The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam. And its direct, one step metabolism makes it useful even in patients with impaired liver function.

1. Wyeth Laboratories
2. Wyeth Laboratories, Inc.
Anxiety is a perfectly normal response to stress but there are times when it gets out of hand and becomes mentally and physically disabling.

Then, a short course of drug treatment is required to help the patient to cope. New LEXOTAN is a good choice for the short-term treatment of anxiety states offering as it does advantages over its predecessor, diazepam.

LEXOTAN combines the effectiveness of diazepam with less sedation and better patient compliance.

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1. Royal College of General Practitioners' study, data on file, Roche Products Limited.

WHEN ANXIETY GETS OUT OF PROPORTION

NEW

LEXOTAN

bromazepam

CUTS IT DOWN TO SIZE

Prescribing Information
Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation.

Dosage Dosage should be determined on an individual basis. Some patients may respond to doses as low as 1.5 mg three times daily. Usual dose for mild to moderate anxiety is 5 mg to 10 mg three times daily. Elderly patients are more sensitive to the actions of Lexotan. The safety of Lexotan for use in the elderly has not been established and therefore its use should be avoided. Contra-indications Patients with known sensitivity to benzodiazepines, severe pulmonary insufficiency, respiratory depression. Precautions Use during pregnancy and lactation should be avoided. Patients should be advised to avoid alcohol whilst under treatment with Lexotan. Patients' reactions, e.g. driving ability, may be modified. Sedative effects of other centrally-acting drugs may be intensified. The use of high doses of benzodiazepines, especially over prolonged periods, can sometimes lead to dependence, particularly in patients with a history of alcoholism or drug abuse. Treatment in these cases should be withdrawn gradually. Side-effects Drowsiness, sedation, unsteadiness and ataxia may occur. They usually disappear after the first few days of treatment or with reduction of dosage. Presentation Pink, hexagonal tablets containing 2.5 mg of bromazepam in packings of 100 and 500. Basic NHS Cost 2.5 mg three times daily. 15p per day. 650 pack. Product licence number 0631/0128

Roche Products Limited. PO Box 8, Welwyn Garden City. Hertfordshire AL7 3AY.
Photographic evidence Using autoradiographical techniques it has been shown that Vibramycin penetrates bronchial pathogens in just one day.

A specimen of bronchial tissue was taken one day after starting treatment with Vibramycin. The slide below shows the presence of Vibramycin in a Haemophilus influenzae cell taken from this tissue.

Clinical success The recent evidence correlates well with Vibramycin’s clinical success in chronic bronchitis... "79% of the infections treated with doxycycline (Vibramycin) were rated by the investigator to have responded with marked to moderate improvement." 2

VIBRAMYCIN* PENETRATES doxycycline BRONCHIAL PATHOGENS IN ONE DAY.1

Electron micrograph (coloured through image tone enhancement technique)
ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal' - in the form of 'Inderal' LA, with one of the world's most widely used diuretics, bendroflumazide.

'Inderex', the next logical step in the treatment of hypertension.
The fast, simple and promote peptic
specific way to ulcer healing

80% ulcers healed in one month
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 $H_2$ blockade
Zantac treatment has not been shown to affect the central nervous system to exert anti-muscarinic, sedative or to cause drug interaction.

Zantac
RANITIDINE

A British advance from Glaxo
Tricyclics are extremely dangerous drugs when taken in overdose


**Prescribing Information**

**Indications**
Symptoms of depressive illness.

**Adult Dosage**
For the first few days, 30-40mg/day as a single bedtime dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day.

**Elderly**
Initially no more than 30mg a day; thereafter increase with caution under close supervision.

**Pregnancy**
Do not use unless there are compelling reasons.

**Contra-indications**
Mania; severe liver disease; during breast feeding.

**Precautions**
Monitor patients carefully during first 1-4 weeks of anti-depressant therapy. Avoid, if possible, in patients with epilepsy. Monitor patients on concurrent antihypertensive therapy, phenytoin or anticoagulants. Do not use with, or until 2 weeks after cessation of, MAOI therapy. Norval may potentiate the central nervous depressant action of alcohol. Care should always be exercised when treating the following: the elderly; suicidal patients; patients with diabetes, hepatic or renal insufficiency, recent or acute myocardial disease. Monitor patients with narrow angle glaucoma or symptoms suggestive of prostatic hypertrophy, even though anticholinergic side-effects are not anticipated with Norval therapy.

**Side-effects**
Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms of infection, treatment must be stopped and a full blood count obtained. Jaundice (usually mild), hypomania and convulsions have been reported; discontinuation treatment under such circumstances. Breast disorders (gynaecomastia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension, polyarthropathy, skin rash, sweating and tinnitus may also occur.

**Overdose**
There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally confined to prolonged sedation. Cardiac arrhythmias, severe hypotension, convulsions and respiratory depression are unlikely to occur.

**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**

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions and 400 deaths 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? 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.

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

Further information is available from Bencard, Brentford, Middlesex TW8 9BD.

Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.
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 12.5mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 25mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 50mg 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 IS2191/382
A fresh approach to peptic ulcers

New non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, bevelled, uncoated tablets scored and embossed '1' on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration. Adults - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. For up to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required.

*ANTEPSIN is a registered Trade Mark.

for relief of pain. Contra-Indications, Precautions, Warnings, etc. Contra-Indications There are no known contra-indications. Precautions 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. Side Effects A low incidence of mild side effects, e.g. constipation, has been reported. Legal Category POM. Package Quantities Antepsin 1 gram - Securitainers of 100. Pharmaceutical Precautions No special further information is available on request to the Company.

requirements for storage are necessary. Product Licence Numbers PL No. 062707/045 PA No. 14/64/2 Basic N.H.S. Price Average daily cost 50p

Ayerst
International

Ayerst Laboratories Ltd.,
South Way, Andover, Hampshire SP10 5LT
Telephone: 0264 58711

Distributors in Ireland: Ayerst Laboratories Ltd.,
765 South Circular Road, Islandbridge, Dublin 8.
Everyday chest infections deserve Augmentin because of its...

Superior spectrum of activity
Other oral antibacterials - including tetracycline, amoxycillin, erythromycin, co-trimoxazole and cephalosporin - cannot match the consistent and reliable activity of Augmentin against the common (and many of the not so common) respiratory pathogens.

Excellent absorption, rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.

Consistently reliable tissue levels
When Augmentin is administered, consistently high levels of active antibiotic are maintained in the sputum and tissues throughout a course of treatment, since Augmentin is unaffected by bacterial enzymes which can inactivate other penicillins and cephalosporins at the site of infection.

Safety and tolerance
Augmentin is well tolerated as would be expected from a penicillin based therapy.

These are all good reasons why Augmentin is so appropriate for the range of chest infections which you will deal with everyday.

Prescribing Information
Uses Respiratory tract, genito-urinary tract, skin and soft tissue infections. Dosage Adults and children over 12 years of age: One Augmentin or Augmentin Dispersible Tablets (150mg) three times a day. In severe infections dosage may be doubled. Treatment with Augmentin should not be continued beyond 4 days unless reviewed. For use in younger children see data sheet. Contraindications: Penicillin hypersensitivity. Precautions: Safety in human pregnancy has not been established; although high dose animal studies show no teratogenicity. Dose need not be reduced in patients with renal impairment, unless the condition is severe enough to require diachesis. Side-effects As with other penicillins, these are uncommon and mainly of a mild and transitory nature, and include diarrhoea, indigestion, nausea, vomiting and urticaria. If gastrointestinal side-effects occur they may be reduced by taking Augmentin at the start of meals. Erythema and urticarial rash sometimes occur but their incidence has been particularly low in the elderly. Tolerance should be discontinued if either type of rash appears. Availability andPack (Prescribe correct at time of printing). Augmentin Tablets and Augmentin Dispersible Tablets contain co-Trimoxazole (equivalent to 125mg trimethoprim) with penicillin (equivalent to 30mg amoxicillin).

References

Beecham Research Laboratories
Bracknell, England.

AUGMENTIN clavulanate-potentiated amoxycillin
WORKING QUICKLY, EFFECTIVELY, EVERYDAY.
Calm, balanced and alert.

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Backed by 25 years' clinical experience. Calms the mind and the stomach. Restores balance.
Effective in acute as well as chronic conditions

Recent clinical studies\(^1\)\(^-\)\(^4\) show Feldene is effective in acute musculoskeletal disorders.

A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

Feldene\(*\)

piroxicam

*Trade Mark

Continuous relief with a single daily dose

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**Indications:**
- Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.

**Contraindications:**
- Patients with active peptic ulceration or a history of recurrent ulceration.

**Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

**Warnings:**
- The safety of Feldene used during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have also not yet been established.

**Side Effects:**
- Feldene is generally well tolerated. Gastrointestinal symptoms are the most common if peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients, the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported.

**Dosage:**
- In rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 1-6 days with 40 mg daily in single or divided doses. Feldene is not indicated for long-term management of gout.
- In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

**Basic NHS Cost:**
- capsules 16 mg coded FEL 10. pack of 60 £6.99 (PL 00377/415). Full information on request.

**References:**
There is no substitute for experience.

Specify

Diabinese

brand of chlorpropamide

The original chlorpropamide for maturity onset diabetes.

INDICATIONS: maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. CONTRA-INDICATIONS: pregnancy; impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, surgery, infection, severe trauma.

PRECAUTIONS: care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly with Diabinese. ADVERSE REACTIONS: mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. DOSAGE: range 100 mg to 500 mg daily. Mild to moderately severe, middle-aged stable diabetic patients should be started on 250 mg daily. Subsequent dosage may be adjusted upwards and downwards by 50 mg to 125 mg at intervals of 3 to 5 days to obtain optimal control. Geriatric patients should be started on 100 mg daily. BASIC N.H.S. COST: 100 mg tabs (Prod. Lic. No. 0057/5015), pack of 100, £3.04; 250 mg tabs (Prod. Lic. No. 0057/5016), pack of 100, £6.68. Further information available on request to the Company.
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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. They include:

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Major Disease in the Home: The Role of the Primary Health Care Team

Most MSD Foundation programmes are aimed specifically at the general practitioner. This videocassette can also be used with small groups of general practitioners but it has an additional target audience—the other members of the practice team.

The programme is designed to help a group become aware of the ways in which teamwork in a practice can help manage patients at home who might otherwise have to be sent to hospital.

Four case studies of patients with major disease are presented for the group to discuss. They involve: an elderly patient with a colostomy; a child with leukaemia; a woman with multiple sclerosis; and a middle-aged woman suffering from the effects of a stroke. All of these cases are placed in the context of a family situation in which the illness of the patient has repercussions for the other members of the family.

The programme finishes with a primary health care team discussing one of the cases in detail.

---

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 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.

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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 TEP 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.

GRAMPIAN HEALTH BOARD—SOUTH DISTRICT
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VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications for 12 places in this approved three-year scheme are invited from medical graduates who wish to train for a career in general practice and who are fully registered on 1 August 1983.

Trainees will spend the first two years in hospital service posts at senior house officer grade. These posts include experience in accident and emergency, dermatology, ENT, ophthalmology, paediatrics, obstetrics and gynaecology. During the obstetric training the doctor would be expected to live in, and would also be required to live in during on-call periods in accident and emergency, paediatrics and gynaecology. In the second year an elective period of three months is available for each trainee to spend in a hospital department of his or her own choice.

The third year will be spent mainly as an assistant in a local training practice from which one day per week release will be arranged for day-release teaching.

Doctors completing the three-year training programme in Aberdeen will be eligible to sit the examination of the Royal College of General Practitioners.

Those wishing to be considered for the intake on 1 August 1983 should complete and return by 31 January 1983 an application form obtainable from The Specialist in Community Medicine, Grampian Health Board, South District, Foresthill House, Ashgrove Road West, Aberdeen AB9 8AQ.

Details of the training schedule will be sent out with the application form, but any additional enquiries about the scheme may be addressed to Dr Denis Durno, Regional Adviser in General Practice, Department of General Practice, Foresthill Health Centre, Westburn Road, Aberdeen AB9 2AY.

THE UNIVERSITY OF LIVERPOOL

‘NUTS AND BOLTS’

This course will give a basic introduction to teaching for the general practitioner trainer. It is suitable for trainers and would-be trainers who wish to learn about the aims, methods and assessment of teaching in general practice.

The course, which is approved under Section 63, is residential and will be held in the University Halls of Residence, Liverpool, from Sunday, 20 March to Friday, 25 March 1983.

Closing date for applications is Friday, 28 January 1983. (In view of the fact that the course is likely to be oversubscribed, early application is advisable.)

Application form and full details may be obtained from Dr J. S. Bamforth, Course Organizer, The Postgraduate Office, Faculty of Medicine, The University, P.O. Box 147, Liverpool L69 3BX. Tel: 051-709 3114, or 709 0141 Ext. 2747.
THE MEASUREMENT OF THE QUALITY OF GENERAL PRACTITIONER CARE
Occasional Paper 15

The race to measure the quality of care in general practice is on, and the promotion of quality is one of the main objectives of the Royal College of General Practitioners. Nevertheless, for many years the identification of criteria of quality has proved elusive.

Occasional Paper 15 is a detailed review of the literature by one of the senior lecturers in general practice at St Thomas’ Hospital Medical School, Dr C. J. Wilkins, and forms part of the work for which he was subsequently awarded a Ph.D. It is therefore essential reading for those who are studying this fascinating subject.

The Measurement of the Quality of General Practitioner Care, Occasional Paper 15, is available now from the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, price £3.00 including postage. Payment should be made with order.

A SURVEY OF PRIMARY CARE IN LONDON
Occasional Paper 16

General practice in inner cities has emerged as a topic of immense concern to patients, the profession and government but, although there are many anecdotes, prejudices and rumours, hitherto there has been a great shortage of facts.

A Survey of Primary Care in London, Occasional Paper 16, is the report of a working party led by Dr Brian Jarman, which gives more facts than have ever been assembled before about the medical problems in London and the characteristics of the doctors who work there. A particularly valuable feature is the number of comparisons with Outer London and England and Wales.

This is likely to become a classic reference for all those interested in the problems of primary care in big cities.

A Survey of Primary Care in London, Occasional Paper 16, is available now, price £4.00 including postage, from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.
OPTIMAL ANTI-HYPERTENSIVE THERAPY

'...the greater the reduction in blood-pressure...the greater was
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Studies show that 9 out of 10 mild to
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PRESTIM is a simple once-a-day therapy
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PRESTIM

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REFERENCES
1. Spira, M.,
2. Karatzas, N.B. et al.,
3. Castefors, H.,

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