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THE EXPANDING WORLD OF ‘ZESTRIL’

More GPs are prescribing ‘Zestril’ for more patients than ever before

Consult data sheet before prescribing.

Uses: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjuvant therapy). PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril (‘Zestril’). 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. Diabetic-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 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 concomitantly use with high-flux dialysis membranes. SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioedema, 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, urination, oliguria/anauria, renal dysfunction, acute renal failure, impotence, pancreatitis. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthrosis, positive ANA, elevated ESR, eosinophilia, leucocytosis, 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 (20/0208) 28 tablets, £7.84; 5mg (20/0204) 28 tablets, £9.85; 10mg (20/0205) 28 tablets, £12.13; 20mg (20/0206) 28 tablets, £13.72. ‘Zestril’ is a trademark. Further information is available from ZENECI Pharma, King’s Court, Water Lane, Wilsallow, Cheshire SK9 5AZ. ZENECI Pharma is part of the ICI Group.

Zestril lisinopril

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NOW DYSFORT OPENS UP
A BRIGHT NEW FUTURE
FOR SUFFERERS OF
BLEPHAROSPASM AND
HEMIFACIAL SPASM

Until now the treatment of blepharospasm has been essentially ineffective with no drug offering more than 30% efficacy. Surgery can be useful to restore vision but cosmetic problems and eventual recurrence limit its use.

Now, botulinum toxin is available as Dysport. It brings the chance of simple effective treatment to patients suffering from blepharospasm or hemifacial spasm. In clinical use over three quarters of those treated show substantial benefit. This benefit is also sustained when the Dysport treatment programme is maintained. A recent analysis of the efficacy of Dysport, used over a two year period, showed little or no loss of effect.

Further information on this new treatment can be obtained from Porton Products Ltd., 1 Bath Road, Maidenhead, Berkshire SL6 4UH, England.

DYSFORT Abbreviated Prescribing Information

Presentation: Freeze dried pellet in a glass vial containing 500 units of Clostridium botulinum type A toxin-antitoxin complex.

Uses: The treatment of blepharospasm and hemifacial spasm.

Dosage and Administration: In the treatment of bilateral blepharospasm the recommended initial dose is 120 units per eye as four subcutaneous injections into the orbicularis oculi muscle. On subsequent administration, approximately every eight weeks, the dose may be reduced to 80 units per eye and further reduced to 60 units per eye depending upon the return of spasm. Hemifacial spasm is treated as unilateral blepharospasm. Use is not recommended in children.

Contraindications: Pregnant or lactating women.

Side effects: Ptosis, diplopia, keratosis, dry eyes, minor bruising, eye-lid swelling, reversible external ophthalmoplegia.

Warnings: Excessive doses may produce profound neuromuscular paralysis. There is no specific antidote.

Pharmaceutical Precautions: Store unopened vials at 2°C to 8°C. After reconstitution use within one hour. Do not freeze.

After use, residual Dysport is inactivated with dilute hypochlorite solution (1% available chlorine).

Legal Category: POM.

Pack Size: Two vials per box.

Basic NHS Cost: £340 per box.

Product Licence Number: PL6958/0003.

Product Licence Holder: Porton Products Limited, 1 Bath Road, Maidenhead, Berkshire, SL6 4UH, U.K. Tel:0628 771417, Fax:0628 770211.

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**OCCASIONAL PAPER 60**

**SHARED CARE OF PATIENTS WITH MENTAL HEALTH PROBLEMS**

Report of a Joint Royal College Working Group

Occasional Paper 60

General practice and psychiatry share much in common. They are the only two major branches of medicine which are centrally concerned with the patient's thoughts and feelings and both over the years have been referred to as "the other half of medicine".

To this end the two Royal Colleges of General Practitioners and Psychiatrists formed a joint working group to review shared management of psychiatric problems and to make a number of suggestions about the best way to share care for the patient’s benefit.

*Shared Care of Patients with Mental Health Problems. Report of a Joint Royal College Working Group* is published as Occasional Paper 60 and is available from the Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £6.00 including postage (Tel: 071 823 9698).
ASSOCIATION FOR FAMILY THERAPY

Conference 19-22 September 1993
Changing Family Ties, Loss, Violence and Abuse
Speakers include John Bowlby, Muriel Rønnow, Dick Gilburt and Stuart Schermer
Enquiries: 0292 610345
(King's Fund Centre, London SW17 1PL)

WIDENING THE HORIZONS OF MEDICAL EDUCATION
A conference to explore the resources of the community for medical education.

Wednesday 10 November 1993
King's Fund Centre, London

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For further details please contact Ms M Seabrook, Dept of General Practice & Primary Care, King's College School of Medicine, Bessemer Road, London SE5 9PJ. Tel: 071 738 4999.

PHYSIOTHERAPY IN PRACTICE

A one day conference organized by the Royal College of General Practitioners in conjunction with the Chartered Society of Physiotherapy will take place on Thursday 11th November 1993 at the Royal Geographical Society.

Contact RCGP Courses and Conferences on Telephone: 071 823 9703 or Fax: 071 225 3047 for further details.

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School of Postgraduate Studies, Morriston Hospital Swansea

3 Day GP Refresher Course
5, 6, 7 October 1993
PGEA Approved

For further details phone: 0792 703719/703677

18 hours PGEA £100

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Course Director: Sally Irvine
Course Tutor: Hilary Haman

12/13 October 1993

This 2 day course is designed for members of the practice team whose responsibilities include staff management. The principles of personnel management, including the contract of employment, motivation of staff and dealing with disciplinary issues, are covered. The fee is £200 for members and £250 for non-members (excluding accommodation). 2 days PGEA under Service Management.

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2/3 September & 4/5 November 1993

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The three days may be taken as a self-contained unit or form the basis for further study.

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Part II - Saturday, 9th October 1993
Part III - Saturday, 27th November 1993

Total Fee £200 - inclusive of textbook, course literature, drug kit and lunches. Some study bursaries are available courtesy of the Blackie Foundation Trust and the Scottish Homoeopathic Trust. If you wish to be considered for a bursary, please write directly to Dr David Reilly, stating how much you can afford to pay.

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Postgraduate training is available leading to the membership examinations. The courses are spread over 2 years with intensive teaching including video cases in support of a home study programme.

Please apply early as places are limited.

Further details and application forms from: Dr David Reilly, Education Director, Faculty of Homoeopathy, Glasgow Homoeopathic Hospital, 1000 Great Western Road, Glasgow, G12 ONR.

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Dates for course modules in 1993/94:
Module 2 (lower half of the body): Oct 18-22, 1993
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Relieves Pain for 24 Hours.