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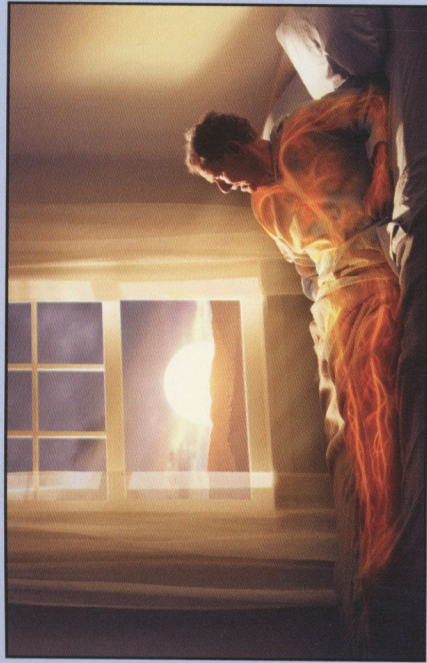
41st MEETING OF THE
CANADIAN CONGRESS OF
NEUROLOGICAL SCIENCES



ABSTRACTS

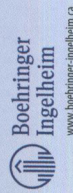
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For your hypertensive patients...



- ▲ Demonstrated powerful protection against early morning BP surges^{1,2†§}
- ▲ Longest half-life of all AT₁ receptor blockers^{3-8§}
- ▲ Proven once-daily dosing³

MICARDIS
TELMISARTAN 80 mg AT₁ RECEPTOR BLOCKER
GOOD MORNING. MICARDIS.



...use MICARDIS[®] for powerful protection against early morning BP surges.



A PROVEN 1ST-LINE ANTIHYPERTENSIVE

MICARDIS (telmisartan) is indicated for the treatment of mild to moderate hypertension and may be used alone or in combination with thiazide diuretics.³ The most common adverse events vs. placebo were headache (8.0% vs. 15.6%), upper respiratory tract infection (6.5% vs. 4.6%), dizziness (3.6% vs. 4.6%), pain (3.5% vs. 4.3%), back pain (2.7% vs. 0.9%), fatigue (3.2% vs. 3.3%), diarrhea (2.6% vs. 1.0%), and sinusitis (2.2% vs. 1.9%).³ If pregnancy is detected, MICARDIS should be discontinued as soon as possible.³ In patients who are volume-depleted by diuretic therapy, dietary salt restrictions, dialysis, diarrhea or vomiting, symptomatic hypotension may occur after initiation of therapy with MICARDIS.³

† An 8-week, randomised, open-label, blinded-endpoint, parallel-group, multicentre study with a once-daily oral dose of telmisartan 80 mg (n=199) or valsartan 80 mg (n=197). Evaluated using ABPM. Morning is 06:00 to 11:59. Nighttime SBP reductions were not significant between Diovan and MICARDIS. (SBP = -12.6 mmHg vs. -8.5 mmHg and DBP = -8.5 mmHg vs. -5.1 mmHg, respectively, p<0.01).

§ A 12-week, double-blind study with MICARDIS. (n=73; 40 mg increased to 80 mg and 120 mg as necessary for patients whose DBP remained >90 mmHg) and Norvasc[®] (n=78; 5 mg increased to 10 mg for patients whose DBP remained >90 mmHg). Evaluated using ABPM. Last 4 hours of dosing period is 02:00 to 06:00. p<0.05. The recommended starting and maintenance dose for MICARDIS is 80 mg once daily, 120 mg provided no additional mean reduction in BP. (DBP = -12.1 mmHg vs. -8.4 mmHg, respectively, p<0.05; 12-wk study).

§ Comparative clinical significance is investigational.

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