CIMETIDINE WITH DIAZEPAM

There is interference

yet another good reason to prescribe

Ativan lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam.²

simple ‘one step’ metabolism also makes Ativan preferable to diazepam; for example when liver function is impaired.³
Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?

If so, when should potassium supplements be given? At serum K+ < 3.5mEq/l? At serum K+ < 3.0mEq/l?

Should low serum K+ be supplemented even if the patient is asymptomatic?

Aldactide 50 lets you stay above the debate.

Clinical studies have shown that spironolactone therapy is potassium-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements, triamterene, or amiloride.

In hypertension

Aldactide 50
hydrochlorthiazide + spironolactone
The Caring, Sparing Diuretic.

References
4. Product Information
5. Aldactide 50
6. Cream, scored tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg and Hydrochlorthiazide B.P. 50mg

Uses
Essential hypertension
Dosage and Administration
Adults
Aldactide 50 - one to two tablets with breakfast or the first main meal of the day
Children
Daily dosage should provide 1.5 to 3.0g of spironolactone per kilogram body weight, given in divided doses
Contra-indications, Warnings, etc.
Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hypokalaemia, patients who are hypersensitive to either component, 
concurrent administration with other potassium-containing diuretics
Aldactide potentiates the effect of other antihypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regimen
Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance
Thiazides may induce hyperkalaemia and decrease glucose tolerance
Spironolactone or its metabolites may, and hydrochlorthiazide does, cross the placental barrier
Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus

Adverse effects reported in association with thiazide diuretics include gynaecomastia, gastrointestinal intolerance, skin rashes, menstruation irregularities, and androgenic effects etc. 
Adverse effects reported in association with thiazides include gastrointestinal intolerance, skin rashes, fluid disturbances, muscle cramps, etc.

Product Licence Holder and Number
G.D. Searle & Co. Ltd.

Aldactide 50 - 0020/0082

Basic N.H.S. Cost
20 tablets £3.11

Full prescribing information is available on request
Aldactide and Searle are registered trade marks.

E. R. Searle Pharmaceuticals
Division of G.D. Searle & Co. Ltd.
PO Box 53, Lane End Road
High Wycombe, Bucks. HP12 4HL
Telephone: High Wycombe 21124
PREScribing Information: Dosage and Administration: The usual adult dose is one 150 mg tablet twice daily. It is not necessary to time the dose in relation to meals. In most cases of Duodenal Ulcer and Benign Gastric Ulcer, healing will occur in four weeks. Patients with a history of recur-
Zantac is the new H₂ blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective
Zantac's molecular structure confers important advantages in terms of specificity and duration of action. Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens
Zantac is tailor-made for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is one 150 mg tablet nightly.

Recommended

Hinge 45°. For easy swallowing.

Inhalation aid.

Zantac is suitable for the elderly.

Antacids may be necessary to reduce gastric acidity but their use should be kept to a minimum and only under medical supervision.

Before treatment it would have been rare to have been left without available H₂ blockers. But the discovery can be exciting, second does bring...
YOU CAN STILL INSIST ON INDERAL.

'Inderal,' the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI.

The efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials.

Developed wholly in Britain, 'Inderal' now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £55 million a year investment in medical research.

Make certain your patient receives 'Inderal' by prescribing it by name.

Write Inderal by name

'INDERAL' ABRIDGED PRESCRIBING INFORMATION, DOSAGE, HYPERTENSION: 80 MG B.I.D., INCREASING WEEKLY, USUAL RANGE 160-320 MG DAILY. ANGINA: 40 MG B.I.D. OR T.I.D., INCREASING WEEKLY.

USUAL RANGE 120-240 MG DAILY. CONTRAINDICATIONS: HEART BLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, COADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: UNTRATED CARDIAC FAILURE, BRAHYOARDIA, DECONTRUCTION OF CHOLESTERONE. PREGNANCY ADVERSE REACTIONS: COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE, AND DIAHRRAEA.

ARE USUALLY TRANSIENT. ISOLATED CASES OF PARAEPTHESIA OF THE HANDS. RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETA BLOCKERS CONSIDER DECONTRUCTION IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. OVERDOSE: SEE DATA SHEET. PACK SIZES AND BASIC NHS COSTS: 40 MG, 250 - £2.9, 1,000 - £42.12 80 MG, 100 - £6.49, 500 - £31.48 160 MG, 50 - £6.69 250 - £3.89. PL NOS 0029/3064, 0029/3065, 0029/0003. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE ALDERLEY PARK, MACCLESFIELD, CHESHIRE.
Becotide
(beclomethasone dipropionate BP)

Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotacap®

Respiratory effects

Becotide is a fast-acting systemic corticosteroid which provides rapid relief from symptoms associated with asthma. It is particularly useful in severe cases not adequately controlled by other treatments.

Dosage and administration

Inhalation

Becotide Inhaler: Adult doses of 2 puffs three or four times a day may be started. Doses may be increased up to 8 puffs twice a day according to the response. In children, 1 puff three or four times a day may be sufficient initially.

Inhalation using Rotacaps: Adult doses of 2 puffs three or four times a day may be started. Doses may be increased up to 8 puffs twice a day according to the response. In children, 1 puff three or four times a day may be sufficient initially.

Side effects

Occasional side effects include hoarseness, throat irritation, and dryness. These effects are usually transient and should resolve with continued use.

Contraindications

Becotide is not recommended for use in patients with active or latent tuberculosis, bronchial asthma, or bronchitis.

Precautions

1. Be sure to inhale the medication deeply and hold your breath for 10 seconds after each puff. This will help the medication reach the lungs.

2. Doses should be increased gradually to avoid irritant coughing.

Presentation and packaging

Becotide Inhaler: cartons of 20 inhalers, each containing 200 micrograms of beclomethasone dipropionate BP.

Becotide Rotacaps: Each Rotacap contains 100 micrograms of beclomethasone dipropionate BP.

Each carton of 20 inhalers contains 200 micrograms of beclomethasone dipropionate BP.

Packaging and storage

Store at room temperature, protected from light. After opening, use within 3 months.

Further information available on request from Allen & Hanburys Ltd.
It couldn’t be simpler.

“Treatment can almost always be simplified, which may have a dramatic effect upon compliance.”

Smith A. et al., B.M.J., (1979), 1; 1335-1336.
It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy.1

TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.

PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is lowered, but without cardiac stimulation. Cardiac output is not significantly reduced at rest or after moderate exercise.2,3

Thus Trandate is able to restore a more normal circulation.

SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smooths potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.
USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.4

"The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed."5

WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels.

"Until we know the long-term complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug."6

EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.

WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

Trandate
labetalol hydrochloride


Full prescribing information is available on request.

Trandate is a trade mark of
Allen & Hanburys Ltd. London E2 6LA
Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP. The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month. This month's competition has been prepared by Dr W. G. Henderson, Consultant Microbiologist, Hammersmith Hospital.

Results and the winner's name will be published in the journal in January. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.

1. With what disease is the above appearance usually associated?
2. Describe three other physical signs usually associated with this disease.
3. What is the cause?
4. What is the specific treatment?
NEW
FLAGYL-S
benzoylmetronidazole suspension

A bridge to patient compliance

When a patient's inability—or unwillingness—to swallow a tablet compromises the treatment of an anaerobic or trichomonal infection, you can now turn to Flagyl-S. It is an easy-to-swallow suspension that extends the availability of effective treatment to all patients, including the elderly, the debilitated and the very young.

single 50ml dose in trichomoniasis
In hypertension-

Together our competitors have got it all, but...

Some are cardioselective

Some are hydrophilic

Some work 24 hours

Some are once a day
In hypertension

...only TENORMIN
puts it all in one.

Full 24 hour control
One tablet daily

Wide patient spectrum
Few CNS side-effects

Hydrophilic
Appropriate for smokers

Cardioselective
Cardioprotective

Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN
A unique combination of hydrophilicity and cardioselectivity

Prescribing Notes:
Product Licence Number: 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company
Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG
Tenormin is a trade mark for atenolol.
THE MSD FOUNDATION

Audiovisual Programmes for
General Practitioner Training

During the last two years the MSD Foundation has produced audiovisual teaching materials on the following topics for discussion by small groups of general practitioners:

The angry patient
The dying patient
The patient after a heart attack

The menopausal patient
The child as a presenting symptom of family stress

*Upper Respiratory Tract Infections
*Bronchitis

*Asthma
*Hypertension
Arthritis

*Dealing with a patient’s complaint against the doctor

*Choosing a partnership
*Hiring and firing practice staff

*Safer Prescribing
Child Health Surveillance

Medical Records

Real general practice consultations on: contraception, polypharmacy, feeling depressed, headaches, diarrhoea and hot flushes.

Consulting techniques, analysed by Dr Paul Freeling

The topics preceded by an asterisk are tape/slide programmes, the rest are available on videocassette. Some of the programmes, featuring real consultations, are available for use with doctors only. Others might be of interest to other members of the primary health care team or to medical students.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and catalogue, can be obtained by writing to: The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881.
Classified advertisements are welcomed and should be sent to: Production Department, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by the first of the month preceding the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

The charge for space in this section is £5.75 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., with the box number on the envelope.

The inclusion of an advertisement in this Journal does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

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.

**EXCHANGE**

New Zealand general practitioner, suburban Auckland partnership practice, wishes to exchange for similar in southern England for 12 months from mid-1982. For further details write: Dr Dryson, 350 Ellerslie–Panmure Highway, Auckland 6, New Zealand.

**BALINT SOCIETY**

Applications are invited from general practitioners who would like to attend Balint training seminars. The seminars will meet weekly in London and applicants need not have had previous similar experience.

Section 63 approval will be available. Applicants should write to Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.

**REPLACEMENT PARTNER**

Retirement vacancy for young and enthusiastic partner in a long-established Kent suburban group practice. Full ancillary and attached LA staff. Wide choice of hospitals, GP beds available. Practice provides own 24-hour cover with one in five rota. Outside appointments held and special interests encouraged. Full VTS and obstetrics preferred. Six months' mutual assessment, then parity at 18 months.

Write Drs Bolton, Forshaw, Critchley and Mehta, 14 Broadway, Bexley Heath, Kent DA6 7LA.

**KING EDWARD'S HOSPITAL FUND FOR LONDON STUDY COURSE IN CANADA 3—22 MAY 1982**

The King's Fund is financing a third study course and will meet course-related expenses, including basic travel and board and lodging.

The Department of Health Administration, University of Toronto, is organizing the programme, which will include the opportunity to examine different provincial systems of health care and problems of health care organization in isolated communities. Twelve participants will be selected from professionals in health and social services, aged under 35, with the requisite qualifications and experience.

Application forms and further information are available from The Registrar, King's Fund College, 2 Palace Court, London W2 4HS. Closing date is 16 November 1981.
PATIENT PARTICIPATION IN GENERAL PRACTICE

Occasional Paper 17

Patient participation has been one of the more radical innovations in general practice in the last few years and has led to the formation of many different kinds of patient groups attached to practices all over Britain.

Patient Participation in General Practice stems from a conference held on this subject by the Royal College of General Practitioners in January 1980 and was compiled by Dr P. M. M. Pritchard, who was one of the first general practitioners to set up a patients' association. It brings together in one booklet a large number of current ideas and gives much practical information about patient groups.

Patient Participation in General Practice, Occasional Paper 17, is available now, price £3.75 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

FOURTH NATIONAL TRAINEE CONFERENCE REPORT, RECOMMENDATIONS AND QUESTIONNAIRE

Occasional Paper 18

How much teaching do vocational trainees really get? What do they think about their trainers and how easily can they talk to them? This Occasional Paper reports on the proceedings of the Fourth National Trainee Conference held at Exeter in July 1980 and analyses the results of a questionnaire which was returned by 1,680 trainees throughout the country. This is the most detailed information so far published about the opinions of trainees, and from them a new 'value for money' index has been derived, based on sophisticated statistical analysis, which now makes it possible for the first time to rate a general practitioner trainer.

Fourth National Trainee Conference, Occasional Paper 18, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75 including postage. Payment should be made with order.

COLLEGE PUBLICATIONS

The following publications can be obtained from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Prices include postage. Payment should be made with order.

REPORTS FROM GENERAL PRACTICE

No. 18 Health and Prevention in Primary Care .. .. .. .. £3.00
No. 19 Prevention of Arterial Disease in General Practice .. .. .. .. £3.00
No. 20 Prevention of Psychiatric Disorders in General Practice .. .. .. .. £3.00
No. 21 Family Planning—An Exercise in Preventive Medicine .. .. .. .. £2.75

SUPPLEMENTS TO THE JOURNAL

The Renaissance of General Practice .. 75p
The Medical Use of Psychotropic Drugs .. £1.75
Hostile Environment of Man .. .. .. .. £1.25
Prescribing in General Practice .. .. .. .. £3.00
Prescribing for the Elderly in General Practice .. .. .. .. £2.25

OCCASIONAL PAPERS

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No. 6 Some Aims for Training for General Practice .. .. .. .. £2.75
No. 7 Doctors on the Move .. .. .. .. £3.00
No. 8 Patients and their Doctors 1977 .. .. .. .. £3.00
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No. 15 The Measurement of the Quality of General Practitioner Care .. .. .. .. £3.00
No. 16 A Survey of Primary Care in London .. .. .. .. £4.00
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No. 18 Fourth National Trainee Conference .. .. .. .. £3.75
Behind the gentleness of

Burinex K
bumetanide and slow release potassium chloride
lies the power of
Burinex

Burinex K
gently effective
for maintenance

Burinex tablets
combine strength with
gentleness for more refractory oedema

Burinex injection
fast powerful action for emergencies

Formulations: Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. Indications: Acute pulmonary oedema and oedema of cardiac, renal or hepatic origin. Dosages: Burinex Injection: Initially 1-2 mg i.v., followed by 0.5 mg every 6 hours. Burinex Tablets: Initially 5 mg daily. Burinex K: 1 mg/day. Contra-indications, Precautions and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent diuretic therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Cautions should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. Product Licence Numbers: Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/00278 Basic N.H.S. Prices: Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24

*Runitex is a trade mark

Leo Laboratories Limited, Longwick Road, Princes Risborough, Aylesbury, Bucks. HP17 9RR