LESS SHEEP
MORE SLEEP

DALMANE 15mg
flurazepam
COUNT ON IT FIRST

Prescribing Information: Indications Insomnia of all degrees. Sleep disturbances due to organic conditions, in conjunction with specific therapy. Dosage Adults: Mild insomnia 15mg. Moderate to severe insomnia 15 or 30mg. Severe insomnia 30mg. Elderly patients 15mg. Precautions As with other CNS drugs, patients should avoid alcohol while under treatment. Patients' reactions (driving ability, etc.) may be modified. Prescribe in early pregnancy only when absolutely indicated. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Dalmane is well tolerated. However, morning drowsiness, dizziness and nausea may occur. Occasionally patients may experience a bitter after-taste. Basic NHS Cost 1 x 15mg capsule 4.3p per night ex 500 pack. 1 x 30mg capsule 6.6p per night ex 500 pack. Product Licence Numbers 0011/0066 (capsules 15mg) 0011/0068 (capsules 30mg). Presentations Dalmane capsules 15mg and 30mg. Roche Products Limited, PO Box 6, Welwyn Garden City, Hertfordshire AL7 3AY. Dalmane is a trade mark.
Monit

Isosorbide mononitrate 20mg, Stuart

PREDICTABLE ANGINA PROPHYLAXIS

Usually 1b.d.

Effective.

For a wide range of patients.

Prescribing Information

Presentation: Monit tablets are white, round, scored tablets embossed 'Stuart 20'. Each tablet contains 20mg isosorbide mononitrate. Uses: Prophylaxis of angina pectoris. Mode of Action: Isosorbide mononitrate is an active metabolite of isosorbide dinitrate and from an oral dose exerts qualitatively similar effects. However, unlike the dinitrate which is subject to extensive first pass hepatic metabolism, it has virtually complete systemic availability from an oral dose. Isosorbide mononitrate thus achieves predictable and sustained blood levels. Onset of pharmacological action occurs within 20 minutes of an oral dose and is maintained for more than 8 hours. Dosage and Administration: Usually one tablet twice or three times daily. Patients already accustomed to prophylactic nitrates therapy (for example with isosorbide dinitrate) may normally be transferred directly to a therapeutic dose of Monit. For patients not receiving prophylactic nitrates therapy, it is recommended that the initial dose should be half a tablet twice daily. Maintenance dose in individual patients will be between 20 and 120mg daily. The tablets should be swallowed whole with a little fluid. Contra-indications, Warnings, etc: Contra-indications: A known sensitivity to the drug or to isosorbide dinitrate. Warnings: The following adverse effects may be seen with nitrates therapy: 1. Cutaneous vasodilation, headache, dizziness and weakness may occur and are usually controlled by lowering the dose. The incidence of these effects is highest at commencement of treatment and tends to decline with time. 2. Postural hypotension may occur, especially with high doses. 3. Nitrates preparations can act as physiological antagonists to noradrenaline, acetylcholine, histamine and other agents. 4. Dry mouth and/or exfoliative dermatitis have been described rarely with isosorbide dinitrate and similar reactions might be expected occasionally. Overdose: Overdosage should be treated symptomatically. The main symptom is likely to be hypotension and this may be treated by elevation of the legs to promote venous return. Pharmaceutical Precautions: Store at room temperature, protected from moisture. Legal Category: POM. Package Quantities: Monit tablets are supplied in bottles of 56 tablets. Further Information: Isosorbide mononitrate is the British Approved Name for isosorbide-5-mononitrate. Beta-blocking drugs have a different pharmacological action in angina and may have a complementary effect when co-administered with Monit. Product Licence Number 0029/0174. Basic N.H.S. Cost 56 tablets £4.78.

Further information is available on request to the company
Stuart Pharmaceuticals Limited, Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

'Monit' is a trademark.
There is no substitute for success.
The combination of a beta-blocker with a diuretic is often effective in controlling hypertension when single-drug therapy has failed to produce an adequate response.

'Inderex' combines in a single capsule the world's most widely prescribed beta-blocker, 'Inderal' (in its long-acting formulation, 'Inderal' LA) with the equally well-proven diuretic, bendrofluazide.

Simple, once-daily dosage encourages compliance especially in asymptomatic patients.
There is no substitute for experience

Specify

Diabinese

The original chlorpropamide

Prescribing Information
Indications: maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. Contra-indications: pregnancy, impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, major surgery, severe infection, severe trauma. Precautions: care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly with Diabinese. Adverse reactions: mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. Dosage: range 100 mg to 500 mg daily (See Data Sheet for full details of dosage). Basic N.H.S. Cost: 100 mg tablets (PL 57/5015), pack of 100, £3.04. 250 mg tablets (PL 57/5016), pack of 100, £6.68.

Full information on request to the Company.

Pfizer

PFIZER LIMITED
SANDWICH, KENT 20750
Cuts fat in half.

St. Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity\(^1\) and heart disease\(^2,3\).

Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St. Ivel Gold does.

<table>
<thead>
<tr>
<th></th>
<th>Butter</th>
<th>Polyunsaturated Margarine</th>
<th>St. Ivel Gold</th>
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<td>Total fat g</td>
<td>80</td>
<td>80</td>
<td>39</td>
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<tr>
<td>Saturated fat g</td>
<td>47</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Calories Kcal</td>
<td>740</td>
<td>740</td>
<td>390</td>
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</tbody>
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But this is only half the story.

St. Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St. Ivel Gold can make a healthy contribution that patients enjoy.

Send off for information package.
If you would like to receive further information on the St. Ivel Gold Low Fat Programme, including educational consumer literature, please return this coupon by FREEPOST to St. Ivel Limited, Hesketh House, Portman Square, London W1H 9FG.

References

Name
Address
Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states. It is a highly effective anxiolytic and patient tolerance is excellent.

I. Wien. klin. Wschr., 1979, 97, 240

WHEN ANXIETY GETS OUT OF PROPORTION

NEW

LEXOTAN bromazepam

CUTS IT DOWN TO SIZE

Prescribing Information
Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation.
Dosage/Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1mg three times daily. Usual dose for mild to moderate anxiety is 5mg to 10mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. Contra-indications Patients with known sensitivity to benzodiazepines may be avoided. Patients should be advised to avoid alcohol whilst under treatment with Lexotan. Patients’ reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high dose of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 5mg of bromazepam in blister packings of 100. Basic NHS Cost Lexotan 5mg tablets in packings of 100 (6.25) Product licence number 0031/0168

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.
The acid test
Control when it’s needed.¹

Acid levels can still increase to digest food.

Good overall daytime acid control.

Selective effective $H_2$ blockade

RANITIDINE
In maintenance, acid levels are essentially normal by day; one tablet at night protects mucosa in the absence of food.

Night time acid is reduced, protecting gastric mucosa when there is no "buffering" effect of food.

Acid control right through until breakfast time.

The result

Rapid, effective ulcer healing.

Zantac provides four-week peptic ulcer healing on just one 150mg tablet twice-daily, together with a maintenance regime to keep patients both symptom-free and ulcer-free on one tablet at night.


For offer of further evidence about Zantac's effect on 24-hour acid activity, please see over page. Full prescribing information overleaf.
An important additional benefit for Hypovase...

restoring the plasma lipid ratio.

Hypovase, the booster anti-hypertensive to first line therapy has now been shown to have an additional beneficial property... the restoration of the plasma lipid ratio.¹

This is important because the use of first line anti-hypertensives such as β-blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD).²⁻⁵

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been offset by their effect on another major risk factor – the plasma lipid ratio (HDL: LDL + VLDL).⁶⁻⁹

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase prazosin HCl

boosts anti-hypertensive action, restores the plasma lipid ratio.


Full information on request.

Pfizer Ltd., Sandwich, Kent.

* Trade Mark 20496
Working night and day

The pain of arthritis can in many ways be worse at night, causing insomnia. Feldene has been shown to give a better improvement in sleep quality.

Feldene®
piroxicam

24 hour relief from a single daily dose

Prescribing Information Indications: rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. Contraindications: patients with active peptic ulceration or a history of recurrent ulceration, hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. Warnings: the safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established. Side Effects: Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common, if peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema, mainly ankle oedema, has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported. Dosage: in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, starting dose of 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-5 days with 40mg daily in single or divided doses. Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the first 3 days treatment period the dose should be returned to 20mg daily. Basic N.H.S. Cost: capsules 40mg coded PFE 50, pack of 60 29/006/PL 00657/01/45. Full information on request. References: 1. Ronberg, O. The American Journal of Medicine Feb., 16, 1962, 58.
Twenty-four hour relief with Feldene means just that. Continuous day and night relief from the pain, inflammation and stiffness of rheumatoid and osteoarthritis. Because of the unique pharmacokinetics of Feldene, all this is achieved with a single daily dose.

Feldene®
piroxicam
*Trade Mark

24 hour relief from a single daily dose

Prescribing Information Indications: rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. Contraindications: patients with active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. Warnings: the safety of Feldene used during pregnancy and lactation has not yet been established. Side Effects: Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common, if peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema, mainly ankle oedema, has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported. Dosage: in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 days treatment period the dose should be reduced to 20mg daily. Basic N.H.S. Cost: capsules 10mg coded FEL.30, pack of 60 £9.90 (PL 0057/0145). Full information on request.
A recent double-blind study demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed "...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam (Anxon) was significantly superior in anxiolytic effect."3

**Anxon vs. clorazepate and lorazepam.**

Further double-blind studies have compared Anxon both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients' global impression, the differences between the two drugs did not reach statistical significance, "Nevertheless at the end of the study, over 70% more patients reported feeling very much better on ketazolam (Anxon) than on clorazepate (33 versus 19, respectively)."5

In comparison with lorazepam: "Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam (Anxon). Also ketazolam (Anxon) was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group."6

**REFERENCES**


**PRESCRIBING INFORMATION**

Indications: Anxiety, tension, irritability, and similar stress-related symptoms.

Dosage and Administration: For many adult patients, a dosage of 30mg nocte is appropriate. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

Contra-indications, Warnings etc. Precautions: Anxon may potentiate other centrally acting drugs. Patients should be warned to exercise caution when.
TO DIAZEPAM. (Refs 1-4)

FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM. 2, 4, 5, 6

60% fewer than diazepam
"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam." 7

28% fewer than clorazepate
"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less and the severity of the side effects tended to be milder than with clorazepate." 8

14% fewer than lorazepam
"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]"–14% fewer side effects on Anxon. 6

Beecham Research Laboratories
Brentford, Middx. TW8 9BD
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THE ROYAL COLLEGE OF GENERAL PRACTITIONERS WEST OF SCOTLAND FACULTY
(in collaboration with the West of Scotland Committee for Postgraduate Medical Education)

PREPARATION COURSE FOR THE MRCGP EXAMINATION
Friday 3 to Sunday 5 February 1984
Normandy Hotel, Renfrew

The above course is intended for general practitioners who plan to take the Membership Examination of the Royal College of General Practitioners. The number of participants is limited and early application is advised. Preference will be given to applicants who have not had the opportunity to attend trainee half-day release sessions dealing with preparation for the MRCGP examination. The course is residential and has been approved under Section 63.

Further details may be obtained from:
The Dean of Postgraduate Medical Education
The University of Glasgow
Glasgow, G12 8QQ
Telephone: 041-339 8855 Ext. 7275.

SYMPOSIUM '83
The South London Faculty of the College of General Practitioners invites you to:
Symposium '83,
Hyde Park Hotel, Knightsbridge,
London SW1
10–11 November

The aim is to identify the major influences affecting the development of general practice in the next 20 years and to consider their implications for today's decisions. The challenge is to adapt.

An ambitious exhibition incorporating the theme of the Symposium will run concurrently.

To apply for booking form and full programme, please write to: Mrs A. Bridgeman, 21 Swaffield Road, London SW18.
2nd INTERNATIONAL COURSE OF RENAL TRANSPLANTATION

The 2nd International Course of Renal Transplantation will be held in Barcelona, Spain at the Palacio de Congresos on 12-15 December 1983, directed by Drs Jose M. Gil-Vernet, Antonio Caraips and J. Vives.

The course will address the most significant medical, surgical and immunological aspects of renal transplantation. The course will offer scientific lectures, practical courses in immunology and actual surgical operations broadcasted in colour TV.

Details from: The Secretary, F. Oppenheimer, Unidad de Traspante Renal, Hospital Clinico, Casanova 143, Barcelona-36, Spain.

WOMAN'S CHOICE ON ABORTION

Many doctors believe that the woman herself should make the abortion decision. Join ‘Doctors for a Woman’s Choice on Abortion’, by sending £10 to: Dr P. Misch, 157B Dunstan’s Road, London SE22.

GENERAL PRACTITIONER HOSPITALS

Occasional Paper 23

General Practitioner Hospitals is the report of a working party of the Royal College of General Practitioners which reviews the history and literature on this subject.

A service including 350 hospitals providing care for over two million patients and involving about a sixth of all British general practitioners merits considerable attention and this document guides readers towards several of the main issues which are as yet unresolved.

General Practitioner Hospitals, Occasional Paper 23, can be obtained from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £3.00 including postage. Payment should be made with order.

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Up to 100 per cent with very attractive fixed rates of interest.

Up to 20 years Repayment Term.

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A NEW CHARTER FOR GENERAL PRACTICE?

A one-day working conference organized by the Medical Practitioners Union held on Saturday 19 November, 10 a.m.-5.30 p.m. at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Programme

‘From general practice to primary care’ Dr Cyril Taylor.
Workshops on: Planning primary care; community health services; groups and teams; education for primary care; the specialist and the GP.
‘Accountability—how and to whom?’ Dr Julian Tudor Hart.
Workshops on: organization; records; race and racism; women and health; criticism.
‘Prospects for change’ Dr Sheila Abdullah.

Registration fee £9, including lunch and papers. (Cheques to MPU.) Open to all health professionals.
Further details from: Tim Hanley, MPU, 79 Camden Road, London NW1 9ES.

MRCGP CANDIDATES

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP PasTest Service, PO Box 81, Hemel Hempstead, Herts HP1 1AA
Tel. Hemel Hempstead (0442) 52113

740 Journal of the Royal College of General Practitioners, November 1983
THE MSD FOUNDATION

Educational Programmes for General Practitioners

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

A Nurse in the Practice

The work of a primary health care team is shown in a four-doctor practice in the West Country. Observations are made about the roles and tasks of the nurses, and their relationships with other members of the team. Scenes from the practice are interspersed with extracts from an interdisciplinary seminar of trainers, trainees, practice nurses and community nurses.

At the conclusion of the Basic Course the members should be able to:

1. discuss the role of the practice nurse and the possible areas of conflict and confusion with other roles in the primary health care team;

2. list the possible tasks of the practice nurse and the effect of these on the workload of the practice, and on the further potential of the practice in preventive care;

3. identify the legal and ethical issues raised by these roles and tasks.

Optional Courses deal with these three aims in greater detail, and are targeted on the needs of specific groups.

Videocassettes which are part of our teaching programmes 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 Handbook, can be obtained by writing to:

The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881