TOWARDS THE LIGHT

Focus on effective antidepressant care
Faverin, the highly selective 5-HT reuptake inhibitor.
Selective action means:

- it lifts mood without sedating in the majority of patients
- it has little effect on the cardiovascular system
- it produces minimal unwanted anticholinergic effects at therapeutic levels
- impressive safety record in overdose even up to 8600mg

Most patients will respond to 100mg/day, taken each night.

Faverin two tablets nocte

HIGHLY SELECTIVE 5-HT REUPTAKE INHIBITOR

Faverin Prescribing Information
- Presentation: Round, yellow, enteric-coated tablets each containing 50mg Fluvoxamine maleate, supplied with Dufapharm 250. Pack of 60 tablets. Basic NHS price £25.50 PL 0512.0011. Users' Guide: The treatment of symptoms of depressive illness. Use: and Administration: The tablets should be swallowed without chewing and with water. Adults, including the elderly, recommended starting dose of 50mg in the evening. Adjust according to response to maximum of 300mg daily, divided doses. Children: Not recommended. Contraindications: Warnings, etc. Avoid during pregnancy and in nursing mothers, unless compelling reasons. Do not use with or within two weeks of, ending treatment with monoamine-oxidase inhibitors. Faverin has been used in combination with lithium in the treatment of patients with severe drug-resistant depression. However, lithium (and possibly hypothyroidism) enhances the anticonvulsant effects of Faverin and the combination should therefore be used with caution. In hepatic or renal insufficiency or low dose initially with careful monitoring. Discontinue if associated with increased hepatic enzymes. The effects of alcohol may be potentiated by Faverin. Improvement may be delayed for two or more weeks and close monitoring is

metabolised by liver and having narrow therapeutic index (e.g. warfarin, phenytoin and thyroxine).

PROGRESS
In The Control Of Pancreatic Insufficiency

creon®
pancreatin

RIGHT ON TARGET – RIGHT FROM THE START

Prescribing Information – Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. Indication: Pancreatic exocrine insufficiency. Dosage and administration: Adults and children. Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

Contra-indications, Warnings, etc: Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. Product Licence Number: 5727/0001. Name and address of Licence Holder: Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

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Further information is available from:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3[D. Tel: 0703 472281.
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DIPLOMA IN CHILD HEALTH

The Diploma in Child Health is designed to give recognition of competence in the primary care of children and is particularly suitable for General Practitioners and Clinical Medical Officers.

The next examination will be held on Thursday, 31st August 1989. Application forms and the necessary documentation and fees must reach the College by Friday, 14th July 1989.

Experience of twelve months in the care of children is recommended before candidates apply to sit the examination.

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

BRENT AND HARROW FAMILY PRACTITIONER COMMITTEE AND THE NORTH AND WEST LONDON FACULTY OF THE RCGP

INDEPENDENT MEDICAL ADVISOR

4 SESSIONS PER WEEK
ON A TWO YEAR CONTRACT
HOSPITAL PRACTITIONER SCALE
CIRCA £10,000 per annum

We are looking for an enthusiastic general practitioner who will advise and encourage GPs to adopt good practice, helping to raise the standard of care provided to the people of BRENT AND HARROW.

Our project has been developed jointly between the FPC and the North and West London Faculty of the RCGP and has the full backing of the Local Medical Committee. The objectives are to encourage GPs to develop our Practice Activity Analysis scheme, encourage GPs to adopt preventive care procedures and promote the effectiveness of the primary health care team. In addition, the advisor will encourage further education and help to establish local guidelines and encourage performance review in the management of common problems.

Working closely with the Development Section which includes a Preventive Care Facilitator, Linkworker Co-ordinator, Ancillary Staff Personnel Specialist and Pharmacist Advisor, the appointed person will also encourage GPs to produce practice information leaflets and reports, develop practice profiles and advise on the clinical aspects of surgery improvement.

The post is based at our offices in Harrow but will involve working closely with GPs in surgeries as well as liaising with the Local Community Medical Specialists.

For a job description and application form please apply to: Philip Catchpole, Director of Planning and Development, Brent and Harrow Family Practitioner Committee, The Twenty One Building, 21 Pinner Road, Harrow, Middlesex HA1 4BB. (Tel: 01-427 7888).


MYALGIC ENCEPHALOMYELITIS – POST VIRAL FATIGUE SYNDROME

Myalgic Encephalomyelitis or Post Viral Fatigue Syndrome is a common complaint amongst patients and in some regions appears to have reached epidemic proportions.

The cardinal feature of the syndrome is of a prolonged and debilitating fatigue, usually presenting in an individual of age 20–55 who has otherwise been in excellent health. CNS disturbances particularly headaches, dysphasia, mental incapacitation and paraesthesia may also be present.

The underlying cause of the syndrome is unknown but a disorder of fatty acid metabolism consequent upon a viral infection has been implicated and pilot clinical trials suggest that dietary supplementation of essential fatty acids may benefit these patients.

We now wish to extend clinical trials to larger numbers of people (around 400) with Myalgic Encephalomyelitis and are seeking Doctors who would be willing to enter their patients to these studies. Patients will be given a dietary supplementation of essential fatty acids or placebo and the state of their disease monitored thereafter over a period of 7 months.

If you have patients with ME and would be interested in participating in this study please write for a protocol to:

Dr C. Stewart
Medical Director
Scotia Pharmaceuticals Ltd
Woodbridge Meadows
Guildford
Surrey GU1 1BA