



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!

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

Prescribing Information. **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. **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. **Contra-indications:** Patients sensitive to benzodiazepines. **Side-effects:** ATIVAN is well tolerated and imbalance or 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 minimized 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 Treatment in these cases should be withdrawn gradually.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:** 0011/0034 (1mg), 0011/0036 (2.5mg), 0011/0091 (injection). **Basic NHS Cost:** 1mg x 100 £1.91; 2.5mg x 100 £3.03. Hospital price: As per local contract. Further information is available on request. **Wyeth Laboratories,** John Wyeth & Brother Limited, Taplow, Maidenhead, Berks. **References:** 1. *Curr. Ther. Res.* (1973) **16**, 500; 2. *Acta Psy Scand Suppl.* (1978) **274**, 56. Trade-marks AT, J, 33, 48.



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 $K^+ < 3.5 \text{ mEq/l}$? At serum $K^+ < 3.0 \text{ mEq/l}$?

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

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

In hypertension

Aldactide 50

hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

References

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

Prescribing Information

Aldactide 50

Tablets, scored tablets stamped "SEARLE 180" on one

side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 50mg.

Uses

Essential hypertension.

Dosage and Administration

Adults

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

Children

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

Contra-indications, Warnings, etc.

Anuria, acute renal insufficiency, rapidly progressing impairment of renal function, hyperkalaemia, patients

who are hypersensitive to either component, concurrent administration with other potassium-conserving diuretics.

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

Patients should be carefully evaluated for possible disturbances of fluid and electrolyte balance. Thiazides may induce hyperuricaemia and decrease glucose tolerance.

Spironolactone or its metabolites may, and hydroflumethiazide does, cross the placental barrier.

Use of Aldactide in pregnant women requires the anticipated benefit be weighed against the possible

hazards to the foetus.

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

Product Licence Holder and Number
G.D. Searle & Co. Ltd.

Aldactide 50: 0020/0082.

Basic N.H.S. Cost

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

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).

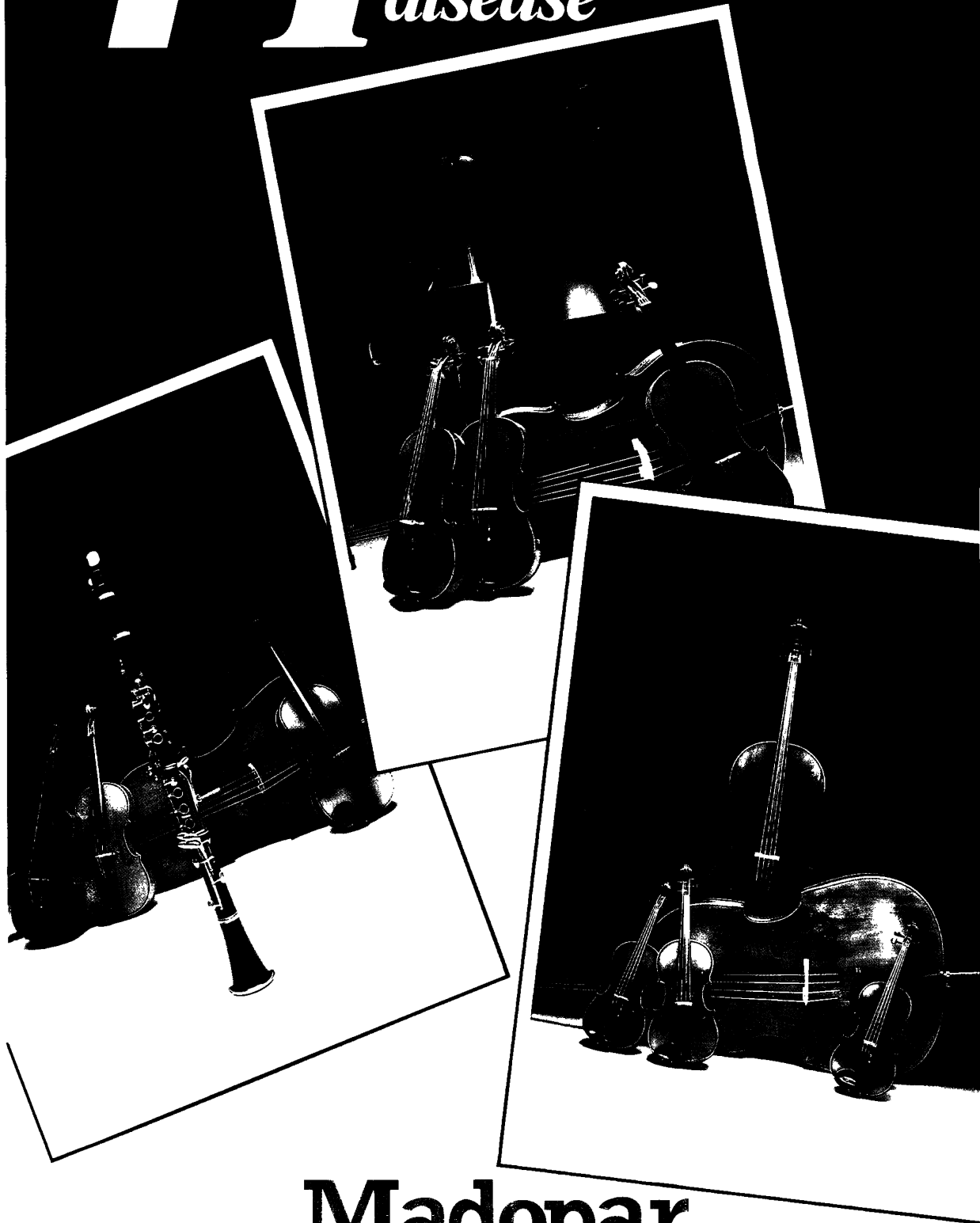
Basic NHS Cost

Madopar capsules 62.5
£4.01 per 100
Madopar capsules 125
£7.23 per 100
Madopar capsules 250
£12.94 per 100



Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark
J522191/382.

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*



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



INDERAL LA

Propranolol hydrochloride BP.

Once daily in hypertension and angina.

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



A high-contrast, black and white artistic photograph. In the foreground, a hand emerges from a pool of water, holding a sword upright. The water shows concentric ripples around the hand. The background is a dramatic, cloudy sky with light breaking through the clouds. The overall mood is powerful and evocative.

Temgesic[®] buprenorphine hydrochloride **Sublingual**

**the sure new
weapon
for strong
pain relief**

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 effective¹

When a strong oral analgesic is required, Temgesic Sublingual is consistently successful, providing better pain relief than, for example dihydrocodeine². In an extensive assessment in general practice, fewer than 5% of patients had to discontinue therapy because of inadequate pain relief¹.

Safety

Temgesic Sublingual offers a distinctive order of safety. Up to 70 times the unit dose has been taken without significant adverse effect³.

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 constipation¹

So important in elderly patients with chronic pain.

No problem with hallucinations

With an incidence of less than one in 1300¹.

Presentation Temgesic Sublingual tablet, containing 0.2mg buprenorphine hydrochloride. **Uses** As a strong analgesic for the relief of moderate to severe pain. **Dosage and Administration** 1-2 tablets (0.2mg-0.4mg buprenorphine hydrochloride) 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 is not recommended for use during pregnancy. **Side-Effects** In common with other strong analgesics, nausea, vomiting, dizziness and drowsiness have been reported and may be more frequent in ambulant patients. Clinically significant respiratory depression has been observed rarely and only in the post-operative period. **Product Licence, Marketing, NHS Price.** **Name & Address** Temgesic Sublingual - 44/40000000/pack 50 tablets (Jan 1982). Additional information available on request from: Reckitt & Co. Ltd., Pharmaceutical Division, 14, Elfrith Road, Tel: 0492 26151. **References** 1. British Medical Journal, 1981, 283, 1100. 2. British Medical Journal, 1981, 283, 1100. 3. British Medical Journal, 1981, 283, 1100.

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.



2

80% ulcers healed

1st month¹

Rapid relief of pain, rapid healing of the ulcer

NEW
Zantac
RANITIDINE

**The fast, simple and specific way
to promote peptic ulcer healing**

dosage simpler in p

peptic ulcer treatment

Specifically developed as b.d. treatment.

NEW
Zantac
RANITIDINE

**The fast, simple and specific way
to promote peptic ulcer healing**

The benefits of highly

A high-contrast, black and white image featuring a bright, diagonal streak of light that cuts across the frame from the upper left towards the lower right. The background is dark and filled with numerous small, white specks, resembling a starry night sky or a microscopic view. The streak itself has a soft, glowing edge, giving it a sense of depth and movement.

specific H₂ blockade

Zantac treatment has not been shown to affect the central nervous system,^{1,2} to exert anti-androgenic effects,^{3,4} or to cause drug interaction.⁵

NEW
Zantac
RANITIDINE

The fast, simple and specific way
to promote peptic ulcer healing

Zantac

RANITIDINE

The fast, simple
and specific way
to prevent
peptic ulcer relapse

- Rapid ulcer healing
- Simple b.d. dosage
- Once-daily maintenance
- Excellent safety profile

A British advance from Glaxo

PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150mg 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 RECURRENT 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. **REFERENCES:** 1. DATA ON FILE, GLAXO GROUP RESEARCH. 2. BORIES, P. *ET AL.* LANCET 1980; 2 (8197): 755. 3. PEDEN, N. R. *ET AL.* ACTA ENDOCRINOLOGICA 1981; 96: 564-568. 4. NELIS, G. F. AND VAN DE MEENE, J. G. C. POSTGRAD. MED. J. 1980; 56: 478-480. 5. HENRY, D. A. *ET AL.* BR. MED. J. 1980; 2: 775-777.

Glaxo

The antihypertensive

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

TRANDATE'S BALANCED MODE OF ACTION

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

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



PRODUCES A MORE NORMAL CIRCULATION WITH GOOD EXERCISE TOLERANCE

This beta-blockade protects the heart from the reflex sympathetic drive which is normally induced by peripheral vasodilatation thus blood pressure is lowered, but without cardiac stimulation. Cardiac output is not significantly reduced at rest or after moderate exercise.^{2,3}

Thus Trandate is able to restore a more normal circulation.

SMOOTHING PEAKS IN BLOOD PRESSURE THROUGHOUT THE DAY AND NIGHT

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

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



Prescribing Information: Presentation and Basic NHS Cost Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 tablets of each strength is £4.54, £7.32 and £11.64. **Indications** Treatment of all grades of hypertension when oral antihypertensive therapy is indicated. **Dosage and Administration** Treatment may start with one 200mg tablet twice daily but in some patients including those already being treated with antihypertensive drugs, the elderly and those of low body weight, one 100mg tablet twice daily is more appropriate. If the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about 14 days. Many patients have satisfactory blood pressure control on 400mg daily.

A twice daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side-effects. Trandate tablets should preferably be taken with food. Trandate therapy is not applicable to children. **Contra-indications** There are no known absolute contra-indications. **Warning** There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy with a beta-adrenoceptor blocking drug should be gradual. **Precautions** Trandate should not be given to patients with uncompensated or

people feel better with.

USEFUL IN PATIENTS WITH IMPAIRED RENAL FUNCTION

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

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

WITHOUT ELEVATING PLASMA LIPIDS

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

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



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

INHALED Becotide

(Beclomethasone Dipropionate BP)



In deteriorating asthma

- * Controls the inflammatory changes
- * Restores the normal pattern of breathing

where vigorous therapy is
essential

For the poorly controlled asthmatic

- * Restores lung function towards normal levels
- * Allows return to a normal life

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 precipitans*. 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
Becotide, Rotacap and Rotahaler are trade marks of Allen & Hanburys Limited

"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.

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





once a day

Uses: Treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis; also cardiac asthma and left ventricular or congestive cardiac failure.

Dosage and administration: 3 or 4 tablets taken as a single daily dose, following an initial week of therapy on 2 tablets daily. Tablets should be swallowed whole or halved and not chewed. Each tablet contains 200 mg. theophylline BP.

UniphyllinTM

theophylline UnicontinTM tablets

**protecting asthmatics
all the way through
to bedtime tomorrow**

NAPP

**British Expertise in
Theophylline Therapy**

Contra-indications: None.

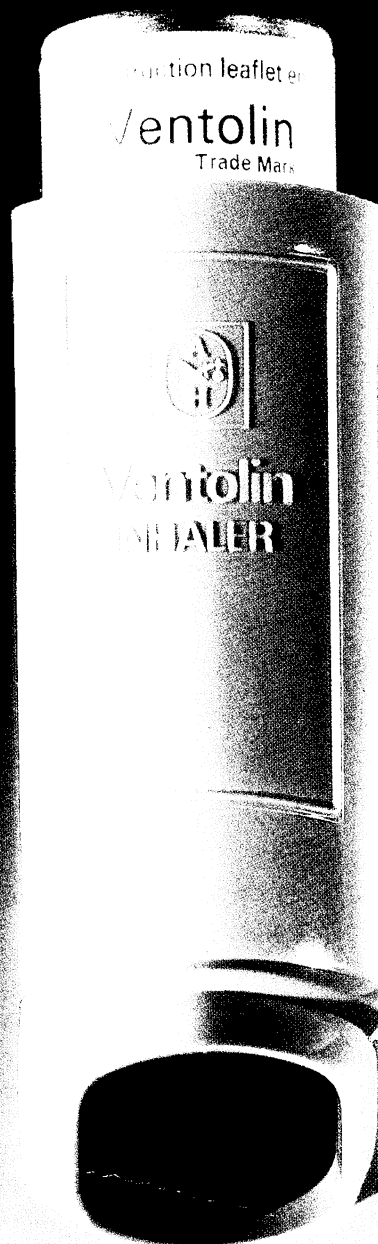
Side-Effects: The risk of side-effects usually associated with theophylline and Xanthine derivatives such as nausea, gastric irritation, headache and CNS stimulation are absent or much diminished. Basic NHS cost: 24p per day (ex. 100 pack, 4 o.d.). PL 0337/0057

Napp Laboratories Limited Watford WD2 7RA Member of Napp Pharmaceutical Group © Uniphyllin and Unicontin are Trade Marks

© Napp Laboratories Limited 1982

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
- For patients with bronchitis who are not responsive to anti-inflammatory 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

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 a Consultant Psychiatrist from Oxford.

Answers and the winner's name will be published in the journal in August.

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

A university student, aged 21 years, consulted his general practitioner complaining of severe anxiety over his approaching final examinations. He was a gifted and most able student studying law. By nature obsessional, the exacting standards he set for himself were greatly in excess of those required to satisfy any examiners, yet his principal fear was of failure in obtaining his degree.

He had awakened suddenly in the early hours of the morning with his heart racing, bathed in sweat and felt extremely unwell. Of stable personality, he had had a very good school record and had experienced no earlier nervous trouble. On enquiry he denied any feelings of depression. He was an only son and was particularly conscious of the need to bring great credit to his parents, who had made many sacrifices on his behalf. He had recently encountered difficulties with his girlfriend, who complained he neglected her for his studies and that the time that he devoted to these was excessive. He found her remarks, coming at this particular period, unreasonable and hurtful.

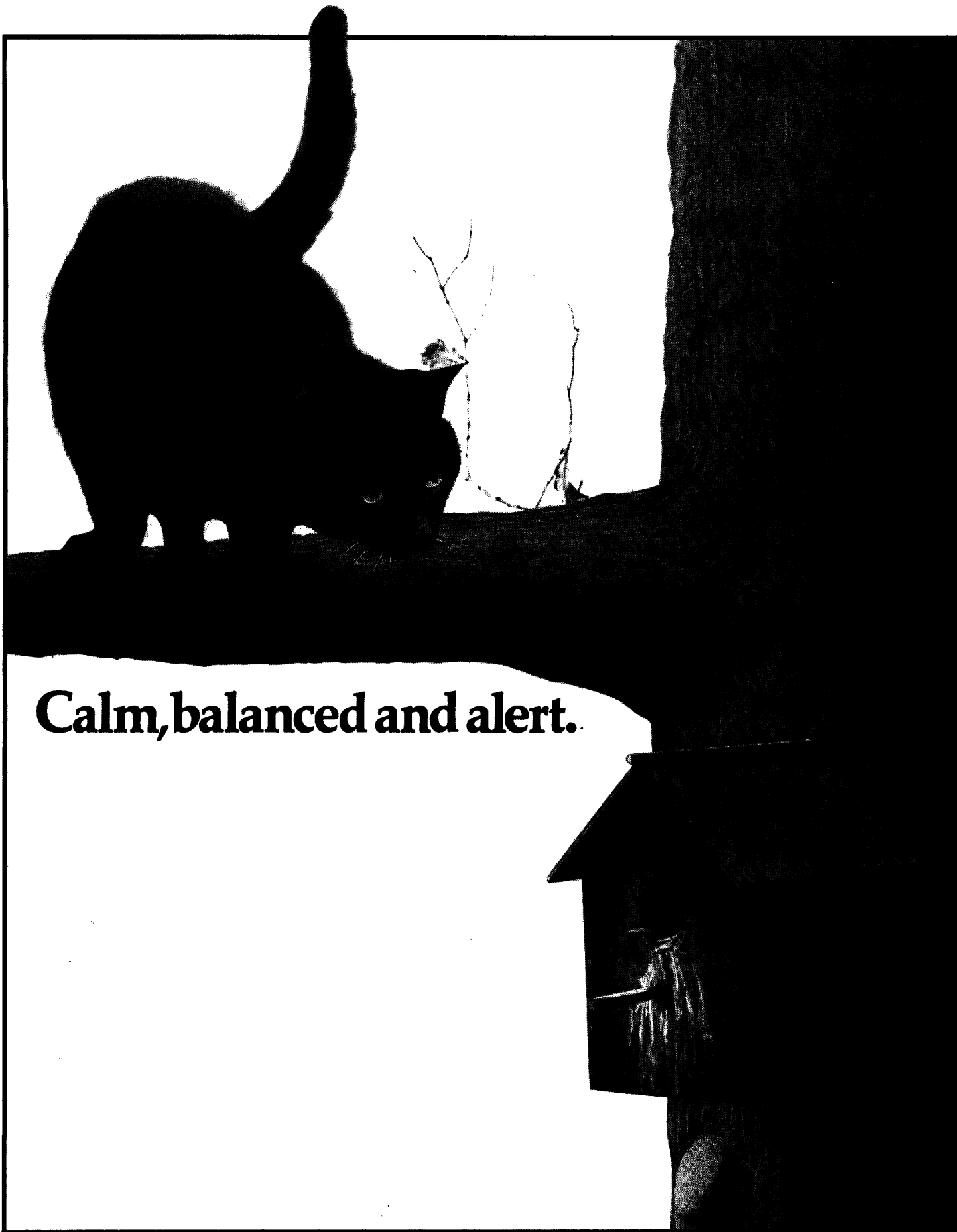
On examination, he was found to be physically very fit. He was unprepared to take any medication, other than a benzodiazepine to assist his symptoms of anxiety.

Five days later, the student took his own life by drowning.

What, in your opinion, was this diagnosis?

Win £100

travel voucher
each month



Calm, balanced and alert.

M&B May & Baker

Prescribing information: Dosage: Minor mental and emotional disturbances and vertigo. Adults: 1 x 5 mg tablet T.D.S. increasing if necessary to a maximum of 6 x 5 mg tablets per day. Contra-indications: No absolute contra-indications. Precautions: Usual precautions during pregnancy and lactation. Patients should not drive or operate machinery until initial effect has been ascertained. Side-effects: Stemetil® has been shown to be remarkably free from side-effects. Slight transient drowsiness may occur in some patients during the early stages of treatment. Rare reports of mild skin reactions and dry mouth. Presentation/cost 5 mg tablet (PL0012/5263) £0.53 x 25 (April '82). Further information available on request. May & Baker Ltd., Dagenham, Essex RM10 7XS.

*Trade mark MA 1256.

STEMETIL
PROCHLORPERAZINE

Backed by 25 years' clinical experience. Calms the mind and the stomach. Restores balance.

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 study¹ 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^{*}

prazosin HCl

The booster therapy in hypertension.

and Patel, Excerpta Medica
Symposium, Vienna, November,
1983.
Information:
Hypertension of varied aetiology
of severity.
Contraindications: sensitivity to Hypovase.
Warnings: 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
8x 0.5mg Hypovase tablets and 32x 1mg
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.
^{*}Trade Mark 20219 Dec 81

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 Depressed Patient in General Practice

This videocassette is really about patients who come to the doctor "feeling depressed". Whether they have 'Depression', with a capital D, or are just unhappy, is not always clear but the general practitioner still has to make management decisions.

By using video-taped extracts from real consultations, recorded in general practice surgeries throughout the UK, this programme explores diagnosis and management problems in this tricky and important area. The videocassette is designed for use with a small group of doctors over two two-hour sessions and presents a series of discussion breaks for the group to share ideas and compare experiences.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and catalogue, can be obtained by writing to:

**The MSD Foundation,
Tavistock House,
Tavistock Square,
London WC1
Tel: 01-387 6881**

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified advertisements are welcomed and should be sent to: Production Department, *The Journal of the Royal College of General Practitioners*, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received 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 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 Altmere Avenue, London, E6.**

GWENT HEALTH AUTHORITY

FAMILY PLANNING COURSE FOR DOCTORS

A theoretical course in family planning for Part B of the Joint Certificate in Contraception will be held at the Gwent Postgraduate Medical Centre, The Friars, Friars Road, Newport, Gwent, on Friday and Saturday, 25/26 June 1982. Approval under Section 63 of the Health Services and Public Health Act 1968 has been granted.

Application for a place on this course should be made by letter to: **Dr Mary Smith, Associate Specialist in Obstetrics and Gynaecology, c/o The Gwent Postgraduate Medical Centre, The Friars, Friars Road, Newport, Gwent.**

UNIVERSITY OF GLASGOW DEPARTMENT OF GENERAL PRACTICE M.SC DEGREE COURSE

Applications are invited from registered medical practitioners for entry into a new M.SC degree course specifically designed for general practice. The content of the course includes research method, health education and preventive and anticipatory care for patients of all age groups. The degree course is of two years' duration, but UK general practitioners with 10 years' experience as a principal may complete the degree in a period of 12 months. This would enable such applicants to apply for prolonged study leave. A limited number of fellowships, each of £2000, are available to cover university course fees and incidental expenses. Further details of the course, which begins in October 1982, may be obtained from **Professor J. H. Barber, Woodside Health Centre, Barr Street, Glasgow G20 7LR**, to whom applications, together with curriculum vitae and the names of two referees, should be sent.

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 North-down Street, London, N1 9BG. Tel: 01-278 9686.**

MRCGP CANDIDATES

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

Dept. GP PasTest Service, P.O. Box 81, Hemel Hempstead,
Herts HP1 1AA. Tel: Hemel Hempstead (0442) 52113.

PASTEST

An active summer free from hay fever

Beconase

(Beclomethasone Dipropionate)

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.

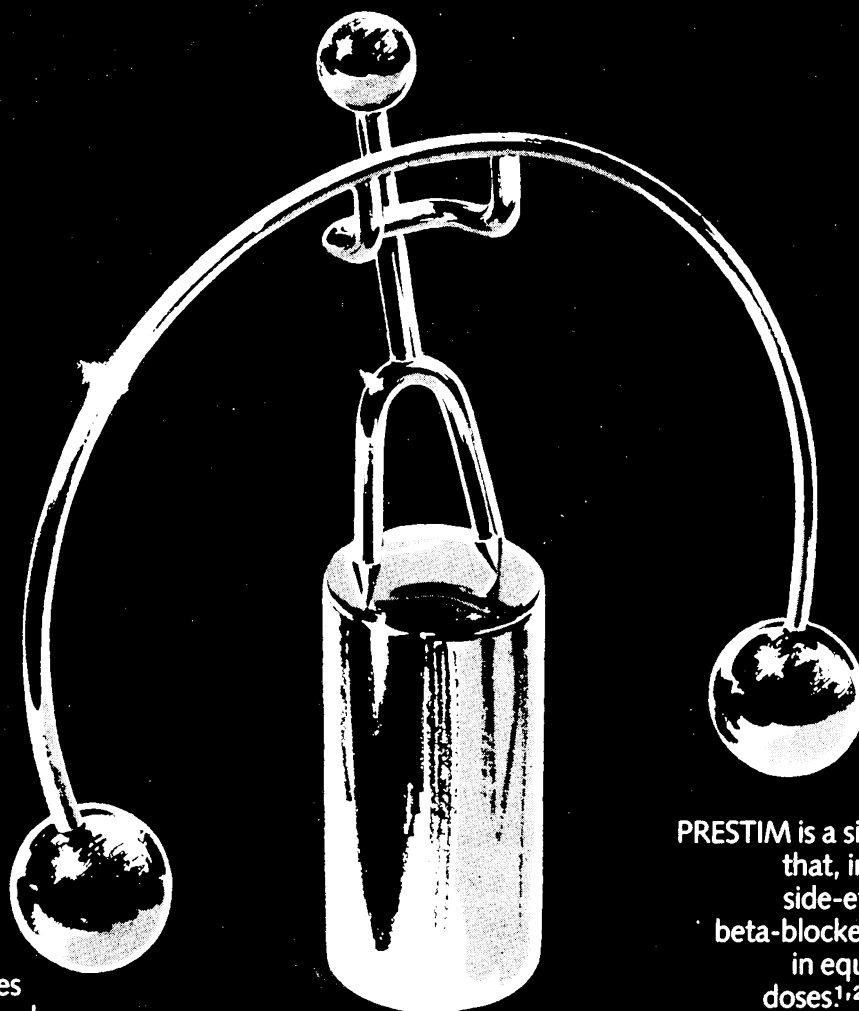


Further information on Beconase Nasal Spray is available from:
Allen & Hanbury's Ltd, 100, Broad Street, Birmingham B1 2HT.

OPTIMAL ANTI-HYPERTENSIVE THERAPY

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

THE PRESSURE TO TREAT. LANCET LEADER JUNE 14th 1980



EFFICACY

Studies show that 9 out of 10 mild to moderate hypertensives achieve normotension when treated with PRESTIM alone.^{1,2}

COMPLIANCE

PRESTIM is a simple once-a-day therapy that, in studies, produced fewer side-effects than methyldopa, a beta-blocker or a diuretic given alone in equivalent anti-hypertensive doses.^{1,2} In addition dose titration is easy and rapid with PRESTIM.³

PRESTIM

bendrofluazide/timolol maleate

balanced therapy in hypertension

PRESCRIBING INFORMATION

Indications: Prestim (timolol maleate 10 mg and bendrofluazide 2.5 mg) is indicated for the treatment of mild to moderate hypertension.

Dosage: Recommended range 1-4 tablets daily, usually as a single dose but may be divided morning and evening.

Contra-indications: Renal failure; hypersensitivity to bendrofluazide or timolol; uncontrolled cardiac failure; bradycardia; heart block; obstructive airways disease.

Precautions: Bradycardia and heart failure may occur during Prestim therapy. In diabetic patients, premonitory signs of impending hypoglycaemia may be masked by β -blockade.

Warnings: Prestim should be discontinued immediately should patient develop dry eyes or a skin rash.


Product Licence number: 0043/0047

Basic N.H.S. price: £10.64 per 100 tablets.

REFERENCES

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

Further information available from:

 **Leo Laboratories Limited**
Longwick Road, Princes Risborough
LEO Aylesbury, Bucks HP17 9RR
Tel: Princes Risborough (08444) 7333