



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 Treatment in these cases should be withdrawn gradually.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), 0011/0051 (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) **18**, 500. 2. *Acta Psy Scand Suppl* (1978) **274**, 56. *trade marks. AT J 33 482

In hypertension

TENORMIN

Atenolol 100mg

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

Full 24 hour control

One tablet daily

Wide patient
spectrum

Few CNS
side-effects

Hydrophilic

Possible
advantages
in smokers

Cardioselective

Cardioprotective

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

TENORMIN

A unique combination of hydrophilicity
and cardioselectivity

Prescribing Notes:

Dosage: One tablet daily. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. **Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers – consider discontinuance if they occur. Cessation of therapy with beta blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.27.
Product Licence Number: 'Tenormin' 0029/0122.

Full prescribing information is available on request to the company



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



**From now on, protection
for asthmatics all the way**

once a day UniphyllinTM

theophylline UnicontinTM tablets

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

NAPP

British Expertise in Theophylline Therapy

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 200mg. theophylline BP. **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 TM Uniphyllin and Unicontin are Trade Marks © Napp Laboratories Limited 1982.

A high-contrast, black and white image of a comet streaking diagonally from the top left towards the bottom right. The background is a dark, speckled field of stars. The comet's head is bright and fuzzy, with a long, glowing tail that tapers off as it moves.

The fast, simple and
promote peptic

Most specific way to ulcer healing



80% ulcers healed in one month¹

Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment

Specifically developed as b.d. treatment.

The benefits of highly specific H₂ blockade

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

NEW
Zantac
RANITIDINE

A British advance from Glaxo



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. Sackerson H 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): 11-24.
3. Langenhove P, Benveniste C. Comparison between spironolactone and amiloride, potassium-sparing, hypokalaemic diuretics in the treatment of mild and moderate hypertension. *Clin Therap* 1978; 3(2): 491-3.

Presentation

Aldactide 50

Contains round tablets stamped: SEARLE 1881 on one

side containing Spironolactone B.P. 50mg and Hydroflumethiazide B.P. 5mg.

Uses

Essential hypertension

Dosage and Administration

Adults

Aldactide 50: one or two tablets with breakfast on the first 3 or 4 days of the day.

Children

Daily dosage should provide 1-2 mg/kg of spironolactone per kilogram body weight given in divided doses.

Contra-indications, Warnings, etc.

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

who are hypersensitive to either component, concomitant 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 dehydration, hypotension, fluid and electrolyte balance.

Thiazides may induce hypokalaemia and glycosuria, glucose intolerance.

Spironolactone in 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 gynecomastia, gastro-intestinal 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 3BE
Telephone: High Wycombe (01494) 21131

SEARLE



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**



1. For the patient who suffers episodic attacks – Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin when necessary, is often all that is required. Used at the onset of an attack of bronchospasm, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action.

And taken before exertion, Ventolin provides protection against exercise-induced asthma.

2. For the patient who requires prophylactic bronchodilator therapy – Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.



Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

VENTOLIN 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 Rotacap – 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 Rotacap – 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 during the first or second trimester of pregnancy. **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. **Presentations 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.



Becotide, Rotacap, Rotahaler and Ventolin are trade marks of Allen & Hanburys Limited
Further information on Becotide and Ventolin is available from: Allen & Hanburys Limited, Greenford
Middlesex UB6 0HB



3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators. The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.



BECOTIDE 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. Alternatively, the total daily dose may be administered as two divided doses. *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.

Cross-section of bronchiole illustrating bronchospasm complicated by the inflammatory components, bronchial mucosal oedema and hypersecretion of mucus.



A black and white advertisement featuring a dramatic scene. A hand emerges from a pool of water, holding a sword upright. The water shows concentric ripples around the hand. The background is a dark, stormy sky with heavy clouds and a bright light source, possibly the sun or moon, breaking through the clouds. The overall mood is powerful and heroic.

Temgesic[®] buprenorphine hydrochloride **Sublingual**

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

Prescribing information appears elsewhere.

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 1300!

Presentation Temgesic Sublingual tablet, containing 0.2mg buprenorphine, as the 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) to be 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** 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 Number, NHS Price, Name & Address** Temgesic Sublingual—44/0063, £6.00/pack 50 tablets (Jan 1982). Additional information available on request from: Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS. Tel: 0482 26151. **References:** 1. Temgesic Sublingual General Practice Study, Data on file, Reckitt & Colman Pharmaceutical Division. 2. Masson, A.H.B., (1981) *J. Int. Med. Res.*, **9**, 506. 3. Banks, C.D., (1979) *N.Z. Med. J.*, **80**, 345.

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.

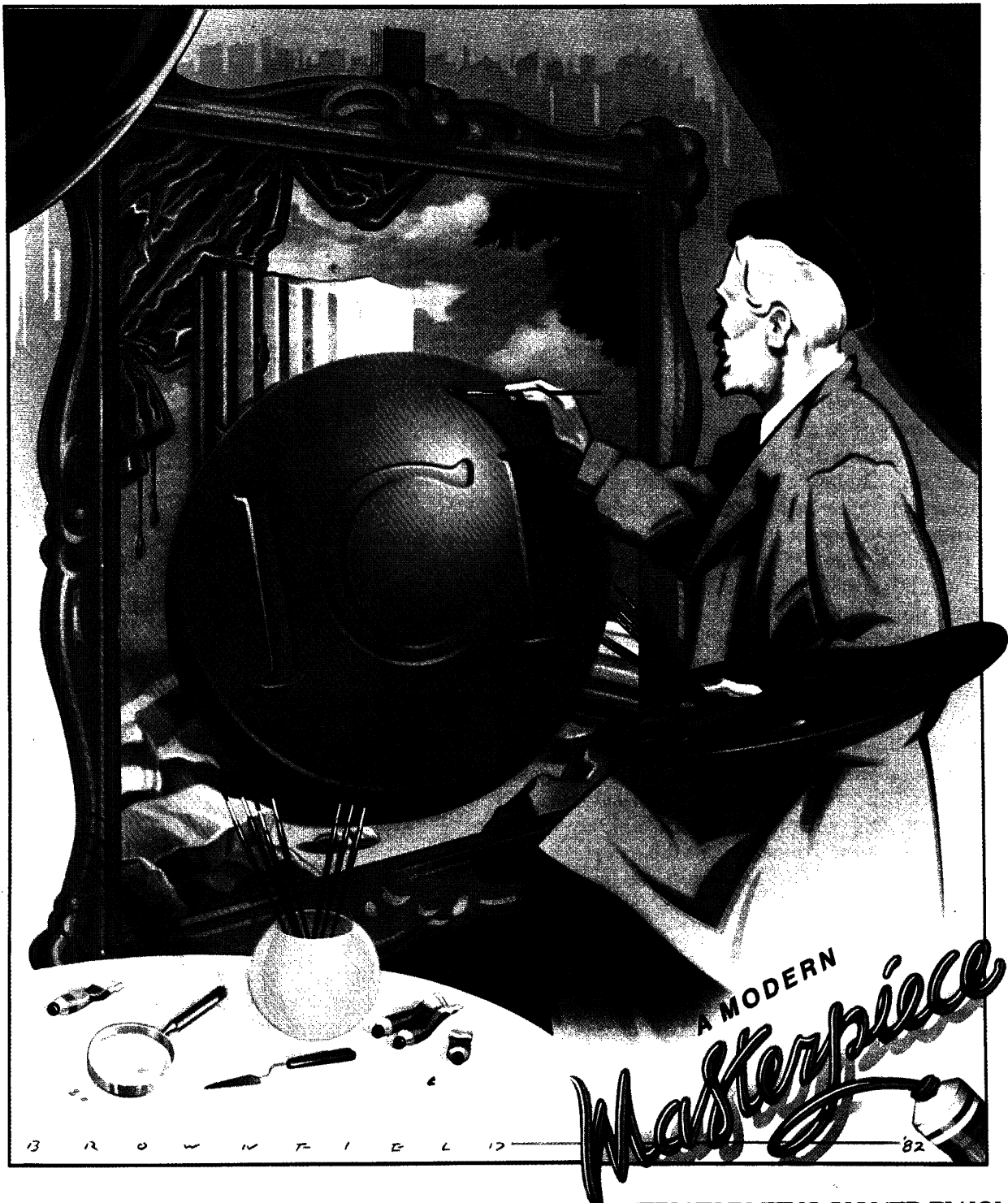
Severe osteoarthritic pain

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.

EVERY ORIGINAL IS SIGNED



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

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

ABRIDGED PRESCRIBING INFORMATION: **DOSAGE. HYPERTENSION:** 80MG B.D., INCREASING WEEKLY. USUAL RANGE 160-320MG DAILY. **ANGINA:** 40MG B.D. OR T.I.D., INCREASING WEEKLY. USUAL RANGE 120-240MG DAILY. **CONTRAINDICATIONS:** 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. ***

"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

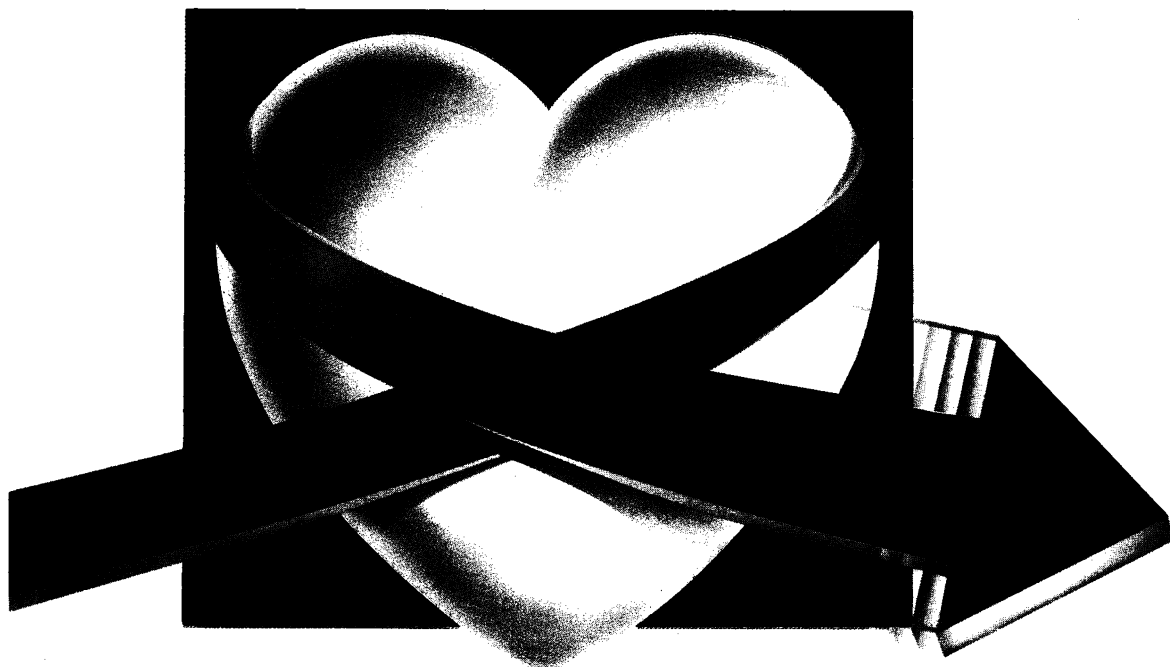
mianserin hydrochloride

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

An important additional benefit for Hypovase*



...restoring the plasma lipid ratio.

Hypovase, the booster anti-hypertensive to first line therapy has now been shown to have an additional beneficial property... the restoration of the plasma lipid ratio.¹

This is important because the use of first line anti-hypertensives such as β -blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD)²⁻⁵

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been

offset by their effect on another major risk factor – the plasma lipid ratio (HDL: LDL+VLDL)⁶⁻⁹

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase*

prazosin HCl

**boosts anti-hypertensive action,
restores the plasma lipid ratio.**

Prescribing information:

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

Contra-indications: sensitivity to Hypovase.

Precautions: A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this had 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 8 x 0.5mg Hypovase tablets and 32 x 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.

REFERENCES: 1. Leren, P., Eide, I., Foss, O. P., Helgeland, A.,

Hjermann, I., Holme, I., Kjeldsen, S. E., The Oslo Study, Lancet, July 5th, 1980; 2: 4-6.

2. Medical Research Council Working Party, Lancet 1981, II, 539-543.

3. Veterans Administration Co-operative Study Group, JAMA, 1970; 213: 1143-1152.

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Detection and Follow-up programme Co-operative

group, JAMA, 1979; 242: 2560-2577.

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mittee, Lancet, 1980, I, 1261-1267.

6. Johnson, B. F., Journal of Cardiovascular Pharmacology, 1982; 4,

Suppl. 2: S213-221.

7. Kaplan, N. M., Journal of Cardio-

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8. Oliver, M. F., New England Journal of Medicine 1982; 306,

No. 5: 297-298.

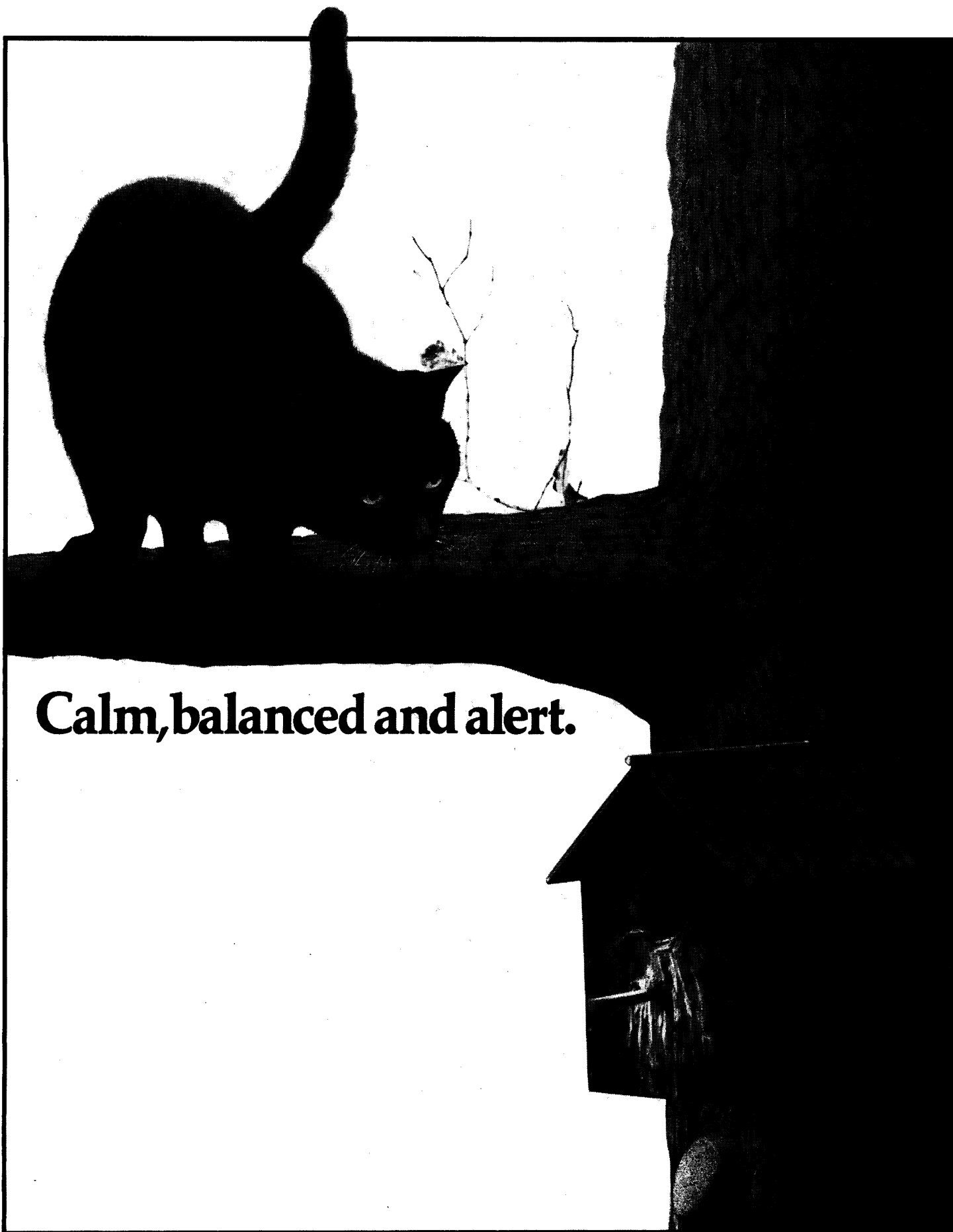
9. Lowenstein, J., Neusy, A. J., Journal of Cardiovascular Pharmacology, 1982; 4, Suppl.

2: S262-264.

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

* Trade Mark





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.

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1982

Our 1982 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training.

Below is a full list of all the programmes now available, listed by short titles and programme number. If you need any more information, about duration, price or content, please send for our catalogue. All programmes are on videocassette unless marked T/S, meaning tape/slide.

Chronic Disease

- 102 Asthma T/S
- 103 Bronchitis T/S
- 104 Hypertension T/S
- 105 Arthritis

Real Consultation Recordings

- 201/3 Contraception
- 201/5 Prevention Opportunities
- 201/6 Consultation Selection A
- 201/7 Consultation Selection B
- 201/8 Doctor at Work: Paul Freeling
- 201/9 Doctor at Work: Marshall Marinker
- 201/10 Consultation Selection C
- 205 Five Minutes for the Patient

Structured Programmes

- 202 Consulting in General Practice (4 programmes)
- 204 A Doctor Of My Own (terminal care)
- 206 The Depressed Patient

Dramatized Material

- 301 John Drew (myocardial infarction)

- 302 Gordon Hill (angry patient with backache)
- 303 Beryl Martin (menopause)
- 304 Dorothy Parsons (terminal care)
- 305 Darren Cooper (child, query over small stature)
- 306 The Problem Drinker

Practice Organization

- 402 Any Complaints? (Service Committee) T/S
- 403 Choose Your Partners (assessing a practice) T/S
- 404 Situation Vacant (hiring a receptionist) T/S
- 405 Audit in General Practice
- 406 Safer Prescribing T/S
- 407 Mind Your Own Business
- 408 Medical Records
- 409 Major Disease (The Health Care Team)

Child Care

- 501 Upper Respiratory Tract Infection T/S
- 502 Immunization in Childhood T/S
- 503 Child Health Surveillance

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 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 SOUGHT IN SOMERSET

Vocationally trained MRCGP with West Country roots seeks partnership within 10 miles of Yeovil. I am under 30, married with two children and settled in the area. CV from: **Richard Roberts, MRCGP, DRCOG, 8 Mill Close, East Coker, Yeovil, Soms.**

COURSES FOR GENERAL PRACTITIONERS

The British Postgraduate Medical Federation has now published its booklet of Courses for General Practitioners for the period September–December 1982. These programmes will be distributed automatically to general practitioners in the National Health Service in the four Thames Regional Health Authorities through their local Family Practitioner Committees.

Any other general practitioners wishing to receive a copy of this programme should send a stamped addressed foolscap envelope to: **The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Deans' Office, 14 Ulster Place, London NW1 5HD.**

CRIPPS POSTGRADUATE MEDICAL CENTRE NORTHAMPTON GENERAL HOSPITAL

COURSE ON THE CLINICAL BACKGROUND OF GENERAL PRACTICE

A residential course for general practitioners will be held at the Cripps Postgraduate Centre, Northampton, from 1 to 5 November 1982. Section 63 approval has been requested.

The provisional programme includes the following:

Clinical. Indigestion, irritable bowel syndrome, prostatic disease, thyroid disease, skin disease in general practice, diseases of the hip, lymphoproliferative disease, haematology in general practice, demonstration of surgical cases, medical clinical meeting.

General. Screening in the newborn and childhood, the problems of old age, alcoholism, industrial medicine.

Social. The course dinner, a visit to the Shakespeare Theatre, Stratford-upon-Avon. Sporting facilities, squash, swimming, etc.

If you are interested, please contact **Mrs Vera Benstead, Administrator, Cripps Postgraduate Medical Centre, General Hospital, Northampton NN1 5BD (tel: Northampton (0604) 34700, ext. 2362).**

GENERAL PRACTITIONER— MEDICAL SPECIALIST FOR OIL COMPANY HOSPITAL IN KUWAIT

The successful candidate will join the five-member general medical team in a well-equipped 200-bed hospital, which supplies the full range of health care. He will lead a team of 12 general practitioners working within the hospital, and his task involves education and supervision of the team. His status and licensing will permit and involve full use of all the inpatient facilities and he will be in constant close touch with other colleagues in all specialties within the hospital. This is therefore an outstanding opportunity for a general practitioner aiming for free access to beds and other inpatient facilities in a major hospital.

A tax-free salary in excess of £20,000 is offered and there are generous fringe benefits including free car, heavily subsidised housing, assistance with school fees and air tickets for holidays.

Candidates should ideally have their MRCGP and have held the MRCP for over four years.

Applications, including CV, should be sent to: **The Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.**

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.

PASTEST

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

THE BRITISH SOCIETY OF EXPERIMENTAL AND CLINICAL HYPNOSIS

The BSECH is an organization for medical doctors, dentists and psychologists interested in research, theory and clinical applications of hypnosis. The annual fee of £8.50 includes newsletters, members' directory and annual bulletin. Basic and advanced training workshops are held throughout the country. Current bulletin (£3) and membership details are available from: **Dr Michael Heap, Psychology Service, St Augustine's Hospital, Chartham, Nr Canterbury, Kent.**

ORIENTATION SEMINAR

The North-East London Faculty of the Royal College of General Practitioners are holding an Orientation Seminar for the MRCGP examination on the 7 and 8 October 1982 at the North Middlesex Hospital Academic Centre. The Course Tutors are all examiners.

Recent trainees or established GPs welcome. Further details from: **The Postgraduate Secretary, North Middlesex Hospital Academic Centre, Sterling Way, Edmonton, London N18 1QX.**

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS CARE OF THE ELDERLY

A three-day course will be held on September 29, 30 and October 1 at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

The course will aim at a practical approach towards the management of the elderly in general practice. Particular attention will be paid to diagnosis, treatment, practice organization and use of support services. Approval under Section 63 is being sought. The course will be evaluated for its effectiveness.

The course organizers are Dr Norman How and Dr Robert Bethel.

For further details please write to: **Mrs N. Wimbledon, Educational Research Project Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.**

FACULTY VACANCIES IN COMMUNITY MEDICINE

**COLLEGE OF MEDICINE
KING FAISAL UNIVERSITY
DAMMAM, SAUDI ARABIA**



For the following areas:

**PRIMARY HEALTH CARE/FAMILY MEDICINE
BIOSTATISTICS AND HEALTH STATISTICS
COMMUNITY MEDICINE—GENERAL**

Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfactions will derive from being part of an innovative and exciting teaching service programme vertically integrated from undergraduate through vocational training.

Prerequisites: Applicants must be Members or Fellows of one of the Royal Colleges of General Practice or have American Boards of Family Practice or the equivalent. Medical qualifications are not essential for those applying in the fields of Biostatistics and Health Statistics. Teaching experience is required.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, a 60-day vacation with pay, generous overweight allowance and educational allowance for children. No Saudi tax.

Please send curriculum vitae with current telephone number and the names and address of three referees to: **Dr Tawfik Tamimi, Dean, College of Medicine and Medical Sciences**

c/o US Recruiting Office	or	c/o UK Recruiting Office
King Faisal University		King Faisal University
2425 West Loop South, Ste. 540		29 Belgrave Square
Houston, Texas 77027		London SW1X 8QB
USA		

FOURTH NATIONAL TRAINEE CONFERENCE REPORT, RECOMMENDATIONS AND QUESTIONNAIRE

Occasional Paper 18

How much teaching do vocational trainees really get? What do they think about their trainers and how easily can they talk to them? This *Occasional Paper* reports on the proceedings of the Fourth National Trainee Conference held at Exeter in July 1980 and analyses the results of a questionnaire which was returned by 1,680 trainees throughout the country. This is the most detailed information so far published about the opinions of trainees, and from them a new 'value for money' index has been derived, based on sophisticated statistical analysis, which now makes it possible for the first time to rate a general practitioner trainer.

Fourth National Trainee Conference, Occasional Paper 18, is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.75 including postage. Payment should be made with order.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Exeter Health Authority/ University of Exeter

Applications are now invited for four places starting on 1 August 1983 for the vocational training scheme of the Department of General

Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes available are:

A General practice (two months)
Accident and emergency (three months)
ENT (three months)
Gynaecology (three months)
Ophthalmology (three months)
Paediatrics (six months)
Psychiatry (six months)
General practice (ten months)

B General practice (two months)
ENT (three months)
Gynaecology (three months)
Ophthalmology (three months)
Accident and emergency (three months)
Psychiatry (six months)
Paediatrics (six months)
General practice (ten months)

C General practice (two months)
Gynaecology (three months)
Ophthalmology (three months)
Accident and emergency (three months)
ENT (three months)
Geriatrics (six months)
Obstetrics (six months)
General practice (ten months)

D General practice (two months)
Ophthalmology (three months)
Accident and emergency (three months)
ENT (three months)
Gynaecology (three months)
Obstetrics (six months)
Geriatrics (six months)
General practice (ten months)

Due to changes in the hospital rotation, it will be necessary for all trainees to do one extra month in a particular hospital post. This means that the course will be three years and one month.

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work, and several articles have already been published by Exeter trainees.

The Marwood prize and the Syntex award are open to Exeter trainees annually.

The Department's prospectus is available on

request and the principles underlying the teaching have been published as *Occasional Paper 4—A System of Training for General Practice* (available from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU). The department's practice management course has been expanded into a book, *Running a Practice*, published by Croom Helm, London. This is the only university department of general practice in a Postgraduate Medical School in the British Isles.

Application forms can be obtained by writing to **Dr D. M. P. Dwyer, FDS, MRCGP, Course Organizer, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW**. The closing date for applications is 30 September 1982.



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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



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