OESTRADIOL IMPLANTS:
Presentation: Pellets for implantation. 25mg, 50mg, or 100mg of Oestradiol. Uses: Major post-menopausal symptoms due to oestrogen deficiency, including prevention of post-menopausal osteoporosis in hysterectomised patients. In women with an intact uterus the lowest effective dose should be used and it must be co-administered with a progestogen for 10-13 days in each cycle.
Administration: 25-100mg.
Patients require a further implant when symptoms return, usually every 4 to 8 months. Implants should be inserted subcutaneously.
Use during Pregnancy and Breast-Feeding: Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.
Contraindications: Pregnancy, Cardiovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal. Cholestasis, jaundice, a history of jaundice in pregnancy or jaundice due to the use of steroids. Rotor syndrome and Dubin-Johnson syndrome. Known or suspected oestrogen-dependent tumours. Endometrial hyperplasia. Undiagnosed vaginal bleeding. Porphyrin. Hyperlipoproteinaemia, history of herpes gestationis.
Precautions and Warnings: Pain in the breasts or excessive production of cervical mucus may be indicative of too high a dosage. Periodical medical examinations are advisable. Patients with any of the following conditions should be monitored: latent or overt cardiac failure, renal dysfunction, epilepsy or migraine (or history of), hypertension, sickle cell haemoglobinopathy, oestrogen-sensitive gynaecological disorders, e.g. uterine fibromyomata and endometriosis. Remove implant if hypertension develops. Adverse Reactions: Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial proliferation, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. Breast tenderness, pain, enlargement, secretion. Nausea, vomiting, cholelithiasis, cholestatic jaundice. Thrombosis, rise of blood pressure. Chloasma, erythema nodosum, rash. Discomfort of the cornea if contact lenses are used. Headache, migraine, mood changes, sodium and water retention, reduced glucose tolerance, a change in body weight. Changes in liver function. Interactions: May diminish glucose tolerance.
Overdosage: Acute overdose is not known to occur.
Legal Category: POM
Product Licence Numbers & NHS Cost:
25mg 0065/5074R £9.59
50mg 0065/5075R £19.16
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01167C-FP
Revised February '96
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- Self-help
- Organisational Care
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Wednesday, 6 November 1996 - at London Zoo

Places are strictly limited, Call Jo Barton
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The Symposium has been made possible through an educational grant from Allen & Hanburys Ltd.

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Day Two: Gerald Malone MP, Minister for Health

Key Note International Speaker -
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Further speakers for the 2 days include:

Martin Else, Chairman of National Steering Group on Costing
Dr David Colin-Thomé, GP & Fellow in Health Service Management, University of Manchester
Dr Hugh Sanderson, Director National Casemix Office. Dr Stefan Hákansson, Director SPRI, Sweden
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Return to: Mrs Carole Line, Conference Co-ordinator
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CES provide a range of service to health professionals and the public. The CES Helpline answers over 100,000 enquiries a year on 0171-837 4044 from 9am to 7pm Monday to Friday.

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CES is run by the FPA at 2-12 Pentonville Road, London N1 9FP.
RESOURCES FOR CLINICAL AUDIT

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
- Diabetes
- Gout
- Angina
- Hypertension
- Depression
- Benzodiazepines: 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.

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

DIPLOMA IN OPHTHALMOLOGY EXAMINATION

In 1997, The Royal College of Ophthalmologists proposes to introduce an examination leading to the award of the Diploma in Ophthalmology (DRCOphth). The examination will be held twice a year, in June and November.

This diploma is aimed at those not wishing to pursue a career as a consultant ophthalmologist in the United Kingdom, and should be of interest to clinical assistants, general practitioners, and also to doctors working outside the European Community.

Details are available from the Examinations Office, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4GW.
The Service provides medical care for prisoners to a standard equivalent to that in the National Health Service, and employs over 250 doctors, both full time and part time.

A programme of training is provided which recognises the specialist nature of medical work in prisons to include management: the syllabus leads to the acquisition of a Diploma in Prison Medicine.

All facilities and equipment are provided and all employed doctors are indemnified by the Service. Prison medicine is a challenging and rewarding area of medical practice. Vacancies exist both for full time and part time posts in many parts of England and Wales.

Doctors who are interested are invited to write or speak to:

Dr Roy Burrows,
Directorate of Health Care,
Cleland House, Page Street,
London SW1P 4LN,
Tel: 0171-217 6550,
Fax: 0171-217 6412.
ABERTAWE 1997 SWANSEA

SPRING SYMPOSIUM

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THE 1997 RCGP SPRING SYMPOSIUM IS BEING HELD IN THE SWANSEA BAY CONFERENCE CENTRE FROM 4-6TH APRIL 1997

SPEAKERS WILL INCLUDE;
Sir Donald Irvine
Professor Roger Jones
Professor John Bligh
Professor Nigel Stott
Dr Ruth Chambers
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MAES-GWERNEN HALL, MORRISTON HOSPITAL, SWANSEA TEL/FAX 01792 - 793584
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- 48,000 patients are currently involved in 3 major trials with lisinopril
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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.

DOSAGE AND ADMINISTRATION: Hypertension: Adults (inc. elderly): Initially 2.5mg daily; a 2.5mg dose seldom achieves a therapeutic response; adjust dose accordingly in response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.

Diabetic/nephritic 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 (hospitalisation for severe or unstable heart failure and other patients at higher risk), increasing to 5, 10mg and 20mg 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 2.5mg, followed by 2.5mg 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 (120mmHg or less) – see Data Sheet.

Renal impairment – must require lower maintenance dosage. ‘Zestril’ is dialysable.

Children – not recommended.

CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to ‘Zestril’. Patients with histories of angioedema 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. Acute myocardial infarction patients with evidence of renal dysfunction at risk of severe 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. Afro-Caribbean patients may show reduced therapeutic response.


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Further information is available from: ZENEGA Pharma, Kings Court, Water Lane, Wiltshire, Chippenham SN14 7JL.

15/04/05 [Issued Sep '05]

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This workbook for candidates, written by an experienced MRCGP examiner, is the official College guide to the latest MRCGP exam syllabus. It offers practical guidelines not only on initial preparation for the examination but also how to tackle the papers and orals providing vital support to students and teachers.

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Adolescent Health

Adolescents have largely been neglected as a group in relation to medical care. However, young people’s needs are increasingly being recognised and the Health of the Nation targets include some specifically aimed at this age group.

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The Management of Back Pain in General Practice

The complaint of backache is an area of clinical practice where it can be very difficult to make a clear diagnosis.

This publication, written by a family doctor with a deep interest in the subject and many years of experience of dealing with the problems of back pain, while targeted primarily at general practitioners could also be read with benefit by orthopaedic surgeons and physical therapists.

... another welcome addition to the RCGP’s clinical series ...

British Journal of General Practice

ISBN 0 85084 209 3
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Medical Records in Practice

Coming at a time when all NHS bodies have been asked to ensure that their arrangements for handling patient information conform with DoH guidelines, this book is essential reading for all members of the primary health care team.

The increasing size and complexity of the primary health care team make it essential that practices should have established policies in relation to record keeping - good patient care depends on well organised records.

ISBN 0 85084 224 7
Pages: 147
Price: Members £20.00
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The Role of General Practice in Maternity Care

Occasional Paper 72

Having a baby is one of the most fundamental events of any woman’s life and childbirth inevitably attracts immense personal and public interest.

This report represents a valuable addition to the issue of maternity care in general practice and clarifies a number of key legal issues.

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Health and Safety at Work: Guidance for General Practitioners

The first of a new series of books on practice organisation, Health and Safety not only describes the responsibilities of the general practitioner employer and particular hazards to watch for, but suggests a plan for implementation, review and audit.

Useful factsheets, protocols and audit forms are included as useful starting points for practices to devise their own.

I cannot speak more highly of this excellent book than to say that ... my practice manager ... asked if she could keep it ...

British Journal of General Practice

ISBN 0 85084 205 0
Pages: 53
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Non-members £16.50

0171 823 9698
Strategies For Health In Developing Countries - 
Building Professional Capacity for Health

Tuesday 12 November 1996
Venue: RCGP, 14 Princes Gate, London SW7

Strategies for Health in Developing Countries is a one-day workshop aimed at GPs who are interested in finding out more about health issues in developing countries and working overseas. The workshop will address the practical issues involved, as well as considering lessons that can be learned for UK health care. This workshop is being organised jointly by the Royal College of General Practitioners and International Health Exchange, in association with other UK development agencies.

The Delegate Fee (inclusive of VAT) is £55.00. PGEA Applied for.

Conference On Adolescent Care in Practice
Thursday 14 November 1996
Venue: Dunadry Hotel, Belfast

The RCGP Working Party on Adolescents is organising its 4th Conference in Belfast on 14 November. Topics to be covered include Adolescent Sexual Health & Teenage Pregnancies, and Emotional Problems & Post-traumatic Stress.

The Delegate Fee (inclusive of VAT) is £60.00. PGEA Applied for.

Can Inner City General Practice Survive?

Inner City Task Force Conference On:
Problems and solutions to Recruitment & Retention of GPs in Urban Deprived Areas
Thursday 14 November 1996
Venue: Heartlands Hospital, Birmingham

The RCGP Inner City Task Force, in association with the GMSC, is organising a Conference to address the problems and solutions encountered in the recruitment & retention of GPs in urban deprived areas. Both the regional and the national picture will be assessed, and small group sessions will look at undergraduate education, VTS training and retention of established GPs. Keynote Speakers include Tessa Jowell MP.

The Delegate Fee (inclusive of VAT) is £45.00. PGEA Applied for.

Study Day on Sport & Health: Fitness for Children & Teenagers
Friday 29 November 1996
Venue: RCGP, 14 Princes Gate, London SW7

The RCGP, in association with the Sports Council, is organising a Study Day which will look at the effects of exercise on the health of young people. Current research in this area will be discussed, and topics for discussion will include asthma management, weight control and mental health.

The Delegate Fee (inclusive of VAT) is £60.00. PGEA Applied for.

For further details of any of the above please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

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Presentation: Gelatin capsules containing 40mg testosterone undecanoate.

Uses: Testosterone replacement therapy in male hypogonadal disorders, e.g., male climacteric symptoms such as decreased libido, decreased mental and physical activity.

Administration: Initially 100-150mg daily for 3-4 weeks. Subsequent dosage (40-120mg daily) should be based on the clinical effect.

Contraindications: Known or suspected prostatic or mamsary carcinoma;
Hyperuricemia, hypercalcemia, nephrotic syndrome, lucheriac heart disease or untreated congestive heart 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), mammary carcinoma, hyperplasia, bicalobal carcinoma, and skeletal metastases.

If hyperuricemia or hypercalcemia develops treatment should be discontinued. Anorgasmia should be used cautiously in prepubertal boys. Androgen therapy should only be used in male hypogonadism in which testosterone levels have been demonstrated to be low.

Interactions: Concurrent administration of liver enzyme inducing drugs such as rifampicin, barbiturates, carbamazepine, diclofenac, phenytoin, phenobarbitone may decrease the effect of Restandol.

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

Overdosage: Gastric lavage with appropriate supportive therapy.

Legal Category: POM
Product Licence Number: D035/0059
Basic NHS Cost: 1 x 10 capsules £0.69;
1 x 56 capsules £1.38
Revised 1 Mar 96