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.
ZIA™ (Bisoprolol Fumarate and Hydrochlorothiazide)\(^{1}\)

**First-line therapy option**

**(Bisoprolol fumarate/hydrochlorothiazide)**

1.25, 2.5, 5, 10 mg Tablets with 6.25 mg HCTZ

**References**


**Brief Summary**

ZIA™ (Bisoprolol Fumarate and Hydrochlorothiazide) Tablets

**FOR FULL PRESCRIBING INFORMATION, PLEASE CONSULT PACKAGE INSERT.**

**DESCRIPTION**

ZIA™ (bisoprolol fumarate and hydrochlorothiazide) is indicated for the treatment of hypertension. It combines two antihypertensive agents: a beta-blocking agent (bisoprolol fumarate) and a benzothiazide diuretic (hydrochlorothiazide).

**CLINICAL PHARMACOLOGY**

At doses of 20 mg bisoprolol fumarate simulates beta receptor antagonists located in bronchial and vascular musculature. It remains relatively selective. It is important to use the lowest effective dose.

**CONTRAINDICATIONS**

Cardiac shock, overt cardiac failure (see WARNINGS), second or third degree AV block, marked sinus bradycardia, arrhythmia, and hypotension to either component of this or other sulfonamide-derived drugs.

**WARNINGS**

Cardiac Failure: Beta-blocking agents should be avoided in patients with overt congestive failure. Patients with latent cardiac failure may demonstrate exacerbated signs and symptoms of heart failure.

Anaphylactic Shock: Patients with a history of a diagnostic test that is not known to be a positive predictor of anaphylaxis should be monitored carefully.

**ADVERSE REACTIONS**

Cardiovascular:

- Bradycardia
- Hypotension
- Chest pain
- Bronchoconstriction
- Dizziness
- Transient arterial thrombosis and peripheral thrombosis

**RESPIRATORY**

- Bronchospasm
- Pulmonary edema

**GASTROINTESTINAL**

- Diarrhea
- Nausea

**DERMATOLOGIC**

- Rash

**HORMONAL**

- Metabolic:
  - Gastrointestinal: Asthma, bronchospasm, urticaria, angioedema

**PREGNANCY**

ZIA™ has been shown to cause fetal harm when administered to pregnant women. It is not known whether some other sulfonamide-derived drugs are also teratogenic.

**LABORATORY ABNORMALITIES**

ZIA™ has been shown to cause an increase in serum uric acid in patients with a history of gout. In addition, arterial thrombosis and peripheral thrombosis have been reported in patients treated with bisoprolol fumarate.

**INTERACTIONS**

**Drug-drug Interactions**

- Increased effects of antihypertensive therapy, cardiac failure, and hypotension.
- Increased effects of antihypertensive therapy, cardiac failure, and hypotension.
- Increased effects of antihypertensive therapy, cardiac failure, and hypotension.
- Increased effects of antihypertensive therapy, cardiac failure, and hypotension.
- Increased effects of antihypertensive therapy, cardiac failure, and hypotension.

**DETOXICATION**

ZIA™ is an effective therapy for the treatment of hypertension. It is not known whether some other sulfonamide-derived drugs are also teratogenic.

**REFERENCES**


**ADVANCE PHARMACEUTICALS® AND LEDELELE PRACTICE DIVISION AMERICAN Dance Company Pearl River, NY 10965**

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Release the grip of tension headache

Butalbital 50mg (Warning: May be habit forming) /Acetaminophen 500mg/Caffeine 40mg

Over 50% more analgesic power than the leading products in its class.

Well tolerated — Without aspirin-related side effects such as GI irritation and GI bleeding.16 The most frequent adverse reactions are drowsiness and dizziness.

Please see references and brief summary of full prescribing information on adjacent page.

*In most states.
Esgicplus Tablets
Butalbital 50mg (Warning: May be habit forming) / Acetaminophen 500mg / Caffeine 40mg

Butalbital 50mg (Warning: May be habit forming) / Acetaminophen 500mg / Caffeine 40mg

Esgicplus tablets is a combination of butalbital, acetaminophen, and caffeine. It is used to relieve moderate to severe pain and to reduce fever.

### Dosage and Administration

- **Adults:** Adults should take 1 tablet (50mg of butalbital, 500mg of acetaminophen, and 40mg of caffeine) every 4 hours.
- **Children:** It is not recommended for children under 12 years of age.

### Precautions

- **Habit Forming:** Esgicplus can be habit forming. Care should be taken in patients with a history of substance abuse.
- **Liver Function:** Avoid in patients with severe hepatic impairment.
- **Pregnancy:** Use during pregnancy only if the benefit outweighs the risk.
- **Breastfeeding:** It is not known if Esgicplus is excreted in breast milk. Use with caution.

### Adverse Reactions

- **GI:** Gastric distress, nausea, vomiting, abdominal pain, diarrhea, constipation.
- **GI (Rare):** Pancreatitis.
- **Hematopoietic:** Agranulocytosis, agranulocytosis, aplastic anemia.
- **Allergic:** Rash, urticaria, angioedema, anaphylaxis.
- **Cardiovascular:** Tachycardia, hypertension.
- **Respiratory:** Cough, dyspnea, wheezing.
- **Other:** Headache, dizziness, somnolence, drowsiness.

### Contraindications

- Patients with a history of sensitivity to any of the components.
- Patients with severe hepatic or renal disease.
- Patients with a history of seizures.

### Use in Special Populations

- **Pediatric:** Safety and efficacy in children under 12 years of age have not been established.
- **Geriatric:** In elderly patients, a lower initial dose may be required.

### Instructions

- Take as directed on the label.
- Do not exceed the recommended dosage.
- Report any side effects to a healthcare provider.

### Interactions

- **Acetaminophen and Caffeine:** None known.

### Warnings

- **Hypersensitivity:** Discontinue use if an allergic reaction occurs.
- **Liver Function:** Monitor liver function tests in patients with liver disease.

### Precautions

- **Driving:** Use caution when driving or operating machinery.
- **Allergic Reactions:**Seek medical attention if an allergic reaction occurs.

### Instructions

- **Oral Administration:** Tablets may be taken with or without food.
- **Overdosage:** Overdosage may cause sedation, respiratory depression, and cardiovascular collapse.

### Notes

- Butalbital is a barbiturate and should be used with caution.
- Acetaminophen is a common analgesic.
- Caffeine is a central nervous system stimulant.

### Legal Information

- **FDA Warning:** Use with caution and prescribe the lowest effective dose.

### References

ATTENTION

DIPLOMATES OF THE ABFP

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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.

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____________________________________       ______________________________________
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Zip Code ___________________________          Zip Code ___________________________
Effective Date of Change ________________________

Signature of Diplomate _________________________________

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(5-digit number above name on mailing label)

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We Agree, And We Feel Your Patients Will Too.

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For ordering information or a product catalog, simply call 1-800-634-3309. These products will be displayed at the AAFP in Boston, booth #1114.
The vast majority of patients on PLENDIL receive prescriptions for 5 mg, once daily.*

PLENDIL provides a gradual onset of action for continuous 24-hour blood-pressure control in many patients.

And, PLENDIL is suited to a broad range of your hypertensive patients — including many with concomitant disorders, such as: hypercholesterolemia, diabetes, impaired renal function, COPD, or asthma.

PLENDIL. A highly effective calcium channel blocker for blood pressure control.

Generally well tolerated at usual doses.†

Plendil®
(felodipine) Tablets, 5 mg, 10 mg
Because you consider the whole patient.

*1993 IMS NDTI Prescription Data.
†Peripheral edema, generally mild, was the most common adverse event in clinical trials.
PLENDIL is contraindicated in patients who are hypersensitive to this product. Please see brief summary of Prescribing Information on page following next page.
**BRIEF SUMMARY**

**PLENDIL**

**INDICATIONS AND USAGE**

PLENDIL is indicated for the management of hypertension when exercise stress tests or other diagnostic methods have shown that the patient's essential hypertension is not adequately controlled with diuretics alone. The dosage of PLENDIL may be increased gradually until blood pressure is adequately controlled or side effects limit further increases. The recommended initial dose of PLENDIL is 5 mg three times a day. The dosage can be increased to a maximum of 20 mg three times a day. If needed, antihypertensive drugs other than PLENDIL may be added to the therapy.

**CONTRAINdications**

PLENDIL is contraindicated in patients who are hypersensitive to the product.

**PRECAUTIONS**

**General**

Hypersensitivity: If other antihypertensive agents are ineffective, PLENDIL may be used as a beta-blocking agent. Additional information about the use of PLENDIL should be obtained from the manufacturer. PLENDIL should not be used in patients with renal impairment, and renal function should be monitored closely in patients with renal impairment.

**Heart Failure**

Although the effects of PLENDIL have not been systematically evaluated, it is generally agreed that PLENDIL is effective in patients with heart failure. PLENDIL has been shown to improve cardiac output and reduce peripheral resistance. In patients with heart failure, PLENDIL should be started cautiously, and the dosage should be increased gradually until blood pressure is adequately controlled or side effects limit further increases. The recommended initial dose of PLENDIL is 5 mg three times a day. The dosage can be increased to a maximum of 20 mg three times a day. If needed, antihypertensive drugs other than PLENDIL may be added to the therapy.

**Elderly Patients or Patients with Impaired Liver Function**

PLENDIL has not been studied in patients over the age of 65 years or in patients with impaired liver function. PLENDIL should be used with caution in these patients. The dosage should be increased gradually until blood pressure is adequately controlled or side effects limit further increases. The recommended initial dose of PLENDIL is 5 mg three times a day. The dosage can be increased to a maximum of 20 mg three times a day. If needed, antihypertensive drugs other than PLENDIL may be added to the therapy.

**Peripheral Edema**

Peripheral edema generally occurs early in the course of treatment. It is usually mild and rarely requires discontinuation of therapy. If edema occurs, the dosage should be reduced or PLENDIL may be stopped. Peripheral edema may be controlled by diuretics or sodium restriction. Edema may occur in patients with impaired liver function and should be monitored closely.

**Information for Patients**

PLENDIL is contraindicated in patients with a history of salicylate or alcohol withdrawal. PLENDIL should not be used in patients with renal impairment, and renal function should be monitored closely in patients with renal impairment.

**Drug Interactions**

PLENDIL may interact with other antihypertensive agents, digitalis, beta-blockers, and nonsteroidal anti-inflammatory drugs. The concurrent use of PLENDIL and these drugs should be avoided. The dosage of PLENDIL should be reduced or PLENDIL should be stopped if interaction is suspected.

**Adverse Reactions**

The most common adverse reactions associated with PLENDIL are headache, dizziness, lightheadedness, and constipation. These reactions are usually mild and rarely require discontinuation of therapy. They are more common in patients with renal impairment and should be monitored closely.

**Precautions**

PLENDIL is contraindicated in patients with impaired liver function and should be used with caution in patients with renal impairment. The dosage should be reduced or PLENDIL may be stopped if edema occurs.

**References**

PLENDIL is contraindicated in patients with impaired liver function and should be used with caution in patients with renal impairment. The dosage should be reduced or PLENDIL may be stopped if edema occurs.

**A M O R G**

For more detailed information, consult your Astromorphix, Specialist of A M O R G, or your local distributor.
75% of primary care physicians have treated patients with HIV infection.

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SAMF2

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PLENDIL provides a gradual onset of action for continuous 24-hour blood-pressure control in many patients.

And, PLENDIL is suited to a broad range of your hypertensive patients — including many with concomitant disorders, such as: hypercholesterolemia, diabetes, impaired renal function, COPD, or asthma.

PLENDIL. A highly effective calcium channel blocker for blood pressure control.

Generally well tolerated at usual doses.¹

Plendil®
(felodipine) Tablets, 5 mg, 10 mg

Because you consider the whole patient.

*1993 IMS NDTI Prescription Data.
¹Peripheral edema, generally mild, was the most common adverse event in clinical trials.
PLENDIL is contraindicated in patients who are hypersensitive to this product. Please see brief summary of Prescribing Information on page following next page.
PERINDIL

INDICATIONS AND USAGE

PERINDIL is indicated for the treatment of hypertension. PERINDIL may be used in combination with other antihypertensive agents.

CONTRAINDICATIONS

PERINDIL is contraindicated in patients who are hypersensitive to any of the components of the preparation.

PRECAUTIONS

General

Hypersensitivity Reactions: In clinical studies, rare cases of angioedema and/or angioedema-like reactions, including cases of angioedema with laryngeal edema, have been reported in patients treated with PERINDIL. In the general population, these reactions have occurred rarely in patients treated with other angiotensin-converting enzyme (ACE) inhibitors.

Heart Failure: Although no hemorrhagic strokes have been observed in a small number of patients with PERINDIL, it is important to note that there is no controlled study of ACE inhibitors in patients with heart failure. Additionally, the use of ACE inhibitors should be initiated with caution in patients with heart failure who have not been established. Therefore, it is recommended that initial therapy be started with a small dose of a low-dose ACE inhibitor, and the dose should be titrated upward slowly until a target dose is reached. If heart failure worsens, treatment with a diuretic should be initiated concurrently with the ACE inhibitor, and the dose of the diuretic should be increased gradually until the desired effect is achieved. The decision to discontinue ACE inhibitors should be made based on individual patient response and clinical judgment.

Elderly Patients or Patients with Impaired Liver Function: Patients over age 65 or patients with impaired liver function should be started on a lower dose of PERINDIL and monitored more closely for signs of overcompensation of the ACE inhibitor. If necessary, the dose should be adjusted downward.

Peripheral Edema: Peripheral edema can occur with PERINDIL and also with ACE inhibitors. If peripheral edema occurs, the dosage of PERINDIL should be reduced until the edema resolves, or diuretics should be added.

Neurovascular Effects: A prolonged relationship between mild and moderate peripheral edema and the incidence of peripheral edema in patients treated with PERINDIL is available. Therefore, the use of ACE inhibitors should be initiated with caution in patients with peripheral edema. Additionally, the use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Drug Interactions

Beta-Blockers: In patients with angina pectoris or other cardiac disorders, beta-blockers should be used with caution. Additionally, the use of beta-blockers should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

ACE Inhibitors: The use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Concomitant Use of ACE Inhibitors: The use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Dietary Changes: The use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Anaphylactic Reactions: The use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Adverse Reactions

In the general population, the most common adverse reactions associated with PERINDIL treatment are edema, cough, angiocardiomyopathy, and peripheral edema. These reactions are usually mild and transient and occur more frequently in patients with heart failure or with concomitant use of diuretics. In rare cases, severe reactions such as angioedema, anaphylaxis, or severe hypotension may occur. These reactions require immediate medical attention, including discontinuation of the drug and administration of appropriate supportive care.

Percent of Patients with Adverse Reactions as Compared to Placebo

Adverse Reaction

Percent of Patients

Placebo

PERINDIL

Dizziness

12%

7%

Clinical Laboratory Tests

In clinical trials, no significant changes in laboratory tests were observed in patients treated with PERINDIL. However, the use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Use in the Elderly or Patients with Impaired Liver Function: Patients over age 65 or patients with impaired liver function should be started on a lower dose of PERINDIL and monitored more closely for signs of overcompensation of the ACE inhibitor. If necessary, the dose should be adjusted downward. Additionally, the use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Dosage and Administration

The dosage of PERINDIL should be individualized according to patient response. Initially, a dose of 2.5 mg per day should be given in the morning. The dose may be increased in increments of 2.5 mg per day at 2-week intervals until the desired effect is achieved. The maximum recommended dose is 10 mg per day. The recommended dose for patients with impaired liver function is 2.5 mg per day.

Use in Renal Function: The use of ACE inhibitors should be initiated with caution in patients with impaired renal function. Additionally, the use of ACE inhibitors should be initiated with caution in patients with peripheral edema who have been treated with digitalis or other antihypertensive agents.

Use in Diabetes: The use of ACE inhibitors should be initiated with caution in patients with diabetes who have been treated with digitalis or other antihypertensive agents.

Use in Angina Pectoris: The use of ACE inhibitors should be initiated with caution in patients with angina pectoris who have been treated with digitalis or other antihypertensive agents.

Use in Heart Failure: The use of ACE inhibitors should be initiated with caution in patients with heart failure who have been treated with digitalis or other antihypertensive agents.
AMBIEN®
(ZOLPIDEM TARTRATE)
5-MG & 10-MG TABLETS

From a unique chemical class of non-benzodiazepine sleep agents

More sleep
Total sleep time is significantly increased compared with placebo. Patients fall asleep quickly; generally within 20 to 30 minutes.1-3

Better sleep
Awakenings were reduced, compared to placebo.

Through the night
No evidence of increased wakefulness during the last third of the night. Normal sleep stages are generally preserved1 (clinical significance unknown).

With no objective evidence of tolerance or rebound insomnia
In studies of up to 35 consecutive nights at recommended doses.1,2

Favorable safety and tolerability profile
Adverse events with dosages of ≤ 10 mg that were statistically significant vs placebo

<table>
<thead>
<tr>
<th></th>
<th>Short-term: ≤10 nights</th>
<th>Long-term: 28 to 35 nights</th>
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<tbody>
<tr>
<td>drowsiness</td>
<td>2%</td>
<td>dizziness</td>
</tr>
<tr>
<td>dizziness</td>
<td>1%</td>
<td>drugged</td>
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<tr>
<td>diarrhea</td>
<td>1%</td>
<td>feelings</td>
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BRIEF SUMMARY

INDICATIONS AND USAGE

Zolpidem (zolpidem tartrate) is indicated for the short-term treatment of insomnia (prescription only). Patients should be assessed periodically to determine the necessity of continuing therapy beyond 4 weeks. Zolpidem should not be administered for more than 4 weeks, except in special cases with careful monitoring. It is generally agreed that regular use of sedatives/hypnotics, including Almien, can be habit-forming.

Patients with sleep disorders of organic origin should be treated by a sleep specialist. Use of sedatives/hypnotics, such as Almien, should be viewed as supplemental therapy.

WARNINGs

None known.

CONTRAINdications

None known.

CAUTIONS

Since sleep disturbances may be the presenting manifestation of a physical or psychiatric disorder, treatment with sedatives/hypnotics should not be initiated without careful consideration of the physical and psychiatric nature of the patients' complaints. The failure of insomnia to remit after 7 to 10 days of treatment with Almien should be viewed as an indication of the necessity of evaluating the patient's medical condition. Zolpidem is not effective in the treatment of organic insomnia as a result of CNS depressant intoxication or drug abuse.

Patients with history of drug abuse may manifest sudden tolerance and dependency to Almien.

Zolpidem is also contraindicated in patients with known sensitivity to this drug.

PRECAUTIONS

Use in Pregnancy

Almien is not indicated for use in pregnant women.

NURSING MOTHERS

It is not known whether Almien is excreted in human milk. Use of Almien by a nursing woman is not recommended.

ADVERSE REACTIONS

The adverse reaction profile of Almien is similar to that of other benzodiazepines. The profile is one of sedation and amnesia.

The most common reactions to Almien are: (1) sedation, which may include drowsiness, dizziness, difficulty in concentration, and lack of coordination; (2) amnesia; (3) nausea; (4) vomiting; (5) headache; (6) somnolence; (7) increased appetite; (8) weakness; (9) fatigue; (10) peripheral edema; (11) rash; (12) photophobia; (13) paradoxical excitation; and (14) gastro-intestinal disturbances.

The most common adverse effects in controlled trials were drowsiness (17%) and amnesia (15%). Zolpidem has been associated with a relatively high incidence of hallucinations (4%) and nightmares (7%).

Zolpidem has been associated with a high incidence of hallucinations and nightmares. These reactions can occur at any dose level and may be more frequent in elderly patients. The use of supportive therapy, such as sedation and amnesia, may lead to a higher incidence of adverse effects. The duration of use should be limited to the minimum required to achieve the desired clinical response.

There were no apparent effects on the incidence of any sleep disturbance. There was no evidence of drowsiness, dizziness, or amnesia in patients given a placebo. These reactions were not seen in patients given placebo. The use of supportive therapy, such as sedation and amnesia, may lead to a higher incidence of adverse effects. The duration of use should be limited to the minimum required to achieve the desired clinical response.

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