

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.

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

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 Treatment in these cases should be withdrawn gradually.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

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.

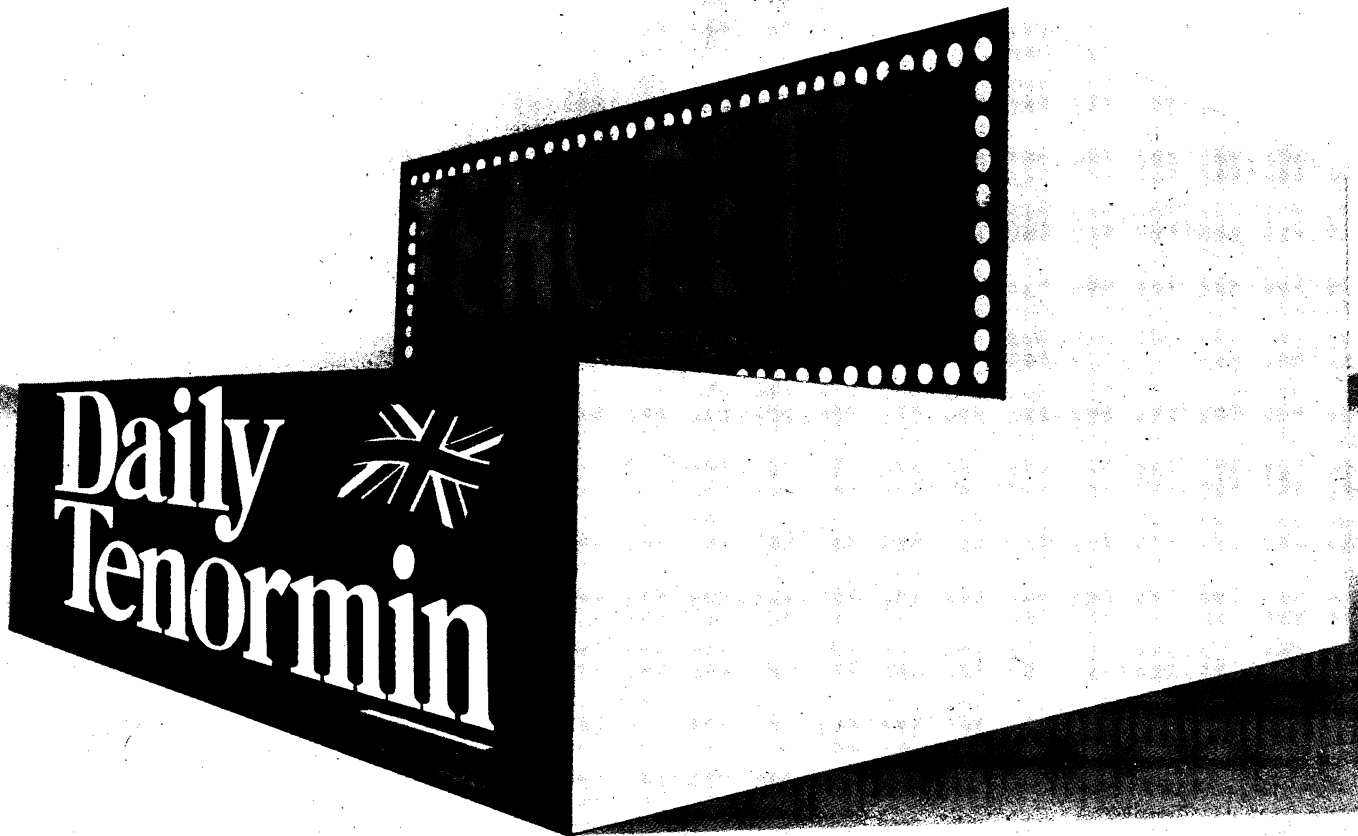
Basic N.M.S. cost 1mg x 100: £1.85 2.5mg x 100: £2.90.

Hospital Price As per local contract.

Wyeth Laboratories. John Wyeth & Brother Ltd.



Logical steps in 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.

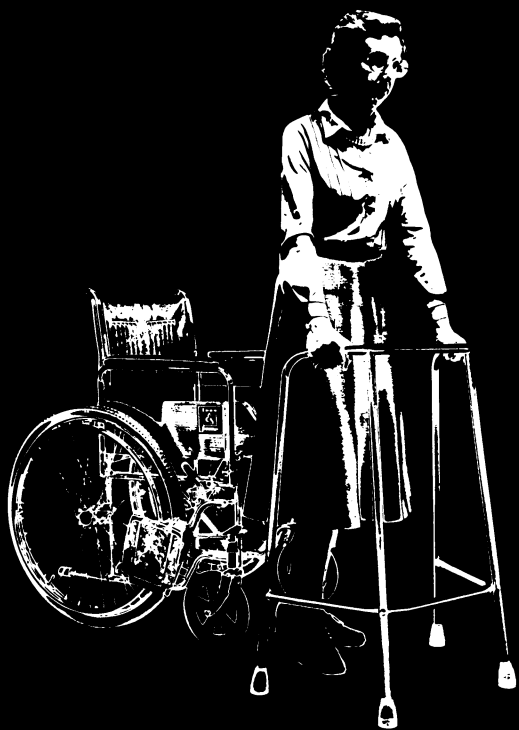
'Tenormin' and 'Tenoretic' are trademarks.

Full prescribing information is available on request to the Company.



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

SPASTICITY FOLLOWING STROKE



LIORESAL[®]

baclofen INN

Brings back a feeling of achievement

Prescribing notes: **Indications** Relief of spasticity of voluntary muscle arising from cerebrovascular accidents, cerebral palsy, meningitis, traumatic head injury, multiple sclerosis and other spinal lesions. **Dosage** Adults: Initially 15mg daily in three divided doses, increasing slowly at intervals of at least three days, until the optimum effect is achieved. Satisfactory control is usually obtained with doses up to 60mg daily, but careful adjustment is often necessary to meet the requirements of individual patients. A maximum daily dose of more than 100mg is not advised unless the patient is in hospital and under careful supervision. Children: Initially 5-10mg daily in divided doses, and a maximum dose of 60mg daily. There have been no reports of tolerance. **Side-effects** Nausea; vomiting; daytime sedation and confusion; muscle hypotonia and fatigue; visual hallucinations. **Precautions** Concurrent administration of antihypertensives; psychotic states; epilepsy; first three months of pregnancy. **Packs** Lioresal 10mg tablets in Securitainer packs of 100. **Basic NHS price** £11.66. PL0008/0053. " denotes registered trademark.

Full prescribing information is available on request from CIBA Laboratories, Horsham, West Sussex.

C I B A

“It is therefore particularly encouraging that 74% of patients in this study reported that they were much less tired, more energetic, more active physically and more mentally relaxed than when on their previous antihypertensive therapy.”¹

The antihypertensive

TRANDATE'S BALANCED MODE OF ACTION

Trandate has a mode of action that is different from that of any other currently available antihypertensive agent. It provides the benefits of both beta-blockade and peripheral vasodilatation. And in just one drug.

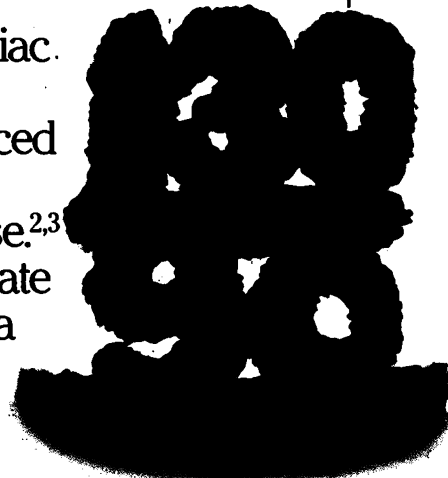
Trandate lowers blood pressure by reducing peripheral resistance. However, where Trandate differs from simple peripheral vasodilators is that it concurrently blocks beta-adrenoceptors, notably in the heart.

PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is

lowered, but without cardiac stimulation. And because this beta-blockade is competitive, cardiac output is not significantly reduced at rest or after moderate exercise.^{2,3}

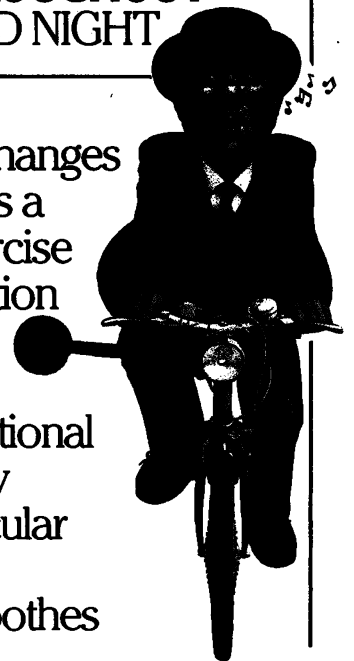
Thus Trandate is able to restore a more normal circulation.



SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

The normal changes in blood pressure as a result of stress, exercise and circadian variation can be harmful to the hypertensive patient placing additional stress on an already strained cardiovascular system.

Trandate smoothes



Prescribing Information: **Presentation and Basic NHS Cost** Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £11.64. **Indications** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily. A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. **Contra-indications** There are no known absolute contra-indications. **Warning** There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. **Precautions** Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side-effects** If the recommended dosage instructions are followed side-effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash. Trandate Tablets 100mg PL 0045/0106. Trandate Tablets 200mg PL 0045/0107. Trandate Tablets 400mg PL 0045/0109. Full prescribing information is available on request.

potentially harmful peaks throughout the whole 24 hour period and controls blood pressure effectively during the early morning surge.

complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do

people feel better with.

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

Trandate is particularly useful in the hypertensive patient with impaired renal function.⁴

*"The drug did not seem to cause any significant deterioration in the GFR of those patients whose renal function was monitored closely, and in the majority of those whose renal functional impairment was due to hypertension alone a considerable improvement in GFR was observed."*⁵



WITHOUT ELEVATING PLASMA LIPIDS

It is also reassuring to know that Trandate does not cause a rise in plasma lipid levels.

"Until we know the long-term

*not cause such changes. (Trandate) appears to be such a drug."*⁶

EMPLOYING A SIMPLE DOSAGE REGIMEN

Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs.

The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.



WITHOUT RESTRICTING LIFESTYLE

What Trandate offers your patients is effective control of their blood pressure without burdening them with additional problems that may restrict their everyday life.

Trandate

labetalol hydrochloride

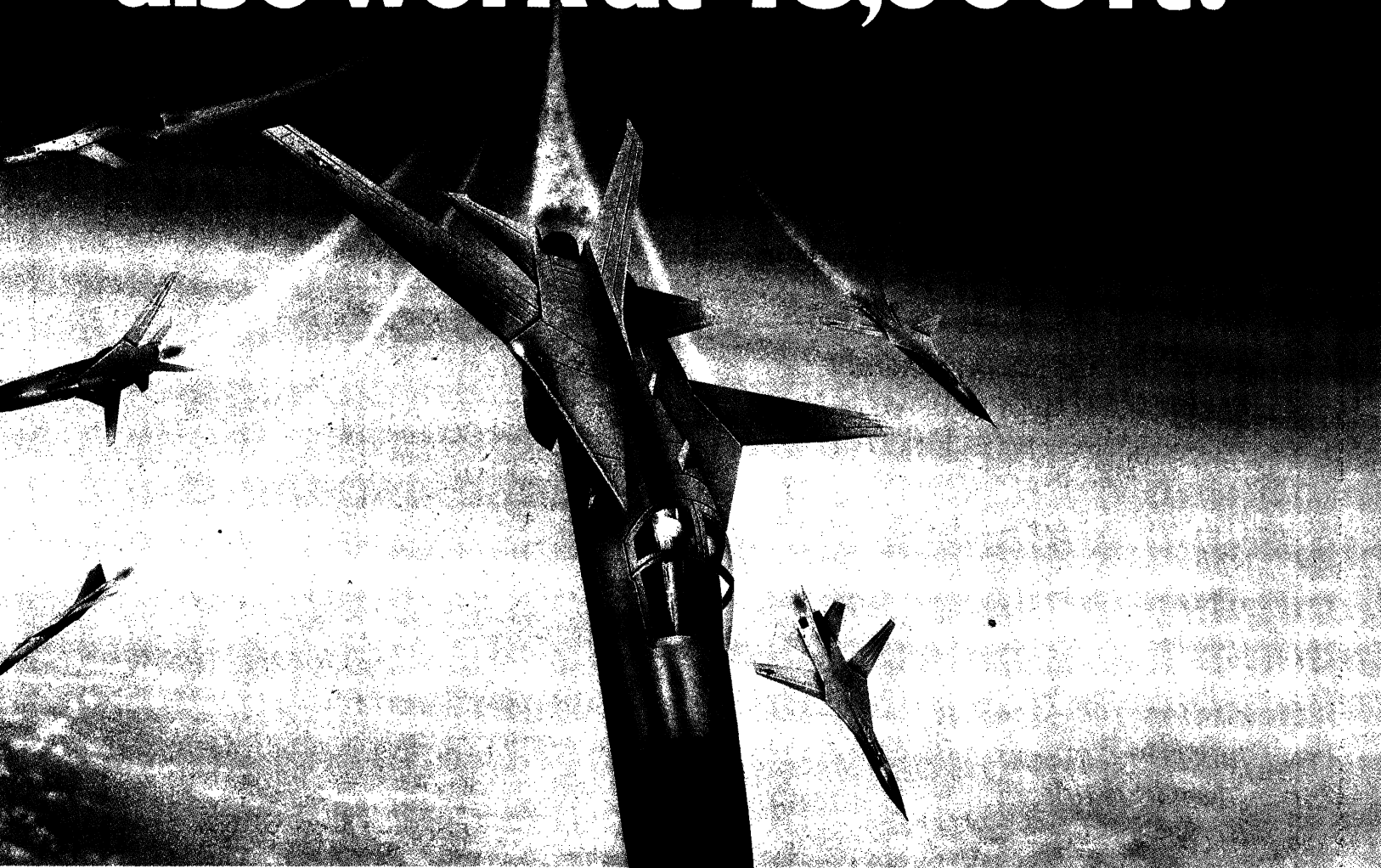
References:

1. Scott Manderson, W. Practitioner (1979), 222, 131-134.
2. Edwards, R.C. et al. Br. J. clin. Pharmac. (1976), Suppl. 733-736.
3. Koch, G. Br. Heart J. (1979), 41, 192-198.
4. Thompson, F.D. et al. Br. J. clin. Pharmac. (1979), 8, 129S-133S.
5. Bailey, R.R. Br. J. clin. Pharmac. (1979), 8, 135S-140S.
6. McGonigle, R.J.S. et al. Lancet (1981), 1, 163.



Trandate is a trade mark of
Allen & Hanburys Ltd. London E2 6LA

Which antihypertensives also work at 48,000ft?



It is often assumed that aircrew who develop hypertension are grounded and cannot return to flying duties.

But they can.

A recent study¹ in hypertension assessed the efficacy and safety of spironolactone/thiazide combination and the results were encouraging: 94% of patients were adequately controlled after six weeks of treatment. And more importantly, 84% were able to return to normal flying duties.

Thiazides, used alone, have been shown to control less than 50% of all treated patients.¹

This research now indicates a more acceptable group of antihypertensive agents.

In everyday treatment, of mild to moderate hypertension, Aldactide 50 represents a very effective spironolactone/thiazide combination.

At a once daily dosage, Aldactide 50 ensures a gradual reduction of both systolic and diastolic blood pressures. Its antihypertensive effect is maintained during long term administration. And because it has little effect on serum uric acid and conserves potassium, Aldactide 50 can avoid the potential drawbacks of life-long thiazide only therapy.

Therefore when a patient first presents with mild or moderate hypertension, choose an antihypertensive that maintains a high level of performance. Choose Aldactide 50.

Once daily

Aldactide 50

hydroflumethiazide + spironolactone

To start with – to stay with

Reference

1. Hull, D.H., et al. Aviation, Space and Environmental Medicine, 1978, 49, 503-511.

Prescribing Information

Presentation

Aldactide 50
Cream, scored tablets stamped "SEARLE 180" on one side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 50mg.

Uses

Essential hypertension

Dosage and Administration

Adults

Aldactide 50 – one or two tablets with breakfast or the first main meal of the day.

Children

Daily dosage should provide 1.5 to 3mg of spironolactone per kilogram body weight, given in divided doses.

Contra-indications, Warnings, etc.

Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients who are hypersensitive to either component, concurrent administration with other potassium-

conserving diuretics.

Aldactide potentiates the effect of other antihypertensive drugs and their dosage should be reduced when Aldactide is added to the treatment regime.

Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance.

Thiazides may induce hyperuricaemia and decrease glucose tolerance.

Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier. Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible hazards to the foetus.

Adverse effects reported in association with spironolactone include: gynaecomastia, gastrointestinal intolerance, skin rashes, menstrual irregularities, impotence, mild androgenic effects etc. Adverse effects reported in association with thiazides include: gastrointestinal symptoms, skin rashes, blood dyscrasias, muscle cramps etc.

Product Licence Holder and Number

G.D. Searle & Co. Ltd. Aldactide 50: 0020/0082.

Basic N.H.S. Cost

40 tablets: £6.88.

Full prescribing information is available on request.

Aldactide and Searle are registered trademarks.

Searle Pharmaceuticals
Division of G.D. Searle & Co. Ltd.
P.O. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL
Tel: High Wycombe 21124

SEARLE

YOU CAN STILL INSIST ON INDERAL.

Inderal, the world's first and most widely prescribed beta-blocker, is the original propranolol and is backed by the full technical resources and quality control standards of ICI.

Its efficacy and reliability have been proven in fifteen years of worldwide clinical practice and in countless trials.

Developed wholly in Britain, Inderal

now contributes millions of pounds annually to the balance of payments and helps to fund ICI's £45 million a year investment in medical research.

Make certain your patient receives Inderal by prescribing it by name.



INDERAL



Write Inderal by name

First Effective Vaccine for Insect Sting Sensitive Patients [®]

Pharmalgen



Prescribing Information: **PRESENTATION:** Packs containing 4 x 5 ml white freeze-dried material (venom) from either honey bees or wasps, together with 4 x 4.5 ml of NSA diluent (normal serum albumin). Each vial of venom contains 100 µg of venom per ml when reconstituted with 1.2 ml of NSA diluent. Also packs of 10 x 4.5 ml NSA diluent. **USES:** Diagnosis and treatment of allergy to insect stings. **DOSAGE & ADMINISTRATION:** To establish starting dose for desensitisation, titration by "modified prick-test" is used. Injections for desensitisation are given subcutaneously. "Modified Rush" schedule is recommended. For full details see the package insert, which must be read before use. **CONTRA-INDICATIONS:** Other serious immunological illness, infections, and pregnancy. Pregnancy is not an absolute contra-indication, but the risk to a foetus of a possible anaphylactic reaction must be considered. **PRECAUTIONS:** To be used on the advice or guidance of a specialist. Full sterile procedure to be followed for injections. A 1 ml graduated syringe is recommended. Avoid intravascular injection - check by aspiration of syringe. With insect sting allergies, there is a slight possibility of anaphylactic or generalized reaction following an injection - the patient must be kept under observation for at least one hour after each injection, and full facilities for treating such reactions (eg: adrenalin injection) should be immediately available. **SIDE EFFECTS:** Local allergic reactions or, more rarely, generalised allergic reactions. If a reaction occurs the course should be modified according to the dosage schedule given in the package insert. **PHARMACEUTICAL PRECAUTIONS:** Store at 2-8°C. Shelf life is 2 years for both Freeze-dried venoms and NSA diluent. After reconstitution solutions for vaccination have a shelf life of 4 weeks at 2-8°C. Venoms in solution and NSA diluent must not be frozen. **LEGAL CATEGORY:** POM. **PRODUCT LICENCE NUMBERS:** PL 0009/0024 (Bee Venom, with diluent). PL 0009/0025 (Wasp Venom, with diluent).

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.

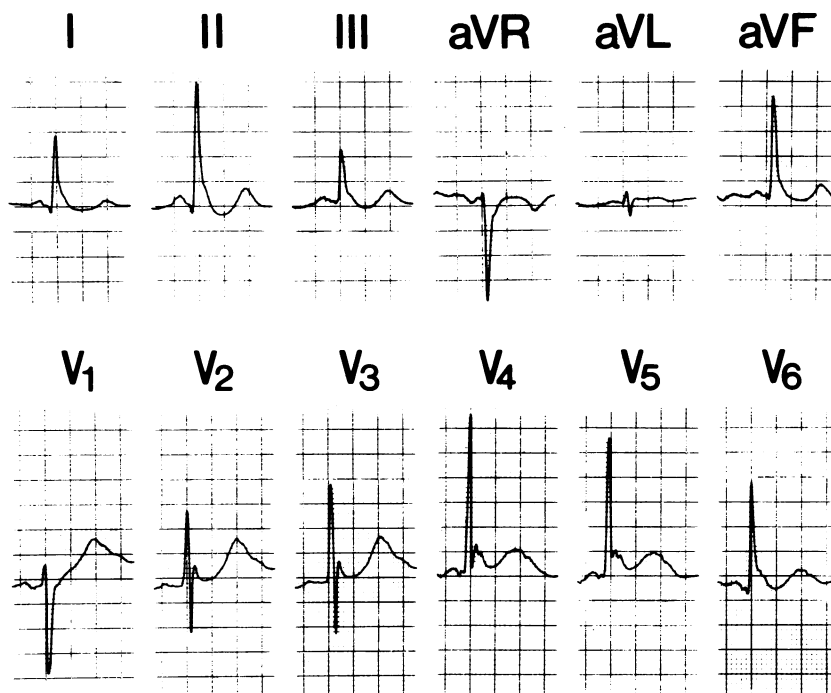
This month's competition has been prepared by D. G.

Julian, Professor of Cardiology, Freeman Hospital, Newcastle-upon-Tyne.

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

"In January 1981, an old age pensioner aged 72 was found by his home-help unconscious in his flat, where he lived alone. Over the preceding months he had been visited by his doctor on several occasions because he had complained of breathlessness and chest pain when going upstairs and was being treated with diuretics and nitrates. Bottles of aspirin and diazepam were found at the bedside.

On examination, the patient was unrousable but no focal neurological findings were observed. The pulse was regular at 54/min. and the blood pressure was 110/60. He was breathing slowly and regularly. There were no abnormal heart sounds nor were there any abnormal features in the lungs. The general practitioner could find no cause for the comatose state and admitted the patient to hospital. Again no cause was demonstrated but the electrocardiogram illustrated was recorded."



1. What does this show?
2. How is the diagnosis made?
3. What is the appropriate treatment?

Win £100

**travel voucher
each month**

Articular



Prescribing Information

Dosage: orally with food, 50-100 mg early morning and late at night. Contra-indications: recurring history of/or active peptic ulceration; chronic dyspepsia; use in children; in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs

known to inhibit prostaglandin synthetase or with bronchial asthma or allergic disease. Precautions: pregnancy; lactation. Dosage of concomitant protein-binding drugs may need modification. Side-effects: occasional gastro-intestinal intolerance. Very rare gastro-intestinal haemorrhage/skin rashes.

POWER

ketoprofen
Orudis **100**

**NEW
STRENGTH**

ORUDIS

100

ORUDIS

100

Presentations: 100 mg capsules PL 0012/0133; 50 mg capsules PL 0012/0122. Basic NHS Costs (Feb '81) 100 x 100 mg capsules £11.68; 25 x 50 mg capsules £1.46.

Orudis is a trade mark.

M&B **May & Baker**

May & Baker Ltd Dagenham Essex RM10 7XS



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**



A



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 unavoidable allergen.

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 Rotacaps 200mcg or 400mcg.

Children: one Ventolin Rotacaps 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 three times a day.

Using Ventolin Rotahaler: Adults: one Ventolin Rotacaps 400mcg three or four times a day. Children: one Ventolin Rotacaps 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 (excluding VAT)

Ventolin Inhaler is a metered-dose device delivering 100mcg salbutamol BP per inhalation. Each container contains 200 inhalations.

Basic NHS cost £13.00.

Ventolin Rotacaps 200mcg and 400mcg each contain a mixture of the stated amount of microfine salbutamol BP as sulphate, and larger particles of lactose, light blue colourless or dark blue, colourless hard gelatin capsules, respectively.

Containers of 100: Basic NHS cost £5.29 and £7.75, respectively.

Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps: Basic NHS cost £8.

Product Licence numbers

Ventolin Inhaler	0045-5022
Ventolin Rotacaps 200mcg	0045-0775
Ventolin Rotacaps 400mcg	0045-0777

Rotacaps, Rotahaler and Ventolin are trademarks of Allen & Hanbury, Limited.

Further information on Ventolin is available from Allen & Hanbury, 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**

Prescribing 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 and adrenocorticotrophic hormone (ACTH) or its synthetic equivalents.

Dosage and administration

Using Becotide Inhaler. Adults: two inhalations three or four times a day as the usual maintenance dose; may be increased to up to four inhalations at two to six inhalations per day and subsequently reduced when the patient begins to respond.

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

Using Becotide Rotahaler. Adults: one or two inhalations four to six times a day as the usual maintenance dose.

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

For prophylaxis of asthma Becotide should be administered regularly.

Contra-indications

No specific contra-indications to asthma.

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 10 mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucous is preventing penetration of the drug to the target area. A short course of systemic steroids of 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 data sheet for Becotide Inhaler and Becotide Rotacaps.

Side effects

Occlusal candidiasis of the mouth and throat thrush occurs in some patients, particularly those with high blood levels of Candida organisms. Topical therapy with antifungal

agents usually clears the condition without withdrawal of Becotide.

Presentation and Basic NHS cost (exclusively VAT)

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

Each canister contains 200 inhalations. Basic NHS cost £4.77. Becotide Rotacaps 100mcg and 200mcg each contain a store of the stable compound of microfine beclomethasone dipropionate BP and larger particles active in buffer solution or phosphate buffer 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 75p.

Product Licence numbers

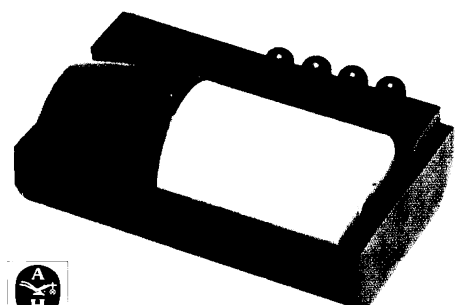
Becotide Inhaler 0045/0089

Becotide Rotacaps 100mcg 0045/0119

Becotide Rotacaps 200mcg 0045/0120

Becotide Rotacaps and Rotahaler are made marks of Allen & Hanbury's Limited.

Further information on Becotide is available from Allen & Hanbury's Limited, London EC2A 4AA.



© 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
- Safer Prescribing — a tape/slide programme in two parts
- The Management of the Arthritic Patient — a videocassette in two parts
- Doctor at Work — Dr Paul Freeling: videocassette analysing one of Dr Freeling's consultations
- Child Health Care in General Practice — a videocassette comparing two practices (see below)

PROGRAMME OF THE MONTH CHILD HEALTH SURVEILLANCE

A videocassette lasting half an hour

General practitioners vary greatly in the emphasis they place on well child care. This programme looks at two doctors, both with a special interest in child health but whose practices are very different indeed.

The programme is divided into three sections: the first looks at the objectives of a child health surveillance system with brief illustrations from actual consultations. The second part contains two minimally edited consultations with children: one is the routine examination, including developmental assessment, of a two and a half year old; the other, a less formal family discussion about a sleepless child.

Both doctors detail their differing philosophies and, in the final part, the administration of a practice surveillance system is described. In contrast, a nurse employed in the practice which does not run such a system explains the advantages of informality. Trainees are left to discuss the pros and cons of possible approaches to child care in general practice. Paperwork for trainees includes a quiz based on the financial incentives involved as well as a copy of a comprehensive paediatric medical record.

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. Tape/slide programmes cost about £30 per session.

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: 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 10 per cent reduction. Replies to box numbers should be sent to the Production Department, Update Publications Ltd., 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 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.

RUDOLPH FRIEDLAENDER MEMORIAL FUND FOR RESEARCH IN GENERAL PRACTICE

The Rudolf Friedlaender Memorial Fund invites applications from general practitioners for this award of up to £1,000.

The award is designed to assist in financing the following aims:

1. The preparation, completion and publication of a particular item of research or observations made in general practice.
2. The preparation and presentation of already completed work or findings in general practice.
3. Travelling expenses incurred in presenting the above findings at a local or international conference.

Application forms are available from: **Dr F. H. Kroch, Rudolf Friedlaender Memorial Fund, 8 Regent Street, Eccles, Manchester M30 0AP.**

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

TRANSACTIONAL ANALYSIS IN GENERAL PRACTICE

**14 PRINCES GATE, LONDON SW7 1PU
6, 13, 20 and 27 OCTOBER 1981**

Four weekly sessions of three hours of interest to general practitioners who want to increase their understanding of personality and the communications between people.

This course will cover the theory of Transactional Analysis as expressed by Dr Eric Berne, author of *Games People Play*. The material will be related to the relationships between the doctor and the people who are his patients.

Apply to: **Miss Elizabeth Monk, Courses Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.**

Approval under section 63 has been applied for.

BALINT SOCIETY

Applications are invited from general practitioners with or without previous similar experience to attend a Balint training seminar. The seminar will meet weekly in London starting later this year.

Section 63 approval will be available. Applicants should write to **Dr A. H. Elder, Lisson Grove Health Centre, Gateforth Street, London NW8.**

PARTNERSHIP

A fifth partner sought for a progressive group practice in St. John's Wood. We have our own nurse, attached HVs, GVs, etc. Appointments system. Excellent consulting facilities. ECG, vitalograph and access to pathology and x-ray services.

Please write with C.V. to: **Drs Newman, Antoniou & Partners, Abbey Medical Centre, 87/89 Abbey Road, St. John's Wood, London NW8 0AG.**

REPLACEMENT 6th PARTNER REQUIRED

Initial salaried partnership for mutual assessment, then two or three years to parity. LHA health centre (no capital required) off M18 motorway. Two practice SRNs; practice manager; secretary; receptionists; attached community health visitors; midwives and nurses; dieticians and chiropodists. Equipment includes ECG, microscope, peak flow meters, sonicaid, etc. for enthusiasts. Equal duty rota. Splendid hospital services and postgraduate programmes.

Send applications to: **Drs Oakshott, Dobson, Owen, Nicholson and Stafford, The Health Centre, Thorne, Doncaster DN8 5QH.**

BRITISH POSTGRADUATE MEDICAL FEDERATION PROGRAMME OF COURSES FOR GENERAL PRACTITIONERS

The British Postgraduate Medical Federation has now published its programme of courses for general practitioners for the period September to December 1981. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other general practitioner wishing to receive a copy of this programme should forward a stamped addressed foolscap envelope to: **The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Deans' Office, 14 Ulster Place, London NW1 5HD.**

WHAT IS HAPPENING

IN

AUSTRALIA?

The Royal Australian College of General Practitioners publishes a monthly journal — *The Australian Family Physician*.

This high quality journal contains articles of interest to all general practitioners written by leading Australian doctors and presented in a concise, readable format.

Australian Family Physician has a monthly circulation of 19,000 and is the only Australian journal of family practice to be indexed in Index Medicus.

Subscription rate for 12 issues: A\$60.00 (surface mail). Enquiries to: **Managing Editor, The Royal Australian College of General Practitioners, 4th Floor, 70 Jolimont Street, Jolimont 3002, Australia.**

Medical Officers (Social Security)

£13045-£17950 (under review)

Vacancies for full-time Medical Officers exist at the DHSS Central Office, Norcross, near Blackpool, where successful applicants will join a team of full- and part-time doctors. The office is situated near the coast in a pleasant part of the countryside with excellent housing and education facilities.

These intellectually challenging posts require wide medical knowledge. They are concerned with casework on DHSS cash benefits; these include War Pensions, Attendance Allowance, Mobility allowance, Housewives Non-Contributory Invalidity Pension and Vaccine Damage Payments, and casework for both NHS and DES Superannuation schemes. Although the work is mainly administrative, there is some opportunity for domiciliary medical examinations.

Further information can be obtained from **Dr O. A. Prosser, Principal Medical Officer, North Fylde Central**

Offices, Norcross, Blackpool FY5 3TA, tel 0253-856123, Ext. 566; or in London from Dr K. A. Cameron on 01-703 6380, Ext. 4199.

Candidates must be medical practitioners fully registered in the UK and have good general experience. Service or medical boarding experience would be an advantage but is not essential. Training is given to all successful candidates.

Salary within the quoted range, with starting salary according to qualifications and experience. Promotion prospects.

For an application form (to be returned by 24 July 1981) write to **Civil Service Commission, Alencon Link, Basingstoke, Hants RG21 1JB** or telephone Basingstoke (0256) 68551 (answering service operates outside office hours). Please quote reference *S(H)630/3*.

Department of Health and Social Security

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.

A SURVEY OF PRIMARY CARE IN LONDON

Occasional Paper 16

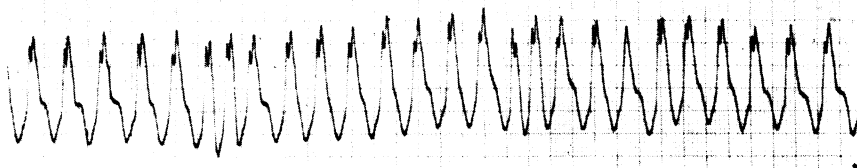
General practice in inner cities has emerged as a topic of immense concern to patients, the profession and government but, although there are many anecdotes, prejudices and rumours, hitherto there has been a great shortage of facts.

A Survey of Primary Care in London, Occasional Paper 16, is the report of a working party led by Dr Brian Jarman, which gives more facts than have ever been assembled before about the medical problems in London and the characteristics of the doctors who work there. A particularly valuable feature is the number of comparisons with Outer London and England and Wales.

This is likely to become a classic reference for all those interested in the problems of primary care in big cities.

A Survey of Primary Care in London, Occasional Paper 16, is available now, price £4.00 including postage, from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Payment should be made with order.

Answers to the May & Baker Diagnostic Quiz, April 1981



There were no entries giving an entirely correct diagnosis which was Wolff-Parkinson-White syndrome with atrial fibrillation. The prize has been awarded to Dr. D. E. Pelta of Southend-on-Sea who diagnosed paroxysmal atrial fibrillation with phasic aberrant ventricular conduction and described the abnormality in the following terms:

"This is a supraventricular tachycardia with a ventricular rate of over 200 per minute. The rhythm is irregularly irregular and the P waves cannot be clearly identified suggesting the rhythm is atrial fibrillation. The bizarre QRS complex is with bundle branch block pattern suggesting that the atrial impulses are conducted through only one bundle branch. The 'rabbit ears' QRS complex shows the second ear being dominant suggesting phasic ventricular aberration as the most likely diagnosis."

Dr. Pelta suggested treatment with digitalis to increase the conduction delay from multiple atrial ectopic foci and thus reduce the ventricular rate. Our consultant cardiologist writes: "Dr. Pelta is correct in diagnosing this as atrial fibrillation with aberrant ventricular conduction and his reasons for doing so are sound. The tracing shows an irregularly irregular rhythm without identifiable P waves. The rate, however, is extremely fast (about 300 per minute) and the normal AV node cannot transmit impulses at this rate. This pattern is characteristic of atrial fibrillation complicating Wolff-Parkinson-White syndrome; the AV node is bypassed by an abnormal pathway which has a short refractory period so that an unusual number

of impulses from the atrium can activate the ventricle.

This is the most serious complication of W.P.W. syndrome. Though only a minority of patients with the syndrome suffer this complication, it can be life-threatening because the ventricles may not be able to sustain an adequate output when beating so rapidly.

Dr. Pelta was incorrect on two counts. Firstly, the aberration does not represent conduction through one bundle branch—the abnormal pattern of depolarisation occurs because the bypass around the AV node enters the ventricle remote from the main conducting pathways and intraventricular conduction is also distorted because of the high rate. Secondly the condition *should not* be treated by digitalis because this has a variable effect on the refractory period of the abnormal bypass bundle; it may even reduce it and thereby increase heart rate making ventricular fibrillation more likely to supervene. The emergency treatment is D.C. shock to restore sinus rhythm.

The most effective drug for prophylaxis is amiodarone which has recently been made generally available in the U.K. for treating arrhythmias which occur with the Wolff-Parkinson-White syndrome. Though practically always successful in preventing atrial fibrillation of this type some patients cannot tolerate amiodarone. Surgery provides an alternative method of management. Facilities are available in a few centres for localising the abnormal tract and dividing it; when successful this eliminates the W.P.W. syndrome and the associated tendency to serious arrhythmias.



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gentleness for more refractory oedema

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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



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