For first-line therapy in mild-to-moderate hypertension
Discover the classic benefits of a beta-blocker and a diuretic...now at low doses for a side-effect profile comparable to placebo

ZIAC controls mild-to-moderate hypertension in up to 80% of patients

ZIAC controls blood pressure for a full 24 hours for true once-a-day dosing

ZIAC minimizes traditional beta-blocker- and HCTZ-associated metabolic effects (hypokalemia, hyperuricemia, hypercholesterolemia, hyperglycemia)

*The two most common side effects — dizziness and fatigue — occurred at rates comparable to placebo.

† Clinical trial response rates were: 2.5 mg—61%; 5 mg—73%; 10 mg—80%.

ZIAC is contraindicated in patients in cardiogenic shock, overt cardiac failure (see WARNINGS section of full Prescribing Information), second- or third-degree AV block, marked sinus bradycardia, anuria, and hypersensitivity to either component of this product or to other sulfonamide-derived drugs.

Please see Brief Summary of Prescribing Information on adjacent page.

ZIAC (bisoprolol fumarate-hydrochlorothiazide)
2.5, 5, & 10 mg Tablets with 6.25 mg HCTZ

First-line therapy option

NEW ZIAC
H6.25 mg-treated patients (plus additional selected adverse experiences) are presented in the following table:

<table>
<thead>
<tr>
<th>ADVERSE REACTIONS</th>
<th>% of Patients with Adverse Experiences*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placebo†</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>bradycardia</td>
<td>0.7</td>
</tr>
<tr>
<td>arrhythmia</td>
<td>1.4</td>
</tr>
<tr>
<td>peripheral ischemia</td>
<td>0.7</td>
</tr>
<tr>
<td>chest pain</td>
<td>1.8</td>
</tr>
<tr>
<td>Renal</td>
<td>0.0</td>
</tr>
<tr>
<td>tubular damage</td>
<td>0.0</td>
</tr>
<tr>
<td>Neurologic</td>
<td>1.2</td>
</tr>
<tr>
<td>dizziness</td>
<td>0.9</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.7</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>0.9</td>
</tr>
<tr>
<td>nausea</td>
<td>1.4</td>
</tr>
<tr>
<td>vomiting</td>
<td>0.7</td>
</tr>
<tr>
<td>headache</td>
<td>4.7</td>
</tr>
<tr>
<td>Muscle/Axial pain</td>
<td>1.8</td>
</tr>
<tr>
<td>muscle cramps</td>
<td>0.7</td>
</tr>
<tr>
<td>myalgia</td>
<td>1.4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
</tr>
<tr>
<td>insomnia</td>
<td>2.4</td>
</tr>
<tr>
<td>somnolence</td>
<td>1.1</td>
</tr>
<tr>
<td>loss of libido</td>
<td>1.2</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>0.9</td>
</tr>
<tr>
<td>diarrhea</td>
<td>1.4</td>
</tr>
<tr>
<td>weight loss</td>
<td>0.9</td>
</tr>
</tbody>
</table>
| *Adverse experiences that occur with the individual components are listed below.

**Adverse experiences that have been reported with the individual components are listed below.**

**Body System/Adverse Experience**

- **Cardiovascular:**
  - Bradycardia
  - Arrhythmia
  - Periipheral ischemia
  - Chest pain
- **Renal:**
  - Tubular damage
- **Neurologic:**
  - Dizziness
- **Sexual:**
  - Nausea
  - Vomiting
- **Gastrointestinal:**
  - Headache
  - Muscle/axial pain
  - Muscle cramps
  - Myalgia
- **Psychiatric:**
  - Insomnia
  - Somnolence
  - Loss of libido

**Drug-related Adverse Reactions**

- **Cardiovascular:**
  - Bradycardia
  - Arrhythmia
  - Periipheral ischemia
  - Chest pain
- **Gastrointestinal:**
  - Diarrhea
  - Weight loss
- **Psychiatric:**
  - Insomnia
  - Somnolence

**References:**

- **ZIAC (bisoprolol fumarate and hydrochlorothiazide)**
  - ZIAC (bisoprolol fumarate and hydrochlorothiazide) is indicated for the treatment of hypertension. It is recommended that diuretics be used concurrently with bisoprolol as it may increase the hypotensive response of diuretics. At the first signs or symptoms of heart failure, discontinuation of ZIAC should be considered. The following adverse experiences, in addition to those listed in the above table, have been reported with the individual components are listed below.

**Contraindications:**

- **Cardiac Failure:** Beta-blockers should be avoided in patients with overt congestive failure.
  - **Beta-adrenergic blocking agents and**
    - Insulin
    - Antihypertensive drugs
    - Additive effect or potentiation
    - Cholestyramine and resin sulfuric acid
    - May precipitate cardiac failure. At the first signs or symptoms of heart failure, discontinuation of ZIAC should be considered.
The First in a New Chemical Class of Non-benzodiazepine Sleep Agents

AMBIEN™
(ZOLPIDEM TARTRATE) CIV
5-MG & 10-MG TABLETS

- AMBIEN—an imidazopyridine, chemically unrelated to benzodiazepines or any other sleep agent
- Extensive clinical experience—over 500 million doses prescribed throughout Europe

With AMBIEN, Patients Fall Asleep Fast and Get a Full Night's Sleep

AMBIEN Generally Preserves Normal Sleep Physiolo\textsuperscript{y}^\textsuperscript{2-5}

<table>
<thead>
<tr>
<th>Mean Percentage of Time in Each Sleep Stage\textsuperscript{1}</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stages 3&amp;4</th>
<th>REM</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBIEN</td>
<td>8.8%</td>
<td>56.5%</td>
<td>16.1%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Natural Sleep</td>
<td>8.8%</td>
<td>56.7%</td>
<td>14.3%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

No statistically significant difference from natural sleep (at baseline) for all sleep stages, in a double-blind, controlled study of 12 healthy volunteers.\textsuperscript{1} The clinical significance is unknown.

With AMBIEN, Patients Awaken Refreshed and Alert

- A short half-life — mean 2.5 hours, with no active metabolites
- No evidence of significant daytime sedation or psychomotor impairment\textsuperscript{1,2,3,6}

Although AMBIEN is generally not associated with next-day effects, until your patients know how they will react to this sleep agent, they should not engage in activities requiring mental alertness or motor coordination after taking AMBIEN (e.g., driving or operating hazardous machinery). Potential impairment of the performance of such activities may occur the day following ingestion of AMBIEN.

Please see references and brief summary of prescribing information on last page of this advertisement.

©1993 Searle
A Favorable Safety Profile

- No rebound insomnia in studies of up to 35 nights at recommended doses¹ ⁴
- No evidence of tolerance in sleep latency in studies of up to 35 nights¹ ³
- A low incidence of adverse events
  In short-term treatment (up to 10 nights) with AMBIEN at doses ≤ 10 mg, the adverse events seen at statistically significant differences from placebo were: drowsiness (2%), dizziness (1%), and diarrhea (1%); and in longer-term treatment (28 to 35 nights): dizziness (5%) and drugged feelings (3%).
- Because of additive effects, AMBIEN should not be combined with alcohol. Dosage adjustments may be necessary when AMBIEN is coadministered with CNS depressants.

Indicated For Short-Term Management of Insomnia

- Prescriptions for AMBIEN should not exceed a 1-month supply. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are taken for more than 2 to 3 weeks.

Recommended Dosage:

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>For normal adults:</td>
<td>[tablet] one 10-mg tablet</td>
</tr>
<tr>
<td>For elderly/debilitated patients:</td>
<td>[tablet] one 5-mg tablet</td>
</tr>
</tbody>
</table>

Patients should take AMBIEN right before going to bed and when ready for sleep.

- In patients with hepatic dysfunction, dosage should be reduced and appropriate monitoring instituted.

The First in a New Chemical Class of Sleep Agents
day dose. However, was psychomotor performance. The administration interaction no pharmacokinetic patients should be depressed respiratory drive. Data that may occur the day patients should hazardous occupations requiring complete mental alertness or motor and a renal patients have been limited, careful consideration should be determined with certainty whether a particular Ambien. It is important to use the smallest possible effective dose, especially in elderly. In 4/100 patients, including psychiatric association it is possible that some of these cases may be attributed to treatment at hypnotic doses of Ambien in elderly. It is important to use the smallest possible effective dose, especially in elderly. In 4/100 patients, including psychiatric association it is possible that some of these cases may be attributed to treatment at hypnotic doses of Ambien in elderly.
SUBSCRIPTION INFORMATION AND SERVICES
The Journal of the American Board of Family Practice is supplied free of charge to 50,400 Diplomates and Residents of the American Board of Family Practice. For information please contact: American Board of Family Practice 2228 Young Drive Lexington, KY 40503 Tel: (606) 269-5626 Fax: (606) 266-9699

For all other subscribers please contact: The Journal of the American Board of Family Practice Subscription Department 1440 Main Street Waltham, MA 02154-1649 (617) 893-3800, ext. 1199 Telex: 510601777 NEJM BOS Fax: (617) 893-0413

SUBSCRIPTION RATES
* Domestic International
Institutions $58.00 $60.00
Physicians $35.00 $45.00
Residents/Students $20.00 $45.00

OTHER SUBSCRIPTION INFORMATION
Diplomates should make address changes on the form in this issue and forward to the Diplomate address listed above. All other subscribers should forward changes to the Waltham, Mass., address listed on this page. Changes must be received at least six weeks in advance of intended move. Please send new address, old address, and expected date of change.

ISSUES NOT RECEIVED
Missing issues will be replaced for up to three months from the issue date without charge. Diplomates and other subscribers who fail to notify the Lexington, Ky., or the Waltham, Mass., office of address changes will not be eligible for free replacement issues. Claims beyond the three-month limit must be prepaid at the backcopy rates. Claims should be sent to either the Diplomate or regular subscriber address listed on this page.

BACK COPIES
If you wish to purchase back copies (issues published prior to your effective start date) of the Journal of the American Board of Family Practice, there is a charge of $12.50 per issue. Contact the Waltham, Mass., address listed above for information.

REPRINTS
Individual copies of articles are available from the Waltham, Mass., office. If you wish to order bulk reprints (minimum order of 100) please contact the Reprint Department (617) 893-3800, ext. 1279, at the Waltham, Mass., office.

COPYRIGHT
Material appearing in the Journal of the American Board of Family Practice is covered by copyright. Copying beyond the quantities permitted under "fair use" as defined by U.S. copyright law is allowed provided the stated fee of $20 per page is paid through the Copyright Clearance Center, 21 Congress St., Salem, MA 01970. This consent does not extend to other copying, such as copying for advertising or promotional purposes. Single copies for personal or internal use are allowed at no charge. Nonprofit institutions may make copies provided they obtain prior consent from the Journal of the American Board of Family Practice, Rights and Permissions Department, 1440 Main Street, Waltham, MA 02154-1649, (617) 893-3800, ext. 1413.

INDEXING AND MICROFORM
The Journal of the American Board of Family Practice is indexed in Index Medicus and is available in microform from University Microfilms International.
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, the 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 5000 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.

**Family Practice and the Health Care System.** Articles reporting studies and scholarly commentary on changing trends and patterns of care in family practice, primary care, and the health care system.

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

**Brief Reports.** Short reports of pilot studies or case reports with a teaching point of clinical relevance (usual length 1000-1500 words).

**Family Practice — World Perspective.** Papers reporting developments related to the practice or education of family physicians in various countries around the world (usual length 1200-1800 words).

**Reflections in Family Practice.** Papers in narrative or essay format that illuminate qualitative aspects of family practice, including such areas as ethical issues, the physician-patient relationship, or the diverse roles of the family physician.

**Editorial.** Focused opinion or commentary that bears on an issue relevant to the field. May or may not accompany an original article in the same issue (usual length 1000-1500 words).

**Letters to the Editor.** Observations, opinion, or comment on topics under discussion in the Journal, usually not to exceed 500 words.

**Book Reviews.** Books for review and book reviews should be sent to Dr. John P. Geyman, Editor, The Journal of the American Board of Family Practice, Department of Family Medicine (HQ-30), School of Medicine, University of Washington, Seattle, WA 98195.

The following guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." The current (fourth) edition was published in the February 7, 1991, issue of the New England Journal of Medicine.

**MANUSCRIPT SUBMISSION**

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere before appearing in the Journal. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the Editor along with the manuscript that is to be considered by the Journal. The Journal strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and 3 copies of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. Only typed copy, on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to John P. Geyman, M.D., Editor, The Journal of the American Board of Family Practice, Department of Family Medicine (HQ-30), School of Medicine, University of Washington, Seattle, WA 98195. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors. If authors acknowledge by name persons who provided important technical, advisory, or reviewer contributions, the corresponding author should sign the following statement: "I have obtained written permission from all persons named in the acknowledgment."

The Journal expects authors to take public responsibility for their manuscripts, including conception and design of the work, data analysis, writing, and review of the paper. Authors are expected to stand behind the validity of their data and, if asked by the Editor, to submit the actual data for editorial review with the manuscript. In most instances, authorship should be limited to 8 authors or fewer, all meeting the above criteria for authorship. Exceptions to these guidelines, especially those involving multisite collaborative research projects, should be discussed on a case-by-case basis with the Editor.

The Journal also expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. Consultancies, stock ownership or other equity interests, patent-licensing arrangements, and other kinds of associations that might involve conflict of interest should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

**MANUSCRIPTS**

**Titles and Authors' Names**

With the manuscript, provide a page giving the title of the paper; a running foot of fewer than 40 letter spaces; the name(s) of the author(s), including first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to
whom reprint requests should be addressed. All funding sources supporting the work should be routinely acknowledged on the title page, as should all institutional or corporate affiliations of the authors. Two to four key words should be submitted with the manuscripts to be used for purposes of classification by subject. Use terms from the Medical Subject Headings from Index Medicus when possible.

**Abstracts**

Use another page to provide an abstract of not more than 200 words. This abstract should be factual, not descriptive, with its content appropriate to the type of paper. For original articles reporting results of studies, a four-paragraph format should be used labeled Background, Methods, Results, and Conclusions. These should briefly describe, respectively, the object of the study, the methods used, the major results, and the author(s) conclusions. Abstracts are not necessary for Brief Reports or World Perspective papers.

**Abbreviations**

Except for units of measurement, abbreviations are discouraged. Consult the Council of Biology Editors Style Manual (Fifth edition. Bethesda, MD: Council of Biology Editors, 1983) for lists of standard abbreviations. The first time an abbreviation appears, it should be preceded by the words for which it stands.

**Drug Names**

Generic names should, in general, be used. If an author so desires, brand names may be inserted in parentheses.

**Inclusive Language**

Sex bias should be avoided and gender-inclusive language used whenever possible.

**References**

References must be typed in double spacing and numbered consecutively as they are cited. References first cited in tables or figure legends must be numbered so that they will be in sequence with references cited in the text. The style of references is that of the Index Medicus. List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, then "et al." Sample references are as follows:

**Standard Journal Article**

(List all authors, but if the number exceeds 6, give 6 followed by et al. Note that month and issue number are omitted when a journal has continuous pagination throughout a volume.)


**Organization as Author**


**Book**


**Chapter in Book**


**Government Agency**


**Personal Communications**

Numbered references to personal communications, unpublished data, and manuscripts either "in preparation" or "submitted for publication" are unacceptable (see "Permissions"). If essential, such material may be incorporated in the appropriate place in the text.

**Tables**

Type tables in double spacing on separate sheets, and provide a title for each. For footnotes, use the following symbols, in this sequence: *, †, ‡, §, ¶, ‖, *, **, ††, etc. Excessive tabular data are discouraged. If an article is accepted, the Journal will arrange to deposit extensive tables of important data with the National Auxiliary Publications Service (NAPS); we will pay for the deposit and add an appropriate footnote to the text. This service makes microfiche or photocopies of tables available at moderate charges to those who request them.

**Illustrations**

Figures should be professionally designed. Glossy, black-and-white photographs are requested. Symbols, lettering, and numbering should be clear, and these elements should be large enough to remain legible after the figure has been reduced to fit the width of a single column.

The back of each figure should include the sequence number, the name of the author, and the proper orientation (e.g., "top"). Do not mount the figure on cardboard. Photomicrographs should be cropped to a width of 8 cm, and electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permissions forms are available from the Editor.

Legends for illustrations should be typed-written (double-spaced) on a separate sheet and should not appear on the illustrations.

Color illustrations are used from time to time. Send both transparencies and prints for this purpose.

**Permissions**

Every effort (short of changing the patient data) should be made by the authors to protect the anonymity of patients (and relatives) in any published work. If identification is unavoidable, informed consent should be obtained and attached with the submitted letter; in the case of minors or incompetent patients, consent should be obtained from relatives or guardians.

Materials taken from other sources must be accompanied by a written statement from both author and publisher giving permission to the Journal for reproduction. Obtain permission in writing from at least one author of papers still in press, of unpublished data, and of personal communications.

**REVIEW AND ACTION**

Manuscripts are examined by the editorial staff and are usually sent to outside reviewers. Authors will remain anonymous to outside reviewers and vice versa. External statistical review will be accomplished where appropriate. Every effort will be made to complete the review process as expeditiously as possible.

**Copyright Transfer Forms**

Transfer of copyright to the Journal is requested upon acceptance of the material for publication. Copyright transfer is required of all materials to be published in the Journal, including Letters to the Editor and Book Reviews.

**Reprints**

Authors will receive reprint information and rates when they are sent their galley proofs. Reprints ordered at that time will be shipped about 3 weeks after the publication date.
ATTENTION

DIPLOMATES OF THE ABFP
ADDRESS CHANGE FORM

The Board prefers the use of professional addresses, because the address given will become your "address of record" with the Board and will be published in our Directory of Diplomates.

Current addresses for all Diplomates are necessary for communication from the Board relating to the Examinations, up-dated Recertification information, etc., as well as to ensure the receipt of The Journal of the American Board of Family Practice.

Name ____________________________________________________

Current Address                                      New Address

Street ________________________________                      Street ________________________________

____________________________                      ______________________________

City/State ________________________________                      City/State ________________________________

Zip Code ________________________________                      Zip Code ________________________________

Effective Date of Change ________________________________

Signature of Diplomate ________________________________________

ABFP Identification Number ________________________________
(5-digit number above name on mailing label)

Year of Certification or Recertification ________________________________

Return to: Ann Stockham
The American Board of Family Practice
2228 Young Drive
Lexington, KY 40505
Some People Say...
"You Can’t Get Too Much Of A Good Thing."

We Agree, And We Feel Your Patients Will Too.

In 1987, Galveston Manufacturing introduced the Galveston Metacarpal Brace™. After over seven years of clinical use, the brace has proven successful in treating metacarpal shaft fractures. Galveston Manufacturing has continued serving the medical community, bringing you the latest quality fracture management products at affordable prices. So far this year we’ve introduced three new products to our line; the THUMZ'UP® functional thumb splint, the ORFIZIP® casting system and the PLAST-O-FIT® thermoplastic bandage system.

For ordering information or a product catalog, simply call 1-800-634-3309.

GALVESTON MANUFACTURING
"Simple Solutions In Functional Bracing"
Meeting the need for additional arthritis pain relief...

THE
ADJUNCT
TO NSAIDs
THAT WORKS
A unique topical analgesic cream, ZOSTRIX has a mechanism of action that complements NSAIDs. NSAIDs inhibit prostaglandin synthesis, while capsaicin, the active ingredient in ZOSTRIX, depletes substance P, a neurotransmitter of pain.

When ZOSTRIX cream is added to NSAID therapy:

- 7 out of 10 arthritis patients get additional pain relief
- 9 out of 10 patients experience improved mobility

ZOSTRIX delivers pain-relieving action directly to the joint that hurts. A new clinical study shows that application of capsaicin cream reduces the levels of substance P and other biochemical mediators in the synovial fluid of arthritic joints.

ZOSTRIX is free from systemic side effects, and has no known drug interactions. The most common side effect—transient burning at the site of application—usually resolves within a few days of use. When used properly, ZOSTRIX is inexpensive pain therapy. In fact, when treating a single knee joint, a 20-gm tube can last up to a month.

References:
What's missing?
Based on patient weight of

Drug-related esophageal or gastric pathology was observed in the rats or with chronic administration in mice and dogs. The latter species, like man, has no anatomical structure comparable to the esophageal groove. 

Felodipine was not carcinogenic when fed to mice at doses of up to 136.8 mg/kg/day (28 times) the maximum recommended human dose on a mg/m² basis) for periods of up to 80 weeks in males and 99 weeks in females. 

Felodipine did not display any mutagenic activity in vitro or in the Ames microsome mutagenicity test or the mouse lymphoma forward transformation assay. No clastogenic potential was seen in vivo in the mouse micronucleus test at oral doses up to 5500 mg/kg (506 times) the maximum recommended human dose on a mg/m² basis) or in vitro in a human lymphocyte chromosome aberration assay. 

A fertility study in which male and female rats were administered doses of 3.8, 9.5 or 29.3 mg/kg/day showed no significant effect of felodipine on reproductive performance. 

Pregnancy 

Felodipine is a dihydropyridine calcium channel blocker of the a,b,1-dihydropyridine series. As with other dihydropyridine calcium channel blockers, felodipine has been assigned an arbitrary pregnancy risk category of D due to its ability to cause fetal harm when administered to pregnant animals and its potential to cause harm to human fetuses when administered to pregnant humans. 

Animal Studies: 

Fetal toxicology studies were conducted in rabbits and rats. 

In pregnant rabbits, an increased incidence of interstitial edema of the ovaries (possible Leydig cell tumors) was observed in rats 

Felodipine, when given in pregnant rabbits, was observed as an increased incidence of interstitial edema of the ovaries (possible Leydig cell tumors) at doses of not less than two weeks. The usual dosage range is 5-10 mg/day. 

Felodipine is a product of Astra!Merck Research

For more detailed information, consult your Astra/Merck Specialist or see complete Prescribing Information.