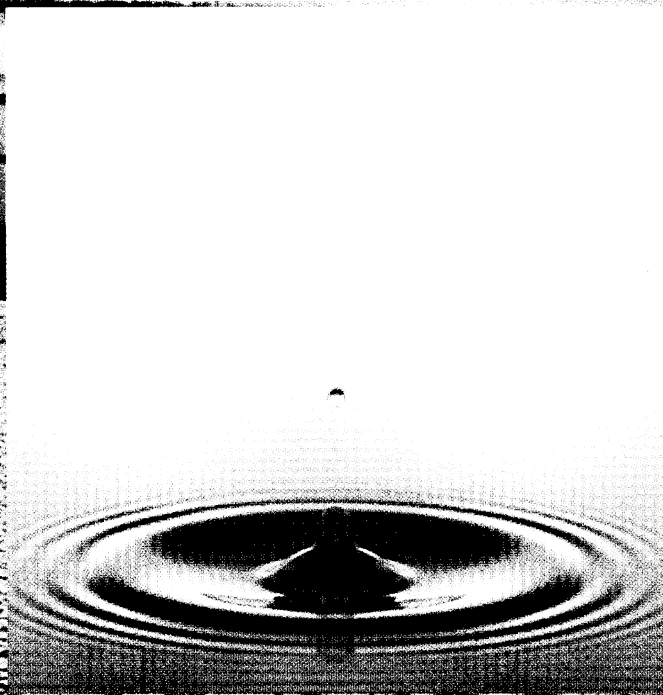


# Soothe away the sting of eczema treatment



Alphaderm is an effective treatment for moderate to mild eczema. Yet with minimal stinging on application, and side effects as low as associated with potent steroids.

## Alphaderm

Hydrocortisone 1% w/w Urea BP 10% w/w

**FOR SOFT, SUPPLE SKIN WITH MINIMAL STING**

*Alphaderm remains prescribable under the NHS*

**ALPHADERM - ABBREVIATED PRESCRIBING INFORMATION:** **Presentation** Alphaderm cream contains hydrocortisone Ph.Eur. 1% w/w and urea BP 10% w/w in a specially formulated base. It does not contain lanolin and is preservative free. **Indications** All dry ichthyotic eczematous conditions of the skin. **Dosage and administration** Wash and dry the affected area(s) and apply topically twice daily. Optimal rehydration of dry skin is achieved without the use of occlusive dressings. **Contra-indications** Known hypersensitivity. Primary bacterial, viral and fungal diseases of the skin and secondarily infected eczemas or intertrigo. **Precautions, warnings, etc** There is inadequate evidence for safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development. There may, therefore, be a very small risk of such effects in the human foetus. **Product Licence Number** 0364/0019R **Legal category** POM **Basic NHS cost** 30g - £2.36 100g - £7.32 **Ref. No.** UK/API/A/1.1/February 1994. **REFERENCES:** 1. Data on file - Clinical data covering 644 patients showed only 5% suffered more than slight stinging on application. 2. Kligman A.M., Kaidbey K.H. (1978) *Cutis*, **22**, 232-244. Further information is available from Procter & Gamble Pharmaceuticals, Staines, Middlesex TW18 3AZ

**Procter & Gamble**  
PHARMACEUTICALS

# 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: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), 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) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

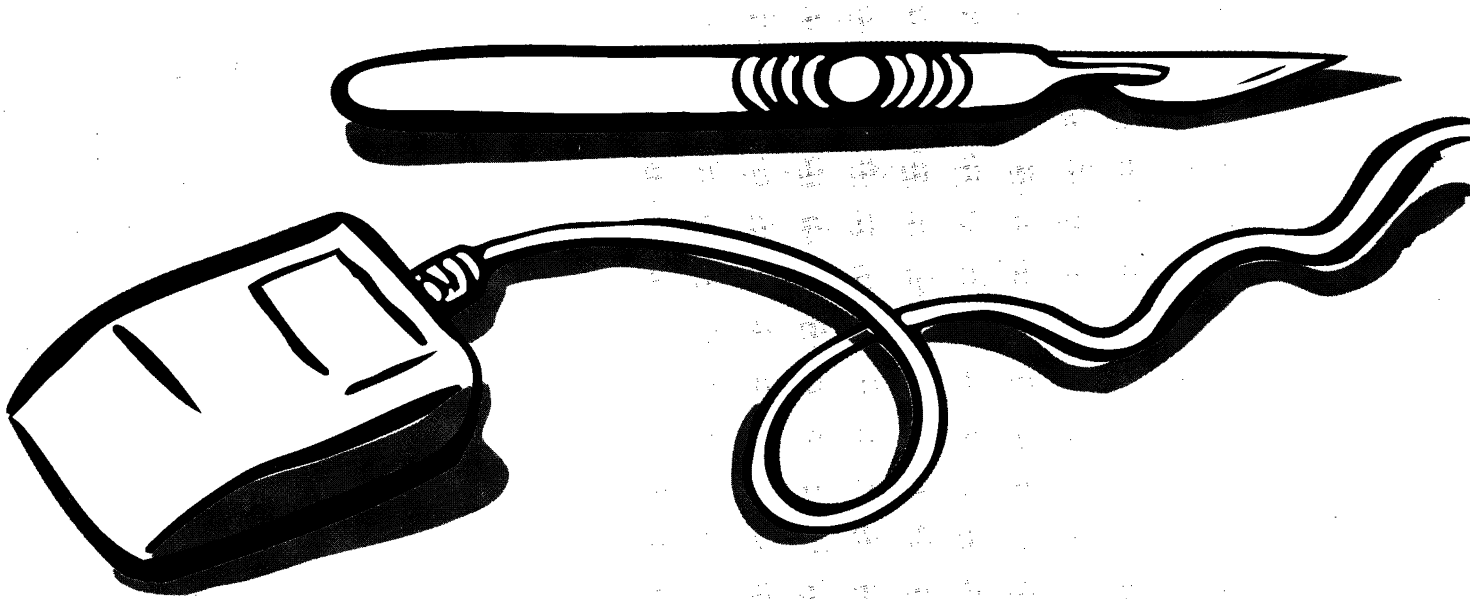
*Zestril*  
lisinopril

*Helping hypertensives retain  
their Zest for Life*

**ZENECA**



# Getting Better With Information



## Strategic Principles

Information is person-based

Information comes from operational systems

Information must be secure

Information needs to be shared

Information supports management

Information enables business objectives

Information focuses on health

Can we talk?

## Getting All Together Better

Across the NHS, healthcare professionals face unprecedented challenges as new legislation enables new demands, forges new relationships and creates new organisations.

Whether involved in clinical practice or management, you need IT systems to help you provide better patient care in a cost-effective and timely fashion.

Yet credible management information can't rely on hastily constructed solutions - healthcare applications must understand the concerns, constraints and structure of the NHS. Only then do they get to grips with the real issues and enable the flexibility and responsiveness you demand.

However, local choice has to be balanced by the need for systems to work together, across departments, across Trusts and across the NHS as a whole. But who can provide the right guidance?

IMG can. As part of the NHS Executive, IMG is charged with providing an NHS-wide strategy for delivering effective healthcare through better use of IT resources. And because we've worked on every type of project right across the NHS, our unrivalled experience means you can enjoy the best systems and help drive efficiency through the NHS.

Sharing information is not just a strategy, it's an altogether better way forward.

**IMG Information Point**

c/o Anglia and Oxford RHA, Union Lane, Chesterton, Cambridge CB4 1RF  
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\* Trademark of Miles Inc. USA

References 1. Lightfoot NF. The Rapid Diagnosis of Urinary Tract Infections in the Hospital and Community: Reagent Strip Testing. 2. Lowe PA. Med Lab Sci 1985; 42: 28-33.

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BJGP



## **MEDICAL DEVICES DIRECTORATE**

*... ensuring that medical devices and equipment used in the Health Service meet appropriate standards of safety*

## **How MDD can help**

Medical devices include a wide range such as bandages, thermometers, wheelchairs, orthopaedic implants, scanners.

The Medical Devices Directorate (MDD) is staffed by doctors, nurses, scientists, engineers, and administrators dedicated to safeguarding public health by ensuring medical devices and equipment for sale or in use meet appropriate standards of safety, quality and performance, and that such devices comply with relevant European Community Directives.

## **Adverse Incidents**

MDD investigates over 3,500 device-related adverse incidents a year, which may result in the issuing of a Safety or Hazard Notice or even withdrawal of devices from the market. Your help is sought in reporting all device-related incidents so that appropriate action can be taken.

*To report an adverse incident telephone 071 972 8080*

## **Evaluation of Medical Devices**

The Directorate has evaluated a wide range of devices including wheelchairs, aids for the disabled, a range of electromedical equipment, defibrillators, scanners.

For information about the programme and a list of available reports, telephone 071 972 8181

## **Expert Advice on Medical Devices**

The Directorate can offer medical and nursing advice on any issue relating to devices. If you have any queries, please telephone 071 972 8123 or if you would like more detailed information about the Directorate's work, write to Dr. S Ludgate at the address below.

**Medical Devices Directorate, 14 Russell Square, London WC1B 5EP**

## CLASSIFIED ADVERTISEMENTS

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 to refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

## COURSES

### ST GEORGE'S HOSPITAL MEDICAL SCHOOL (University of London)

#### DIVISION OF PSYCHIATRY OF ADDICTIVE BEHAVIOUR DIPLOMA IN ADDICTIVE BEHAVIOUR FOR GENERAL PRACTITIONERS

This well established one-year (four terms) part-time course is specifically for General Practitioners and is unique in the UK. The modular approach offers a comprehensive training in the addictions as applied to the Primary Health Care setting. PGEA approved. Course starts 4th October 1994.

#### MSc IN ADDICTIVE BEHAVIOUR

This course for Health Care professionals was the first of its kind in the UK. It consists of modular units of learning with a number of electives, and there is credit exemption for those who have obtained the Diploma. Covering the theoretical bases of addictive behaviour, organisational development and management, together with clinical/fieldwork placements, the course is offered either as two years part-time or one year full-time. Next course/module starts 4th October 1994.

**For further information contact: Education and Training Unit, Division of Addictive Behaviour, St George's Hospital Medical School, London SW17 0RE. (Tel. No. 081 725 2802 or 2637).**

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PARTNERSHIP AVAILABLE JUNE 1995 IN SEVEN PARTNER GENERAL PRACTICE GROUP IN MACKAY, QUEENSLAND.

DUE TO GOVERNMENT REGULATIONS, APPLICANT NOW MUST HAVE AUSTRALIAN RESIDENT STATUS AND BE ELIGIBLE FOR FULL REGISTRATION WITH QUEENSLAND MEDICAL BOARD.

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Psychiatric sessions available (3-9 hours per week) in private hospital with consultant led multi-disciplinary team in City/West End/Islington. Experienced GP required with psychiatric experience/qualification, intellectual excellence, social and communication skills, familiarity with drug, dynamic, cognitive behavioural treatments. CV, availability, reason for interest to Suite 207, London Bridge Hospital, London SE1 2PR.

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## **NATIONAL CONFERENCE FOR AUDIT FACILITATORS**

**13 September 1994**

A Conference for Primary Care Audit Facilitators will be held on Tuesday, 13 September at the RCGP. Invited speakers will examine the major issues of working to develop quality assurance in every general practice and there will be small group discussion to explore the current concerns.

The cost of the Conference will be £55.00 (inclusive of VAT).

## **QUALITY THROUGH STANDARDS - MARKETING THE WAY AHEAD**

**14 September 1994**

This Study Day is a joint initiative between the Royal College of General Practitioners and the Association of Managers in General Practice. The aim of the day is to enable GP Educators, Practice Manager Educators and Nurse Educators to increase their understanding of management standards and how best to encourage others to develop and use them.

PGEA and Section 63 approval being sought.

Fee: £58.75 (inclusive of VAT) for GPs or £35.25 for Practice Managers and Nurses.

## **CHAIRMANSHIP SKILLS - "ROUND THE TABLE CHAIRING"**

Course Tutor: Denise King

**15 September 1994**

This one day course is designed to increase the skills of those who chair meetings "round the table" including committee and partnership meetings and is therefore particularly relevant to GPs. The course will focus on oral skills as opposed to the construction of agendas and meeting procedure. A workshop atmosphere will prevail with relaxed and informal interchange. Each member will chair a meeting and present an oral report. The intensive nature of this course means participants are limited to 10.

No advance preparation is required.

Section 63 approval being sought. The fee is £125.00 (inclusive of VAT).

## **MRCGP COURSE**

Course Leaders: Dr D R Dare and Dr H P Joshi

**22-25 September 1994**

This is an intensive course employing unique teaching methods to enable candidates to prepare for the MRCGP examination. The course is particularly directed to cater for the needs of the candidates who have difficulty in obtaining an invitation to the oral examinations. It is also aimed to introduce candidates to the use of videos for consultation analysis and to help them to gain an insight into the role and functions of the college of which they seek membership.

Section 63 applied for. Course fee £450.00 (inclusive of VAT).

## **EFFECTIVE PERSONNEL MANAGEMENT**

Course Director: Sally Irvine Course Tutor: Hilary Haman

**28/29 September 1994**

This course is designed for members of the practice team whose responsibilities include staff management. The principles of personnel management, and their application in the management of staff whose conduct and performance are problematic, are covered. This two day residential course addresses the contract of employment, the motivation of staff and dealing with disciplinary issues.

The fee (inclusive of VAT) is £250.00 including lunch and refreshments and dinner on the first evening.

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

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# Take a fresh look at Cardura



## **CARDURA\***

doxazosin

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that can also lower cholesterol**

**ABBREVIATED PRESCRIBING INFORMATION FOR CARDURA\* (doxazosin): UK.**

**Presentation:** White tablets containing doxazosin mesylate to the equivalent of 1, 2 and 4mg doxazosin. **Indications:** First-line treatment of hypertension and may be used as the sole agent to control blood pressure in the majority of patients, including those with asthma, diabetes mellitus, gout and the elderly. **Dosage:** CARDURA is used in a once daily regimen. The initial dose is 1mg. Dosage may then be increased after 1 or 2 weeks of therapy to 2mg and thereafter, if necessary, to 4mg. The majority of patients who respond to CARDURA will do so at a dose of 4mg or less. Dosage can be further increased, if necessary, to 8mg or the maximum recommended dose of 16mg. **Use in children:** Not recommended. **Contra-indications:** Sensitivity to



CARDURA and related quinazolines. **Lactation:** Use during pregnancy: CARDURA should only be used during pregnancy when, in the opinion of the physician, potential benefit outweighs potential risk. **Side-effects:** Postural hypotension, rarely associated with fainting. Other reactions include: dizziness, vertigo, headache, fatigue, asthenia and oedema. **Further information:** In short-term studies, CARDURA produced a modest reduction in plasma total cholesterol and LDL cholesterol. **Legal Category:** POM. **Basic NHS Cost:** 1mg tablet (PL 57/0276) Calendar pack of 28, £10.56; 2mg tablet (PL 57/0277) Calendar pack of 28, £14.08; 4mg tablet (PL 57/0278) Calendar pack of 28, £17.60. Further information is available on request from INVICTA\* Pharmaceuticals, A Division of Pfizer Limited, Sandwich, Kent CT13 9NJ