

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 phenethazines, 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 Treatment in these cases should be withdrawn gradually.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.



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 chronically to patients with hypertension. *Hypertension* 1980; 2:65-672.
2. Hollander W. Hemodynamic and electrolyte considerations in choosing anti-hypertensive therapy. *Clin Ther* 1979; 2:15 Suppl A: 1-23.
3. Sanguigni D, Boreriuti C. Comparison between spironolactone and amiloride associated with hydrochlorothiazide in the treatment of mild and moderate hypertension. *Clin Ther* 1978; 8:7-10474.

Prescribing Information

Presentation
Aldactide 50
Cream-colored tablets stamped "S.E.A.R.L.E. 150"

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, at the first mealtime of the day.

Children

Oral dosage should provide 15 to 3mg of spironolactone per kilogram body weight given in divided doses.

Contra-indications, Warnings, etc.

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 hypokalaemia and increase glucose tolerance.

Spironolactone, by its metabolic effects may and hydroflumethiazide does cross the placenta barrier. Use of Aldactide in pregnant women requires the anti-obstetrical benefits against the possible

hazards to the foetus.

Adverse effects reported in association with spironolactone include gynecomastia, gastro-intestinal intolerance, skin rashes, menstrual irregularities, impotence, fluid androgenic effects etc. Adverse effects reported in association with thiazides include gastro-intestinal symptoms, skin rashes, blood disorders, muscle cramps etc.

Product Licence Holder and Number

G.D. Searle & Co. Ltd.

Aldactide 50 0020 0082

Basic N.H.S. Cost

2 tablets 20p

All prices include 8% VAT and are subject to change without notice.

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



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'

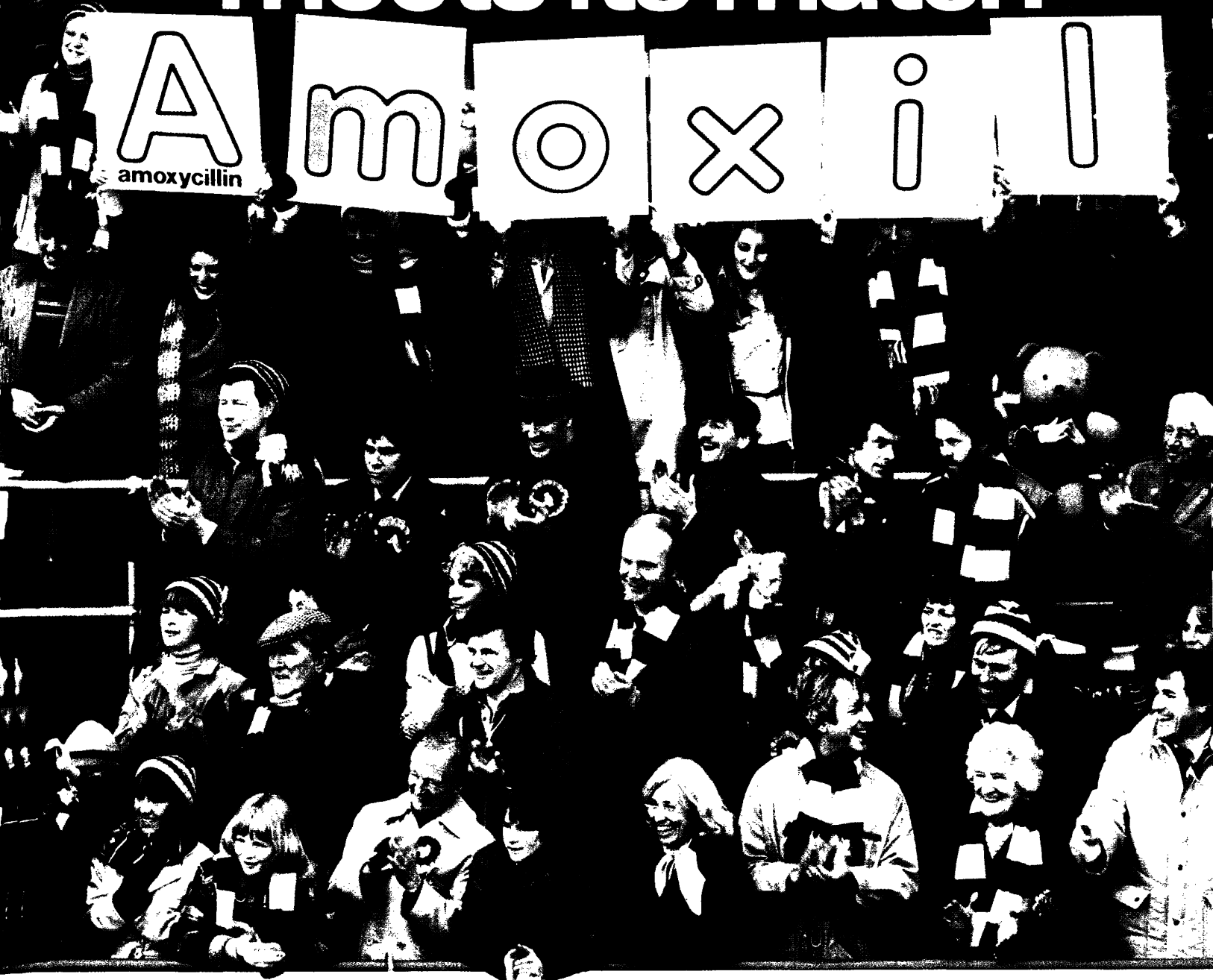
Presentation: White film-coated tablets, imprinted with the lettering 'Tenoretic' and bisected on the reverse side. Each tablet contains 100mg atenolol and 25mg chlorthalidone. **Dosage:** One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated 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.

Bronchitis meets its match



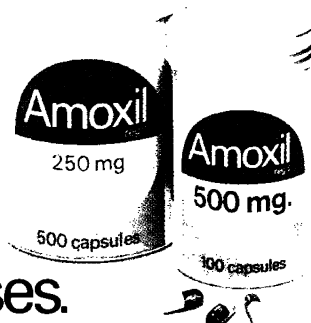
Bronchitis calls for prompt, effective treatment – Amoxil provides it. Bactericidal and rapidly absorbed,¹ Amoxil penetrates bronchial secretions regardless of the degree of inflammation of the bronchial mucosa.^{2,3} So, unlike most other antibiotics, including ampicillin, Amoxil maintains high bactericidal concentrations in the sputum for as long as it is given.⁴

A highly effective treatment for the acute infection, Amoxil has also proved more successful in preventing relapse than tetracyclines, cotrimoxazole, erythromycin or cephalixin.⁴

In Amoxil, bronchitis really meets its match.

Amoxil

Rapid response, fewer relapses.



References:
1. Brit Med J. 1972; 3, 3.
2. Excerpta Med. 1974; No. 326, 130.
3. Current Therapeutic Research. 1978; Vol. 24, No. 8, 933.
4. Chemotherapy. 1977; 23, 58.

Prescribing Information
Indications:
Acute and chronic bronchitis, Pneumonia, Upper respiratory tract infections, Otitis media, Cystitis, urethritis, pyelonephritis, Bacteriuria in pregnancy, Gonorrhoea, Skin and soft tissue infections, Oral prophylaxis of endocarditis.

Presentations:
Amoxil capsules: 250mg and 500mg PL 0038 0103 5
Amoxil dispersible tablets: 500mg PL 0038 02 77
Amoxil syrup: 125mg and syrup forte 250mg per 5ml PL 0038 0108 9
Amoxil 3g sachet PL 0038 0238
Amoxil paediatric suspension: 125mg per 1.25ml PL 0038 0107
Amoxil vials for injection: 250mg, 500mg and 1g PL 0038 0221 2 5
The amoxycillin content per dose unit is present as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.
Basic NHS Costs:
Average treatment cost: adults 45p/day (250mg capsules);

1d/s; children 26p/day (125mg syrup) 1d/s
Dispersible tablet: 35p per tablet/30 Pack
3g sachet: £1.72 per sachet
All prices are correct at time of printing.
Dosage: Treatment of infection:
Adult Dosage: Oral: 250mg three times a day. In severe infections doses should be doubled. In simple acute urinary tract infection in adults two 3g doses with 10-12 hours between the doses. A single 3g dose of Amoxil is recommended for the treatment of gonorrhoea.
Injectable: 500mg IM 8 hourly for more frequently if necessary in moderate infections. 1g IV 6 hourly in severe infections.
Children's Dosage (up to 10 years of age):
Oral: 125mg three times a day. In severe infections

doses should be doubled.
Injectable: 50-100mg/kg bodyweight per day, in divided doses.
Oral prophylaxis of endocarditis:
Adults and children over 10 years: a single 3g dose about 1 hour before the procedure from which bacteraemia may arise. In B. oral dosage is generally inappropriate for patients who require a general anaesthetic.
Children under 10 years: half adult dosage.
Contra-indications:
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients.
Side-effects:
Side effects, as with other penicillins, are usually of a mild and transitory nature, they may include diarrhoea,

indigestion or occasional rash, either urticarial or erythematous. The urticarial rash suggests penicillin hypersensitivity, and the erythematous type rash may arise if Amoxil is administered to patients with glandular fever, in either case treatment should be discontinued. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered. Further information on Amoxil amoxycillin is available from: Bencard, Great West Road, Brentford, Telephone: 01 560 5151. Amoxil and the Bencard logo are trademarks.



'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. P.L. 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.



600

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 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 reduced to one tablet taken nightly.

And as the maintenance dosage is so low, side effects are minimal. Zantac is also recommended for the treatment of reflux oesophagitis.

Highly specific action

Zantac is the only H₂ blocker to be proven safe and effective in the elderly, and without any significant side effects.

Similarly, Zantac does not interfere with the action of other drugs, and is not contraindicated with many commonly prescribed concomitant drugs. In fact, if it would have been known that there was an available H₂ blocker...

But, as you can see, being a doctor does bring some advantages.

has a new advanced H₂ blocker to contend with.

Zantac

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

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*

ROCHE

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

Ventolin

(Salbutamol BP)

bronchodilatation

Highly effective, highly selective and ve

Ventolin Inhaler

Primary therapy in asthma, bronchitis, and emphysema combining rapid effective relief of bronchospasm with long duration of action, and high selectivity.

Ventolin Rotahaler/Rotacaps

A breath-actuated alternative for those patients unable to use metered dose aerosols correctly.

Ventolin Spandets

Sustained release tablets which have proved particularly useful in nocturnal bronchospasm.

Ventolin Tablets and Syrup

Providing the benefits of the most widely prescribed bronchodilator for those patients requiring oral therapy.



Ventolin—the bronchodilator that meets patient needs

Prescribing information

Presentation, Basic NHS Cost and Product Licence Nos.

Ventolin Inhaler – Pressurised aerosol delivering 200 doses of Salbutamol BP 100mcg. £3.00 per inhaler. 0045/5022.
Ventolin Rotacaps – Containers of 100 each providing 200 or 400mcg Salbutamol BP as sulphate. £5.29 per 100 Rotacaps 200mcg, £7.15 per 100 Rotacaps 400mcg. 0045/0116 and 0045/0117, respectively.
Ventolin Tablets – Containers of 100 and 500 tablets each providing 2mg or 4mg Salbutamol BP as sulphate. £1.55 per 100 Tablets 2mg, £2.97 per 100 Tablets 4mg. 0045/5079 and 0045/0088, respectively.
Ventolin Spandets – Containers of 50 tablets each providing 8mg Salbutamol BP as sulphate. £3.95 per 50 Spandets. 0045/0083.
Ventolin Syrup – Each 5ml provides 2mg Salbutamol BP as sulphate. Bottles of 150ml and 2 litres. £0.89 per 150ml. 0045/5024.

Indications

Treatment and prophylaxis of bronchospasm in asthma, bronchitis and emphysema.

Dosage and Administration

Inhaled Ventolin. *Adults and Children:* One or two inhalations as a single dose or on a regular schedule of 3 or 4 times daily. Ventolin Rotacaps require administration by means of the Ventolin Rotahaler.
Oral Ventolin. *Adults:* Usual dosage is 4mg (1 Tablet 4mg or 10ml Syrup) 3 or 4 times daily. Ventolin Spandets are given as 1 or 2 twice daily.
Children: One – six years 1–2mg; six – twelve years 2mg; over twelve years 2–4mg. The above doses should be given 3 or 4 times daily as tablets or syrup. Children over twelve years can be given 1 Spandet twice daily.

Contra-indications, warnings, etc.

Ventolin oral preparations should not be prescribed concurrently with beta-blocking agents. All forms of Ventolin should be administered with caution in the presence of thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Oral Ventolin can cause skeletal muscle tremor and/or tenseness. Occasional headaches have been reported.



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

A GLOWING SUCCESS IN SINUSITIS.



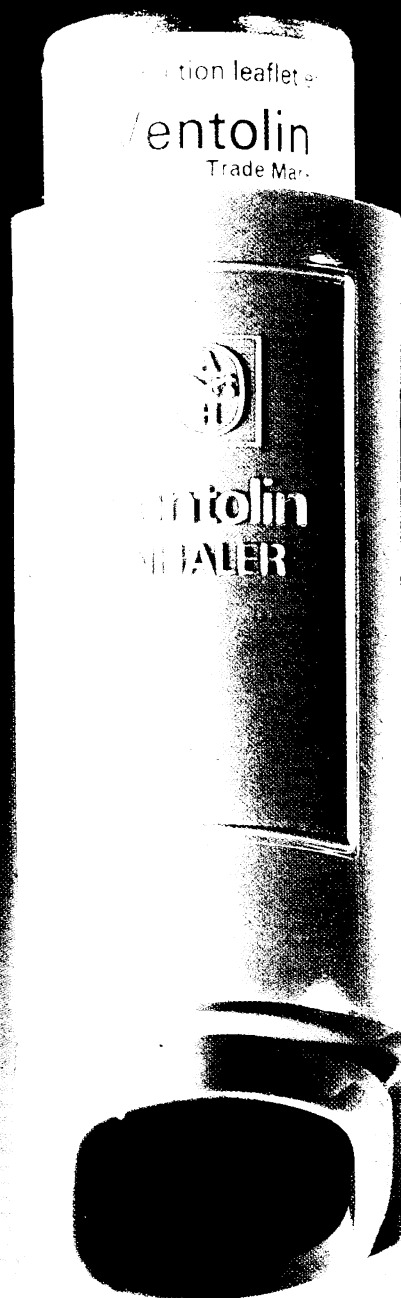
Enhanced photograph of transilluminated sinuses.



The most widely prescribed antibiotic in sinusitis.

INHALED Ventolin

(Salbutamol BP)



Intermittent use

Inhale when necessary

- 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

Inhale four times daily

- 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
- In patients with bronchitis who are also 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 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.



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.

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.



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



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
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Practical diagnosis means effective management for atopic patients.

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The

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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 a consultant psychiatrist in Oxford.

Results and the winner's name will be published in the journal in June.

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 60 years, suddenly found himself—to his great astonishment—in a nearby town approximately 12 miles from his home. He had no recollection whatsoever how he might have got there. On recognizing his surroundings, he was perfectly rational and made his way home by bus. Some weeks later, whilst writing his Christmas cards, he found he could no longer remember the name of his only sister. After fruitless trying, he obtained this from earlier correspondence.

Subsequently he found a sum of £200, which he had specially set aside for the Christmas celebrations, had disappeared unaccountably. A search of possible safe places for the money revealed nothing. It was later found by pure chance that individual banknotes, each carefully wrapped in a handkerchief, had been concealed among food in the deeper layers of the deep-freeze cabinet. For this he could offer no explanation nor had any recollection of his actions.

On examination, no abnormal clinical findings were in evidence.

1. What might you suspect?
2. What investigations might be considered?
3. What, in your opinion, could this diagnosis be?

Win £100

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"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 admissions¹ and 400 deaths² 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.³ 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.

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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

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| 1. Defining the reason for attendance | 5. Involving the patient in management. |
| 2. Considering other problems. | 6. Using time and resources appropriately. |
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| 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:

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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 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.

PARTNERSHIP

British graduate, MRCGP, 33, married, previous academic appointment in USA, presently working in Nepal, seeks partnership from September 1982. Available for interview mid-August. Curriculum vitae available. Dr Snider, c/o 47 Lune St, Preston, Lancs.

MEDICAL WRITING

A course on how to use literature, how to write and assess medical articles and how to write for other doctors, will be held at Wansfell College, Epping on 27-28 May 1982. Section 63 approved.

For further details please contact: Dr P. B. Martin, British Postgraduate Medical Federation, 14 Ulster Place, Marylebone Road, London NW1 5HD.

SOUTH HUMBERSIDE

Vacancy for new partner in large group practice. Full ancillary staff, practice nurses and health visitors. Six months' mutual assessment, parity after three years. Handwritten applications should include interests, curriculum vitae and names of two referees. Apply to Drs R. H. Foxton & Ptnrs, 20 Detvill Street, Scunthorpe.

YORK HEALTH AUTHORITY VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE (TWO VACANCIES)

Applications are invited for 12 months' vocational training in general practice, beginning 1 August 1982, based on the training practices in the York Health District. Vacancies are suited to those candidates arranging their own vocational training scheme (B Scheme) in order that they can satisfy the requirements for vocational training. The attachments will consist of two periods of six months, to run consecutively. An active trainer/trainee group is in operation with half-day release facilities and a comprehensive postgraduate medical education programme based on the York District Hospital. An excellent postgraduate medical library exists.

Successful applicants will have to make their own accommodation arrangements.

A curriculum vitae giving full details of education, qualifications, past experience and general interests, together with the names and addresses of two referees, should be sent to The District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY. Closing date: 13 April 1982.

ESSEX AREA HEALTH AUTHORITY Southend District GENERAL PRACTITIONER VOCATIONAL TRAINING SCHEME

Applications are invited for two vacancies in a three-year training course commencing 1 July or 1 August 1982. The programme consists of a one-month introductory attachment to a teaching general practice (1 July trainees only) followed by six months in the accident centre and six months in obstetrics during the first year.

During the second year the trainee may select two six-month appointments (at SHO level) relevant to general practice.

The scheme is recognized by the Royal College of General Practitioners. Hospital posts are resident.

Closing date: 12 April 1982.

Applications, stating age, qualifications, experience and names and addresses of two referees to District Personnel Officer (Medical Staffing), Southend Hospital, Prittlewell Chase, Westcliff-on-Sea, Essex.

COMPUTERS IN PRIMARY CARE

Occasional Paper 13

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

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

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

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

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Indian principal (DA, DRCOG) seeks full partnership, any area. I was his trainer for one year; he is 37 and an asset to any practice. If you would seriously consider employing him, please reply to Box 28.



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The Journal of the Royal New Zealand College of General Practitioners.

Editor: Ian M. St George, General Practice Section, Otago Medical School, P.O. Box 913, Dunedin, New Zealand.

Subscription and advertising information: NZFP, P.O. Box 31-050, Ilam, Christchurch, New Zealand.

\$NZ24.00 for four issues each year.

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**Study day for general practitioners
(other medical personnel welcome)**

URGENCIES AND EMERGENCIES

Saturday, 24 April 1982, 09.30—16.30. For programme and application form, apply to the Secretary. Course approved under Section 63.

SEVENTH INTERNATIONAL CONGRESS ON PSYCHOSOMATIC OBSTETRICS AND GYNAECOLOGY DUBLIN, 11-15 SEPTEMBER 1982 THE YOUNG WOMAN

Topics to be covered are:

The young woman, the gynaecologist and society.

Psychobiology and reproductive functions.

Pregnancy today.

Sexuality today.

Future training for doctors, midwives and those who work with them.

Psychosomatic aspects of gynaecological and breast cancer.

Addiction and the young woman.

Problems in professional relationships.

Further details from **Dr John Strong, 7th International Congress on Psychosomatic Obstetrics and Gynaecology, 12 Pembroke Park, Dublin 4, Ireland.**



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free from hay fever

(Beconase Nasal Spray)

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First line therapy in seasonal allergic rhinitis

Prescribing information

Uses

The prophylaxis and treatment of perennial and seasonal allergic rhinitis, including hay fever and vasomotor rhinitis.

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The recommended dosage is two applications into each nostril twice daily. Alternatively, a single application may be given into each nostril 3 or 4 times a day.

Not for use in children under six years of age.

Contra-indications, warnings, etc.

There are no specific contra-indications but any infections of the nasal passages and paranasal sinuses should receive the appropriate treatment

Care must be taken while transferring patients from systemic steroid treatment to Beconase if there is any reason to suppose that adrenal function is impaired.

Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

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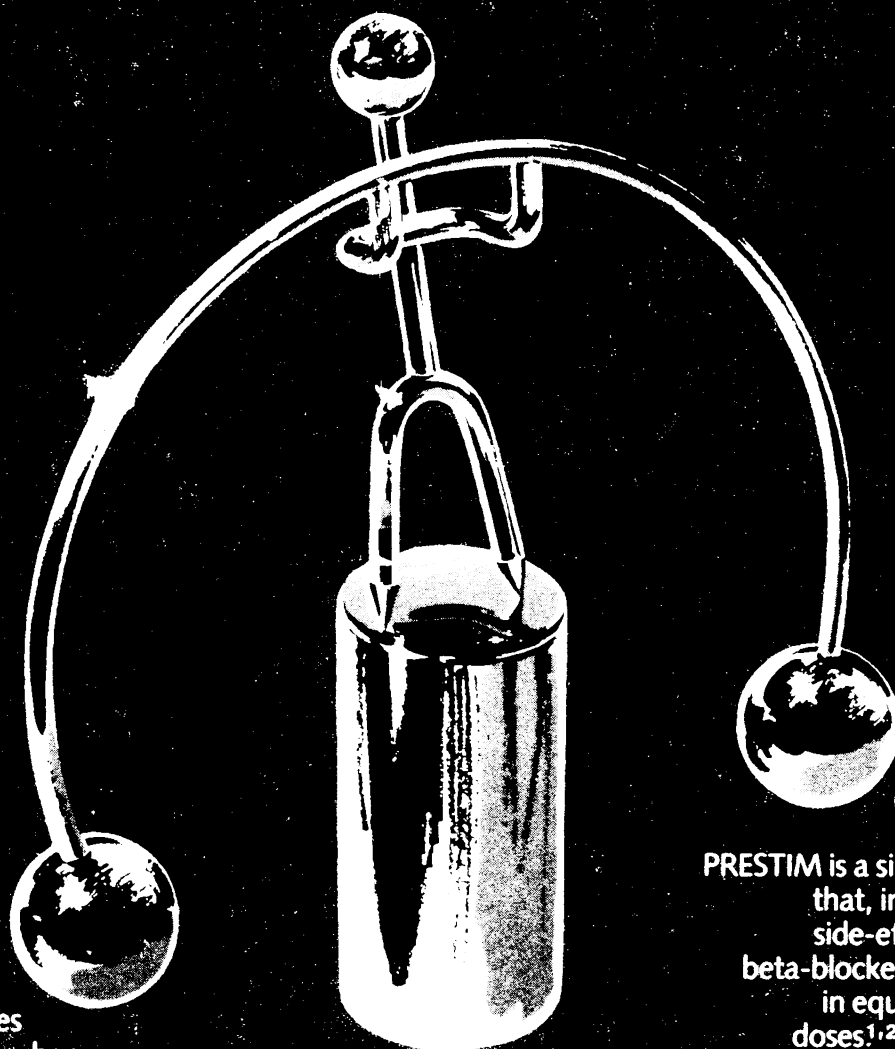


Further information on Beconase (trade mark) Nasal Spray is available from:
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OPTIMAL ANTI-HYPERTENSIVE THERAPY

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PRESCRIBING INFORMATION

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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:

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