When the vicious circle of reflux oesophagitis needs to be broken...

'Tagamet' by its unique action in controlling gastric acid secretion, can break the vicious circle of reflux oesophagitis, a condition which, with varying degrees of importance in different patients, is considered to have five causative factors (see diagram).

The interaction of these five factors can prove difficult to break, with the incompetent lower oesophageal sphincter allowing reflux of gastric contents into the oesophagus, thus leading to mucosal inflammation.

This may affect the muscle layers leading to reduced oesophageal clearance and the completion of the vicious circle, with further gastric contents refluxing into the oesophagus causing increased inflammation.

By its direct action on the parietal cell, 'Tagamet' is uniquely effective in inhibiting both the volume and concentration of gastric acid and the volume of pepsin secreted.

Furthermore, one study has shown that 'Tagamet' can improve oesophageal sensitivity to acid.2 'Tagamet' can thus have a potentially beneficial effect on 2, possibly 3, of the causative factors and hence break the vicious circle of reflux oesophagitis, which in one study brought improvement or complete healing to 50% of patients, compared with 0% on placebo.3

References

PRESCRIBING INFORMATION
Presentations
'Tagamet' Tablets P.00002-0006 3 each containing 200mg cimetidine. 100, £13.22, 500, £64.75.
'Tagamet' Syrup P.00002-0007 3 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.
Indication
Reflex oesophagitis.
Dosage
Adult: 400mg t.i.d. with meals and 400mg at bedtime, (taper after 4 to 8 weeks).
Cautions
Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants (see Data Sheet). Prolonged treatment: observe patients periodically. Avoid during pregnancy and lactation.
Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusion, states usually in the elderly or very ill, reversible intermittent nephritis.

Full prescribing information is available from
SKG F
Smith Kline & French Laboratories Limited
A Smithkline company
Welwyn Garden City, Hertfordshire AL7 1EY
Telephone: Welwyn Garden 25171
'Tagamet' is a trade mark.
© Smith Kline & French Laboratories Limited 1979
TC: AD689
Becotide
(beclomethasone dipropionate BP)

Controls the inflammatory processes
in more severe asthma

Restores the response to bronchodilators

Avoids the side effects
associated with systemic steroids

Eliminates or greatly reduces the need for
systemic steroids
in steroid-dependent patients

Obviates physical disfigurement
and stunting of growth in children

Available as metered-dose aerosol
and Rotacaps with Rotahaler

To support this claim of extraordinary activity (of Becotide), there are not only statistically valid comparisons but also numerous validated individual experiences. These include the impressive therapeutic results in patients with severe asthma not controllable with high daily doses of systemic steroids, the beneficial responses of those refractory to adrenergic agonists and unable to tolerate even suboptimal doses of theophylline, the suppression of asthma unresponsive to mediator-release inhibitors, such as cromolyn sodium; and, importantly, the high level of acceptance and compliance among people who do not comply with other standard therapeutic routines.15

(Lancet, 1979, i, 932-933)
Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug. Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products. Trandate uncomplicates hypertension for both doctor and patient.

Trandate
labetalol hydrochloride
Dual action, singular efficacy.
NORTH WALES
TRAINING FOR GENERAL PRACTICE

Four places in three-year training scheme for general practice starting 1 August 1980.
Two years in variety of hospital departments; one year in general practice.

SHO grade. Full description of scheme and application form available from District Administrator, Clwyd Health Authority (North District), Rhianfa, Russell Road, Rhyl, Clwyd, returnable by 29 February.

Opinions expressed in The Journal of the Royal College of General Practitioners and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

LEICESTERSHIRE AREA HEALTH AUTHORITY (T)
VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are now invited for twelve places on the Leicester Vocational Training Scheme which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The course commences on 1 October, 1980 for the complete three year programme which includes an introductory three months appointment in a training practice, successive six month appointments as Senior House Officers in four hospital posts, and a final nine months appointment in the original training practice.

A wide variety of hospital posts relevant to general practice are available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, dermatology and ENT. A half-day release course is held throughout the three years, with an emphasis on small group work. The course is recognised for the MRCGP.

There are also vacancies for one year vocational trainees for doctors with relevant SHO experience.

Further details, a copy of the booklet ‘The Leicester Vocational Training Scheme’ and an application form can be obtained from the Scheme Supervisor, Dr. Judith Millar, c/o Mrs. Jean Emberson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, Infirmary Square, Leicester, LE1 5WW. Closing date for applications is 1 April, 1980.

GENERAL PRACTICIONER required

for a three-doctor clinic in Northern British Columbia, Canada.

Must meet requirements of a minimum of eight weeks each in Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology — postgraduate training, plus either obtained a score of 80% in the ECFMG or passed the LMCCC (Canadian exams).

Looking for a general practitioner interested in permanent position, initially to work as a locum with view to full partnership. Very good remuneration.

Send resumé to:
Lazelle Medical Centre,
c/o Dr R. Brooks,
4612 Greig Avenue,
Terrace,
British Columbia,
Canada V8G 1M9.