Hypertension

Adalat Retard

Maintains efficacy
with advancing patient age

Prescribing information.
Presentation: Pink-gray coated tablets each containing 20mg nifedipine.
Indications: For the treatment of hypertension. Dosage and Administration:
The recommended dose for Adalat Retard is one 20mg tablet twice daily and if necessary a further tablet may be taken according to the patient's response. Treatment may be continued indefinitely. Contra-Indications: Must not be given to women capable of child bearing. 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 6-10 days. Adalat Retard may be used in combination with beta-blocking drugs and other antihypertensive 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 antihypertensive effect of nifedipine can be potentiated by simultaneous administration with calcineurin. There are no other known drug incompatibilities. gravitational oedema associated with increased capillary permeability has not been reported. Side Effects: Adalat Retard is well tolerated. Minor side-effects, usually associated with vasodilatation 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 Quantities: Adalat Retard tablets are available in foil strips of 10 in packs of 100. Daily Treatment Cost: 39p. Product Licence Number: Adalat Retard UK: PL0015/0078.

Further information is available from:
Bayer UK Limited, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berks, RG14 1JA. Telephone: (0635) 390000. Registered trademark of Bayer, Germany.
**Hypertension**

Prescribing Notes for 'Kalter', 'Tenormin' and 'Tenormin LS'

**Dosage**
- **Kalter**: 50 mg amiloride + 25 mg hydrochlorothiazide, 100 mg amiloride + 50 mg hydrochlorothiazide, or 2.5 mg metoprolol + 25 mg hydrochlorothiazide. tablets or capsules taken once daily, recommended where monotherapy with beta blocker or diuretic proves inadequate.
- **Tenormin**: 100 mg amiloride orally once a day. Tenormin LS: 50 mg amiloride orally once a day, same patients may respond adequately to Tenormin low strength (50 mg amiloride)
- **Children**: 'Kalter', 'Tenormin' and 'Tenormin LS' are not recommended for use in children.

**Elderly patients**: Dosage requirements for 'Tenormin' and 'Tenormin LS' may be lower, especially in patients with renal impairment.

**Kalter** may be suitable for older patients.

**Contra-indications**
- **Kalter**: Heart block, hyperkalaemia, severe, acute renal failure, severe progressive renal disease, diabetic nephropathy. Blood urea over 10 mmol/l or serum creatinine over 100 micromol/l or not possible to monitor carefully. In renal impairment: additional potassium-sparing agents may cause hyperkalaemia.
- **Tenormin**: Heart block

**Precautions**
- Uncontrolled cardiac failure, bradycardia, renal failure, anuria, pregnancy (including breast feeding), known drug intolerance, suicidal ideation or depression. Assists reduces the risk of hyperkalaemia. Co-administration with potent or classic 1 aromatic hydroxylation agents may increase the risk of hyperkalaemia.

**Withdrawal of Alpha-Blockers**
- Withdrawal of beta blocking drugs should be gradual in patients with ischaemic heart disease.

**Additional precautions for 'Kalter'**
- Co-administration with lithium.

**Metabolic effects**: Measurement of potassium levels is recommended especially in older patients. Those receiving digitalis preparations for cardiac failure, taking additional (low in potassium) diet or suffering from gastrointestinal (GI) discomforts may require monitoring of potassium levels.

Cautions in: renovascular or respiratory conditions.

**Diabetes**: 'Kalter' may lower glucose tolerance:
- Discontinue before glucose tolerance testing.

**Hypokalaemia** and **Hyperkalaemia** may occur.

**Hepatic or renal impairment**: Cautions in patients with hepatic or renal impairment. Hyperkalaemia and hypokalaemia may occur. Decrease in dose if increasing symptoms and elicit occur.

**Aminol** may precipitate hepatic encephalopathy.

**Jaundice** may occur in light-sensitive patients.

**Breast-feeding**: Discontinue 'Kalter' before breast-feeding.

**Side Effects**
- Headaches, dizziness, nausea, vomiting, rash, pruritus, anorexia, hair loss, hypotension, anemia, fatigue, disturbed sleep, dry mouth, nausea, vomiting, diarrhea, constipation, arthralgia, myalgia,GU toxicities, hypokalaemia, or hyperkalaemia.

**Product Licence Numbers and Basic NHS Cost**
- **Kalter**: Capsules (25/100) in calyer packs of 28, £1.40.
- **Tenormin**: Tablets (25/125) in calyer packs of 30, £1.05.
- **Tenormin LS**: Tablets (25/50) in calyer packs of 28, £1.48.

'Kalter', 'Tenormin' and 'Tenormin LS' are trade marks.

Further information is available on request from the Company:

**Stuart Pharmaceuticals Limited**
- Stuart House, 50 Aikley Road, Wiltshire, Frome. 3SK 9TH

New "Combines low strength 'Tenormin' with low dose amiloride/hydrochlorothiazide.
- **One capsule daily**
- **Low dose**
- **Cardioprotection**
- **Potassium protection**

**New** is a modern combination for patients uncontrolled on a diuretic alone.
Natrilix brings down blood pressure not the patient...

NATRILIX alone achieves successful control in 7 out of 10 patients

Presentation
Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

Uses
For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

Dosage and Administration
Adults: The dosage is one tablet daily, containing 2.5 mg indapamide hemihydrate, to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix is not recommended as there is no appreciable additional anti-hypertensive effect. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended.
Children: There is no experience of the use of this drug in children.

Contra-Indications, Warnings, etc.
There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing Natrilix in cases of severe renal or hepatic impairment.

Side Effects
Reported side effects have included nausea and headache but they are generally and mild in nature.

Basic NHS Cost
30 tabs. £5.96, retail: £1.9

Product Usage

Caring for the hypertensive patient – one tablet daily
THE TAVISTOCK CLINIC

SEMINARS FOR THE STUDY OF PSYCHOLOGICAL PROBLEMS IN GENERAL PRACTICE
(‘Balint Groups’)

GPs are invited to attend weekly seminars with consultant seminar leaders having a special interest in this area. GPs report current cases and problems for discussion. Special attention is paid to the nature of the doctor–patient relationship and its bearing on the symptomatology and management in each case presented. These are not short refresher courses in psychiatry, but rather an attempt to provide a forum for reflection, study, experiment and development in the doctor’s psychological skill — and for research. After about two years in one seminar, a continuation phase is offered with a change of leadership from time to time. Members should think of attending for at least one year.

Any doctors interested in joining seminars should get in touch with: S. Bourne, MB, MRCP, FRCPsych, Course Organizer, GP & Allied Professional Workshop, Tavistock Clinic, 120 Belsize Lane, London NW3 5BA. Tel: 01-435 7111.

(Section 63 approval granted.)

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.

COMPUTER APPRECIATION COURSES FOR GENERAL PRACTITIONERS AND PRACTICE MANAGERS/Senior Practice Staff

The RCGP Technology Centre, in conjunction with its Information Service, is pleased to offer a series of computer appreciation courses for general practitioners and their senior practice staff. These events are held at 14/15 Princes Gate, where overnight accommodation is available if required.

The course content and presentation assume that participants have either only superficial or no knowledge of computing. The principles, language and technology of computing are discussed in lay terms, with particular emphasis on the problems of, and potential solutions to, the introduction and management of the new technology in the practice.

The course fee is £140 for members and their staff, £160 for non-members. If overnight accommodation is not required, the fee is £120. The fee includes all meals, refreshments and extensive course notes.

The course has received approval under Section 63 for zero-rating; under paragraph 52.9(b) of the Statement of Fees and Allowances, the costs of practice staff attending the course will be eligible for 70% reimbursement.

The dates of forthcoming courses are as follows: 12–13 September, 17–18 October, 21–22 November 1986.

Application forms and further details are available from: The Information Service, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Telephone: 01-581 3232.

MRCPG PRACTICE EXAMS

New book now available edited by John Sandars, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCPG candidate – two complete MCQ practice examinations with marking system, answers and teaching explanations, two MEQ papers, two PTQ papers both with samples and marking schedules. Oral and Log Diary techniques and presentations revision index and recommended book list. Send cheque now for £7.95 plus 75p p&p. The books are despatched the same day by first class mail.

Dept. GP PasTest Service, 304 Galley Hill, Hemel Hempstead, Herts HP1 3LE. Tel: Hemel Hempstead (0442) 52113.

WHAT SORT OF DOCTOR?
Report from General Practice 23

The Royal College of General Practitioners has for years been concerned with standards of care and how to measure quality. What Sort of Doctor? consists of the combined reports of two College working parties, chaired by Drs Lawson and Schofield, which discussed methods of assessing general practitioners in the setting of their own practices.

The Report describes the development of the ‘What sort of doctor?’ method and gives details of the criteria used, with notes for visitors and doctors to be visited, as well as a sample report.

This is the latest and most comprehensive of the developments undertaken by the College on performance review and adds a further dimension to the quality initiative.

What Sort of Doctor?, Report from General Practice 23, is available from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE, price £5.00 including postage. Payment should be made with order.

PARTNER WANTED

Assistant with a view required urgently for practice in Picton, Marlborough Sounds, New Zealand. Excellent recreational opportunities. Reply to: Dr G. Bishop, Box 226, Picton PH 36909, New Zealand.

PSYCHIATRISTS FOR NOVA SCOTIA, CANADA

Applications are invited from psychiatrists (preferably MRCPsych), to work in Nova Scotia, Canada, on a one year contract or on a longer term basis. Interviews will be held on 17, 18 and 19 February in London.

Please reply with brief curriculum vitae/salary to: Dr J. Hunter, c/o Nova Scotia House, 14 Pall Mall, London SW1Y 5LU. Tel: 01-930 6864.
Patients with hypertension or angina are infarction-prone

BETIM®
timolol maleate
the beta-blocker with a difference

No other beta-blocker has performed as well as timolol in post infarction prophylaxis studies


Edwin Burgess
A Division of Scopharm Limited
Longwick Road, Princes Risborough, Aylesbury, Bucks HP17 9BR