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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. **Dosage and administration:** Menstruating 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 pruritus 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 disturbances of lipid metabolism, a history of herpes gestationis (also known as pemphigoid gestationis), otosclerosis with deterioration 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. Cholestasis is possible in predisposed patients. Carefully monitor multiple sclerosis, epilepsy, diabetes, hypertension, porphyria, tetany and otosclerosis. **Precautions and special**

HRT in a single daily tablet

information: Before treatment, exclude pregnancy. If the expected bleeding fails to occur at about 28-day intervals, stop treatment and exclude pregnancy. Stop treatment at once if there are frequent and unusually severe headaches, first migraine or possible prodromata of vascular occlusion, or if trauma, illness or impending surgery entails a risk of thrombosis, if jaundice or pregnancy occurs, or blood pressure rises significantly. In patients with mild chronic liver disease, check liver function every 8-12 weeks. Examination of the pelvic organs, endometrium, breasts and blood-pressure is advised before and periodically during treatment. Investigate irregular bleeding. **Pharmaceutical precautions:** Store in cool, dry conditions. Shelf-life five years. **Legal category** POM Basic NHS Cost per pack of 3 x 28 tablets: £13.77 PL 0053/0219 PL Holder: Schering Health Care Ltd, Burgess Hill, West Sussex RH15 9NE. Nuvelle™ is a trademark of Schering AG. NUV Feb 1993 **References:** 1. Eisen, S.A. et al., Arch. Intern. Med., 1990; 150: 1881-84. 2. Schneider, W.H.F. & Spona, J., Acta. Obstet. Gynecol. Scand., 1977; Suppl. 65: 39-43. 3. Klopper, A., Br. Med. J., 1976; 2: 414-416. 4. Whitehead, M.I., Acta. Obstet. Gynecol. Scand. Suppl., 1986; 134: 81-91. 5. Whitehead, M.I. et al., J. Reprod. Med., 1982; 27 (suppl. 8): 539-48.

Schering Health Care Ltd, The Brow, Burgess Hill, West Sussex, RH15 9NE. Telephone 0444 232323

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DOSAGE AND ADMINISTRATION:

Hypertension – Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once-daily. Maximum is 40mg daily. Diuretic-treated patients – if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired. **Congestive heart failure:** Adults (including elderly): initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once-daily according to response. Monitor blood pressure and renal function. **Renal impairment:** May require lower maintenance dosage.

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, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/anuria, 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, £7.84; 5mg (29/0204) 28 tablets, £9.83; 10mg (29/0205) 28 tablets, £12.13; 20mg (29/0206) 28 tablets, £13.72. **'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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This first national forum for practice managers from throughout the United Kingdom will be one of the most important events to influence the shape of general practice from 1993 onwards. The policy makers and opinion leaders of primary care will debate the practical aspects of reform with those responsible for its implementation and management.

The Conference and Exhibition will be challenging, educational and productive and an attendance in the region of 1,000 practice managers is anticipated at the International Convention Centre in Birmingham.

Support for the conference has been received in a written statement from the Secretary of State of Health.

CONTRIBUTORS INCLUDE:

Marion Roe MP, Chair, Health Select Committee, House of Commons; **Jack Barnes**, Under Secretary, Family Health Services Division, Department of Health; **Professor Sir Michael Drury**, Past President RCGP **Judith Dunkerley**, Practice Manager, West Timperely Medical Centre, Altrincham; **Sue Attwood**, Practice Management Facilitator, Enfield and Haringey FHSA; **Maureen Rillands**, Practice Manager, Newcastle General Practice; **Carole Green**, Practice Manager, Garden Lane Medical Centre, Chester; **Professor Chris Ham**, Health Services Management Centre, University of Birmingham; **Dr David Todd**, President, National Association of Fundholding Practices.

KEY TOPICS:

Topics concerning current and future work responsibilities and career opportunities for practice managers will be discussed. These include Management in Practice; Making Money Work; Women Managers in the NHS; Staff Development and Training; PACT; Fundholding; Inner City issues; The Future of Practice Management; Quality Enhancement.

PRACTICE MANAGER FORUM:

Practice manager delegates at the conference will have the opportunity to present their views to colleagues in the Practice Managers' Forum on Saturday 3 July. Abstracts of their presentation should be submitted to the organisers no later than Friday 14 May.

FEES/DISCOUNTS:

The NHS Womens Unit will sponsor delegates to attend the conference, providing a subsidy of 50% of the delegate costs for two hundred practice managers. Reduced fees may be available to FHSAs and Health Boards when booking groups of delegates. For further details of sponsorship and possible discounts please contact your FHSA Training/Personnel Department or the Primary Care/GP Unit of your Health Board.

For further information regarding the conference please contact Michelle Teer, Conference Secretary, IHSM, 75 Portland Place, London W1N 4AN. Tel: 071-580 5041 Fax: 071-225 1289

EXHIBITION/SPONSORSHIP:

A major exhibition for those supplying goods and services to GP practices will run concurrently with the conference. A range of sponsorship opportunities is available for those companies wishing to link their name with this significant event. For further information on the exhibition and sponsorship please contact Sandra Barradas, Conference Sales Assistant, IHSM, 75 Portland Place, London W1N 4AN. Tel: 071-580 5041 Fax: 071-225 1289

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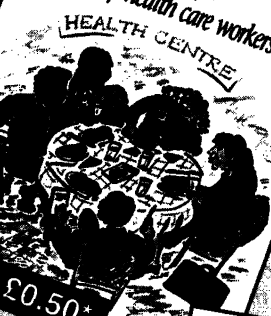
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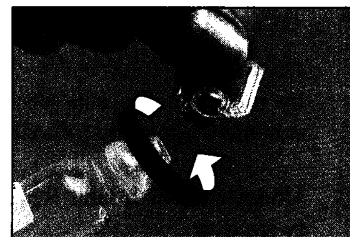
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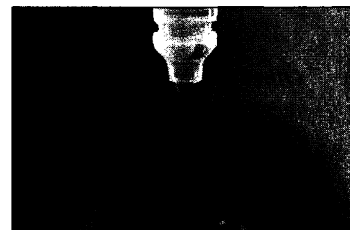
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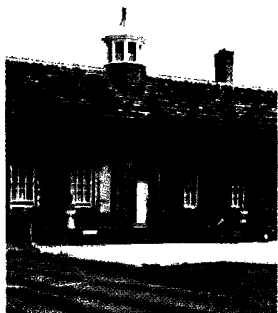
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References 1. Data on file Pfizer Limited. 2. Boardman PL *et al.* *Eur J Rheumatology Inflamm* (1983); 6 (1): 73-83.

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