Hypertension

Adalat retard

Maintains efficacy with advancing patient age

Prescribing Information
Presentation: Pink-grey 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 4-10 days. Adalat retard may be used in combination with 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 antihypertensive effect of nifedipine can be potentiated by simultaneous administration with other antihypertensive drugs. There are no other known drug incompatibilities. (gravitational oedema associated with increased capillary permeability has 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. Overdosage - standard measures such as atropine and noradrenaline may be used for inotropic 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: £1. Product Licence Number: Adalat Retard UK PL0010/0079.

Further information is available from: Bayer UK Limited, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berks, RG13 1JA. Telephone: (0635) 39000. Registered trademark of Bayer, Germany.
**Dosage**

Hypertension: *Kalen* 50mg atenolol + 2.5mg hydrochlorothiazide or *Tenormin* 50mg amiloride hydrochloride + 2.5mg hydrochlorothiazide once daily. Recommended where monotherapy with beta-blocker or diuretic proves inadequate.

Tenormin LS 50mg atenolol triple once a day, some patients may require adjustment to Tenormin's low strength (LS).

Children: *Kalen* and *Tenormin* LS are not recommended for use in children.

Elderly patients: Dosage requirements for Tenormin LS may be lower particularly in patients with renal impairment. *Kalen* may be suitable for elderly patients where higher doses of the constituents are considered inappropriate.

**Contraindications**

- Heart block, hyperkalaemia, anuria, acute renal failure, severe progressive renal disease, diabetic neuropathy, blood urea over 100mg/dl or serum creatinine over 130 micromol/l.

- It is possible to monitor cautiously and frequently in renal impairment.

- Additional potassium conserving agents may cause hyperkalaemia. Simultaneous use of hydrochlorothiazide or amiloride hydrochloride.

- *Tenormin* LS Heart block.

**Precautions**

- Uncontrolled cardiac failure, bradycardia, renal failure, anaemia, pregnancy. Disturbed fluid or electrolyte balance. Caution in patients with chronic obstructive airways disease or asthma.

- Avoid modifying the technique of hyperkalaemia. Care in administration with vasopressin or D5w and diuretic agents.

- Withdrawal of diuretics: Withdrawal of beta-blocking drugs should be gradual in patients with atheroembolic heart disease.

**Additional Precautions for *Kalen***

- Caution in administration with lithium.

- **Metabolic effects:** Measurement of potassium levels is appropriate, especially in the elderly patient, those receiving digoxin preparations for cardiac failure, taking abnormal diets or potassium lost or suffering from gastrointestinal complaints.

- Caution in metabolic or respiratory insufficiency.

- **Diabetes:** *Kalen* may lower glucose tolerance. Discontinue before glucose tolerance testing (Hyperkalaemia and hypokalaemia may occur).

- **Hepatic or renal impairment:** Caution in patients where fluid and electrolyte balance is critical. Hyperkalaemia and hypokalaemia may occur. Discontinue treatment if increasing anaemia and uraemia occur.

- Amiloride may precipitate hearing exacerbation. Jaundice may occur in chronic patients.

- **Breast-feeding:** Discontinue if *Kalen* deemed essential.

**Side-effects**

- Bradycardia, bradycardia and muscular fatigue may occur. Sleep disturbance rarely seen. Flushing and dry eyes have been reported with beta-blockers - consider discontinuation if they occur.

- With amiloride hydrochloride and hydrochlorothiazide gastrointestinal disturbances may occur. Side-effects commonly associated with dryness, drowsiness and headache may occur. Skin rash and blood dyscrasias have been reported.

**Product Licence Numbers and Basic NHS Cost**

- *Kalen* Tablets 28/196 in calendar packs of 28, £2.70.

- *Tenormin* Tablets 28/84 in calendar packs of 28, £4.90.

- *Kalen* and *Tenormin* LS are trade marks.

Further information available on request from the company.

**Stuart Pharmaceuticals Limited**

Stuart House, 50 Atrantil Road, Witham, Essex CM8 1HF.
Natrilix brings down blood pressure not the patient...

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 mild in nature.

Basic NHS Code
30189. 49435

Caring for the hypertensive patient – one tablet daily
CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified Advertisements are welcomed and should be sent to: Classified Advertising Manager, T.G. Scott and Son Limited, Media Managers, 30-32 Southampton Street, London WC2E 7HR. Telephone: 01-240 2032. Copy must be received six weeks before the 1st of 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.

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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.

MRCGP PRACTICE EXAMS
New book now available edited by John Sanders, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCGP candidate — two complete MCG practice examinations with marking system, answers and teaching explanations, two MEQ papers, two FTQ 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.

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DIPLOMA IN GERIATRIC MEDICINE

The Diploma in Geriatric Medicine is designed to give recognition of competence in the provision of care for the elderly, and is particularly suitable for General Practitioner vocational trainees, Clinical Assistants and other doctors working in non-consultant career posts in Departments of Geriatric Medicine, and other doctors with interests in or have responsibilities for the care of the elderly.

The next examination will begin on Tuesday 6th May 1986. Application forms, together with the necessary documentation, must reach the College by 25th March 1986.

Prospective candidates should hold Full or Limited Registration with the General Medical Council of the United Kingdom, or be eligible to hold Limited Registration. Candidates must either have held a post approved for professional training in a department specialising in the care of the elderly, or have had experience over a period of 2 years since Full Registration or equivalent in which the care of the elderly formed a significant part.

Further details and an application form may be obtained from: Diploma Examinations, Royal College of Physicians of London, 11 St Andrews Place, Regent’s Park, London NW1 4LE.

HEALTH EDUCATION COUNCIL

The Health Education Council which is responsible for the development and promotion of health education in England, Wales and Northern Ireland wishes to recruit a Consultant to facilitate the development of its work in primary health care in the NHS.

The person appointed will work with the Council’s Medical Officer responsible for this area of work and will be expected to devote a maximum of three half days per week to this consultancy.

Applications are invited from appropriate professionals — general practitioners, health visitors and other primary health care team members — who can demonstrate a keen appreciation of the role and potential of health education within the primary health care field, coupled with sound administrative and managerial skills.

Remuneration will be based upon agreed rates for the profession of the successful candidate.

Further details and an application form may be obtained from: Mr T.J. Carwright, MA Grad, IPM, Assistant Secretary, Personnel and Administration, The Health Education Council, 78 New Oxford Street, London WC1A 1AH.

PARTNERSHIP WANTED

Experienced principal (MRCGP, 39) seeks a change of habitat from high list size to low list size, from indifferent patient care to good patient care. Radical outlook, willing to accept below average income. Write Box 1005, Journal of The Royal College of General Practitioners, T.G. Scott & Son Ltd., 30/32 Southampton Street, Covent Garden, London WC2E 7HR.

WINDSOR AND DISTRICT POSTGRADUATE MEDICAL CENTRE

A REFRESHER COURSE FOR GENERAL PRACTITIONERS

is to be held here from Monday 12 May to Friday 16 May, 1986. A registration fee of £35 will cover lunches, coffees, teas etc. Light entertainment in the evenings will be arranged. The course is recognised for Section 63 allowances and numbers will be limited so early application is advised.

Further details are available from Mrs. C.J. Chitty, Postgraduate Medical Centre, King Edward VII Hospital, Windsor, Berkshire.
Patients with hypertension or angina are infarction-prone

BETIM®
timol maleate

the beta-blocker with a difference

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

Prescribing Information: Indications: Hypertension, angina and to protect against myocardial infarction. Presentation: Each tablet contains 50mg timolol maleate. Dosage: Hypertension and angina: one 50mg tablet once daily. Angina: 1 tablet 30 minutes before activity. Myocardial infarction: 1 tablet 30 minutes before admission.

Contraindications: Bronchial asthma, heart block, conduction block, cerebral vasospastic disease, and uncontrolled hypotension and/or hypoglycaemia. Prevention of angina in patients with unstable angina or in angina patients on ischaemic electrocardiographic changes administered during treadmill testing. Caution in patients who are insulin dependent, or who are taking oral hypoglycaemic agents.

Side Effects: Central nervous system symptoms, paresthesia, flushing, and cold limbs. Extraventricular block, intraventricular conduction defects, Warburg Syndrome and others. Administration should be discontinued. Cessation of therapy should be gradual. Product Licence Number: 005 800 1

Basic NHS Price: £2.95. Further information available on request.

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