

# CIMETIDINE WITH DIAZEPAM

yet another good reason to prescribe

# Ativan<sup>\*</sup>

lorazepam

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

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.<sup>2</sup>

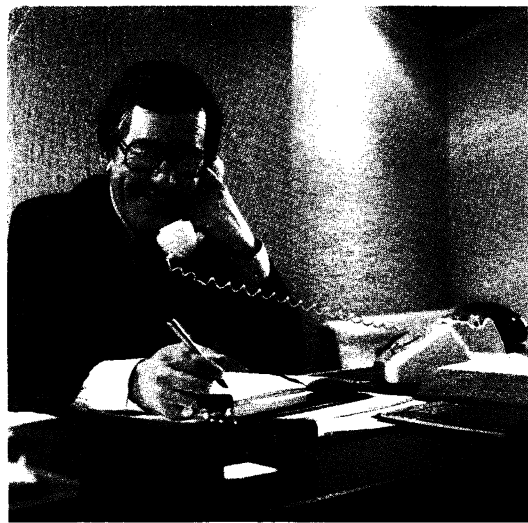
simple 'one step' metabolism also makes Ativan preferable to diazepam;  
for example when liver function is impaired.<sup>3</sup>

## 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:** PL0011/0034 (1mg) PL0011/0036 (2.5mg) Injection PL0011/0051. **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 Psy. Scand. Suppl. (1978) 274, 56. **Wyeth Laboratories,** John Wyeth & Brother Ltd., Taplow, Maidenhead, Berks. \*trade marks.





# HELP THEM GET ON WITH IT!

Help your working and active  
hypertensive patients get on with  
a normal life with 'Tenoretic' – the  
unique combination.

## 'Tenoretic'

- Combines the uniquely cardioselective and hydrophilic 'Tenormin' with chlorthalidone – the long acting diuretic.
- One tablet daily.
- Low level of side effects.
- Full 24 hour control.
- Wide range of patients.

'Tenoretic' means a normal active life for your patients.

# TENORETIC

atenolol and chlorthalidone

## The unique combination

### Prescribing Notes for 'Tenoretic'

**Presentation:** White film-coated tablets, imprinted with the lettering 'Tenoretic' and bisected on the reverse side. Each tablet contains 100mg atenolol and 25mg chlorthalidone. **Dosage:** One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. Changes in serum potassium are minor and probably clinically unimportant. Care should be taken in patients taking 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. With chlorthalidone occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. **Pack size and Basic NHS cost:** 'Tenoretic' 28's £8.17. **Product Licence Number:** 'Tenoretic' 0029/0139.



Full prescribing information is available on request to the Company.  
Stuart Pharmaceuticals Limited Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

'Tenormin' (atenolol) and 'Tenoretic' are trademarks.

# "Tricyclics are extremely dangerous drugs when taken in overdose"

Hollister, L. E., (1981), *Drugs*, 22, 129-152.

## **PRESCRIBING INFORMATION**

**Indications** Endogenous depression, reactive depression and anxiety, agitation and insomnia where associated with depressive illness.

**Dosage** Treatment should be initiated at 30mg a day as a single bedtime dose or in divided doses. Dosage may be increased after the first week. The usual effective daily dosage lies in the range of 30-60mg, although divided daily dosages up to 200mg, have been well tolerated.

### **Contra-Indications, Warnings, Etc.**

Norval is not yet recommended for use in children or pregnancy. When treating patients with epilepsy, diabetes, hepatic or renal insufficiency, normal precautions should be exercised and the dosages of all medication kept under review. Care should be taken in patients with cardiac conditions, but cardiotoxic effects have not been seen at therapeutic dosage even in patients with pre-existing cardiac disease. Drowsiness may occur during the first few days of treatment and patients should be warned to avoid alcohol and activities that demand constant alertness. Norval may interact with clonidine, but does not interact with bethanidine, guanethidine, propranolol, or coumarin type anticoagulants; nevertheless usual monitoring procedures should be followed.

Concurrent use of Norval with MAOI's or barbiturates is not yet recommended.

**Side-Effects** Serious side-effects are uncommon. A small number of cases of white blood cell depression, reversible on cessation of treatment, have been reported; white blood cell counts are advisable in patients with persistent signs of infection. Jaundice, usually mild, hypomania and convulsions have also been reported. Additional adverse disorders include breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension and skin rash. Drowsiness may occur initially but no drug related anticholinergic effects have been observed.

**Overdosage** There is no specific antidote to Norval. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage are normally confined to prolonged sedation.

**Availability and NHS price** 10mg, 20mg, and 30mg, mianserin hydrochloride tablets. Basic NHS cost per day (30mg dosage) is 21p. (Price correct at time of printing.)

### **References**

1. Crome, P. and Newman, B., (1979), *Postgrad. med. J.*, 55, 528-532.
2. O.P.C.S., (1979), London.
3. Chand, S., Crome, P. and Dawling, S., (1981), *Pharmakopsych.*, 14, 15-17.



Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions<sup>1</sup> and 400 deaths<sup>2</sup> per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.<sup>3</sup> In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

# Norval

mianserin hydrochloride

## **Effective in depression without tricyclic overdose risks.**

 **Bencard**

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE. Norval and the Bencard logo are trade marks. PL0038/0230, 0247, 0248. 14270 November 1981

# EVERY ORIGINAL IS SIGNED



**'INDERAL' IS THE ORIGINAL PROPRANOLOL AND EVERY TABLET IS SIGNED BY ICI.**

**Write 'Inderal' by name**  **INDERAL**  
propranolol hydrochloride BP

**ABRIDGED PRESCRIBING INFORMATION:** **DOSAGE, HYPERTENSION:** 80MG B.D., INCREASING WEEKLY. USUAL RANGE 160-320MG DAILY. **ANGINA:** 40MG B.D. OR T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240MG DAILY. **CONTRAINDICATIONS:** HEART BLOCK, BRONCHOSPASM, PROLONGED FASTING, METABOLIC ACIDOSIS, CO-ADMINISTRATION WITH VERAPAMIL. **PRECAUTIONS:** UNTREATED CARDIAC FAILURE, BRADYCARDIA, DISCONTINUANCE OF CLONIDINE, ANAESTHESIA, PREGNANCY. **ADVERSE REACTIONS:** SIDE EFFECTS SUCH AS 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 DO NOT RESPOND TO TREATMENT. **OVERDOSAGE:** SEE DATA SHEET. **PACK SIZES AND BASIC NHS COSTS:** 40MG 250, £11.74, 1,000, £42.12; 80MG 100, £6.69, 100, £31.48; 160MG 50, £6.69, 250, £31.48. **PL NOS:** 0029/5064, 0029/5065, 0029/0103. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: ICI PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACCLESFIELD, CH13 9NF. \*\*\*

**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, MIDD. UB6 0HE.

Zantac is the new H<sub>2</sub> 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.

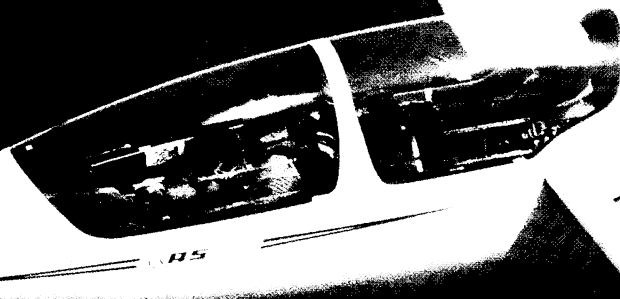
Admittedly, it would have been nice to have been the first available H<sub>2</sub> blocker.

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

has a new advanced H<sub>2</sub> blocker to contend with

# Zantac

RANITIDINE



The Caring, Sparing Diuretic



# 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  $K^+ < 3.5mEq/l$ ? At serum  $K^+ < 3.0mEq/l$ ?

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-sparing<sup>1</sup> and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements,<sup>2</sup> triamterene,<sup>2</sup> or amiloride.<sup>3</sup>

## 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. Sangiugni D, Bervenuti 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

**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 anti-hypertensive 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

28 tablets: £5.60

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 4JL.  
Telephone: High Wycombe 21124

## SEARLE

# The

**M&B** May & Baker

## Diagnostic Quiz

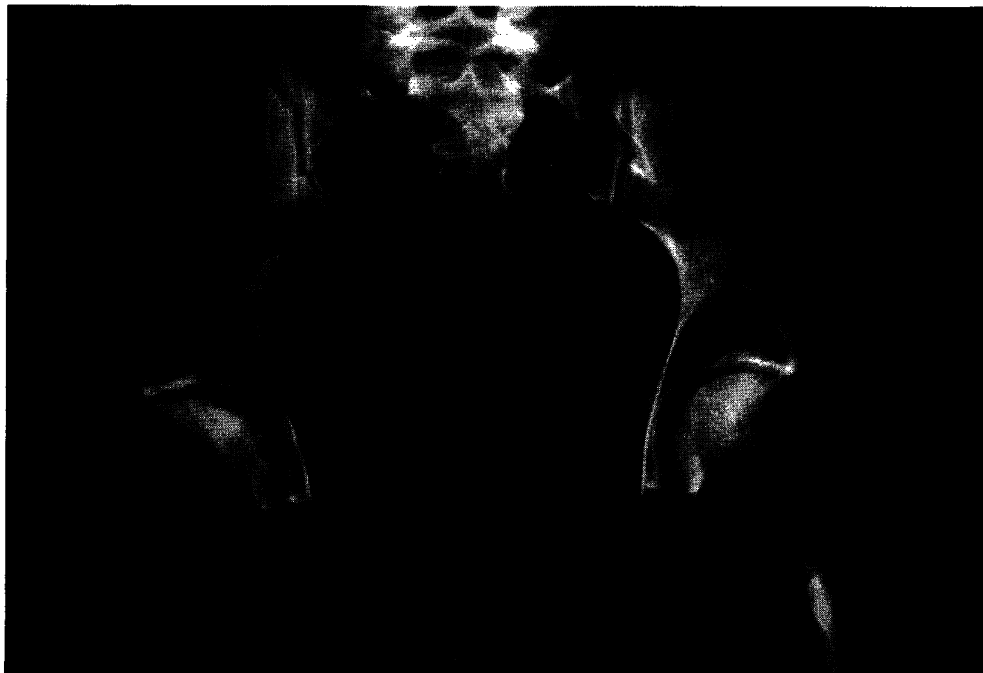
Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33-34 Alfred Place, London WC1E 7DP.

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

provided by the Department of Rheumatology, Hammersmith 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.



This patient, who had been ill for several years, complained of increasing pain and immobility of the right hip.

1. What is the diagnosis?
2. What is the most common cause?
3. What is the 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

MA 9072





# Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

## Phadebas IgE PRIST<sup>®</sup> and RAST<sup>®</sup>

Please send me full details on Phadebas IgE PRIST and RAST

Name .....

Position .....

Speciality .....

Address .....

RCGP

Pharmacia (Great Britain) Ltd  
Prince Regent Road Hounslow Middx TW3 1NE  
Telephone 01-572 7321

 **Pharmacia  
Diagnostics**

# 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.”<sup>1</sup>

## 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.<sup>2,3</sup>

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.<sup>4</sup>

*"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."*<sup>5</sup>

## 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."*<sup>6</sup>



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.

## 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.



Full prescribing information is available on request.

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

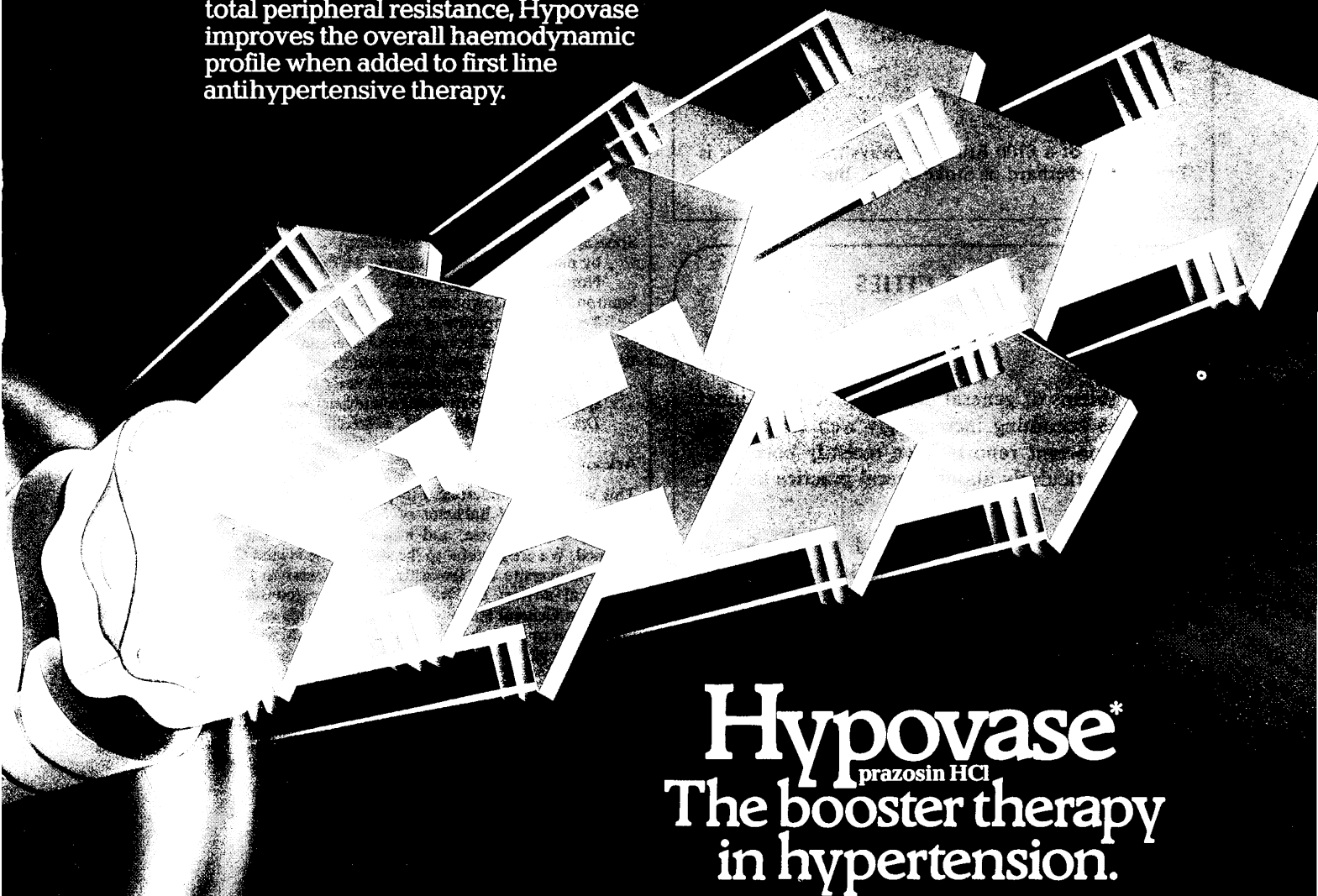
# When your first line treatment in hypertension is not enough, boost it.

One of the problems of antihypertensive therapy is that increasing the dose of beta-blockers or diuretics can all too often mean an increase in side-effects.

But Hypovase is the ideal complement to beta-blockade or diuretic therapy. Hypovase boosts their effectiveness without increasing the side-effect profile. By reducing total peripheral resistance, Hypovase improves the overall haemodynamic profile when added to first line antihypertensive therapy.

A long-term study<sup>1</sup> involving over 1,000 patients confirmed the effectiveness of Hypovase in combination with beta-blockers or diuretics. And further, follow-up at 15 months showed that no tolerance developed to these treatment regimens.

Add Hypovase—the booster to diuretic or beta-blocker therapy.



## Hypovase<sup>\*</sup> prazosin HCl The booster therapy in hypertension.

<sup>1</sup> Patchald P, et al, Excerpta Medica International Symposium, Vienna, November, 1978, 85-93.

**Prescribing information:**

**Indications:** hypertension of varied aetiology and all grades of severity.

**Contra-indications:** sensitivity to Hypovase.

**Precautions:** A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this has led to

sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. Hypovase is not recommended in pregnancy, during lactation, or in children under 12 years of age.

**Side-effects:** dizziness, drowsiness, and lack of energy are the most common.

**Dosage:** starting dose 0.5mg two to three hours before retiring; thereafter, up to 20mg/day in divided doses.

**Basic NHS Cost:** b.d. Starter Pack containing 8x0.5mg Hypovase tablets and 32x1mg Hypovase tablets, £2.70; 0.5mg tablet (PL57/0149), pack of 100, £4.08; 1mg tablet (PL57/0106), pack of 100, £5.25; 2mg tablet (PL57/0107), pack of 100, £6.98; 5mg tablet (PL57/0108), pack of 100, £15.58.



Full information on request.  
Pfizer Ltd, Sandwich, Kent.

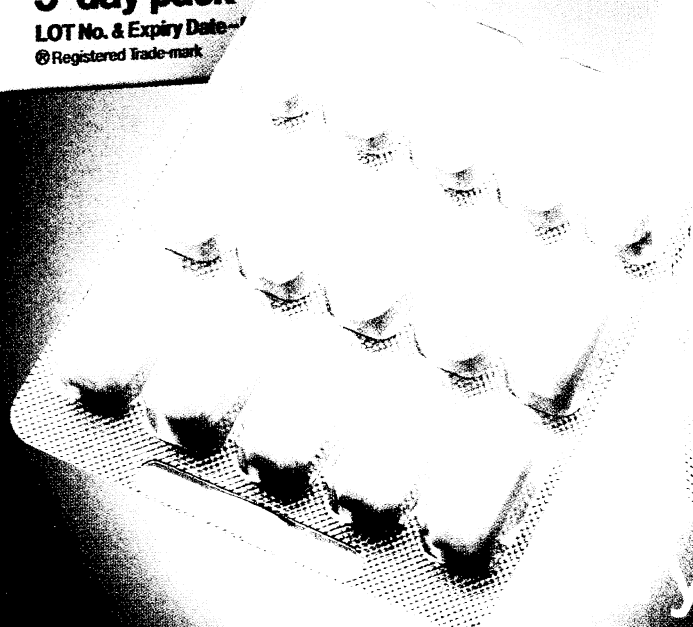
<sup>\*</sup>Trade Mark

20219 Dec 81

# 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
			EVENING	EVENING
Day 1	Day 2	Day 3	Day 4	Day 5

**Erythrocin® 500**  
erythromycin stearate B.P.  
**B-Pack™**

Effective antibiotic therapy kept simple

**Prescribing Information**  
Erythrocin® 500: 500mg 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.

**Nicorette** 2 mg or 4 mg nicotine resin in a chewing gum base.


**Indication** An aid to smoking cessation. **Dosage and Administration** Start treatment with 2 mg gum in all patients. Some smokers may need to be changed to the 4 mg gum after a trial period of approximately 2 weeks. Each piece should be chewed slowly for 30 minutes. Nicorette consumption should be reduced after 2-6 months, before finally being withdrawn. Average daily dose: 10 x 2 mg pieces. Maximum recommended daily dose: 15 x 4 mg pieces. **Precautions** Peptic ulcer, gastritis, angina, coronary disease. **Contra-indications** Pregnancy and childhood.

**Adverse Reactions** Occasional: hiccups, indigestion, hypersalivation, throat irritation.

**Further Information** Overdosage can occur only if many pieces are chewed simultaneously. Even then, the risk of poisoning is extremely remote as nausea or vomiting would occur at an early stage. The risk of poisoning by swallowing the gum is also remote because of the very slow release of nicotine from unchewed gum. **Package Quantities** Box of 105 pieces, in blister strips of 15 pieces, 2 mg £4.20, 4 mg £6.72. (Trade prices, correct at time of printing.) PL Nos 0458/0020, 0458/0021 PA Nos 115/7/1, 115/7/2.

**References:** 1. Aronow WS. Effect of Cigarette Smoking and of Carbon Monoxide on Coronary Heart Disease. *Chest* 1976; 70: 54-157. 2. Tibblin G, Wilhelmsen L, Werkö L. Risk Factors for Myocardial Infarction and Death Due to Ischemic Heart Disease and Other Causes. *American Journal of Cardiology* 1975; 35: 514-522. 3. Russell MAH, Wilson C, Taylor C, Baker CD. *Brit med J* 1979; 2: 231-235. 4. Raw M, Jarvis MJ, Feyerabend C, Russell MAH. *Brit med J* 1980; 281: 481-482.

\*Nicorette is a registered trademark. Nicorette is made by AB Leo, Sweden.

 Lundbeck Limited,  
Lundbeck House,  
Hastings St.,  
Luton, Beds.  
LU1 5BE

For full details of the Nicorette Cardiovascular Smoking Cessation Programme, please fill in this coupon and send it, without a stamp, to Lundbeck Limited, FREEPOST, LU1 5BR

Name \_\_\_\_\_

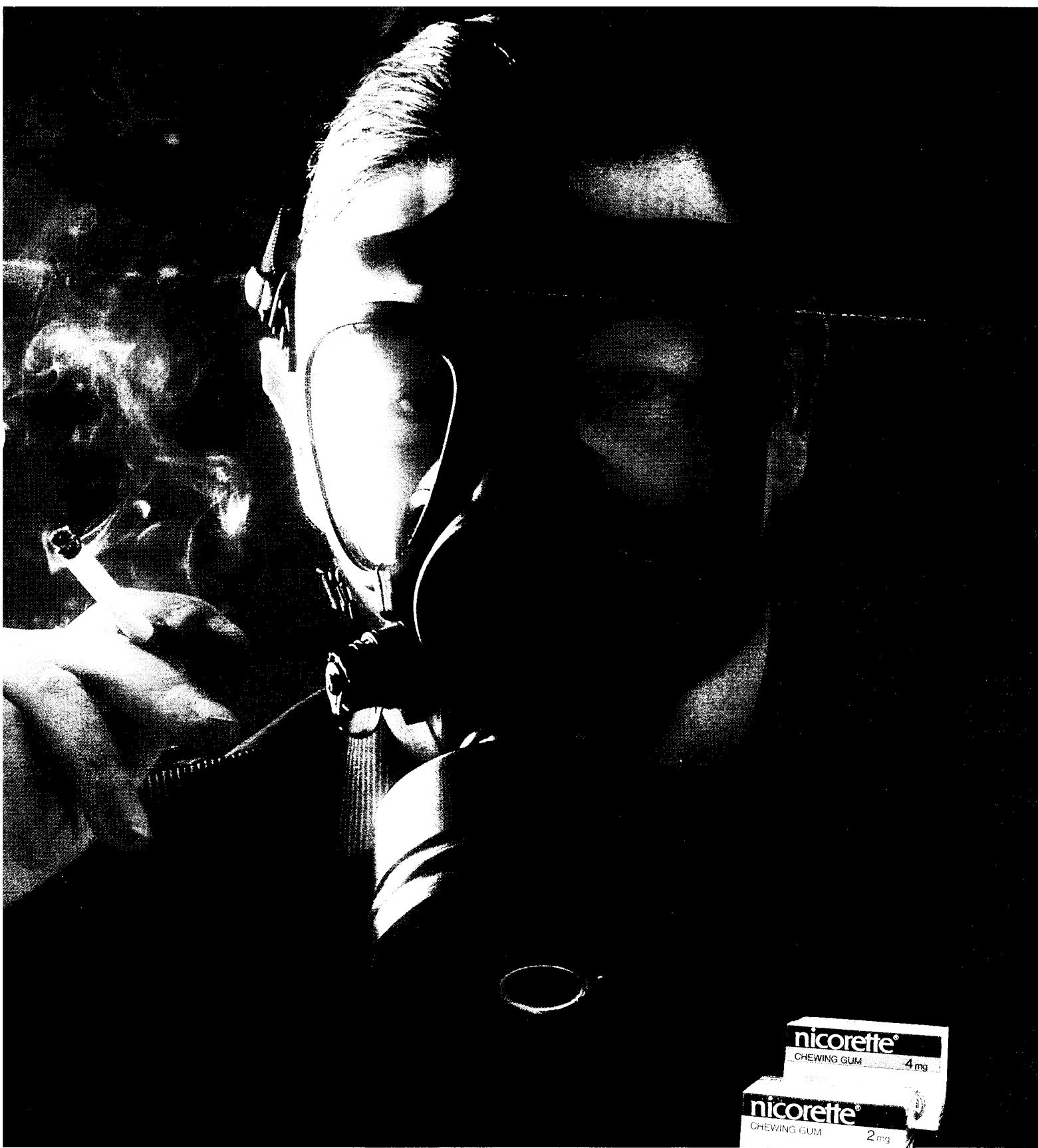
Address \_\_\_\_\_

# There's a better way to protect your cardiovascular patient from carbon monoxide

Smoking means carbon monoxide. Carbon monoxide means less oxygen for the tissues and possibly an increased deposition of atheromatous plaques on the artery wall.<sup>1</sup>

The implications in coronary heart disease and intermittent claudication are obvious. Less well-known is the fact that smoking can greatly increase the risk of myocardial infarction in common conditions, such as high blood pressure or high blood cholesterol.<sup>2</sup>

Smoking is the one cardiovascular risk factor that can be eliminated



completely, and your advice has been shown to be effective in persuading patients to give up the habit.

Nicorette, chewing gum containing nicotine, has also shown a high success rate: 38% when properly explained and prescribed by doctors in a setting of continuing patient advice and support. To obtain information on the Nicorette Cardiovascular Smoking Cessation Programme, including how nicotine itself affects the heart, please use the attached coupon.

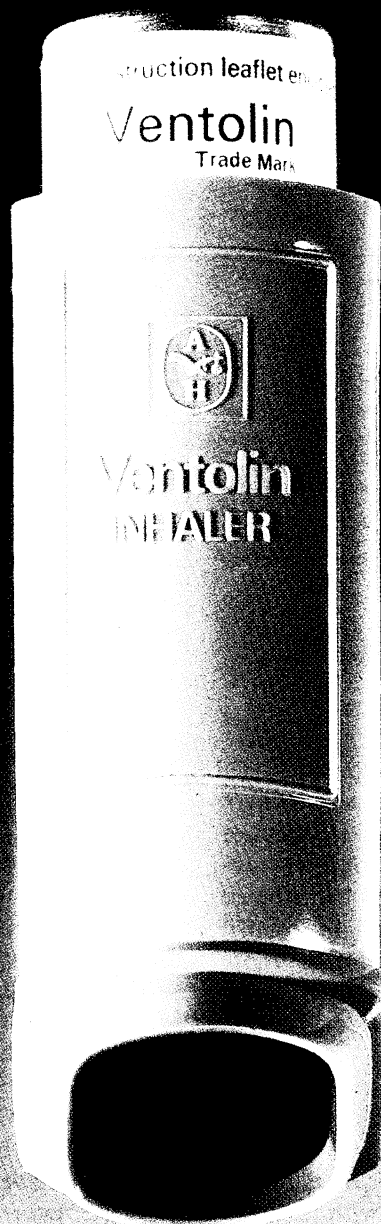


# Nicorette

Pharmacological support for  
your 'no smoking' advice

# 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

**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 £3.00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £5.29 and £7.15, respectively. Ventolin Rotahaler for use in conjunction with Ventolin Rotacaps. Basic NHS cost 78p.

### Product Licence numbers

Ventolin Inhaler	0045/5022
Ventolin Rotacaps 200mcg	0045/0116
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:

#### **The Problem Drinker**

A videocassette programme designed to help a group of doctors accept that alcohol abuse is a major health problem and to understand how to diagnose and manage the problem drinker in general practice.

The cassette uses a dramatized consultation to present one doctor's way of detecting and managing early drinking problems in patients.

There are also extracts from an interview with an alcoholic patient about the care he has received, and extracts from real consultations designed to alert doctors to some of the cues that should alert suspicion.

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**

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# CLASSIFIED ADVERTISEMENTS AND NOTICES

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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 six weeks before the 1st of 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 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 1982. 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, Whitechapel, E1 1BB.

Applications in the form of six copies of your curriculum vitae, giving the names and addresses of two referees, should be received by 9 April 1982 and addressed to the Medical Staffing Officer, The London Hospital, Whitechapel, E1 1BB.

## THE GENERAL PRACTITIONER AND SOCIAL WORKER WORKSHOP SOCIAL AND MEDICAL ASPECTS OF WOMEN'S HEALTH

This course will be held at Owen's Park, University of Manchester, on 26-28 March 1982. The programme is aimed at general practitioners and social workers working together but would interest all members of the primary health care team, who are welcome. Section 63 approval is sought.

Introduction: Professional patient simulation group.  
Problem Pregnancies: Graham Cooper and Marion Skelcher.  
Premenstrual Tension: Sue Pierpoint, general practitioner.  
The Menopause: Jean Coope, general practitioner.  
Depression in Asian Women: John Bavington, psychiatrist.  
Cancer and Depression: Peter Maguire, psychiatrist.

Further details from Mrs M. H. Lawrence, 7 Brookside, Dinas Powis, South Glamorgan, CF6 4LA.

## UNIVERSITY OF BRISTOL DEPARTMENTS OF MENTAL HEALTH AND EXTRA-MURAL STUDIES PSYCHOTHERAPY WORKSHOP 16-21 May 1982

This residential multidisciplinary workshop will be of interest to general practitioners who have had some years of experience of psychotherapy and who now wish to review their therapeutic skills. The fee is £150.00, including full accommodation.

Further particulars and application forms from: The Assistant Director, Department of Extra-Mural Studies, University of Bristol, 32 Tyndall's Park Road, Bristol, BS8 1HR. Tel: Bristol 24161, ext. 196. Closing date for applications: 16 April 1982.

## TOWARDS BETTER GENERAL PRACTICE

A residential course arranged by the Thames Valley Faculty at New College, Oxford, from 18-21 April. Participants will spend half the time in small groups discussing chosen clinical topics and half studying the following:

Monday: Diabetes as a model of management of chronic disease.

Tuesday: The responsibilities of the patient.

Wednesday: The health visitor; servant or ally?

Apply to **Mrs Marilyn Wolfson, 5 Tyebeck Court, Kingsthorpe, Northampton. Tel: 0604 715409.**

## KING'S FUND COLLEGE MANAGEMENT FOR GENERAL PRACTITIONERS

The King's Fund College is repeating the two modules (Part I, 31 March-2 April 1982 and Part II, 6-7 July 1982) for newly appointed principals, to examine key components in managing an effective practice, and to help them plan developments and change for the future.

Approval for Section 63 reimbursement is being sought; board, lodging and tuition fees are funded by the DHSS.

Applications to: **The Registrar, King's Fund College, 2 Palace Court, London W2 4HS. Tel: 01-229 9361 (quoting reference C812).**

## LEICESTERSHIRE AREA HEALTH AUTHORITY (T) VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are now invited for 11 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 1982 for the complete three-year programme, which includes an introductory three-month appointment in a training practice, successive six-month appointments as senior house officer in four hospital posts, and a final nine-month 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 MRCP, DCH and DRCOG.

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. Tel: Leicester (0533) 551234, Ext. 5368.** Closing date for applications is 1 April 1982.

## UNIVERSITY OF DUNDEE NINEWELLS HOSPITAL AND MEDICAL SCHOOL POSTGRADUATE MEDICAL EDUCATION COURSES AND ATTACHMENTS FOR GENERAL MEDICAL PRACTITIONERS APPROVED SECTION 63

1. Two-day theoretical course in family planning, March and September 1982.
2. Care of the elderly in general practice, 31 May to 4 June 1982.
3. Refresher course in medicine for general medical practitioners, 5 to 9 July 1982.
4. Residential attachments in obstetrics, mid-June to mid-July 1982.
5. Recent advances in occupational medicine, 13 to 17 September 1982.

Further particulars may be obtained from the **Postgraduate Dean, Ninewells Hospital and Medical School, Dundee, DD1 9SY.**

## LOW-COST RETURN FARES BY SCHEDULED FLIGHTS

Bombay	from £275	Dacca	from £350
Delhi	„ £285	Karachi	„ £250
Calcutta	„ £310	Hong Kong	„ £405
Madras	„ £360	Cairo	„ £205
Kuala Lumpur	„ £330	Sydney/M'bourne	„ £584
Singapore	„ £345	Salisbury	„ £584
Katmandu	„ £380	Johannesburg	„ £450
Colombo	„ £330	Mauritius	„ £510

**TANZIL TRAVEL**  
(Incorporated with Tanzil UK Ltd)  
2C Cricklewood Lane, London NW2 1EX  
01-452 6924/01-450 7526

## ROYAL COLLEGE OF GENERAL PRACTITIONERS THORN RESEARCH FELLOWSHIP

Applications are invited from university departments of general practice, research units particularly concerned with general practice, and individuals with a substantial research record, to act as Preceptor. Details of the Thorn Research Fellowship are published in the January 1982 edition of the *Journal of the Royal College of General Practitioners*.

Submissions should include details of the Preceptor's curriculum vitae, his/her experience in supervising research, accessibility to an academic unit, research facilities at his/her disposal, and any proposed area(s) of research.

The closing date for applications is Wednesday 31 March 1982, and these should be addressed to **D. Lloyd-Williams, Esq., Administrative Secretary, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**



Behind the  
gentleness of

**Burinex<sup>\*</sup>K**

bumetanide and slow release potassium chloride

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**Burinex**

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gently effective  
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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



<sup>\*</sup>Burinex is a trade mark

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