

2nd International Adalat[®] Symposium

New Therapy of Ischemic Heart Disease

**Edited by
Wilhelm Lochner · Wolfgang Braasch
Günther Kroneberg**



Springer-Verlag Berlin · Heidelberg · New York

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With 206 Figures



Springer-Verlag Berlin · Heidelberg · New York 1975

President: Professor Dr. WILHELM LOCHNER

2nd International Adalat Symposium

Date: October 4 to 5, 1974

Place: Amsterdam, Okura-Hotel

ISBN 3-540-07471-6 Springer-Verlag Berlin Heidelberg New York
ISBN 0-387-07471-6 Springer-Verlag New York Heidelberg Berlin

Adalat is the registered trade mark of Bayer AG, Leverkusen (Germany). Nifedipine is the generic-name, the research code number was BAY a 1040.

Library of Congress Cataloging in Publication Data. International Adalat Symposium. 2nd. Amsterdam. 1974. New therapy of ischemic heart disease. Bibliography: p. Includes index. 1. Adalat®-Congresses. 2. Coronary heart disease-Congresses. I. Lochner, Wilhelm, 1922. II. Braasch, Wolfgang, 1931. III. Kroneberg, Günther, 1919. IV. Title. [DNLM: 1. Pyridines Therapeutic use Congresses. 3. Coronary Disease Drug therapy Congresses. W3 IN789 1974n/WG 300 161 1974n]. RM666.N53157.1974. 616.1'2. 75-28123.

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Printed in Germany.

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Typesetting, printing, and bookbinding: Brühlsche Universitätsdruckerei Gießen.

2nd International Adalat® Symposium

Preface

The First Adalat Symposium held in Tokyo in 1973, presented important experimental and clinical results which had been collected in Europe and Japan with the new coronary therapeutic agent. The European scientists had an opportunity to discuss the problems and results personally with their Japanese colleagues.

The Second Adalat Symposium was held in Amsterdam within a year with the purpose of bringing together mainly scientists within Europe. The results discussed in Tokyo have been extended and supplemented through additional experiences. Contributions in basic science are presented, but most important are those clinical studies, which support and extend proof of the drug's efficacy in humans.

The editors wish to express their appreciation to all those responsible for contributing to this report and, in particular, to Dr. M. SPENGLER, Dr. F. EBNER and Dr. K. BRANDAU for their editorial help, and to Dr. W. BÖTTGER for the preparation of the Subject Index. We hope that this publication will be a valuable contribution toward conveying information to physicians and scientists.

Düsseldorf/Wuppertal, Autumn 1975

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Introduction

W. LOCHNER

Ladies and Gentlemen,

As the president of this symposium, I have the pleasure and the honour to welcome all of you and to declare the congress opened. The aim of our meeting is to present and to discuss thoroughly all the results of the pharmacological investigations and the clinical studies on Adalat, a new antianginal drug.

As we all know, the problem of therapy of ischemic heart disease, despite great efforts, has not been solved sufficiently. A new drug like Adalat, being not only a new therapeutic agent, but also a new tool for understanding, offers new opportunities for investigating the mechanism of action of antianginal drugs and creates new hopes for more successful therapy.

Therefore, if we are going to discuss and to evaluate in this meeting the pharmacological and clinical properties of the new drug Adalat, we should at the same time discuss the concepts underlying the therapy of ischemic heart disease in general.

These theoretical concepts form the background of our discussion and serve as the network in which to place the new insights on Adalat. Our present theoretical concepts are the scale with which we evaluate the new facts, until perhaps one day, we can enlarge this network or even change it, as new knowledge allows new theories.

But let me add and accentuate one point: theoretical concepts and experimental studies are necessary, are indispensable for the development and evaluation of a new antianginal drug. Nevertheless the final answer on the usefulness of such a drug at the present state of knowledge can only come from controlled clinical investigations.

At the end of our two days here, I hope that we shall arrive at the following two main results:

1. I hope that we shall have learned about ischemic heart disease and the theoretical concepts of its therapy;
2. I hope that we shall have gained an overall view of the present state of knowledge on the pharmacological and clinical properties of Adalat.

All of you, I believe, will agree when I express our gratefulness to the organizer and sponsor of the symposium, the Bayer AG, represented here by Prof. KRONEBERG and others. There can be no doubt that it will prove extremely worthwhile to have discussed here extensively and with all the necessary critics, the available results with Adalat. I am sure that we all shall derive benefit from the discussions, and I wish the symposium to be a successful and fruitful one. Thank you very much.