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POM Reviewed February 1993.

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. Kloppe, 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

THE EXPANDING WORLD OF 'ZESTRIL'



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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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BY SALLY IRVINE MA

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OCCASIONAL PAPER 59

Health Checks for People Aged 75 and Over

E IDRIS WILLIAMS, MD, FRCGP

PAUL WALLACE, MSc, MRCP

Health Checks for People Aged 75 and Over
Occasional Paper 59

This document presents a practical three-stage approach for primary health care teams offering health checks for people over 75.

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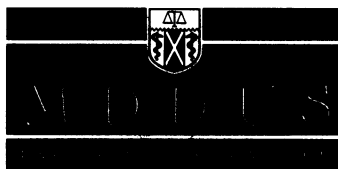
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FORTHCOMING COURSES 1993

For further details please contact RCGP Courses and Conferences on 071 823 9703 or Fax 071 225 3047

DATA HANDLING FOR MEDICAL AUDIT

22/23 September & 1/2 December 1993

A two day course 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 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. Because of the intensive nature of this course only 18 places are available.

PGEA approved. The fee is £250.00 for members and £275.00 for non-members.

TEACHING THE MEDICAL AUDIT TEACHERS

27/28/29 October 1993

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.

PGEA section 63 approved. The cost is £300.00

1ST NATIONAL GP TUTORS CONFERENCE SUPPORTED BY THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

at Pine Lodge Hotel, Bromsgrove, Worcestershire
22-24 September 1993

An opportunity for you to meet other educationalists, share ideas and learn from each other.

Sessions to include: Educational theory, making small groups work, presentation skills and evaluation of educational activities. Workshops on other topics welcome.

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ADVANCE NOTICE PHYSIOTHERAPY IN PRACTICE

This one day conference organised by the Royal College of General Practitioners in conjunction with the Chartered Society of Physiotherapy will take place on Thursday **11 November 1993** at the Royal Geographical Society London.

The conference will examine ways in which the two organisations can co-operate in patient care. In addition to the formal presentations there will be a series of practical demonstrations. Poster presentations on aspects of physical medicine with particular reference to co-operative activities will be available. Joint presentations from GPs and Physiotherapists will be particularly welcome and a prize will be offered for the best presentation.

Potential **poster presenters** are invited to submit abstracts outlining their subject on forms available from RCGP courses.

Closing Date for submissions is 1st OCTOBER 1993.

Abstract forms and further details of the Conference are available from Courses and Conferences, RCGP, 14 Princes Gate, London SW7 1PU. Tel; 071 823 9703 Fax: 071 225 3047



The Royal College of General Practitioners

National Spring Meeting

15 - 17 April 1994

Hosts: Wessex Faculty

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Wessex Faculty RCGP
Aldermoor Health Centre
Southampton SO1 6ST
Tel/Fax: 0703 785025

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Classified Advertisements are welcomed and should be sent to: The Advertising Sales Executive, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 071 - 581 3232. Fax: 071 - 225 3047. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The publisher will not be responsible for any error in the insertion of, or omission to insert, any advertisement. The charge for space in this section is £12.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17.5%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right of refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

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The East Anglia Faculty invites you to a residential meeting to be held at

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Section 63 approved

Please write for further details to:-

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1993 AUDGP RESEARCH COURSE FOR GENERAL PRACTITIONERS

6-8 September 1993 at

**Department of General Practice and Primary Care
St George's Hospital Medical School
London SW17 0RE**

This three day course will introduce general practitioners to the range of basic skills they need to undertake quality research. Participants will be given the opportunity to: acquire experience in defining research hypotheses; become familiar with a range of research methodologies and their use in general practice settings; become familiar with the principles underlying data collection, handling, and analysis; acquire experience in the preparation of research proposals; become familiar with different methods for presenting research results, including oral presentations, papers and theses. The course is taught by formal lectures alternating with small group work. Practical training sessions include the use of computers for library searches and data handling.

The course is run under the auspices of the Association of University Departments of General Practice which is the national body representing academic general practice. The course is approved by the Royal College of General Practitioners. PGEA approval was granted last year in the Service Management Category (C) and we have applied for 6 half days this year.

The registration fee is £229. Application deadline 16 August 1993. For registration forms and further particulars contact:-

Course Organiser
Dr Bonnie Sibbald
Senior Research Scientist
081672 9944 ext 55416

Course Secretary
Miss Lee-Ann Sallis
Research Secretary
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For full programme and application form please contact:
The Education Department
Tel: 071 405 3474 Ext 4601/3/7.

CLASSIFIED ADVERTISEMENTS

CONFERENCES

WELSH MRCGP COURSE AT ABERYSTWYTH, DYFED

Tuesday 31 August to Friday 3 September 1993

The above Course was instigated by a decision of the Welsh Council of the RCGP and is a residential course in buildings of the University College of Wales where opportunity will be offered for individual and group work in preparation for the written work and vivas of the MRCGP Examination. Examiners of the College will be present. Pre-course work will be required. Postgraduate Education Allowance approval and Section 2 approval have been obtained for those Principals or Trainees for whom it applies.

The cost of the Course is **£395** payable at the start of the Course, and a deposit of **£145** will be required on application for a place on the Course.

Please apply to Mrs Rita Slade, Bronglais Hospital,
North Road Aberystwyth, Dyfed, SY23 2EE,
telephone 0970 635956.

School of Postgraduate Studies Morriston Hospital Swansea

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DIPLOMA IN CHILD HEALTH

The Diploma in Child Health is designed to give recognition of competence in the primary care of children and is particularly suitable for General Practitioners and Clinical Medical Officers.

The next examination will be held on Thursday 2nd September 1993. Application forms and the necessary documentation and fees must reach the College by Friday 2nd July 1993.

Experience of twelve months in the care of children is recommended before candidates apply to sit the examination.

Possession of the Diploma in Child Health is regarded as satisfactory for accreditation of General Practitioners in Child Health Surveillance.

Further details and an application form may be obtained from:

**The Examinations Office
Royal College of Physicians of London
11 St Andrew's Place
Regent's Park, London NW1 4LE**

MANAGEMENT IN PRACTICE

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

The First National Practice Managers' Conference and Exhibition is organised by:



Radcliffe

Indications: Adults: Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout and acute musculoskeletal disorders. Elderly: As with other NSAIDs, elderly patients should be closely supervised. Children: FELDENE MELT is not recommended in children. For treatment of juvenile chronic arthritis (Still's disease) please see oral data sheet. **Dosage:** Rheumatoid arthritis, osteoarthritis and ankylosing spondylitis – normal starting and maintenance dosage 20mg once daily. Long-term use of 30mg daily or more carries an increased risk of gastro-intestinal side-effects. Acute gout – 40mg daily in single or divided doses for up to 7 days. Acute musculoskeletal disorders – 40mg daily, in single or divided doses, for the first 2 days, 20mg daily for the remainder of the 7 to 14 days' treatment. **Contra-indications:** Active peptic ulceration or history of recurrent ulceration. Hypersensitivity to FELDENE, aspirin or other NSAIDs. **Warnings:** Pregnancy, lactation.

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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