

# Hypertension



## Adalat retard

nifedipine

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 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 antihypertensive effect of nifedipine can be potentiated by simultaneous administration with

cimetidine. 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 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: PL0010/0078.



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.

**Prescribing Notes for 'Kalten' and 'Tenormin' LS**

**DOSAGE**

**Hypertension** 'Kalten' - 50mg atenolol + 25mg hydrochlorothiazide + 2.5mg amiloride hydrochloride (as amiloride hydrochloride BP 2.84mg) orally one capsule daily; recommended where monotherapy with beta-blocker or diuretic proves inadequate.

'Tenormin' LS - 50mg atenolol orally once a day; some patients may respond adequately to 'Tenormin' low strength (LS).

**Children** - 'Kalten' and 'Tenormin' LS are not recommended for use in children.

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

'Kalten' may be suitable for older patients where higher doses of the constituents are considered inappropriate.

**CONTRA-INDICATIONS**

'Kalten': Heart block, hyperkalaemia, anuria, acute renal failure, severe progressive renal disease, diabetic nephropathy; blood urea over 10mmol/l or serum creatinine over 130 micromol/l if not possible to monitor carefully and frequently. In renal impairment additional potassium conserving agents may cause hyperkalaemia. Sensitivity to hydrochlorothiazide or amiloride hydrochloride. 'Tenormin' LS: Heart block.

**PRECAUTIONS**

Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy. Disturbed fluid or electrolyte balance. Caution in patients with chronic obstructive airways disease or asthma. Atenolol modifies the tachycardia of hypoglycaemia. Co-administration with verapamil or Class I antiarrhythmic agents.

Withdrawal of clonidine.

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

**Additional precautions for 'Kalten'**

Co-administration with lithium.

**Metabolic effects:** Measurement of potassium levels is appropriate, especially in the older patient, those receiving digitalis preparations for cardiac failure, taking abnormal (low in potassium) diet or suffering from gastrointestinal complaints.

Caution in metabolic or respiratory acidosis.

**Diabetes:** 'Kalten' may lower glucose tolerance. Discontinue before glucose tolerance testing. Hyponatraemia and hypochloraemia 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 azotaemia and oliguria occur.

Amiloride may precipitate hepatic encephalopathy. Jaundice may occur in cirrhotic patients.

**Breast-feeding:** Discontinue if 'Kalten' deemed essential.

**SIDE-EFFECTS**

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

With amiloride hydrochloride and hydrochlorothiazide gastrointestinal disturbances may occur. Side-effects commonly associated with diuretics; dizziness and headache may occur. Skin rashes and blood dyscrasias have been reported.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COST**

'Kalten' Capsules 29/186 in calendar packs of 28, £6.70.

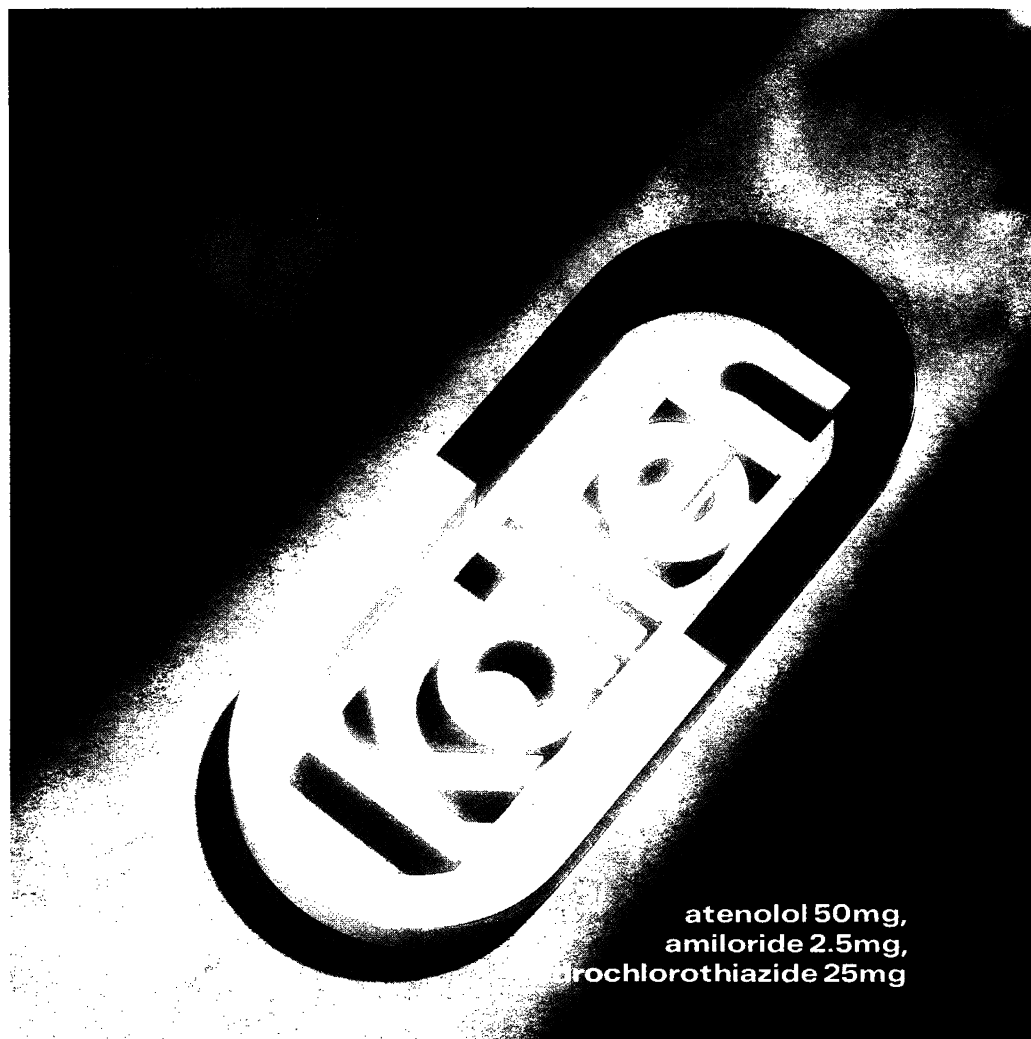
'Tenormin' LS Tablets 29/86 in calendar packs of 28, £4.88.

'Kalten' and 'Tenormin' LS are trade marks.

Further information is available on request from the Company.



**Stuart Pharmaceuticals Limited**  
Stuart House, 50 Alderley Road,  
Wilmslow, Cheshire SK9 1RE.



**atenolol 50mg,  
amiloride 2.5mg,  
hydrochlorothiazide 25mg**

**IN HYPERTENSION**

**IT HAD TO HAPPEN**

**New** combines  
'Tenormin' LS  
atenolol 50mg,

with  
low dose amiloride/  
hydrochlorothiazide.

- 1 One capsule daily
- ✓ Low dose
- ♥ Cardioprotection
- κ Potassium protection

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

# 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 dizziness and headache but they are generally mild and mild in nature.

## Basic NHS Cost

30 tabs. £5.96, 60 tabs. £11.92

## Product Licence Number

0094/5124-01

## Manufacturer's Name

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

Novartis Pharmaceuticals

105

100

95

90

NATRILIX alone achieves successful control in 7 out of 10 patients <sup>1</sup>



# NATRILIX<sup>®</sup>

indapamide

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.

The charge for space in this section is £6.35 per single column centimetre, plus 30p if a box number is required, plus VAT at 15%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, 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.

### UNIVERSITY OF HONG KONG

#### READER/SENIOR LECTURER IN GENERAL PRACTICE

(Re-advertisement)

Applications are invited for this post to be located initially in the Department of Medicine. Applicants must have medical qualifications registrable in Hong Kong, plus a Membership or Fellowship of a Royal College of Physicians, and/or be General Practitioners of the United Kingdom or Australasia. Teaching and research experience is essential and a knowledge of spoken Cantonese is desirable.

Annual salaries (superannuable) are on the scales: Reader (clinical) HK\$414,000-480,000 (6 points) (approx. £38,340-44,440) (Sterling equivalents as at January 28, 1986). Starting salary will depend on qualifications and experience. At current rates, salaries tax will not exceed 17% of gross income. Housing benefits at a rental of 7½% of salary, children's education allowances, leave, and medical benefits are provided.

Further particulars and application forms (to be lodged as soon as possible) may be obtained from the Secretary General, Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF, or from the Appointments Unit, Secretary's Office, University of Hong Kong, Hong Kong. Closes: 14 April 1986.

(1014)

### KING'S FUND CENTRE — FOUR-DAY COURSES IN MEDICAL MANIPULATION

These courses are designed around the tutors' "An Introduction to Medical Manipulation", published in 1985, and "Examination of the Back — An Introduction", published in 1986. A second edition of the former has already been commissioned.

The courses are zero-rated for Section 63; Part I deals with the basic principles and therapeutic techniques pertaining to the spine, while Part II is aimed at widening the scope of those who have attended Part I, and including the peripheral joints and other relevant material.

These courses are run at the King's Fund Centre, London NW1 7NF.

Some doctors may prefer these courses split each into two weekends. In this case, please write to Dr. J.K. Paterson.

Details of the forthcoming series are as follows:

Part II 15th - 18th July, 1986.

Part I 16th - 19th September, 1986.

Part I 7th - 10th April, 1987.

*All dates are inclusive.*

Those interested should apply early, (with remittance), to: Dr J.K. Paterson, 14 Wimpole Street, London W1M 7AB.

(1013)

### HAILEYBURY RESIDENT MEDICAL OFFICER

The Governors of Haileybury and Imperial Service College are seeking applications from experienced medical practitioners for the post of Resident Medical Officer to take up appointment on 1 September 1986 or as soon as possible thereafter. House provided (rent and rates free).

Particulars of appointment, including details of Sanatorium, Medical facilities, remuneration, and pension arrangements, together with application form available from the Secretary to the Council, Haileybury, Hertford, Herts SG13 7NU. Closing date for applications 17 April 1986.

(1012)

### MRCGP 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 MRCGP 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.

(1003)

**PASTEST**

**RESIDENTIAL WEEKEND**

at

**PEMBROKE COLLEGE, OXFORD  
ENGLAND****From 7 pm FRIDAY SEPTEMBER 19th  
to 1 pm SUNDAY SEPTEMBER 21st 1986**

General Practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience, and the problems of learning and teaching in small groups.

Course organizers will be able to discuss the art of Group Leadership in a separate group.

The cost of the weekend will be £60, and £35 for trainees. Section 63 applied for.

Please advertise this among your colleagues. Further details are available from the Hon. Secretary:

Dr Peter Graham  
149 Altmore Avenue  
East Ham  
London E6 2BT  
ENGLAND



*Sponsored by Stuart Pharmaceuticals*

(1008)

**Health for 2000: Changing  
Primary Care****A development course for urban general  
practitioners**

Applications are invited from GPs for this exciting new day release course for 1986/87 starting from October to be held in London. Inner city GPs are particularly invited to apply.

The course will cover all aspects of urban practice and will include sessions on practice-related epidemiology, management of practice resources, effective collaboration with relevant primary health care agencies, health promotion, research and evaluation of practice activities.

There are places for up to 18 GPs. Teaching will be in small groups and directed by the needs of the participants wherever possible. Parts of the course will be open to participants from other health care disciplines.

The course is funded by grants from the DHSS and the NHS Training Authority. There is no course fee. It is being run jointly by the General Practice Units and Community Medicine Department of University College and the Middlesex Hospital Medical Schools, in collaboration with the Department of Community Health of the London School of Hygiene and Tropical Medicine.

**For further information and application forms, contact the course organiser, Dr Peter Sims, or Dr Michael Modell, Head of Department, at the General Practice Unit, University College, Chenies Mews, London WC1E 6JJ. Tel: 01 387 9300 ext. 98 or 165.**

(1010)

**CANCER — THE PRESENT  
AND FUTURE  
EIGHTEENTH ANNUAL SYMPOSIUM****12th and 13th MAY 1986**

The programme includes:

**DAY 1**

Early Diagnosis Related to Prognosis

Cervical Cancer

Cervical Screening

Clinical Aspects of Cervical Cancer

Metabolic Effects in Cancer and their Rectification

Tumour-Host Competition for Nutrients

Counselling Communicating

Modern Cancer Nursing

New Anti-Cancer Drugs-Cytotoxic and Hormonal Therapies

**DAY 2**

The Future of Imaging Diagnosis in the Next Decade

Criteria for Curability for Patients with Cancer

Cancer Pain

Causes, Mechanisms and Measurement

Treatment Modalities

The Future of Children with Cancer Today

Bone Marrow — Diagnostic Cytology and Transplantation

Rehabilitation and Continuing Care in the Future

The Quality of Life: Can We Do Better?

To be held at the Royal College of Surgeons, London

Registration Fee: £26.00 per day to include lunch and refreshments

Cheques should be made payable to: Marie Curie Memorial Foundation

Tickets from Administrative Officer:

Institute of Oncology, Marie Curie Memorial Foundation,  
28 Belgrave Square, London SW1X 8QG (Tel: 01-235 1323)

**Section 63 Approved**

(1009)

**NEW ZEALAND PRACTICE EXCHANGE 1987**

36 year old G.P. with three children (8 years, 6 years, 2 years) in partner teaching practice seeks a four month exchange of house, car and practice March-June 1987. Southern England; preferably in or near Brighton. The practice offers full services including maternity from a modern health centre. There is an attached counsellor, dietitian and five practice nurses. The practice is involved in under- and postgraduate training and research. There is an in-house computer.

Tauranga is a seaside town with a sub-tropical climate and good local facilities for tramping, fishing and water sports. The lakes are one hour away; Auckland 2½ hours and ski-fields 2½ hours away.

Please write to: — Dr Jonathan Simon, PO 8010, Tauranga, New Zealand.

(1001)

**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.

(1002)

# PARKINSON'S LORE



dyskinesia  
restricts  
your patients.

Parkinson's disease is disabling and life-shortening. However, with levodopa therapy many patients can expect a normal life-span! Good general practice care, supported by physiotherapy and community services, can improve the quality of these extra years.

Success depends on early diagnosis by the general practitioner, followed by effective treatment. There is no more effective treatment available than Madopar.

For many patients

## MADOPAR

levodopa plus benserazide

**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 psychoses or psychoses. Pregnancy. Patients under 25 years. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. 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 as rapid mobilisation may increase the risk of injury. **Side-effects** Nausea and vomiting, cardiovascular

disturbances, psychiatric disturbances, involuntary movements. **Package Quantities** 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 £5.41 per 100. Madopar capsules 125 £9.76 per 100. Madopar capsules 250 £17.47 per 100. **Reference** 1. Quart J. Med., 1980, 49, 283. Roche Products Limited PO Box 8, Welwyn Garden City Hertfordshire, AL7 3AY. Madopar is a trade mark.



J522224/384