ADALAT® ADALAT® retard ADALAT® retard 10

Abridged Prescribing Information. Presentation: ADALAT® retard 5: orange soft gelatin capsules containing a yellow viscous fluid, overprinted with the Bayer cross and "ADALAT" or "ADALAT 5" and containing 10mg or 5mg nitrendipine respectively. ADALAT retard/ADALAT retard 10: pink–grey lacquered tablets marked with the Bayer cross and "10" or "ADALAT retard 10" and containing 20mg or 10mg nitrendipine respectively. Indications: ADALAT® retard 5: for the treatment and prophylaxis of angina pectoris and the treatment of Raynaud’s Phenomenon. ADALAT retard/ADALAT retard 10: for the treatment of all grades of hypertension. Dosage and Administration: ADALAT® retard 5: The recommended dose is one 10mg capsule three times daily with a little fluid during or after food, with subsequent titration of dose according to response. The dosage may be adjusted within the range 5mg three times daily to 20mg three times daily. ADALAT 5 capsules permit titration of initial dosage in the elderly and those patients on concomitant medication. The recommended dose is one ADALAT 5 capsule three times daily. Patients with hepatic dysfunction should commence therapy at 5mg three times daily with careful monitoring if an immediate anti-anginal effect is required, the capsule should be bitten and the liquid contents held in the mouth. ADALAT retard/ADALAT retard 10: The recommended dose is one 20mg tablet twice daily with a little fluid during or after food, with subsequent titration of dosage according to response. The dosage may be adjusted within the range 10mg twice daily to 40mg twice daily. ADALAT retard 10 permits titration of initial dosage. The recommended dose is one ADALAT retard 10 tablet twice daily and patients with hepatic dysfunction should commence therapy at this level, with careful monitoring. Regardless of the formulation used, patients with renal impairment should not require adjustment of dosage. There are no recommendations for use in children. Treatment may be continued indefinitely. Contra-Indications, warnings, etc. Contra-Indications: Nitrendipine should not be administered to patients with known hypersensitivity to nitrendipine or to women capable of child-bearing. Nitrendipine should not be used in cardiogenic shock. Warnings and Precautions: Nitrendipine 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. Nitrendipine will not prevent rebound effects after cessation of other antihypertensive therapy. It should be used with caution in patients whose cardiac reserve is poor. Caution should be exercised in patients with severe hypotension. I. pain has been reported in a small proportion of patients within 3 hours of the introduction of nitrendipine therapy (depending on formulation administered). Although a "steal" effect has not been demonstrated, patients experiencing this effect should discontinue. The use of nitrendipine in diabetic patients may require adjustment control. The antihypertensive effect of nitrendipine may be potentiated by simultaneous administration of diuretics. When used in combination nitrendipine, serum quinidine levels have been shown to be supranormal and dose is required. No information is available on the effect of nitrendipine during lactation. Side-effects: Most side-effects are of the vasodilator effects of nitrendipine and include headache, diaphoresis, and flushing. Generalised oedema, not associated with heart failure, has also been reported. Other less commonly reported side
Prescribing information

Presentation Each capsule contains 15mg acrivastine. Uses Symptoms of relief of allergic rhinitis, chronic idiopathic urticaria, symptomatic dermatographism, cholinergic urticaria and idiopathic acquired cold urticaria. Dosage and administration Adults, and children over 12 years: 1 capsule t.d.s. Contra-indications, warnings, etc. Contra-indicated in patients with known hypersensitivity to acrivastine or triprolidine. Until specific studies have been carried out, Semprex should not be given to elderly patients or patients with significant renal impairment. Precautions: While reports of drowsiness directly attributable to Semprex are extremely rare, it is sensible to caution patients about engaging in activities requiring mental alertness, such as driving a vehicle or operating machinery, until they are familiar with their response to the drug. In some patients, Semprex may potentiate impairment of alertness produced by alcohol or other CNS depressants. In pregnancy, the potential benefits of treatment should be weighed against any possible hazards. Side-effects: In the large majority of patients, treatment with Semprex is not associated with clinically significant anticholinergic or sedative side-effects. Basic NHS cost: Original pack of 84 capsules in blister strips of 21, £5.36 (PLJ/0254).

References

Report any adverse reactions to C.S.M.
Further information is available on request.
Celmic Medical Division
The Wellcome Foundation Ltd. Crewe, Cheshire

Semprex is a fast-acting antihistamine with the high speed of onset needed for prompt control of hay fever.1 2

As well as acting fast, it's also highly effective, bringing significant relief of all the symptoms.3

Reports of drowsiness are extremely rare with Semprex.4

Relieves hay fever fast
THE PRACTICE AUDIT PLAN
A HANDBOOK OF MEDICAL AUDIT FOR PRIMARY CARE TEAMS

by

RICHARD BAKER, MRCGP
Cheltenham
Research Fellow, General Practice Unit, University of Bristol
and
PAUL PRESLEY, MRCGP
Gloucester
Course Organiser, Gloucestershire Vocational Training Scheme

This book has been written by two general practitioners with extensive experience of audit. It forms an introduction for GPs and Practice Staff who will be undertaking audit for the first time as a result of the White Paper and New Contract.

The book opens by discussing why audit for general practice should involve all members of the Primary Care Team. It points out the implications of such team participation, and the importance of a worker-centred approach. It goes on to describe in an informal style the theory of the Audit Cycle, and emphasises the advantages of audit for better patient care. The preliminary steps necessary to prepare the practice for audit, and the reasons for doing it are recounted.

The main part of the book is a detailed description of a plan for carrying out systematic audit in the general practice setting in co-operation with Medical Audit Advisory Groups. Each stage is explained in plain language with frequent tables listing the points that should be considered. The text is enlivened by a series of cartoons on the salient points. Advice is given on the setting of criteria and standards by the practice itself. Then follows a section on the collecting and handling of data and information within the practice. It suggests ways of handling the potential deluge of information that practices will be receiving, and concludes with a short glossary and suggestions for further reading.

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