EARLY MORNING RISK[1,2]

Morning blood pressure surge (MBPS) has been linked to a 22% rise in stroke risk.[3]

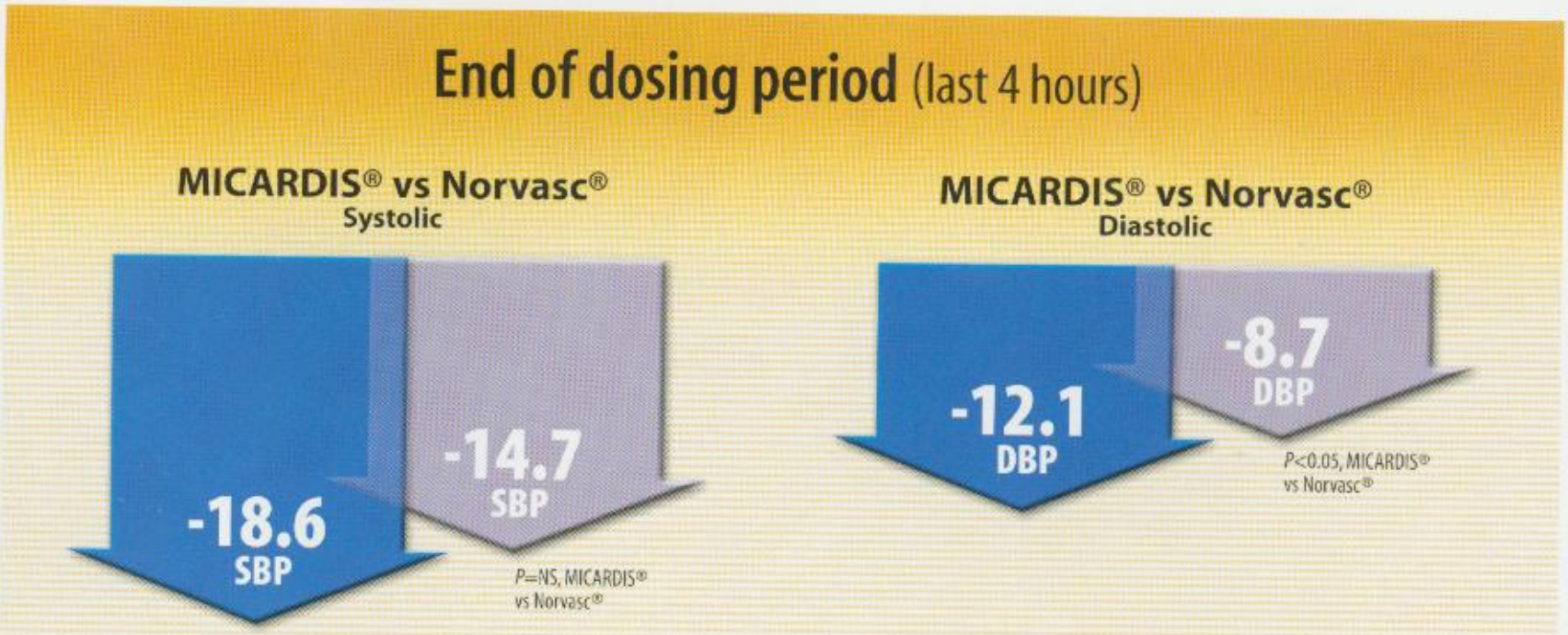
– *Kario et al*. Circulation. *2003*[3]*

* In a study of 519 elderly hypertensive patients, stroke incidence was statistically higher in those patients who had high MBPS (defined as sleep-trough MBPS ≥55 mm Hg) than those with lower surge (<55 mm Hg).[3]

EARLY MORNING BP PROTECTION[3-5*]

Powerful BP protection even in the risky early morning hours[3-5*]

▲ Delivers proven BP reductions **vs Norvasc® (amlodipine)** 5 mg and 10 mg—the most prescribed calcium channel blocker[4,5†]



In a clinical trial of MICARDIS® 40 mg, 80 mg, 120 mg (n=62) vs Norvasc® (amlodipine) 5 mg, 10 mg (n=65), adjusted mean change from baseline (mm Hg) Ambulatory Blood Pressure Monitoring (ABPM).[4,5‡]

In this 12-week, multicenter, double-blind, parallel-group, placebo-controlled study with patients randomized to MICARDIS® or amlodipine, MICARDIS® and amlodipine were titrated based on blood pressure response. Increasing the MICARDIS® dose to 120 mg produced little additional reduction in BP.[5] Reductions (SBP/DBP) with placebo (n=58) were -3.3/-1.2.[4]

* Clinical significance of reducing the early morning rise in blood pressure has not been established.

† IMS Health, National Prescription Audit, quarter ending April 2003.

‡ Graph is adapted with permission from Lacourcière Y, Lenis J, Orchard R, et al. A comparison of the efficacies and duration of action of the angiotensin II receptor blocker telmisartan and amlodipine. *Blood Pressure Monitoring.* 1998;3:295-302. Copyright © 1998, Lippincott Williams & Wilkins.[5]

With MICARDIS® monotherapy and other angiotensin II receptor blockers and ACE inhibitors in general, BP response in Blacks is noticeably less than in Caucasians.

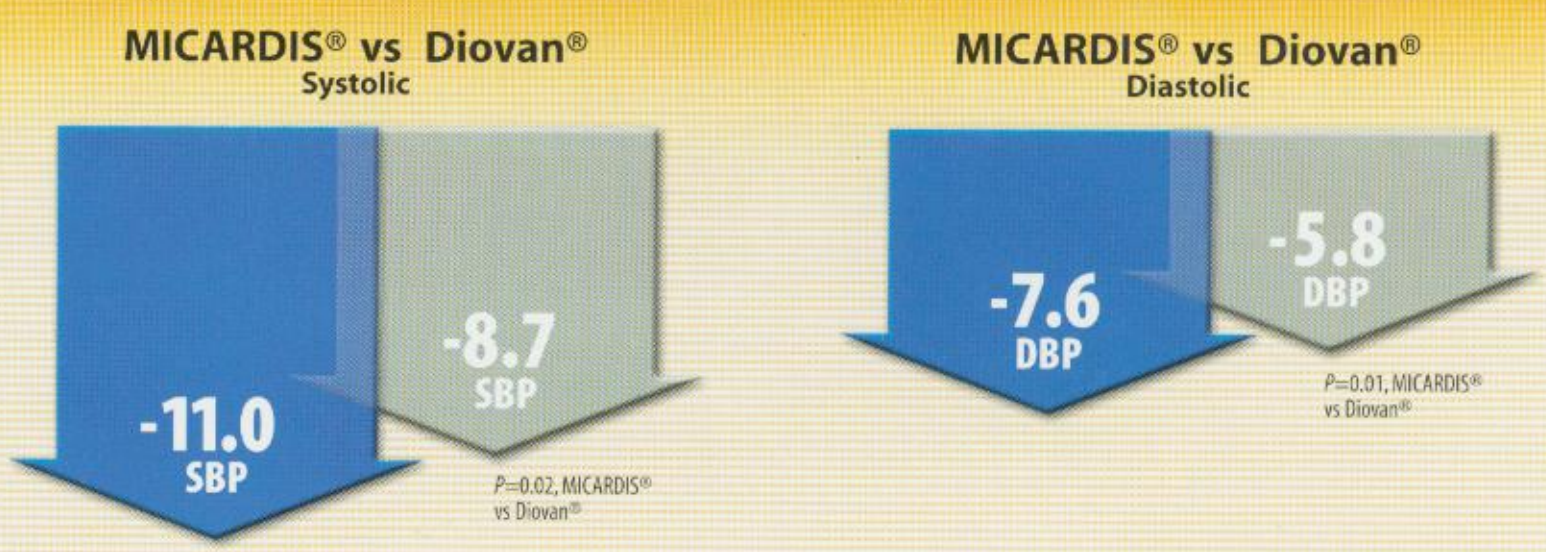
MICARDIS® is indicated for the treatment of hypertension.

The most common adverse events occurring with MICARDIS® Tablets monotherapy at a rate of ≥1% and greater than placebo, respectively, were: upper respiratory tract infection (URTI) (7%, 6%), back pain (3%, 1%), sinusitis (3%, 2%), diarrhea (3%, 2%), and pharyngitis (1%, 0%).

Powerful BP protection even in the risky early morning hours[3-5*]

▲ Delivers proven BP protection **vs Diovan® (valsartan)** 80 mg and 160 mg—the most prescribed angiotensin II receptor blocker (ARB)[4†]

End of dosing period (last 6 hours)



Statistically significant adjusted mean change from baseline in SBP/DBP during the last 6 hours using ABPM (mm Hg) MICARDIS® 40 mg, 80 mg (n=231) and Diovan® (valsartan) 80 mg, 160 mg (n=225).[4]

This was a prospective, randomized, double-blind, forced-titration trial to compare the efficacy of MICARDIS® once daily and valsartan once daily in patients with mild-to-moderate hypertension.[4] The most commonly prescribed dosages of valsartan are 80 and 160 mg/day; 320 mg/day was not included in this study [Scott-Levin Source Prescription Audit (SPA); 12 months ending 12/02]. In an identically designed study conducted in Europe, telmisartan was numerically superior to valsartan (*P*=NS).[4]

Easy to dose

Rx

Micardis 80 mg
Disp. 1 × 28
Sig:
1 tablet po qd.
DAW

MICARDIS®
Telmisartan Tablets

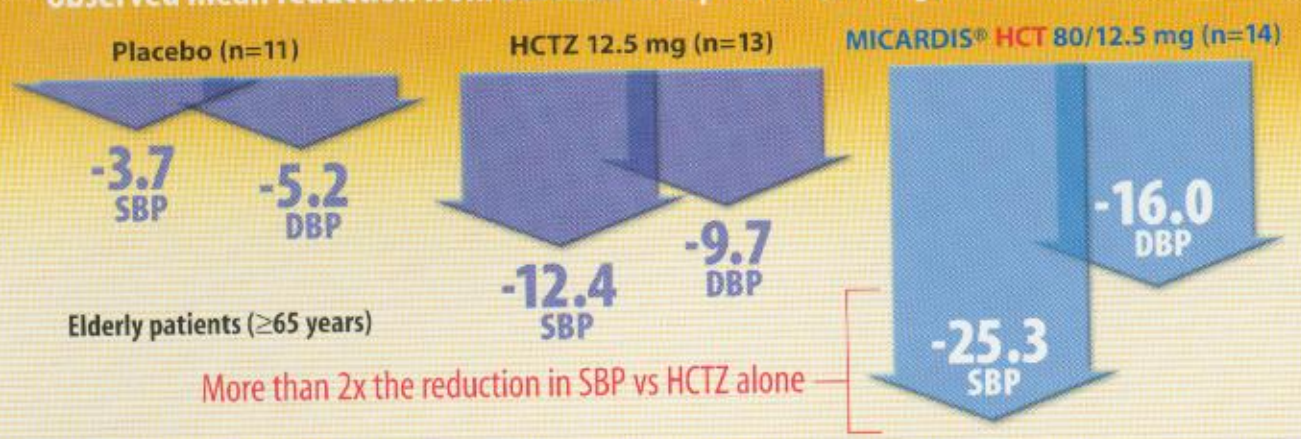
GOOD MORNING. MICARDIS.

MICARDIS® HCT
Telmisartan/Hydrochlorothiazide 80/12.5 mg Tablets

JNC 7: Many patients need combination power[6]

▲ ELDERLY — Almost two thirds of hypertensive patients age 60+ have an elevated SBP of ≥140 mm Hg with normal DBP (National High Blood Pressure Education Program Working Group)[7]

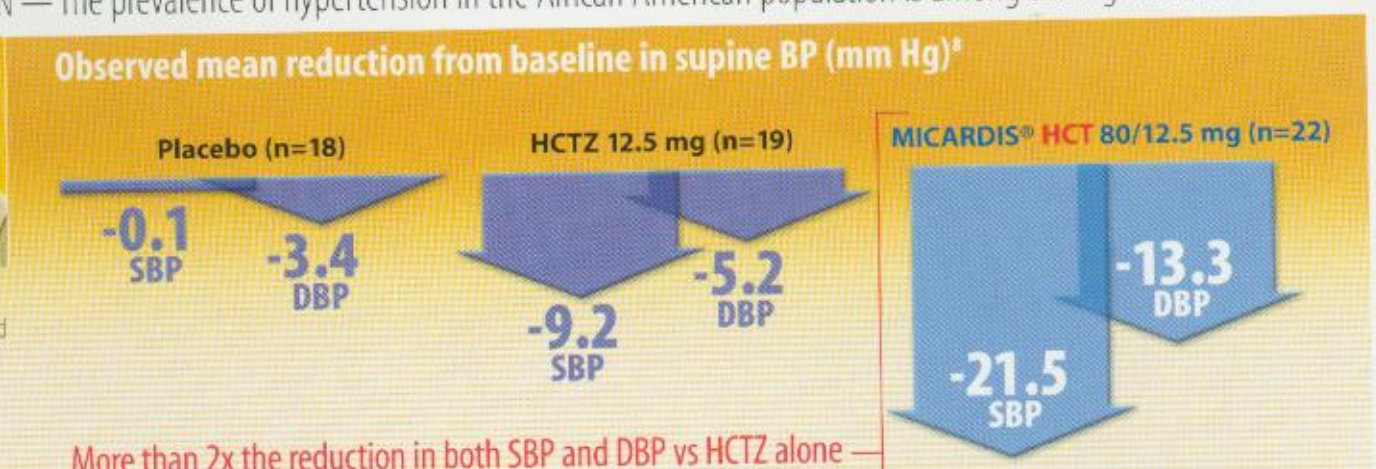
Data from a randomized, double-blind, placebo-controlled 4x5 factorial trial of telmisartan and hydrochlorothiazide in patients with mild-to-moderate hypertension.[4]



No overall differences in effectiveness and safety of telmisartan/hydrochlorothiazide were observed in elderly patients compared to younger patients, but greater sensitivity of some older individuals cannot be ruled out. All trials to date have been conducted in adults over age 18.

▲ AFRICAN AMERICAN — The prevalence of hypertension in the African American population is among the highest in the world[8]

Data from a randomized, double-blind, placebo-controlled 4x5 factorial trial of telmisartan and hydrochlorothiazide in patients with mild-to-moderate hypertension.[8*]



*Data are adapted from McGill and Reilly.[8]

MICARDIS® HCT is indicated for the treatment of hypertension.

MICARDIS® HCT is not indicated for initial therapy.

MICARDIS® HCT is not recommended for patients with severe renal or hepatic impairment.

The most common adverse events occurring in ≥2% of patients taking MICARDIS® HCT vs placebo, respectively, were: dizziness (5%, 1%), diarrhea (3%, 0%), fatigue (3%, 1%), nausea (2%, 0%), influenza-like symptoms (2%, 1%), sinusitis (4%, 3%), and URTI (8%, 7%).

Additional power

MICARDIS® HCT
Telmisartan/Hydrochlorothiazide 80/12.5 mg Tablets

Abbott Laboratories
Abbott Park, IL 60064

Boehringer Ingelheim

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(2/04)

MC-9104

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With MICARDIS® (telmisartan) Tablets monotherapy and other angiotensin II receptor blockers and ACE inhibitors in general, BP response in Blacks is noticeably less than in Caucasians.

Patients with depletion of intravascular volume should have the condition corrected or MICARDIS® Tablets should be initiated under close medical supervision. Patients with biliary obstructive disorders or hepatic insufficiency should have treatment started under close medical supervision.

MICARDIS® is indicated for the treatment of hypertension.

MICARDIS® HCT is indicated for the treatment of hypertension.

MICARDIS® HCT is not indicated for initial therapy.

MICARDIS® HCT is not recommended for patients with severe renal or hepatic impairment.

In patients with an activated renin-angiotensin system, such as volume- and/or salt-depleted patients (those receiving high doses of diuretics), symptomatic hypotension may occur after initiation of MICARDIS® or MICARDIS® HCT therapy. This condition should be corrected prior to administration of MICARDIS® or MICARDIS® HCT, and treatment should start under close medical supervision.

USE IN PREGNANCY

When used in pregnancy during the second and third trimesters, drugs that act directly on the renin-angiotensin system can cause injury and even death to the developing fetus. When pregnancy is detected, MICARDIS® and MICARDIS® HCT tablets should be discontinued as soon as possible (see WARNINGS, Fetal/Neonatal Morbidity and Mortality).

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