Ativan

lorazepam

direct 'one step' metabolism and short action make Ativan preferable to diazepam

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam[1]

the straightforward metabolism is another reason to prefer Ativan — for example, when liver function is impaired[2]

Prescribing Information. Presentation: **Uses:** **Dosage:** **Contra-indications:** **Side-effects:** **Precautions:** **Legal Category:** **Product Licence Numbers:** **Cost:** **References:** 15.

Wyeth

Basic NHS cost

Wyeth Laboratories. - 274.

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
bronch

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
(Becotide Inhaler)
bronchitis

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.

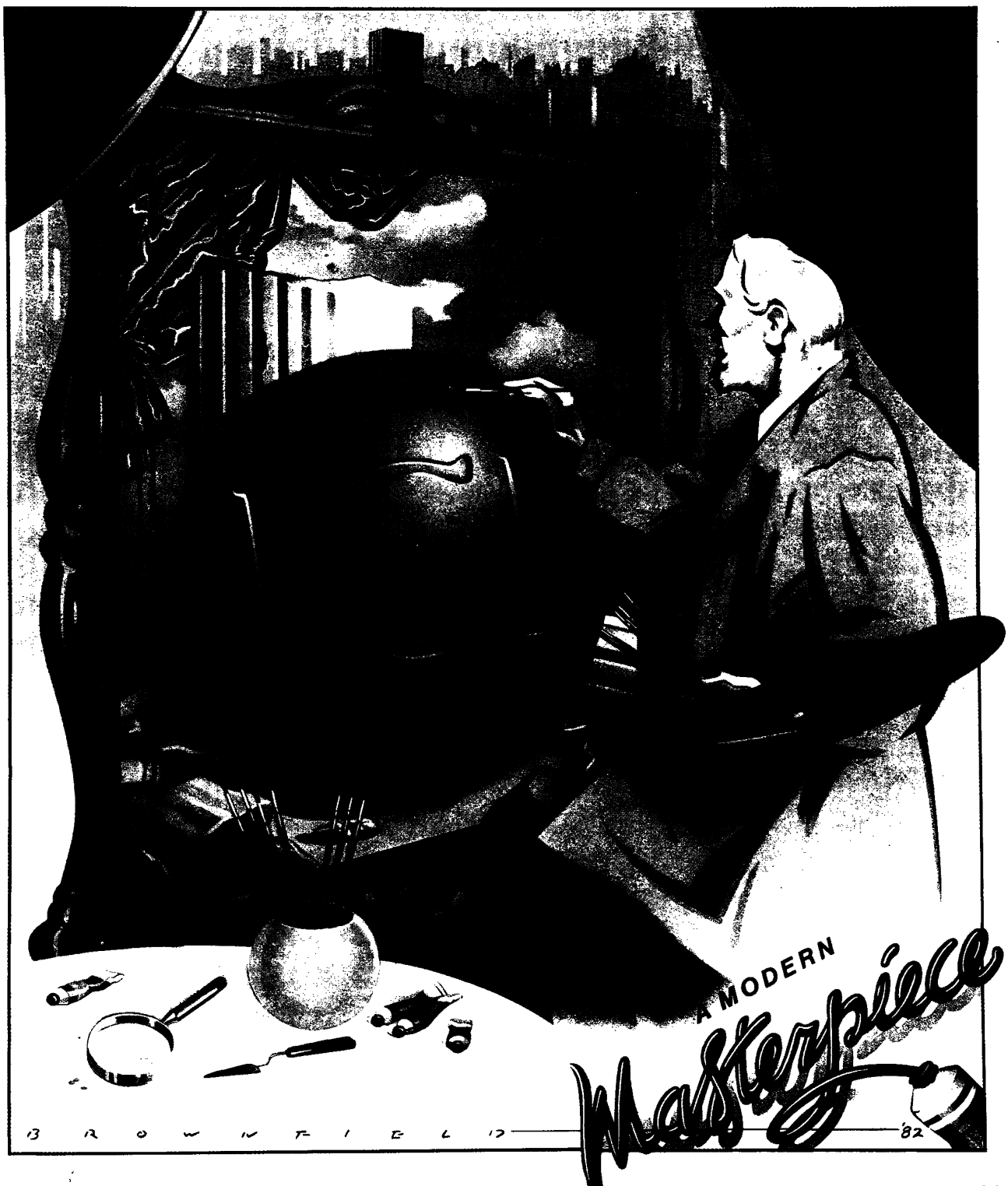
Presentation and Basic NHS cost Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3·00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate), 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

EVERY ORIGINAL IS SIGNED



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

Write 'Inderal' by name ICI **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:** HEARTBLOCK, 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 OCCUR. BETA-BLOCKERS SHOULD BE WITHDRAWN GRADUALLY. **OVERDOSAGE:** SEE DATA SHEET. **PACK SIZES AND BASIC NHS COSTS:** 10MG 100: £1.69, 1,000: £16.89. 40MG 100: £4.21, 1,000: £42.12. 80MG 60: £3.78, 500: £31.48. 160MG 60: £7.56, 250: £31.48. **PL NOS:** 0029/5063, 0029/5064, 0029/5065, 0029/0103. 'INDERAL' IS A TRADEMARK FOR PROPRANOLOL HYDROCHLORIDE. FULL PRESCRIBING INFORMATION IS AVAILABLE FROM: IMPERIAL CHEMICAL INDUSTRIES PLC, PHARMACEUTICALS DIVISION, ALDERLEY HOUSE, ALDERLEY PARK, MACCLESFIELD, CHESHIRE. ♣♣♣

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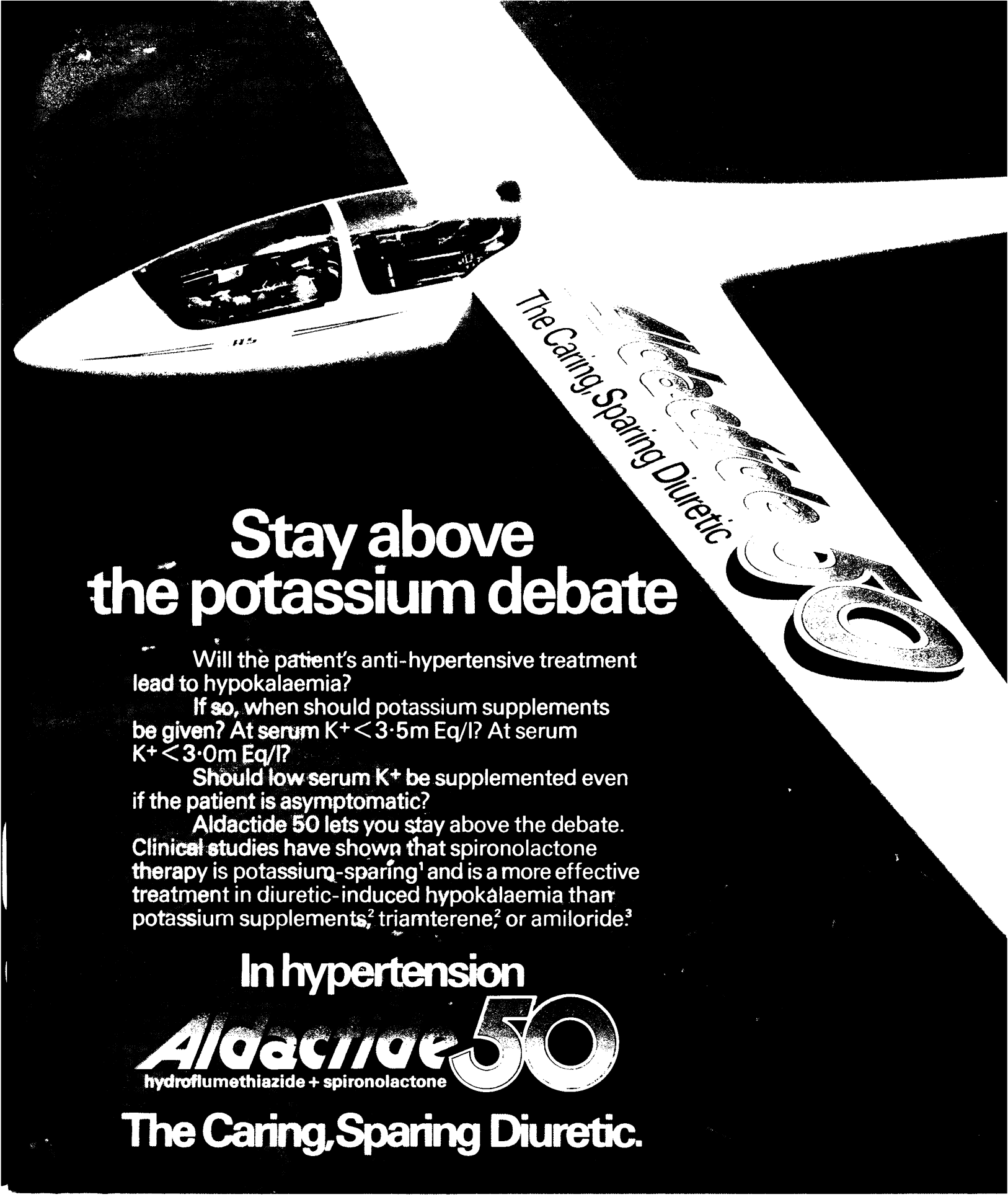


Stay above the potassium debate

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

If so, when should potassium supplements be given? At serum $K^+ < 3{\cdot}5$m Eq/l? At serum $K^+ < 3{\cdot}0$m Eq/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[1] and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements,[2] triamterene,[2] or amiloride.[3]

In hypertension

Aldactide 50

hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

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

Prescribing Information

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

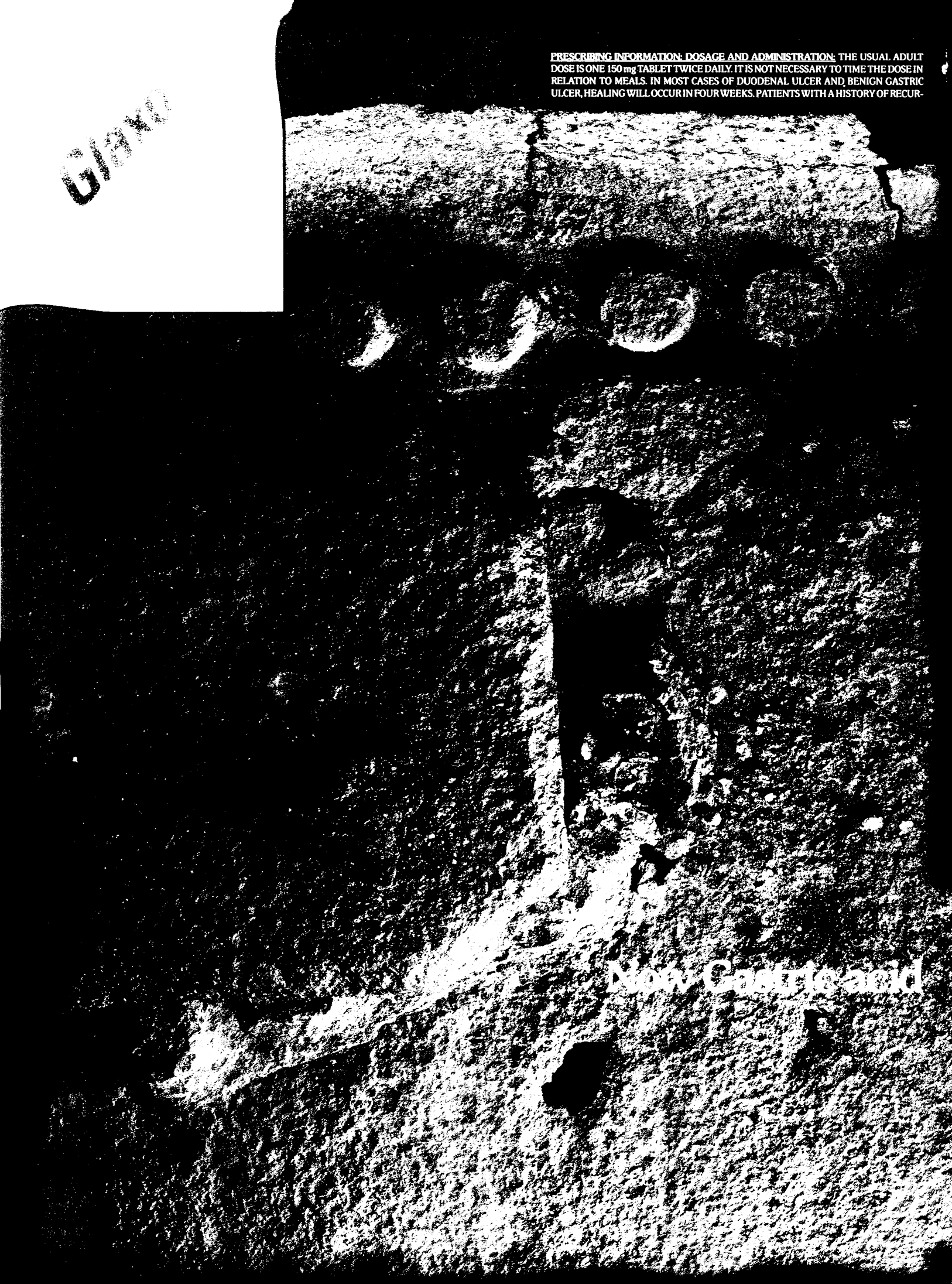
28 tablets £5.60

Full prescribing information is available on request

Aldactide and Searle are registered trade marks.

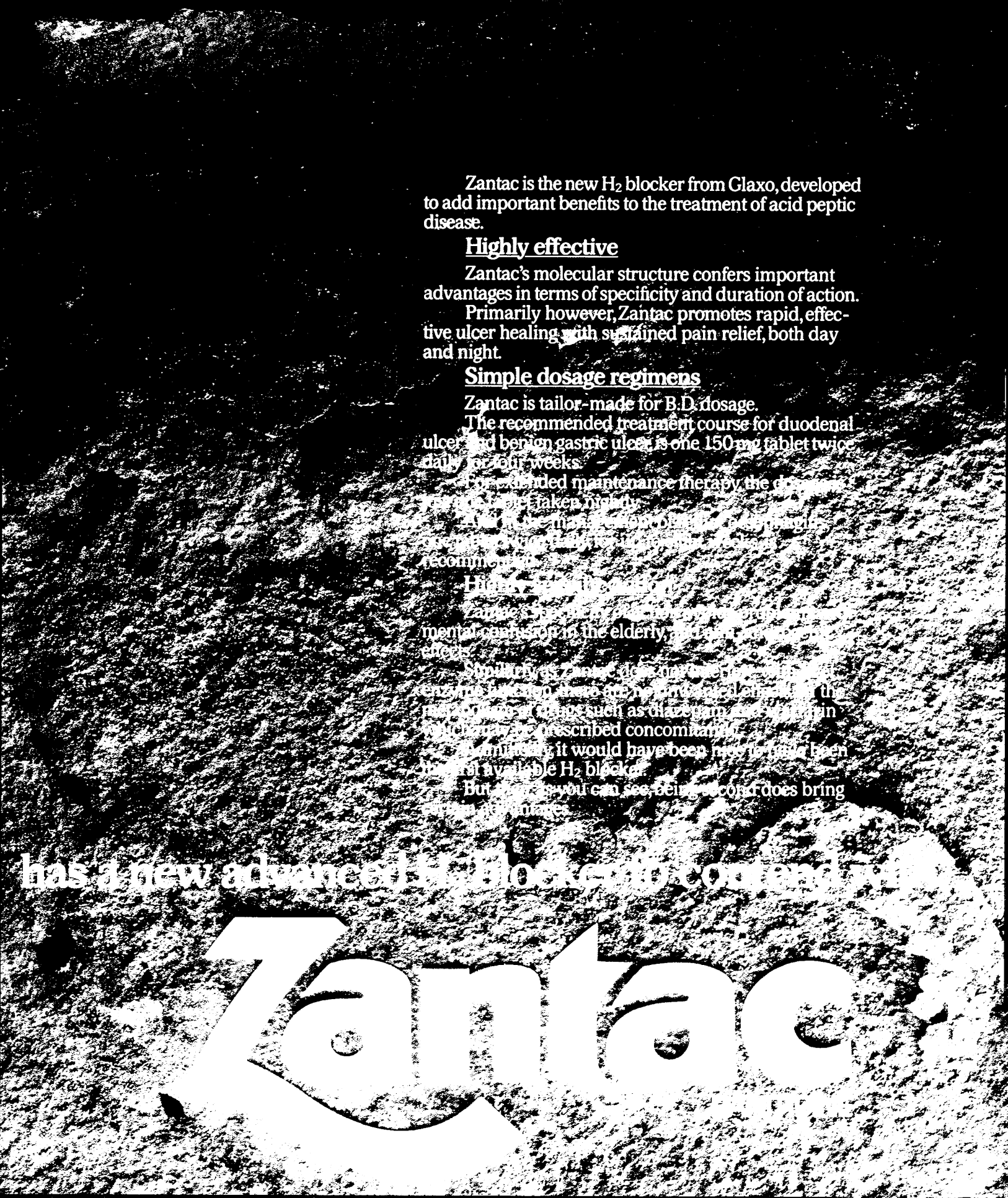
Searle Pharmaceuticals,
Division of G.D. Searle & Co. Ltd.,
P.O. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL.
Telephone: High Wycombe 21124.

SEARLE



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-

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, MIDDX. UB6 0HE.



Zantac is the new H_2 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 150mg tablet twice daily for four weeks.

For extended maintenance therapy the dose

[illegible] taken nightly.

[illegible]

recommended.

[illegible]

[illegible]

mental confusion in the elderly, [illegible]

effects.

[illegible]

[illegible] the

[illegible] drugs such as diazepam, [illegible]

[illegible] prescribed concomitantly.

[illegible] it would have been [illegible]

[illegible] available H_2 blocker.

But [illegible] you can see, being second does bring

[illegible]

has a new advanced [illegible]

Zantac

INHALED Becotide

(Beclomethasone Dipropionate BP)

In deteriorating asthma

* Controls the inflammatory changes
* Restores the response to bronchodilators

In [illegible]

[illegible] vigorous therapy is essential

For the poorly controlled asthmatic

* Restores lung function towards normal levels
* [illegible] to bleed a normal

where the condition tends to be more severe and deterioration more rapid

Prescribing information

Uses Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adrenocorticotrophic hormone (ACTH) or its synthetic equivalent. **Dosage and administration Using Becotide Inhaler** – *Adults:* two inhalations three or four times a day is the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond. *Children:* one or two inhalations, two, three or four times a day according to the response. **Using Becotide Rotahaler** – *Adults:* one 200mcg Becotide Rotacap three or four times a day is the usual maintenance dose. *Children:* one 100mcg Becotide Rotacap two, three or four times a day according to the response. For optimum results inhaled Becotide should be administered regularly. **Contra-indications** No specific contra-indications to inhaled Becotide are known but special care is necessary in patients with active or quiescent pulmonary tuberculosis. **Precautions** The maximum daily intake of Beclomethasone Dipropionate BP should not exceed 1mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide rotacaps. **Side effects** Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of *Candida precipitins*. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide. **Presentation and Basic NHS cost** Becotide Inhaler is a metered-dose aerosol delivering 50mcg Beclomethasone Dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £4·77. Becotide Rotacaps 100mcg and 200mcg, each contain a mixture of the stated amount of microfine Beclomethasone Dipropionate BP and larger particle lactose in buff or chocolate-brown/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £7·26 and £9·67 respectively. Becotide Rotahaler, for use in conjunction with Becotide Rotacaps. Basic NHS cost 78p. **Product licence numbers** Becotide Inhaler 0045/0089. Becotide Rotacaps 100mcg 0045/0119. Becotide Rotacaps 200mcg 0045/0120.

Further information on Becotide Inhaler is available from: Allen & Hanburys Limited, Greenford, Middlesex 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.

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 vaso-dilatation thus blood pressure is lowered, but without cardiac stimulation. Cardiac output is not significantly reduced at rest or after moderate exercise.[2,3]

Thus Trandate is able to restore a more normal circulation.

SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

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

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

Prescribing Information: Presentation and Basic NHS Cost Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £11.64. **Indications** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with anti-hypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily. A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. **Contra-indications** There are no known absolute contra-indications. **Warning** There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. **Precautions** Trandate should not be given to patients with uncompensated or

people feel better with.

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

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

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

WITHOUT ELEVATING PLASMA LIPIDS

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

"Until we know the long-term complications of raised plasma lipid levels in hypertensive patients treated with beta-blockers it would appear more appropriate to use antihypertensive drugs which do not cause such changes. (Trandate) appears to be such a drug."[6]

EMPLOYING A SIMPLE DOSAGE REGIMEN

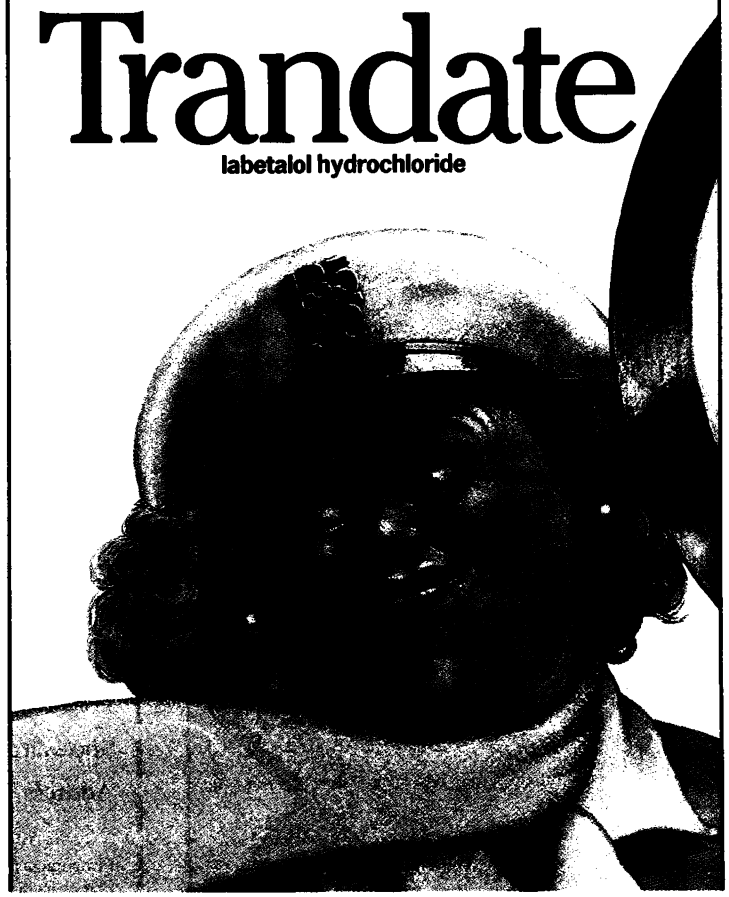
Initial dosage is simple. 100 or 200mg of Trandate twice daily with food is adequate to control hypertension in many patients. Trandate therapy can be tailored to meet patient requirements by adjustment of dosage rather than by changing to, or adding in, other drugs. The majority of patients will be controlled at daily doses of up to 600mg. Higher doses may be required in more resistant cases.

WITHOUT RESTRICTING LIFESTYLE

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

Trandate

labetalol hydrochloride



digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Side-effects** If the recommended dosage instructions are followed side-effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash. Trandate Tablets 100mg PL 0045/0106. Trandate Tablets 200mg PL 0045/0107. Trandate Tablets 400mg PL 0045/0109.

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

Full prescribing information is available on request.

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® and RAST®

Please send me full details on **Phadebas IgE PRIST and RAST**

Name .....

Position .....

Speciality .....

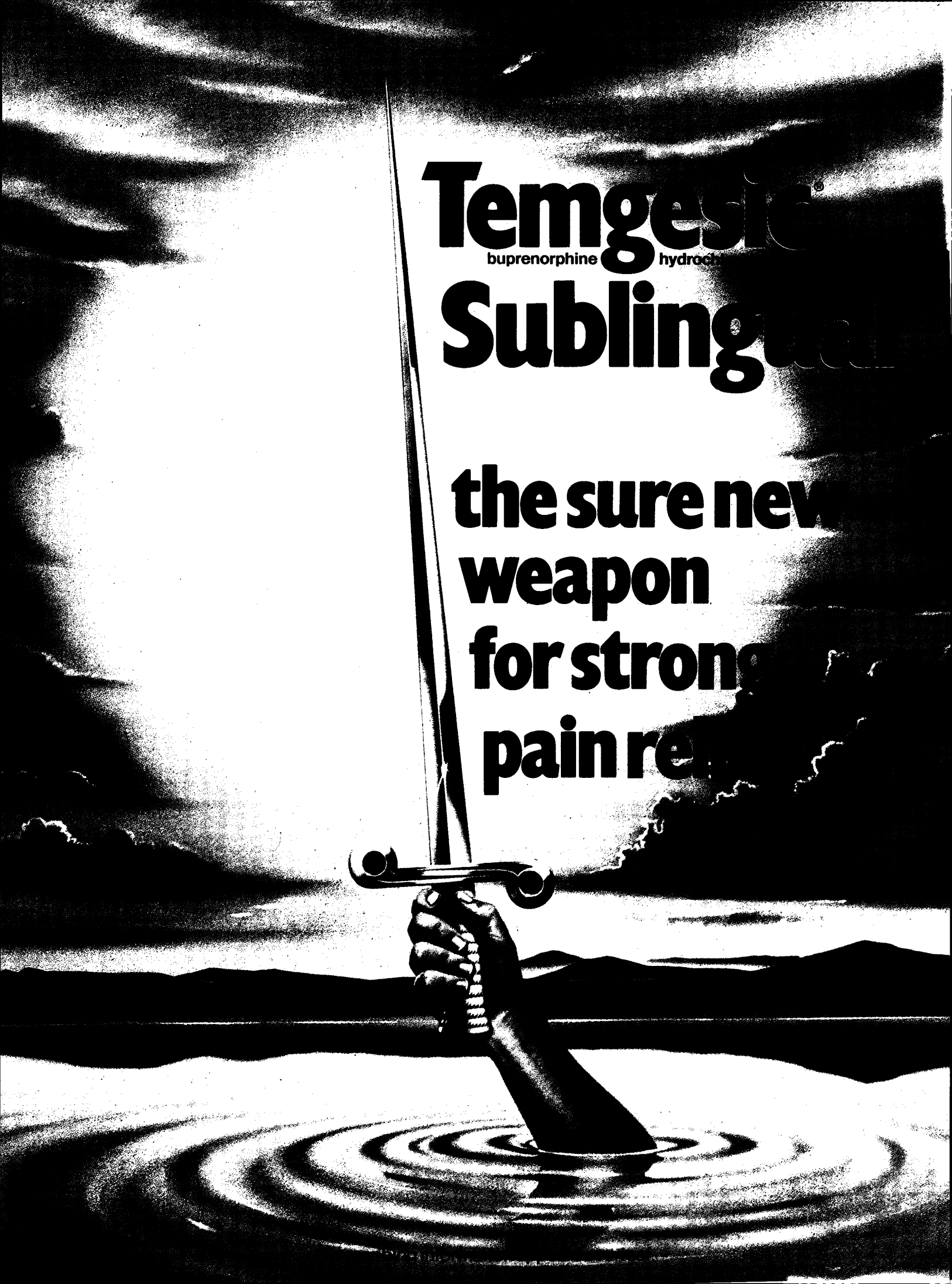
Address .....

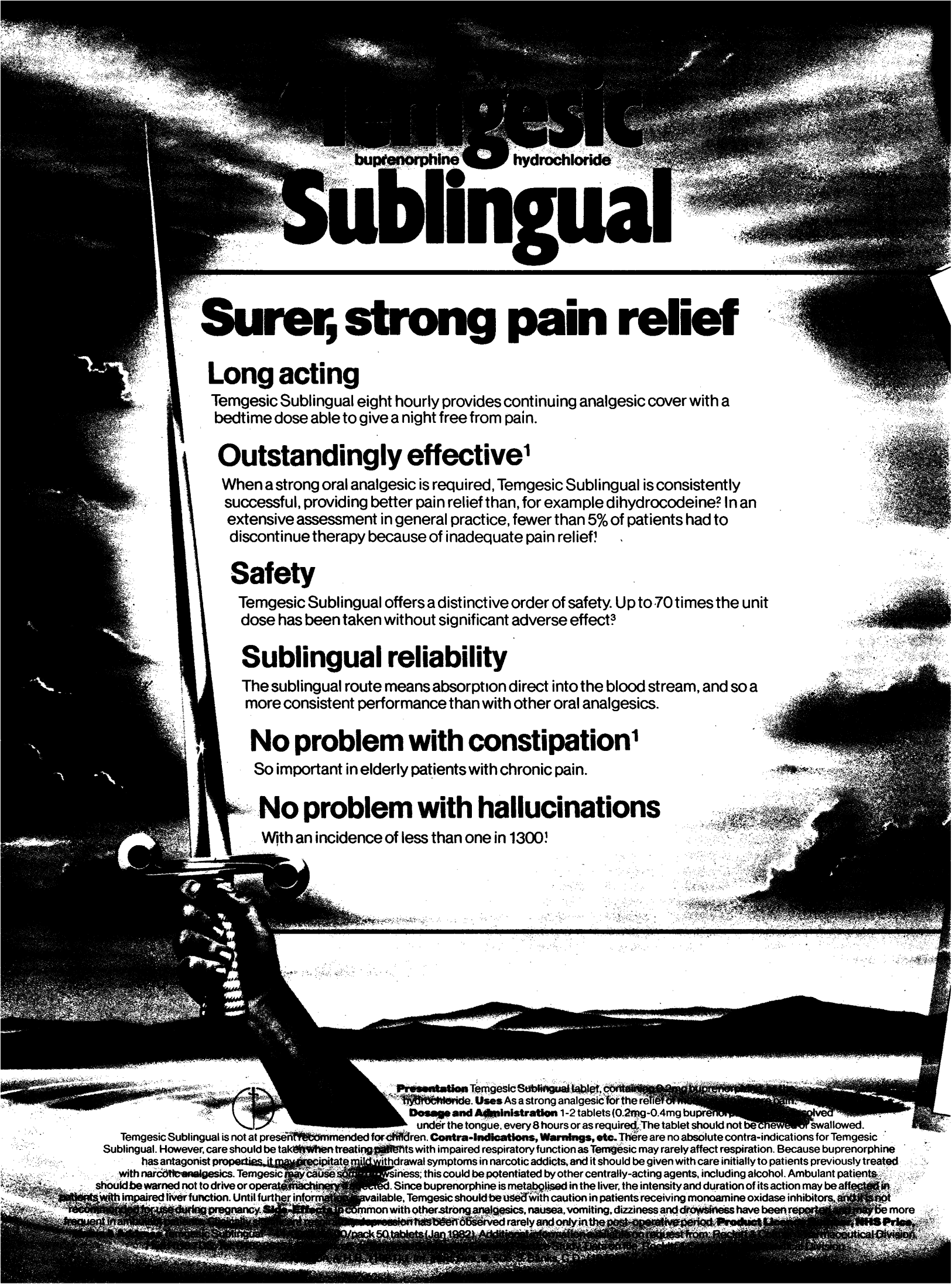
.....

RCGP

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

Pharmacia Diagnostics


Temgesic®
buprenorphine hydroch
Sublingual
the sure new
weapon
for strong
pain re



Temgesic
buprenorphine hydrochloride
Sublingual

Surer, strong pain relief

Long acting
Temgesic Sublingual eight hourly provides continuing analgesic cover with a bedtime dose able to give a night free from pain.

Outstandingly effective[1]
When a strong oral analgesic is required, Temgesic Sublingual is consistently successful, providing better pain relief than, for example dihydrocodeine[2] In an extensive assessment in general practice, fewer than 5% of patients had to discontinue therapy because of inadequate pain relief[1]

Safety
Temgesic Sublingual offers a distinctive order of safety. Up to 70 times the unit dose has been taken without significant adverse effect[3]

Sublingual reliability
The sublingual route means absorption direct into the blood stream, and so a more consistent performance than with other oral analgesics.

No problem with constipation[1]
So important in elderly patients with chronic pain.

No problem with hallucinations
With an incidence of less than one in 1300[1]

Presentation Temgesic Sublingual tablet, containing 0.2mg buprenorphine hydrochloride. **Uses** As a strong analgesic for the relief of [illegible] pain. **Dosage and Administration** 1-2 tablets (0.2mg-0.4mg buprenorphine) dissolved under the tongue, every 8 hours or as required. The tablet should not be chewed or swallowed. Temgesic Sublingual is not at present recommended for children. **Contra-Indications, Warnings, etc.** There are no absolute contra-indications for Temgesic Sublingual. However, care should be taken when treating patients with impaired respiratory function as Temgesic may rarely affect respiration. Because buprenorphine has antagonist properties, it may precipitate mild withdrawal symptoms in narcotic addicts, and it should be given with care initially to patients previously treated with narcotic analgesics. Temgesic may cause some drowsiness; this could be potentiated by other centrally-acting agents, including alcohol. Ambulant patients should be warned not to drive or operate machinery if affected. Since buprenorphine is metabolised in the liver, the intensity and duration of its action may be affected in patients with impaired liver function. Until further information is available, Temgesic should be used with caution in patients receiving monoamine oxidase inhibitors, and it is not recommended for use during pregnancy. **Side-Effects** As common with other strong analgesics, nausea, vomiting, dizziness and drowsiness have been reported and may be more frequent in ambulant patients. Temgesic Sublingual [illegible] respiratory depression has been observed rarely and only in the post-operative period. **Product Licence Number, NHS Price,** [illegible]0/pack 50 tablets (Jan 1982). Additional information available on request from: Reckitt & Colman Pharmaceutical Division, [illegible] Division.

Back pain

Case No
2403-101204

Transferring this 42-year old man with an acute prolapsed intervertebral disc from dextropropoxyphene/paracetamol to Temgesic Sublingual six-hourly gave 'much better, quicker response than with any previous analgesic', allowing him to return to work.

Painful dental abscess

Case No
2419-101317

Whilst penicillin V was given for the infection, Temgesic Sublingual t.d.s. gave 'excellent' relief from pain for this young man of 26 years.

Sciatica

Case No
5709-102030

One tablet of Temgesic Sublingual eight-hourly gave good pain relief to a 32-year old male patient with sciatica. He had previously been in continuous severe pain despite taking eight tablets of dextropropoxyphene/paracetamol daily. The patient continued on Temgesic therapy with 'excellent' pain relief.

Severe osteoarthritic pain

Case No
2418-101354

Despite indomethacin and what her doctor considered to be an excessive consumption of dextropropoxyphene/paracetamol this 76-year old lady was in severe pain. With eight-hourly Temgesic Sublingual added to her indomethacin, however, there was 'a very good response.' She slept better and was able to stop the dextropropoxyphene/paracetamol.

"Tricyclics are extremely dangerous drugs when taken in overdose" *Hollister, L. E., (1981), Drugs,* **22**, *129-152.*

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some *10,000 hospital admissions*[1] and *400 deaths*[2] 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.

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.

Bencard

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE.

The

M&B May & Baker

Diagnostic Quiz

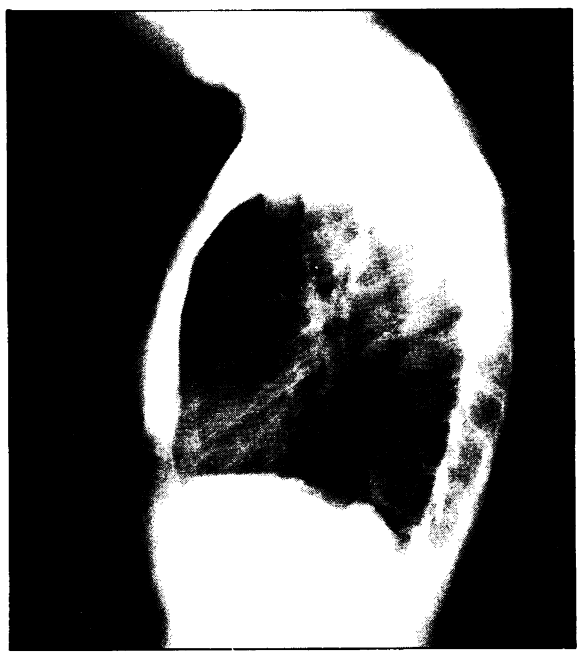
Every month a different clinical question will be set by a team of consultants. Please send your entries to the May & Baker Diagnostic Quiz, 33–34 Alfred Place, London WC1E 7DP.

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

This month's competition has been prepared by Dr Philip Lewis, Waller Cardio-Pulmonary Department, St Mary's Hospital, London, W2.

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

We regret no correspondence can be entered into. No employees or relatives of May & Baker or the publishers can enter the competition.



1. What underlying chest problem is seen in this chest x-ray of a 37-year-old woman?
2. What complication has occurred?
3. How is this complication best avoided?

Win £100 travel voucher each month

A new lifeline for your hypertensive patients

Physical and emotional stress cause transient but marked increases in blood pressure and may precipitate arrhythmias.[1,2]

"... continual stress may result in a persistent elevation of blood pressure."[3]

Once daily 'Secadrex' is a synergistic[4] combination of hydrochlorothiazide and acebutolol, which provides effective antihypertensive action plus protection from the cardiac effects of stress.

This low dose combination is intended as first line therapy in patients with mild to moderate hypertension and as maintenance therapy in the elderly.

NEW

Secadrex acebutolol and hydrochlorothiazide

Low dose, once daily in hypertension

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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.

PARTNERSHIP WANTED

Army GP (31) seeks partnership in December 1982. 1974 Liverpool graduate, happily married to SRN. Eligible for VTA. Capital available. Prefer Glos, Hereford/Worcs, Avon, Wilts or Hants AHAs. C.V. from: **Peter Williams, MB, MRCGP, DRCOG, Medical Centre, Berakas Camp, Brunei, BFPO 605.**

THE BALINT SOCIETY

RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD

19.00 Friday 24 September to 13.00 Sunday 26 September 1982

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details are available from **The Secretary, Dr Peter Graham, 149 Altmore Avenue, London, E6.**

DEPARTMENT OF POSTGRADUATE MEDICAL STUDIES JOINTLY WITH THE NORTH WEST REGIONAL CARDIOTHORACIC UNIT, WYTHENSHAWE HOSPITAL

CARDIAC AND PULMONARY MEDICINE

A refresher course for general practitioners on cardiac and pulmonary medicine will be held in The Postgraduate Medical Centre, Wythenshawe Hospital, Southmoor Road, Wythenshawe, Manchester from Wednesday, 22 September to Friday, 24 September 1982. Topics will include: pulmonary infections, lung tumours, cardiac ischaemia, myocardial infarction and coronary artery surgery evaluation. Emphasis will be placed on the practical problems involved.

The course is recognized for five sessions under Section 63.

Details of local accommodation will be sent on request. Further details and application form from: **The Course Secretary, Department of Postgraduate Medical Studies, Gateway House, Piccadilly South, Manchester M60 7LP.**

LOW-LEVEL LEAD EXPOSURE AND ITS EFFECTS ON HUMAN BEINGS

An International Symposium

London, 10–12 May 1982

Speakers:

Dr H. L. Needleman, Associate Professor of Child Psychiatry and Paediatrics, Children's Hospital of Pittsburgh, USA.

Dr Clair Patterson, Geochemist, California Institute of Technology, USA.

Dr H. L. Billick, Environmental Research Group, Department of Housing and Urban Development, Washington, USA.

Dr Ellen Silbergeld, Chief Toxics Scientist, Environmental Defense Fund, USA.

Dr Oliver David, Associate Professor in Psychiatry, State University of New York, USA.

Dr G. Winneke, Reader in Medical Psychology, University of Dusseldorf, West Germany.

Professor A. Anagnostopoulos, Aristotelian University of Thessaloniki, Greece.

Dr Michael Moore, Senior Lecturer in Medicine, University of Glasgow.

Dr Fraser Alexander, Consultant Paediatrician, Newcastle General Hospital.

Dr J. P. Day, Lecturer in Chemistry, University of Manchester.

Dr W. Yule, Reader in Applied Psychology, Institute of Psychiatry, London.

Dr R. Lansdown, Principal Psychologist, Hospital for Sick Children, London.

Full details and application forms from: **The CLEAR Trust, 2 Northdown Street, London, N1 9BG. Tel: 01-278 9686.**

VASECTOMY

No doubt you are referring suitable candidates to surgeons for **VASECTOMY.**

Would you find a leaflet describing the operation helpful to put in your waiting room or to hand to interested couples?

If so, may we send you some? There is no charge for these.

Please send requests to:

The Hon. Director,
Crediton Project,
West Longsight,
Crediton, Devon.

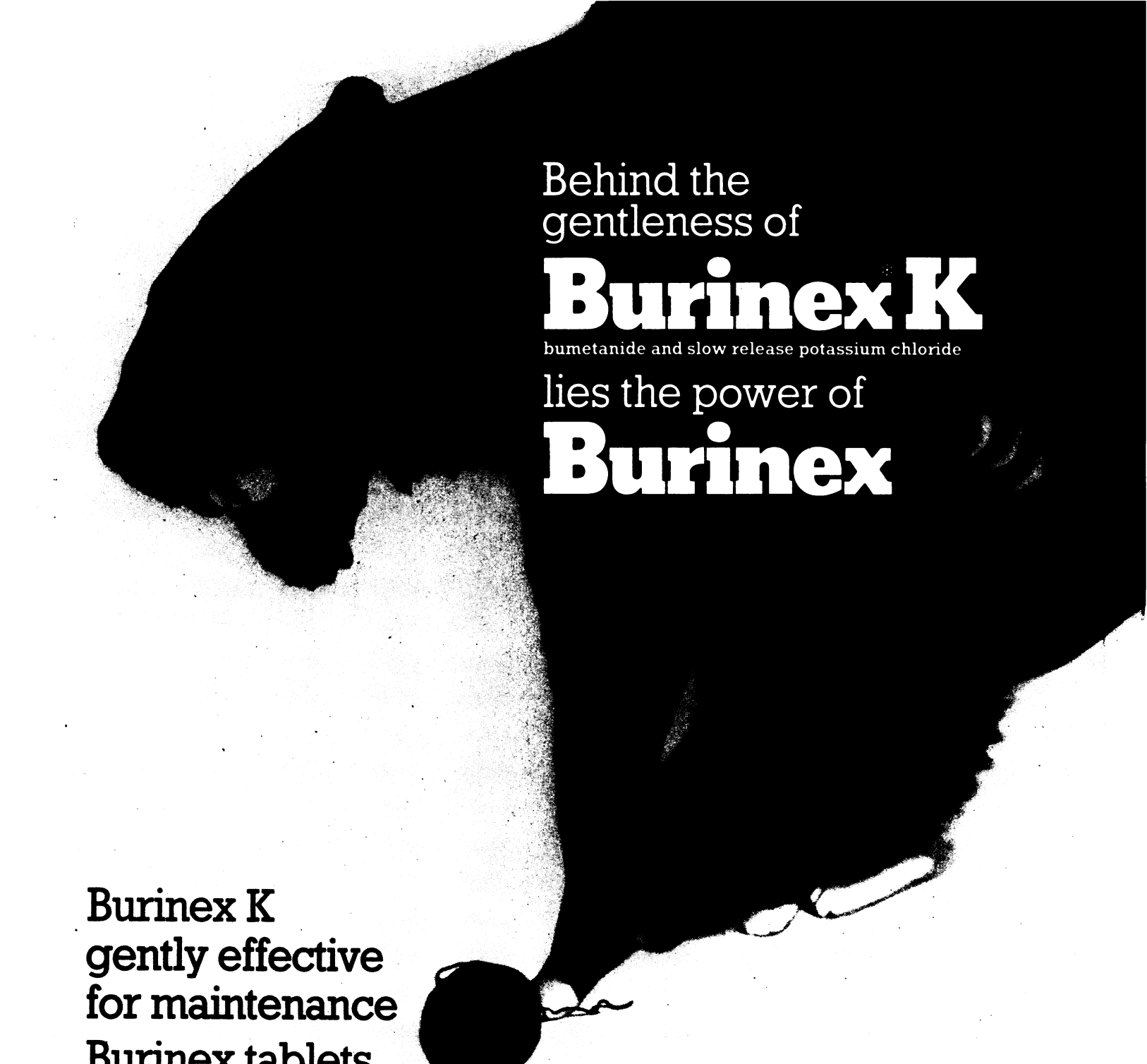
Hay fever can ruin the enjoyment of summer and the adverse effects of some treatments can interfere with the patient's lifestyle.
In particular, antihistamines can cause drowsiness and hinder concentration. Decongestants can result in rebound congestion and other treatments are often ineffectual, complicated or inconvenient.
Beconase twice daily is convenient, simple to use and highly effective for both prophylaxis and treatment of the nasal symptoms of hay fever.
So patients can be alert and free from hay fever this summer.

Beconase Nasal Spray

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.
Dosage and administration
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.
No major side effects attributable to Beconase have been reported, but occasionally sneezing attacks have followed immediately after use of the aerosol.
Presentation and Basic NHS cost
Beconase Nasal Spray is a metered-dose aerosol delivering 50mcg Beclomethasone Dipropionate BP per actuation into a special nasal applicator. Each canister provides 200 applications. Basic NHS cost £4.77.
Product licence number
0045/0093

Further information on Beconase (trade mark) Nasal Spray is available from
Allen & Hanburys Ltd, Greenford UB6 0HB



Behind the gentleness of

Burinex K

bumetanide and slow release potassium chloride

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Burinex

Burinex K gently effective for maintenance

Burinex tablets combine strength with gentleness for more refractory oedema

Burinex injection fast powerful action for emergencies

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

*Burinex is a trade mark

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