Preparations

Proprietary Preparations (details are given in Part 3)
Ital.: Lamuran.

Multi-ingredient: ***Austria:*** Defluina; ***Fr.:*** Duxil†; Iskedyl; ***Hong Kong:*** Duxaril; ***Philipp.:*** Duxaril; ***Port.:*** Duxil; Transoxyl†; ***Singapore:*** Duxaril; ***Spain:*** Duxor†; ***Thai.:*** Duxaril; Iso-Triraupin†.

Rauwolfia Serpentina

Chotachand; Rauvolfia; Rauwolfia; Rauwolfiae Radix; Rauwolfiawurzel.
CAS — 8063-17-0 (rauwolfia).
ATC — C02AA04.

Pharmacopoeias. In *Ger.* and *US.*
USP 31 (Rauwolfia Serpentina). The dried roots of *Rauwolfia serpentina* (Apocynaceae). It contains not less than 0.15% of reserpine-rescinnamine group alkaloids calculated as reserpine. Store at 15° to 30° in a dry place.

Profile

Rauwolfia serpentina contains numerous alkaloids, the most active as hypotensive agents being the ester alkaloids, reserpine and rescinnamine. Other alkaloids present have structures related to reserpic acid, but are not esterified, and include ajmaline (rauwolfine), ajmalinine, ajmalicine, isoajmaline (isorauwolfine), serpentine, rauwolfinine, and sarpagine. The actions of rauwolfia serpentina are those of its alkaloids and it has been used for the same purposes as reserpine, p.1387. It has been given orally as the powdered whole root.

Rauwolfia vomitoria has also been used.

A crude form of rauwolfia serpentina has been used in India for centuries as preparations such as Sarpagandha, in the treatment of insomnia and certain forms of mental illness.

Preparations

USP 31: Rauwolfia Serpentina Tablets.

Proprietary Preparations (details are given in Part 3)

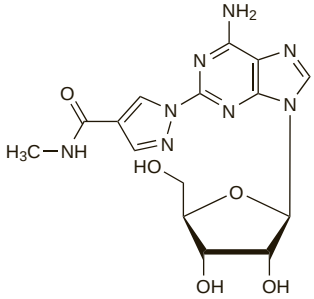
Multi-ingredient: ***Ger.:*** Hyperforat-forte†; ***Rus.:*** Speman Forte (Спеман Форте); ***Spain:*** Rulun; ***USA:*** Rauzide†.

Regadenoson *(BAN, USAN, rINN)*

CVT-3146; Régadénoson; Regadenosón; Regadenosonum. 1-(6-Amino-9-β-D-ribofuranosyl-9*H*-purin-2-yl)-*N*-methyl-1*H*-pyrazole-4-carboxamide monohydrate.

Регаденозон

$C_{15}H_{18}N_8O_5$, H_2O = 408.4.
CAS — 313348-27-5 (regadenoson); 875148-45-1 (regadenoson monohydrate).



Adverse Effects, Treatment, and Precautions

As for Adenosine, p.1202. Regadenoson may be used with caution in patients with asthma or chronic obstructive pulmonary disease.

Interactions

As for Adenosine, p.1202.

Pharmacokinetics

After intravenous injection of regadenoson, peak plasma concentrations are reached within 1 to 4 minutes and decline in a multi-exponential fashion. The initial half-life is about 2 to 4 minutes, followed by an intermediate stage with a half-life of about 30 minutes, during which the pharmacodynamic effect is lost; the half-life during the terminal phase is about 2 hours. Regadenoson does not appear to be metabolised; about 57% of a dose is excreted unchanged in the urine.

◊ References.

1. Gordi T, *et al.* A population pharmacokinetic/pharmacodynamic analysis of regadenoson, an adenosine A -receptor agonist, in healthy male volunteers. *Clin Pharmacokinet* 2006; **45:** 1201–12.
2. Gordi T, *et al.* Regadenoson pharmacokinetics and tolerability in subjects with impaired renal function. *J Clin Pharmacol* 2007; **47:** 825–33.

Uses and Administration

Regadenoson has similar properties to adenosine (p.1202) but has a greater selectivity for the adenosine A_{2A}-receptor. It is a coronary vasodilator and increases coronary blood flow and is used to provide a pharmacological stress as an adjunct to radionuclide myocardial perfusion imaging. It is given intravenously in a single dose of 400 micrograms by rapid injection over about 10 seconds, followed by 5 mL of sodium chloride 0.9%; the radionuclide should be given 10 to 20 seconds after the sodium chloride.

◊ References.

1. Hendel RC, *et al.* Initial clinical experience with regadenoson, a novel selective A agonist for pharmacologic stress single-photon emission computed tomography myocardial perfusion imaging. *J Am Coll Cardiol* 2005; **46:** 2069–75.
2. Iskandrian AE, *et al.* Adenosine versus regadenoson comparative evaluation in myocardial perfusion imaging: results of the ADVANCE phase 3 multicenter international trial. *J Nucl Cardiol* 2007; **14:** 645–58.

Preparations

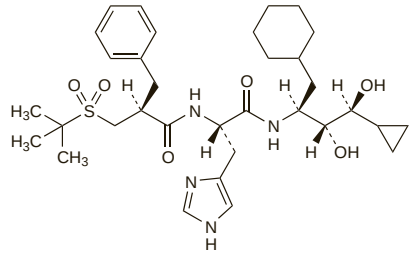
Proprietary Preparations (details are given in Part 3)
USA: Lexiscan.

Remikiren *(rINN)*

Rémikirène; Remikireno; Remikirenum; Ro-42-5892. (α*S*)-α-[(α*S*)-α-[(*tert*-Butylsulfonyl)methyl]hydrocinnamamido]-*N*-[(1*S*,2*R*,3*S*)-1-(cyclohexylmethyl)-3-cyclopropyl-2,3-dihydroxypropyl]imidazole-4-propionamide.

Ремикирен

$C_{33}H_{50}N_4O_6S$ = 630.8.
CAS — 126222-34-2.
ATC — C09XA01.
ATC Vet — QC09XA01.



Profile

Remikiren inhibits the actions of renin and thus prevents the conversion of angiotensinogen into angiotensin I. It is orally active and has been investigated in the management of hypertension and heart failure.

◊ A number of renin antagonists have been investigated as specific inhibitors of the renin-angiotensin system.[1,2] Remikiren is a nonpeptide that is active intravenously and orally, but it is reported to have a very low oral bioavailability.

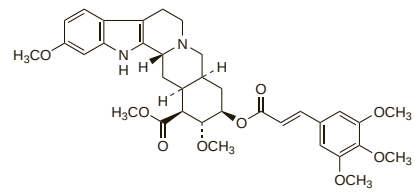
1. Frishman WH, *et al.* Renin inhibition: a new approach to cardiovascular therapy. *J Clin Pharmacol* 1994; **34:** 873–80.
2. Rongen GA, *et al.* Clinical pharmacokinetics and efficacy of renin inhibitors. *Clin Pharmacokinet* 1995; **29:** 6–14.

Rescinnamine *(BAN, rINN)*

Rescinamina; Rescinnamin; Rescinnaminum; Resinnamiini. Methyl-*O*-(3,4,5-trimethoxycinnamoyl)reserpate.

Ресциннамин

$C_{35}H_{42}N_2O_9$ = 634.7.
CAS — 24815-24-5.
ATC — C02AA01.
ATC Vet — QC02AA01.



Profile

Rescinnamine is an ester alkaloid isolated from the root of *Rauwolfia serpentina* or *R. vomitoria*. It has properties similar to those described under reserpine (below) and has been used in the treatment of hypertension.

Preparations

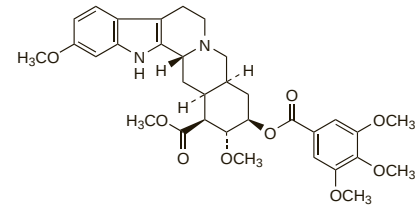
Proprietary Preparations (details are given in Part 3)
Multi-ingredient: ***Thai.:*** Iso-Triraupin†.

Reserpine *(BAN, rINN)*

Reserpiini; Reserpin; Reserpina; Réserpine; Reserpinum; Reszerpin; Rezerpin; Rezerpina; Rezerpinas. Methyl 11,17α-dimethoxy-18β-(3,4,5-trimethoxybenzoyloxy)-3β,20α-yohimbane-16β-carboxylate; Methyl *O*-(3,4,5-trimethoxybenzoyl)reserpate.

Резерпин

$C_{33}H_{40}N_2O_9$ = 608.7.
CAS — 50-55-5.
ATC — C02AA02.
ATC Vet — QC02AA02.



Pharmacopoeias. In *Chin.*, *Eur.* (see p.vii), *Int.*, *Jpn*, *US*, and *Viet.*
Ph. Eur. 6.2 (Reserpine). It occurs as small, white to slightly yellow crystals or a crystalline powder. It darkens slowly on exposure to light. Practically insoluble in water; very slightly soluble in alcohol. Protect from light.
USP 31 (Reserpine). A white or pale buff to slightly yellowish, odourless, crystalline powder. It darkens slowly on exposure to light, but more rapidly when in solution. Insoluble in water; soluble 1 in 1800 of alcohol and 1 in 6 of chloroform; freely soluble in acetic acid; very slightly soluble in ether; slightly soluble in benzene. Store in airtight containers at a temperature of 25°, excursions permitted between 15° and 30°. Protect from light.

Stability. Reserpine is unstable in the presence of alkalis, particularly when the drug is in solution.

Adverse Effects

Adverse effects commonly include nasal congestion, headache and CNS symptoms including depression, drowsiness, dizziness, lethargy, nightmares, and symptoms of increased gastrointestinal tract motility including diarrhoea, abdominal cramps, and, at higher doses, increased gastric acid secretion. Respiratory distress, cyanosis, anorexia, and lethargy may occur in infants whose mothers have taken reserpine before delivery.

Higher doses may cause flushing, bradycardia, severe depression which may lead to suicide, and extrapyramidal effects. Hypotension, coma, convulsions, respiratory depression, and hypothermia also occur in overdosage. Hypotension is also more common in patients after a cerebrovascular accident.

Breast engorgement and galactorrhoea, gynaecomastia, increased prolactin concentrations, decreased libido, impotence, sodium retention, oedema, decreased or increased appetite, weight gain, miosis, dry mouth, sialorrhoea, dysuria, rashes, pruritus, and thrombocytopenic purpura have also been reported.

Large doses of reserpine have been shown to be tumorigenic in *rodents*. Several reports have suggested an association between reserpine and the development of neoplasms of the breast (see below) but other surveys have failed to confirm this.

Neoplasms of the breast. Although early studies suggested that the incidence of breast cancer was up to 3 to 4 times greater in hypertensive women treated with rauwolfia preparations than in control groups, analysis[1] of both prospective trials and case-control studies found only a low-grade association between use of rauwolfia preparations and risk of malignancy.

1. Grossman E, *et al.* Antihypertensive therapy and the risk of malignancies. *Eur Heart J* 2001; **22:** 1343–52.

Treatment of Adverse Effects

Withdrawal of reserpine or reduction of the dosage causes the reversal of many adverse effects although mental disorders may persist for months and hypotensive effects may persist for weeks after the cessation of treatment. If overdosage occurs activated charcoal may be considered within 1 hour of ingestion. Treatment is generally supportive and symptomatic. Severe hypotension may respond to placing the patient in the supine position with the feet raised. Direct-acting sympathomimetics may be effective for treatment of severe hypotension, but should be given with caution. The patient must be observed for at least 72 hours.

Precautions

Reserpine should not be used in patients with depression or a history of depression, with active peptic ulcer disease or ulcerative colitis, or in patients with Parkinson's disease. It should also be avoided in phaeochromocytoma.

It should be used with caution in debilitated or elderly patients, and in the presence of cardiac arrhythmias, myocardial infarction, renal insufficiency, gallstones, epilepsy, or allergic conditions such as bronchial asthma.

Reserpine is contra-indicated in patients having ECT and an interval of at least 7 to 14 days should be allowed between the last dose of reserpine and the start of any ECT.

It is probably not necessary to stop reserpine during anaesthesia, although the effects of CNS depressants may be enhanced by reserpine.

Interactions
Patients taking reserpine may be hypersensitive to adrenaline and other direct-acting sympathomimetics, which should not be given except to antagonise reserpine. The effects of indirect-acting sympathomimetics such as ephedrine may be decreased by reserpine. The hypotensive effects of reserpine are enhanced by thiazide diuretics and other antihypertensives. Reserpine may cause excitation and hypertension in patients receiving MAOIs. Use of digitalis or quinidine with reserpine may cause cardiac arrhythmias. Reserpine may enhance the effects of CNS depressants.

Antiparkinsonian drugs. For the inhibitory effect of reserpine on the antiparkinsonian actions of *levodopa*, see Antihypertensives, p.807.

Pharmacokinetics
Reserpine is absorbed from the gastrointestinal tract with a bioavailability of 50%. It is extensively metabolised and is excreted slowly in the urine and faeces. In the first 4 days, about 8% is excreted in the urine, mainly as metabolites, and about 60% in the faeces, mainly unchanged. Reserpine crosses the placenta and the blood-brain barrier and also appears in breast milk.

Uses and Administration
Reserpine is an alkaloid obtained from the roots of certain species of *Rauwolfia* (Apocynaceae), mainly *Rauwolfia serpentina* and *R. vomitoria*, or by synthesis. The material obtained from natural sources may contain closely related alkaloids.

Reserpine is an antihypertensive drug that causes depletion of noradrenaline stores in peripheral sympathetic nerve terminals and depletion of catecholamine and serotonin stores in the brain, heart, and many other organs resulting in a reduction in blood pressure, bradycardia, and CNS depression. The hypotensive effect is mainly due to a reduction in cardiac output and a reduction in peripheral resistance. Cardiovascular reflexes are partially inhibited, but orthostatic hypotension is rarely a problem at the doses used in hypertension. When given orally the full effect is only reached after several weeks of treatment and persists for up to 6 weeks after treatment is stopped.

Reserpine has been used in the management of hypertension (p.1171) and in chronic psychoses (p.954) such as schizophrenia. It has also been used in the treatment of Raynaud's syndrome (see Vasospastic Arterial Disorders, p.1188).

In **hypertension**, reserpine may be given orally in an initial dose of up to 500 micrograms daily for about 2 weeks, subsequently reduced to the lowest dose necessary to maintain the response; some sources recommend an initial dose of 50 to 100 micrograms. A maintenance dose of about 100 to 250 micrograms daily may be adequate and 500 micrograms should not normally be exceeded. To reduce adverse effects and tolerance smaller doses of reserpine may be used with a thiazide diuretic.

Reserpine has been used in chronic **psychoses** in daily doses of up to 1 mg.

Preparations
USP 31: Reserpine and Chlorothiazide Tablets; Reserpine and Hydrochlorothiazide Tablets; Reserpine Elixir; Reserpine Injection; Reserpine Tablets; Reserpine, Hydralazine Hydrochloride, and Hydrochlorothiazide Tablets.

Proprietary Preparations (details are given in Part 3)
Braz.: Ortoserpina†; ***Indon.:*** Resapin; Serpasil; ***Port.:*** Serfinato†.

Multi-ingredient: ***Arg.:*** Hygroton-Reserpina†; Normatensil†; ***Austria:*** Brinerdin; Darebon; ***Braz.:*** Adelfan-Esidrex†; Higroton Reserpina; Id Sedin†; Vagoplex†; ***Cz.:*** Crystepin; Neocrystepin; ***Fr.:*** Tensionorme; ***Ger.:*** Adelphan-Esidrix†; Barotonal†; Bendigon N†; Briserin N; Darebon†; Dislapin†; Durotan†; Modenol†; Tri-Thiazid Reserpin†; Triniton; ***Gr.:*** Hygroton-Reserpine; Neourizine; ***Hong Kong:*** Adelphane-Esidrex; ***India:*** Adelphane; Adelphane-Esidrex; ***Indon.:*** Dellasidrex; Ser-Ap-Es; ***Ital.:*** Brinerdina; Igroton-Reserpina; ***Mex.:*** Higroton-Res; ***Pol.:*** Normatens; ***Port.:*** Brinerdine†; ***Rus.:*** Adelphane-Esidrex (Адельфан-эзидрекс); Crystepin (Кристепин); Triresid K (Тирезид К); ***S.Afr.:*** Brinerdin; Hygroton-Reserpine†; Protensin-M; ***Spain:*** Adelfan-Esidrex†; Brinerdina†; Higrotona Reserpina†; Tensiocomplet; ***Switz.:*** Adelphan-Esidrex; Brinerdine; Hygroton-Reserpine; ***Thai.:*** Bedin; Brinerdin; Hydrares; Hyperdine†; Hypery†; Iso-Triraupin†; Mano-Ap-Es; Medeserpine Co†; Reser; Ser-Ap-Es; ***Turk.:*** Adelphan; Adelphan-Esidrex; Regroton; ***USA:*** Demi-Regroton; Diupres; Diutensen-R†; Hydrap-ES†; Hydro-Serp†; Hydropres; Hydroserpine†; Marpres; Metatensin†; Regroton; Renese R†; Salutensin†; Ser-Ap-Es†; Tri-Hydroserpine†.

Reteplase *(BAN, USAN, rINN)*

BM-06.022; Reteplaasi; Reteplas; Reteplasa; Rétéplase; Reteplasum; rPA. 173-L-Serine-174-L-tyrosine-175-L-glutamine-173–527-plasminogen activator (human tissue-type).

Ретеплаза

$C_{1736}H_{2653}N_{499}O_{522}S_{22}$ = 39571.1.

CAS — 133652-38-7.

ATC — B01AD07.

ATC Vet — QB01AD07.

Description. Reteplase is a nonglycosylated protein produced by recombinant DNA technology. It consists of selected domains of human tissue plasminogen activator.

Incompatibility. Reteplase may precipitate out of solution if it is given with heparin in the same intravenous line.[1] Reteplase and heparin must therefore be given separately; if a single intravenous line is used it must be flushed thoroughly with sodium chloride 0.9% or with glucose 5% before, and after, reteplase injection.

1. Committee on Safety of Medicines/Medicines Control Agency. Reteplase (Rapilysin): incompatibility with heparin. *Current Problems* 2000; **26:** 5. Also available at: http://www.mhra.gov.uk/home/idcplg?IdcService=GET_FILE&dDocName=CON007462&RevisionSelectionMethod=LatestReleased (accessed 20/06/06)

Adverse Effects, Treatment, and Precautions
As for Streptokinase, p.1402. Allergic reactions may be less likely to occur with reteplase than with streptokinase.

Interactions
As for Streptokinase, p.1404.

Pharmacokinetics
Based on fibrinolytic activity, reteplase is reported to have an initial half-life of about 14 minutes and a terminal half-life of 1.6 hours in patients with myocardial infarction.

Uses and Administration
Reteplase is a thrombolytic drug. It converts plasminogen to plasmin, a proteolytic enzyme which has fibrinolytic effects. The mechanisms of fibrinolysis are discussed further under Haemostasis and Fibrinolysis on p.1045. Reteplase has some fibrin specificity (see Thrombolytics, p.1156).

Reteplase is used similarly to streptokinase (p.1404) in acute myocardial infarction (p.1175). It is given intravenously as soon as possible after the onset of symptoms. The dose is 10 units given by slow intravenous injection (but over not more than 2 minutes), and this dose of 10 units is repeated once, 30 minutes after the start of the first injection.

◊ General references.

1. Noble S, McTavish D. Reteplase: a review of its pharmacological properties and clinical efficacy in the management of acute myocardial infarction. *Drugs* 1996; **52:** 589–605.
2. Wooster MB, Luzier AB. Reteplase: a new thrombolytic for the treatment of acute myocardial infarction. *Ann Pharmacother* 1999; **33:** 318–24.
3. Llevadot J, *et al.* Bolus fibrinolytic therapy in acute myocardial infarction. *JAMA* 2001; **286:** 442–9.
4. Simpson D, *et al.* Reteplase: a review of its use in the management of thrombotic occlusive disorders. *Am J Cardiovasc Drugs* 2006; **6:** 265–85.

Catheters and cannulas. Reteplase has been used[1] successfully to clear thrombi in central venous catheters. A single dose of 0.4 units of reteplase was given as a 1 unit/mL solution, further diluted to the volume required to fill the catheter. The minimum dwell time was 30 minutes and the solution was aspirated after treatment. A second dose of 0.4 units was given if necessary.

1. Owens L. Reteplase for clearance of occluded venous catheters. *Am J Health-Syst Pharm* 2002; **59:** 1638–40.

Preparations
Proprietary Preparations (details are given in Part 3)
Austral.: Rapilysin; ***Austria:*** Rapilysin; ***Belg.:*** Rapilysin; ***Canad.:*** Retavase; ***Cz.:*** Rapilysin; ***Denm.:*** Rapilysin; ***Fin.:*** Rapilysin; ***Fr.:*** Rapilysin; ***Ger.:*** Rapilysin; ***Gr.:*** Rapilysin; Repilysin†; ***Irl.:*** Rapilysin; ***Ital.:*** Rapilysin; ***Neth.:*** Rapilysin; ***Norw.:*** Rapilysin; ***NZ:*** Rapilysin; ***Port.:*** Rapilysin; ***Spain:*** Rapilysin; ***Swed.:*** Rapilysin; ***Switz.:*** Rapilysin; ***UK:*** Rapilysin; ***USA:*** Retavase.

Reviparin Sodium *(BAN, rINN)*

Revipariininatrium; Reviparina sódica; Réviparine Sodique; Reviparinnatrium; Reviparinum Natricum.

Ревипарин Натрий

CAS — 9041-08-1.

ATC — B01AB08.

ATC Vet — QB01AB08.

Description. Reviparin sodium is prepared by nitrous acid depolymerisation of heparin obtained from the intestinal mucosa of pigs. The majority of the components have a 2-*O*-sulfo-α-L-idopyranosuronic acid structure at the non-reducing end and a 6-*O*-sulfo-2,5-anhydro-D-mannitol structure at the reducing end of their chain. The mass-average molecular mass ranges between 3150 and 5150 with a characteristic value of about 4150. The degree of sulfation is about 2.1 per disaccharide unit.

Units
As for Low-molecular-weight Heparins, p.1329.

Adverse Effects, Treatment, and Precautions
As for Low-molecular-weight Heparins, p.1329.

Severe bleeding with reviparin sodium may be reduced by the slow intravenous injection of protamine sulfate; about 1.2 mg of protamine sulfate is stated to inhibit the effect of 100 units of reviparin sodium.

Interactions
As for Low-molecular-weight Heparins, p.1329.

Pharmacokinetics
Reviparin sodium is absorbed after subcutaneous administration with a bioavailability of about 95%. Peak plasma concentrations are reached after about 3 hours. Reviparin sodium is excreted mainly in the urine; the elimination half-life is about 3 hours.

Uses and Administration
Reviparin sodium is a low-molecular-weight heparin (p.1329) with anticoagulant activity. It is used in the prevention and treatment of venous thromboembolism (p.1189) and has been used to prevent coagulation during haemodialysis.

Doses are expressed in terms of anti-factor Xa activity (anti-Xa units) although different values may be encountered in the literature depending upon the reference preparation used.

In the prophylaxis of venous thromboembolism during surgery, reviparin sodium is given subcutaneously in a dose of 1432 units once daily, with the first dose given 2 hours before surgery.

◊ References.

1. Wellington K, *et al.* Reviparin: a review of its efficacy in the prevention and treatment of venous thromboembolism. *Drugs* 2001; **61:** 1185–209.
2. Yusuf S, *et al.* CREATE Trial Group Investigators. Effects of reviparin, a low-molecular-weight heparin, on mortality, reinfarction, and strokes in patients with acute myocardial infarction presenting with ST-segment elevation. *JAMA* 2005; **293:** 427–35.

Preparations
Proprietary Preparations (details are given in Part 3)
Austria: Clivarin; ***Cz.:*** Clivarin; ***Denm.:*** Clivarin†; ***Fr.:*** Clivarine†; ***Ger.:*** Clivarin; ***Gr.:*** Clivarin; ***Hong Kong:*** Clivarine; ***Hung.:*** Clivarin; ***India:*** Clivarine; ***Ital.:*** Clivarina; ***Pol.:*** Clivarin; ***Port.:*** Clivarin; ***UK:*** Clivarine†.

Rilmenidine Phosphate *(rINNM)*

Fosfato de rilmenidina; Oxaminozoline Phosphate; Rilmenidiinidivetyfosfaatti; Rilmenidin Dihdrojen Fosfat; Rilmenidin fosfát; Rilmenidin-dihidrogén-foszfát; Rilmenidindivätefosfat; Rilmenidine Acid Phosphate; Rilmenidine Dihydrogen Phosphate; Rilménidine, dihydrogénophosphate de; Rilmenidine Hydrogen Phosphate; Rilménidine, Phosphate de; Rilmenidini dihydrogenophosphas; Rilmenidini Phosphas; Rilmenidino divandenilio fosfatas; S-3341-3. 2-[(Dicyclopropylmethyl)amino]-2-oxazoline phosphate.

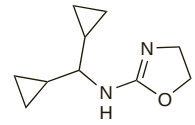
Рильменидина Фосфат

$C_{10}H_{16}N_2O,H_3PO_4$ = 278.2.

CAS — 54187-04-1 (rilmenidine); 85409-38-7 (rilmenidine phosphate).

ATC — C02AC06.

ATC Vet — QC02AC06.



(rilmenidine)

Pharmacopoeias. In *Eur.* (see p.vii).
Ph. Eur. 6.2 (Rilmenidine Dihydrogen Phosphate). A white or almost white powder. Freely soluble in water; slightly soluble in alcohol; practically insoluble in dichloromethane.

Profile
Rilmenidine is a centrally acting antihypertensive that appears to act through stimulation of central imidazoline receptors and also has alpha$_2$-adrenoceptor agonist activity. It has general properties similar to those of clonidine (p.1247), but is reported to cause less sedation and central adverse effects. In the management of hypertension (p.1171) it has been given as the phosphate, but doses are expressed in terms of the base. Rilmenidine phosphate 1.5 mg is equivalent to about 1 mg of rilmenidine. The dose is 1 mg daily, as a single oral dose; this may be increased if necessary, after 1 month, to 2 mg daily in divided doses.

◊ References.

1. Bousquet P, Feldman J. Drugs acting on imidazoline receptors: a review of their pharmacology, their use in blood pressure control and their potential interest in cardioprotection. *Drugs* 1999; **58:** 799–812.