(p.1171), and for oedema, including that associated with heart failure (p.1165). Other indications include diabetes insipidus (p.2179).

Diuresis begins about 2 hours after an oral dose and lasts for 48 to 72 hours.

The usual dose in the treatment of **hypertension** is 25 mg daily, given either alone or with other antihypertensives, increasing to 50 mg daily if necessary.

In the treatment of **oedema** the usual initial dose is 25 to 50 mg daily. In severe cases a daily dose of 100 to 200 mg may be given. If possible lower doses should be used for maintenance; 25 to 50 mg daily or on alternate days may be adequate.

A dose for children is up to 2 mg/kg on alternate days.

In **diabetes insipidus** an initial dose of 100 mg twice daily has been used, reduced to a maintenance dose of 50 mg daily.

In the US, a preparation is available with improved bioavailability; suggested doses range from 15 to 50 mg daily for hypertension and 30 to 120 mg daily for oedema.

Preparations

BP 2008: Chlortalidone Tablets; Co-tenidone Tablets;
USP 31: Atenolol and Chlorthalidone Tablets; Chlorthalidone Tablets; Clonidine Hydrochloride and Chlorthalidone Tablets.

Proprietary Preparations (details are given in Part 3)
Arg.: Euretico; Hygroton; ***Austral.:*** Hygroton; ***Austria:*** Hydrosan; Hygroton; ***Belg.:*** Hygroton; ***Braz.:*** Clordilon†; Clortalil; Clortil; Clorton†; Drenidra; Higroton; Neolidona; Taluron†; ***Cz.:*** Urandil†; ***Ger.:*** Hydrolong†; Hygroton; ***Gr.:*** Hygroton; ***Hong Kong:*** Hygroton†; ***Hung.:*** Hygroton; ***India:*** Hythalton†; Thalizide; ***Indon.:*** Hygroton; ***Israel:*** Aquadon; ***Ital.:*** Igroton; ***Malaysia:*** Hygroton†; ***Mex.:*** Anilid; Bioralin; Diuprol†; Hidrona; Hidropharm; Higroton; Sinhidron; ***Neth.:*** Hygroton; ***NZ:*** Hygroton; ***Pol.:*** Hygroton; Urandil; ***Port.:*** Hygroton; ***S.Afr.:*** Hygroton; ***Spain:*** Higrotona; ***Switz.:*** Hygroton; ***Turk.:*** Hygroton; ***UK:*** Hygroton; ***USA:*** Hygroton; Thalitone; ***Venez.:*** Higroton†.

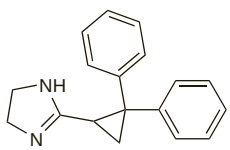
Multi-ingredient: ***Arg.:*** Atel C†; Bemplas; Hygroton-Reserpina†; Prenoretic; ***Austria:*** Arcablock comp; Atenolan comp; Atenolol comp; Atenotyrol comp†; Darebon; Polinorm; Selecturon; Tenoretic; Trasitensin; Trepress; ***Belg.:*** Logroton; Tenoretic; ***Braz.:*** Ablok Plus; Angipress CD; Atenoclor†; Atenoric; Atenuol CRT; Diupress; Higroton Reserpina; Tenoretic; ***Canad.:*** Apo-Atenidone; Tenoretic; ***Chile:*** Tenoretic†; ***Cz.:*** Amicloton; Atedon†; Atenolol Compositum†; Neocrystepin; Tenoretic; Trimecryton†; ***Denm.:*** Tenidon; Tenoretic; ***Fr.:*** Logroton; Tenoretic; Trasitensine; ***Ger.:*** Ate Lich comp; Atehexal comp; Atel; Ateno comp; Atenogamma comp; Atenolol AL comp; Atenolol comp; Blocotenol comp†; Combipresan†; Darebon†; Diu-Atenolol; duratenol comp†; Impresso†; Prelis comp; Sigabloc†; Tenoretic; Trasitensin†; Trepress; TRI-Normin; ***Gr.:*** Apress†; Chlotenor; Hygroton-Reserpine; Obosan; Tenoretic; Trasitensin; Typofen; ***Hong Kong:*** Target; Tenoret; Tenoretic; ***Hung.:*** Atenolol Comp†; Blokium Diu; ***India:*** Atecard-D†; Catapres Diu; Tenoclor; Tenoric; ***Indon.:*** Tenoret; Tenoretic; ***Irl.:*** Atecor CT; Atenetic; Tenoret; Tenoretic; ***Ital.:*** Atenigron; Carmian; Clortanol; Diube; Eupres; Igroseles; Igroton-Lopresor; Igroton-Reserpina; Target; Tenolone†; Tenoretic; Tranduir; Trasitensin; ***Malaysia:*** Apo-Atenidone; Logroton; Pretenol C; Target; Tenoret; Tenoretic; ***Mex.:*** Higroton-Res; Tenoretic; ***Neth.:*** Tenoretic; ***Philipp.:*** Tenoretic; ***Port.:*** Blokium Diu†; Tenoretic; ***Rus.:*** Atehexal Compositum (Атегексал Композитум); Tenoric (Тенорик); Tenorox (Тенороке); ***S.Afr.:*** Adco-Loten; Atenoblok Co†; Hygroton-Reserpine†; Tenchlor; Tenoretic; ***Singapore:*** Tenoret; Tenoretic; ***Spain:*** Aldoleo; Blokium Diu; Higrotensin; Higrotona Reserpina†; Normopresil; Tenoretic; Trasitensin; ***Switz.:*** Atedurex; ateno-basan comp†; Cardaxen plus; Co-Atenolol†; Cotenolol-Neo; Cotesifar†; Hygroton-Reserpine; Logroton; Primatenol Plus†; Sandoretic; Slow-Trasitensine; Tenoretic; ***Thai.:*** Tenoret†; Tenoretic†; ***Turk.:*** Regroton; Tenoretic; ***UK:*** Atenix-Co; Kalspare; Tenchlor; Tenoret; Tenoretic; Totaretic; ***USA:*** Clorpres; Combipres†; Demi-Regroton; Regroton; Tenoretic; ***Venez.:*** Blokiuret; Tenoretic.

Cibenzoline *(BAN, rINN)*

Cibenzolina; Cibenzolinum; Cifenline *(USAN)*; Ro-22-7796; Ro-22-7796/001 (cibenzoline succinate); UP-339-01. (±)-2-(2,2-Diphenylcyclopropyl)-2-imidazoline.

Цибензолин

$C_{18}H_{18}N_2$ = 262.3.
CAS — 53267-01-9 (cibenzoline); 100678-32-8 (cibenzoline succinate).
ATC — C01BG07.
ATC Vet — QC01BG07.



Adverse Effects and Precautions

Cibenzoline may cause neurological and gastrointestinal adverse effects including vertigo, tremor, nausea, vomiting, and diarrhoea. Other adverse effects include fatigue, visual disturbances, and hypoglycaemia. It prolongs the QT interval and, like other antiarrhythmics, can cause arrhythmias. It also has a negative inotropic effect and may reduce blood pressure.

Cibenzoline is contra-indicated in patients with heart block and severe heart failure. It should be used with caution in the elderly and in renal impairment, and doses should be reduced.

Effects on the neuromuscular system. Myasthenia-like symptoms have been reported[1-3] in patients with renal impairment taking cibenzoline, including severe respiratory depression in some cases.[2,3]

1. Kasuga A, *et al.* Myasthenia-like syndrome induced by overdosage of cibenzoline. *Intern Med* 1996; **35:** 512–14.
2. Similowski T, *et al.* Neuromuscular blockade with acute respiratory failure in a patient receiving cibenzoline. *Thorax* 1997; **52:** 582–4.
3. Inada K, *et al.* A case of severe respiratory depression due to cibenzoline overdosage induced by a transient renal dysfunction. *Int J Cardiol* 2002; **82:** 177–8.

Hypoglycaemia. Cibenzoline therapy was associated with severe hypoglycaemia in a 67-year-old patient.[1] The plasma-cibenzoline concentration was 1800 nanograms/mL which would probably be considered toxic since the accepted therapeutic trough range is 200 to 600 nanograms/mL. A case-control study[2] also suggested that the risk of hypoglycaemia is increased by cibenzoline.

1. Hilleman DE, *et al.* Cibenzoline-induced hypoglycemia. *Drug Intell Clin Pharm* 1987; **21:** 38–40.
2. Takada M, *et al.* The relationship between risk of hypoglycemia and use of cibenzoline and disopyramide. *Eur J Clin Pharmacol* 2000; **56:** 335–42.

Interactions

Cibenzoline should not be used with other drugs that prolong the QT interval since the risk of arrhythmias may be increased.

Histamine H_2-antagonists. Increased blood concentrations and prolonged half-lives of cibenzoline occurred in healthy subjects given *cimetidine* but the clinical importance of this was unknown.[1] The interaction did not occur with *ranitidine*.

1. Massarella JW. The effects of cimetidine and ranitidine on the pharmacokinetics of cifenline. *Br J Clin Pharmacol* 1991; **31:** 481–3.

Pharmacokinetics

Cibenzoline is well absorbed from the gastrointestinal tract after oral use, with a bioavailability of about 90%. It is about 50 to 60% bound to plasma proteins. About 60% of a dose is excreted unchanged in the urine and the elimination half-life is reported to be about 7 hours.

Uses and Administration

Cibenzoline is a class I antiarrhythmic (p.1153) that has been classified as either Ia or Ic; it also has some class III and class IV properties. It is used in the management of ventricular and supraventricular arrhythmias (p.1160). Cibenzoline is given by mouth as the succinate or intravenously as a mixture of the base and succinate, but doses for both routes are expressed in terms of the base; 145 mg of cibenzoline succinate is equivalent to about 100 mg of base. The usual oral dose of cibenzoline succinate is the equivalent of 260 to 390 mg cibenzoline daily. The usual intravenous dose is the equivalent of 1 mg/kg cibenzoline base given over 2 to 5 minutes. Dosage should be reduced in the elderly (below), and in renal impairment (below).

◊ Reviews.

1. Harron DW, *et al.* Cibenzoline: a review of its pharmacological properties and therapeutic potential in arrhythmias. *Drugs* 1992; **43:** 734–59.

Administration in the elderly. The renal and non-renal clearance of cibenzoline was found to decrease with increasing age in healthy subjects.[1] The mean elimination half-life was 7 hours in the 20- to 30-year age group and 10.5 hours in the 70- to 80-year age group. The reduction in renal clearance was considered to be related to the decrease in creatinine clearance with increasing age. The results suggested that older patients may need lower doses than younger patients to maintain therapeutic plasma-cibenzoline concentrations. Licensed product information recommends a dosage of 130 mg daily in two divided doses in elderly patients.

1. Brazzell RK, *et al.* Age and cibenzoline disposition. *Clin Pharmacol Ther* 1984; **36:** 613–19.

Administration in renal impairment. A study[1] in patients with normal or impaired renal function has suggested that in renal impairment initial loading doses of cibenzoline may be equivalent to those used in normal renal function although maintenance doses should be reduced to about two-thirds of normal. Oral doses recommended in licensed product information, based on creatinine clearance (CC), are as follows:

- CC 20 to 40 mL/min: the equivalent of 3 mg/kg daily
- CC 10 to 20 mL/min: the equivalent of 2.5 mg/kg daily

1. Aronoff G, *et al.* Bioavailability and kinetics of cibenzoline in patients with normal and impaired renal function. *J Clin Pharmacol* 1991; **31:** 38–44.

Preparations

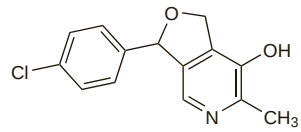
Proprietary Preparations (details are given in Part 3)
Belg.: Cipralan; ***Fr.:*** Cipralan; Exacor; ***Jpn:*** Cibenol.

Cicletanine *(BAN, USAN, rINN)* ⊗

(±)-BN-1270; Cicletanina; Ciclétanine; Cicletaninum; (±)-Cycletanide; Win-90000. (±)-3-(*p*-Chlorophenyl)-1,3-dihydro-6-methylfuro[3,4-*c*]pyridin-7-ol.

Циклетанин

$C_{14}H_{12}ClNO_2$ = 261.7.
CAS — 89943-82-8;.
ATC — C03BX03.
ATC Vet — QC03BX03.



Cicletanine Hydrochloride *(BANM, rINNM)* ⊗

Ciclétanine, Chlorhydrate de; Cicletanini Hydrochloridum; Hidrocloruro de cicletanina.

Циклетанина Гидрохлорид

$C_{14}H_{12}ClNO_2$,HCl = 298.2.
CAS — 89943-82-8;.
ATC — C03BX03.
ATC Vet — QC03BX03.

Profile

Cicletanine hydrochloride is a diuretic with properties similar to those of the thiazide diuretics (see Hydrochlorothiazide, p.1307). It is used in the treatment of hypertension (p.1171) in a usual oral dose of 50 to 100 mg daily.

Preparations

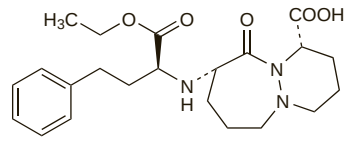
Proprietary Preparations (details are given in Part 3)
Cz.: Tenstaten†; ***Fr.:*** Tenstaten; ***Ger.:*** Justar.

Cilazapril *(BAN, USAN, rINN)*

Cilazapril monohydrát; Cilazaprilis; Cilazaprilum; Cilazaprilum Monohydricum; Ro-31-2848 (anhydrous cilazapril); Ro-31-2848/006 (cilazapril monohydrate); Silatsapriili; Silazapril. (1*S*,9*S*)-9-[(*S*)-1-Ethoxycarbonyl-3-phenylpropylamino]-10-oxoperhydropyridazino[1,2-*a*][1,2]diazepine-1-carboxylic acid monohydrate.

Цилазаприл

$C_{22}H_{31}N_3O_5$,H_2O = 435.5.
CAS — 88768-40-5 (anhydrous cilazapril); 92077-78-6 (cilazapril monohydrate).
ATC — C09AA08.
ATC Vet — QC09AA08.



Pharmacopoeias. In *Eur.* (see p.vii).
Ph. Eur. 6.2 (Cilazapril). A white or almost white crystalline powder. Slightly soluble in water; freely soluble in dichloromethane and in methyl alcohol. Protect from light.

Adverse Effects, Treatment, and Precautions

As for ACE inhibitors, p.1193.

Interactions

As for ACE inhibitors, p.1196.

Pharmacokinetics

Cilazapril acts as a prodrug of the diacid cilazaprilat, its active metabolite. After oral dosage and absorption of cilazapril it is rapidly metabolised in the liver to cilazaprilat, the bioavailability of which is about 60%. Peak plasma concentrations of cilazaprilat occur within 2 hours of an oral dose of cilazapril. Cilazaprilat is elim-

inated unchanged in the urine. The effective half-life of cilazaprilat is reported to be 9 hours after once-daily dosing. The elimination of cilazaprilat is reduced in renal impairment. Both cilazapril and cilazaprilat are removed to a limited extent by haemodialysis.

◊ Reviews.

1. Kelly JG, O'Malley K. Clinical pharmacokinetics of the newer ACE inhibitors: a review. *Clin Pharmacokinet* 1990; **19:** 177–96.
2. Kloke HJ, *et al.* Pharmacokinetics and haemodynamic effects of the angiotensin converting enzyme inhibitor cilazapril in hypertensive patients with normal and impaired renal function. *Br J Clin Pharmacol* 1996; **42:** 615–20.

Uses and Administration

Cilazapril is an ACE inhibitor (p.1193). It is used in the treatment of hypertension (p.1171) and heart failure (p.1165).

Cilazapril owes its activity to cilazaprilat to which it is converted after oral doses. The haemodynamic effects are seen within 1 hour of a single oral dose and the maximum effect occurs after about 3 to 7 hours. The haemodynamic action persists for about 24 hours, allowing once-daily dosing. Cilazapril is given orally as the monohydrate, but doses are expressed in terms of the anhydrous substance. Cilazapril 1.04 mg as the monohydrate is equivalent to about 1 mg of anhydrous cilazapril.

In the treatment of **hypertension** the initial dose is 1 mg once daily. Since there may be a precipitous fall in blood pressure in some patients when starting therapy with an ACE inhibitor, the first dose should preferably be given at bedtime. Usual maintenance doses range from 2.5 to 5 mg daily. In the elderly, in patients with mild to moderate renal impairment, or those taking *diuretics*, a usual initial dose is 500 micrograms daily. If possible the diuretic should be withdrawn 2 to 3 days before cilazapril is started and resumed later if necessary.

In the treatment of **heart failure** severe first-dose hypotension on introduction of an ACE inhibitor is common in patients on loop diuretics, but their temporary withdrawal may cause rebound pulmonary oedema. Thus therapy should be initiated with a low dose under close medical supervision. Cilazapril is given in an initial dose of 500 micrograms once daily, increased if tolerated to a usual maintenance dose of 1 to 2.5 mg once daily. The usual maximum dose is 5 mg daily.

Reduced doses may be necessary in patients with renal impairment (see below).

◊ References.

1. Deget F, Brogden RN. Cilazapril: a review of its pharmacodynamic and pharmacokinetic properties, and therapeutic potential in cardiovascular disease. *Drugs* 1991; **41:** 799–820.

Administration in renal impairment. In patients with a creatinine clearance of 10 to 40 mL/minute, the initial dose of cilazapril is 500 micrograms once daily and the maintenance dose should not exceed 2.5 mg once daily. Cilazapril should be avoided in patients with a creatinine clearance below 10 mL/minute. In patients receiving haemodialysis, cilazapril should be given on the non-dialysis days and the dose should be adjusted according to response.

Preparations

Proprietary Preparations (details are given in Part 3)
Austria: Inhibace; ***Belg.:*** Inhibace; ***Braz.:*** Vascase; ***Canad.:*** Inhibace; ***Chile:*** Inhibace; ***Cz.:*** Cazaprol; Inhibace; ***Fr.:*** Justor; ***Ger.:*** Dynorm; ***Gr.:*** Vascase; ***Hong Kong:*** Inhibace; ***Hung.:*** Inhibace; ***Irl.:*** Vascace; ***Israel:*** Vascace; ***Ital.:*** Inibace; Initiss; ***Jpn:*** Inhibace; ***Mex.:*** Inhibace†; ***Neth.:*** Vascase; ***NZ:*** Inhibace; ***Philipp.:*** Vascace; ***Pol.:*** Inhibace; ***Port.:*** Inibace; Vascase; ***S.Afr.:*** Inhibace; ***Singapore:*** Inhibace†; ***Spain:*** Inhibace; Inocar; ***Swed.:*** Inhibace; ***Switz.:*** Inhibace; ***Thai.:*** Inhibace; ***Turk.:*** Inhibace; ***UK:*** Vascace; ***Venez.:*** Inhibace.

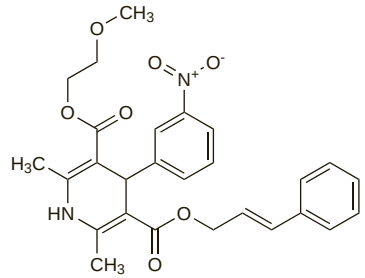
Multi-ingredient: ***Austria:*** Inhibace Plus; ***Belg.:*** Co-Inhibace; ***Braz.:*** Vascase Plus; ***Canad.:*** Inhibace Plus; ***Chile:*** Inhibace Plus; ***Cz.:*** Inhibace Plus; ***Ger.:*** Dynorm Plus; ***Gr.:*** Vascase Plus; ***Hung.:*** Inhibace Plus; ***Israel:*** Vascace Plus; ***Ital.:*** Inibace Plus; Initiss Plus; ***NZ:*** Inhibace Plus; ***Philipp.:*** Vascace Plus; ***Pol.:*** Inhibace Plus; ***Port.:*** Inibace Plus; Vascase Plus; ***Rus.:*** Ampliton (Амплитон); Sonoprel (Сонопрел); ***S.Afr.:*** Inhibace Plus; ***Spain:*** Inhibace Plus; Inocar Plus; ***Swed.:*** Inhibace comp; ***Switz.:*** Inhibace Plus; ***Turk.:*** Inhibace Plus.

Cilnidipine *(rINN)*

Cilnidipino; Cilnidipinum; FRC-8653. (±)-(*E*)-Cinnamyl 2-methoxyethyl 1,4-dihydro-2,6-dimethyl-4-(*m*-nitrophenyl)-3,5-pyridinedicarboxylate.

Цилнидипин

$C_{27}H_{28}N_2O_7$ = 492.5.
CAS — 132203-70-4.
ATC — C08CA14.
ATC Vet — QC08CA14.



Profile

Cilnidipine is a dihydropyridine calcium-channel blocker (p.1154) given orally in the management of hypertension (p.1171). The usual dose is 5 to 10 mg once daily, increased to 20 mg once daily if necessary.

Preparations

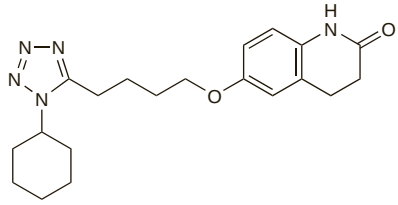
Proprietary Preparations (details are given in Part 3)
Jpn: Atelec; Cinalong; ***Port.:*** Tenvasc.

Cilostazol *(BAN, USAN, pINN)*

Cilostazolum; OPC-21; OPC-13013. 6-[4-(1-Cyclohexyl-1*H*-tetrazol-5-yl)butoxy]-3,4-dihydrocarbostyril.

Цилостазол

$C_{20}H_{27}N_5O_2$ = 369.5.
CAS — 73963-72-1.



Pharmacopoeias. In *Jpn* and *US.*
USP 31 (Cilostazol). White to off-white crystals. Practically insoluble in water; slightly soluble in alcohol and in methyl alcohol; freely soluble in chloroform. Store in airtight containers.

Adverse Effects and Precautions

Adverse effects of cilostazol include headache, dizziness, palpitations, and diarrhoea; oedema, nausea and vomiting, other cardiac arrhythmias, chest pain, rhinitis, ecchymosis, and skin rashes have also been reported. Cardiovascular toxicity has been reported in *animal* studies of cilostazol, and prolonged oral use of other phosphodiesterase inhibitors (such as amrinone, p.1215) for the treatment of heart failure has been associated with increased mortality. The use of cilostazol in patients with any degree of heart failure is therefore contra-indicated. It is also contra-indicated in patients with a known predisposition to bleeding, a history of ventricular arrhythmias, QT interval prolongation, severe renal impairment, or moderate to severe hepatic impairment. Cilostazol should be avoided or used in reduced doses in patients taking inhibitors of the cytochrome P450 isoenzymes CYP3A4 or CYP2C19 (see Interactions, below).

Interactions

Cilostazol is extensively metabolised to active and inactive metabolites by cytochrome P450 isoenzymes, mainly CYP3A4 and to a lesser extent CYP2C19. Therefore use with other drugs that inhibit or are metabolised by these hepatic enzymes may result in changes in plasma concentrations of either drug and, possibly, adverse effects. Cilostazol should therefore be used with caution in patients taking drugs metabolised by these enzymes; in patients taking enzyme inhibitors it should be avoided or a reduced dose of 50 mg twice daily should be considered.

Pharmacokinetics

Cilostazol is absorbed after oral doses and absorption is increased if taken with a high fat meal. Cilostazol is extensively metabolised in the liver by cytochrome P450 isoenzymes, mainly CYP3A4 and to a lesser extent CYP2C19, to both active and inactive metabolites; these are mainly excreted in the urine (74%) with the remainder in the faeces (20%). The active metabolites have apparent elimination half-lives of 11 to 13 hours. Cilostazol is 95 to 98% protein bound.

◊ References.

1. Woo SK, *et al.* Pharmacokinetic and pharmacodynamic modeling of the antiplatelet and cardiovascular effects of cilostazol in healthy humans. *Clin Pharmacol Ther* 2002; **71:** 246–52.

Uses and Administration

Cilostazol is a phosphodiesterase inhibitor with antiplatelet and vasodilating activity. It is used in the management of peripheral vascular disease (p.1178).

The usual dose of cilostazol for the reduction of symptoms of intermittent claudication is 100 mg orally twice daily, at least 30 minutes before or 2 hours after food; doses should be reduced in patients taking enzyme inhibitors (see Interactions, above). Response to treatment may occur in 2 to 4 weeks, but up to 12 weeks may be required.

Cilostazol is under investigation for its antiplatelet effect after coronary stent implantation.

◊ Reviews.

1. El-Beyrouty C, Spinler SA. Cilostazol for prevention of thrombosis and restenosis after intracoronary stenting. *Ann Pharmacother* 2001; **35:** 1108–13.
2. Goto S. Cilostazol: potential mechanism of action for antithrombotic effects accompanied by a low rate of bleeding. *Atheroscler Suppl* 2005; **6:** 3–11.
3. Matsumoto M. Cilostazol in secondary prevention of stroke: impact of the Cilostazol Stroke Prevention Study. *Atheroscler Suppl* 2005; **6:** 33–40.
4. Weintraub WS. The vascular effects of cilostazol. *Can J Cardiol* 2006; **22** (suppl B): 56B–60B.
5. Dalainas I. Cilostazol in the management of vascular disease. *Int Angiol* 2007; **26:** 1–7.

Peripheral vascular disease. Intermittent claudication is a major feature of occlusive arterial disease of the lower limbs (a form of peripheral vascular disease, p.1178) and is characterised by pain in the legs, which develops during exercise but usually disappears at rest. Many drugs have been used for symptom control, but none is of established benefit.

Several randomised, double-blind studies[1-4] have shown that cilostazol improves walking distances in patients with intermittent claudication, and one study[5] suggested that it was more effective than pentoxifylline. Cilostazol may therefore have a role for symptom control in patients with intermittent claudication.[6] However, long-term benefit has not been assessed[4] and, since patients with intermittent claudication are at high risk of other cardiovascular events, appropriate therapy to reduce cardiovascular risk (p.1164) is still required.

1. Money SR, *et al.* Effect of cilostazol on walking distances in patients with intermittent claudication caused by peripheral vascular disease. *J Vasc Surg* 1998; **27:** 267–75.
2. Beebe HG, *et al.* A new pharmacological treatment for intermittent claudication: results of a randomized, multicenter trial. *Arch Intern Med* 1999; **159:** 2041–50.
3. Strandness DE, *et al.* Effect of cilostazol in patients with intermittent claudication: a randomized, double-blind, placebo-controlled study. *Vasc Endovascular Surg* 2002; **36:** 83–91.
4. Robless P, *et al.* Cilostazol for peripheral arterial disease. Available in The Cochrane Database of Systematic Reviews; Issue 1. Chichester: John Wiley; 2008 (accessed 19/03/08).
5. Dawson DL, *et al.* A comparison of cilostazol and pentoxifylline for treating intermittent claudication. *Am J Med* 2000; **109:** 523–30.
6. Crouse JR, *et al.* Clinical manifestation of atherosclerotic peripheral arterial disease and the role of cilostazol in treatment of intermittent claudication. *J Clin Pharmacol* 2002; **42:** 1291–8.

Preparations

USP 31: Cilostazol Tablets.

Proprietary Preparations (details are given in Part 3)
Arg.: Cibrogan; Cilostal; Cilovas; Licuagen; Pletaal; Policor; Trastocir; Trombonot; ***Braz.:*** Cebralat; Vasogard; ***Chile:*** Artesol; Ilostal; Kostal; ***Hong Kong:*** Pletaal; ***India:*** Cilodac; Pletoz; Stiloz†; Zilast; ***Indon.:*** Aggravan; Agrezol; Alista; Citaz; Naletal; Pletaal; Qital; Stazol; ***Jpn:*** Pletaal; ***Malaysia:*** Pletaal; ***Philipp.:*** Ciletin; Pletaal; ***Thai.:*** Pletaal; ***UK:*** Pletal; ***USA:*** Pletal.