HELP US TO AVOID UNDIAGNOSED DEATH

MARFAN SYNDROME IS IN 75% OF CASES AN INHERITED DISORDER OF CONNECTIVE TISSUE

SALIENT FEATURES

Ocular:
Subluxation or dislocation of lens, myopia and unstable refraction, detachment of retina, strabismus, glaucoma.

Dental:
High-arched palate, crowding of teeth.

Cardiovascular:
Dilatation of ascending (and sometimes descending) aorta, incompetence of aortic and mitral valves, aneurysm and dissection of aorta.

Skeletal:
Tall thin physique, with long limbs and fingers, spinal curvature, flattening of chest (with pigeon or funnel deformity). With a wingspan greater than their height.

DO YOU HAVE PATIENTS WITH THIS HIDDEN LIFE THREATENING DISORDER? SIMON'S WENT UNDISCOVERED FOR 15 YEARS

A CLINICAL GUIDE IS AVAILABLE FOR YOU, TOGETHER WITH A SUPPORT PACK FOR YOUR PATIENTS

Contact: MRS DIANE RUST, MARFAN ASSOCIATION, 6 QUEENS ROAD, FARNBOROUGH, HANTS GU14 6DH. Telephone: 0252 547441. Fax: 0252 523585
Circadian rhythms and angina attacks

Circadian rhythms, which influence many of our biological functions, frequently reflect the 24-hour cycle. One rhythm that shows a clear cycle related to the occurrence of angina attacks.

An understanding of the circadian rhythm of angina attacks may be a guide for future therapeutic interventions in those with chronic stable angina.

Attack rate pattern

The circadian rhythm of angina attacks has been evaluated during placebo therapy in 1048 chronic stable angina patients.

The angina attack rate was lowest from midnight to 5 a.m. and rose steeply during the day with peaks occurring between 10-11 a.m. and 2-3 p.m.

Night workers

Night workers show a similar pattern, but there is a shift in the timing of peak attack rates, although the first attack still occurs about 2 hours after rising.

Clearly, it is important for patients to be adequately protected whenever their higher risk hours occur.

A steep rise in the early morning

One particularly dangerous time for most angina sufferers is just after 5.00 a.m. when the attack rate rises sharply.

Paradoxically, the plasma levels of some drugs can drop to produce a trough at just that time, resulting in low cover at a time of heightened risk.

Revised (the short version)

ISTIN (antiplatelet) is a new, daily calcium-antagonist that overcomes the problems of maintaining cover during the early morning hours.

A long half-life and smooth plasma concentration profile ensure that 24-hour cover is maintained with ISTIN, right to the end of a 2-hour interval. So while the risk of an angina attack may fluctuate, ISTIN reduces that risk continuously through the day, night and early morning period.

Even when the risk of an angina attack is low, for example late at night, there is still a need for protection. The steady plasma levels provided by ISTIN are just as important during these periods too.

One pill daily

With ISTIN, the new drug regimen can cover most of the normal patient’s needs with a single dose that is not only easy to take, but patient-friendly, as a single single tablet of ISTIN once daily.

To ensure that your patients are receiving protection from attacks, ensure that they are taking ISTIN, one 5mg or 10mg tablet once daily.

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PROGRAMME

MONDAY 21 SEPTEMBER 1992
NEW DIRECTIONS AND PRIMARY CARE
Chairman: Dr R Walker, Medical Advisor to Cumbria FHSA and Editor-in-Chief of Good Practice
09.30 - 10.00 Patients first
Ms Linda Lamont, Director of The Patients Association
10.00 - 10.30 Accountability, ethics and economics
Professor N Bosanquet, Professor of Health Policy Unit, University of London
10.30 - 11.00 European overview - French general practice
Dr P Evans, Honorary Secretary of the International Committee of the Royal College of General Practitioners
11.00 - 11.30 Coffee
11.30 - 12.00 Care in the Community Act
Mrs A Parker, Director of Social Services, Royal County of Berkshire
12.00 - 12.30 Population based primary care
Dr J Tudor Hart, General Practitioner, West Glamorgan

WEDNESDAY 23 SEPTEMBER 1992
CARDIOVASCULAR DISEASE
Chairman: Ms Alison L Allcock, Practice Nurse/Practice Manager, London and Consultant Editor of Practice Nursing
09.30 - 10.00 Lipids
Professor W Roser, Professor and Chairman, Department of Family and Community Medicine, University of Toronto, Canada
10.00 - 10.30 Heart attack: A family illness
Mr D Thompson, Operations Manager, Medical Services, St James's University Hospital, Leeds
10.30 - 11.00 Coffee and exhibition viewing
11.00 - 11.30 Project Update
Dr G H Fowler, OBE, Honorary Director, ICNP
11.30 - 12.00 Leg ulcers
Mrs P A Milward, Wound Care Specialist, Walsall, Midlands
1. Adolescence health promotion
   * Mr G French, Director, Health Promotion
   Department, Carlisle

2. Counselling for children
   Dr G Curtis-Jenkins, Director, Counselling in Primary Care Trust, Staines, Middlesex

3. Targeted health surveillance in children
   Dr A S Payten, Consultant Paediatrician, Community Child Health, Whitehaven, Cumbria

4. Child abuse
   Dr Jane M Wynne, Consultant Community Paediatrician, Leeds

FRIDAY 25 SEPTEMBER 1992

INFECTIONS: HIV AND AIDS
Chairman: Professor Kate Morie, Head of Department of Nursing, University of Liverpool

09.30 - 10.00
New antibiotics
Dr R Seaman, General Practitioner, hitchin, Herts

10.00 - 10.30
The bacteriology of general practice
Dr R Ditchburn, General Practitioner, Whitby, Yorks

10.30 - 11.00
Coffee

11.00 - 11.30
HIV Infections and AIDS
Dr R F Miller, Senior Lecturer in Medicine and Consultant Physician, LICHSM, London

11.30 - 12.00
Infection control
* Professor A Percival, Professor of Bacteriology, University of Liverpool

12.00 - 12.30
Roundtable discussion

12.30 - 14.00
Lunch

WORKSHOPS
To run from: 14.00 - 15.30 pm
Tea and Conference ends 15.00 - 16.00 pm
Repealed at: 16.00 - 17.00 pm

1. HIV in the community
   Dr J Cohen, General Practitioner, London

2. Psychological aspects of HIV/AIDS
   Dr N Roberts, Head of Psychology Services and Manager of Rehabilitation Services, Whitehaven, Cumbria

3. Wound care – prevention and treatment
   Mrs C. deasly, Clinical Nurse Specialist in Tissue Viability, Queen Elizabeth & Moseley Hall Hospital, Birmingham and Dr S Goodacre, General Practitioner, Burton-on-Trent, Staffs

4. Travel medicine
   Dr I MacInnes, General Practitioner, Stirling, Scotland

5. Bacteriology
   Dr R Ditchburn, General Practitioner, Whitby, Yorks

*Speaker to be confirmed.

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Please complete the following form in CAPITALS and return it to: Robyn-Jane Howitt, Conference Manager, Primary Care 1992, Mark Allen International Conferences Ltd, Croxton Mews, 286 Croxted Road, London SE2 9DA. Telephone: 081-671 7521. Fax: 081-671 7327.

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Sexually Transmitted Diseases
Study in Doctor/Patient Relationships

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Dr Pauline Allen
Mr Michael Bishop
Dr Anne Smith
Mrs Wendy Savage
Dr Anne Scouler

Dr Ruth Skrine
Dr Merryl Roberts
Dr Peter Barrett
Dr Gill Wakley
Dr Robina Thexton
Dr Margaret Gill

The Conference which is open only to registered Medical Practitioners has been approved for PGEA. Abstracts are invited.

Information from: IPM Conference Secretariat, 65 West Drive, Cheam, Sutton, Surrey SM2 7NB. Tel: 081-666 0877.

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For details of dates and fees please contact Colette Hollies, Department of Extra Mural Studies, 061 275-3275.

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NEWCASTLE: Suites 4–7, 41–43 Westmorland Road, Newcastle-upon-Tyne NE1 4KH.
Tel: 091-261 2491. Attn: Rona Wiggins.

UNIVERSITY OF MANCHESTER

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COURSES

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The University of Manchester is launching the first Introductory Course in Occupational Medicine by distance learning in April 1992. Each Course will last for three months and involves at least 37 hours’ study, including attendance at a regional one-day seminar.

This Introductory Course has been approved by the Faculty of Occupational Medicine, and application has been made for PGEA accreditation.

Further details are available from Kathryn Palmer, Centre for Occupational Health, Stopford Building, University of Manchester, Oxford Road, Manchester M13 9PT. Tel. (061) 273 1582.

British Journal of General Practice, March 1992
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