent appearance.**

**Write the prefix Gx before the generic name on your prescriptions.**

**That way you get the advantages of the generic solution with the reassurance that a brand name implies.**

**This is why we say: Now you can prescribe a generic and its manufacturer.**

**For additional information write to:**
**Gx Limited**
**The Old Post House**
**London End**
**Beaconsfield**
**Bucks HP9 2JH**

**Gx. The last word in generics.**

# Gx. For quality.

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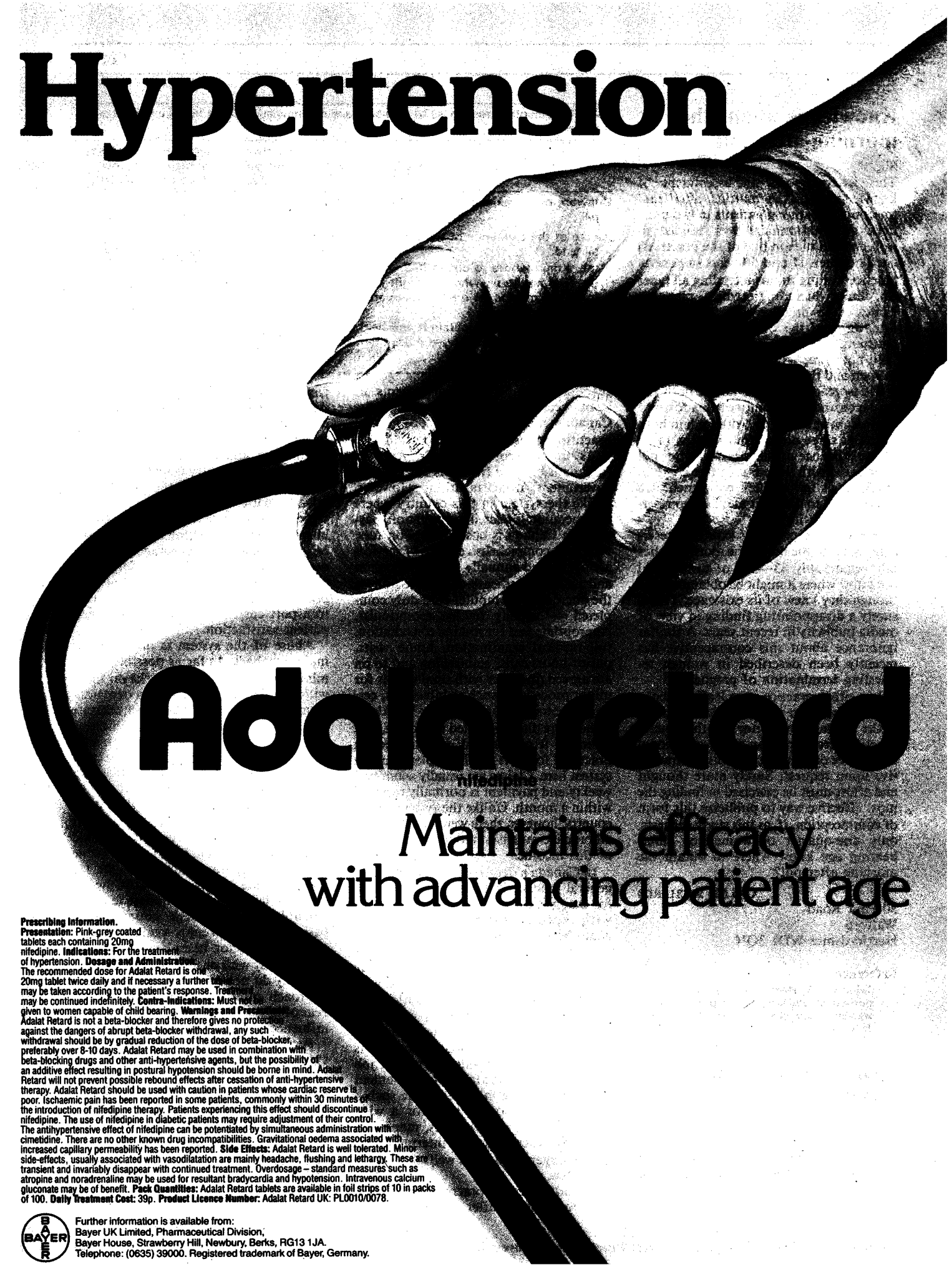
A member of the Glaxo Group of Companies

# Hypertension



# Adalat retard

nifedipine

## Maintains efficacy with advancing patient age

**Prescribing Information.**
**Presentation:** Pink-grey coated tablets each containing 20mg nifedipine. **Indications:** For the treatment of hypertension. **Dosage and Administration:** The recommended dose for Adalat Retard is one 20mg tablet twice daily and if necessary a further tablet may be taken according to the patient's response. Treatment may be continued indefinitely. **Contra-Indications:** Must not be given to women capable of child bearing. **Warnings and Precautions:** Adalat Retard is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal, any such withdrawal should be by gradual reduction of the dose of beta-blocker, preferably over 8-10 days. Adalat Retard may be used in combination with beta-blocking drugs and other anti-hypertensive agents, but the possibility of an additive effect resulting in postural hypotension should be borne in mind. Adalat Retard will not prevent possible rebound effects after cessation of anti-hypertensive therapy. Adalat Retard should be used with caution in patients whose cardiac reserve is poor. Ischaemic pain has been reported in some patients, commonly within 30 minutes of the introduction of nifedipine therapy. Patients experiencing this effect should discontinue nifedipine. The use of nifedipine in diabetic patients may require adjustment of their control. The antihypertensive effect of nifedipine can be potentiated by simultaneous administration with cimetidine. There are no other known drug incompatibilities. Gravitational oedema associated with increased capillary permeability has been reported. **Side Effects:** Adalat Retard is well tolerated. Minor side-effects, usually associated with vasodilatation are mainly headache, flushing and lethargy. These are transient and invariably disappear with continued treatment. Overdosage – standard measures such as atropine and noradrenaline may be used for resultant bradycardia and hypotension. Intravenous calcium gluconate may be of benefit. **Pack Quantities:** Adalat Retard tablets are available in foil strips of 10 in packs of 100. **Daily Treatment Cost:** 39p. **Product Licence Number:** Adalat Retard UK: PL0010/0078.

BAYER

Further information is available from:
Bayer UK Limited, Pharmaceutical Division,
Bayer House, Strawberry Hill, Newbury, Berks, RG13 1JA.
Telephone: (0635) 39000. Registered trademark of Bayer, Germany.