In angina do you treat the underlying pathology as well as the symptoms?

SYMPTOMS

Anginal pain
Poor exercise tolerance
Associated dysrhythmias

PATHOLOGY

- Lipid abnormalities
- Atherogenesis
- Hyperfibrinogenaemia
- Platelet and clotting abnormalities
- High risk of myocardial infarction

Relief of symptoms is only part of the aim of angina treatment. 'Atromid'-S helps treat the underlying pathology and so offers a more complete approach to the treatment of angina.

● 'Atromid'-S—evidence of beneficial effect ● Beta blockade—evidence of beneficial effect

PRESCRIBING INFORMATION

Presentation
'Atromid'-S is presented as red, soft gelatine capsules, each containing 500 mg. Clofibrate B.P.

Uses
'Atromid'-S is indicated:
1. where abnormal lipid patterns are observed such as:–
   i) Hypercholesterolaemia (Fredrickson Type IIa)
   ii) Hypertriglyceridaemia (Fredrickson Types IV and V)
   iii) Mixed hyperlipidaemias (Fredrickson Types IIb and III)
2. in hyperlipidaemia associated with diabetes.
3. in exudative diabetic retinopathy.
4. in the treatment of xanthomata which are frequently associated with hyperlipidaemia.
5. where fibrinogen levels are chronically raised in association with atherosclerosis. (However, 'Atromid'-S does not reduce the acute rise of fibrinogen which follows severe trauma, e.g. infarction or major surgery, and is not indicated for this purpose).
6. in patients who present with angina irrespective of their lipid levels, since it has been shown to decrease mortality and morbidity in such patients. Where the patient has suffered a myocardial infarction, however, the drug has not been shown to decrease the mortality and morbidity.
   It must be remembered that other factors are associated with increased risk of death from coronary heart disease. These include smoking, hypertension and obesity.

Dosage and Administration
A dose of 20-30 mg/kg bodyweight is given daily. This applies to adults and children. This should be divided into 2 or 3 doses after meals. The effective dose level must be maintained.
Examples of dosage:
Patients over 65 kg–2g daily (4 x 500 mg capsules).
Patients 50-65 kg–1.5 g daily (3 x 500 mg capsules).

Contraindications, Warnings, etc.
It is considered advisable, on theoretical grounds, not to give 'Atromid'-S during pregnancy, or where there is renal or hepatic dysfunction.
In patients with low serum albumin levels, for example those with nephrotic syndrome, high levels of unbound drug may give rise to myalgia with raised serum creatinine kinase levels. Caution is advised in treating such patients.
Patients taking anticoagulants and 'Atromid'-S together should have their dose of anticoagulant halved and adjusted later as necessary.

Side Effects
The outstanding safety of 'Atromid'-S has been demonstrated by its widespread use extending over 16 years. Side effects are seldom seen but include transient slight upper abdominal discomfort, nausea and looseness of the bowels. It is usually unnecessary to discontinue treatment. Very occasionally myalgia has been reported (see Contraindications and Warnings above).

Liver Function: At therapeutic doses 'Atromid'-S does not enter the liver cell.
In some cases slight and usually transient increases in serum transaminase levels have been observed. It is considered that these reflect adaptive responses of the liver. In large, long-term studies, even transient increases in transaminase levels have seldom been reported. 'Atromid'-S has not been shown to affect serum bilirubin or bromosulphthalein tests.
Experimental studies confirm clinical observations. The liver weight gain found in rats, dogs and monkeys probably represents an adaptive response of the liver and increased protein synthesis.
Due to its action on cholesterol metabolism, 'Atromid'-S may increase the lithogenicity of bile and there have been isolated reports of increased incidence of gallstones.

Cardiovascular System: There has been a published report of ventricular arrhythmia associated with 'Atromid'-S treatment. However, the patient had an unstable rhythm prior to treatment. One study in post-infarction patients showed an increase in some cardiovascular events; these were non-fatal and have not been confirmed in any other long-term studies.

Blood: 'Atromid'-S normally has no effect on the blood picture. Isolated cases of adverse effects include slight fluctuation in haemoglobin values and occasional reduction in white cell counts. There is no evidence of marrow toxicity but one case of agranulocytosis has been reported in a patient undergoing multiple drug therapy which included 'Atromid'-S.

Overdosage
No adverse biochemical or clinical effects have been observed upon overdosage with 'Atromid'-S but should these occur, symptomatic treatment should be administered. One case of a 15-year old boy has been recorded who took 12.25 g of 'Atromid'-S with no resulting adverse effects.

Basic NHS cost 80p per week. Product Licence No. 0029/5022.

Further information is available

ICI Pharmaceuticals Division, **Macclesfield,** Cheshire SK10 4TF

THE QUEEN'S AWARD TO INDUSTRY 1975

ATROMID-S

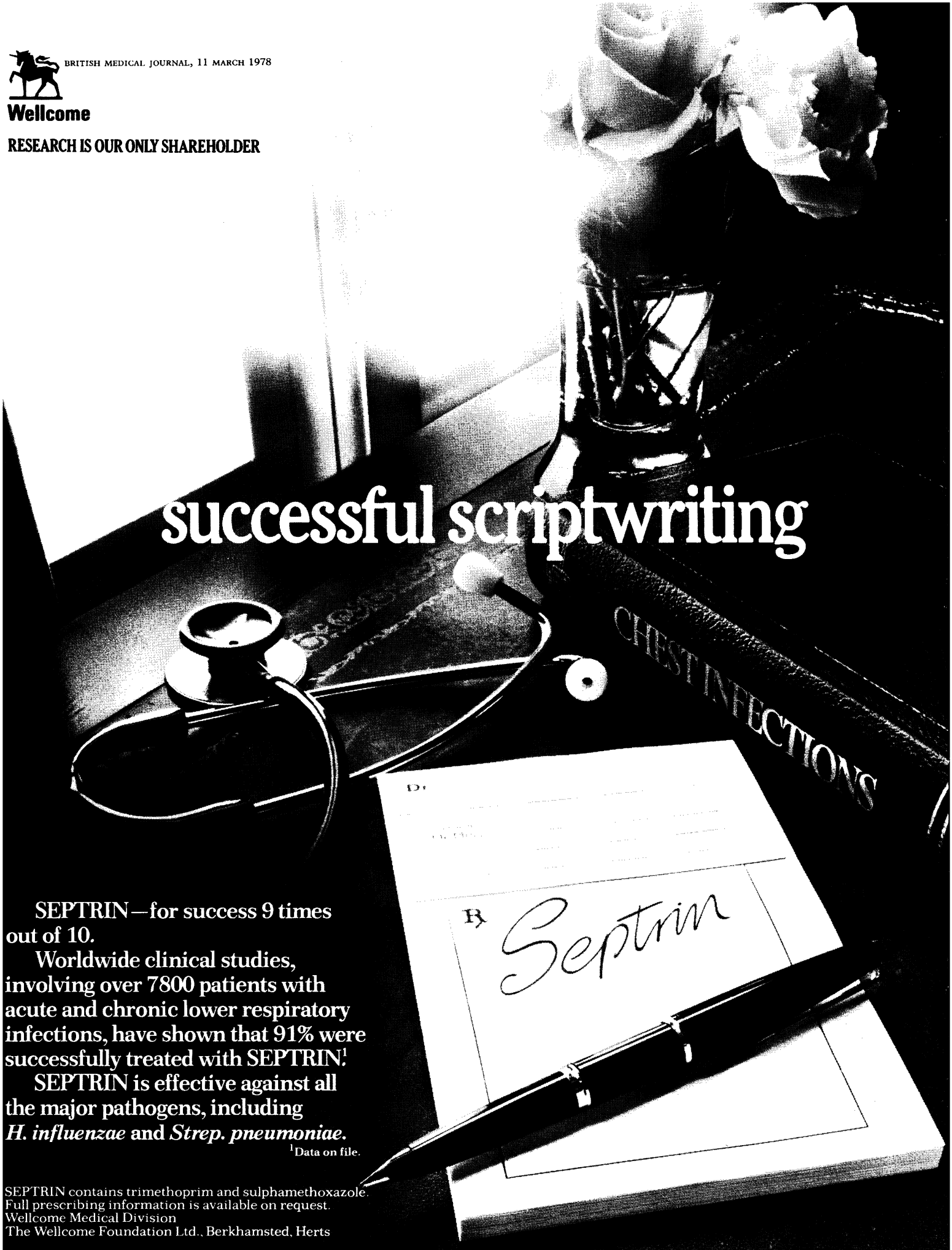
Clofibrate Trade Mark

and Beta Blockade

THE LOGICAL CO-PRESCRIPTION IN ANGINA

Wellcome

RESEARCH IS OUR ONLY SHAREHOLDER



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Worldwide clinical studies, involving over 7800 patients with acute and chronic lower respiratory infections, have shown that 91% were successfully treated with SEPTRIN.[1]

SEPTRIN is effective against all the major pathogens, including *H. influenzae* and *Strep. pneumoniae.*

[1] Data on file.

SEPTRIN contains trimethoprim and sulphamethoxazole.
Full prescribing information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Berkhamsted, Herts

SEPTRIN TRADE MARK **A FIRST CHOICE IN CHEST INFECTIONS**

"Non group A beta hemolytic streptococci are being increasingly recognised as human pathogens and, whenever possible, identification of these groups should be undertaken"

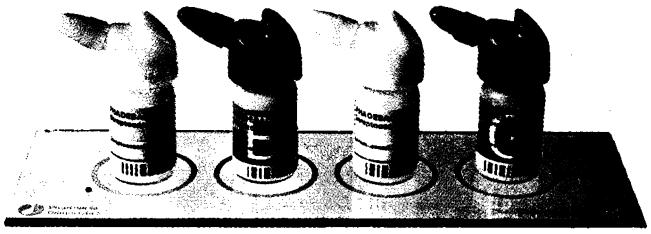
D.J. Coleman, J Clin Pathol 30 (1977) p. 421–426

It has been widely believed that only group A streptococci are pathogenic for man, and other groups were rare and of doubtful clinical significance. This belief was largely due to the limited use of accurate (but complex and time-consuming) serological tests to identify the various streptococcal groups. Instead many laboratories used simpler biochemical tests to *presumptively* identify only group A streptococci, and not infrequently misidentify non-group A streptococci as being group A.

The streptococci associated with human disease are most often identified as group A, B, C or G streptococci.

With the more widespread use of comprehensive and accurate serological procedures, the significance of groups A, B, C and G streptococci is being increasingly recognised. However, many laboratories are still unwilling or unable to perform routine serological identification of groups A, B, C and G streptococci due to the difficult, complex and time-consuming techniques involved.

These diagnostic problems are deterrents to group identification and so limit the diagnostic information available to the clinican.



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- Result within 1–2 days . . . from taking the specimen to laboratory report
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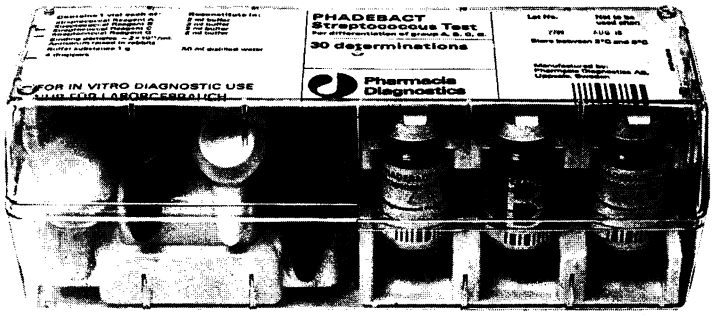

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FOR FURTHER INFORMATION, CONTACT:

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