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DOSEAGE AND ADMINISTRATION: Hypertension Adults: Initially, 2.5mg daily; a 2.5mg dose should achieve 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. Children – Not recommended.

CONTRAINDICATIONS: Pregnancy. Hypersensitivity to Zestril. Patients with history of angioedema or previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outfluent 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 concurrent use with high-flux dialysis membranes.

SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequent: rash, asthma. Rare: angioedema, oliguria/anuria, renal dysfunction/acute renal failure, impotence, pancreatitis, haeetroxic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgias/artihtis, 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 and neutropenia.

LEGAL CATEGORY: POM.
PRODUCT Licence NUMBERS AND Basic NHS COSTS:
Zestril 2.5mg (12619/0084) 7 tablets, £1.95; 28 tablets, £7.84; 5mg (12619/0085) 28 tablets, £1.58; 10mg (12619/0086) 28 tablets, £1.85; 20mg (12619/0087) 28 tablets, £3.38.

Zestril is a trademark.
Further information is available from: ZENECA Pharma, King’s Court, Water Lane, Wiltshire, Cheshine SN19 7AL.

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PERFORMANCE APPRAISAL COURSE
Course Director: Sally Irvine Course Leader: Hilary Haman

1/2 November 1995
This is a two day course open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal, the opportunity to practise interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a staff appraisal scheme into their practice. This course is aimed at both newcomers to appraisal and those who have experience of appraisal but wish to revisit the subject. It is a highly intensive course and therefore limited to 12 participants only.
The delegate fee (inclusive of VAT) is £325.00 including lunch and refreshments on both days and dinner on the first evening. PGEA approved for 2 days under service management.

STUDY DAY ON SPORT & HEALTH: FITNESS FOR OVER 50s

29 November 1995
This study day, organised in association with the Sports Council, will examine the role of physical activity in the health of people over fifty. The programme considers both the physiological and the sociological factors involved in promoting physical exercise as a method of health care and includes presentations on schemes which have been established to enable GPs to “prescribe” exercise for patients.
All members of the primary health care team are welcome to attend.
Delegate fee £55.00 (inclusive of VAT). PGEA applied for.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.
Tel: 0171 823 9703 Fax: 0171 225 3047.

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Department of Dermatology

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The course is divided into three modules each of ten weeks. The fee for each module is £560.00. There are structured reading and written tasks, integrated with your practice, and audio cassettes. There are two weekends of clinical instruction held in Cardiff during the year where course participants attend ward rounds, clinical demonstrations and lectures. Continual assessment and a final examination lead to the Diploma in Practical Dermatology. The next course, organised by the University of Wales College of Medicine, will start in April 1996 and is open to all general practitioners.

For further details and an application form please write, fax or phone: Miss Yvonne Morris, Dermatology Postgraduate Centre, University of Wales College of Medicine, Grove Mews, 1 Coronation Road, Birchgrove, Cardiff CF4 4QY, Wales, United Kingdom.
Tel: (01222) 621952 (International +44 1222 621952) Fax: (01222) 621953 (International +44 1222 621953).

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Annual Symposium

RESEARCH IN GENERAL PRACTICE
Regents College, Regent’s Park, London NW1
Thursday 16 November 1995

This year’s Symposium seeks to raise the profile of research in general practice, covering the whole spectrum of research from simple projects right through to work forming the basis of an MD thesis. Plenary Speakers include Professor Sir Michael Peckham, Director of Research & Development at the Department of Health, and Professor Andrew Haines, Director of Research & Development, North Thames Regional Health Authority.

The programme will consist of academic presentations on new research as well as teaching sessions on research methods. **Topics include:**
- Doing an MD
- Research General Practices
- Qualitative and quantitative research
- How to get published
- How to get help

Whether you are thinking about undertaking research within general practice, or are an experienced researcher, this conference will have something for you.

Delegate fee (inclusive of VAT) £60.00 including lunch and refreshments. PGEA and Section 63 approved.

For further details please contact: RCGP Courses & Conference Unit, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047

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RECRUITMENT

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RCGP

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Tel: 01265 42650 Fax: 01265 321000
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AUSTRALIA

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Judy Harris
RDCU Locum Project Coordinator
Rural Training Unit
Dubbo Base Hospital
PO Box 739
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AUSTRALIA

Tel: 068 847603 / 068 858 797 Fax: 068 818 006

G.P. Registrar Vacancies

A vacancy exists at Brockway Medical Centre, Nailsea, Bristol for three months commencing 1st November, 1995. There will also be a vacancy commencing 1st August 1996.

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Applications and C.V. to Mrs. H. Webber, Backwell Medical Centre, 15 West Town Road, Backwell, Bristol, BS19 3HA.
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IM&T can be summarised as bringing together the use of information for management and operational purposes and the use of technology to support information gathering and analysis.

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These include:

- A video on the use of IM&T in Primary Care
- GP Practice Development Toolkit
- Computer-Based Training (CBT) on roles and information activities
- Open Learning on the use of information in practice management
- A guide to the effective use of IM&T in GP Purchasing
- CBT package on the use of spreadsheets in PHC.

For further details, please contact the
IM&T Programme at the NHSTD, St Bartholomews Court,
18 Christmas Street, Bristol,
BS1 5BT. Tel 0117 9291029. Fax 0117 9250574.

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**Key Principles**

- Information is person-based
- Information comes from operational principles
- Information needs to be shared
- Information supports management
- Information enables business objectives
- Information focuses on health
- Information is our business

**Information is vital to the NHS**

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

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For general information please order The IM&T Infrastructure in context: executive summary (C3038) and The Impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

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