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UK doctors told us what they wanted in a formulation. Nuvelle closely matches the data developed in the UK for the UK as first-line HRT.

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Prescribing Information
28 tablets containing oestradiol valerate 2 mg, the last 12 also containing levonorgestrel 75 micrograms. Indications: Hormone replacement therapy for the treatment of the climacteric syndrome. Dosing and administration: Menopausal patients begin treatment on the 5th day of menstruation. Other patients may start at any time. One tablet daily continuously. Contra-indications, warnings, etc. Contra-indications: Pregnancy, severe disturbances of liver function, jaundice or general plethora of pregnancy, Dubin-Johnson syndrome, Rotor syndrome, existing or previous thromboembolism, sickle-cell anaemia, suspected or existing hormone-dependent disorders or tumours of the uterus and breast, congenital disturbance of lipid metabolism, a history of herpes gestationis (also known as preeclampsia), osteoporosis with osteomalacia during pregnancy. Warnings: Side-effects: Hormonal contraception should be stopped. Reported symptoms include anxiety, increased appetite, bloating, breast symptoms, cardiac symptoms, depressive symptoms, dizziness, dyspepsia, leg pains and swelling, altered libido, nausea, rashes, vomiting and altered weight. Cholestatic is possible in predisposed patients. Carefully monitor multiple sclerosis, epilepsy, diabetes, hypertension, porphyria, tetany and osteomalacia. Precautions and special

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Contraindications: Pregnancy. Hypersensitivity to ‘Zestril’. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

Precautions: Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease, renal insufficiency, renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to ‘Zestril’ Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes. Side Effects: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthma. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction, cerebrovascular accident possible secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/atonia, renal dysfunction, acute renal failure, impotence, pancreatitis. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia.

LEGAL CATEGORY: POM. PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: ‘Zestril’ 2.5mg (29/0208) 28 tablets, 7.64. 5mg (29/0204) 28 tablets, 49.83. 10mg (29/0205) 28 tablets, 121.13. 20mg (29/0206) 28 tablets, 413.72. ‘Zestril’ is a trademark. Further information is available from ZENECa Pharma, King’s Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. ZENECa Pharma is part of the ICI Group.

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BUTTERWORTH HEINEMANN
Prescription for giving value for money

Government Health Ministers – and the Treasury – are reported to be concerned about the continuing increase in prescribing costs incurred by Britain’s family doctors. The main reasons for this are as follows:

* As people get older they require more medicines. There have been significant increases in the numbers of people living beyond 75 and, in particular, beyond 85. A recent survey showed that of a 51 million increase in prescriptions written by GPs over a ten-year period, more than 49 million (i.e. 96 per cent) were for patients of pensionable age.¹

* The Government, as part of its reform programme for the NHS, has encouraged GPs to set up clinics to help identify patients requiring preventive medicine – treatments for high blood pressure and late-onset diabetes for example. More people requiring medicines have been identified; but the costs will be more than offset by longer-term savings. The future need for hospital care will be reduced because heart attacks, strokes or blindness in literally thousands of patients will be prevented.

Advances in scientific knowledge have led to more effective and safer medicines. But, as the chart demonstrates, the major element in the rise in the NHS Medicines Bill is due to increased volume – not to price rises or the use of newer more expensive products.² And the UK spends less per head and easily the least amount on new medicines.

![Chart showing annual rise of pharmaceutical expenditures with figures showing prescription medicines sales and cost of new products per head, 1991.]

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All prescriptions £99  £69  £122  £86  £105
New products  £17  £6  £21  £14  £14

The underlying purpose behind the NHS Reforms was to provide a wider and more cost-effective service to patients. Extra costs incurred today will yield far greater savings in the future.

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HEA Primary Health Care Unit

National Database for Health Promotion in Primary Health Care

WHAT IS THE NATIONAL DATABASE?

The HEA Primary Health Care Unit is setting up a National Database of information on health promotion in primary health care. This database will be piloted in 1993 as an information service for health professionals.

It is proposed to hold information on:

* Training for non-GP professionals in health promotion (e.g. courses for Practice Nurses on stop smoking clinics)

* Ongoing, unpublished research in health promotion

* Services and initiatives developments in health promotion (e.g. teenager only clinics run by your practice, or health promotion schemes focusing on specific health topics)

HOW THE SERVICE WILL HELP YOU

You will be able to use the service to:

* find out who has experience in running particular health promotion services

The service will be accessible by phone, fax, letter and future plans include online access.

HOW YOU CAN HELP US

If you or your organisation work in any of the above areas, we would like to hear from you. If you have information detailing your work (diaries of training courses, research projects etc) please send them to the address below. If not, please contact us, and we will send you database forms to fill in.

______________________________

Any information for the National Database should be sent to:

Sue Potter
Database Co-ordinator
HEA Primary Health Care Unit
Churchill Hospital
Headington
Oxford
OX3 7LJ
Telephone (0865) 225587.
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The Newcastle Cognitive Therapy Centre will run its third Course in the academic year starting October 1993. The course is intended for all disciplines in mental health, including Clinical Psychologists, Psychiatrists, General Practitioners, Psychiatric Nurses and Social Workers.  
It is a 40-day Course comprising a week of intensive induction and 35 day release supervision and academic teaching by National experts. A certificate if completion is issued at the end of the Course. A maximum of 20 trainees will be selected.

Closing date for application: 21st May 1993.  
Cost: £2000.00  
Course Director:  
Dr M Blackburn, PhD., F.B.Ps., C.Psychol.  
Further details and application forms from:  
Ms Eileen Wardle  
Newcastle Cognitive Therapy Centre  
St Nicholas Hospital, Collingwood Clinic  
Gosforth  
Newcastle upon Tyne  
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Tel: (091) 213 0151 (Extension 32509)

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Department of General Practice  
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Now you can offer your arthritic patients an entirely different way of taking oral NSAID therapy.

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