yet another good reason to prescribe Ativan

lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.² 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 $K^+ < 3.5$ mEq/l? At serum $K^+ < 3.0$ mEq/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
hydroflumethiazide + spironolactone

The Caring Sparing Diuretic.

References

Prescribing Information
Aldactide 50
Creams, scored tablets: 180 mg (one side containing Spironolactone BP 50mg and hydroflumethiazide BP 50mg). Uses
Essential hypertension
Doseage and Administration
Adults
Aldactide 50 - one or two tablets with breakfast or the first meal of the day.
Children
Daily dosage should not exceed 1.5 to 3 mg of spironolactone per kg body weight given in divided doses.
Contra-indications, Warnings, etc.
Amluk, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium-conserving diuretics.
Aldactide potentiates the effect of other antihypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime.
Patients should be carefully evaluated for possible development of fluid and electrolyte imbalance. Thiazides may exacerbate hypokalaemia and induce glucose intolerance.
Spironolactone or its metabolites may have androgenic effects. It is not known if spironolactone is excreted in human milk. Spironolactone is excreted in human milk.
Adverse effects reported in association with spironolactone include gynecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.

Product Licence Holder and Number
RTI Europe ICo Ltd.
Number 20I2350/0082

Searle Pharmaceuticals, Division of D. Searle & Co Ltd., PO BS 33, Lake End Road, High Wycombe, Bucks HP12 4HL. Telephone: High Wycombe 7124.

SEARLE
In hypertension

TENORMIN

The only beta-blocker to put it all together in one.

Full 24 hour control

Wide patient spectrum

Hydroporphic

Cardioselective

Few CNS side-effects

Possible advantages in smokers

Cardioprotective

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

TENORMIN

A unique combination of hydrophilicity and cardioselectivity

Prescribing Notes:
Dosage: One tablet daily. Contraindications: Heart block. Co-administration with verapamil. Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers — consider discontinuance if they occur. Creation of therapy with beta blockers should be gradual. Pack size and Basic NHS cost: 'Tenormin' 20's £7.27.

Product Licence Number: 'Tenormin' 00290122.

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.
PRESCRIBING INFORMATION: DOSEAGE 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 RECURRENCE
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 just one tablet taken nightly.
- And in the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

**Highly specific action**

Zantac's specificity of action avoids problems with mental confusion in the elderly, and anti-androgenic effects.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Admittedly, it would have been nice to have been the first available H₂ blocker, but then, as you can see, being second does bring certain advantages.
Inderal' LA Full 24 hour protection from a single dose.

ICI INDERAL LA Propranolol hydrochloride BP.
Once daily in hypertension and angina.

*INDERAL LA ABRIDGED PRESCRIBING INFORMATION. DOSAGE: 1-2 capsules once daily in hypertension. CONTRAINDICATIONS: Heart block, bronchospasm. PROLONGED FASTING. MINTABLY ADDRESSED TO ADMINISTRATION WITH VERAPAMIL. PRECAUTIONS: Untreated cardiac failure, bradycardia, discontinuation of clonidine. Anaesthesia. Pregnancy. ADVERSE REACTIONS: Cold extremities, nausea, insomnia, lassitude and diarrhoea are usually transient isolated cases of paraesthesia of the hands. Rashes and dry eyes have been reported with beta blockers. Consider discontinuation if they occur. Beta blockers should be withdrawn gradually. OVERDOSE: SEE DATA SHEET. PACK SIZE AND BASIC NHS COST: £6.66 per 28 capsules. PL.No.0029/0228 'INDERAL LA is a TRADE MARK FOR PROPRANOLOL HYDROCHLORIDE IN LONG-ACTING FORMULATION. FULL PRESCRIBING INFORMATION AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, Macclesfield, Cheshire.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

Indications
Parkinsonism – idiopathic, post-encephalitic

Dosage
Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-Indications
Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal, to patients under 25 years of age, to pregnant women, or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions
Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually. Rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting; cardiovascular disturbances; psychiatric disturbances; involuntary movements.

Packings
Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers
0031/0125 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62.5 £3.49 per 100
Madopar capsules 125 £6.29 per 100
Madopar capsules 250 £11.25 per 100

Roche Products Limited
PO Box 5
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark
1522/182/182

the right balance in Parkinson's disease

Madopar
levodopa plus benserazide

the original 4+1 combination in three dosage forms, 62.5, 125 and 250
The antihypertensive

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 smoothes potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.

Prescribing Information: Presentation and Basic NHS Cost
Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £1.64. Indications: Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. Dosage and Administration: Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily.

A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. Contra-indications: There are no known absolute contra-indications. Warning: There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. Precautions: Trandate should not be given to patients with uncompensated or
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. Greenford UB6 0RA
It couldn’t B 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.

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Prescribing Information
Erythrocin 500: 500 mg erythromycin activity as erythromycin stearate B.P.
Indications: Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin.
Dose: Adults: 1-2 g daily divided as one tablet by mouth two, three or four times daily.
Contra-indications: Sensitivity to erythromycin.
Side-effects: The following have been reported rarely:
diarhoea, nausea, vomiting, abdominal pain.
Precautions: Impaired liver function.
Basic NHS Price: Erythrocin 500 B-Pack £2.82.
Erythrocin 500 x 100 £18.79, Erythrocin 500 x 500 £93.94.
P.L. No. 00375/044.

Abbott Laboratories Ltd.
Queenborough, Kent ME11 5EL.
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 Professor R. R. Tillard-Cole, Director, Oxford Institute of Psychiatry.

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

A patient, aged 46 years, was well known for his robust sense of humour and somewhat immature practical joking. His hyperthymic personality had been for many years well recognized by his wife (aged 44 years) and his only child, a daughter (aged 22 years), each of whom tolerated his idiosyncrasies, though understandably were rarely amused by them.

One summer’s afternoon, his wife had arranged a special tea-party for a small group of friends and this was to be held in the garden. The guests arrived and were duly seated at the table. Before tea could be poured, the patient—well concealed behind the garden hedge—turned a hose-pipe at full power upon the gathering, effectively soaking each guest to the skin.

Although puzzled at the time by the lack of any humorous appreciation by the guests, his subsequent behaviour was within normal limits and he queried the necessity when a psychiatric examination was proposed. During this examination, no abnormal symptoms or signs were elicited from the patient.

1. What might you suspect?
2. What investigations might you consider appropriate?
3. What, if any, might a diagnosis be?

May & Baker Milestones in Psychiatric Medicine
1954 LARGACTIL* (chlorpromazine hydrochloride)—the first major tranquilizer, which revolutionized the treatment of patients in mental hospitals throughout the world.
1957 STEMETIL* (prochlorperazine maleate)—the less sedative tranquilizer.
1965 NEULACTIL* (pericyazine)—the more powerful tranquilizer.
1966 SURMONTIL* (trimipramine maleate)—the more sedative antidepressant.
* trademark
**Intermittent use**

- When attacks of breathlessness are episodic and infrequent
- For those waking with early morning bronchospasm
- As prophylaxis against exercise-induced asthma
- As a rescue device for control of breakthrough bronchospasm

**Routine use**

- When asthma attacks become more frequent
- For chronic asthmatics requiring regular bronchodilator therapy to maximise lung function
- In more severe asthma when specific anti-inflammatory therapy (e.g., Bectotide Inhaler) is also prescribed
- For patients with bronchitis or emphysema responsive to bronchodilator therapy

**Prescribing information**

Using Ventolin Rotahaler - Adults: one Ventolin Rotacap 400mcg three or four times a day. Children: one Ventolin Rotacap 200mcg or 400mcg. Children: one Ventolin Rotacap 200mcg. For chronic maintenance or prophylactic therapy.

Using Ventolin Inhaler - Adults: two inhalations three or four times a day. Children: one inhalation three or four times a day increasing to two inhalations if necessary.

Further information is available on request. Bectotide, Rotacaps, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited, Greenford UB6 0HB.
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

New Programmes for 1982

Our new catalogue, available now, contains details of new programmes for use with small groups in general practitioner training. They include:

Consulting in General Practice

Four videocassette programmes presenting a structured analysis of the general practice consultation. Using the research of David Pendleton and Dr Peter Tate in Oxford, the consultation is divided into seven tasks, each of which may be achieved more or less effectively.

1. Defining the reason for attendance
2. Considering other problems.
3. Choosing appropriate actions.
4. Sharing the doctor's understanding.
5. Involving the patient in management.
6. Using time and resources appropriately.
7. Establishing or maintaining a relationship.

The four programmes are a framework for group discussion of these tasks, using extracts from real general practice consultations. The group leader's work-book contains suggestions for incorporating the group's own recorded consultations in the work during the session.

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

Journal of the Royal College of General Practitioners, February 1982
CLASSIFIED ADVERTISEMENTS AND NOTICES

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.

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.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
WORKSHOP ON PRESCRIBING IN GENERAL PRACTICE 24—28 May 1982
A Workshop on Prescribing in General Practice will be held at The Royal College of General Practitioners, 14 Princes Gate, London, SW7 1PU, from 24—28 May 1982.
Basic pharmacological principles will be reviewed and applied to commonly used drugs. These sessions will be mainly information giving, but the approach will not be rigidly didactic and general discussion will be encouraged.
A special feature of the workshop will be the sessions based on members' case-notes. A condition of membership of the workshop will be for each participant to bring along case-notes or other details of patients requiring specific treatment for a range of clinical conditions, and whose management presents difficult problems. Approval under Section 63 is being sought.
For further details and an application form, please write to: Miss Elizabeth Monk, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

EAST ANGLIAN REGIONAL HEALTH AUTHORITY and CAMBRIDGE UNIVERSITY SCHOOL OF CLINICAL MEDICINE Introductory Course in Family Psychiatry for General Practitioners
An introductory course in this new approach to psychiatry will be held at the Institute of Family Psychiatry, the Ipswich Hospital, on 25 and 26 March 1982 (approved in England and Wales under Section 63).
There will be coverage of the whole field of family psychiatry, with particular sessions devoted to theory, psychopathology, family diagnosis, family therapy and vector therapy.
Particulars from the Secretary of the Institute of Family Psychiatry, The Ipswich Hospital, 23 Henley Road, Ipswich, IP1 3TF. Tel: Ipswich (0473) 214811.

Journal of the Royal College of General Practitioners, February 1982
OCCASIONAL PAPERS

Occasional Papers can be obtained from 14 Princes Gate, Hyde Park, London SW7 1PU. Prices include postage. Payment should be made with order.

No. 4
A System of Training for General Practice (second edition 1979) £3.00

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

No. 9
General Practitioners and Postgraduate Education in the Northern Region £3.00

No. 10
Selected Papers from the Eighth World Conference on Family Medicine £3.75

No. 11
Section 63 Activities £3.75

No. 12
Hypertension in Primary Care £3.75

No. 14
Education for Co-operation in Health and Social Work £3.00

No. 15
The Measurement of the Quality of General Practitioner Care £3.00

No. 16
A Survey of Primary Care in London £4.00

No. 17
Patient Participation in General Practice £3.75

No. 18
Fourth National Trainee Conference Report, Recommendations and Questionnaire £3.75

No. 19
Inner Cities £3.00

UNIVERSITY OF MANITOBA
POSITIONS IN GENERAL PRACTICE

The Northern Medical Unit, University of Manitoba, has permanent and locum tenens positions in general practice available throughout 1982 in university clinics located in rural and remote areas of Manitoba. These positions offer the opportunity to become involved in innovative health care delivery and research-related activities, work with visiting consultants experienced in northern medicine and develop associations with university teaching hospitals’ programmes. A competitive salary and benefit package including paid continuing education leave and relocation assistance is provided.

For information please write (including brief details of education and professional experience and a current telephone number) to: Northern Medical Unit, Faculty of Medicine, University of Manitoba, 61 Emily Street, Winnipeg, Manitoba, R3E 1Y9.

AMENDMENT TO PROGRAMME

British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD. Courses for general practitioners and community physicians, January to August 1982: 10-14 May and 7-11 June 1982 are General Medical Refresher Courses at Sussex Postgraduate Medical Centre, Brighton General Hospital, Elm Grove, Brighton.

THE CONSULTATION
AN APPROACH TO LEARNING AND TEACHING

23–26 February 1982

A course will be held at Bisham Abbey, Nr. Marlow, Bucks., which will help general practitioners to improve the effectiveness of their consultations. It will also help participants to teach others. The group leaders are all course organizers in the Oxford Region.

The total cost of £90 includes accommodation and meals.

Further details from Dr Peter B. Havelock, Hawthornden, Bourne End, Bucks.
OPTIMAL ANTI-HYPERTENSIVE THERAPY
...the greater the reduction in blood-pressure... the greater was
the reduction of risk... It is equally clear, however, that treatment is scarcely
worth the effort without long-term compliance by the patient...

THE PRESSURE TO TREAT. LANCET LEADER JUNE 14th 1980

EFFICACY

Studies show that
9 out of 10 mild to
moderate hypertensives
achieve normotension when
treated with PRESTIM alone!2

PRESTIM
bendrofluazide/timolol maleate
balanced therapy in hypertension

COMPLIANCE

PRESTIM is a simple once-a-day therapy
that, in studies, produced fewer
side-effects than methyldopa, a
beta-blocker or a diuretic given alone
in equivalent anti-hypertensive
doses!3 In addition dose titration
is easy and rapid with PRESTIM?

PREScribing INFORMATION
Indications: PRESTIM (timolol maleate 10 mg and bendrofluazide 2.5 mg) is indicated for the treatment of mild to moderate
hypertension.
Dosage: Recommended range 1-4 tablets daily, usually as a single dose but may be divided morning and evening.
Contra-indications: Renal failure; hypersensitivity to bendrofluazide or timolol; uncontrolled cardiac failure; bradycardia; heart
block; obstructive airways disease.
Precautions: Bradycardia and heart failure may occur during Pyestim therapy. In diabetic patients, premonitory signs of impending
hypoglycaemia may be masked by β-blockade.
Warnings: PRESTIM should be discontinued immediately should patient develop dry eyes or a skin rash.
Product Licence number: D943/0047
Basic N.H.S. price: £10.64 per 100 tablets.

REFERENCES

Further information available from:
Leo Laboratories Limited
Longwick Road, Princes Risborough
Buckinghamshire HP27 9PR
Tel: Princes Risborough (08444) 7333