One of the great medicines of the world



OVIICAX acyclovir

Presentation: Blue, shield-shaped tablet containing 200 ng acyclovir, impressed with "ZOVIBAX" on one side and a triangle on the obverse

Uses, Dosage and Administration: Treatment of horpes simplex, HSVI intections of the skin and mucous membranes. Adults and children over 2 over 2 over 2 over 2 over 2 over 10 over 2 over 10 over 10

6-mourly. The dosage can be fitrated depending on patient response isee Data Sheeti. "herapy should be interrupted at intervals of 6 to 12 months, in order to reassess suitability for continued suppression. Children no data available. Propriyaxis of HSV infections in immuno-compromised patients. Adults and children over 2 yes one 200mg tablet 4 times day. 6 mounty. The duration of prophylactic administration is determined by the duration of the period at risk. For severely immunocompromised patients the dose dart be doubled to 400mg or LV, dosing could be considered. Children under 2 yrs.

formulation net applicable

Contra-indications, Warnings, etc.: Contra-indicated in patients known to be hypersensitive in accordant.

Precautions: For patients with renal impairment the dose may have to be adjusted (see Data Sheet). In elderly patients adequate hydration should be maintained. Special attention should be given to dosage reduction in elderly patients with impaired renal function. In pregnancy the potential benefits should outweigh the possibility of unknown risks before the use of Zovirax is considered.

Side- and Adverse Effects: Skin rashes have been reported in a few patients receiving Zovirax Tablets the rashes have resolved on withdrawal of the drug in trials, the incidence of gastroinfestinal events has not been found to differ thrus placebo.

Basic NHS Costs: 200mg: 25 tablets, £28.89 (PL3/0173). Trade Mark. Legal Category, POM.

Date of Preparation: May 1993. The Wellcome Foundation Ltd,

Wellcome

THE EXPANDING WORLD



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

Consult data sheet before prescribing.

USE: 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 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 duretic 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, diarrhoca, 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, ${\bf A}$ 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 (12619/0084) 28 tablets, 47.84; 5mg (12619/0085) 28 tablets, £9.83; 10mg (12619/0086) 28 tablets, £12.13; 20mg (12619:0087) 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, formerly part of the ICI Group.

lisinopril

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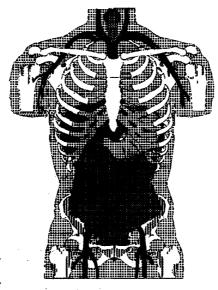
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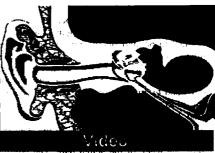
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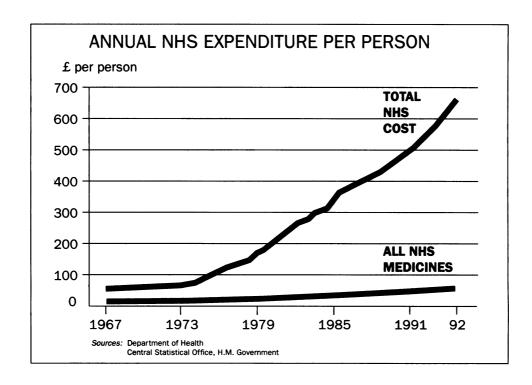
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<u>The NHS Drugs Bill – seen in perspective</u>



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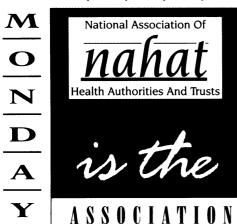
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If you would like to find out more about NAHAT's activities, please contact the Marketing Department, NAHAT, Birmingham Research Park, Vincent Drive, Birmingham, B15 2SQ Tel: 021-471 4444 Fax: 021-414 1120.



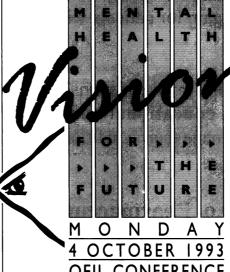
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Course Tutors: Sally Irvine & Hilary Haman 2/3 September & 4/5 November 1993

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Course Tutor: Dr Colin Waine

22 October 1993

The day will provide a discussion forum addressing the real issues associated with NPT in general practice. Topics include: clinical relevance versus availability, quality assurance, legal and safety issues, role of the laboratory, industry and DoH. The fee for the day is £30.00 per person or £50.00 for two if GP/Practice Nurse apply together. PGEA approved under disease/service management half day each.

PHYSIOTHERAPY IN PRACTICE

11 November 1993

This one day conference organised by the Royal College of General Practitioners in conjunction with the Chartered Society of Physiotherapy 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 poster submissions from GPs and Physiotherapists will be particularly welcome and a prize will be offered for the best poster. The fee for the day is £65 for one person or £110 for two, if GP/Physiotherapist apply together. Fee includes light lunch and refreshments. PGEA applied for. Venue: The Royal Geographical Society

For further details of any of the above please contact: RCGP Courses & Conferences on 071-823 9703 or Fax 071-225 3047

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Precautions: Significant renal, hepatic or cardiac insufficiency. Patients with phenylketonuria - each FELDENE MELT tablet contains 0.14mg phenylalanine. Drug Interactions: Monitor nationts on concurrent anticoagulants, lithium or diuretic therapy. Concurrent use of aspirin or other NSAIDs is not advised. Side-Effects: Gastro-intestinal symptoms; if peptic ulceration or gastro-intestinal bleeding occurs withdraw FELDENE. Oedema, mainly ankle. Skin rashes. CNS effects, including headaches and dizziness. Rare cases of renal and hepatic abnormalities have been reported. Haematological reactions including thrombocytopenia and anaemia and hypersensitivity reactions such as bronchospasm and anaphylaxis have been reported very rarely. Legal Category: POM. Package Quantities and Basic NHS Cost: FELDENE MELT tablets 20mg, pack of 28, £11-97 (PL 0057/0352). Full information on

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

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