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ABSTRACTS

The official Journal of: The Canadian Neurological Society, The Canadian Neurosurgical Society, The Canadian Society of Clinical Neurophysiologists, The Canadian Association of Child Neurology

For your hypertensive patients...

- Demonstrated powerful protection against early morning BP surges[1,2†ß]
- Longest half-life of all AT_1 receptor blockers[3-8§]
- Proven once-daily dosing[3]

Pr MICARDIS®

TELMISARTAN 80mg AT_1 RECEPTOR BLOCKER

GOOD MORNING. MICARDIS.

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

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, randomized, 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, $p<0.01$).

ß 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.