

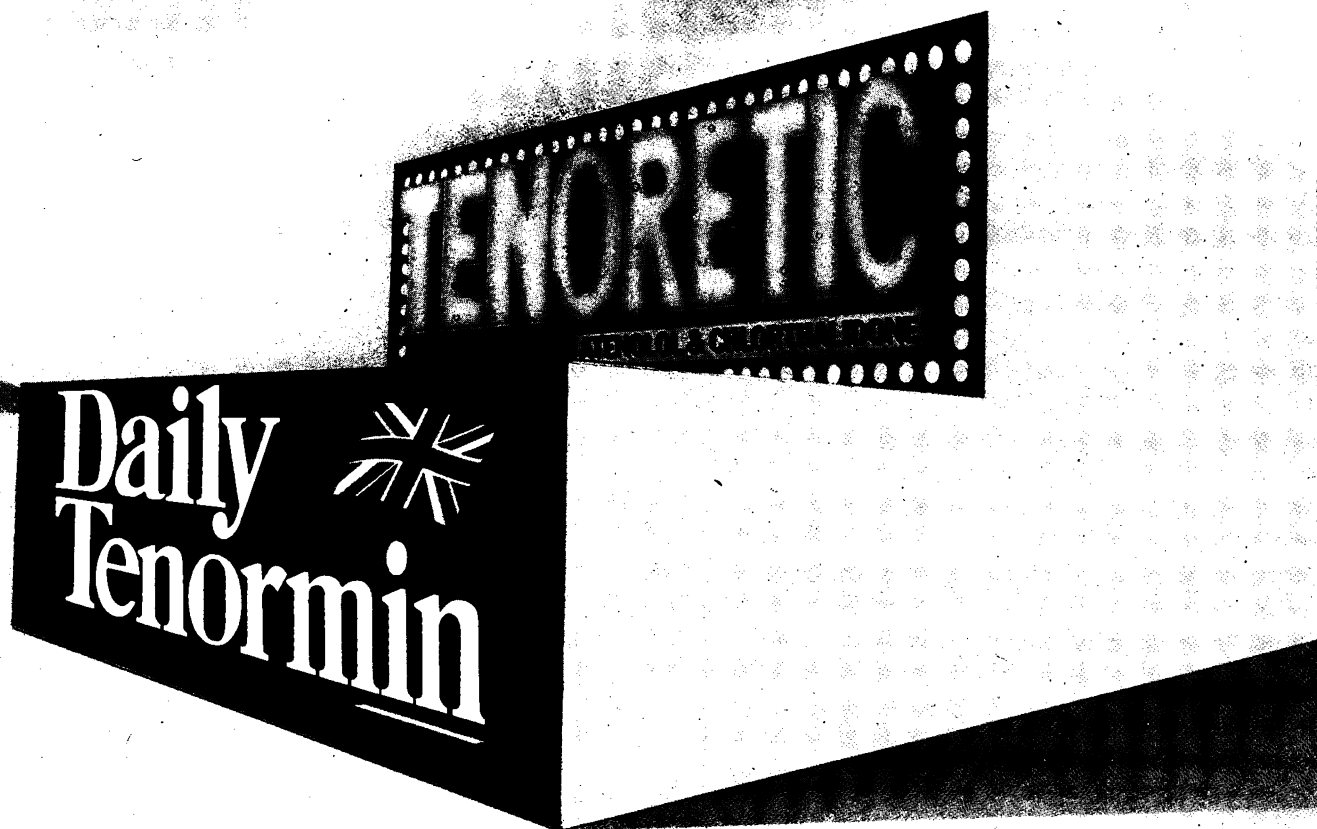
Ativan lorazepam ahead in anxiety

the response that you expect
and your patient needs

with minimal sedation
and rapid elimination

**Ativan—the short
acting anxiolytic**

Logical step the treatment of hypertension



Step One **Tenormin**

atenolol 100mg

Highly cardioselective
Cardioprotective

Only ONE tablet daily

Step Two **Tenoretic**

atenolol 100mg & chlorthalidone 25mg

Combines 'Tenormin' with chlorthalidone
Better control in more patients

Still only ONE tablet daily

Prescribing Notes for 'Tenormin' and 'Tenoretic'

Dosage:

One tablet daily.

Contraindications:

Heartblock. Co-administration with verapamil.

Precautions:

Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. *Tenoretic* only Gout. Changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients receiving digitalis and those liable to hypokalaemia from other causes. In diabetes chlorthalidone may decrease glucose tolerance.

Side Effects:

Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers — consider discontinuance if they occur. Cessation of therapy with beta-blocker or beta-blocker/diuretic combination should be gradual. *Tenoretic* only With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia.

Pack sizes and Basic NHS cost:

'Tenormin' 28's £7.27.
'Tenoretic' 28's £8.17

Product Licence Numbers:

'Tenormin' 0029/0122.
'Tenoretic' 0029/0139.

'Tenormin' and 'Tenoretic' are trademarks.

Full prescribing information is available on request to the Company.



Stuart Pharmaceuticals Limited
Carr House, Carrs Road,
Cheadle, Cheshire SK8 2EG.



Balancing the pain scale

When you're in pain, it's important to know when to take a break from the pain scale.

Not to moderate pain.

Paramol-118

(Paramol-118 is a combination of Paramol and 118.)

When you're in pain, it's important to know when to take a break from the pain scale.

Not to moderate pain.

When you're in pain, it's important to know when to take a break from the pain scale.

Not to moderate pain.

When you're in pain, it's important to know when to take a break from the pain scale.

Not to moderate pain.

DF 118

The

M&B May & Baker

Diagnostic Quiz

Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP.

The prize will be a £100 British Airways travel voucher, given to the first correct entry opened each month.

This month's competition has

been prepared by Doctor A. T. Willis, Consultant Microbiologist, Luton and Dunstable Hospital.

Results and the winner's name will be published in the journal in May. We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



1. What are the likely causes of this ulcer?
2. What are the likely infecting organisms?
3. How would you treat this patient?

Win £100

**travel voucher
each month**

Recent evidence of penetration

Orudis

the Orudis effect (ketoprofen)

Human studies^{1,2} have clearly demonstrated that Orudis penetrates directly to where it is needed. Into the arthritic joint, Orudis exerts a powerful inhibitory effect on the mediators of inflammation. Effective synovial fluid concentrations are sustained from a 2 b.d. dosage. This anti-inflammatory action has also been demonstrated in thermographic studies.²

Effective in the relief of inflammation and pain, but with a low level of side effects, established by seven years of experience. That's the Orudis effect.

Standard dosage: orally with food - 2 capsules (100mg) early morning and late at night.

Contra-indications: recurring history of/or active peptic ulcer, chronic dyspepsia; in children.

Precautions: pregnancy; lactation; bronchial asthma/allergy.

Dosage of concomitant protein-binding drugs may need modification.

Side-effects: occasional gastro-intestinal intolerance. Very rare gastro-intestinal haemorrhage/skin rashes. Presentation: 50mg ketoprofen caps. Pl. 0012/0122. Basic NHS cost: £1.46 for 25 (ex 500) (May '80).

Orudis is a trade mark.

References: 1. *Curr. Med. Res. Opin.* (1975), 3/7, 423. 2. (1980) In Press

M&B May & Baker

May & Baker Ltd., Dagenham, Essex. MA8425



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

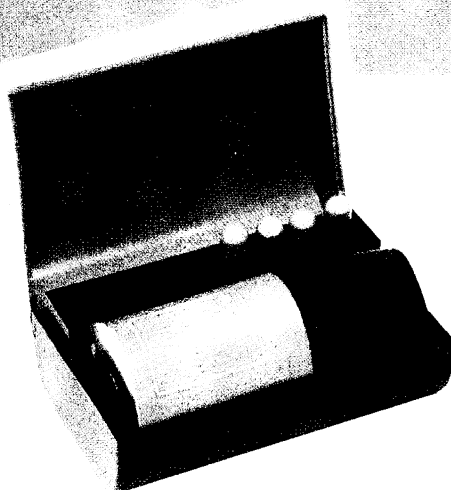
Protects against
exercise induced asthma

Microgram dosage
avoids systemic side effects

Available as a metered-dose device
and also as a Rotahaler



A rational basis for



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 exercise to prevent exercise induced asthma or before exposure to a known or suspected challenge.

Dosage and administration

Asking 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 already 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 (excludes VAT)

Ventolin Inhaler: six metered dose canisters 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 caproate particles in a light blue, colourless or dark blue colourless hard gelatine cartridges respectively.

Containers of 100, Basic NHS cost £15.29 and £7.15, respectively.

Ventolin Rotahaler: for use in conjunction with Ventolin Rotacaps. Basic NHS cost 75p.

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 Limited.

Further information on Ventolin is available from Allen & Hanbury Limited, London EC4A 3AF.

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

BE COTIDE PRESCRIBING INFORMATION

Uses

Bronchial asthma especially in patients where asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids in the treatment of acute exacerbations. AOT has 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, inhalation may be started at twice as often, and then gradually and subsequently reduced when the patient begins to respond.

Using Becotide Rotahaler Adults, two or three Becotide Rotacaps three or four times a day is the usual maintenance dose. In children, one 100mcg Becotide Rotacap three or four times a day is recommended to the response. For optimum results, inhaled Becotide should be administered regularly.

Contra-indications

Known hypersensitivity to any of the ingredients.

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 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucous is preventing penetration of inhaled drug to the target area. A short course of systemic steroids in relatively high dosage should be given and therapy with inhaled Becotide continued.

Concomitantly, administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients from therapy with systemic steroids to therapy with Becotide, the possibility of adrenal insufficiency should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed prescribing description in the data sheets for Becotide Inhaler and Becotide Rotacaps.

Side effects

Oral candidiasis as seen in the mouth and throat, rhinitis, epistaxis, in some patients, particularly those with high blood levels of Candida, may be relieved by the use of antifungal agents.

agents usually clears the condition without withdrawal of Becotide.

Presentation and Basic NHS cost (includes VAT)

Becotide Inhaler is a metered dose aerosol delivering 50mcg beclomethasone dipropionate BP per actuation.

Each canister contains 200 inhalations. Basic NHS cost £4.77.

Becotide Rotacaps 100mcg and 200mcg each contain an mixture of the stated amount of microfine beclomethasone dipropionate BP and larger particle lactose in butylcellulose or chocolate brown colourless hard gelatin capsules, respectively.

Containers of 100 Basic NHS cost £7.26 and £9.67 respectively.

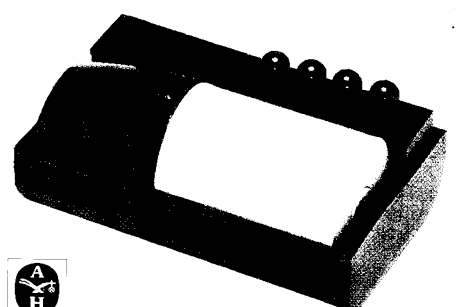
Becotide Rotahaler for use in conjunction with Becotide Rotacaps. Basic NHS cost £8.80.

Product Licence numbers

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

Becotide Inhaler and Rotahaler are trademarks of Allen & Hanbury's Limited.

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



You may be seeing more vitamin deficient patients than you realise



Significant vitamin deficiencies may be present, if not always recognised, in a substantial proportion of alcoholic patients. Such deficiencies can dramatically worsen the prognosis of the alcoholic patient and, in extreme cases, may

even result in permanent brain damage.

Parentrovite (injection) and Orovite (tablets) provide high concentrations of vitamins B and C. Their use is recommended whenever significant vitamin depletion in an alcoholic patient is suspected.

Parentrovite

high potency B and C vitamins injection

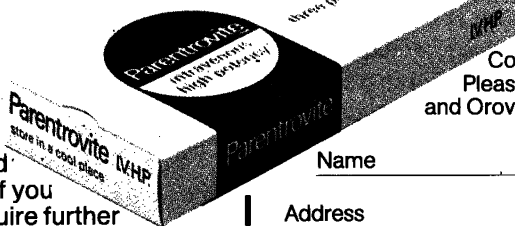


Orovite

high potency oral B and C vitamins

The new Bencard film "A Case of Confusion?" (Section 63 approved) deals with the problem of vitamin depletion and alcohol-induced brain damage. If you would like to see this film, or require further information on Parentrovite or Orovite, please complete and return this form (no stamp required) to Bencard, Freepost, Great West Road, Brentford, TW8 9BE.

Parentrovite, Orovite and the Bencard logo are trade marks.



I would like to see the film "A Case of Confusion?" ☐
Please send me information on Parentrovite and Orovite. ☐

Name _____

Address _____

 **Bencard**

Bencard,
Brentford, Middlesex. 13802

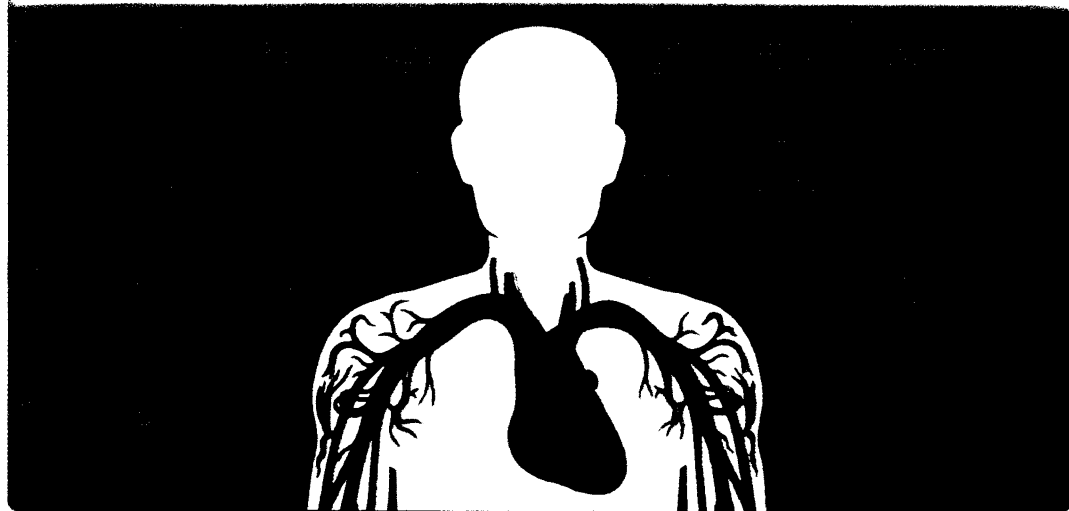
Peripheral
Vasodilatation



B-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

⊗ THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

The MSD Foundation is an independent charity which produces audiovisual material for use in general practitioner training. Each programme is designed for use with small groups of doctors and paperwork is provided to help the group leader use the programme.

Our 1981 Catalogue includes new videocassette and tape/slide programmes on the following topics:

- The patient dying at home — videocassette: The Case of Dorothy Parsons
- The child as a presenting symptom of family stress — videocassette: The Case of Darren Cooper
- Upper Respiratory Tract Infections in Children — a tape/slide programme (see below)
- Safer Prescribing — a tape/slide programme in two parts
- Child Health Care in General Practice — a videocassette comparing two practices
- The Management of the Arthritic Patient — a videocassette in two parts

PROGRAMME OF THE MONTH

UPPER RESPIRATORY TRACT INFECTION IN CHILDREN

A tape/slide programme for small group work with General Practitioner trainees. We showed this programme to Dr John Fry, FRCGP. Here are his comments:

“This programme is well thought out, well prepared and well presented.

It is particularly refreshing to note the emphasis on functional state and on behavioural and family factors. However, there still is too much stress on the appearance of the drum in otitis media. How often can one diagnose a ‘suppurative otitis media’ from what the drum looks like?

There is a good selection of typical syndromes and visual presentation of appropriate children. Particularly good is the upper class tonsillectomy-seeking mother with Peregrine as the presenting sacrificial child-victim. However, I was disappointed not to see more discussion and presentation of the natural history and outcome of these common ‘catarrhal child’ syndromes. They tend to peak around five to seven years of age and are followed by a natural and spontaneous ‘cure’ — probably related to body immunological changes (apart from croup which is a condition between six months and three years of age).

I hope that this presentation will do more than leave the viewers self-satisfied. I hope that it will encourage viewers to question their own management and understanding of the conditions and that they will ask questions such as — ‘Are antibiotics really necessary in all attacks of acute otitis media and how many T’s and A’s are still now really necessary?’ ”

Audiovisual programmes are offered for sale to vocational training course organizers and other teachers. Some programmes are restricted in use to doctors only but others are available for use with medical students. Videocassettes are available on U-matic, VHS, Philips or Betamax formats, and the average cost is about £20-£25.

Further information, and catalogue, can be obtained by writing to:

**The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881**

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Sue Cain, Production Department, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received by the first of the month preceding 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 charge for space in this section is £5.75 per single column centimetre, plus 25p if a box number is required. Fellows, members and associates of the Royal College of General Practitioners may claim a ten per cent reduction.

The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.

UNIVERSITY OF EXETER

POSTGRADUATE MEDICAL SCHOOL

8 to 12 June 1981. Full-time Refresher Course in Paediatrics for General Practitioners. Recognized under Section 63. Programme includes case presentations, seminars, discussion groups and visits to other hospitals in the area.

Applications to: **Dr R. L'E. Orme, Senior Lecturer in Child Health, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW.**

REGIONAL POSTGRADUATE INSTITUTE FOR MEDICINE AND DENTISTRY

A COURSE IN

PAEDIATRICS/PSYCHIATRY/GERIATRICS

1/2/3 April 1981

Newcastle General Hospital
St Nicholas Hospital, Gosforth
and

Freeman Hospital, Newcastle upon Tyne

Open to all medical practitioners. Approved under Section 63. Application forms and details of the programme from: **The Regional Postgraduate Institute for Medicine and Dentistry, The Medical School, The University, Newcastle upon Tyne NE1 7RU (telephone Newcastle 28511 Ext 3041).**

UNIVERSITY OF DUNDEE POSTGRADUATE MEDICAL EDUCATION Courses and Attachments for General Practitioners 1981

1. Theoretical Course in Family Planning, 17 and 18 March 1981.
2. Residential attachments in obstetrics, mid-June to mid-July 1981
3. Refresher course in medicine for general medical practitioners, 29 June to 3 July 1981.
4. Recent advances in occupational medicine for industrial medical officers and general medical practitioners, 14 to 18 September 1981.

These courses and the residential attachments in obstetrics have been approved by the Scottish Home and Health Department under Section 63 of the Public Health and Social Services Act (1968).

Further particulars of the courses and attachments may be obtained from:

**The Postgraduate Dean,
Faculty of Medicine and Dentistry,
University of Dundee Medical School,
Ninewells Hospital,
Dundee DD1 9SY.**

THE LONDON HOSPITAL, WHITECHAPEL E1 1BB (City and East London AHA (T))

THE EAST LONDON GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME IN CONJUNCTION WITH THE LONDON HOSPITAL

Applications are invited for the four posts in this scheme, starting on 1 August 1981. Each trainee will be invited to spend one month in general practice, two years rotating in posts at The London Hospital and, finally, one year in general practice. The hospital posts include six months in Obstetrics and Gynaecology, six months in Geriatrics, three months in General Medicine, three months in the Emergency and Accident Department and either six months in Paediatrics or six months in Psychiatry. A half-day release course is held at the East London Postgraduate Centre, Bethnal Green. Applicants will be welcome to visit the training practices.

Further details may be obtained from: **The Course Organizer, Dr R. M. Griffiths, 35 High Street South, East Ham, London E6, or from the Medical Staffing Officer, The London Hospital.**

Applications (no forms provided), giving the names and addresses of two referees, should be received by 25 April 1981 and addressed to the Medical Staffing Officer, The London Hospital.

MRCGP CANDIDATES

Revise now with a PasTest practice exam. 180 MCQs, Modified Essay question, Traditional Essay papers. Hints on log diary and oral. Answers, explanations, references, computer sheets and free marking service. Only £14.50 inc. p & p. Send cheque without delay to:

PASTEST

Dept. GP. PasTest Service, PO Box 81,
Hemel Hempstead, Herts
Tel. Hemel Hempstead (0442) 52113

NORTH YORKSHIRE AREA HEALTH AUTHORITY

York Health District

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited for admission to a three-year course of training commencing 1 August 1981. The course consists of four six-month hospital posts and two six-month periods in general practice.

The hospital posts are in four of the following specialties: Accident and Emergency, General Medicine, Obstetrics, Paediatrics and Psychiatry.

Other specialties may be available to suit the requirements of the trainee.

The course of training has been approved by the Royal College of General Practitioners and, although it is primarily aimed towards general practice, it would also be suitable as a course for general professional training.

A curriculum vitae including full details of education, qualifications, past experience and the names and addresses of two referees should be sent to: District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY. Closing date is 17 March 1981.

LEICESTERSHIRE AREA HEALTH AUTHORITY (T)

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are now invited for 12 places on the Leicester Vocational Training Scheme, which has a close liaison with the Department of Community Health at the University of Leicester Medical School.

The Course commences on 1 October 1981 for the complete three-year programme, which includes an introductory three months' appointment in a training practice, successive six-month appointments as Senior House Officers in four hospital posts, and a final nine months' appointment in the original training practice.

A wide variety of hospital posts relevant to general practice are available from which candidates will be offered a selection, including general medicine, paediatrics, geriatrics, obstetrics, psychiatry, accident and emergency, ophthalmology, dermatology and ENT. A half-day release course is held throughout the three years, with an emphasis on small group work. The course is recognized for the MRCGP, DCH and DRCOG.

There are also vacancies for one-year vocational trainees for doctors with relevant SHO experience.

Further details, a copy of the booklet *The Leicester Vocational Training Scheme* and an application form can be obtained from: The Scheme Supervisor, Dr Judith Millac, c/o Mrs Jeanne Emberson, Department of Community Health, Clinical Sciences Building, Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW. Closing date for applications is 1 April 1981.

DYFED HEALTH

VOCATIONAL TRAINING SCHEME, BRONGLAIS HOSPITAL, ABERYSTWYTH, DYFED

Applications are invited for posts in rotation to commence 1 August which at present include Accident and Emergency, General Medicine (Chest), Geriatric Medicine, ENT and Paediatrics, but the scheme may well be increased shortly. This is a two-year rotation in four of the above specialties followed by a year in an attached and approved training practice, making three years in total. Half-day release arrangements are in being for Vocational Training Course tutorials.

The scheme is approved for MRCGP and DCH purposes as well as for Vocational Training certification. MRCP tuition is also provided within the hospital. Accommodation is available for all posts and enquiries should be addressed to Dr W J C Roberts, care of the Personnel Department.

Applications should be made in writing quoting the names of two referees to the Personnel Department, Ceredigion Health District, Gorseland, North Road, Aberystwyth, Dyfed.

SOME AIMS FOR TRAINING FOR GENERAL PRACTICE

Occasional Paper 6

The Royal College of General Practitioners has now agreed three sets of educational objectives for doctors training for general practice: the first on child care with the British Paediatric Society, the second, on the care of the elderly with the British Geriatric Society, and the third on the care of the mentally ill with the Royal College of Psychiatrists.

The booklet also contains the job definition and educational aims for general practice as a whole which have been agreed by the Leeuwenhorst Working Party and approved by the Royal College of General Practitioners.

Some Aims for Training for General Practice is available now, price £2.75 including postage from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

OCCASIONAL PAPERS

Occasional Papers can be obtained from 14 Princes Gate, Hyde Park, London SW7 1PU. Prices include postage. Payment with order.

No. 4

A System of Training for General Practice (second edition 1979) £3.00

No. 6

Some Aims for Training for General Practice £2.75

No. 7

Doctors on the Move £3.00

No. 8

Patients and their Doctors 1977 £3.00

No. 9

General Practitioners and Postgraduate Education in the Northern Region £3.00

No. 10

Selected Papers from the Eighth World Conference on Family Medicine £3.75

No. 11

Section 63 Activities £3.75

No. 12

Hypertension in Primary Care £3.75

No. 13

Computers in Primary Care £3.00

No. 14

Education for Co-operation in Health and Social Work £3.00

No. 15

The Measurement of the Quality of General Practitioner Care £3.00

COMPUTERS IN PRIMARY CARE

Occasional Paper 13

Computers are coming. More and more general practitioners are becoming interested in the possibility of computerizing various aspects of their record systems in general medical practice in the United Kingdom.

Computers in Primary Care is the report of a working party of the Royal College of General Practitioners which describes the possibilities currently available and looks into the future, discussing both technical and financial aspects.

The members of this working party have between them considerable experience of using computers in general practice. Together they summarize the experience and philosophy which they have acquired which enables them to put forward a series of conclusions and recommendations for the future.

Computers in Primary Care, Occasional Paper 13, is published by the *Journal of the Royal College of General Practitioners*, and is available now, price £3.00 including postage, from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

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 one of the senior lecturers in general practice at St Thomas' Hospital Medical School, Dr C. J. Wilkins, 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, London SW7 1PU, price £3.00 including postage. Payment should be made with order.



Behind the
gentleness of

Burinex^{*}K

bumetanide and slow release potassium chloride

lies the power of

Burinex

Burinex K
gently effective
for maintenance

Burinex tablets

combine strength with

gentleness for more refractory oedema

Burinex injection

fast powerful action for emergencies

Formulations Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. **Indications** Acute pulmonary oedema and oedema of cardiac, renal or hepatic origins. **Dosages** Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. **Contra-indications, Precautions and Side Effects** Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Numbers:** Burinex Injection: 0043/0060 Burinex Tablets: 0043/0021, 0043/0043 Burinex K: 0043/0027B **Basic N.H.S. Prices** Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34 Burinex Tablets: 1 mg - 100 tabs £4.74 Burinex K: 100 tabs £3.24

^{*}Burinex is a trade mark



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