

Ativan[®]

lorazepam

ahead in anxiety

the response that you expect
and your patient needs

with minimal sedation

and rapid elimination

Ativan—the short acting anxiolytic

Dosage Mild anxiety: 2-3mg daily in divided doses. Moderate/severe anxiety: 5-7mg daily in divided doses. In all patients dosage should be increased until optimal control of symptoms is achieved.

Presentation ATIVAN is presented as blue oblong tablets each containing 1mg lorazepam and as yellow tablets containing 2.5mg lorazepam. (Also available in injectable form).

Uses Mild, moderate and severe anxiety.

Contra-indications Patients sensitive to benzodiazepines.

Side effects ATIVAN is well tolerated and imbalance or

ataxia is an indication of excessive dosage. Daytime drowsiness may be seen initially and is to be anticipated in the effective treatment of anxiety. It will normally diminish rapidly and may be minimised in the early days of treatment by giving the larger proportion of the day's dose before retiring. Occasional confusion, hangover, headache on waking, drowsiness or dizziness, blurred vision and nausea have also been reported.

Precautions As with other drugs of this type, patients should be advised that their reactions may be modified (as in handling machinery, driving etc.) depending on the individual patient's response. Tolerance to alcohol may be

diminished and its consumption should be avoided. As the action of centrally acting drugs, such as phenothiazines, may be intensified, the co-prescription of these drugs should be carefully monitored as reduced dosage may be indicated.

Elderly patients, or those suffering from cerebrovascular changes such as arteriosclerosis are likely to respond to smaller doses. Prolonged or excessive use of benzodiazepines may occasionally result in the development of some psychological dependence with withdrawal symptoms on sudden discontinuation. Treatment in these cases should be withdrawn gradually. Careful usage seldom results in the development of dependence. ATIVAN

tablets should not be administered during pregnancy unless in the judgement of the physician such administration is clinically justifiable. Special care should be taken in the first three months of pregnancy.

Legal category POM.

Product Licence Numbers PL0011/0034 (1mg) PL0011/0036 (2.5mg). Injection PL0011/0051.

Basic N.H.S. cost 1mg x 100: £1.85 2.5mg x 100: £2.90.

Hospital Price As per local contract.

Wyeth Laboratories, John Wyeth & Brother Ltd., Taplow, Maidenhead, Berks.

*Trade Mark



At/J/29

Ventolin

(salbutamol BP)

bronchodilator therapy
no asthmatic
need be without

Primary therapy
in reversible airways obstruction

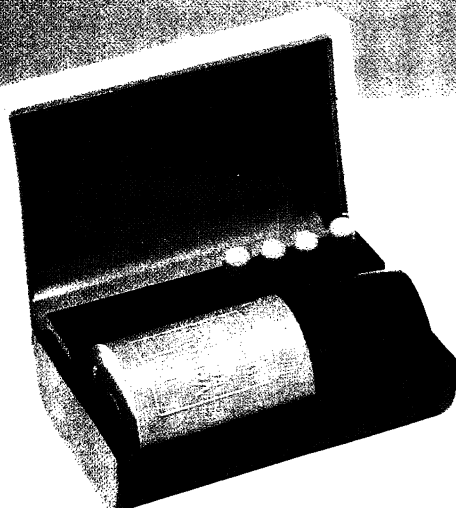
Proven efficacy and β_2 -selectivity

Long-acting
yet with a rapid onset of action

Protects against
exercise induced asthma

Microgram dosage
avoids systemic side effects

Available as a metered-dose aerosol
and Rotacaps with Rotahaler



VENTOLIN PRESCRIBING INFORMATION

Uses
Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise induced asthma or before exposure to a known unacceptable challenge.

Dosage and administration
As single doses for the relief of acute bronchospasm for managing intermittent episodes of asthma and to prevent exercise induced bronchospasm.

Using Ventolin Inhaler Adults: one or two inhalations.
Children: one inhalation increasing to two if necessary.

Using Ventolin Rotahaler Adults: one Ventolin Rotacap 200mcg or 400mcg.

Children: one Ventolin Rotacap 200mcg. For chronic maintenance or prophylactic therapy.

Using Ventolin Inhaler Adults: two inhalations three or four times a day.
Children: one inhalation three or four times a day increasing to two inhalations if necessary.

Using Ventolin Rotahaler Adults: one Ventolin Rotacap 400mcg three or four times a day.
Children: one Ventolin Rotacap 200mcg three or four times a day.

For optimum results in most patients inhaled Ventolin should be administered regularly.

Contra-indications
Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy.

Precautions
If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

Side effects
No important side effects have been reported following treatment with inhaled Ventolin.

Presentation and Basic NHS cost (exclusive of VAT).

Ventolin Inhaler is a metered dose aerosol delivering 100mcg salbutamol BP per actuation. Each canister contains 200 inhalations.

Basic NHS cost £3.00.
Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine salbutamol BP (as sulphate) and larger particle lactose or light blue colourless or dark blue colourless hard gelatine cartridges respectively.

Containers of 100 Basic NHS cost £5.29 and £7.15 respectively.
Ventolin Rotacaps, for use in conjunction with Ventolin Rotahaler, Basic NHS cost £8p.

Product Licence numbers
Ventolin Inhaler 0045/5022
Ventolin Rotacaps 200mcg 0045/0116
Ventolin Rotacaps 400mcg 0045/0117

Rotacaps, Rotahaler and Ventolin are trade marks of Allen & Hanbury's Limited.

Further information on Ventolin is available from Allen & Hanbury's Limited, London E2 6LX.

Becotide

(beclomethasone dipropionate BP)



Controls the inflammatory processes in more severe asthma

Avoids the side effects associated with systemic steroids

Can eliminate or greatly reduce the need for systemic steroids

Restores the response to bronchodilators

Obviates cushingoid features and stunting of growth in children

Available as a metered-dose aerosol and Rotacaps with Rotahaler

Preventing relapse in asthma

BECOTIDE PRESCRIBING INFORMATION

Uses

Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adrenocorticotrophic hormone (ACTH) or its synthetic equivalent.

Dosage and administration

Using Becotide Inhaler Adults: two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond.

Children: one or two inhalations two, three or four times a day according to the response.

Using Becotide Rotahaler Adults: one 200 mcg Becotide Rotacap three or four times a day is the usual maintenance dose.

Children: one 100 mcg Becotide Rotacap two, three or four times a day according to the response. For optimum results, inhaled Becotide should be administered regularly.

Contra-indications

No specific contra-indications to inhaled

Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis.

Precautions

The maximum daily intake of beclomethasone dipropionate BP should not exceed 1 mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued.

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps.

Side effects

Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitans. Topical therapy with antifungal

agents usually clears the condition without withdrawal of Becotide.

Presentation and Basic NHS cost (exclusive of VAT): Becotide Inhaler is a metered-dose aerosol delivering 50 mcg beclomethasone dipropionate BP per actuation.

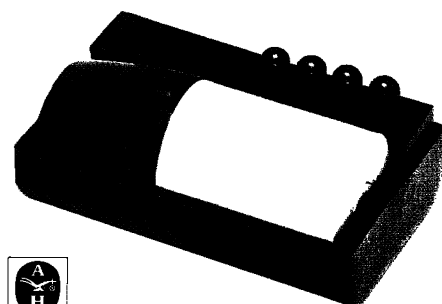
Each canister contains 200 inhalations.
Basic NHS cost £4.77.
Becotide Rotacaps 100 mcg and 200 mcg, each contain a mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in buff/colourless or chocolate-brown/colourless hard gelatine cartridges respectively.
Containers of 100: Basic NHS cost £7.26 and £9.67 respectively.
Becotide Rotahaler, for use in conjunction with Becotide Rotacaps: Basic NHS cost 78p.

Product Licence numbers

Becotide Inhaler	0045/0089
Becotide Rotacaps 100 mcg	0045/0119
Becotide Rotacaps 200 mcg	0045/0120

Becotide, Rotacap and Rotahaler are trade marks of Allen & Hanburys Limited.

Further information on Becotide is available from Allen & Hanburys Limited, London E2 6LA.



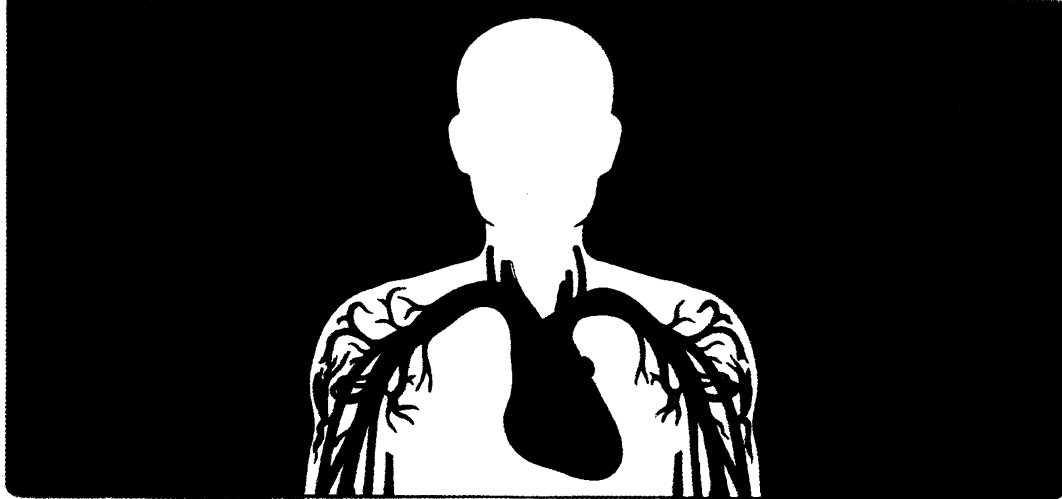
Peripheral
Vasodilatation



β -Blockade



Uncomplicating hypertension



Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug.

Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products.

Trandate uncomplicates hypertension for both doctor and patient.

Trandate

labetalol hydrochloride

Dual action, singular efficacy.

Prescribing Information appears overleaf.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Devon Area Health Authority/University of Exeter Exeter Health Care District

Applications are now invited for four places starting on 1 October 1981 for the vocational training scheme of the Department of General Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes available are:

- | | |
|---|---|
| <p>E. General Practice (3 months)
Medicine and Dermatology (6 months)
Medicine in the Community (6 months)
Accident and Emergency (6 months)
Obstetrics (6 months)
General Practice (9 months)</p> <p>G. General Practice (3 months)
Accident and Emergency (6 months)
Obstetrics (6 months)
Medicine and Dermatology (6 months)
Medicine in the Community (6 months)
General Practice (9 months)</p> | <p>F. General Practice (3 months)
Obstetrics (6 months)
Medicine and Dermatology (6 months)
Medicine in the Community (6 months)
Accident and Emergency (6 months)
General Practice (9 months)</p> <p>H. General Practice (3 months)
Medicine in the Community (6 months)
Accident and Emergency (6 months)
Obstetrics (6 months)
Medicine and Dermatology (6 months)
General Practice (9 months)</p> |
|---|---|

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work during their course and seven articles have already been published by Exeter trainees.

The Marwood Prize and the Syntex award are open to Exeter trainees annually.

The Department's prospectus is available on request and the principles underlying the teaching have been published as OCCASIONAL PAPER 4 — A SYSTEM OF TRAINING FOR GENERAL PRACTICE (available from The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU). The Department's practice management course has been expanded into a book, *RUNNING A PRACTICE*, published by Croom Helm, London.

This is the only University Department of General Practice in a Postgraduate Medical School in the British Isles.

Applications and enquiries should be made by 20 February 1981.

Dr D. J. Pereira Gray FRCGP
Department of General Practice
Postgraduate Medical Centre
Barrack Road
Exeter, Devon EX2 5DW
Telephone: Exeter (0392) 31159

THE MSD FOUNDATION

Ⓢ Audiovisual Programmes for General Practitioner Training

The MSD Foundation was set up in 1978 as an independent charity to provide videotape and tape/slide programmes for use in vocational training for general practitioners. In its first year of programme production the Foundation planned and produced a dozen programmes which are now used in day-release courses in the United Kingdom.

During 1981 The MSD Foundation plans to release a further dozen programmes covering other aspects of general practice education. Programmes available from February include:

- The Use of Medical Records in the Consultation
- The case of Darren Cooper — videocassette (see below)
- Upper Respiratory Tract Infection in Children — a tape/slide programme
- The Patient Dying at Home — a dramatized video-case study in several scenes
- Immunization — a tape/slide programme
- Running a Child Development Clinic — videocassette
- Safer Prescribing — tape/slide programme
- Techniques of the Consultation — the first three programmes in a structured series, analysing the consultation into specific tasks and using extracts to compare how different doctors approach these tasks
- The Management of the Arthritic Patient — a videocassette programme in two parts on the diagnosis and long-term management of the arthritides in general practice

PROGRAMME OF THE MONTH

This programme might well be called:

THE CHILD AS THE PRESENTING SYMPTOM OF ILLNESS IN A PARENT — THE CASE OF DARREN COOPER

(A videocassette in several scenes, duration 21 minutes)

We showed this programme to Dr Stuart Carne, FRCGP, a course organizer in the NE Thames region, and here are his comments:

"The child who is not eating as much as his mother expects is a common problem. Darren is brought to his doctor by his mother because "he is not growing as much as he should do and he seems to be underweight. He doesn't eat as much as he should and never finishes a meal." Almost in parentheses the mother adds that her sister's son has coeliac disease. Could Darren be affected?

"We follow the history and are given a summary of the clinical findings. Both Darren's height and weight are on the tenth percentile. Is he also perhaps anaemic? Investigation by the general practitioner and referral to a specialist follow, but is the mother satisfied? How far does this approach solve Darren's problem — or help the general practitioner? Is the problem not with Darren but with the mother?

"Two different approaches to the management are illustrated and the viewers are invited at each stage to debate the way they would handle such a family problem.

"This videotape presentation of a case problem is suitable for both trainee and trainer discussion groups."

The Foundation has already available programmes on the following topics:

- Chronic Disease in General Practice — tape/slide programmes on asthma and hypertension
- Practice Management and Administration — tape/slide programmes in cartoon format on patient complaints and service committee procedure, how not to hire and fire a receptionist and choosing a partnership
- Video Case Studies — dramatized case histories for group discussion (management of a patient after myocardial infarction, problems at the menopause, the angry patient)
- The Consultation in General Practice — selected real consultations recorded on videotape in general practitioner surgeries around the UK. The consultations are selected because they provide a range of learning situations covering such topics as the doctor-patient relationship, techniques of the consultation, the interaction of psychological and physical illness, nonverbal behaviour and medical records

MSD Foundation programmes are sold at a price that reflects only the cost of materials. Videocassettes, available on VHS, U-Matic, Philips or Betamax cost about £20 to £25.

Further information about these programmes, including catalogues and order forms, can be obtained from **The Director, The MSD Foundation, Tavistock House, Tavistock Square, London WC1. Tel: 01-387 6881.**

UNIVERSITY OF BIRMINGHAM

BOARD OF GRADUATE CLINICAL STUDIES

Course Organizers Residential

Five-day Workshop

1981 March 22 to 27

at Warwick University, Coventry

A need for a National Course Organizers Workshop has been evident since the Nuffield Course ended three years ago. The West Midlands Advisers have decided to organize a week's Residential Workshop which will concentrate on management and organizational skills; educational knowledge and skills necessary for design, planning and running of half-day release courses; analysis of interviewing skills, particularly using closed-circuit television; and identifying the value of educational technology.

The Workshop is approved under Section 63 provisions and will be limited to 24 members.

Application for places should be made as soon as possible to Mrs Cathy Hunt, Secretary to The Regional Adviser, West Midlands Regional Health Authority, 146 Hagley Road, Birmingham 16.

SOMERSET GROUP

of six principally seeks young graduate of British university as replacement for retiring partner, to commence 1 October 1981. Privately owned, purpose built premises, full ancillary staff including practice nurse and counsellor.

Applications to include full curriculum vitae to Box No. 18.

CLWYD HEALTH AUTHORITY: NORTH DISTRICT NORTH WALES

TRAINING FOR GENERAL PRACTICE

Four places on three-year training scheme for general practice starting 1 August 1981. Recognized by JCPT.

Two years in variety of hospital departments, one year in general practice. SHO grade.

Full description of scheme and application form from District Administrator, Clwyd Health Authority, North District, Rhianfa, 83 Russell Road, Rhyl. Returnable by 27 February 1981.

University of Bristol Departments of Mental Health and Extra-Mural Studies

PSYCHOTHERAPY WORKSHOP

10-15 May 1981

This workshop is intended for psychologists, psychiatrists, social workers, and general practitioners who have a few years' experience of psychotherapy and possibly (but not necessarily) some training.

£135.50 resident membership.

Further particulars and application forms from: The Assistant Director, Department of Extra-Mural Studies (PW2), University of Bristol, 32 Tyndall's Park Road, Bristol BS8 1HR. (Telephone Bristol 24161 Ext. 196).

THE MEASUREMENT OF THE QUALITY OF GENERAL PRACTITIONER CARE

Occasional Paper 15

The race to measure the quality of care in general practice is on, and the promotion of quality is one of the main objectives of the Royal College of General Practitioners. Nevertheless, for many years the identification of criteria of quality has proved elusive.

Occasional Paper 15 is a detailed review of the literature by Dr C. J. Watkins, one of the senior lecturers in general practice at St Thomas' Hospital Medical School, and forms part of the work for which he was subsequently awarded a Ph.D. It is therefore essential reading for those who are studying this fascinating subject.

The Measurement of the Quality of General Practitioner Care, Occasional Paper 15, is available now from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00 including postage. Payment should be made with order.

THE GENERAL PRACTITIONER SOCIAL WORKER WORKSHOP

will hold a weekend meeting at Owen's Park, University of Manchester, from Friday 27 March to Sunday 29 March 1981. The title will be "Consumers and Careers — A Fresh Look at Primary Health and Social Care". Speakers will include David Metcalfe, Professor of General Practice, Manchester University; Alexis Brooke, psychiatrist at Tavistock Clinic; Rosalind Corney, social worker in general practitioner Research Unit, Institute of Psychiatry; Tim Paine, general practitioner, Bristol, running a patient participation group; June Corner, secretary of a CHC. Section 63 approved.

Details from: Jackie Kerr, 83 Norwood Road, Stretford, Manchester M32 8PN.

Somebody has prescribed
~~££~~£,000,000
tubes of **fucidin**...

is it
YOU?

In boils, dirty wounds, impetigo and most other soft tissue bacterial infections- Fucidin works.

Topical Fucidin is available as Fucidin Gel, Fucidin H Gel, Fucidin H Ointment, Fucidin Tulle and Fucidin Caviject... and of course

fucidin* ointment

Sodium Fusidate B.P.

Full prescribing information available from



Leo Laboratories Limited
Longwick Road, Princes Risborough,
Aylesbury, Bucks HP17 9RR.

*Fucidin is a trade mark for sodium fusidate

Topical Fucidin 2% Fucidin, also available with 1% hydrocortisone. **Indications** Gram-positive skin infections. Hydrocortisone preparations for inflammatory dermatoses. **Contra Indications/Precautions** Infections due to non-susceptible organisms. Fucidin hypersensitivity. Avoid extensive use of hydrocortisone in pregnancy and infants. Do not use in or near eyes. **Adverse Reactions** Occasional hypersensitivity reactions.

Product Licence No: 0043/5005 **Basic NHS Price:** 10g £1.14