In Hypertension,

There’s safety in these numbers

Most common side effects, generally mild and transient, are: dizziness, headache, drowsiness, palpitations, and nausea. Syncope has been reported in about 0.15% of patients at the recommended initial dose of 1 mg.
MINIPRESS® (prazosin HCl)
Blood pressure control that leaves other CHD risk factors unaffected

1. Effectively reduces high blood pressure—by reducing peripheral vascular resistance
2. Does not adversely affect the lipid profile.
   Thiazide diuretics and beta blockers have been shown to produce adverse lipid changes which may negate the benefit of blood pressure reduction
3. Does not impair exercise capacity.
   Resting heart rate and cardiac output are not reduced—so patients can continue to engage in dynamic exercise and pursue an active lifestyle
4. Has no significant effect on glucose metabolism—so control in diabetic patients is not compromised
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5. Regression of left ventricular hypertrophy.
   Significant reduction of left ventricular mass has been associated with blood pressure reduction by MINIPRESS

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Dosages most commonly employed have ranged from 6 mg to 15 mg daily given in divided doses. Doses higher than 20 mg usually do not increase efficacy; however a few patients may benefit from doses up to 40 mg daily given in divided doses. Treatment is usually initiated by administering MINIPRESS at an initial dose of 1 mg, two or three times a day. The dosage may be slowly increased to a total daily dose of 20 mg given in divided doses. The therapeutic response to MINIPRESS may be evaluated in terms of improved blood pressure control, improved exercise tolerance, and support of fluid and electrolyte balance.

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15th International Joint Conference on Stroke and Cerebral Circulation

February 15-17, 1990
Marriott's Orlando World Center
Orlando, Florida

**Abstract Deadline** September 1, 1989

Further information may be obtained through:

American Heart Association
National Center
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7320 Greenville Avenue
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Physicians and investigators are encouraged to submit abstracts on the clinical or experimental aspects of the pathogenesis, diagnosis, and medical and surgical management of vascular diseases of the brain and spinal cord.

Abstracts accepted for presentation will be published in the January 1990 issue of Stroke, a journal of the American Heart Association.
1989

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More than 50 years ago investigators from the United States and Argentina simultaneously and independently discovered angiotensin, one of the most significant contributions to the study of hypertension. The Inter-American Society of Hypertension, created 10 years ago, has held a scientific conference every two years to foster communication among scientists in the fields of basic and clinical hypertension research.

The Proceedings of the 7th Scientific Meeting of the Inter-American Society
Edgar Haber (ed)

Hypertension Monograph

This supplement to Hypertension contains the proceedings of the seventh scientific meeting held May 10-13, 1987, in Buenos Aires, Argentina. Included are state-of-the-art lectures, special lectures, and a satellite symposium on calcium antagonists, as well as original articles on atrial natriuretic factor immunoreactivity in human fetal lung tissue and perfusates, contractile response of spontaneously hypertensive rat caudal artery to phorbol esters, and the role of vasopressin in blood pressure maintenance in diabetic orthostatic hypotension. Supplement to Hypertension, February 1988. Hypertension Monograph No. 4, soft cover, 235 pp. ISSN 0194-911X ISBN 0-87493-653-5.

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Effective monotherapy

Cardizem SR as monotherapy shows significant blood pressure reduction

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<tr>
<th>Mean supine blood pressure</th>
<th>CARDIZEM SR (n = 40)</th>
<th>Placebo (n = 37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>156</td>
<td>156</td>
</tr>
<tr>
<td>Week 12</td>
<td>145*</td>
<td>157</td>
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</tbody>
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Double-blind study of 77 patients (14% black)
Mean age: 57
Dosage: Cardizem SR: up to 360 mg/day
*P<0.01 vs baseline

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3. Hypersensitivity. Decreases in blood pressure associated with CARBIZEM therapy have been reported in some patients with angina pectoris. In addition, diltiazem may increase the risk of developing angina pectoris or unstable angina. Therefore, CARBIZEM should be used with caution in patients with a history of angina pectoris.

4. Acute Myocardial Infarction. Patients with acute myocardial infarction and congestive heart failure have been studied with diltiazem. The effects of diltiazem on myocardial function and hemodynamics in these patients have not been evaluated.

5. Arrhythmias. Diltiazem may cause sinus bradycardia, AV block, and atrioventricular block.

6. Renal Function. Diltiazem is primarily excreted unchanged by the kidneys. Therefore, patients with renal impairment should be monitored closely while receiving diltiazem.

7. Pregnancy. Diltiazem has been shown to cause sinus bradycardia, AV block, and atrioventricular block. Therefore, diltiazem should be used with caution in pregnant women.

8. Intra-Aortic Balloon Counterpulsation (IABC). Diltiazem may cause sinus bradycardia, AV block, and atrioventricular block. Therefore, diltiazem should be used with caution in patients undergoing IABC.

9. Drug Interactions. Diltiazem may interact with other drugs that affect cardiac conduction, such as beta-blockers, calcium channel blockers, and antiarrhythmic agents.

10. Laboratory Tests. Diltiazem may affect laboratory tests, including ECG, blood pressure, and heart rate. Therefore, patients should be monitored closely while receiving diltiazem.

11. Adverse Reactions. Adverse reactions reported with diltiazem include bradycardia, AV block, and atrioventricular block. Therefore, diltiazem should be used with caution in patients with a history of these conditions.

12. Treatment of Overdosage. Overdosage of diltiazem may cause sinus bradycardia, AV block, and atrioventricular block. Therefore, diltiazem should be used with caution in patients with a history of these conditions.

13. Other Precautions. Diltiazem may cause sinus bradycardia, AV block, and atrioventricular block. Therefore, diltiazem should be used with caution in patients with a history of these conditions.

ANTHOCARDINAL BENEFITS

1. Cardiovascular. CARBIZEM protects AV node refractory periods without significantly prolonging atrial refractory periods, and may slow the AV node in patients with sick sinus syndrome. This effect may result in a slowing of AV conduction and possible heart block.

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Michael J. Horan, Victor J. Dzau, and Mitzy Canessa (eds)
Cation transport, which may be helpful in predicting which normotensive individuals are at increased risk for developing hypertension, was a focus of the Workshop on Cation Transport and Natriuretic Factors held May 13-14, 1985, in Cambridge, Massachusetts, and sponsored by the National Heart, Lung, and Blood Institute. Updated versions of the papers presented and discussed at the workshop include the influence of atrial natriuretic factor on sodium-potassium-chloride cotransport in vascular smooth muscle cells and the identification, purification, and role of atrial natriuretic factor in blood pressure regulation and in hypertension. Supplement to Hypertension, November 1987. Hypertension Monograph No. 3, soft cover, 130 pp. ISSN 0194-911X ISBN 0-87493-652-7.
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The Proceedings of the 7th Scientific Meeting of the Inter-American Society
Edgar Haber (ed)
More than 50 years ago investigators from the United States and Argentina simultaneously and independently discovered angiotensin, one of the most significant contributions to the study of hypertension. The Inter-American Society of Hypertension, created 10 years ago, has held a scientific conference every two years to foster communication among scientists in the fields of basic and clinical hypertension research. This supplement to Hypertension contains the proceedings of the seventh scientific meeting held May 10-13, 1987, in Buenos Aires, Argentina. Included are state-of-the-art lectures, special lectures, and a satellite symposium on calcium antagonists, as well as original articles on atrial natriuretic factor immunoreactivity in human fetal lung tissue and perfusates, contractile response of spontaneously hypertensive rat cerebral artery to phorbol esters, and the role of vasopressin in blood pressure maintenance in diabetic orthostatic hypotension. Supplement to Hypertension, February 1988. Hypertension Monograph No. 4, soft cover, 235 pp. ISSN 0194-911X ISBN 0-87493-653-5.
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Michael J. Horan, Lot B. Page (eds)
Over the past 20 years, the efficacy of drug treatment for hypertension in reducing the incidence of death and major cardiovascular morbidity events has been clearly demonstrated. At this National Institutes of Health Workshop held April 28-29, 1986, in Bethesda, Maryland, facets in the management of hypertension that contribute to treatment failure or to clinical morbidity even when blood pressure is controlled were critically examined. This supplement to Hypertension contains the proceedings from that workshop and covers such topics as phenylpropanolamine and other over-thecounter vasoactive compounds, classification of resistant hypertension, and blood pressure monitoring outside the office for the evaluation of patients with resistant hypertension. Supplement to Hypertension, March 1988. Hypertension Monograph No. 5, soft cover, 106 pp. ISSN 0194-911X ISBN 0-87493-654-3.
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In September 1984, the National Heart, Lung, and Blood Institute sponsored a conference on the use of echocardiography in hypertension research. This supplement to the February 1987 issue of Hypertension contains proceedings of the conference. Included are papers on reproducibility of echocardiographic measurements, standardization in measurement of wall mass by M-mode and two-dimensional echocardiography, measurement of left ventricular wall mass in pediatric patients, echocardiography in epidemiology, future directions in the use of echocardiography, and recommendations concerning its use in hypertension and general population research. Hypertension Monograph No. 1, soft cover, 104 pp. ISBN 0-87493-650-0
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The Heart and Coronary Vessels in Hypertension
Robert C. Tarazi (ed)
Relationships between the heart, coronary vessels, and hypertension are the theme of this monograph, which is a supplement to the January 1987 issue of Circulation. Topics include a critical review of coronary reserve, the effects of aging and hypertension on the myocardium, reversal of cardiac hypertrophy as a goal of antihypertensive therapy, and evidence of the existence of renin in the heart. Robert C. Tarazi reviewed and edited the manuscripts contained in this volume, which was published one year after his death. Circulation Monograph No. 1, soft cover, 179 pp. ISBN 0-87493-250-5
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Proceedings of the Council for High Blood Pressure Research, 1986
Michael J. Dunn (ed)
For the past three years, the fall conference of the council for High Blood Pressure Research has grown considerably. Not only has the number of submitted manuscripts increased but also the diversity of topics, indicating the high scientific quality of basic and clinical work in hypertension research. The 1986 proceedings covered such topics as the contribution of bradykinin in the maintenance of normal blood pressure, the role of $\alpha_2$- and $\alpha_2$-adrenergic receptors in the human hypertensive kidney, and the possible influence of the Multicenter Clinical Trials on consumer education. Supplement to Hypertension, June 1987. Hypertension Monograph No. 2, soft cover, 214 pp. ISSN 0194-911X ISBN 0-87493-651-9
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For more details, including information on treatment, see the Brief Summary of Prescribing Information on the last page of this advertisement.

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VASOTEC (ENALAPRIL MALEATE/MSD) is available in 2.5-mg, 5-mg, 10-mg, and 20-mg tablet strengths.

Contraindications: VASOTEC (Enalapril Maleate) should be used cautiously in patients who are hypersensitive to this product and in patients with a history of angina related to previous treatment with an ACE inhibitor. Angina may be worsened by angiotensin-converting enzyme (ACE) inhibition in a small number of patients.

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Hyperkalemia: Angioedema: Angioedema of the face, lips, tongue, glottis, or larynx has been reported in patients receiving VASOTEC. The use of ACE inhibitors may cause significant increases in serum potassium. Therefore, concomitant use with these agents is not recommended unless the patient is at risk for angioedema.

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Other Cardiovascular Agents: VASOTEC has been used concomitantly with beta-adrenergic blocking agents, digoxin, digitalis, and other antiarrhythmic drugs. This combination has been recommended to control ventricular tachycardia and to prevent recurrence of atrial fibrillation.

Drug Interactions:

Hypersensitivity: Patients on Diltiazem Therapy: Patients on diltiazem therapy should be observed carefully if angiotensin-converting enzyme (ACE) inhibitors are added to their current regimen. Concomitant use with these agents is not recommended unless the patient is at risk for hypertensive crisis.

Other Cardiovascular Agents: VASOTEC has been used concomitantly with beta-adrenergic blocking agents, digoxin, digitalis, and other antiarrhythmic drugs. This combination has been recommended to control ventricular tachycardia and to prevent recurrence of atrial fibrillation.

Leukemia: A few cases of leukemia have been reported in patients receiving concomitant VASOTEC and leukemic therapy. This combination has been recommended to control leukemic symptoms and to prevent recurrence of leukemic disease.

Adverse Reactions:

In controlled clinical trials, patients treated with VASOTEC have been found to be generally well tolerated. In clinical trials, the most common adverse reactions were:

Heart Failure:

Hypertension:

Other Cardiovascular Agents:

Drug Interactions:

Contraindications:

Precautions:

Other Cardiovascular Agents:

Drug Interactions:

Contraindications:

Precautions:

Other Cardiovascular Agents:

Drug Interactions:

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