ANNOUNCEMENTS

National Kidney Foundation Sixth Annual Spring Clinical Nephrology Meeting—Consultative Nephrology Program
The National Kidney Foundation Spring Clinical Nephrology Meetings offer six separate programs targeted toward nephrologists, renal and non-renal dietitians, social workers, nurses and technicians. There will also be a special two-day program designed for primary care physicians in association with the Texas Academy of Family Physicians. The National Kidney Foundation’s (NKF) Sixth Annual Spring Clinical Nephrology Meeting—Consultative Nephrology Program will be held April 17–20, 1997 at the Wyndham Anatole Hotel in Dallas, TX. For registration information, call 1-800-622-9010.

Nephrology—1997
Nephrology—1997 will be held May 4–9, 1997, at the Copley Plaza Hotel, Boston, MA. The program is sponsored by the Department of Continuing Education, Harvard Medical School, and is directed by Burton D. Rose, MD. The objective of this course is to review for the practicing nephrologist the pathophysiological and clinical advances in the major areas of nephrology, including glomerular disease, fluid and electrolyte disorders, hypertension, dialysis, and renal transplantation. For a brochure contact: Professional Meeting Planners, 5 Central Sq, Ste 201, Stoneham, MA 02180. Telephone: 1-800-378-6857 or 617-279-9887; fax: 617-279-9875; e-mail: PMPMeet ing@aol.com.

Sixth International Course on Peritoneal Dialysis
The Sixth International Course on Peritoneal Dialysis will be held in Vicenza, Italy, from May 20–22, 1997. A scientific exhibition will be organized at the congress site, and the Third Peritoneal Dialysis Vicenza Award will be awarded during the course. For further information, contact Dr. M. Feriani, Secretariat of the Sixth International Course on Peritoneal Dialysis, Department of Nephrology, St. Bortolo Hospital, 36100 Vicenza, Italy.

Fifth Basic Sciences Symposium of the Transplantation Society
The Fifth Basic Sciences Symposium of the Transplantation Society will be held at the Chautauqua Institution, Chautauqua, NY, on September 6–11, 1997. Distinguished plenary speakers will update the most relevant topics of transplantation biology, which will be enhanced by oral and poster presentations by interested participants on the following subjects: T-Cell Stimulation and Co-stimulation, T-Cell Signalling Mechanisms, Immune Privilege, Tolerance, Chimerism and Bone Marrow Transplantation, Immunosuppression, Alloreactivity and Rejection, and Newer Experimental Models. The deadline for submission of abstracts was January 31, 1997. For further information, contact R. Cunningham, Ph.D., The Ernest Witebsky Center for Immunology, School of Medicine and Biomedical Sciences, 233 Sherman Hall, 3435 Main Street, Buffalo, NY 14214-3078. Telephone: 716–829-2901; fax: 716/829-2158; e-mail: reunning@ubmedb.buffalo.edu.

15th Annual Meeting of the International Society of Blood Purification (ISBP)
The 15th Annual Meeting of the International Society of Blood Purification (ISBP) will be held September 11–13, 1997, in Florence, Italy. Topics will include symposia on the myocardium in chronic renal failure, the present status of peritoneal dialysis, and novelties from erythropoietin developments. Free oral/poster communication presentations will be offered on clinical, technical, immunological and metabolic aspects pertaining to all types of blood purification methods. For further information, please contact Prof. Q. Maggiore, Nephrology Unit, S.M. Annunziata Hospital, 50011, Florence, Italy. Fax: +39 55 6449223; e-mail: q.maggiore@trident.nettuno.it.

24th Congress of the European Society For Artificial Organs
The 24th Congress of the European Society For Artificial Organs will be held October 16–18, 1997, in Budapest, Hungary. Main topics will include the pathophysiology of clinical applications of artificial organs, improvement in material properties as a prerequisite for the development of artificial organs, and the importance of auxiliary treatment in artificial organ therapy. For further scientific information, please contact Judit Walter, MD, PhD, President of ESAO 97, Selyemerdő u. 1., 6300 Kalocsa, Hungary. Telephone: +36/78/462-782; fax +36/78/465-077. For general information by computer, e-mail: Novis@elender.hu; http://www.elender.hu/~novis/esa o.

1st International Congress on Immunointervention in Nephrology
The 1st International Congress on Immunointervention in Nephrology, organized by the Department of Nephrology, Ospedale S. Michele, Cagliari, Italy (P. Altieri, M.D.), and the Division of Nephrology, Ospedale Maggiore IRCCS, Milan, Italy (C. Ponticelli, M.D.), will be held April 30–May 2, 1988, in Cagliari, Sardinia, Italy. The meeting will deal with new therapeutic strategies in kidney transplantation and with clinical and therapeutic aspects of lupus nephritis. Tuition is 250 US$. The deadline for abstract presentation is January 15, 1998. For information contact: Paolo Altier, M.D., Dipartimento di Nefrologia e Dialisi, Ospedale S. Michele, Via Petti, 09134 Cagliari (Italy). Telephone and fax: +39-70-542872 or +39-70-539491.
FIRST AND FOREMOST IN GERIATRIC MEDICINE

For relevant coverage on all aspects of geriatric health care, your best resource is the official journal of the American Geriatrics Society. No other journal can match it for experience and authority.

- Illuminating articles on basic and clinical research.
- Insight and answers on difficult ethical questions.
- Reliable reports on legislative and judicial developments influencing patient protocols.
- Perspectives on health care policy, education, clinical management, and research.
- Practical solutions to common problems.
- Updates on trends in research and patient management.

4 EASY WAYS TO ORDER

CALL 1-800-638-6423
Outside the U.S.: 410-528-8555
London: 171-385-2357
Hong Kong: 852-2610-2339
Tokyo: 03-5689-6400
FAX 410-528-8596
E-MAIL custserv@wwilkins.com

MAIL order form today to:
Williams & Wilkins
P.O. Box 23291
Baltimore, MD 21203-9990

Published Monthly
Editor: William B. Applegate, MD, MPH

Journal of the American Geriatrics Society
Subscribe for up to 3 years at the current rate!
IN THE U.S.
$175/yr. \[ \square \]
$268/yr. \[ \square \]
$108/yr. \[ \square \]

OUTSIDE THE U.S.
$135/yr. \[ \square \]
Individual $175/yr. \[ \square \]
In-training $568/yr. \[ \square \]
In-training $108/yr. \[ \square \]

3 years \[ \square \]
2 years \[ \square \]
1 year \[ \square \]

MD subscribers add state sales tax. Canadian subscribers, add 7% GST. Rates valid until October 31, 1997. Orders outside the U.S. must be prepaid in U.S. dollars.

Payment Options:
- Bill me
- Check enclosed
- MasterCard
- Discover
- AmEx
- VISA
- Other

Account # __________ Exp. __________
Signature __________________________
Name ______________________________
Address ____________________________
City/State/Zip _______________________

*Specify institution & training status:

Return coupon to Williams & Wilkins, P.O. Box 23291, Baltimore, MD 21203-9990.
INSTRUCTIONS TO AUTHORS

Send manuscripts to the Editor:

C. Craig Tisher, M.D.
J. Am. Soc. Nephrol.
Division of Nephrology
Box 100224
1600 SW Archer Road
University of Florida
Gainesville, Florida 32610

The Journal of the American Society of Nephrology will publish original manuscripts judged by peers to be of high quality and relevant to the broad field of nephrology. Nephrology is an alliance of scientists and physicians who seek to understand the functions of the kidneys and the means to improve the medical care of individuals with kidney disease. The strength and vitality of the discipline radiate, historically, from the dynamic interaction between the basic and the clinical sciences. The Journal strives to nurture this relationship by providing the means for communicating to nephrologists and others in related specialties critical information of broad significance in the field. Subjects appropriate for the Journal include, but are not restricted to:

- clinical nephrology
- cell and transport physiology
- pathology and immunology
- cell and structural biology
- pathophysiology of renal disease
- hormones, autacoids and growth factors
- hemodynamics, hypertension and vascular regulation
- dialysis
- transplantation
- mineral metabolism and bone disease
- molecular medicine, genetics, and development

General Information

Original manuscripts are of two types: Regular Articles and Brief Communications. Regular Articles are traditional full length papers that address research questions with exhaustive experimental design and methodology. Brief Communications should contain not more than 2000 words (including abstract, figures, tables and references) describing important new observations in nephrology.

Reviews of basic and clinical topics of interest to the readership will be solicited by the editors.

In the cover letter, designate one author as the correspondent. The cover letter should include a statement explaining why the research is especially important. The journal office may solicit editorials to accompany articles that are especially newsworthy or controversial.

Include in the cover letter the names, addresses, telephone and fax numbers and areas of expertise of at least five individuals (peers) who may serve at the discretion of the editors, as reviewers of the manuscript.

Copyright Transfer

Include one of the two following statements on copyright interests signed by all authors: "In consideration of the American Society of Nephrology's taking action in reviewing and editing this submission, the author(s) undersigned hereby transfer(s), assign(s) or otherwise convey(s) all copyright ownership to the ASN in the event this work is published by the ASN."

Federal Government: "I was an employee of United States Federal Government when this work was conducted and prepared for publication; therefore, it is not protected by the Copyright Act and there is no copyright of which the ownership can be transferred."

The signatures that must accompany the cover letter indicate that each author approved the final version of the manuscript and is prepared to take public responsibility for the work.

Review Process

It is the policy of the Journal to expedite manuscript review. Authors will receive within 7 days of receipt at the editorial office, acknowledgment that their manuscript has been forwarded to an associate editor and appropriate reviewers. Manuscripts that are judged by a panel of screening editors to fall outside the range of interest of the readership or that fail to satisfy technical requirements will be promptly returned to the authors without further review. In order to reduce postage expense, manuscripts sent to outside reviewers as privileged communications will be destroyed and not returned to the authors. Glossy prints and photographs from rejected manuscripts will be returned to authors.

Manuscript Preparation

- Submit an original manuscript and three photocopies, typed double-spaced in letter-quality print on one side only of standard (8½ × 11 inch) white bond paper. Manuscripts should be organized as follows: title page, abstract, introduction, methods, results, discussion, acknowledgments, references, tables and figure legends.
- On the title page type the full names, highest academic degrees and affiliations of all authors. The title should not exceed 100 characters including spaces between words. Number all pages consecutively beginning with the title page. Include an abbreviated title of not more than 40 characters.
- Abstract: State the problem considered, methods, results and conclusions in less than 250 words.
- Use of Systeme International d’Unites (SI) for measurements is preferred throughout the manuscript. Factors for converting frequently used components can be found in JAMA (1989; 262:200–202).
- Use generic names of drugs.
- Do not use abbreviations in the title. Define unusual abbreviations with the first use in the body of the manuscript. A list of accepted abbreviations can be found in the July and January issues of the Journal.
- Text footnotes should be typed on a separate page.
- Foreign contributors, whose language is not English, should obtain help from colleagues who are proficient in scientific English.
- It is assumed that all clinical investigation described in the manuscript was conducted in accordance with the guidelines proposed in the Declaration of Helsinki. Document in the manuscript that informed consent was obtained.
- It is assumed that all animal experimentation described in the manuscript was conducted in accord with the NIH Guide for the Care and Use of Laboratory Animals or the equivalent, and the manuscript should contain a statement to that effect.
- Tables: Type double-spaced on separate sheets of standard-sized white bone paper. Each table should have a title and be numbered in the order of appearance in the text. Use superscript letters to indicate footnotes typed at the bottom of the table.
- Figures: Four complete sets of glossy photographs of all figures including graphs, black and white light and electron micrographs and color photographs, must be submitted. The use of color illustrations is encouraged, but authors should contact the editor prior to their preparation for advice and assistance. All figures should be clearly labeled on the back. Photomicrographs should be sized to fit one column (8 cm) or two columns (17 cm); the maximum plate size is $17 \times 22$ cm.
  Legends should state degree of magnification or scale bars should be used on the photograph.
  Graphs must be of professional quality. Computer-generated graphs should be of laser quality.
  High contrast prints for roentgenographic photographs and electron micrographs are essential.
  Clear photocopies of the figures should be included with the original and each copy of the manuscript.
- References: References should be typed on a separate page and numbered in the order of appearance in the text, with only one reference to a number. Citation of unpublished observations or personal communications (include separately permission to quote from appropriate individual) should be placed in the text in parenthesis. Journal articles, abstracts and books: List all authors for each article cited. Journal names should be abbreviated according to the BIOSIS list of serials.
- Manuscripts on Electronic Diskettes: Authors must submit electronic diskettes of the final version of their manuscripts along with the printout of the revised manuscript. Diskettes produced on IBM or IBM-compatible computers are preferred, but those produced on most Macintosh computers can also be converted. Word and WordPerfect are preferred. Authors preparing diskettes on Macintosh computers should not use the Fast Save option. Files in ASCII are not preferred. Identify the diskette by providing journal name, manuscript number, senior author’s name, manuscript title, name of computer file, type of hardware, operating system and version number, and software program and version number. The journal does not assume responsibility for errors in conversion of customized software, newly released software, and special characters. Mathematics and tabular material will be processed in the traditional manner.

**Manuscript Checklist**
1. Include the original typed manuscript and three photocopies. 
2. Send four sets of glossy print figures; each manuscript set should also contain photocopies of figures.
3. Include a cover letter containing a copyright transfer statement.
4. Include all authors’ personal signatures.
5. Designate a corresponding author and provide a telephone number, fax number and address.

**Proofs**
Please read, correct, and return the original set of proofs with the manuscript and figure copy. Be sure that all Editor’s or printer’s queries are answered. Only minor corrections are permitted.
Authors will be charged for excessive charges. Excess pages charges will be assessed on articles and brief communications that exceed four pages in length ($60.00 per printed page). Invited reviews and editorials will be exempt. The enclosed prints of your illustrations should be reviewed carefully and any corrections noted on the figure proof. **Return the corrected proof and manuscript within 48 hours to:** Journal Editing, Williams & Wilkins, 351 West Camden Street, Baltimore, MD 21201-2436.

**Reprints**
Authors of articles published in the Journal of the American Society of Nephrology will receive reprint order forms with the page proofs. **Reprint order forms** must be returned within 48 hours of receipt. Send Reprint Order forms to: Author Reprint Department, Williams & Wilkins, 351 West Camden Street, Baltimore, MD 21201-2436. Telephone: 1-800-341-2258, Fax: 410-361-8016, E-mail: reprints@wwilkins.com, Internet: http://www.wwilkins.com/periodicals/author-reprints.

**Disclaimer** — The statements and opinions contained in the articles of the JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY are solely those of the individual authors and contributors and not of the American Society of Nephrology or Williams & Wilkins. The appearance of advertisements in the Journal is not a warranty, endorsement or approval of the products or services advertised or of their safety. The American Society of Nephrology and the Publisher disclaim responsibility for any injury to persons or property resulting from any ideas or products referred to in the articles or advertisements.
Every month the most influential journal in the field* will be delivered to you, when you subscribe to Journal of the American Society of Nephrology (JASN).

We’ve got you covered no matter your specialty:

[✓] Nephrology
[✓] Internal Medicine
[✓] Transplant Surgery

We’ll keep you on the cutting edge of the newest concepts, newest discoveries, and newest research in this rapidly changing field.

Recent Topics in JASN:
- Renal Functional Reserve in Kidney and Heart Transplant Donors and Recipients
- Cardiovascular Disease after Renal Transplantation
- Mechanism of the Antiproteinuric Effect of Cyclosporine in Membranous Nephropathy
- Effect of rh Insulin-like Growth Factor-1 on the Inflammatory Response to Acute Renal Injury

Put the #1 Journal in Nephrology to work for you. Subscribe to JASN today, and join the many innovative scientists and physicians who get a better understanding of kidney functions along with the means to improve medical care of individuals with kidney diseases.

* Ranks first for impact among journals in the urology and nephrology category (Science Citation Index, 1994)
The Most Influential Journal in the Field

Transplantation®
Official Journal of the Transplantation Society

Editor: J.R. Batchelor (England), Anthony P. Monaco (USA), Peter J. Morris (England), David H. Sachs (USA), Manikkam Suthanthiran (USA), and Kathryn J. Wood (England)

Published twice monthly, this frequently cited scientific journal now features more coverage of the important advances in transplantation surgery.

Expert researchers and clinicians contribute formal papers and brief abstracts in every pertinent specialty, ranging from hematology and endocrinology to genetics and embryology. You'll get current insights on...

- experimental and clinical transplantation
- immunobiology
- immunogenetics
- histocompatibility
- tissue antigens

Ranking first for impact among 9 transplantation journals and fourth for impact among 93 journals in the surgery category (Science Citation Index, 1994), Transplantation will prepare you for the future of the field.

Other Benefits:
- Doubling its frequency to twice monthly, this frequently cited journal now features more coverage than ever before
- Expert researchers and clinicians contribute formal papers and brief abstracts in every pertinent specialty, ranging from hematology and endocrinology to genetics and embryology
- Areas covered include experimental and clinical transplantation, immunobiology, immunogenetics, histocompatibility and tissue antigens

Transplantation® 24 times a year!

Please enter my subscription to Transplantation
☐ Individual $322/year
☐ Institutional $518/year
☐ In-training* $191/year (specify institution and status)
(Add $80/year for subscriptions outside the US; in Canada, also add 7% GST)
☐ new subscription
☐ renewal

Subscribe for: ☐ 1 year ☐ 2 years ☐ 3 years

name

address

city/state/zip

*please indicate institution/status for in-training subscriptions

Payment options:
☐ Check enclosed (payable to Williams & Wilkins)
☐ Bill me
☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

card # exp. date

signature or P.O.


Williams & Wilkins
A WAVERLEY COMPANY

TP 57706 - S7J059Z
No other diltiazem is therapeutically equivalent

Brief Summary of
Prescribing Information as of December 1995A

CARDIZEM® CD (diltiazem HCl)
120-, 180-, 240-, 300-mg Capsules

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and depression of systolic function (see ADVERSE REACTIONS section).

TABLES

CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormal slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients; 0.4%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (1 second) after a single dose of diltiazem. (See ADVERSE REACTIONS section.)

Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis: No evidence of carcinogenicity has been found in rats at oral dose levels of all 100 mg/kg/day and a 21-month study in mice at oral dose levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no instagenic effect of diltiazem on male or in vivo in mammalian cell systems. No evidence of impaired fertility was observed in a study performed in male and female rats at oral doses of up to 100 mg/kg/day.

Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/prenatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Diltiazem is secreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The following table presents the most common adverse reactions reported in placebo-controlled angiographic and hypertension trials in patients receiving CARDIZEM CD 360 mg with rates in placebo patients shown for comparison.

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>Cardizem CD (n=607)</th>
<th>Placebo (n=301)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>5.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Bradycardia</td>
<td>3.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>AV Block First Degree</td>
<td>3.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Edema</td>
<td>3.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>ECG Abnormality</td>
<td>1.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Anemia</td>
<td>1.9%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving more than 1000 mature patients, the most common events (ie, greater than 1% incidence) were edema (4.5%), headache (4.5%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.1%), bradycardia (1.7%), flushing (1.4%), rash (1.2%), and conduction (1.1%).

In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:

- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Acne
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hypersensitivity
- Urticaria
- Hirsutism
- Necrosis
- Insomnia
- Enlargement
- Tachycardia
- Alopecia
- Angina
- Anorexia
- Arthralgia
- Anemia
- Dystonia
- Diarrhea
- Dizziness
- Asthenia
- Diaper Irritation
- Hyper...
A UNIQUE HEMODYNAMIC AND SAFETY PROFILE DIFFERENT FROM DIHYDROPYRIDININES

Effective 24-hour control of hypertension or angina
- Reduces blood pressure with no reflex tachycardia†
- Increases exercise tolerance, reduces vasospasm, and decreases heart rate in angina†

Well-tolerated control regardless of age or gender†
- A side-effect discontinuation rate comparable to placebo²,³
- Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)†

True 24-hour control from a unique patented delivery system
- No other diltiazem is therapeutically equivalent to Cardizem CD‡

*Cardizem CD is a benzo-thiazepine calcium channel blocker.
† In clinical trials with Cardizem CD.
‡ FDA does not, at this time, consider other diltiazems to be therapeutically equivalent because bioequivalence has not been demonstrated through appropriate studies.

Please see brief summary of prescribing information on adjacent page.

FOR HYPERTENSION OR ANGINA

ONCE-A-DAY
CARDIZEM® CD
(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

No other diltiazem is therapeutically equivalent‡