

Full prescribing information available on request.

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tion may occur when Nizoral cream is used immediately after prolonged treatment with topical corticosteroids. Therefore, it is recommended to continue applying the topical corticosteroid in the mornings and to apply Nizoral cream in the evenings, and to subsequently and gradually withdraw the steroid therapy over a period of 2-3 weeks.

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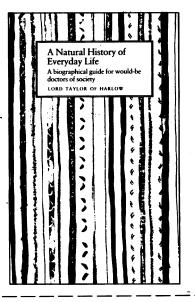
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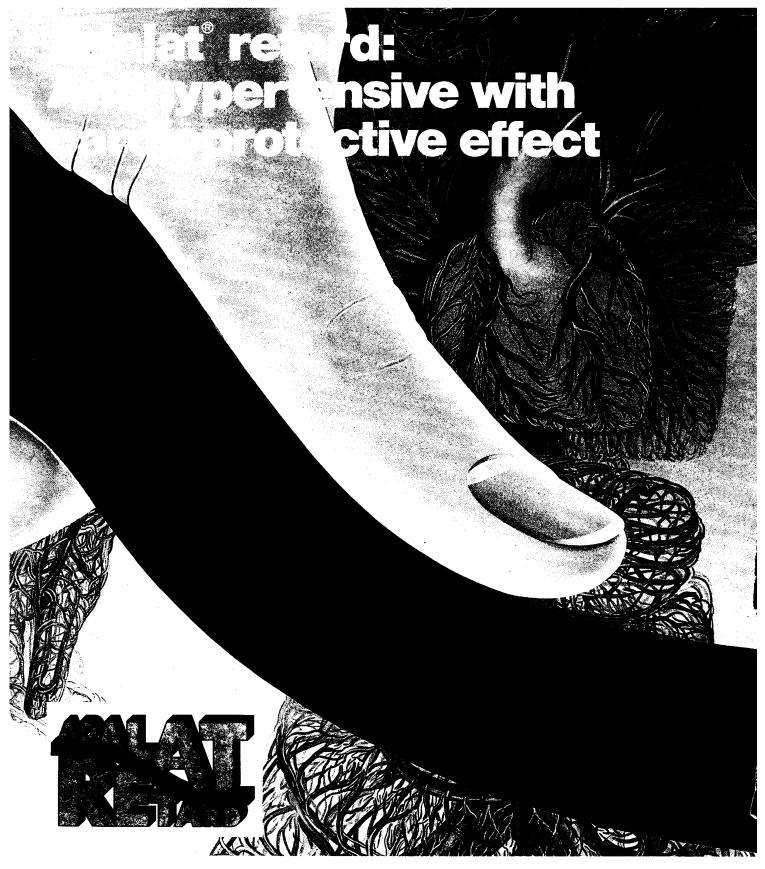
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Composition: I sustained release tablet of Adalat retard contains 20 mg niledipine. Indications: 1. Coronary heart disease; Chronic stable angina pectoris (exercise angina), angina pectoris following infarction (except in the first 8 days following an acute myocardial infarction). 2. Hypertension. Contraindications: Hypersensitivity to Adalat retard and the whole period of pregnancy. There are no findings on use during lactation. Caution should beexercised in the presence of pronounced low blood pressure (severe hypotension: systolic blood pressure < 90 mmHg). Cardiovascular shock. Sideseffects (sele-effects) generally occur at the start of therapy and are often of a slight and transient nature: facial flush, heat sensation, headache. In isolated cases particularly at higher doses: nausea, dizziness, tiredness, skin reactions, paraesthesia, hypotensive reaction, palpitations and increased ed cases particularly at higher doses: nausea, dizziness, tiredness, skin reactions, paraesthesia, hypotensive reaction, palpitations and increased pulse rate. Occasionally leg oedema due to dilatation of the blood vessels. Extremely rare: during long-term therapy, gingival hyperplasia which regresses completely once therapy is discontinued; chest pain (which may be angina pectoris-like pain) – where this occurs and a causal connection with Adalat is suspected, therapy should be discontinued. Caution should be exercised with dialysis patients with malignant hypertension and irreversible renal failure with hypovolaema, since vasodilatation can result in a reduction in blood pressure. Treatment of hypertension with this drug requires regular medical supervision. Individuals may react differently to this drug and some patient's ability to drive and to operate machinery may

be impaired. This applies particularly at the start of treatment, when changing from one preparation to another and if alcohol is consumed. <u>Mode of</u> ing from one preparation to another and if alcohol is consumed. Mode of action; Adalat retard is a calcium antagonist and is classified as a coronary therapeutic agent/antihypertensive agent. Dosage; Treatment should be adapted to the individual as much as possible according to the severity of the disease and the patient's response to therapy. Dosage guidelines for: Coronary heart disease; Chronic stable angina pectoris (exercise angina), angina pectoris following infarction; hypertension; 2 x daily 1 sustained release tablet Adalat retard. In some cases it may be necessary to increase the dose further to 2 x 2 sustained release tablets (2 x 40 mg). If sufficient therapeutic success is not observed in angina pectoris patients after approximately 14 days of therapy, this treatment should be replaced by the fast-acting (10 mg) Adalat cansule where this is advised by the physician. The tablets should be swallowed whole with a small amount of liquid independently of meals. Dosage interval: 12 hours, but in any case not less than 4 hours. Interactions with other drugs; Adalat retard/antihypertensive effect of nifedipine. Adalat retard/beta receptor blockers; the patient must be monitored carefully during concomitant administration since severe hypotension may occur; development of heart failure has been reported occasionally. Adalat retard/cimetidine; possible enhancement of antihypertensive effect. Note; if a particularly rapid onset of action is required for the treatment of spasms of the coronary vessels (coronary spasm: Prinzmetal's angina, angina at rest) and particularly marked clinical pictures or <u>impending angina</u> pectoris attacks or <u>acute hypertensive crisis</u>, the fast-acting refull of mold addat <u>capselles</u> should be used. Once the situation has improved, an attempt may be made to transfer to Adalat retard tablets. The light-sensitive active substance in the sustained release table is protected from light both inside and outside the packaging; nonetheless the tablets should only be removed from the foil immediately before use and should not be broken. Presentations: Adalat retard: packs with 30, 50 and 100 sustained release tablets containing 20 mg nifedipine. Hospital packs.

Bayer AG, Leverkusen, West-Germany.

Co-No.:

