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check

Continuous Home Evaluation of Clinical Knowledge

A new programme of Education for General Practitioners
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Recognised for the postgraduate education allowance (PGEA)
(2 hours per issue / 2 per *Re-Check*)

Forthcoming issues on • Palliative Care • Dermatology
• Skin Cancer • Diabetes • Antibiotics • Urology

Many General Practitioners find an increasing need for educational support - particularly support that is well structured, focused, up to date and providing a planned curriculum covering different areas of clinical practice.

Check is the Continuous Home Evaluation of Clinical Knowledge and meets all these objectives. This bimonthly self-assessment programme is based on clinical cases that we are all likely to see. Each issue covers a specific clinical area and consists of a series of cases relevant to that area. Each case evolves step by step, with clinical problems to solve and management decisions to make. At each stage, model answers are shown and their background discussed. *Check* is based on the *check* programmes of the Royal Australian College of General Practitioners.

The six topics for the coming year are; palliative care, dermatology, skin cancer, diabetes, antibiotics and urology. In addition, three assessments per year (*Re-Check*) are published, each covering the previous two issues. This provides the opportunity to re-test clinical knowledge. Feedback and answers are provided. The whole programme is recognised for the postgraduate education allowance (PGEA), and will be of value to those preparing for the MRCGP examination, summative assessment or reaccreditation.

Subscription information

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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 formulary lists

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 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.

Acute myocardial infarction Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 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 - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

CONTRA-INDICATIONS: 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. 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. 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, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, haemolytic anaemia. 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. Hyperkalaemia and hyponatraemia.

Anaphylactoid 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 (12619/0084) 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, the property of ZENECA Limited.

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

95/4366/H Issued Sept '95

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INTERNATIONAL TRAVEL SCHOLARSHIPS,
THE KATHARINA VON KUENSSBERG AWARD
& THE JOHN J FERGUSON INTERNATIONAL TRAVEL SCHOLARSHIP

The Royal College of General Practitioners invites applications for international scholarships to enable general practitioners from the UK to travel overseas to study aspects of health care relevant to this country's needs, to assist doctors from overseas who wish to visit the UK to study an aspect of primary care relevant to their own country's needs, or to help countries develop their own systems of primary care. This year thirteen International Travel Scholarships awards were made.

The following awards will also be made:-

Katharina Von Kuenssberg Award: The Katharina Von Kuenssberg Award is awarded each year for the most outstanding international travel scholarship application submitted.

John J Ferguson International Travel Scholarship: The John J Ferguson International Travel Scholarship was established in 1994 and was made possible by the generous donation to the College of a capital sum by Dr Ferguson FRCGP. This scholarship is awarded each year for the outstanding scholarship application from a doctor undertaking study in relation to the Middle or Far East.

Value The value of each scholarship will range from £100 to £1,000.

Closing Dates

Katharina Von Kuenssberg Award Friday 17 January 1997 (for projects from 1 March 1997 - 1 March 1998)

International Travel Scholarships Friday 17 January 1997 (for projects from 1 March 1997 - 1 March 1998)

Friday 15 August 1997 (for projects from 1 October 1997 - 1 October 1998)

John J Ferguson International Travel Scholarship Friday 15 August 1997 (for projects from 1 October 1997 - 1 October 1998)

If you would like further details or an application form please contact:

Mrs Mayuri Patel, Assistant Committee Clerk to the International Committee, Royal College of General Practitioners,
14 Princes Gate, Hyde Park, London, SW7 1PU. Tel: + 44 171 581 3232 Ext 233 Fax: + 44 171 589 3145

Contact our website: <http://www.rcgp.org.uk/>



**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.

INSTITUTE OF HEALTH STUDIES

Director: **Professor Andy Alaszewski BA PhD (Cambridge)**
Department of Social Policy, University of Hull, Hull. HU6 7RX
Tel: 01482 465895 Fax: 01482 466402

The Institute was established in 1974 as a centre for research and training on health issues. Research forms a major part of Institute activity and the main areas of research include: health and the life cycle, lifestyles and health, decision-making and risk management in health, and quality improvement in health care delivery. Institute staff are involved with, and act as, consultants to a wide range of local, national and international organisations. The Institute is a multi-disciplinary unit supported by the Schools of Social and Political Sciences, Life Sciences and Postgraduate Medicine and is a WHO collaborating centre.

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- MBA (Health Services Management)
- MBA (Health Informatics)
- MBA (Primary Health Care)
- Short courses in many aspects of the above

For further information please contact the IHS Administrator, Dorothy Kasiri, identifying which type of course you are interested in, at the above address or: (tel) 01482 466610, (email) D.A.Vahid-Kasiri@spps.hull.ac.uk quoting ref RCGP



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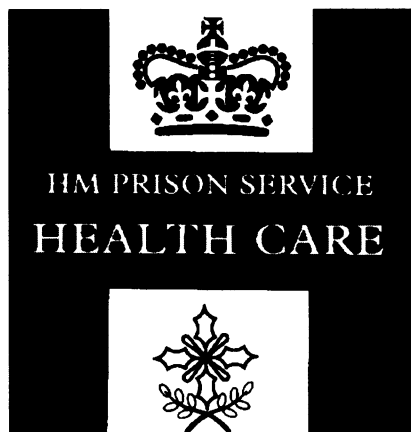


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HEALTH CARE SERVICE FOR PRISONERS



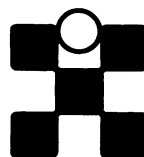
The Service provides medical care for prisoners to a standard equivalent to that in the National Health Service, and employs over 250 doctors, both full time and part time.

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.



**DOWN'S
SYNDROME
ASSOCIATION**
A Registered Charity

The Down's Syndrome Association is the only national charity, covering England, Wales and Northern Ireland, which works exclusively with people with Down's syndrome. It exists to provide support, information, advice and counselling to people with Down's Syndrome, their parents/carers, families and those with a professional interest. The Association also funds research designed to enhance the lives of people with Down's syndrome.

The Association strives to change negative perceptions about Down's syndrome by highlighting the potential that these people have to live fulfilling lives and to make a worthwhile contribution to their communities.

Founded in 1970, the charity has a network of 100 volunteer parent-led branches and groups, a national office and resource centre in London and resource centres in Birmingham, Belfast and Cardiff.

For further information please contact Carol Boys, Chairman, Down's Syndrome Association, 155 Mitcham Road, London SW17 9PG. Tel: 0181 682 4001 Fax: 0181 682 4012.

Established 3-Day GP Refresher Course

Worthing, West Sussex

**WEDNESDAY - FRIDAY
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Course Fee £150

Interactive and practical workshops. To include:
Antenatal topics, Assertive skills, Behavioural problems in children, Cardiology & resuscitation, Consultation techniques, Employment law, Geriatrics, Hypertension in diabetes, and Travel medicine.

**To book a place please telephone the
Postgraduate Centre on 01903 285024**

British Council International Seminars

Cancer in children: challenges and controversies (97077)

15 to 22 October 1997

London

Fee: to be announced

Nursing care of people with HIV disease (97053)*

7 to 20 September 1997

London

Fee: £1,790 (residential)

Tuberculosis: the role of the nurse in prevention, control and care (97073)*

21 to 27 September 1997

London

Fee: £1,190 (residential)

* A special discount fee of £2,390 has been arranged for participants who wish to attend both seminar no.97053 & 97073

Clinical Pathology: and surgical techniques in external eye and corneal disease (97031)

29 June to 5 July 1997

Bristol

Fee: £1,490 (residential)

Paediatric neurology update

11 to 17 May 1997

Edinburgh

Fee: to be announced

Wound management: theory and clinical application (97069)

6 to 12 July 1997

Cardiff

Fee: £1,250 (residential)

Spinal cord injury: a multi-disciplinary team approach (97041)

14 to 20 September 1997

Glasgow

Fee: £1,350 (residential)

New directions in primary care: costs and benefits

22 to 29 October 1997

Poole

Fee: £1,490 (residential)

Telemedicine and telecare (97049)

12 to 18 October

Belfast

Fee: £1,490 (residential)

For further information contact:

Promotions Manager

The British Council

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1 Beaumont Place

Oxford OX1 2PJ

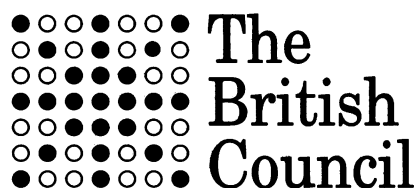
Tel: +44(0)1865 316636

Fax: +44(0)1865 557368/516590

E-mail: International.Seminars@britcoun.org

<http://www.britcoun.org/seminars/>

(quoting seminar no. in all correspondence)



The British Council, registered in England as a charity no. 209131, is Britain's international network for education, culture and technology

Blood pressure measurements  are you getting the true picture?

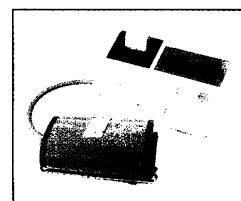
More and more GP's are using home blood pressure measurements as a better basis for making their diagnosis.

It is increasingly being recognised that a more effective and consistent way to monitor blood pressure with certain patients is to allow them to take readings in the comfort of their own homes, where they will be more relaxed. This type of recording helps to eliminate 'white coat' syndrome and allows several readings to be taken over a period of time and at different times of the day. Using validated automatic monitors such as OMRON, mean that these readings are consistent and accurate. While these units are ideal to loan to patients they are also obviously very useful and 'patient friendly' to use in the surgery.

The OMRON 705CP automatic inflation monitor comes with an integral printer to prevent misinterpretations by the patient and will store the last 13 readings taken.

A validation of the OMRON 705CP was carried out by Professor E. O'Brien* of Beaumont Hospital, Dublin.

Copies of this report are available from Hutchings Healthcare.



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*J. Hypertens 1994

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"Electronic links with health care providers is just one part of the Patients not Paper initiative which has given me immediate access to clinical results from the local hospital. It saves this practice a lot of time in paper chasing and administration and has also produced around £1,000 of tangible savings per GP per year"

Dr Matt Houghton

Dr Matt Houghton
Brockway Medical Centre
Bristol

The ***Patients not Paper*** recommendations for electronic links and communications cover many areas - from clinical links to automatic payments and management information systems. An information pack is now available which provides details of the various initiatives under way and the impact they will have upon primary care.

To receive a copy of this pack, please send your full details, with the number of packs required, to:

Department of Health
PO Box 410, West Yorkshire, LS23 7LN
You may also telephone or fax on:
Tel: 01937 840250 Fax: 01937 845381



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**THE ROYAL
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and
morality**

**4-6th APRIL
1997**

SPRING SYMPOSIUM

COME TO WALES IN THE SPRING - THE BIRTHPLACE OF DYLAN THOMAS.

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SPEAKERS WILL INCLUDE;

**Sir Donald Irvine
Professor Roger Jones
Professor John Bligh
Professor Nigel Stott
Dr Ruth Chambers
Dr Donald Evans**

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DID YOU KNOW THAT

In 1282 the last of the native Welsh Princes, Llewelyn ap Gruffudd, was killed at Cilmeri, near Builth Wells. Even so the Welsh still continued to be a thorn on the English borders, and Owain Glyndwr nearly succeeded in eradicating English Rule between 1400-1408. Ironically the English throne eventually passed to a Welshman, Henry Tudor.

FOR FURTHER INFORMATION CONTACT:

**THE ADMINISTRATOR, SOUTH WEST WALES FACULTY OF THE RCGP
MAES-Y-GWERNEN HALL, MORRISTON HOSPITAL, SWANSEA TEL/FAX 01792 - 793584**

UMDS

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This programme is intended for established practitioners who wish to continue in practice whilst studying part-time over two years commencing in October 1997.

The course will include modules on:

- (i) research methods
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Candidates will critically examine primary care and undertake a research project.

The number of places is limited. Further information and application forms may be obtained from Beryl Stevens, UMDS Department of General Practice, 5 Lambeth Walk, LONDON SE11 6SP.

Telephone number: 0171 735 8882 Ext. 211

Completed application forms must be returned by Friday 4th April 1997.

Postgraduate Education Allowance accreditation in all categories is being applied for.

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European Symposium

HEALTH FUTURES:

Exploring New Models for Health & Social Care Systems

3-4 March 1997, 1 Whitehall Place, London SW1

Discuss, debate and learn about a range of 'Futures' techniques used to promote decision-making that is creative, flexible, values-based and focused on the many factors and trends driving change in health systems in the 21st Century.

An opportunity to:

- Explain the nature of health futures thinking
- Explore the use of the futures techniques
- Describe past and current work using health futures techniques
- Examine creative ways of planning for 21st Century health care today
- Generate new thinking in health planning
- Foster exchange between those interested in health futures work
- Explore the establishment of a UK Health Futures Network

The programme will cover:

- Why health futures?
- The need to move on from traditional planning
- The Health Futures Toolbox
- Practical uses of health futures
- A consideration of some key drivers including:
 - Information and communications technologies
 - Tomorrow's genetics and molecular biology
 - The move to primary health care
 - Social, political and economic trends

Cost: £350 for two days including conference dinner but excluding VAT

For further information and booking form please contact:

Ms Sheila Henderson or Ms Georgina McIver
King's Fund
11-13 Cavendish Square
London W1M 0AN
Tel: 0171 307 2604

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This direct line is our response to your need for improved communication. It puts you through to our new Customer Services Team of co-ordinators, trained to give you instant and efficient access to the latest information on services at the Trust Hospitals: St Charles, Ladbroke Grove; the Samaritan Hospital for Women and the Western Eye Hospital, Marylebone Road; and St Mary's, Paddington.

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- Quality standards
- Clinic Times
- Complaints service

WHEN TO CALL

Our lines are open Monday - Friday 8.00am-5.00p. At other times leave a message with our answering service, and we'll respond on the next working day. We look forward to your call. Of course, at other times you can call the main reception on 0171 725 6666.



The St Mary's NHS Trust comprises: St Mary's Hospital, Praed Street, London W2 1NY; The Samaritan Hospital for Women and the Western Eye Hospital, Marylebone Road, London NW1 5YE; and acute services at St Charles Hospital, Exmoor Street, London W10 6DZ.

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.

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Joint RCGP/RCN/FPHM/BMJ/RCP

CONFERENCE ON POVERTY AND HEALTH

**Wednesday,
26 February 1997
Venue: Royal College of
Physicians, London**

This Conference will consider the links between poverty & health and look at some effective interventions at clinical and policy levels to improve the health of the poor/alleviate poverty. One of the objectives of the day will be to discuss how health professionals can influence policy development, and to develop a strategy and network to carry this work forward. The Conference will be opened by Sir Kenneth Calman, Chief Medical Officer and keynote speakers include Dr Richard Smith, Editor BMJ, Professor Trevor Sheldon, Director, NHS Centre for Reviews and Dissemination.

For further details please contact:

RCGP Courses, 14 Princes Gate, Hyde
Park, London SW7 1PU

Tel: 0171 823 9703 Fax: 0171 225 3047

Email: courses@rcgp.org.uk

The Challenge of Infection in Primary Care

Sharing the Expertise

**A Joint Meeting organised by the
Royal College of General Practitioners,
Association of Medical
Microbiologists and Public Health
Medicine Environment Group**

Topics include Microbiological Health and Safety
in the GP Surgery; Management of Infection;
Communicable Disease Control in the Community

Wednesday 16 April 1997

**Venue: National Motorcycle Museum,
Solihull**

For further details contact:

RCGP Conference and Courses Unit, Royal
College of General Practitioners,
14 Princes Gate, Hyde Park, London SW7 1PU

Tel: 0171 823 9703 Fax: 0171 225 3047

Email: Courses@RCGP.Org.UK

Study Day on HIV & AIDS

Friday 13 December 1996

The RCGP Working Party on HIV/AIDS is organising a Study Day which will address two important areas for health professionals - Home Care of Patients with HIV/AIDS and Issues around HIV and pregnancy.

The Delegate Fee (inclusive of VAT) is £30.00. PGEA applied for.

MRCGP COURSE

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

Tuesday-Saturday 18-22 February 1997

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 and has now been extended to include video consultations. 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 £500.00. PGEA & Section 63 Applied for.

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



0171 823 9703

Fax: 0171 225 3047

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CV and references (medical, managerial, bankers and GMC/MDU/MPS certificates) to

**Glynis Brown, Practice Manager,
Chingford Health Centre,
109 York Road, Chingford, E4 8LF.**

Tel: 0181 524 8422 Fax: 0181 559 3538.

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: cholestatic 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. Porphyria. 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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