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That's the unpredictability of MIXED ANGINA—vasoconstriction coexisting with fixed coronary lesion, to produce a critical reduction of myocardial blood flow.

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PROCARDIA®
(NIFEDIPINE)
Capsules 10 mg

Primary Protection in MIXED ANGINA

Please see PROCARDIA® (nifedipine) brief summary on next page.
**PROCARDIA**

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**PRIMARY PROTECTION IN MIXED ANGINA**

**Usual Effective Dosage: 30 to 60 mg/day**

For most patients, titrate over 7 to 14 days, using the patient's blood pressure response, attack frequency, sublingual nitroglycerin intake and activity level as a guide. Titration may be more rapid (e.g., 3 days) if symptoms warrant and the patient is observed closely. Because PROCARDIA decreases peripheral vascular resistance (occasional patients may have excessive hypotension), careful monitoring of blood pressure during initial administration and upward dosage titration is suggested, especially for patients taking drugs known to lower blood pressure. Occasional patients have developed increased frequency, duration or severity of angina on starting PROCARDIA or at the time of dosage increases.

**A Favorable Safety Profile**

Most frequently reported side effects, usually mild, are dizziness or lightheadedness, peripheral edema, nausea, weakness, headache and flushing, each occurring in about 10% of patients, transient hypotension in about 5%, palpitation in about 2% and syncope in about 0.5%.

**Reference:**

Apple — THERMOMETER

"THERMEX-16" — 16 channels thermometer interface to Apple II* computers.

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BEHIND THE FACE OF HYPERTENSION
New evidence for central control
For the obese hypertensive

"Hyperactivity of the sympathetic nervous system may be a major factor in the pathogenesis of hypertension in obesity."¹

Effective central control of blood pressure

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( clonidine HCl )
Hypertension

Tablets of 0.1, 0.2, 0.3 mg

Please see last page for brief summary, including warnings, precautions, and adverse reactions.
Catapres®
(clonidine HCl)

**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 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, headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been reported 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 hydrochloride should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochloride) should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been reported with Catapres (clonidine hydrochloride), in several studies the drug produced a dose-dependent increase in the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

**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 icterus and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorothalidone and papaverine hydrochloride. Weight gain, transient elevation of blood glucose, or serum creatine phosphokinase, congestive heart failure, Raynaud's phenomenon, vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mental depression. Also rash, angioedema, edema, hives, urticaria, other dermatologic abnormalities manifested as Weenekbach period or ventricular trigeminy.

**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 vasoconstrictor 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

Reference:

Boehringer Ingelheim
Boehringer Ingelheim Ltd.
Ridgefield, CT 06877
Initial therapy should start hypertensive patients off right

Brief Summary
MINIPRESS® (prazosin hydrochloride) Capsules are indicated for use in the initial management of hypertension. As an antihypertensive drug, it is considered to be particularly effective in patients with severe hypertension and in patients with severe hypertension who require gradual titration. In general, the dose of MINIPRESS® should be started at the lowest achievable level and titrated slowly upward until an adequate response is obtained. No more than 5 mg of MINIPRESS® should be given initially. The gradual titration of the dose of MINIPRESS® should be done slowly to avoid hypotensive episodes, especially in elderly patients. The use of this drug is limited to patients who respond to conventional antihypertensive therapy. The use of other antihypertensive agents in combination with MINIPRESS® should be considered. No changes in the dose of MINIPRESS® should be made until the patient has been stabilized. If a patient responds to treatment with MINIPRESS® and then does not respond to further increases in the dose, or if the blood pressure remains elevated despite the use of additional antihypertensive agents, MINIPRESS® may be withdrawn or replaced with another antihypertensive agent.

Warnings
MINIPRESS® may cause syncope with unusual loss of consciousness. This is probably due to a decrease in cardiac output due to the decrease in peripheral vascular resistance. Patients with a history of syncope or those with a history of peripheral vascular disease should be cautioned about the possibility of syncope. SYNCOPE may be a sign of an inadequate dose of MINIPRESS® or may result from the use of MINIPRESS® with other antihypertensive agents. If syncope occurs, the patient should be observed in the hospital until symptoms subside.

Reactions
MINIPRESS® generally has a lower incidence of adverse reactions than other antihypertensive agents. The most common adverse reactions are headache and dizziness. Other adverse reactions include flushing, sweating, and nausea.

DOSAGE AND ADMINISTRATION
The dose of MINIPRESS® should be started at the lowest achievable level and titrated slowly upward until an adequate response is obtained. The dose may be increased by 1 mg or 2 mg every 2 to 3 days, depending on the patient's response. The patient should be observed for adverse reactions before increasing the dose. The initial dose of MINIPRESS® should be 1 mg or 2 mg once daily, with the dose increased as needed to control blood pressure. The usual maintenance dose is 1 mg or 2 mg once daily. The dose may be increased to 5 mg once daily in patients who do not respond adequately to 1 mg or 2 mg once daily.

Initial Therapy
MINIPRESS® may be used in combination with other antihypertensive agents. The dose of MINIPRESS® should be started at the lowest achievable level and titrated slowly upward until an adequate response is obtained. The dose may be increased by 1 mg or 2 mg every 2 to 3 days, depending on the patient's response. The patient should be observed for adverse reactions before increasing the dose. The initial dose of MINIPRESS® should be 1 mg or 2 mg once daily, with the dose increased as needed to control blood pressure. The usual maintenance dose is 1 mg or 2 mg once daily. The dose may be increased to 5 mg once daily in patients who do not respond adequately to 1 mg or 2 mg once daily.

Reference

Minipress® (prazosin hydrochloride) Capsules 1 mg, 2 mg, 5 mg
For Initial Therapy in Hypertension

Pfizer LABORATORIES DIVISION
Pfizer Inc.
Initial therapy should start hypertensive patients off right

Minipress® for initial therapy
(prazosin HCl)
- Is effective when used alone
- Does not cause a significant incidence of sexual impotence, although it has been reported
- Does not adversely affect blood lipids
- Does not lower heart rate, cardiac output or work capacity
- Does not induce potassium wasting
- The most common side effects with Minipress, generally mild and transient, are: dizziness, headache, drowsiness, palpitations, nausea. Syncope (sudden loss of consciousness) has been reported in about 0.15% of patients at the recommended initial dose of 1 mg.

*Minipress is not indicated for the treatment of hyperlipidemia.