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PREScribing INFORMATION
Consult Data Sheet before prescribing.
'ZESTRIL'
USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (diuretic therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).
PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg Lisinopril.
DOSEAGE AND ADMINISTRATION: Hypertension Adults (inc. 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: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk, increasing to 5-10mg once daily according to response. Monitor blood pressure and renal function.
Acute myocardial infarction Treatment may be started within 24 hours of symptoms. First dose 1.25mg, followed by 1.25mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (100mmHg or less) – see Data Sheet.
Renal impairment - may require lower maintenance dosage. 'Zestril' is diabetable.
Children - not recommended.
CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to Lisinopril. Patients with history of angioedema or previous ACE-inhibitor therapy.
PRECAUTIONS: Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and patients with congestive heart failure. Caution in patients with ischaemic heart disease, cerebrovascular disease, renal insufficiency, renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction at risk of serious haemodynamic deterioration – see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment usually reversible may occur in some patients. Hypokalemia may occur during surgery or paracentesis. Caution in nursing mothers. No pediatric experience. Afro-Caribbean patients may show reduced therapeutic response.
Pre-existing renal impairment can be worsened by discontinuing diuretics prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid diuretics with high flux dialysis membranes.
SIDE EFFECTS: Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthma, renal, angioedema, arthralgia, myalgia, sensation of chest tightness, peripheral oedema, alanine aminotransferase, aspartate aminotransferase, blood glucose, tremor, syncope, adrenal crisis, pancytopenia, exfoliative dermatitis, angioedema, impairment of renal function, anaphylactic reactions during desensitisation treatment, Leucopenia and thrombocytopenia have occurred (causal relationship not established).
LEGAL CATEGORY: POM.
PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12/540/46) 28 tablets, 5mg (12/540/53) 28 tablets, 10mg (12/540/56) 28 tablets, 20mg (12/540/57) 28 tablets, 30mg (12/540/58) 28 tablets.
'Testril' is a trademark, the property of ZENECA Limited.
Further information is available from ZENECA Pharma, Leeds Court, Water Lane, Wiltshaw, Cheshire SK9 5AZ.
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Vale of Trent Faculty
Royal College of General Practitioners

A Reading & Reference Book List for General Practice
Compiled by Dr Brendan Jacobs FRCGP

This sixty page listing of books selected for GPs was published on 1st November 1995.
Contents include sections on ‘the specialities’ plus education, general practice, practice management and various topics of general interest etc.
Books are described by title, author, publisher, ISBN number, price, year of publication and the number of pages.
To order, contact: J Baily, Vale of Trent Faculty, RCGP, Department of General Practice, Medical School, Queen’s Medical Centre, Nottingham NG7 2UH.
Fax: 0115 9709389. Price: £5.00 per copy, payable with order please. Cheques to be made payable to Vale of Trent Faculty, RCGP.

The 1996 NATIONAL CONFERENCE OF GP REGISTRARS

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Thursday 5 & Friday 6 September 1996

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Ann Taylor,
Department of Anaesthetics and Intensive Care Medicine,
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For further information please contact:
Education and Training Unit, St George’s Hospital Medical School, Department of Addictive Behaviour, Cranmer Terrace, London SW17 0RE. Tel: 0181 725 2637 Fax: 0181 725 2914.

BEST PRACTICE FOR GP FUNDHOLDERS

The NHS Executive has just published this guidance document, which is intended to help GP Fundholding practices make sure that they are in full control of their information and systems. The guidance document was prepared by the Leeds FHSA Internal Audit department; the department is actually based at St James’s and Seacroft University Hospitals Trust and provides internal audit services to the FHSA on an agency basis.

The guidance provides detailed procedural guidelines for fundholding practices to assist them in imposing an effective control, monitoring and reporting environment. It summarises some mandatory procedures, but much of it is advice on best practice which is offered to GP Fundholders as a tool to help them to manage their affairs. The guidance is split into several chapters, each of which provides detailed guidance on a discrete area of Fundholding.

The guidance is based on the authors’ extensive experience of auditing GP Fundholders, and on comments made by internal and external auditors around the country. Several GP Fundholders in the Leeds FHSA area also made a valuable input into the guidance.

In summary, this best practice guides is designed to provide practice, effective and useable advice to GP fundholding practices, and has been developed wholly within the NHS by people with a detailed understanding of, if not a direct day to day involvement in, fundholding.

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\textbf{Theme: “Learning Together”}  
4th, 5th, 6th October 1996  
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\item and any related topic with personal professional development
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\textbf{DEADLINE FOR WORKSHOP CONTRIBUTION PROPOSALS:}  
\textbf{30th JUNE 1996}  

Please send a brief outline of your Workshop Contribution proposal(s) to either:-

Dr Kumar Kotegaonkar \quad Dr John Plumb \quad Dr Gill Plant  
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British Journal of General Practice

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B. Instrumentation and Basic Techniques: Ultrasound; stress and duplex scanning; plethysmography; CT scanning; NMR; nuclear medicine in vascular disorders; angiography and venography; thermography; ECG; echocardiography; TePO2 and TePcO2; laser Doppler; principles of vascular procedures.

C. Vascular Disorder: Hypertension; diabetes mellitus, hyperlipidaemia; lower limb ischaemia, extracranial cerebrovascular disease; renal and mesenteric ischaemia; coarctation of the aorta, vasculogenic impotence, coronary artery disease, vascular malformation; Raynaud’s syndrome, DVT and pulmonary embolism, chronic venous disorders; lymphatic disorders aneurysmal disease.

The syllabus will be covered by a series of lectures, teaching rounds, outpatient clinics and specially organised seminars. In addition, each student will undertake a research project which should be written up and presented as a dissertation at the final examination.

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Course Organisers:
ANDREW N. NICOLAIDSE, M.S., F.R.C.S., Professor of Vascular Surgery, PETER SEVER, M.B., B.Ch., Ph.D., F.R.C.P., Professor of Clinical Pharmacology, RICHARD KITNEY, M.S.c., Ph.D., D.I.C., Professor of Biomedical Systems. For details and an application form, please contact The Deputy Registrar: Mr. W. UMPLEBY, St. Mary’s Hospital Medical School, Norfolk Place, London W2 1PG, United Kingdom, Tel: 0171 723-1252.

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Restandol 40mg prescribing information

Presentation: Gelatin capsules containing 40mg Testosterone Undecanoate. Uses: Testosterone replacement therapy in male hypogonadal disorders, eg, male climacteric symptoms such as decreased libido, decreased mental and physical activity. Administration: Initially 100-160mg daily for 2-3 weeks. Subsequent dosage (40-120mg daily) should be based on the clinical effect. Contra-indications: Known or suspected prostatic or mammary carcinoma, hypercalcaemia, nephrotic syndrome, ischaemic heart disease or untreated congestive cardiac failure.

Precautions and warnings: Patients with the following conditions should be monitored: latent or overt cardiac failure, renal or hepatic dysfunction, hypertension, epilepsy or migraine (or a history of these conditions), hepatocellular carcinoma, hepatosplenomegaly, cerebral haemorrhage, and skeletal metastases. If hypercalcaemia or hypercalciuria develops treatment should be discontinued. Androgens should be used cautiously in prostatic lesions. Androgen therapy should only be used in male hypogonadism in which total testosterone levels have been demonstrated to be low. Interactions: Concomitant administration of liver enzyme inducing drugs such as rifampicin, barbiturates, carbamazepine, dichlorphenamidine, phenytoin, phenobarbital may decrease the effect of Restandol.

Adverse reactions: Priapism and other signs of excessive sexual stimulation, precocious sexual development, increased frequency of erections, plastic enlargement, premature epiphyseal closure in prepubertal males, sodium and water retention, oligoamenorrhea, decreased ejaculatory volume. Treatment should be interrupted until these symptoms have disappeared, after which it should be continued at a reduced dosage. If signs of virilization, particularly lowering of the voice, develop treatment should be discontinued.

Overdosage: Gastro-intestinal lavage with appropriate supportive therapy.

Legal Category: POM
Product Licence Numbers: 0006/0019
Pack: 40's: Cost £1.15/capsule £2.88,
1 x 56 capsules £3.73
Revised 1 Mar 91
HYDROMOL CREAM
[arachis oil, isopropyl myristate, liquid paraffin, sodium pyrrolidone carboxylate, sodium lactate]

AND EMOLLIENT
[light liquid paraffin, isopropyl myristate]

AN OASIS FOR DRY SKIN CONDITIONS

EMOLLIENT
Lanolin, preservative and fragrance free
Cosmetically acceptable soap substitute
Well-dispersed throughout the water
Easy to clean bath after use

CREAM
Lanolin and fragrance free
Occlusive effect of the oils
Specific hydrating agents formulated
Cosmetically acceptable

PRESCRIBING INFORMATION

HYDROMOL EMOLLIENT

ACTIVE INGREDIENTS
Light Liquid Paraffin BP 37.8%
Isopropyl Myristate BP 13.0%

INDICATIONS
For the treatment of dry skin conditions such as eczema, ichthyosis and senile pruriitus.

dosage and administration
Hydromol Emollient should always be either added to water or applied to wet skin.
1. For use in the bath:
   (a) Adults and the elderly: Add 1-3 capsules to a 18 inch bath of water. Soak for 10-15 minutes.
   (b) Infants: Add 1-2 capsules to a small bath of water.
2. For application to the skin as a sponge bath or in the shower:
   (a) Adults, children and the elderly: Pour a small quantity onto a wet sponge or flannel and rub onto wet skin. Rinse and pat dry.

CONTRA-INDICATIONS, WARNINGS ETC.
Keep away from eyes. Take care to avoid slipping in the bath/shower.

LEGAL CATEGORY [RX]

FURTHER INFORMATION
This bath can be easily cleared after use. Hydromol Emollient does not contain lanolin, preservative or fragrance and may thus be used on those patients sensitive to these substances.

Presentations and basic N.H.S. costs
Polyethylene bottles of 150ml (£1.72), 350ml (£3.32) and 1 litre (£7.80).

PRODUCT LICENCE NUMBER 0291/0022.

HYDROMOL CREAM

ACTIVE INGREDIENTS
Light Liquid Paraffin BP 10.0%
Isopropyl Myristate BP 5.0%
Isopropyl Alcohol BP 10.0%
Sodium Pyrrolidone Carboxylate 2.5%
Sodium Lactate 1.0%

INDICATIONS
Any condition in which "dry skin" is a feature including all forms of dermatitis/eczema - all degrees of ichthyosis and senile pruriitus.

DOSAGE AND ADMINISTRATION
Adults and Children: Apply liberally to the affected area and massage well into the skin. Hydromol Cream may be used as often as required.

Hydromol Cream is especially beneficial when used after a bath or shower, when the resultant warmth of the skin enhances the absorption.

CONTRA-INDICATIONS, WARNINGS ETC.
None known.

LEGAL CATEGORY [RX]

FURTHER INFORMATION
Hydromol Cream does not contain lanolin or fragrance and may thus be used on those patients sensitive to these substances.

Presentations and basic N.H.S. costs:
Tubes of 50g (£2.04), 100g (£3.40) and tube with pump dispenser of 500g (£10.95).

PRODUCT LICENCE NUMBER 0291/0023

FURTHER INFORMATION AVAILABLE FROM:-

QUINODERM LIMITED
Manchester Road, Hollinwood, Oldham, Lancashire OL8 4PB

TRIAL PACKS AVAILABLE

Reader Service No 3
School of Health Sciences

Pg.Dip/MSc in Health Promotion

This course has been designed for those who wish to gain a qualification in health promotion. It is relevant to those either working in health promotion or for those who work in related fields and have health promotion as part of their work remit e.g. environmental health, nursing, public health, general practice, Community and Voluntary organisations. The course will ensure that those undertaking health promotion activities at all levels are able to acknowledge the complexities of prevention and examine critically the issues which surround the health of the population of Scotland. On completion of the course the student will have acquired a broad reflective approach to health promotion.

Subjects covered will include:

- Concepts, Theories and Models of Health Promotion
- Managing Health Promotion
- Social Policy and Politics of Health Promotion
- International Approaches to Health Promotion
- Research Methods and Evaluation in Health Promotion

The course will be part-time and will be offered over two years. Each year comprises of three semesters. The structure of the course will be modular and will be offered on a block release basis.

Certificate of Higher Education in Health Promotion

This course has been tailor made for those who wish to develop their skills and confidence in planning and implementing health promotion initiatives at local level. It is ideal for individuals working in practical health promotion either as part of their professional practice, within the community or in a voluntary organisation.

Subjects covered will include:

- The Principles and Practice of Health Promotion
- Evaluating Health Promotion
- Communication Skills, Methods and Resources
- Health and Society
- Psychology

The academic level of the course is equivalent to the first year of a degree and will be offered on a part-time basis over one year, in a modular structure on a block release basis.

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PILGRIMS SCHOOL - FOCUS COURSES

Innovative new courses for year 9 and year 11 pupils who miss out on their education and social life due to the effects of chronic asthma, eczema and related conditions.

Starting in September 1996 these courses combine proactive medical support with intensive educational input and enable the student quickly to rejoin the mainstream.

In addition to national curriculum subjects the courses offer individual programmes in self management of medication, health promotion, personal fitness and self esteem together with personal counselling.

To receive an information pack please contact:

Mrs Janice Richardson MA, BEd, Headteacher, Pilgrims School, Firle Road, Seaford, East Sussex, BN25 2HX. Tel: 01323 892697
CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Maria Phantis, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171 - 581 3232. Fax: 0171 - 225 - 0629. 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 £15.00 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/CONFERENCES

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TEL: 01565 755226 FAX: 01565 850084

3RD RCGP CONFERENCE ON ADOLESCENT CARE IN PRACTICE - Working at the Interface

2 July 1996 – The Angel Hotel, Cardiff

This conference is part of a series of regional conferences designed by the RCGP Working Party on Adolescents to consider how primary care can respond more effectively to the unmet needs of teenagers. It is aimed at all who work with teenagers, including medical, nursing and administrative staff. The conference will be opened by Dr Geoff Morgan, Chairman RCGP Welsh Council, and the programme will include members of the working party as well as local speakers. Topics covered will include the Interface between Primary, Secondary and Community Care, and between members of the Primary Health Care Team; Confidentiality; Mental Health; Chronic Disease, and Teenagers’ access to appropriate care. The organisers hope to receive ideas and contributions from those who attend in response to the speakers and during the afternoon workshop sessions.

The Working Party is keen that some adolescents should attend the conference and take part in the discussions. There will be a reduction of £10.00 for delegates who are accompanied by a teenager (places for teenagers are free, but available by pre-booking only as numbers are limited).

PGEA applied for.

Delegate Fee (inclusive of VAT): £45.00 GPs/Paediatricians

£35.00 GP Registrars/

Health Visitors/Nurses

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

RCGP COURSES

MRCGP COURSE

Course Tutors: Dr Has Joshi, Dr Douglas Dare, Dr Terry Davies & Dr Geoff Morgan

Wednesday-Saturday 11-14 September 1996

This is an intensive course employing unique teaching methods to enable candidates to prepare for the MRCGP examination. The course covers the various methods of assessment used in the examination. This is a very popular course with a high success rate, and candidates are advised to book early to avoid disappointment as numbers are limited to 40 only.

The Delegate Fee (inclusive of VAT) is £450.00. PGEA & Section 63 Applied for.

PERFORMANCE APPRAISAL COURSE

Course Director: Sally Irvine

Course leader: Hilary Haman

25/26 September 1996

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 practice 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 £400.00 including lunch and refreshments on both days. PGEA is 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.

TRAINEE REQUIRED

AUGUST 1996 FOR FRIENDLY AND BUSY FIVE PARTNER PRACTICE, FIRST WAVE FUNDHOLDING, FULLY COMPUTERISED. HALF DAY RELEASE, TEACHING SESSIONS. NO OUT-OF-HOURS ON CALL.

APPLY IN WRITING WITH CV TO:

MRS G DAVIES, PRACTICE MANAGER, THE MEDICAL CENTRE, CRAIG CROFT, CHELMSLEY WOOD, BIRMINGHAM B37 7TR.

British Journal of General Practice, June 1996
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Please Quote Reference: 01167C

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nrbridge Science Park	on Road
nrbridge CB4 4FL
phone: (01223) 423445
used on the average length of treatment

STRADIOL IMPLANTS:

Dosage: Pellets for implantation. 25mg, 50mg, or
ong of Oestradiol. Uses: Major
menopausal symptoms due
estradiol deficiency, including
menopause of post-menopausal
who in hysterectomised
ents. In women with an intact
the lowest effective dose
be used and it must be co-
it 10-13 days in each cycle.
administration: 25-100mg.
required if symptoms return, usually
ly 4 to 8 months. Implants
be inserted simultaneously.
by Pregnancy and
ast-Feeding: Oestradiol
ants are contraindicated during
ancy, and are not
medicated in lactation.
trandidations: Pregnancy,
vascular or cerebrovascular
orders. Moderate to severe
extension. Severe liver disease
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diagnosed vaginal bleeding,
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viable. Patients with any of the
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one, renal dysfunction, epilepsy,
 (or history of),
tension, sickle cell
oglobinopathy, oestrogen-
egenerative gynaecological disorders,
terine fibromyoma and
metriosis. Remove implant if
rsion develops. Adverse
ctions: Intermenstrual
ing, increase in the size of the
fibromyoma, endometrial
itation, excessive production
cervical mucus, aggravation of
iometrosis, premenstrual-like
ome, breast tenderness, pain,
tration, secretion. Nausea,
ning, choleliathiasis, cholestatic
ide. Thrombosis, rise of blood
ure. Chloasma, exfoliation,
some, rash. Discomfort of the
es if contact lenses are used.
tache, migraine, mood changes,
 and water retention.
sed glucose tolerance, a
ng in body weight. Changes in
function. Interactions: May
in glucose tolerance.

ertdosage: Acute overdose
know to occur.


gal Category: FOM

ct Licence Numbers

HS Cost:

0065/5074R £9.59
0065/5075R £19.16
0065/5076R £23.40

ised February '96
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

Can we talk?
Just pick up the phone!

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 fundholding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

That's where we come in. IMG is charged with providing an NHS-wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

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After all, information is more than a resource, it's a shared strategy.

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:

IMG Information Point/NHS Register of Computer Applications
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