HYPERTENSION: ISSUES FOR THE 80's

Step-Down Therapy
The Issue: Is Step-Down Therapy a Viable Therapeutic Option?

Although it is rarely possible to withdraw all drugs and maintain normotensive levels in most hypertensives, after initial control has been sustained for a period of six months to one year, many patients will respond successfully to reduction or even withdrawal of Step 2, 3 or 4 agents. Of course, drugs should be reduced gradually and patients monitored closely for the possibility of rebound to elevated blood pressure levels. When successful, the step-down approach to therapy simplifies the drug regimen, lowers cost, decreases the incidence of side effects and encourages compliance.

'Dyazide': In Hypertension:... When You Need to Conserve K+

As the hydrochlorothiazide in 'Dyazide' lowers blood pressure, the triamterene component limits potassium loss. There is seldom a need to complicate the maintenance regimen with potassium-rich foods or multiple daily doses of potassium salts, a significant benefit for the mild, asymptomatic hypertensive who may abandon any therapeutic program which causes discomfort or inconvenience. In fact, potassium salts should not be given with 'Dyazide' except in the rare patient in whom hypokalemia develops or dietary potassium is markedly impaired. So when potassium loss interferes with patient adherence to the therapeutic program or compromises patient status, it makes sense to prescribe 'Dyazide'.

Serum K+ and BUN Should Be Checked Periodically, particularly in the elderly, diabetics and those with suspected or confirmed renal insufficiency (see Warnings). If hyperkalemia develops, substitute a thiazide alone.

POTASSIUM-SPARING DYAZIDE®

Each capsule contains 50 mg of Dyrenium® (triamterene) and 25 mg of hydrochlorothiazide.

Before prescribing, see complete prescribing information in SK&F Literature or PDR. The following is a brief summary.

WARNING
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy directed to the individual. If this combination represents the continuing management, its use may be more convenient in patient management. Treatment of hypertension and edema is not drastic, but must be realistic as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in antriacon or progressive renal or hepatic dysfunction, hyperkalemia, preexisting elevated serum potassium, hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. It is recommended that diuretics be used initially in the treatment of edema. If potassium tablets are given, a potassium-sensitive blood level should be established for each patient. It is feasible to administer a potassium-sparing drug simultaneously in edema or hypertension. When used concurrently with other potassium-sparing agents, such as amiloride, spironolactone, triamterene or triamterene, the occurrence of elevated plasma potassium levels should be anticipated. The potential for the development of hyperkalemia may be greater in elderly patients or those with hepatic or renal insufficiency. Hyperkalemia may be more likely to occur with concurrent use of: Hydrochlorothiazide with this drug may cause hyperkalemia. The use of diuretics does not preclude the possibility of hyperkalemia. Dietary intake of potassium-rich foods, supplemental potassium, potassium-sparing agents, and other medications that cause hyperkalemia, as well as those that cause hypokalemia, should be evaluated. Periodic determination of potassium levels and BUN levels should be carried out. When aniconia (unbase) of 100 (intended for institutional use only): In

SK&F Co. an Astra company
Carolina, P.R. 00630

8K4F Co. literature or PDR.
Fifty-three articles are included in the 248 page monograph representing the proceedings of the InterAmerican Society of Hypertension at Vina del Mar, Chile, 1981. Five "overview" articles precede each section of the reports including articles on hypertension research, prostaglandins, the cause of high blood pressure, etiology of essential hypertension, and treatment. Overview authors include Drs. Ramon Rosas, Norberto A. Terragno, David F. Bohr, Ricardo Cruz-Coke and Edward D. Freis.

AHA Monograph No. 83

Supplement to HYPERTENSION, November/December 1981

248 Pages (soft cover)      Price: $8:00

To order use this coupon

Check enclosed (Make Payable to the American Heart Association)
Send me _______ copies of Proceedings of the Fourth Scientific Meeting of the InterAmerican Society of Hypertension at $8:00 each (73-069A)

NAME

STREET

CITY

STATE    ZIP CODE

MAIL TO: American Heart Association
7320 Greenville Ave.
Dallas, Texas 75231
The Scientific Sessions of the American Heart Association represent three and one-half days of invited lectures and investigative reports, all conducted simultaneously and arranged to present subject areas in all fields of cardiovascular disease and related disciplines.

Cardiovascular nursing research may be focused on individuals, laboratory animals, or patients. It should study aspects of the cardiac field and contribute to new scientific knowledge or theory.

Abstracts selected for presentation will be published in a supplement to CIRCULATION (October, 1982).

Postmark deadline for submission of abstracts and scientific exhibit applications is May 21, 1982.

Guidelines, forms and information may be obtained from the Section on Scientific Sessions, American Heart Association, 7320 Greenville Avenue, Dallas, Texas 75231.
In hypertensive patients:

Other risk factors in CHD are diabetes, obesity, lack of exercise, stress, heredity, sex, age, race.

*Percent equals chances in 100 of developing coronary heart disease within 6 years.

Consider the Risks

- When selecting antihypertensive therapy, clinical consideration should be given to the effects of the specific drug on coronary risk factors. Blood pressure control should be achieved without adversely affecting blood lipids.

Minipress Effectively Controls Hypertension Without Adverse Effect on Blood Lipids†

- Minipress effectively treats hypertension. Patients have benefited from the effectiveness of Minipress in over 5 years of clinical use in this country.1-5

- Minipress has been shown not to have an adverse effect on blood lipids, according to The Oslo Study and other reports.6-9 Because Minipress lowers high blood pressure and does not produce lipid changes which are potentially atherogenic, it provides your patient with a net reduction in risk.

†Minipress is not indicated for the treatment of hyperlipidemia.

Please see Minipress brief summary on following page.
MINIPRESS® (prazosin hydrochloride) capsules In bottles of 250, 500 and unit dose Institutional and/or pain

MINIPRESS® (prazosin hydrochloride) may cause syncope with sudden loss of consciousness, in most cases this is believed to be due to an excessive postural hypotensive effect, although occasionally the syncope episodes have been preceded by a host of severe tachycardia with heart rates of 170-200 beats per minute. Syncope episodes have usually occurred within 30 to 60 minutes of the initial dose of the drug; occasionally they have been reported in association with rapid dosage increases or the introduction of another antihypertensive drug into the regimen of a patient taking high doses of MINIPRESS® (prazosin hydrochloride). The incidence of syncope episodes is approximately 1% in patients given an initial dose of 2 mg or greater. Clinical trials conducted during the investigations phase of this drug exposed but syncope episodes can be alleviated by limiting the initial dose of the drug to 1 mg, by subsequently increasing the dosage slowly, and by introducing any additional antihypertensive drugs into the patient's regimen with caution (see DOSEAGE AND ADMINISTRATION).

Hypotensive reactions depend in patients given MINIPRESS® who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsules of MINIPRESS® (prazosin hydrochloride) dosage. The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely dizziness and light-headedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS® (prazosin hydrochloride) therapy.

Change in Therapy: Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS®(prazosin hydrochloride) in pregnancy has not been established. MINIPRESS® (prazosin hydrochloride) is not recommended for pregnant women unless the potential benefit outweighs potential risk to mother and fetus.

HYPERTENSION:

Are you overlooking the significance of nocturnal blood pressures?

Hypertension may depend in patients given MINIPRESS® who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsules of MINIPRESS® (prazosin hydrochloride) dosage. The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely dizziness and light-headedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS® (prazosin hydrochloride) therapy.

Change in Therapy: Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS® (prazosin hydrochloride) in pregnancy has not been established. MINIPRESS® (prazosin hydrochloride) is not recommended for pregnant women unless the potential benefit outweighs potential risk to mother and fetus.

Hypotensive reactions depend in patients given MINIPRESS® who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsules of MINIPRESS® (prazosin hydrochloride) dosage. The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely dizziness and light-headedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS® (prazosin hydrochloride) therapy.

Change in Therapy: Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS® (prazosin hydrochloride) in pregnancy has not been established. MINIPRESS® (prazosin hydrochloride) is not recommended for pregnant women unless the potential benefit outweighs potential risk to mother and fetus.

Hypotensive reactions depend in patients given MINIPRESS® who are also receiving a beta-blocker such as propranolol.

If syncope occurs, the patient should be placed in the recumbent position and treated supportively as necessary. This adverse effect is self-limiting and in most cases does not recur after the initial period of therapy or during subsequent dose titration.

Patients should always be started on the 1 mg capsules of MINIPRESS® (prazosin hydrochloride) dosage. The 2 and 5 mg capsules are not indicated for initial therapy.

More common than loss of consciousness are the symptoms often associated with lowering of the blood pressure, namely dizziness and light-headedness. The patient should be cautioned about these possible adverse effects and advised what measures to take should they develop. The patient should also be cautioned to avoid situations where injury could result should syncope occur during the initiation of MINIPRESS® (prazosin hydrochloride) therapy.

Change in Therapy: Although no teratogenic effects were seen in animal testing, the safety of MINIPRESS® (prazosin hydrochloride) in pregnancy has not been established. MINIPRESS® (prazosin hydrochloride) is not recommended for pregnant women unless the potential benefit outweighs potential risk to mother and fetus.
As a result of ongoing clinical studies, an important new indication for CAPOTEN is forthcoming.

Please see adjacent page for brief summary.
WARNINGS: Proteincuria—Total urinary proteins >1 g/day were seen in 12% of patients on captopril. In patients treated with captopril should be told to report any signs of hypotension or syncope. About 60% of those treated vigorously with diuretics, e.g., patients with severe congestive heart failure who were biopsied and may be drug related, this is uncertain since patients were not followed prior to treatment and membranous glomerulopathy may be associated with hypotension. The proteinuria usually occurs early in the course of therapy. By the 8th month of captopril therapy, patients on captopril should have proteinuria evaluated. About 5% of patients had persistent proteinuria. The BUN of prior renal disease increased the likelihood of development of proteinuria. About 60% of patients with renal disease, e.g., patients with severe congestive heart failure and serum creatinine after reduction of blood pressure with captopril. It may be necessary to double or triple the dose of captopril to achieve a therapeutic blood pressure response. These patients will take longer to reach steady-state captopril levels and will reach steady state progressively over time until a satisfactory blood pressure response is obtained or the maximum captopril dose is reached. The usual dose range is 25 to 150 mg t.i.d. A maximum daily dose of 450 mg CAPOTEN (captopril) should not be exceeded.

Drug/Laboratory Test Interaction: Captopril may cause a false-positive urine test for drug. The patients with renal disease, e.g., patients with severe congestive heart failure and serum creatinine after reduction of blood pressure with captopril. It may be necessary to double or triple the dose of captopril to achieve a therapeutic blood pressure response. These patients will take longer to reach steady-state captopril levels and will reach steady state progressively over time until a satisfactory blood pressure response is obtained or the maximum captopril dose is reached. The usual dose range is 25 to 150 mg t.i.d. A maximum daily dose of 450 mg CAPOTEN (captopril) should not be exceeded.

Drug/Laboratory Test Interaction: Captopril may cause a false-positive urine test for drug. The patients with renal disease, e.g., patients with severe congestive heart failure and serum creatinine after reduction of blood pressure with captopril. It may be necessary to double or triple the dose of captopril to achieve a therapeutic blood pressure response. These patients will take longer to reach steady-state captopril levels and will reach steady state progressively over time until a satisfactory blood pressure response is obtained or the maximum captopril dose is reached. The usual dose range is 25 to 150 mg t.i.d. A maximum daily dose of 450 mg CAPOTEN (captopril) should not be exceeded.
If you can now order article reprints from this publication

University Microfilms International, in cooperation with publishers of this journal, offers a highly convenient Article Reprint Service. Single articles or complete issues can now be obtained in their original size (up to 8 1/2 x 11 inches). For more information please complete and mail the coupon below.

ARTICLE REPRINT SERVICE
University Microfilms International

☐ YES! I would like to know more about the Article Reprint Service. Please send me full details on how I can order.
☐ Please include catalogue of available titles.

Name ____________________________ Title ____________________________
Institution/Company ______________________________________________
Department ____________________________
Address ________________________________________________________
City ____________________________ State __________ Zip __________

Mail to: University Microfilms International
Article Reprint Service
300 North Zeeb Road
Ann Arbor, Michigan 48106

HYPERTENSION: Are you measuring blood pressure in the right office at the right time?
ARRHYTHMIAS

Cardiovascular well-being often begins with Inderal® (propranolol HCl)
No agent offers a better risk/benefit profile in arrhythmias than INDERAL (propranolol HCl). INDERAL works to reduce heart rate and contractility, lengthen A-V conduction time, and suppress automaticity 1—helping to restore the heart rate to normal in many patients with a wide variety of arrhythmias.

Consider INDERAL for arrhythmias early—to restore cardiovascular well-being as soon as possible.


Please see Brief Summary of Prescribing Information on the following page.
INDERAL® (Propranolol HCl)

To restore cardiovascular well-being.

NEW TABLET SHAPE

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULAR)

In patients without a history of cardiac failure, inhibition with beta-blockade carries the potential hazard of further depressing myocardial contractility and precipitating cardiac failure. In patients already receiving digoxin, propranolol may reduce the positive inotropic action of digoxin and may have an additive depressant effect on AV conduction.

CONTRAINdications

1. bronchial asthma, 2. allergic rhinitis during the pollen season, 3. sinus bradycardia and greater than first degree block, 4. cardiogenic shock, 5. right ventricular failure secondary to pulmonary hypertension, 6. congestive heart failure (see WARNINGS) unless CHF is secondary to a tachyarrhythmia treatable with propranolol.

WARNINGS

CARDIAC FAILURE: In congestive heart failure, inhibition with beta-blockade carries the potential hazard of further depressing myocardial contractility and precipitating cardiac failure. In patients already receiving digoxin, pranotcilv may reduce the positive inotropic action of digoxin and may have an additive depressant effect on AV conduction.

In patients without a history of cardiac failure, inhibition with beta-blockade carries the potential hazard of further depressing myocardial contractility and precipitating cardiac failure. In patients already receiving digoxin, pranotcilv may reduce the positive inotropic action of digoxin and may have an additive depressant effect on AV conduction.

In patients with angina pectoris, there have been reports of exacerbation of angina and, in some cases, myocardial infarction. Abrupt discontinuation of INDERAL therapy therefore, when discontinuance of INDERAL is planned the dosage should be gradually reduced and the patient carefully monitored. In addition, when INDERAL is prescribed for angina pectoris, the patient should be cautioned against interruption or cessation of therapy without the physician’s advice. If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to resume INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

In patients with thyrotoxicosis, possible deleterious effects from long term use have not been adequately assessed. Give special consideration to propranolol’s potential for aggravating congestive heart failure. Propranolol may mask the clinical signs of developing or continuing hyperthyroidism or complications and give a false impression of improvement. Propranolol should be withdrawn slowly, since abrupt withdrawal may be fol-

In patients with nonallergic bronchospasm (e.g., chronic bronchitis, emphysema), administer with caution, since propranolol may block bronchodilatation produced by endogenous and exogenous cholinomimetic stimulation of beta-receptors.

DIABETICS AND PATIENTS SUBJECT TO HYPOGLYCEMIA Propranolol may prevent the appearance of premonitory signs and symptoms (pallor, coldness, and pressure changes) of acute hypoglycemia, especially in patients with labile diabetes. A precipitous elevation of blood pressure may accompany hypoglycemic attacks.

USE IN PREGNANCY: Safe use in human pregnancy has not been established. Embryotoxic effects have been seen in animals at doses about 10 times the maximum recommended human dose.

PRECAUTIONS

Patients receiving catecholamine depleting drugs such as reserpine should be closely observed if propranolol is administered, since it may occasionally produce hypotension and/or marked bradycardia resulting in vertigo, syncopal attacks, or orthostatic hypoten-

sion. Observe laboratory parameters at regular intervals. Use with caution in patients with impaired renal or hepatic function.

ADVERSE REACTIONS

Cardiovascular—bradycardia, congestive heart failure, intensification of AV block, hypoten-

sion, paroxysmal arrhythmias, ventricular and atrial arrhythmias. Central Nervous System: dizziness, weakness, fatigue, reversible mental depression progressing to catatonia, visual disturbances, hallucinations, an acute reversible syndrome characterized by disorientation for time and place, short term memory loss, emotional lability, gait disturbances and decreased performance on neuropsychometric tests (Gastronomic nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric ischemic syndrome, ischemic colitis, Allergic: pharyngitis and angioedema, rhinitis, conjunctivitis, dermal rash, fever combined with achy and sore throat, lymphomas and respiratory distress, Respiratory bronchospasm, Hematologic abnormalities, Coagulation abnormalities, Miscellaneous: reversible alopecia. Occlusion-circulatory reactions involving the skin, subcutaneous tissues and joints reported for a beta-blocker (practolol) have not been conclusively asso-
ciated with propranolol. Clinical Laboratory Test Findings: Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

HOW SUPPLIED

TABLETS — Each hexagonal-shaped, orange, scored tablet is embossed with an “I” and imprinted with “INDERAL 20.” containing 20 mg propranolol hydrochloride, in bottles of 100 (NDC 0046-0424-99) and 1,000 (NDC 0046-0424-91). Also in unit dose package of 100 (NDC 0046-0424-99).

— Each hexagonal-shaped, blue, scored tablet is embossed with an “I” and imprinted with “INDERAL 40.” containing 40 mg propranolol hydrochloride, in bottles of 100 (NDC 0046-0424-99) and 1,000 (NDC 0046-0424-91). Also in unit dose package of 100 (NDC 0046-0424-99).

— Each hexagonal-shaped, green, scored tablet is embossed with an “I” and imprinted with “INDERAL 60,” containing 60 mg propranolol hydrochloride, in bottles of 100 (NDC 0046-0424-99) and 1,000 (NDC 0046-0424-91). Also in unit dose package of 100 (NDC 0046-0424-99).

— Each hexagonal-shaped, yellow, scored tablet is embossed with an “I” and imprinted with “INDERAL 80,” containing 80 mg propranolol hydrochloride, in bottles of 100 (NDC 0046-0424-99) and 1,000 (NDC 0046-0424-91). Also in unit dose package of 100 (NDC 0046-0424-99).

— Each hexagonal-shaped, brown, scored tablet is embossed with an “I” and imprinted with “INDERAL 100,” containing 100 mg propranolol hydrochloride, in bottles of 100 (NDC 0046-0424-99) and 1,000 (NDC 0046-0424-91). Also in unit dose package of 100 (NDC 0046-0424-99).

Injections — Each ml contains 1 mg of propranolol hydrochloride in Water for Injection. The pH is adjusted with citric acid. Supplied as 1 ml ampules in boxes of 10 (NDC 0046-3265-10).

Store at room temperature (approximately 25°C).
HYPERTENSION: Are you getting the whole picture before you prescribe treatment?

Your contribution of money or securities to the American Heart Association's Pooled Income Fund can yield:
- savings on income taxes or estate taxes and avoidance of capital gain tax
- lifetime incomes for you or your chosen beneficiary
- a gift to the American Heart Association to be used in the fight against heart disease and stroke—the biggest killer of Americans.

For free information about the pooled income fund and other estate planning programs, contact your local American Heart Association, listed in your telephone directory, or write to the American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231.

A gift to our Pooled Income Fund yields multiple returns.

Please send me more information about the American Heart Association's Pooled Income Fund.

NAME
ADDRESS
CITY STATE ZIP
TELEPHONE NUMBER

American Heart Association
WE'RE FIGHTING FOR YOUR LIFE
THE ALPHA UNIVERSE

...is the Catapres® universe of central alpha control* for all kinds of hypertensives

No contraindications** to Catapres — you can prescribe it for:

- **Asthmatic hypertensives**
  Does not act directly on beta<sub>2</sub> receptors of the lungs (blocking these receptors induces bronchospasm).

- **Diabetic hypertensives**
  Lowers blood pressure without impairing oral antidiabetic effectiveness.

- **Hypertensives with renal insufficiency**
  Lowers blood pressure without long-term reduction of cardiac output. (Does not reduce renal perfusion or GFR.)

- **Hypertensives with congestive heart failure**
  Does not depress myocardial contractility.

- **Stress-induced hypertension**
  Inhibits sympathetic nervous activity centrally and does not elevate plasma catecholamines.

- **Elderly hypertensives**
  Recommended in isolated systolic hypertension in the elderly.¹

¹ Central alpha-adrenergic stimulation decreases sympathetic outflow from the brain, as shown in animal studies.

** Like any antihypertensive, use with caution in severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

1. Statement on Hypertension in the Elderly, Revised April, 1980. Approved by the National High Blood Pressure Education Program Coordinating Committee

Catapres®
(clonidine HCl)
Hypertension

Tablets of 0.1, 0.2, 0.3 mg

Please see brief summary of PI for warnings, precautions, and adverse reactions.
Catapres®
(clonidine hydrochloride)
Tablets of 0.1, 0.2, 0.3 mg

Indication: The drug is indicated in the treatment of hypertension. As an antihypertensive drug, Catapres (clonidine hydrochloride) is mild to moderate in potency. It may be employed in a general treatment program with a diuretic and/or other antihypertensive agents as needed for proper patient response.

Warnings: Tolerance may develop in some patients necessitating a reevaluation of therapy.

Usage in Pregnancy: In view of embryotoxic findings in animals, and since information on possible adverse effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential benefits outweigh the potential risk to mother and fetus.

Usage in Children: No clinical experience is available with the use of Catapres (clonidine hydrochloride) in children.

Precautions: When discontinuing Catapres (clonidine hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood pressure and associated subjective symptoms such as nervousness, agitation, and headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been recorded after cessation of clonidine hydrochloride therapy. A causal relationship has not been established in these cases. It has been demonstrated that an excessive rise in blood pressure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machinery or driving, should be advised of the sedative effect. This drug may enhance the CNS-depressive effects of alcohol, barbiturates and other sedatives. Like any other agent lowering blood pressure, clonidine should be used with caution in patients with severe coronary insufficiency.

Adverse Reactions: The most common reactions are dry mouth, drowsiness, and sedation. Constipation, dizziness, headache, and fatigue have been reported. Generally these effects tend to diminish with continued therapy. The following reactions have been associated with the drug, some of them rarely. (In some instances an exact causal relationship has not been established.) These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver function tests; one report of possible drug-induced hepatitis without jaundice and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorothalidone and papaverine hydrochloride. Weight gain, transient elevation of blood glucose, or serum creatinine phosphokinase; congestive heart failure; Raynaud's phenomenon; vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mental depression. Also rash, anorexia, headache, hives, urticaria, thinning of the hair, pruritus not associated with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of the eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coomb's test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular tachycardia.

Overdosage: Profound hypotension, weakness, somnolence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidine hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of an analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdosage.

How Supplied: Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100 and 1000 and unit dose package of 100. Also available as 0.3 mg (peach) oval, single-scored tablets in bottles of 100.

For complete details, please see full prescribing information

Under license from Boehringer Ingelheim International GmbH

The Alpha Universe, a painting by Arthur Lidov, commissioned by Boehringer Ingelheim Ltd.

Lidov's work, the second in a series on central alpha action, interprets the Alpha Universe on many levels the universe of patients who can benefit from the central alpha control of Catapres...the special world of patient/clinician interaction, the internal universe within each patient that determines or modifies his therapy...and the universe of medicine itself. Lidov is a painter whose art invites us to share his own fascination with the creativity inherent in science.

If you like this painting, we would be pleased to send you a handsome reproduction suitable for framing...with our compliments.