DON'T FORGET!

TENORMIN 25

When a lower dose of Tenormin is required
-- in renal impairment

Tenormin
atenolol 25mg

Prescribing notes for

Consult data sheet before prescribing.

USE: Hypertension, angina prophylaxis.

PRESENTATION: Tablets for oral administration containing atenolol 100mg ('Tenormin'), 50mg ('Tenormin' LS) or 25mg ('Tenormin' 25).

DOSEAGE AND ADMINISTRATION: Hypertension: 'Tenormin' -- one daily (some patients may respond adequately to 'Tenormin' low strength (LS)); 'Tenormin' LS -- one daily; 'Tenormin' 25 -- see renal failure.

Angina Prophylaxis: 'Tenormin' -- one daily; 'Tenormin' LS -- two daily in a single or divided dose.


Elderly Patients: Dosage requirements may be lower in elderly patients.

Renal Failure: For patients with a creatinine clearance of 15-35ml/min/1.73m² the oral dose should be 50mg daily. Patients with a creatinine clearance of <15ml/min/1.73m² should be given one 'Tenormin' 25 daily or one 'Tenormin' LS on alternate days.

CONTRAINDICATIONS: 2nd or 3rd degree heart block, cardiogenic shock.

PRECAUTIONS: Poor cardiac reserve -- avoid in overt heart failure. Bradycardia, renal failure (see above), anesthesia, pregnancy. Caution in patients with reversible obstructive airways disease -- do not use unless there are compelling clinical reasons to do so. 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.

SIDE EFFECTS: Coldness of extremities, bradycardia and muscular fatigue may occur. Sleep disturbance rarely seen. Skin rashes and dry eyes have been reported with beta-blockers -- consider discontinuation if they occur.


'Tenormin', 'Tenormin' LS and 'Tenormin' 25 are trademarks.

Further information is available from Stuart Pharmaceuticals, King's Court,
Water Lane, Wilmslow, Cheshire SK9 5AZ.

May '91/255
The College is pleased to offer a series of new and revised two day courses for general practitioners and practice managers as part of the RCGP’s continuing initiative in the development of practice management.

COMPUTER APPRECIATION COURSE (18/19 October, 22/23 November 1991)
A two day course, aimed at making general practitioners and practice staff aware of the rapid developments currently taking place in micro-computing, and to relate these to the needs of the general practitioner. The course takes account of the implications of the White Paper and aims to give guidance to both general practitioners who have already installed a computer system in their practice and those who are about to do so. The implications of audit will also be addressed. This course complements the Managing General Practice in the 90’s course. The principles, technology and language of computing are presented in lay terms, with particular emphasis on the problems that are likely to confront general practitioners. Hands on experience is provided and a general practitioner specialist system demonstrated by a representative of the supplying company. This course is PGEA approved for 2 days under Service Management. The fee is £200 for members and £250 for non-members.

A three day course in medical audit for those who teach it. The course is for 24 participants, all of whom will have some experience of medical audit and are likely to be involved in teaching about it. The course is designed to present the subject of medical audit and to examine three related topics: standard setting, the collection and analysis of data and the management of change within the practice while also considering how to present and teach these subjects to colleagues. Pre-course work will involve some preparation and selected reading. On the course, subjects will be taught didactically, analysed from the teaching viewpoint and worked with experientially using a range of exercises involving both small and large groups. The course will be staffed by three small-group leaders and some of the formal presentations will be by visiting lecturers. PGEA approval has been granted for 3 days under Service Management and zero-rated Section 63. The fee will be £300.

DATA HANDLING FOR MEDICAL AUDIT (4/5 December 1991)
Two days training in the technical skills involved in collecting and digesting medical audit information. The course is suitable both for interested general practitioners and their staff and for those working with Medical Audit Advisory Groups. A practical approach will be taken throughout. The course will study how to plan surveys, design questionnaires, select suitable ways of analysing the information and will review how to present the results. It will include some basic computer techniques — data entry and analysis, graphical presentation, etc. The intention is to develop practical skills to help medical auditors make valid observations about current clinical practice and to enable them to perceive, measure and demonstrate the improving quality of their patients’ care. PGEA approval has been granted for 2 days under Service Management. The fee is £250 for members and £275 for non-members. This course will be offered again in 1992 (further details will be advised).

PERSONNEL MANAGEMENT COURSE (14/15 January, 18/19 March and 20/21 May 1992)
This course aims to give general practitioners and practice managers an appreciation of the processes and skills required to improve organisational performance through the effective recruitment and selection of staff; the development of staff through performance appraisal; addressing disciplinary issues; and the explicit and implicit terms of the contract of employment. This course will be of principal benefit to those who have no previous management experience. The fee is £200 for members and £250 for non-members. PGEA approval has been granted for 2 days under Service Management.

MANAGING GENERAL PRACTICE IN THE 90s (14/15 February, 19/20 June, 4/5 September 1992)
This course is designed to be of principal benefit to those general practitioners and practice managers who have previous management course experience or hold the AHCPA intermediate management diploma. Through a combination of lectures, whole group and small group discussions and exercises, this new two day course will look at the policy, strategy and operational needs of practice management, and in particular will concentrate on the needs of managing for quality through performance review and audit. Approval has been granted under the Postgraduate Education Allowance for 2 days under Service Management. The fee is £200 for members and £250 for non-members.

Further details and application forms for all these courses are available from the Corporate Development Unit, RCGP, 14 Princes Gate, London SW7 1PU. Tel: 071-823 9703. Fax: 071-225 3047.
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Both principals trainers practicing traditional family medicine. Special interests, terminal care, hypnosis, sports medicine. Six or twelve months offered in happy, friendly, relaxed practice. February ‘92.

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COURSES/CONFERENCEs

CONFERENCE ON ASTHMA DEATHS

THEME OF SUDDEN DEATHS AND PREVENTION

at Royal College of Physicians, London on Wednesday 11th December 1991

SPEAKERS:

Professor J O Warner, Dr P Burney, Dr D E Stableforth, Professor Slutsky and Dr Molfino (Toronto), Professor R J Davies, Professor A B Kay, Professor P Barnes, Professor L Reid (Boston), Dr N Barnes, Dr D Lane.

Fee £25.00

Application forms from Dr C Rajagopal, Organiser, Department of Paediatrics, St Mary’s Hospital, Newport, Isle of Wight, PO30 5TG.

RCGP Information Resources Centre

LIBRARY SERVICES

The Information Resources Centre offers the following services to Fellows, Members and Associates.

Enquiry Service (Ext 230 or 220)

Using the resources of a unique collection of general practice literature and our own computerized database (GPLIT) we can provide information on all aspects of general practice except legal and financial matters.

Online Search Service (Ext 254)

Using commercially available databases such as Medline, we can provide tailor-made bibliographies on all aspects of the Biomedical Sciences.

Photocopy and Loans Service (Ext 244)

Based on our periodical holdings we can supply photocopies of journal articles or obtain copies via the inter-library loans service. We also loan all College publications except information folders and videos.

If you require any information or literature on general practice, we would be pleased to help. RCGP, 14 Princes Gate, London SW7 1PU. Telephone: 071-581 3232.

British Journal of General Practice, October 1991
Feldene* Gel offers an effective topical alternative first-line treatment in mild osteoarthritis.1

A topical alternative in mild osteoarthritis

PRESCRIBING INFORMATION FOR FELDENE* GEL
Indications: Topical therapy of osteoarthritis of superficial joints and acute musculoskeletal disorders. Dosage: For external use only. Occlusive dressings should not be used. Apply one gram of the Gel and rub into the affected site three to four times daily leaving no residual material on the skin. Therapy should be reviewed after 4 weeks. Contra-indications, Precautions: Contra-indicated in patients who have previously shown a hypersensitivity to the Gel or piroxicam in any of its forms, aspirin or other non-steroidal anti-inflammatory agents. If local irritation develops, discontinue Feldene Gel. Keep away from the eyes and mucous. Do not apply to sites affected by open skin lesions, dermatoses or infection. Use in children: Not recommended. Use in pregnancy and lactation: The safety of Feldene Gel during pregnancy and lactation has not been established. Side-Effects: Mild or moderate local reactions at the application site. Mild but transient skin discolouration and staining of clothing have been noted when the Gel is not rubbed in completely. Package Quantities and Basic NHS Cost: 60g tube - £7.77 (PL 0057/0284). Further information on request. References: 1. Dickson D. Carr Ther Res 1991; 46[2]: 199-207.