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Prescribing Information

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Warnings/side-effects: Hormonal contraception should be stopped. Reported symptoms include anxiety, increased appetite, bloating, breast symptoms, cardiac symptoms, depressive symptoms, depression, dyspepsia, leg pains and swelling, altered blood, nausea, rash, vomiting and altered weight. Cholestasis is possible in predisposed patients. Carefully monitor multiple sclerosis, epilepsy, diabetes, hypertension, porphyria, ketosis and osteoporosis. Precautions and special 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 proctitis or vascular occlusion, or if trauma, stress 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.

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More GPs are prescribing 'Zestril' for more patients than ever before

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USA: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril (Zestril). DOSAGE AND ADMINISTRATION: Hypertension—Adults (including elderly): initially 2.5mg daily, a 5mg dose seldom achieves a therapeutic response, adjust slowly 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 angioedema (previous ACE inhibitor therapy). Patients with severe renal failure, or pulmonary 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 a 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 concurrent 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 accidents, possibly secondary to excessive hypotension in high risk patients. Palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, uricaria, diaphoresis, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, pancreatitis. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthropathy, 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 (29/0290) 28 tablets, 7.5mg (29/0290) 28 tablets, 15mg (29/0290) 28 tablets, 41.25mg (29/0290) 28 tablets, 41.75mg (29/0290) 28 tablets, 41.375mg (29/0290) 28 tablets. 'Zestril' is a trademark. Further information is available from ZENECA Pharma, King's Court, Water Lane, Wilsden, Cheshire SK9 5AZ. ZENECA Pharma is part of the ICI Group.

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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 Timperley 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, IHSN, 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, IHSN, 75 Portland Place, London W1N 4AN. Tel: 071-580 5041 Fax: 071-225 1289

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Sessions will include lectures, workshops small group work, audit sessions and a small research project as well as some distance learning packages.

The course is organised by the Department of Clinical Pharmacology with support from the Department of Primary Care, University of Newcastle-upon-Tyne and the Division of Primary Care, Northern Regional Health Authority. As part of its Regional Prescribing Initiative to promote effective prescribing practices the Regional Health Authority will award bursaries of £250 to all candidates from the Northern Region who successfully complete the diploma.

Course fee: £520 (£250 bursaries will be awarded to all successful diplomats from the Northern Region).
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