PrAGGRENOX® PROVIDES STRONG DEFENSE AGAINST A SECOND STROKE

- **Aggrenox prevented *twice* as many strokes vs. ASA alone[1,2,3]***
  - 22.1% additional stroke protection over ASA (p=0.008)[2†]
  - 36.8% greater stroke protection vs. placebo (p<0.001)[2†]
- **Proven safety profile[2]**
- **ASA/extended release dipyridamole is recommended as first-line secondary stroke prevention therapy in:**
  - Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy[4]
  - European Stroke Initiative (EUSI)[5]
  - UK Royal College Physician Guidelines[6]

* Randomized, double-blind, placebo-controlled trial, 6,602 patients with history of TIA or ischemic stroke. Aggrenox 50 mg ASA + 400 mg extended release dipyridamole per day (b.i.d. dosing) n=1,650, ASA 50 mg per day (25 mg b.i.d.) n=1,649, placebo n=1,649, extended release dipyridamole 400 mg per/day (200 mg b.i.d.) n=1,654. For every 1,000 patients treated for two years, Aggrenox prevented 58 strokes vs. only 29 for ASA, compared to placebo.[1,2,3]

† Percentage of patients experiencing a stroke within two years: Aggrenox 9.5%, ASA 12.5%, placebo 15.2%.[2]

Aggrenox is indicated for the prevention of stroke in patients who have had a previous stroke or a transient ischemic attack (TIA).[2]

The overall discontinuation rate due to adverse events for Aggrenox was 27.8%, 23.2% for ASA and 23.7% for placebo.[2]

Aggrenox is contraindicated in patients with hypersensitivity to dipyridamole, ASA, or any of the other product components. Due to the ASA content, Aggrenox is also contraindicated in patients with known allergy to nonsteroidal anti-inflammatory drug products and in patients with the syndrome of asthma, rhinitis or nasal polyps.[2]

Due to the ASA component, Aggrenox should be avoided in patients with severe hepatic insufficiency or severe renal failure, used with caution in patients with inherited/acquired bleeding disorders or who consume three or more alcoholic drinks every day, and avoided in patients with a history of active peptic ulcer disease.[2]

Aggrenox should not be used in pediatric patients or during the third trimester of pregnancy.[2]

Aggrenox has a vasodilatory effect and should be used with caution in patients with severe coronary artery disease (e.g. unstable angina or recently sustained myocardial infarction).[2]

The most common adverse event with Aggrenox was headache (39.2% vs 33.8% for ASA and 32.9% for placebo), dyspepsia (18.4% vs 18.1% for ASA and 16.7% for placebo) and abdominal pain (17.5% vs 15.9% for ASA and 14.5% for placebo).[2]

References: 1. Diener HC, *et al.* European Stroke Prevention Study 2. Dipyridamole and acetylsalicylic acid in the secondary prevention of stroke. *Journal of the Neurological Sciences* 1996;143:1-13. **2.** Aggrenox Product Monograph. Boehringer Ingelheim (Canada) Ltd. February 2003. **3.** Diener HC, *et al.* European Stroke Prevention Study 2. Efficacy and Safety Data. *Journal of the Neurological Sciences* 1997;151:S1-S77. **4.** Albers GW, Amarenco P, Easton DJ, Sacco RL, Teal P. Antithrombotic and Thrombolytic Therapy for Ischemic Stroke. Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *CHEST* 2004;126:483S-512S.

5. European Stroke Initiative (EUSI) Executive Committee, and EUSI Writing Committee. EUSI Recommendations for Stroke Management - Update 2003. *Cerebrovascular Dis* 2003;16:311-337.
6. Royal College of Physicians of London. National Clinical Guidelines for Stroke, June 2004.

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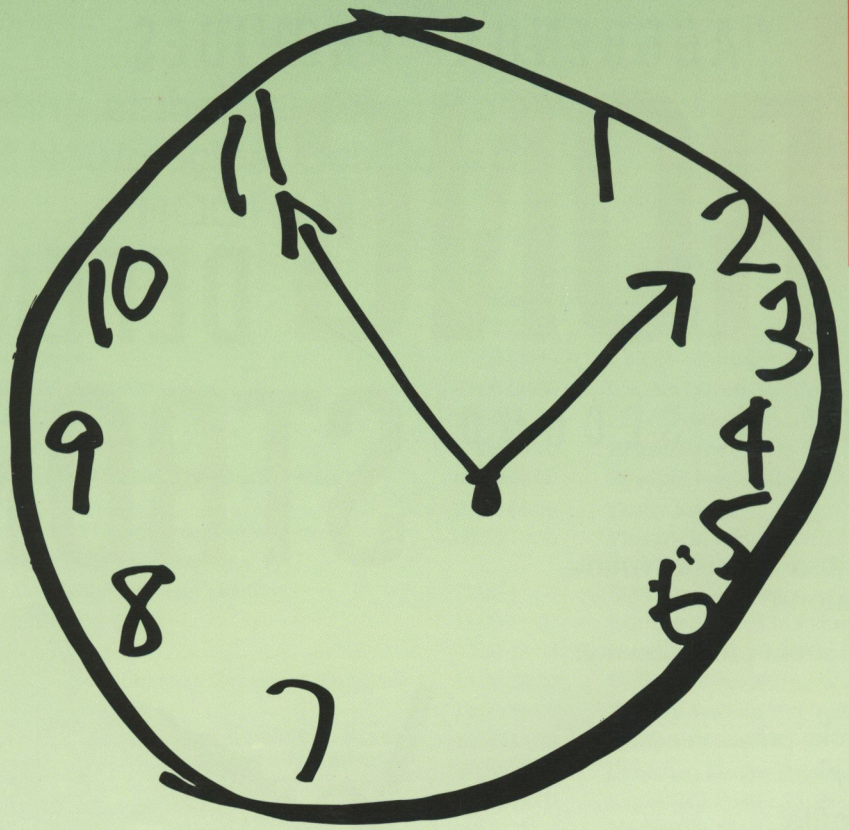
Aggrenox®
ASA /Extended Release Dipyridamole
Challenging the benchmark in secondary stroke prevention[1,4,5,6]

https://doi.org/10.1017/S031716710011649X Published online by Cambridge University Press



NEW
Once-a-Day
REMINYL ER

It's Time To Take Another Look at REMINYL.

REMINYL is now available in a once-a-day formulation: REMINYL ER.[1] Consider new REMINYL ER as initial treatment in AD.

REMINYL ER (galantamine hydrobromide) is indicated for the symptomatic treatment of patients with mild to moderate dementia of the Alzheimer's type. REMINYL ER has not been studied in controlled clinical trials for longer than 6 months.

The most common side effects (vs. placebo) in a clinical trial were nausea (17% vs. 5%), dizziness (10% vs. 4%), injury (8% vs. 6%) and headache (8% vs. 6%). For patients who experienced adverse events, the majority occurred during the dose-escalation phase.

There is no evidence that galantamine alters the course of the underlying dementing process.

REFERENCE: 1. REMINYL* (galantamine hydrobromide tablets), REMINYL* ER (galantamine hydrobromide extended-release capsules) Product Monograph, JANSSEN-ORTHO Inc., April 8, 2005.

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https://doi.org/10.1017/S031716710011649X Published online by Cambridge University Press