

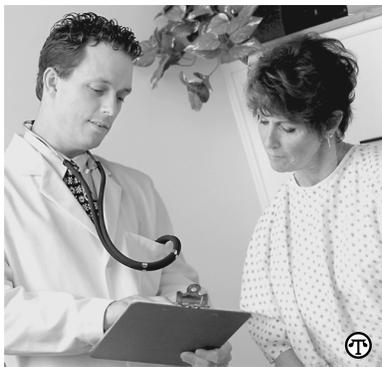
SEE YOUR DOCTOR

New Hypertension Treatment “Takes The Pressure Off”

(NAPSA)—For the 72 million Americans suffering from hypertension, also known as high blood pressure, a new beta blocker is available for managing their condition. Bystolic (nebivolol), recently approved by the United States Food and Drug Administration (FDA), provides doctors with an effective and well-tolerated treatment option for lowering high blood pressure.

High blood pressure is defined as blood pressure greater than or equal to 140/90 mmHg and is often referred to as the “silent killer” because it has no apparent symptoms. High blood pressure forces the heart to work harder than normal to pump blood and there is no cure, although diet, exercise, and medication can help manage the condition. The only way to detect hypertension is to have your blood pressure checked by a qualified health care professional.

“High blood pressure increases the risk for strokes, heart attacks, kidney failure, heart failure and death,” explains Dr. Michael Weber, Professor of Medicine at the SUNY Downstate College of Medicine. “Treating high blood pressure dramatically reduces those risks and prolongs people’s lives. That’s why doctors work so hard with



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patients to reduce high blood pressure to acceptable levels.”

Given the asymptomatic nature of high blood pressure, one-third of Americans who have hypertension are unaware that they have the condition, and of those who are diagnosed, 65 percent have not reduced their blood pressure to the normal range.

One reason that some patients have not lowered their blood pressure as needed may be the side effects associated with certain beta blockers, a class of medication often used to treat high blood pressure. For example, some beta blockers,

such as atenolol and metoprolol, are associated with tiredness and reduced sexual activity, which can affect a person’s quality of life. If experiencing these side effects, some patients may stop taking their medications as directed.

Bystolic works differently from older beta blockers and has a low rate of side effects. Like other beta blockers, it blocks the effect of the hormone epinephrine, also known as adrenaline. At doses up to and including 10 mg, however, it blocks adrenaline selectively in the heart. It also vasodilates—or relaxes and widens—blood vessels to improve blood flow.

“Bystolic represents a next generation beta blocker and is a valuable treatment option because it effectively reduces blood pressure across a broad range of patients and has a favorable tolerability profile, including low rates of side effects that are often associated with beta blocker use,” explains Dr. Weber.

About Bystolic

Bystolic is a once-daily beta blocker for the treatment of hypertension. It can be used alone or in combination with other antihypertension treatments. For more information, talk to your doctor and visit www.Bystolic.com.

Editor’s Note: Important Safety Information: Patients being treated with Bystolic should be advised against abrupt discontinuation of therapy. Severe exacerbation of angina and the occurrence of myocardial infarction and ventricular arrhythmias have been reported following the abrupt cessation of therapy with beta blockers. When discontinuation is planned, the dosage should be reduced gradually over a one- to two-week period and the patient carefully monitored.

Bystolic is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place), severe hepatic impairment (Child-Pugh >B), and in patients who are hypersensitive to any component of this product.

Bystolic should be used with caution in patients with peripheral vascular disease, thyrotoxicosis, in patients treated concomitantly with beta blockers and calcium channel blockers of the verapamil and diltiazem type (ECG and blood pressure should be monitored), severe renal impairment, and any degree of hepatic impairment or in patients undergoing major surgery. Caution should also be used in diabetic patients as beta blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia.

In general, patients with bronchospastic disease should not receive beta blockers.

Bystolic should not be combined with other beta blockers.

The most common adverse events with Bystolic versus placebo (approximately $\geq 1\%$ and greater than placebo) were headache, fatigue, dizziness, diarrhea, nausea, insomnia, chest pain, bradycardia, dyspnea, rash, and peripheral edema.

For important safety information and full prescribing information, visit www.bystolic.com.