New combines low strength ‘Tenormin’ with low dose amiloride/hydrochlorothiazide.

- One capsule daily
- Low dose
- Cardioprotection
- Potassium protection

New is the modern combination for patients uncontrolled on a diuretic alone.

Prescribing Notes for ‘Kalten’, ‘Tenormin’ and ‘Tenormin’ LS

**DOSE**

- **Hypertension**
  - Kalten – 50 mg atenolol + 25 mg hydrochlorothiazide daily
  - 2.5 mg amiloride hydrochloride (as amiloride hydrochloride BP 7.84 mg) orally once a day
  - ‘Tenormin’ LS – 50 mg atenolol orally once a day; some patients may require up to 20 mg (LS)
  - ‘Tenormin’ – 100 mg atenolol, orally once a day

- **Children**

- **Elderly patients**
  - Dose requirements for ‘Tenormin’ and ‘Tenormin’ LS may be lower, especially in patients with renal impairment.

- ‘Kalten’ may be suitable for elderly patients.

**CONTRA-INDICATIONS**

- Heart block, hypokalaemia, anaemia, severe renal failure, severe progressive renal disease, diabetic nephropathy, blood urea over 10 mmol/l or serum creatinine over 120 mmol/l, if not possible to monitor carefully and frequently, in renal impairment add alernative potassium sparing agents may cause hyperkalaemia

- Sensitivity to hydrochlorothiazide or amiloride.

- **PRECAUTIONS**

  - Uncontrolled cardiac failure, bradycardia, renal failure, anorexia, pregnancy, Diabetes, fluid or electrolyte balance. Caution in patients with chronic obstructive airways disease or asthma. Pseudoseizures, moderate or severe hypokalaemia. Co-administration with reserpine or Class IA and class IV agents.

  - Withdrawal of diuretics.

  - Withdrawal of beta blockers should be gradual in patients with chronic heart disease.

- **Additional precautions for ‘Kalten’**

  - Co-administration with lithium.

  - **Metabolic effects:** Measurement of potassium levels is important, especially in the elderly; those receiving digitalis preparations for cardiac failure, taking additional (low in potassium) diet or suffering from gastrointestinal complaints.

  - Caution in metabolic or respiratory acidosis.

  - **Diabetes:** ‘Kalten’ may lower glucose tolerance.

  - **Adverse effects**
    - Discontinuance before glucose tolerance testing.
    - Hypokalaemia and hypochloremia may occur.

  - **Hepatic or renal impairment:** Caution in patients where fluid and electrolyte balance is critical.

  - **Hypokalaemia and hypochloremia may occur.** Discontinuance treatment if increasing anaemia and oliguria occur.

  - **Amiloride** may precipitate hepatic amebiasis.

- **Breast-feeding**

- **Diseases of Haemodialysis**

  - Caution is advised if ‘Kalten’ is used in patients undergoing dialysis.

- **SIDE EFFECTS**

  - Coarser of anaesthesia, bradycardia and muscular fatigue and may occur. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers—consider discontinuance if they occur.

  - With amiloride hydrochlorothiazide and hydrochlorothiazide gastrointestinal disturbances may occur. Side-effects commonly associated with diuretics, dryness and headache, may occur.

  - Skin rashes and blurred vision may be reported.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COST**

- ‘Kalten’ Tablets (28/1984) in calendar packs of 28, £6.97
- ‘Tenormin’ Tablets (28/1222) in calendar packs of 28, £6.98
- ‘Tenormin’ LS Tablets (28/86) in calendar packs of 28, £4.88

Further information is available on request from the Company.

Stuart Pharmaceuticals Limited
Stuart House, 50 Aldersley Road, Willenhall, West Midlands, WS12 4EQ

STUART
These are changing times in the pharmaceutical industry. Geacor prescribing is gradually becoming more common.

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The recommended dose for Adalat Retard is one 20mg tablet twice daily and if necessary a further 20mg tablet twice daily may be taken according to the patient's response. It may be continued indefinitely. Caution: Indications: Must not be used in women of child-bearing age. Warnings and Precautions: Adalat Retard is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal. Any such withdrawal should be by gradual reduction of the dose of beta-blocker, preferably over 8-10 days. Adalat Retard may be used in combination with beta-blocking drugs and other anti-hypertensive agents, but the possibility of an additive effect resulting in postural hypotension should be borne in mind. Adalat Retard will not prevent possible rebound effects after cessation of anti-hypertensive therapy. Adalat Retard should be used with caution in patients whose cardiac reserve is poor. Ischaemic pain has been reported in some patients, commonly within 30 minutes of the introduction of nifedipine therapy. Patients experiencing this effect should discontinue nifedipine. The use of nifedipine in diabetic patients may require adjustment of their control. The anti-hypertensive effect of nifedipine can be potentiated by simultaneous administration of cimetidine. There are no other known drug incompatibilities. Ischaemic endocarditis associated with increased coronary permeability has been reported. Side Effects: Adalat Retard is well tolerated. Minor side-effects, usually associated with vasodilation, are mainly headache, flushing and lethargy. These are transient and invariably disappear with continued treatment. Overdose - standard measures such as atropine and noradrenaline may be used for resultant bradycardia and hypotension. Intravenous calcium gluconate may be of benefit. Pack Quantity: Adalat Retard tablets are available in foil strips of 10 in packs of 100. Daily Treatment Cost: 39p. Product Licence Number: Adalat Retard UK: PL00100078.

Further information is available from:
Bayer UK Limited, Pharmaceutical Division,
Bayer House, Strawberry Hill, Newbury, Berks. RG13 1JA.
Telephone: (0635) 310000. Registered trademark of Bayer, Germany.
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PARTNER WANTED

Additional full-time partner wanted at St John’s House Surgery, Worcester starting April 1986 with senior partner reducing commitments. Parity at two years with purchase of share then. Intra-partum obstetric skills essential as practice delivers 50% of all births in general practitioner maternity unit. The partnership consists of six doctors practising from a converted Queen Anne house in cathedral city.

We are looking for someone with more than ‘just vocational training’ and especially someone interested in training. Female and male, single and married applicants will be equally considered. Send typed CV with hand-written covering letter to: Dr Geoffrey Holehouse, St John’s House Surgery, 28 Bromyard Road, Worcester WR2 5BU.

We will send you a description of the practice and details of interview procedure. Closing date for applications is 3 November 1985.

REFRESHER COURSE

A refresher course for general practitioners, ‘Advances and trends in obstetrics and gynaecology’ will be held in Bristol from Monday 4 to Friday 8 November 1985.

Further details and programme from Mrs Potter, University Department of Obstetrics and Gynaecology, Bristol Maternity Hospital, Southwell Street, Bristol BS2 8EG.

GENERAL PRACTITIONER TRAINERS’ COURSE

The North Western Faculties of the Irish College of General Practitioners are holding a National Trainers’ Course on 18, 19 and 20 October, 1985, in Bundoran, Co. Donegal.

There are a limited number of places still available, which will be allocated on a ‘first come’ basis.

For application form and further details please apply to: Dr Paul Money, General Practice Training Unit, 3rd Floor, Sligo General Hospital, Sligo.

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