Hardhearted

Thiazide Diuretics

Increases in cholesterol
Can cause atherogenic changes associated with increased CHD risk

Potassium depletion
Can result in muscle weakness, fatigue, and even cardiac arrhythmias
Kindhearted

LOZOL® (indapamide)

No significant increases in cholesterol in most patients*

In long-term clinical trials, Lozol has demonstrated little or no effect on serum cholesterol levels²-⁴

Minimal impact on potassium†

95% of patients showed no clinical hypokalemia in a long-term trial³

The diuretic that doesn’t compromise cholesterol

*Lozol is not a cholesterol-lowering agent, nor has it been shown to reduce existing atherosclerotic plaque.
†Because of the diuretic effects of Lozol, changes in certain electrolytes can occur. Determination of serum electrolytes should therefore be performed.
Lozol (indapamide) is a thiazide diuretic used to treat hypertension and edema associated with heart failure. It is manufactured by Servier Laboratories Limited. This document provides information on the adverse reactions, interactions, precautions, and usage of Lozol.

**Adverse Reactions:**
- Most adverse reactions have been mild and transient.
- In long-term studies of hypertensive patients, these reactions included:
  - Hypokalemia
  - Hyperuricemia
  - Hyperglycemia
  - Hyponatremia
  - Hypochloremia
  - Increased serum creatinine

**Drug Interactions:**
- Lozol (indapamide) may add to or increase the effects of other antihypertensive drugs, including beta-blockers, ACE inhibitors, and angiotensin receptor blockers.
- It should be used cautiously with digoxin due to increased risk of hypokalemia.

**Precautions and Usage:**
- Lozol is not recommended for use in patients with severe renal impairment (creatinine clearance < 10 ml/min).
- It may be used in patients with diabetes if serum potassium levels are closely monitored.

**Warnings:**
- Hypokalemia occurs commonly with diuretics, and electrolyte monitoring is recommended, especially in the elderly and patients with diabetes.
- Other electrolyte abnormalities, such as hyperuricemia and hyperglycemia, may also occur.

**Additional Information:**
- Lozol is available in 1 mg and 2 mg strengths.
- The elderly may be more sensitive to the effects of Lozol, and the starting dose should be lower.
- Lozol is excreted in human milk. It is not known if the drug is excreted in human milk. It is recommended that breastfeeding mothers avoid the use of Lozol.

**Customer Service:**
- For more information, contact Scientific Publishing Customer Service at 214-706-1310.

**Additional References:**
1989
New Orleans, Louisiana
November 13-16

1990
Dallas, Texas
November 12-15

1991
Anaheim, California
November 18-21

1992
New Orleans, Louisiana
November 9-12
Preview a new interactive cholesterol education program

62nd Scientific Sessions of the American Heart Association
New Orleans, LA November 13-16, 1989
Sandoz Pharmaceuticals Corporation introduces

The American Heart Association
Cholesterol Education Program

A comprehensive software program for physicians on the physiology and management of hypercholesterolemia

"WHY TREAT?"
A discussion of six major clinical trials that examines the link between cholesterol and coronary heart disease. A graphic description of atherosclerosis is also included.

"WHOM TO TREAT?"
Guidelines on detection, risk status, classification of hyperlipoproteinemias, management goals, and special patients.

"HOW TO TREAT?"
A comprehensive description of diet and drug therapy.

"LIPID MOVIE"
An in-depth presentation on lipids, lipoproteins, and lipid transport.

TWO INTERACTIVE EXERCISES
"Patient Profiles" and "Diet Decisions."

GLOSSARY AND BIBLIOGRAPHY

Sandoz Pharmaceuticals Corporation, Booth 1919
November 13-16, 1989, New Orleans, LA
THE EMERGENCE OF A NEW SOURCE OF 24-HOUR ANTIHYPERTENSIVE AND ANTIANGINAL PROTECTION

New, Once-a-Day

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

**Procardia XL**

(nifedipine) Extended Release

Tablets 30 mg, 60 mg and 90 mg GITS

**24-HOUR CONTROL**
FOR BOTH HYPERTENSION AND ANGINA WITH ONCE-DAILY DOSING

NOW, Once-Daily Dosing Controls Hypertension
- The only calcium channel blocker indicated for once-a-day dosing at all doses
- Effective as monotherapy¹ and in combination²

Once-Daily Dosing Controls Angina
- The only once-a-day calcium channel blocker for angina
- Easy to switch from nifedipine capsules to PROCARDIA XL Extended Release Tablets³,⁴
- PROCARDIA XL angina indications: Patients with proven or suspected vasospastic angina, and patients with classic effort angina who remain symptomatic despite adequate doses of beta blockers and/or nitrates or who cannot tolerate these agents

New 24-Hour Controlled-Release Delivery System
- Releases nifedipine into the gastrointestinal tract at an essentially constant rate over the 24-hour period, independent of pH, with no dose dumping⁵,⁶
- Minimal serum fluctuations — no significant peaks, no significant troughs³
- Favorable vasodilatory side-effects profile. The most common side effects are peripheral edema, which is not associated with fluid retention, and headache
  
  In controlled trials of 776 patients with PROCARDIA XL, edema resulted in discontinuation of therapy in 2.7% of patients.⁷

Please see brief summary of prescribing information on last page
24-HOUR CONTROL FOR BOTH HYPERTENSION AND ANGINA WITH ONCE-DAILY DOSING

EASY TO INITIATE ONCE-DAILY DOSING

- Initiate once-a-day therapy with a single 30-mg or 60-mg PROCARDIA XL Extended Release Tablet, swallowed whole.

EASY TO SWITCH TO ONCE-DAILY DOSING

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

TITRATION SHOULD PROCEED AS CLINICALLY WARRANTED

- For full dosage instructions, see prescribing information.

References:

Procardia XL (nifedipine) Extended Release Tablets 30 mg, 60 mg and 90 mg GITS

Pfizer LABORATORIES DIVISION

PEIZER INC.