Circulation

A monthly devoted to clinical research and advances in the cardiovascular field. ISSN 0009-7322.
Editor: John Ross Jr., M.D.

Circulation Research

A monthly concerned with basic research in the cardiovascular field. ISSN 0009-7330.
Editor: Harry Fozzard, M.D.

Hypertension

A monthly concerned with clinical and basic research in the hypertension field. ISSN 0194-911X.
Editor: Allyn L. Mark, M.D.

Stroke

A monthly concerned with diagnosis, treatment, and rehabilitation of cerebrovascular disease. ISSN 0039-2499.
Editor: Oscar M. Reinmuth, M.D.

Arteriosclerosis

Original articles bearing on the biology, prevention, and impact of vascular diseases relating to arteriosclerosis. Bimonthly. ISSN 0276-5047.
Editor: Edwin L. Bierman, M.D.

Recurring Bibliography of Hypertension

Bimonthly, in cooperation with the National Library of Medicine. ISSN 0090-1326.

Modern Concepts of Cardiovascular Disease

A concise monthly review of one cardiovascular subject written by an authority. Indexed in Excerpta Medica. ISSN 0026-7600.
Editor: James F. Spann, M.D.

Current Concepts of Cerebrovascular Disease — Stroke

Offers practical information to the practicing physician in an area of increasing medical interest. Bimonthly. ISSN 0884-4194.
Editor: Anthony J. Furlan, M.D.

Cardiovascular Nursing

Designed to bring new developments in care for patients with heart disease to the attention of the nursing profession. Bimonthly. Indexed in Cumulative Index to Nursing and Allied Health Literature. ISSN 0008-6355.
Editor: Karyn Holm, Ph.D., R.N.

IF YOU HAVE ONE OF THESE, YOU SHOULD HAVE ONE OF THESE.

From chicken fajitas to pesto to mocha cheesecake, here are 200 recipes that combine sound nutrition with delicious cooking. More than a cookbook, this is a source book for managing cholesterol in your life. And the 200 mouth-watering recipes make eating a pleasure for anyone who has a heart.
A NEW ANTIHYPERTENSIVE AGENT THAT PROVIDES THERAPEUTIC BENEFITS

MARION LABORATORIES INTRODUCES NEW CARDIZEM® SR (diltiazem HCl) sustained release capsules For hypertension

Please see brief summary of prescribing information on last page of this advertisement.
Effective monotherapy

Cardizem SR as monotherapy shows significant blood pressure reduction

<table>
<thead>
<tr>
<th></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>156</td>
</tr>
<tr>
<td>Mean supine blood pressure</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>90*</td>
<td>98</td>
</tr>
</tbody>
</table>

Double-blind study of 77 patients (14% black)
Mean age: 57
Dosage: Cardizem SR: up to 360 mg/day
*P<0.01 vs baseline

High patient acceptance

- **Established safety**
- Low incidence of CNS side effects, sexual dysfunction, constipation, and other adverse effects
- Most commonly reported side effects in clinical trials include edema, headache, dizziness, asthenia, sinus bradycardia, flushing, and 1° AV block
- No electrolyte disturbances
NEW CARDIZEM SR (diltiazem HCl) sustained release capsules
For hypertension

Effective in a wide range of patients

For a variety of patient profiles

Convenient bid dosage

- 90 mg bid starting dose†

- Initially available in 90 and 120 mg capsules

†Dosage must be adjusted to each patient’s needs, starting with 60 to 120 mg twice daily.

- Older as well as younger¹

- Black as well as white⁴
**NEW CARDIZEM SR (diltiazem HCl) sustained release capsules**

**For hypertension**

**AN AGENT THAT PROVIDES THERAPEUTIC BENEFITS**

**Starting Dosage:**

90 mg bid*  

Also Available: 120-mg capsules

*Dosage must be adjusted to each patient's needs, starting with 60 to 120 mg twice daily.

---

**DOUBLE BLIND PLACEBO CONTROLLED HYPERTENSION TRIALS**

<table>
<thead>
<tr>
<th>Placebo</th>
<th>Diltiazem 60 mg bid%</th>
<th>Placebo</th>
<th>Diltiazem 120 mg bid%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>38 (12%)</td>
<td>19 (6%)</td>
<td>41 (13%)</td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>24 (8%)</td>
<td>26 (8%)</td>
<td>32 (10%)</td>
</tr>
<tr>
<td>Allergies</td>
<td>22 (7%)</td>
<td>19 (6%)</td>
<td>20 (6%)</td>
</tr>
<tr>
<td>Adenoma</td>
<td>19 (6%)</td>
<td>20 (6%)</td>
<td></td>
</tr>
<tr>
<td>Brocardia</td>
<td>9 (3%)</td>
<td>10 (3%)</td>
<td>16 (5%)</td>
</tr>
<tr>
<td>ECG abnormality</td>
<td>13 (4%)</td>
<td>10 (3%)</td>
<td>11 (3%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>6 (2%)</td>
<td>9 (3%)</td>
<td>20 (6%)</td>
</tr>
<tr>
<td>Paroxysmal atrial tachycardia</td>
<td>5 (1%)</td>
<td>5 (1%)</td>
<td>2 (0%)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>4 (1%)</td>
<td>3 (1%)</td>
<td>2 (0%)</td>
</tr>
<tr>
<td>Paresthesias</td>
<td>4 (1%)</td>
<td>5 (1%)</td>
<td>10 (3%)</td>
</tr>
<tr>
<td>Palynka</td>
<td>4 (1%)</td>
<td>3 (1%)</td>
<td>2 (0%)</td>
</tr>
<tr>
<td>Somnolence</td>
<td>4 (1%)</td>
<td>3 (1%)</td>
<td>3 (1%)</td>
</tr>
</tbody>
</table>

In addition, the following events were reported infrequently in patients receiving either placebo or diltiazem.

- **Cardiovascular:** Angina, arrhythmia, bundle branch block, tachycardia, ventricular extrasystoles, congestive heart failure, syncope.
- **Respiratory:** Asthma, bronchitis, dyspnea, epistaxis, nose irritation, nasal congestion, pulmonary edema, respiratory infections.
- **Gastrointestinal:** Anorexia, diarrhea, flatulence, gas, nausea, vomiting, weight increase.
- **Urogenital:** Urinary retention.
- **Neurologic:** Ataxia, dizziness, numbness, paresthesias, seizures.
- **Hematologic:** Anemia, petechiae, purpura, thrombocytopenia.
- **Miscellaneous:** Edema, erythema, fever, gastralgia, headache, hiccups, hyperglycemia, hyperkalemia, hyperbilirubinemia, hyperuricemia, insomnia, micturition, myalgia, myasthenia, myopathy, myositis, myoglobinuria, otitis media, pruritus, stomatitis, tinnitus, urticaria, vertigo, weight change, xerostomia.

---

**References:**


---

**Postmarket Surveillance:**

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM SR capsules: angina pectoris, arrhythmia, dizziness, gynecomastia, headache, insomnia, myasthenia, myopathy, nausea, nervousness, palpitations, parestesia, pruritus, somnolence, syncope, tinnitus, tachycardia, urticaria, vertigo, weight change.

---

**Additional Patient Benefit:**

Additional patient benefit from pharmaceutical division

Marion Laboratories, Inc.
American Heart Association

Please send a sample copy of:

- Arteriosclerosis
- Circulation
- Circulation Research
- Hypertension
- Stroke
- Recurring Bibliography of Hypertension
- Modern Concepts of Cardiovascular Disease
- Recurring Bibliography of Hypertension
- Modern Concepts of Cardiovascular Disease
- Current Concepts of Cerebrovascular Disease — Stroke
- Cardiovascular Nursing
- Scientific Publications 1989 Catalog

to the librarian at my institution

with my recommendation to subscribe

American Heart Association

Please send a sample copy of:

- Arteriosclerosis
- Circulation
- Circulation Research
- Hypertension
- Stroke
- Recurring Bibliography of Hypertension
- Modern Concepts of Cardiovascular Disease
- Current Concepts of Cerebrovascular Disease — Stroke
- Cardiovascular Nursing
- Scientific Publications 1989 Catalog

to the librarian at my institution

with my recommendation to subscribe

American Heart Association

Please send a sample copy of:

- Arteriosclerosis
- Circulation
- Circulation Research
- Hypertension
- Stroke
- Recurring Bibliography of Hypertension
- Modern Concepts of Cardiovascular Disease
- Current Concepts of Cerebrovascular Disease — Stroke
- Cardiovascular Nursing
- Scientific Publications 1989 Catalog

to the librarian at my institution

with my recommendation to subscribe
Easy mg-for-mg Switch to Convenient, Once-Daily Dosing

- Over 90% of angina patients controlled on nifedipine capsules were easily switched to and controlled on PROCARDIA XL Extended Release Tablets at the nearest total daily dose.

Once-a-Day PROCARDIA XL
(nifedipine) Extended Release Tablets
30 mg, 60 mg and 90 mg

The Only Once-a-Day Calcium Channel Blocker for Both Hypertension and Angina

Switch From Nifedipine Capsules to PROCARDIA XL Extended Release Tablets

Capsules

<table>
<thead>
<tr>
<th>PROCARDIA XL Tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>30–40 mg/day in divided doses</td>
</tr>
<tr>
<td>50–70 mg/day in divided doses</td>
</tr>
<tr>
<td>80–100 mg/day in divided doses</td>
</tr>
</tbody>
</table>

- The total daily dose can be given with multiple tablets once a day, such as two 60-mg PROCARDIA XL Extended Release Tablets to equal 120 mg total daily dose.

- Experience with doses > 90 mg in patients with angina is limited; therefore, doses > 90 mg should be used with caution and only when clinically warranted.

- Subsequent dosage adjustments may be necessary and should be initiated as clinically warranted.

- Favorable vasodilatory side-effects profile. The most common side effects are peripheral edema, which is not associated with fluid retention, and headache.

Call 1-800-TODAY-RX for additional information on switching to once-a-day PROCARDIA XL Extended Release Tablets.
THE EMERGENCE OF A NEW SOURCE OF 24-HOUR ANTIHYPERTENSIVE AND ANTIANGINAL PROTECTION

Once-a-Day

**Procardia XL**
(nifedipine) Extended Release

Tablets 30 mg, 60 mg and 90 mg GITS

Please see brief summary of prescribing information on the adjacent page.