Cardiac deaths reduced by 48.5% : sudden deaths by 57.2% : Anturan 200.

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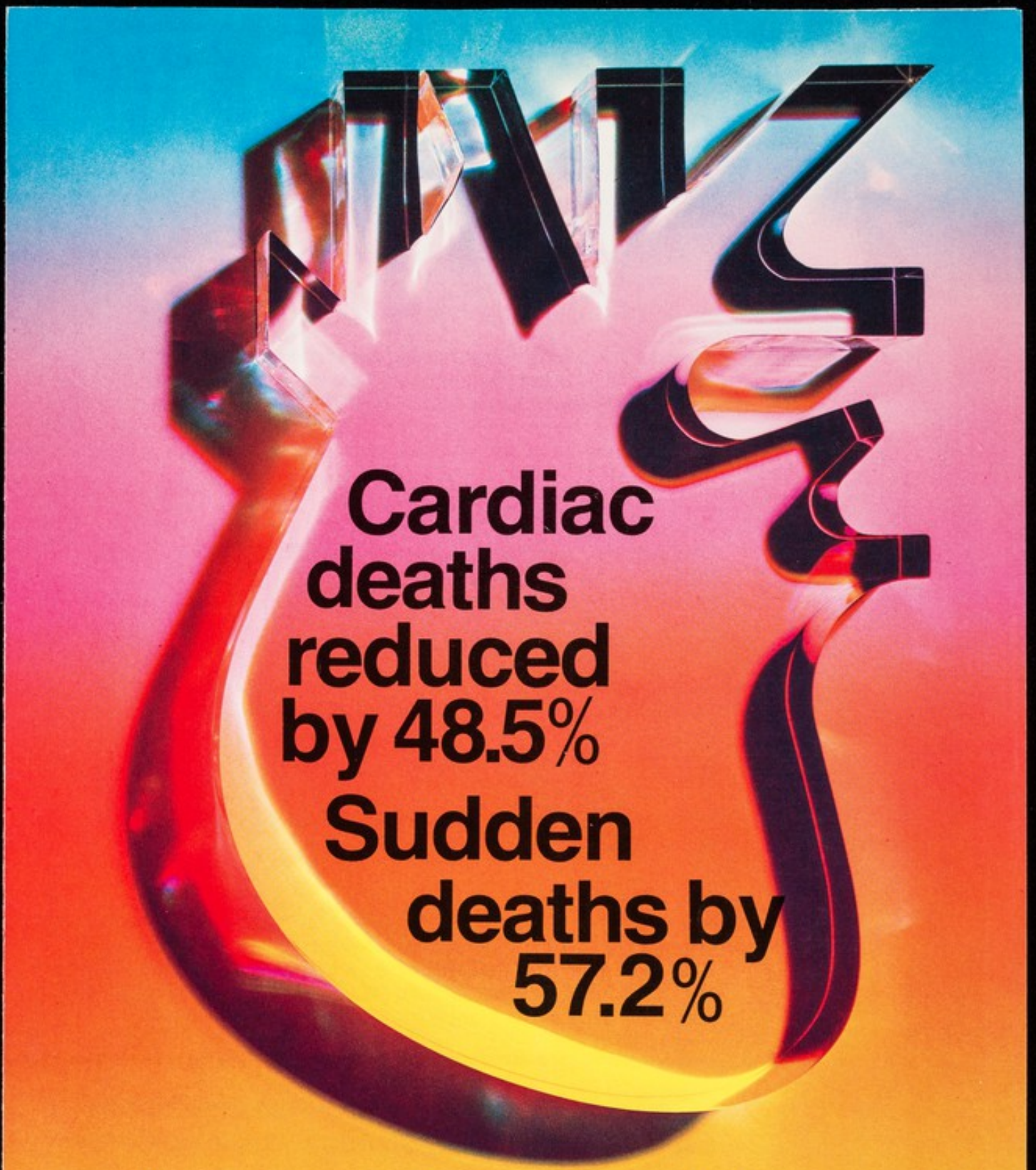


anturan® 200

post infarct prophylaxis

can improve the survival rate after recovery from an acute myocardial infarction.

Only rarely does a therapeutic advance make headlines. Geigy takes the following pages to tell you about an important discovery ...

Death rate after recent myocardial infarction halved by Anturan®200

The Anturan Re-Infarction Trial

A very large well controlled prospective double-blind trial in patients who have recovered from a recent myocardial infarction has produced striking and very important results.

Double-blind randomized prospective trial
Involving 1475 patients
Independent review of data, trial protocol and analysis
Rigid entry criteria

All cardiac deaths

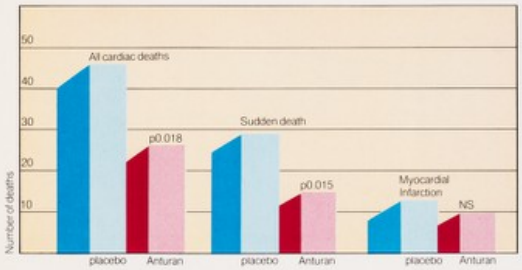
Treatment with Anturan was associated with a 48.5% reduction in all cardiac deaths.

Sudden deaths

Sixty-one per cent of cardiac deaths were sudden death and here Anturan showed its greatest effect...an overall reduction of 57.2%.

Myocardial Infarction

There was a small reduction in fatal infarctions but this trend did not reach statistical significance.



Tolerability of Anturan was excellent Signs or symptoms which appeared after trial entry on either placebo or Anturan were recorded at each bi-monthly visit. Among the patients exposed to therapy new events were recorded for 69% on placebo and 68% on Anturan. There were no statistically significant differences between treatment groups for any newly emergent sign or symptom.

'There are approximately 900 deaths per week in the United States among patients who have recently recovered from an acute myocardial infarction. If the benefit of sulfinpyrazone therapy can be shown to be sustained in the later periods of this trial, conservative interpretation of the overall results to date suggest the feasibility of reducing cardiac deaths during the first year after myocardial infarction by 200 to 300 per week.'

Sherry, S. et al New Eng. J. Med. **298,** 289 (1978)

The implication for the British Isles is that these results suggest the possibility of saving the lives of as many as 80-100 patients per week by starting Anturan 200 treatment four weeks following a recent myocardial infarction.

Answers to practical questions

What is the dose?
One 200mg tablet four times daily with a meal or milk.

What happens if a patient misses the odd dose?
A few missed doses are unlikely to matter significantly. It is nevertheless very important that patients adhere as closely as possible to the regimen of one 200mg tablet four times daily.

When should Anturan treatment be started?
Anturan should be started approximately one month following a myocardial infarction.

For how long should treatment be continued?
As most of the preventable events are likely to occur in the first year it is recommended that treatment be given for one to two years.

Are there any special precautions?
Before prescribing Anturan, please read the full prescribing information. One precaution deserves special mention: Anturan is a uricosuric agent and in the initial stages of treatment urinary excretion of uric acid will be increased. It is advisable therefore that the patient has an adequate fluid intake together with an agent to render the urine alkaline during the first few days of treatment.

Does Anturan affect the heart in any way?
Anturan appears to have no direct effect on myocardial function, nerve conduction or circulatory dynamics.

Will Anturan interfere with other treatments?
Anturan may accentuate the effect of oral anticoagulants, hypoglycaemic agents, sulphonamides and penicillins necessitating a reduction in dosage of the latter. Aspirin is known to increase the bleeding time and may cause haemorrhaging; caution should be exercised when administering Anturan and aspirin together.

Presentation
Tablets containing 200 mg sulphinpyrazone B.P., light yellow, sugar-coated, round, bi-convex approximately 10.6 mm diameter printed 'GEIGY' on one side.

Mode of Action
Regulation of platelet function.
Anturan has been shown to increase platelet survival time and decrease platelet turnover in thromboembolic conditions. In addition to inhibiting platelet adhesion and aggregation, Anturan has also been shown to inhibit the platelet release reaction and prostaglandin synthesis, processes known to be important in thrombo-embolism.

Indication
Prevention of cardiac mortality following recent myocardial infarction.

Administration
Anturan is administered orally in tablet form with meals or milk.

Dosage
Adults One 200mg tablet four times daily, commencing approximately one month after myocardial infarction.
Children Paediatric usage not established.

Contraindications
Active peptic ulcer. Sensitivity to phenylbutazone or other pyrazole derivatives. Severe hepatic disease.

Precautions
Use with caution in patients with impaired renal function or nephrolithiasis; in these cases, regular assessment of renal function is indicated.
Use with caution in patients with healed peptic ulcer.
Salicylates increase bleeding time and may cause haemorrhage; caution should be exercised when administering Anturan and aspirin together.
Since Anturan may potentiate the action of coumarin-type anti-coagulants, frequent estimation of prothrombin time should be undertaken when these drugs are given concurrently, and the dosage of the anti-coagulant adjusted accordingly.
Anturan may potentiate the action of other plasma protein-binding drugs such as hypoglycaemic agents and sulphonamides, which may necessitate a modification in dosage.
It is suggested that Anturan be used with caution in pregnant women, weighing the potential risks against the possible benefits.

Warnings and side-effects
During the early stages of treatment in patients with hyperuricaemia or gout, acute attacks of gout may be precipitated.
To help prevent episodes of urolithiasis or renal colic, ensure adequate fluid intake and alkalinisation of the urine during initial stages of therapy.
Transient gastro-intestinal side-effects may occur and are usually of a mild nature; gastro-intestinal bleeding has been reported.
Rash or blood dyscrasias may occur, and are contraindications to further treatment; onset may be sudden or gradual, and occur after small doses after long periods of treatment. For the early detection of a haematological abnormality, careful clinical supervision and a full blood count should be done before and at regular intervals during treatment.
Invalidation of results of renal function tests involving p-aminohippuric acid (PAH), phenolsulphthalein (PSP), or other organic acids may occur.

Accidental overdosage
There is no antidote to Anturan and treatment is symptomatic. Immediate treatment consists of forced emesis to recover undigested tablets. This is followed by gastric lavage, preferably with mild alkaline solutions such as sodium bicarbonate solution, and supportive therapy as indicated.

Pharmaceutical precautions
Storage
Protect from heat and moisture.

Legal category
Prescription only medicine.

Package quantities
Containers of 100

Product licence number
PL0001/0080

anturan 200
post-infarct prophylaxis

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