P KEEP THEM OUT GRE

PRESCRIBING NOTES

Consult data sheet before prescribing.
USE: All grades of essential hypertension and renovascular hypertension. Congestive heart

OSE: All gradues of essential imperiterision and renovascular imperiterision. Congestive heart failure (adjunctive therapy).

PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ("Zestrif").

DOSAGE AND ADMINISTRATION: Hypertension. Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once-daily. Maximum is 40mg daily. Diuretic-treated patients – if possible stop diuretic 2-3 days before starting "Zestrif". Resume diuretic later if desired.

later in destreta.

Congestive heart failure: Adults finduding elderlyis initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

blood pressure and renal function.

Renal impairment: May require lower maintenance dosage.

CONTRAINDICATIONS: Pregnancy: Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, corpulmonate or outflow tract obstruction.

PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypotension.

Drioks: Assessment of renal function is recommended. Swippformalic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery

Caution in nursing mothers. No paediatric experience.

or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to "Zestrii". Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concornitant use with high-flux dialysis membranes. SIDE EFFECTS: Hypotension, dizziness, freadache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic cedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, paundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia cilguna aruria, arenal dysfunction, acute renal failure, impotence, a symptom complex which may include fever vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinochilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur. Increases jusually reversible) in blood urea, serum creatinine, liver enzymes and serum

eusinor mila, leukocytusis, rash, photosensilvity or otner dernatiological manifestations may occur. Increases lusually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkelaemia. PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: Zestril 2 Sing (29/0208) 28 tablets. \$13.72. Tablets. \$17.84; Sing (29/0204) 28 tablets, \$13.72.

Zestril' is a trademark.



Further information is available from: ICI Pharmaceuticals, King's Court, Water Lane, Wilmstow, Cheshire SK9 5AZ.

REFERENCE: 1. Kannel WB. Am J Med 1983; 75: 4-11.

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