

CIMETIDINE WITH DIAZEPAM

There is interference

yet another good reason to prescribe

Ativan

lorazepam

Unlike diazepam, Ativan can be prescribed with confidence for patients also taking cimetidine.¹

Other good reasons for making Ativan your anxiolytic of choice include:

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam.²

simple 'one step' metabolism also makes Ativan preferable to diazepam;
for example when liver function is impaired.³

Ativan - preferred for so many patients



Prescribing Information. 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/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 Treatment in these cases should be withdrawn gradually.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:** PLO011-0034 (1mg), PLO011-0036 (2.5mg), injection PLO011-0051. **Basic NHS Cost:** 1mg x 100 £1.91 2.5mg x 100 £3.03. Hospital Price: As per local contract. **References:** 1. New Eng J Med. (1980) 302, (18) 1012-1014. 2. Curr Ther Res. (1973) 15, 500. 3. Acta Psych Scand. Suppl. (1978) 274, 56. **Wyeth Laboratories,** John Wyeth & Brother Ltd, Taplow, Maidenhead, Berks. *Trade marks.





Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?

If so, when should potassium supplements be given? At serum $K^+ < 3.5 \text{ mEq/l}$? At serum $K^+ < 3.0 \text{ mEq/l}$?

Should low serum K^+ be supplemented even if the patient is asymptomatic?

Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing¹ and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements,² triamterene,² or amiloride.³

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

References

1. Schersten B et al. Clinical and biochemical effects of spironolactone administered once daily in primary hypertension. *Hypertension* 1980; 2(5): 672-9.
2. Hollander W. Hemodynamic and pathophysiological considerations in choosing antihypertensive therapy. *Clin Therap* 1979; 2(Suppl A): 11-23.
3. Sanguigni D, Benvenuti C. Comparison between spironolactone and amiloride associated with hydrochlorothiazide in the treatment of mild and moderate hypertension. *Clin Therap* 1978; 87: 69-74.

Prescribing Information

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 hypokalaemia 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

28 tablets: £5.11

Full prescribing information is available on request. Aldactide and Searle are registered trade marks.

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

SEARLE

In hypertension

TENORMIN

Atenolol 100mg

The only beta-blocker to put it all together in one.

Full 24 hour control

One tablet daily

Wide patient
spectrum

Few CNS
side-effects

Hydrophilic

Possible
advantages
in smokers

Cardioselective

Cardioprotective

Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN

A unique combination of hydrophilicity
and cardioselectivity

Prescribing Notes:

Dosage: One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. **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 blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.27. **Product Licence Number:** 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company



Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG
Tenormin is a trade mark for atenolol.





Glaxo

PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150 mg TABLET TWICE DAILY. IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECUR-

Now Gastric acid

RENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED IN PATIENTS TREATED WITH ZANTAC TABLETS. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD

BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST** (EXCLUSIVE OF VAT) 60 TABLETS £27.43. **PRODUCT LICENCE NUMBER** 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. UB6 0HE.

Zantac is the new H₂ blocker from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac is tailor-made for B.D. dosage.

The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

And in the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

Highly specific action

Zantac's specificity of action avoids problems with mental confusion in the elderly, and anti-androgenic effects.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Admittedly, it would have been nice to have been the first available H₂ blocker.

But then, as you can see, being second does bring certain advantages.

has a new advanced H₂ blocker to contend with.

Zantac

RANITIDINE



'Inderal' LA **Full** **24 hour** **protection** **from** **a single** **dose.**



INDERAL LA

Propranolol hydrochloride BP.

Once daily in hypertension and angina.

'INDERAL' LA ABRIDGED PRESCRIBING INFORMATION. DOSAGE: 1-2 CAPSULES ONCE DAILY IN HYPERTENSION. **CONTRAINDICATIONS:** HEARTBLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE, BRADYCARDIA, DISCONTINUANCE OF CLONIDINE, ANAESTHESIA, PREGNANCY. **ADVERSE REACTIONS:** COLD EXTREMITIES, NAUSEA, INSOMNIA, LASSITUDE AND DIARRHOEA ARE USUALLY TRANSIENT. ISOLATED CASES OF PARAESTHESIA OF THE HANDS, RASHES AND DRY EYES HAVE BEEN REPORTED WITH BETA BLOCKERS. CONSIDER DISCONTINUANCE IF THEY OCCUR. BETA BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. **OVERDOSAGE:** SEE DATA SHEET. **PACK SIZE AND BASIC NHS COST:** £6.66 PER 28 CAPSULES. PL. NO. 0029/0128 'INDERAL' LA IS A TRADE MARK FOR PROPRANOLOL HYDROCHLORIDE IN LONG-ACTING FORMULATION. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACCLESFIELD, CHESHIRE.



Presentation

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

Indications

Parkinsonism – idiopathic, post-encephalitic.

Dosage

Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-indications

Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given: in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal; to patients under 25 years of age; to pregnant women; or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions

Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects

Nausea and vomiting; cardiovascular disturbances; psychiatric disturbances; involuntary movements.

Packings

Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers

0031/0125 (Madopar 62.5 capsules); 0031/0073 (Madopar 125 capsules); 0031/0074 (Madopar 250 capsules).

Basic NHS Cost

Madopar capsules 62.5
£3.49 per 100
Madopar capsules 125
£6.29 per 100
Madopar capsules 250
£11.25 per 100



Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark
J522182/182

4+1 *the right balance in Parkinson's disease*



Madopar

levodopa plus benserazide

*the original 4+1 combination
in three dosage forms, 62.5, 125 and 250*

The antihypertensive

“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

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



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

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



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.

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.



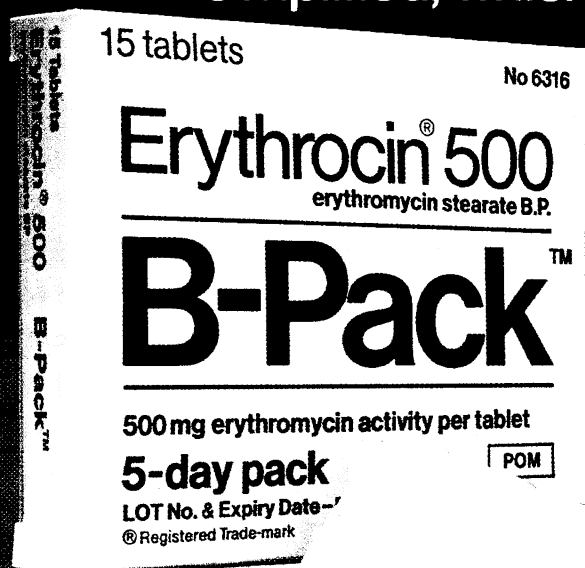
Full prescribing information is available on request.

Trandate is a trade mark of
Allen & Hanburys Ltd. Greenford UB6 0HB

It couldn't B simpler.

“Treatment can almost always be simplified, which may have a dramatic effect upon compliance.”

Smith A. et al., B.M.J., (1979), 1; 1335-1336.



Day 1	Day 2	Day 3	Day 4	Day 5
MORNING	MORNING	MORNING		
MIDDAY	MIDDAY	MIDDAY		
EVENING	EVENING	EVENING		
Day 1	Day 2	Day 3	Day 4	Day 5

Erythrocin 500
erythromycin stearate B.P.
B-PackTM

Effective antibiotic therapy kept simple

Prescribing Information
Erythrocin 500: 500 mg erythromycin activity as erythromycin stearate B.P.
Indications: Prophylaxis and therapy of diseases caused by organisms sensitive to erythromycin.
Dose: Adults: 1-2g daily divided as: one tablet by mouth two, three or four times daily.
Contra-indications: Sensitivity to erythromycin.
Side-effects: The following have been reported rarely:

diarrhoea, nausea, vomiting, abdominal pain.
Precautions: Impaired liver function.
Basic NHS Price: Erythrocin 500 B-Pack £2.82.
Erythrocin 500 x 100 £18.79, Erythrocin 500 x 500 £93.94.
P.L. No. 0037/5044.



Abbott Laboratories Ltd.,
Queenborough, Kent ME11 5EL.

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 Professor R. R. Tilleard-Cole, Director, Oxford Institute of Psychiatry.

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

A patient, aged 46 years, was well known for his robust sense of humour and somewhat immature practical joking. His hyperthymic personality had been for many years well recognized by his wife (aged 44 years) and his only child, a daughter (aged 22 years), each of whom tolerated his idiosyncrasies, though understandably were rarely amused by them.

One summer's afternoon, his wife had arranged a special tea-party for a small group of friends and this was to be held in the garden. The guests arrived and were duly seated at the table. Before tea could be poured, the patient—well concealed behind the garden hedge—turned a hose-pipe at full power upon the gathering, effectively soaking each guest to the skin.

Although puzzled at the time by the lack of any humorous appreciation by the guests, his subsequent behaviour was within normal limits and he queried the necessity when a psychiatric examination was proposed. During this examination, no abnormal symptoms or signs were elicited from the patient.

1. What might you suspect?
2. What investigations might you consider appropriate?
3. What, if any, might a diagnosis be?

May & Baker Milestones in Psychiatric Medicine

1954 LARGACTIL* (chlorpromazine hydrochloride)—the first major tranquillizer, which revolutionized the treatment of patients in mental hospitals throughout the world.

1957 STEMETIL* (prochlorperazine maleate)—the less sedative tranquillizer.

1965 NEULACTIL* (pericyazine)—the more powerful tranquillizer.

1966 SURMONTIL* (trimipramine maleate)—the more sedative antidepressant.

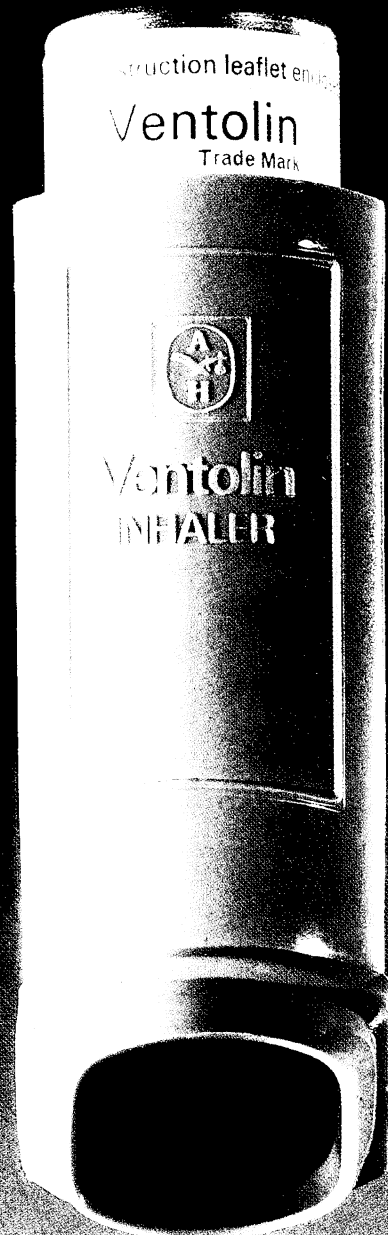
* trademark

Win £100

travel voucher
each month

INHALED Ventolin

(Salbutamol BP)



Intermittent use

- When attacks of breathlessness are episodic and infrequent
- For those waking with early morning bronchospasm
- As prophylaxis against exercise-induced asthma
- As a rescue device for control of breakthrough bronchospasm

Routine use

- When asthma attacks become more frequent
- For chronic asthmatics requiring regular bronchodilator therapy to maximise lung function
- In more severe asthma when specific anti-inflammatory therapy (e.g., Becotide Inhaler) is also prescribed
- For patients with bronchitis or emphysema responsive to bronchodilator therapy

INHALED Ventolin
primary therapy in reversible airways obstruction

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 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.

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 Ventolin Inhaler is a metered dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £1.50. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as single dose) and larger particle lactose in light blue, colourless or dark blue colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £1.5-2.9 and £1.7-1b, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 78p.

Product Licence numbers

Ventolin Inhaler 0045/5022
Ventolin Rotacaps 200mcg 0046/0116
Ventolin Rotacaps 400mcg 0045/0117



Further information is available on request. Becotide, Rotacaps, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited, Greenford UB6 0HB

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

New Programmes for 1982

Our new catalogue, available now, contains details of new programmes for use with small groups in general practitioner training. They include:

Consulting in General Practice

Four videocassette programmes presenting a structured analysis of the general practice consultation. Using the research of David Pendleton and Dr Peter Tate in Oxford, the consultation is divided into seven tasks, each of which may be achieved more or less effectively.

- | | |
|--|--|
| 1. Defining the reason for attendance | 5. Involving the patient in management. |
| 2. Considering other problems. | 6. Using time and resources appropriately. |
| 3. Choosing appropriate actions. | 7. Establishing or maintaining a |
| 4. Sharing the doctor's understanding. | relationship. |

The four programmes are a framework for group discussion of these tasks, using extracts from real general practice consultations. The group leader's work-book contains suggestions for incorporating the group's own recorded consultations in the work during the session.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 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.

BALINT SOCIETY

Applications are invited from general practitioners who would like to attend Balint training seminars. The seminars will meet weekly in London and applicants need not have had previous similar experience.

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

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS WORKSHOP ON PRESCRIBING IN GENERAL PRACTICE

24–28 May 1982

A Workshop on Prescribing in General Practice will be held at The Royal College of General Practitioners, 14 Princes Gate, London, SW7 1PU, from 24–28 May 1982.

Basic pharmacological principles will be reviewed and applied to commonly used drugs. These sessions will be mainly information giving, but the approach will not be rigidly didactic and general discussion will be encouraged.

A special feature of the workshop will be the sessions based on members' case-notes. A condition of membership of the workshop will be for each participant to bring along case-notes or other details of patients requiring specific treatment for a range of clinical conditions, and whose management presents difficult problems. Approval under Section 63 is being sought.

For further details and an application form, please write to: **Miss Elizabeth Monk, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**



Royal Postgraduate Medical School

(University of London)

Course in Advanced Medicine for General Practitioners

15-19 March 1982

Applications are invited from general practitioners for the above course which will be held at the Royal Postgraduate Medical School, Hammersmith Hospital. The course will aim to cover many recent advances in medicine and lectures on a wide range of subjects will be given by senior staff.

Application forms may be obtained from: **School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Tel: 01-743 2030, ext. 351.**

A catering charge of £30 will be made. Approval for this course has been sought under Section 63 with zero rating to enable general practitioners to claim travel and subsistence expenses.

EAST ANGLIAN REGIONAL HEALTH AUTHORITY and CAMBRIDGE UNIVERSITY SCHOOL OF CLINICAL MEDICINE

Introductory Course in Family Psychiatry for General Practitioners

An introductory course in this new approach to psychiatry will be held at the Institute of Family Psychiatry, the Ipswich Hospital, on 25 and 26 March 1982 (approved in England and Wales under Section 63).

There will be coverage of the whole field of family psychiatry, with particular sessions devoted to theory, psychopathology, family diagnosis, family therapy and vector therapy.

Particulars from the **Secretary of the Institute of Family Psychiatry, The Ipswich Hospital, 23 Henley Road, Ipswich, IP1 3TF. Tel: Ipswich (0473) 214811.**

OCCASIONAL PAPERS

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

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| 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. 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 |
| No. 16
A Survey of Primary Care in London | £4.00 |
| No. 17
Patient Participation in General Practice | £3.75 |
| No. 18
Fourth National Trainee Conference Report, Recommendations and Questionnaire | £3.75 |
| No. 19
Inner Cities | £3.00 |

UNIVERSITY OF MANITOBA

POSITIONS IN GENERAL PRACTICE

The Northern Medical Unit, University of Manitoba, has permanent and locum tenens positions in general practice available throughout 1982 in university clinics located in rural and remote areas of Manitoba. These positions offer the opportunity to become involved in innovative health care delivery and research-related activities, work with visiting consultants experienced in northern medicine and develop associations with university teaching hospitals' programmes. A competitive salary and benefit package including paid continuing education leave and relocation assistance is provided.

For information please write (including brief details of education and professional experience and a current telephone number) to: **Northern Medical Unit, Faculty of Medicine, University of Manitoba, 61 Emily Street, Winnipeg, Manitoba, R3E 1Y9.**

AMENDMENT TO PROGRAMME

British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD. Courses for general practitioners and community physicians, January to August 1982: 10-14 May and 7-11 June 1982 are General Medical Refresher Courses at Sussex Postgraduate Medical Centre, Brighton General Hospital, Elm Grove, Brighton.

THE CONSULTATION AN APPROACH TO LEARNING AND TEACHING

23-26 February 1982

A course will be held at Bisham Abbey, Nr. Marlow, Bucks., which will help general practitioners to improve the effectiveness of their consultations. It will also help participants to teach others. The group leaders are all course organizers in the Oxford Region.

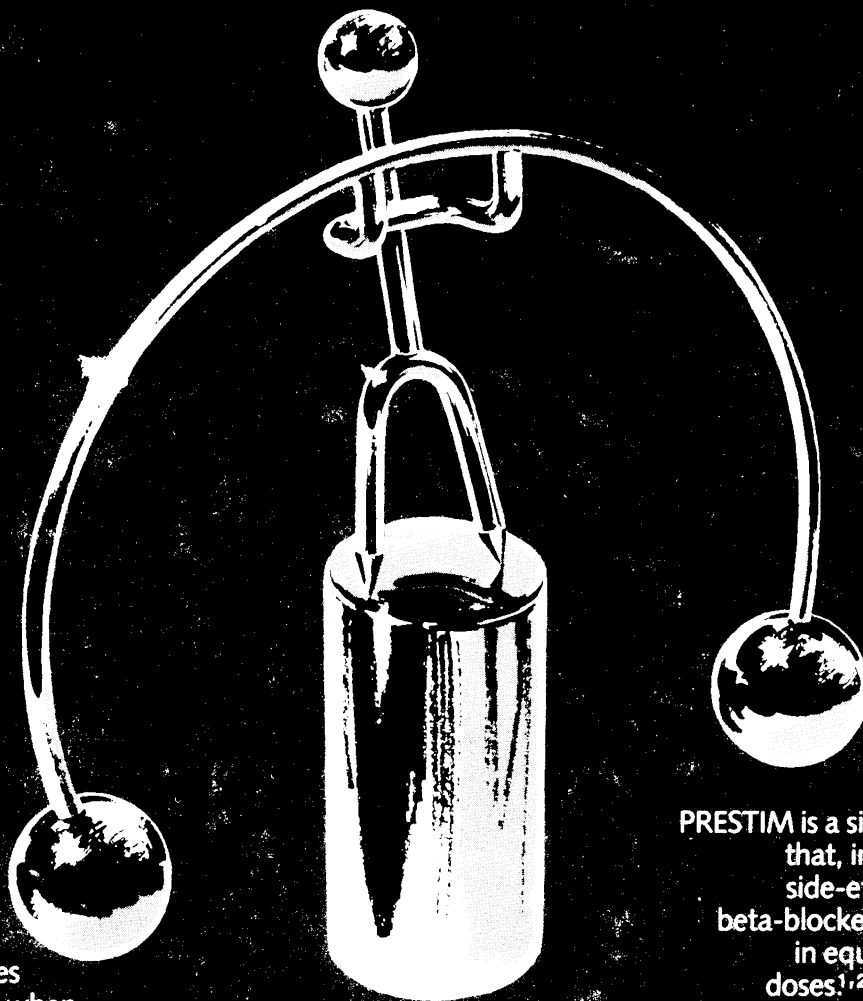
The total cost of £90 includes accommodation and meals.

Further details from **Dr Peter B. Havelock, Hawthornden, Bourne End, Bucks.**

OPTIMAL ANTI-HYPERTENSIVE THERAPY

'... the greater the reduction in blood-pressure ... the greater was the reduction of risk ... It is equally clear, however, that treatment is scarcely worth the effort without long-term compliance by the patient ...'

THE PRESSURE TO TREAT. LANCET LEADER JUNE 14th 1980



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REFERENCES

1. Spira, M.
Curr. Med. Res. Op., 5, 252, 1977.
2. Karatzas, N.B. et al.,
J. Int. Med. Res., 7, 215, 1979.
3. Castenfors, H.,
Europ. J. Clin. Pharmacol., 12, 97, 1977.

Further information available from:

 **Leo Laboratories Limited**
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