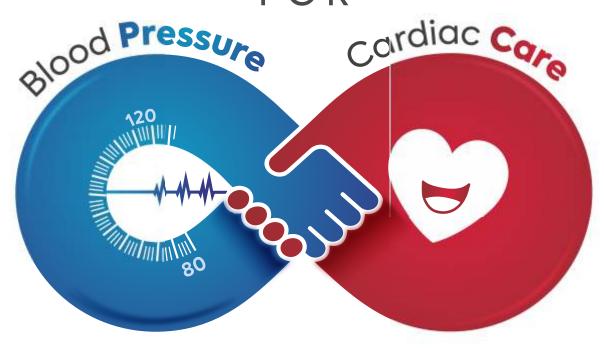




FOR



FOR THE MANAGEMENT OF UNCONTROLLED HYPERTENSION

TELMODOR-B 40/2.5

Telmisartan 40 mg + Bisoprolol 2.5 mg Tablets

TELMODOR-B 40/5

Telmisartan 40 mg + Bisoprolol 5 mg Tablets

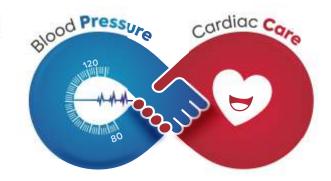
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Background:

Angiotensin receptor blockers (ARB) and β -blockers have been shown to exert beneficial effects on CV events, particularly left ventricular hypertrophy, coronary heart disease (CHD), and heart failure. CV survival was better with the combination of an ARB with a β -blocker than with antihypertensive therapy with either agent alone or with antihypertensive drugs other than ARB or β -blockers. Combination of ARB with β -blockers carried the lowest risk of CV and all-cause death. The rationale behind using a combination of two drug types was to take advantage of the complementary actions of each drug class for an enhanced treatment effect.

Indication:

Telmodor-B is indicated for the treatment of hypertension with associated Coronary Artery Disease (CAD) or Heart Failure.

Mechanism of Action:

Telmisartan blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT1 receptor in many tissues, such as vascular smooth muscle and the adrenal gland.

Bisoprolol primarily blocks Beta-1 receptors in the heart, causing decreased heart rate and decreased blood pressure.

Dose:

Telmodor-B: 1-2 Tablets a day orally or as prescribed by the doctor.

USP: Bisoprolol

- Higher Beta-1 receptor selectivity and longer Half-Life as compared to metoprolol.
- Shows survival benefits In Heart Failure with COPD Patients.
- Bisoprolol Shows a Superior Reduction in Heart Rate and a Non-Inferior Reduction in Blood Pressure as compared to Metoprolol.
- All-cause mortality was significantly lower with Bisoprolol.

USP: Telmisartan

- Long Half-Life and Long Duration of Action
- Effective 24 Hours Blood Pressure Reduction
- Cardiovascular protective effects with better tolerability
- Effective in reducing the progression of metabolic syndrome

References:

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