

دبیر کل جمعیت هلال احمر
اختصاص ۲۳۶ میلیارد ریال
برای تجهیز
انبارهای امدادی

۳ صفحه ■



درخواست سازمان غذا و دارو از بیمه‌ها
برای رفع مشکل دارویی بیماران خاص
هشدار به سازمان‌های بیمه‌گر برای
تاخیر در پرداخت مطالبات حوزه دارو

۵ صفحه ■

[روی خط سپید]

نتایج یک تحقیق نشان می‌دهد
پاهای لاغر
ریسک مرگ را تا ۳۰ درصد
افزایش می‌دهد

محققان دریافتند ریسک مرگ در افراد دارای
پاهای بیش از حد لاغر به خاطر بیماری‌های نظیر
دیابت یا قلبی عروقی بسیار بالاست...

۱۴ صفحه ■

۱۰ شغل پرخطر برای ریه‌های شما
مراقب شغلی که
انتخاب می‌کنید باشید

۱۴ صفحه ■

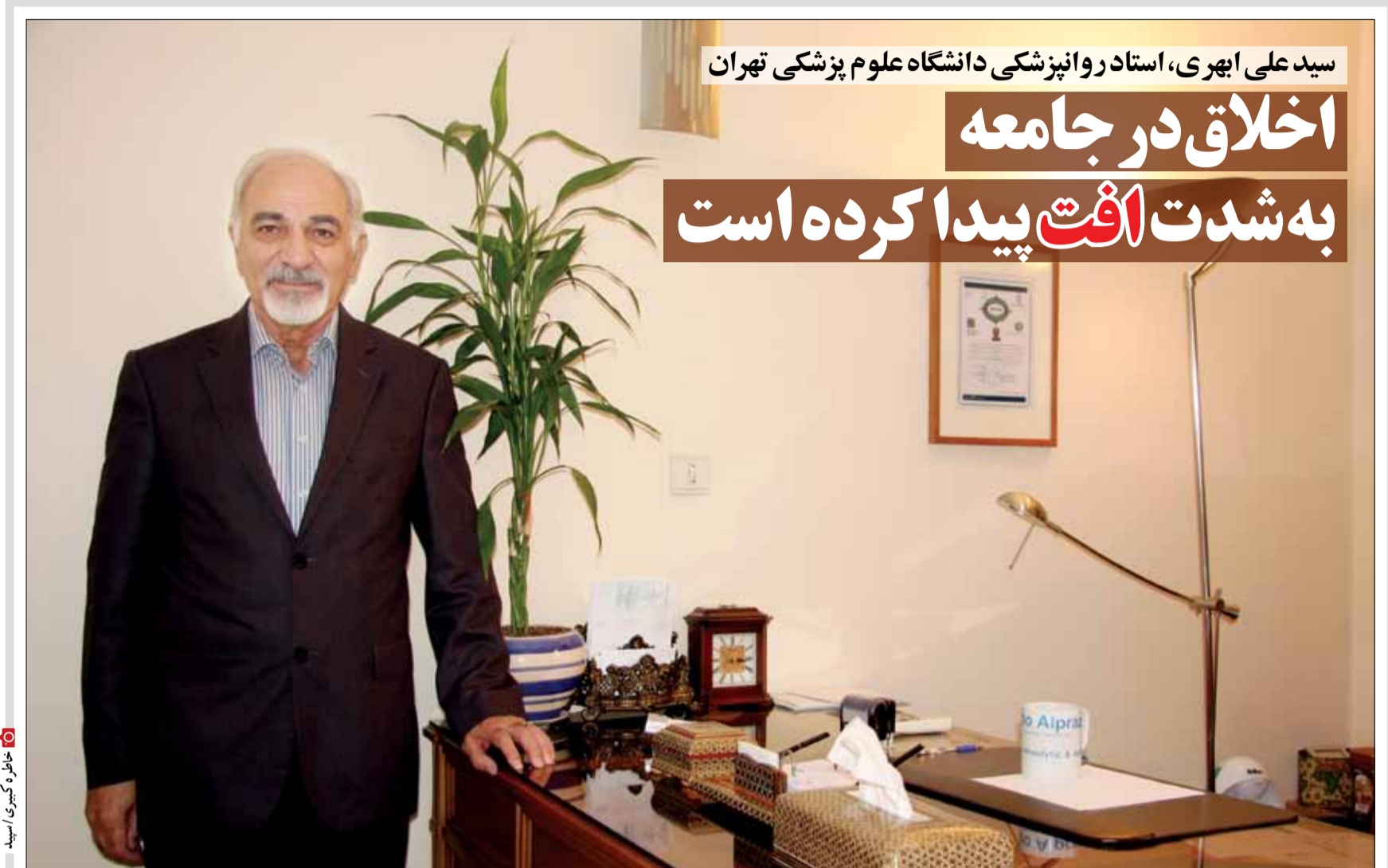
تغذیه با شیر مادر
موجب علاقه کودک
به سبزیجات می‌شود

۱۵ صفحه ■

زندگی پس از تولد بچه
چیزهایی که نمی‌دانستید



۱۵ صفحه ■



سید علی ابهری، استاد روانپزشکی دانشگاه علوم پزشکی تهران

اخلاق در جامعه به شدت افت پیدا کرده است

عاطف و کبری ا سپید

۸ صفحه ■

DIOVAN®
VALSARTAN

دبیر کل جمعیت هلال احمر
اختصاص ۲۳۶ میلیارد ریال
برای تجهیز
انبارهای امدادی

درمان‌های حیاتی برای کنترل سلامت قلب و عروق

Diovan®
VALSARTAN

DIOVAN® فشار خون سیستمیک را تا ۲۰ میلی متر جیوه و با بیشتر کاهش می‌دهد^۱

رژیم دارویی با DIOVAN® از هر ۱۰ بیمار، ۹ بیمار را به فشار خون مطلوب می‌رساند^۲

DIOVAN® فشار خون را در مدت ۲۴ ساعت به صورت کامل کنترل می‌نماید^۳

DIOVAN® تنها داروی مسدود کننده گیرنده آنژیوتانسین است که در بیماران نارسایی قلبی و همچنین در بیماران پس از انفارکتوس قلبی قابل مصرف می‌باشد^۴

Diovan® Film-coated tablets (FCT)
Important note: Before prescribing, consult full prescribing information.
Presentation: Valsartan film-coated tablets of 80 mg, 160 mg
Indications: Adults: Hypertension (HTN), heart failure, post-myocardial infarction and, in addition to lifestyle modifications, delay of the progression to type 2 diabetes in hypertensive patients with impaired glucose tolerance (IGT) at cardiovascular (CV) risk. Children (6-16 years of age): HTN.
Dosage: Hypertension (Adults): Recommended dose is 80 mg or 160 mg once daily. If the reduction in blood pressure is inadequate, dosage may be increased to 320 mg once daily, or another antihypertensive (e.g. diuretic) may be added. Heart Failure: Starting dose is 40 mg twice daily. Up-titration to 80 and 160 mg twice daily as tolerated by patient. The maximum daily dose administered in clinical trials is 320 mg in divided dose. Treatment of post-myocardial infarction: Starting dose is 20 mg twice daily. Up-titration to a maximum of 160 mg twice daily as tolerated by patient. Treatment of progression of type 2 diabetes in HTN patients with IGT at CV risk: Recommended dose is 80 mg or 160 mg once daily. When starting on 80 mg, up-titration to 160 mg as tolerated by patient. Hypertension (Children 6-16): FCT: Recommended initial dose is 40 mg (children < 30kg) or 80 mg (children > 30kg) once daily.
Contraindications: Known hypersensitivity to valsartan or any of the other components of this product. Pregnancy.
Warnings/Precautions/Interactions:
Risk of hypotension in sodium- and/or volume-depleted patients. Caution is advised when administering valsartan to patients with renal artery stenosis, severe renal impairment (creatinine clearance < 10 mL/min), biliary cirrhosis or obstruction. Caution should be observed when initiating therapy in patients with heart failure or post-myocardial infarction. Caution should be observed with the triple combination of an ACE-inhibitor, beta blocker and Diovan. In patients with severe heart failure, treatment with Diovan may cause impairment of renal function. Caution in patients experiencing angioedema with Diovan or having history of angioedema with other drugs. Discontinue Diovan immediately and do not re-administer. That recommended in children with glomerular filtration rate < 30 mL/min and/or undergoing dialysis. Monitoring of renal function and serum potassium especially in the presence of other conditions (diets, diuretics) likely to impair renal function. Particular caution in children with biliary obstructive disorders.
Concomitant treatment with potassium-sparing diuretics or potassium supplements may increase serum potassium levels. Monitoring of serum potassium advised. Concomitant treatment with NSAIDs including Cox-2 inhibitors may decrease antihypertensive effects. In elderly, volume depleted or compromised renal function patients, monitoring of renal function recommended when concomitant use. Co-administration of inhibitors of the uptake transporter (flamprin, octopamine) or efflux transporter (ritonavir) may increase the systemic exposure to valsartan. Caution in children with concomitant use of valsartan and other substances inhibiting the renin-angiotensin aldosterone system which may increase serum potassium. Monitoring of renal function and serum potassium needed. Avoid use in women planning to become pregnant and while breast-feeding.
Adverse reactions:
In Hypertensive patients: Uncommon: Vertigo, cough, abdominal pain, fatigue. Frequency not known: Hypersensitivity including serum sickness, vasculitis, angioedema, rash, pruritus, myalgia, renal failure and impairment, decrease in haemoglobin, neutropenia, thrombocytopenia, increase of serum potassium, elevation of liver function values including increase of serum bilirubin, elevation of serum creatinine. Events also observed during clinical trials irrespective of their causal association with the study drug: Arthralgia, asthenia, back pain, diarrhoea, dizziness, headache, nausea, oedema, pharyngitis, rhinitis, sinusitis, upper respiratory tract infection, viral infections.
In treatment of HTN patients with IGT at CV risk, the adverse reactions are similar as in HTN patients.
In treatment of HTN in children with underlying chronic kidney disease hyperkalaemia has been observed.
In Post Myocardial Infarction and/or Heart Failure patients: Common: Dizziness, postural dizziness, hypotension, orthostatic hypotension, renal failure and impairment. Uncommon: hyperkalaemia, syncope, headache, vertigo, cardiac failure, cough, nausea, diarrhoea, acute renal failure, elevation of serum creatinine, asthenia, fatigue. Frequency not known: Hypersensitivity including serum sickness, vasculitis, rash, pruritus, myalgia, thrombocytopenia, increase of serum potassium, elevation of liver values, increased in Blood Urea Nitrogen. Events also observed during clinical trials irrespective of their causal association with the study drug: Arthralgia, abdominal pain, back pain, insomnia, libido decrease, neutropenia, oedema, pharyngitis, rhinitis, sinusitis, upper respiratory tract infection, viral infections.
Phases and prices: Country specific.
Legal classification: Country specific.
References:
1. Sicairens, et al. Clin Ther 2005; 27 (7):1013-21. 2. War HR, Chikwe R, Levy D, et al. Evaluation of the dose response with valsartan and valsartan/hydrochlorothiazide in patients with essential hypertension. J Clin Hypertens 2007; 9: 113-112. 3. Goto et al. J Hypertens 2004; 22:807-814. 4. Cohn et al. N Engl J Med 2001; 345: 1687-95. 5. Puffer et al. N Engl J Med 2003; 349: 1950-1955.

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