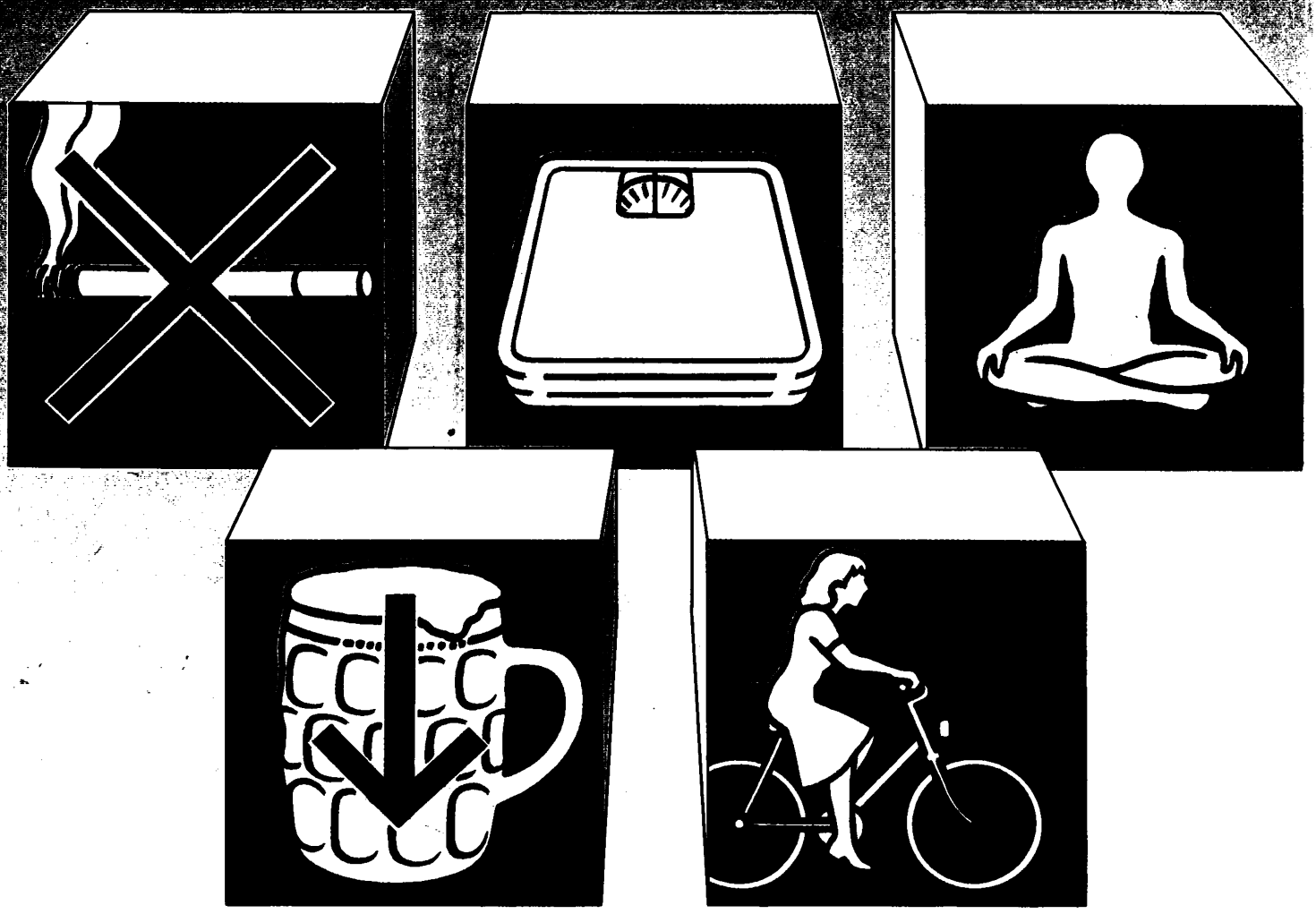

**ADALAT® ADALAT® 5 ADALAT® retard ADALAT® retard 10**
**Abridged Prescribing Information. Presentation:** Adalat/Adalat 5: orange soft gelatin capsules containing a yellow viscous fluid, overprinted with the Bayer cross and 'ADALAT' or 'ADALAT 5' and containing 10mg or 5mg nifedipine respectively. Adalat retard/Adalat retard 10: pink-grey lacquered tablets marked with the Bayer cross and '1U' or 'A10' and containing 20mg or 10mg nifedipine respectively. **Indications:** Adalat/Adalat 5: for the treatment and prophylaxis of angina pectoris and the treatment of Raynaud's Phenomenon. Adalat retard/Adalat retard 10: for the treatment of all grades of hypertension. **Dosage and Administration:** Adalat/Adalat 5: The recommended dose is one 10mg capsule three times daily with a little fluid during or after food, with subsequent titration of dose according to response. The dosage may be adjusted within the range 5mg three times daily to 20mg three times daily. Adalat 5 capsules permit titration of initial dosage in the elderly and those patients on concomitant medication. The recommended dose is one Adalat 5 capsule three times daily. Patients with hepatic dysfunction should commence therapy at 5mg three times daily with careful monitoring. If an immediate anti-anginal effect is required, the capsule should be bitten and the liquid contents held in the mouth. Adalat retard/ Adalat retard 10: The recommended dose is one 20mg tablet twice daily with a little fluid during or after food, with subsequent titration of dosage according to response. The dosage may be adjusted within the range 10mg twice daily to 40mg twice daily. Adalat retard 10 permits titration of initial dosage. The recommended dose is one Adalat retard 10 tablet twice daily and patients with hepatic dysfunction should commence therapy at this level, with careful monitoring. Regardless of the formulation used, patients with renal impairment should not require adjustment of dosage. There are no recommendations for use in children. Treatment may be continued indefinitely. **Contra-indications, warnings, etc. Contra-indications:** Nifedipine should not be administered to patients with known hypersensitivity to nifedipine or to women capable of child-bearing. Nifedipine should not be used in cardiogenic shock. **Warnings and Precautions:** Nifedipine may be used in combination with beta-blocking drugs and other antihypertensive agents but the possibility of an additive effect resulting in postural hypotension should be borne in mind. Nifedipine will not prevent possi rebound effects after cessation of other antihypertensive ther y. Nifed should be used with caution in patients whose cardiac reserv poor Caution should be exercised in patients with severe hypotension. Ischa pain has been reported in a small proportion of patients within 30 minu to four hours of the introduction of nifedipine therapy (depending on t formulation administered). Although a 'steal' effect has not been demonstrated, patients experiencing this effect should discontinue The use of nifedipine in diabetic patients may require adjustment of control. The antihypertensive effect of nifedipine may be potentiate simultaneous administration of cimetidine. When used in combinat nifedipine, serum quinidine levels have been shown to be suppress regardless of dosage of quinidine. No information is available on th nifedipine during lactation. **Side-effects:** Most side-effects are co of the vasodilator effects of nifedipine and include headache, dizz flushing. Gravitational oedema, not associated with heart failure gain, has also been reported. Other less commonly reported sid