VERELAN

AS EFFECTIVE AS PROCARDIA XL

IN REDUCING BP AT THE 24TH HOUR

Reduction in mean DBP measured 24 ± 2 hours after dosing

Results of a 12-week, randomized, double-blind, parallel, comparative study of patients with mild-to-moderate hypertension in 10 study sites nationwide. Patients not controlled on VERELAN 240 mg/day were titrated to 360 mg/day and, if needed, 480 mg/day; patients not controlled on Procardia XL 30 mg/day were titrated to 60 mg/day and, if needed, 90 mg/day.

☐ No significant difference between groups in the number of titrations to goal DBP (<90 mm Hg)

*Procardia XL is a registered trademark of Pfizer Inc.

Constipation, which can easily be managed in most patients, is the most frequently reported side effect of verapamil.

Please see brief summary of Prescribing Information including CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS on last page.
VERELAN
EXCELLENT TOLERABILITY SIMILAR TO PLACEBO IN A DOUBLE-BLIND STUDY

Incidence of side effects commonly associated with calcium channel blockers

No patients discontinued VERELAN therapy due to constipation, headache, dizziness, or edema

ONCE-A-DAY
VERELAN
Verapamil HCl
120 mg
180 mg
240 mg
PELLET-FILLED CAPSULES
adrenergic blockers to decrease cardiac output occasionally. Several cases of hepatic cirrhosis, maculae, and aedematous, dry mouth, gastrointestinal nausea, constipation (7.4%); headache (5.3%); dizziness (4.2%); blurred vision (3.2%); dyspnea, hic. tert, rhinitis (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%); sneeze (1.4%);
INFORMATION FOR AUTHORS

The *Journal of the American Board of Family Practice* welcomes for editorial review manuscripts that contribute to family practice as a clinical scientific discipline. High priority is given to reports of clinically relevant studies that have practical implications for improved patient care. Manuscripts are considered in relation to the extent to which they represent original work, their significance to the advancement of family medicine, and their interest to the practicing family physician. Some papers that are accepted by the *Journal* will be selected for an accompanying guest editorial or concurrent commentary by other invited authors addressing issues raised by the papers. The *Journal* publishes the following features:

**Original Articles.** Reports of original research, usually dealing with a clinical, health services, or other clinically relevant study.

**Medical Practice.** Scholarly articles that relate directly to clinical topics useful in everyday family practice, whether dealing with diagnostic or therapeutic roles of the family physician or reporting studies of what family physicians do in practice.

**Clinical Review.** In-depth reviews of specific clinical problems, disease entities, or treatment modalities; comprehensive and critical analysis of the literature is required (usual maximum length 1000–1500 words).

**Clinical Guidelines and Primary Care.** Summaries of major clinical guidelines proposed by various specialty, governmental, or health care organizations, with critical commentary from a primary care perspective.

**Special Articles.** Articles in other areas that may relate to the role of the family physician, education for family practice, or other subjects important to family practice as a clinical specialty.

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