check

Continuous Home Evaluation of Clinical Knowledge

A new programme of Education for General Practitioners
Published by The Royal Society of Medicine Press Limited

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
Volume 1, 1996-97 (six issues plus three Re-Checks). Price £35.00, including postage.

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THE EXPANDING WORLD
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Lisinopril: the only once-daily ACE-inhibitor
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and acute myocardial infarction

• More Doctors are prescribing ‘Zestril’
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• ‘Zestril’ has 12 million patient-years
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• 48,000 patients are currently involved
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• 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 (diuretic therapy), Acute myocardial infarction or
hemodynamically unstable patients (in addition to standard coronary care).

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

DOSE AND ADMINISTRATION: Hypertension Adults (or 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.
Maximun is 40mg daily.

Diarhetic-treated patients – if possible stop diarhetic 2–3 days before starting ‘Zestril’. Resume diarhetic 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 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 2 hours, 10mg after 4 hours and then 10mg once daily. Dosage should continue for six weeks. Lower dosage in patients with low systemic blood pressure (110mmHg or less) – see Data Sheet.

Renal impairment – may require lower maintenance dosage. Zestril is dialysable.

CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to Zestril. Patients with history of angioneurotic oedema to previous ACE-inhibitor therapy. Patients with aortic stenosis, coronary or pulmonary 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 ischemic 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 insufficiency may be at risk of severe haemodynamic deterioration – see Data Sheet.
Cough has been reported in patients with ACE inhibitors. Cough impairment may occur in some patients. Hypertension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension may be minimised by discontinuing diarhetic 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, angioedema, fever, angioneurotic oedema and other angioedema reactions, myoccardial 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, hypokalaemia, alopecia, urticaria, diaphoresis, pruritus, urination, oliguria/anuria, renal insufficiency, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, rash, malaise, arthralgiasthenia, positive ANA, elevated ESR, eosinophilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur increases (usually reversible) in blood ura, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hypokalaemia and hypomagnesaemia.

LEGAL CATEGORY: POM
PRODUCT Licence NUMBERS AND BASIC NHS COSTS: Zestril 2.5mg (126/900085) 28 tablets £7.64, 5mg (126/900086) 28 tablets £9.58, 10mg (126/900086) 28 tablets £11.85, 20mg (126/900087) 28 tablets £13.38.

Zestril is a trademark, the property of ZENEGA Limited.
Further information is available from ZENEGA Pharma, King’s Court,
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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 FRCP. 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)
- **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/

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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: Gwyneth 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.
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@sapps.hull.ac.uk quoting ref RCGP

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The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE
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,
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Fax: 0171-217 6412.

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To book a place please telephone the
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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:
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E-mail: International.Seminars@britcoun.org
http://www.britcoun.org/seminars/
(quoting seminar no. in all correspondence)
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.

HUTCHINGS HEALTHCARE LIMITED, REDE HOUSE, NEW BARN LANE, HENFIELD, WEST SUSSEX, BN5 9SJ
TEL: 01273 495033  FAX: 01273 495123

*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
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

Information Management Group NHS Executive
ABERTawe 1997 SWAnse

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

SPRING SYMPOSIUM
COME TO WALES IN THE SPRING - THE BIRTHPLACE OF DYLAN THOMAS.
A RURAL AREA OF MOUNTAINS, BEACHES AND QUIET COUNTRY LANES - WHERE WELSH IS THE LIVING LANGUAGE.
THE IDEAL PLACE TO RELAX AND ENJOY THE FINER POINTS OF LIFE
THE PLACE TO BOOST YOUR MORALE - THIS IS THE PLACE BEYOND THE CROWDS.

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
Dr Donald Evans

A FULL SOCIAL PROGRAMME HAS BEEN ARRANGED
FOR PARTNERS AND CHILDREN

REMEMBER THAT THERE ARE DISCOUNTS FOR BOOKING EARLY,
AND THAT LAST YEARS SYMPOSIUM WAS FULLY BOOKED BY FEBRUARY!
"CROeso i Gymru" (WELCOME TO WALES)

FOR FURTHER INFORMATION CONTACT:
THE ADMINISTRATOR, SOUTH WEST WALES FACULTY OF THE RCGP
MAES-Y-GWEREN HALL, MORRISTON HOSPITAL, SWANSEA TEL/FAX 01792 - 793584

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.

UMDS
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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 SE1 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.

JOINT PUBLICATION AVAILABLE THROUGH THE RCGP

Published By: Royal College of Physicians, Royal College of Psychiatrists, Royal College of General Practitioners

ALCOHOL AND THE HEART IN PERSPECTIVE - Sensible Limits Reaffirmed
Chapters including Drinks, units, weight of alcohol and precision of estimates, alcohol consumption in the population, alcohol and cardiovascular disease, and implications and conclusion.
Price: £6.00

CHRONIC FATIGUE SYNDROME
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### 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.*

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<td>* Explain the nature of health futures thinking</td>
<td>* Why health futures?</td>
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<td>* Explore the use of the futures techniques</td>
<td>* The need to move on from traditional planning</td>
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<td>* Describe past and current work using health futures techniques</td>
<td>* The Health Futures Toolbox</td>
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<td>* Examine creative ways of planning for 21st Century health care today</td>
<td>* Practical uses of health futures</td>
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<td>* Generate new thinking in health planning</td>
<td>* A consideration of some key drivers including:</td>
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<td>* Foster exchange between those interested in health futures work</td>
<td><strong>Information and communications technologies</strong></td>
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<td>* Explore the establishment of a UK Health Futures Network</td>
<td><strong>Tomorrow’s genetics and molecular biology</strong></td>
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<td><strong>The move to primary health care</strong></td>
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<td><strong>Social, political and economic trends</strong></td>
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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
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Tel: 0171 307 2604

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**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.

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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.
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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
COURSES

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.

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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, haemoglobinopathies, 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 endometritis, 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. 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
100mg 0065/5076R £33.40
01567C-EP
Revised February '96

Further information is available from:
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- knowledge and decision support
- management of services
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The strategy is not just concerned with management information or information systems, it is there to help you and your patients.

For an information pack please contact:

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Information Point/NHS Register of Computer Applications
NHS Executive Headquarters
c/o Cambridge and Huntingdon Health Authority
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