THE EXPANDING WORLD
OF ‘ZESTRIL’

Lisinopril: the only once-daily ACE-inhibitor
indicated for hypertension, congestive heart failure
and acute myocardial infarction

• More Doctors are prescribing ‘Zestril’
  for more patients than ever before
• ‘Zestril’ has 12 million patient years
  of experience
• 48,000 patients are currently involved
  in 3 major trials with lisinopril
• Lisinopril is on over 75% of hospital
  formularies

PRESCRIBING INFORMATION
Consult Data Sheet before prescribing.
‘ZESTRIL’

USE: All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy), acute myocardial infarction in haemodynamically stable patients in addition to standard coronary care.

PRESENTATION: Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

DOSE 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 10mg once daily. Maximum is 40mg daily. Diabetic patients should be carefully monitored.

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.

Acute myocardial infarction: Treatment may be started within 24 hours of symptoms. Initial dose is 5mg, followed by 5mg after 4 hours, 10mg after 8 hours and then 10mg once daily. Dosing should continue for 6 weeks. Lower doses in patients with lower systolic blood pressure (120mmHg or less) — see Data Sheet.

Renal impairment — may require lower maintenance dosage. ‘Zestril’ is dialysable. Children — not recommended.

CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to ‘Zestril’. Patients with history of angioedema on previous ACE-inhibitor therapy. Patients with aortic stenosis, conduction disease 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 hereditary of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction or 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. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. MonoCarb 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 frequently: rash, anaemia, rhabdomyolysis, angioedema and other hypersensitivity reactions. Myocardial infarction or cerebrovascular accident possible secondarily to excessive hypotension in high risk patients; palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paroxysms, bronchospasm, alopecia, urticaria, diarrhoea, purpura, urticaria, angioedema, renal dysfunction, acute renal failure, impotence, haemolysis, anaemia. A syndrome complex which may include: fever, arthralgia, myalgia, arthralgia/myalgia, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood uric, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hyperkalemia and hyperuricaemia.

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 (126/190000) 28 tablets £17.46, 5mg (126/190005) 28 tablets £41.55, 10mg (126/190006) 28 tablets £11.53, 20mg (126/190007) 28 tablets £13.38.
‘Zestril’ is a trademark, the property of ZENECA Limited.

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

95/366/4 issued Sept ’95

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For more information contact
Mr. P. Hussain (Course Leader)
Centre for Radiography Education
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The Schizophrenia
Association of
Great Britain

Schizophrenia - The Umbrella Disease
Koranyi says ‘There are no psychiatric patients - only medical patients with varying degrees of
psychopathology.’ We, in the Schizophrenia Association of Great Britain (SAGB), agree with
Koranyi. There is much physical illness amongst our members and their close relatives. We believe
that bodily illness is seldom sought in psychiatric patients and yet it may be the direct cause of the psychiatric symptoms
in very many patients. There may be a genetic vulnerability to certain bodily diseases which eventually disturb the
functioning of the brain. No genetic cause has yet been found for schizophrenia. It is now widely accepted as having a
heterogeneous aetiology. We call on all GPs to help to medicalise psychiatry and to look for the diseases which have a
raised incidence in schizophrenia (gastrointestinal disease, cardiovascular disease, endocrine disease and infections) and
those which cause an excess mortality in these patients (lung, gastro-intestinal, urogenital and cardiovascular diseases
and infections.)
It is of the utmost importance that such disease is sought in the early stages of the illness when personality changes are
first reported by the relatives. Such changes may not be noted by outsiders, including doctors. Early tentative diagnosis is
as important for schizophrenia as for any other disease, yet, on average about three years may elapse between the time
the relative seeks medical help and the time a diagnosis of schizophrenia is made.
Write for more information to: Gwynneth Hemmings, Schizophrenia Association of Great Britain
Bryn Hyfryd, The Crescent, Bangor, Gwynedd LL57 2AG. Telephone and fax 01248 354048

The Schizophrenia Association of Great Britain acknowledges funding from the National Lottery
Charities Board UK for a campaign for raising awareness about schizophrenia.
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Association)

These easy to read leaflets are available free of charge.
Also available:
Excimer Laser Photorefractive Surgery – patient information
Cost: £5.00 (cheques made payable to: The Royal College of Ophthalmologists).
Orders should be sent to: Helen Skelton, Royal College of Ophthalmologist, 17
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New Publications from HMSO

Getting Around After 60
A Profile of Britain's Older Population
CLAIRE JARVIS, RUTH HANCOCK, JANET ASHKAM AND ANTHEA TINKER

Later life is commonly pictured as a time of restricted activity and mobility by - for example - providers of health and social services. On the other hand, travel agents or manufacturers of - for example - gardening tools will depict later life as a time of increased freedom to travel and involvement in leisure pursuits. This report presents a statistical picture of activity and mobility in later life, focusing on: employment in later life, active leisure pursuits, helping others and personal mobility inside and outside the home. All the statistics are previously unpublished and come from national survey data.

An indispensable reference book for anyone who needs accurate information about the elderly population and later life.

ISBN 0 11 321966 0 May 1996 106 pages, graphs, tables
297x210 mm Paperback £19.95

Community Services for People with HIV Infection
Utilisation, Needs and Costs
ADRIAN RENTON, STAVROS PETROU AND LUKE WHITAKER

What is the level of need for community care services for people with HIV infection? How much are the services already provided used? What are the associated costs of these services? This report presents the findings of a 30 month prospective study of community based health and social care for people with HIV infection in London. For ease of use the main document presents some of the important findings together with commentary and interpretation; the second part includes the comprehensive results presented in tabular form.

An invaluable source of information for all those engaged in planning, commissioning, funding and providing community based services to people with HIV infection.

ISBN 0 11 321907 5 May 1996 232 pages
246x189 mm Hardback £35

Local Healthcare Facilities - Case Studies
Health Building Note 36, Volume 2

This document is the second volume of HBN 36: Local Healthcare Facilities and examines some current models of primary healthcare provision through a number of case studies of proposed, planned and built health centres around the UK. Each case study describes the background, the development process, the functional content of the building and provides information on project ownership, management and funding. Photographs, site and floor plans are also included.

297x210 mm Paperback £50
Following on from the first two highly successful events in this series held in Glasgow, the Third International Congress on Drug Therapy in HIV Infection will take place at the International Convention Centre, Birmingham, UK, from 3–7 November 1996. The meeting will consider current and future therapies in the treatment of HIV infection during a scientific programme which is structured around a series of non-competing sessions, giving delegates the opportunity to attend all sessions.

The focus of the Congress will be on key clinical issues in the treatment of HIV, allowing clinicians and clinical scientists to participate in active debate. Acknowledged international experts will present keynote review lectures. There will also be a comprehensive programme of oral and poster presentations selected from submitted abstracts in the following areas:

The Congress has been approved for CME accreditation (24 credit hours) applicable to UK physicians only

Co-sponsored by:

Karolinska Institutet, Stockholm, Sweden

The University College London Medical School (UCLMS), London, UK

For further information and a copy of the Second Announcement please contact the Congress Secretariat:
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Eli Lilly National Clinical Audit Centre
Department of General Practice and Primary Health Care
University of Leicester

The Lilly Audit Centre, an integral part of the Department of General Practice and Primary Health Care at the University of Leicester, provides resources for those involved in clinical audit.

These include systematically developed audit protocols for use by primary health care teams. These protocols are issued free to medical audit advisory groups and may be obtained from them or alternatively from the Lilly Audit Centre at cost.

The topics available include:
- Asthma
- Gout
- Hypertension
- Benzodiazepines
- Diabetes
- Angina
- Depression
- New Prescriptions

The journal produced by the Lilly Audit Centre - Audit Trends - supports the exchange of information about new developments in audit and is now in its fourth year. There are a number of sections including original papers on a wide range of issues, reviews of audit methods and information about the various agencies which can be contacted for support and advice. The annual subscription is £35.00 for the UK and £45.00 for overseas.

The Lilly Audit Centre runs training courses for clinical support staff in all sectors of the health service, the aim of which is to develop understanding and skills in multidisciplinary clinical audit.

For further information and a full publications list please write to:
The Eli Lilly National Clinical Audit Centre, Department of General Practice and Primary Health Care, University of Leicester, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW. Tel: 0116 2584873. Fax: 0116 2584982.

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IMPERIAL COLLEGE OF SCIENCE TECHNOLOGY AND MEDICINE
M.S.c. COURSE IN VASCULAR TECHNOLOGY AND MEDICINE
ST. MARY’S HOSPITAL MEDICAL SCHOOL

GENERAL INFORMATION
This full-time, 1 calendar year or part-time 2 calendar years postgraduate course to be held at St Mary’s Hospital Medical School and Imperial College (London University) will run from October 1996 - September 1997. The aim is to provide a foundation course for those with medical degrees who wish to pursue a clinical or academic career in vascular medicine or surgery, and for scientists who would like to become vascular technologists or to pursue research in the broader field of vascular biology.

COURSE CONTENT
A. Basic science and general topics: Epidemiological methods, epidemiology and pathophysiology of arterial disease; vascular wall; structure and function; statistical methods; clinical trials; presenting and writing a scientific paper; writing a thesis; history of vascular surgery; principles of measurement, mechanics of the circulation, haemodynamics of vascular grafts; coagulation and fibrinolysis; computers in medicine; vascular audit; the microcirculation.

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; TcPCO2 and TcPO2; laser Doppler; principles of vascular procedures.

C. Vascular Disorder: hypertension; diabetes mellitus, hyperlipidaemia; lower limb ischaemia, extracranial cerebrovascular disease; renal and mesenteric ischaemia; costoclavicular syndrome, 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.

APPLICATIONS AND ENQUIRIES
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Course Organisers:
ANDREW N. NICOLAIDES, 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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For further details contact
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Telephone: 0171 581 3232 ext 233  Fax 0171 589 3145.

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Occasional Paper 72

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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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The Examination fee is £250.

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Further details and an application form may be obtained from:

Examinations Office
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11 St Andrews Place
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RCGP COURSES
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Medical examinations are advisable. Patients with any of these conditions should be treated for latent or overt cardiac disease, renal dysfunction, epilepsy, and cardiac disease. Pregnancy test should be negative or normal. Oestradiol is not recommended in patients with these conditions.

If tension develops, adverse reactions may include: increased size of the uterus, fibroadenomas, endometrial cramping, excessive production of cervical mucus, aggravation of menopausal symptoms, premenstrual-like symptoms, breast tenderness, pain, gynaecological, generally uncomfortable, nausea, vomiting, cholecystitis, cholelithiasis, lice. Thrombosis, rise of blood pressure. Chills, myalgia, rash. Discomfort of the back, if contact lenses are used, nausea, migraine, mood changes, in and water retention. Increased glucose tolerance, increased body weight. Changes in function. Interactions: May affect glucose tolerance.

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Demonstration video and trocar sets available from Organon Laboratories, Fax: 01223 424368
Please Quote Reference: 01167C

Further information is available from: anon Laboratories Ltd Bridge Science Park in Road Bridge CB8 4FL phone: (01223) 423445
Based on the average length of treatment