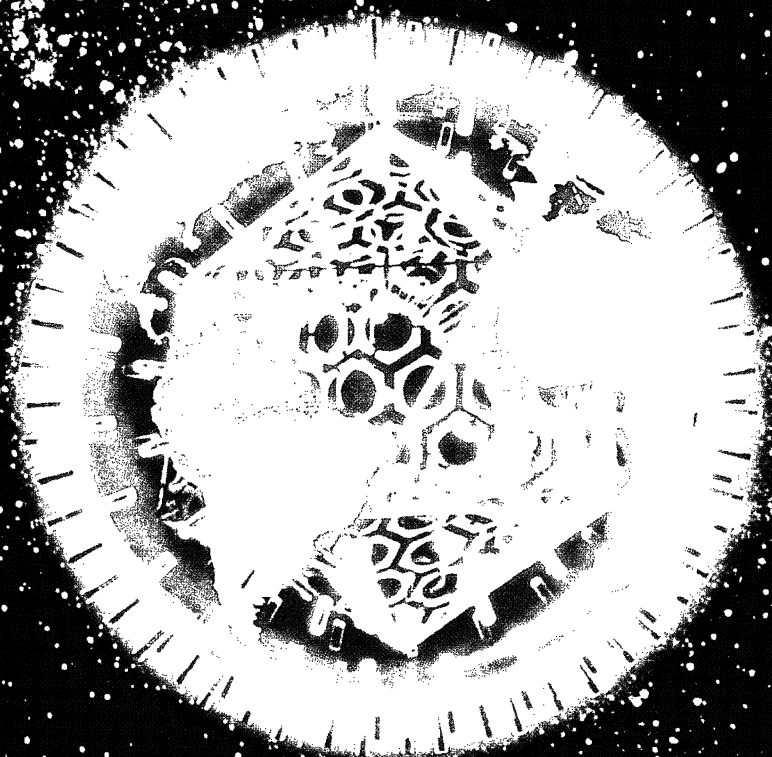
One of the great medicines of the world



Zovirax*

acyclovir

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

Uses, Dosage and Administration: Treatment of herpes simplex (HSV) infections of the skin and mucous membranes: *Adults and children over 2 yrs:* one 200mg tablet 5 times daily, 4-hourly for 5 days, omitting the night-time dose. *Children under 2 yrs:* formulation not applicable. Suppression of recurrent HSV infections in immunocompetent patients who cannot be satisfactorily managed by intermittent treatment: *Adults:* one 200mg tablet, 4 times daily, 6-hourly. The dosage can be titrated depending on patient response (see Data Sheet). Therapy should be interrupted at intervals of 6 to 12 months, in order to reassess suitability for continued suppression. *Children:* no data available. Prophylaxis of HSV infections in immuno-compromised patients: *Adults and children over 2 yrs:* one 200mg tablet 4 times daily, 6-hourly. The duration of prophylactic administration is determined by the duration of the period at risk. For severely immunocompromised patients the dose can be doubled to 400mg or I.V. dosing could be considered. *Children under 2 yrs:* formulation not applicable.

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

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 gastrointestinal events has not been found to differ from 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, Crewe, Cheshire.

Wellcome

Proven in antiviral care

THE EXPANDING WORLD OF 'ZESTRIL'

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 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.

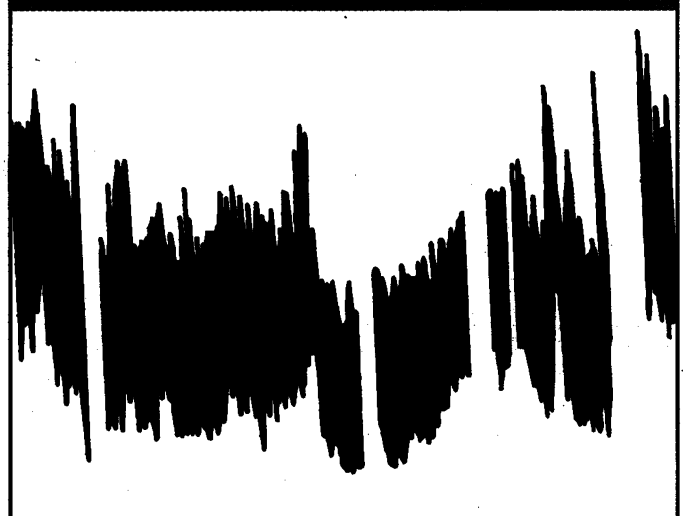
PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12619/0084) 28 tablets, £7.84; 5mg (12619/0085) 28 tablets, £9.83; 10mg (12619/0086) 28 tablets, £12.13; 20mg (12619/0087) 28 tablets, £13.72.
'Zestril' is a trademark.
Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. ZENECA Pharma, formerly part of the ICI Group.

lisinopril

Helping hypertensives retain their Zest for Life

ZENECA

93-2497-H/Issued June '93



HYPERTENSION

BY

JOHN COOPE MBE FRCGP

The early detection and the effective management of hypertension represents one of the great challenges to general practice. In the vast majority of cases it is asymptomatic and has to be diagnosed by an active policy of ease funding.

It is a major risk factor for the development of stroke, coronary artery disease, coronary heart disease, heart and renal failure so that its treatment is really an exercise in preventive medicine.

From the wide range of effective drugs available for its treatment, the doctor must choose those that most meet the needs of the individual patient, at all times taking account of other risk factors which may be present, for example diabetes, hyperlipidaemia and other diseases, e.g. asthma, which may co-exist.

As the vast majority of cases are managed by general practitioners and primary care teams, it is fitting that the author of this text is a full time practising general practitioner.

Dr Coope has with a remarkable economy of words, produced a masterly review of the subject which will be invaluable to all those interested in the early detection and effective management of hypertension.

Chapters include: Cause of hypertension
Consequences of hypertension
Pharmacological treatment of blood pressure

April 1993 ISBN 0 85084 186 0 = 16 pages
Price: £4.50

Available from the Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, Tel: 071 823 9698.
Tel: 071 225 3048, 24 hours for Access and Visa.

OCCASIONAL PAPER 61

Stress Management in General Practice

ROYAL COLLEGE OF GENERAL PRACTITIONERS

Published by
The Royal College of General Practitioners

Stress Management in General Practice

Occasional Paper 61

Stress looms large in the profession's thinking at present: stressed patients represent one of the largest groups of problems facing general practitioners and doctors themselves are coming increasingly under pressure.

This new Occasional Paper, the report of a multidisciplinary working party of the College, chaired by Dr Michael King, discusses the nature of stress and its links with physical disease, offers practical advice on how to run a stress management clinic, and reports the findings of a study on doctors, work and stress.

Occasional Paper 61 is available from the Sales Office, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £9.00 including postage. Tel: 071 823 9698

For Access and Visa orders please phone 071 225 3048, 24 hours.

NOW DYSPORT 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[1]. Surgery can be useful to restore vision but cosmetic problems and eventual recurrence limit its use[1].

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[1]. This benefit is also sustained when the Dysport treatment programme is maintained. A recent analysis of the efficacy of Dysport, used over a 2 year period, showed little or no loss of effect[2].

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

DYSPORT Abbreviated Prescribing Information **Presentation**: Freeze dried pellet in a glass vial containing 500 units of Clostridium botulinum type A toxin-haemagglutinin 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, keratitis, 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. **References**: 1. Grandas F., Elston J., Marsden C.D. J. Neurol. Neurosurg. Psychiatry 1988;51:767-772. 2. Elston J.S. 1991 in press. Dysport is a trademark.

PORTON

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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.

CONFERENCES & COURSES

NATIONAL MAAG DELEGATE DAY

THURSDAY 14 OCTOBER 1993
INTERNATIONAL CONVENTION CENTRE
BIRMINGHAM

A national meeting at Birmingham's prestigious new conference centre. Speakers representing FHSAs, RHAs, the RCGP, Department of Health, medical schools and MAAGs will look at the future of audit in primary care. Short presentations will be followed by open debate. Topics include clinical audit, MAAG-management relationships, the purchaser-provider role, audit in fundholding, and staff development. There is a registration fee of £5.00 which includes lunch. PGEA approval has been sought.

Further details and registration forms from
Birmingham MAAG, Department of General Practice,
University of Birmingham,
Birmingham B15 2TT
(Tel: 021-414-6636)

"BEYOND THE POSSIBLE"

The 6th La Manga Medical Conference,
Spain November 13-20th 1993.
A few places only are still available for this 22.5 hour PGEA approved course

******* 5 star accommodation at La Quinta Club.**
******* Full golf, tennis and social programme.**
******* Includes car hire, daily lunches, tennis coaching,**
******* Conference Dinner, Single Rooms with own bathroom**
******* NO SILLY SUPPLEMENTS.**
£625 delegates £425 non delegates.

Phone 0543-432757

FIRST NATIONAL GP TUTORS CONFERENCE
22-24 September 1993

Venue: Pine Lodge Hotel, Bromsgrove, Worcestershire
Fee: £250.00 including meals, accommodation and papers

Places can still be reserved - please contact
RCGP Courses and Conferences on
Tel: 071 823 9703 or Fax 071 225 3047

- The Suicidal Adolescent - One Day Conference

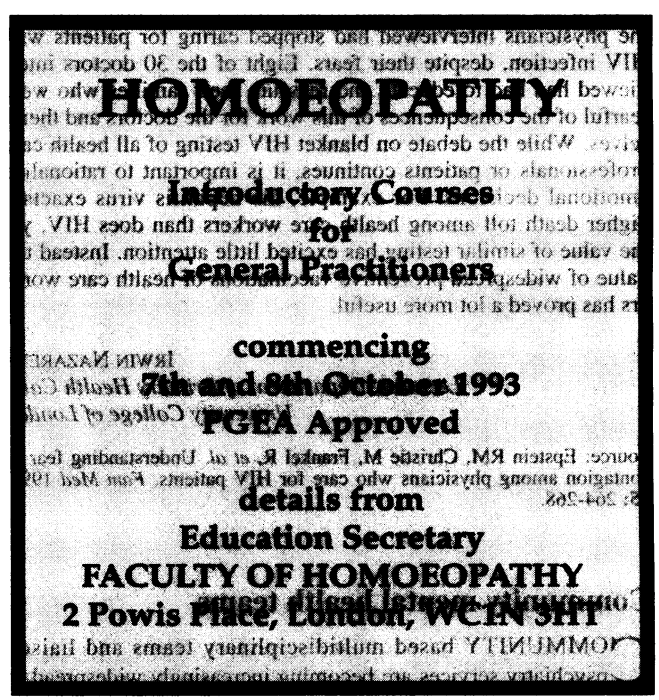
Saturday 30 October 1993
9.30 am - 4.30 pm

at Cavendish Conference Centre, London W1

Subject topics include:
Understanding suicide /
Working with suicidal adolescents /
Can we prevent suicide in adolescence?

Fee: £30 - *For further details please contact:*

Johnston House
51 Winchester Avenue
London NW6 7TT
Tel: 071 328 0918



RCGP COURSES . RCGP COURSES . RCGP COURSES.

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 & refreshments. PGEA applied for. Venue: The Royal Geographical Society.

TEACHING THE MEDICAL AUDIT TEACHERS
Course Tutors: Dr Oliver Samuel, Dr Bonnie Sibbald, Dr Paul Sackin & Dr David Clegg
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 approved for three days - one day each Service Management, Disease Management and Health Promotion and Prevention of Illness, or as zero-rated Section 63 course to enable Regional Advisers to sponsor tutors or trainers. The cost will be £300.00.

NEAR PATIENT TESTING STUDY DAY
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

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

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EDUCATION & LEARNING

MORTGAGES

BRITAIN'S ARTHRITICS ARE STARTING TO MELT

NEW FELDENE piroxicam

Now you can offer your arthritic patients an entirely different way of taking oral NSAID therapy.

New FELDENE MELT* breaks the mould of traditional tablets and capsules. When placed on the tongue FELDENE MELT dissolves in seconds to provide 24 hour control of symptoms. In this way patients can benefit from night and day relief of pain, reduced inflammation and improved mobility.

Because it's such a pleasant way of taking medicine, you may find many of your patients prefer FELDENE MELT to conventional capsules or tablets. Try them and see.

Melt Melt Melt Melt Melt Melt Melt Melt Melt Melt Melt Melt

Prescribing Information For FELDENE MELT* (piroxicam): UK

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. **Precautions:** Significant renal, hepatic or cardiac insufficiency. Patients with phenylketonuria – each FELDENE MELT tablet contains 0.14mg phenylalanine. **Drug Interactions:** Monitor patients 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 request.

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

*Trade Mark

MELTS IN SECONDS.
RELIEVES PAIN FOR 24 HOURS.[1,2]

NEW FELDENE piroxicam Melt

Pfizer

Pfizer Limited, Sandwich, Kent.

INVICTA PHARMACEUTICALS

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