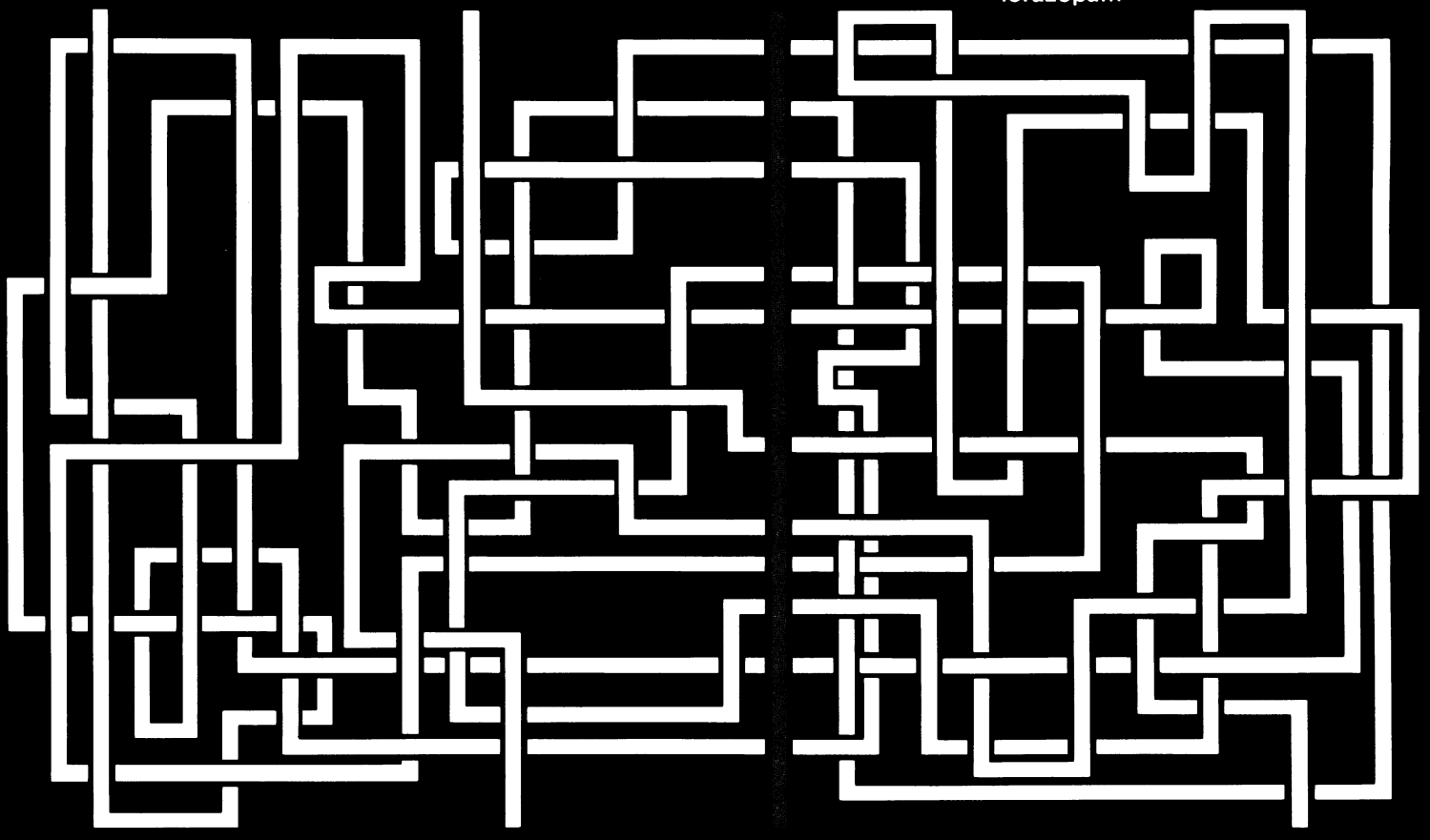
lorazepam



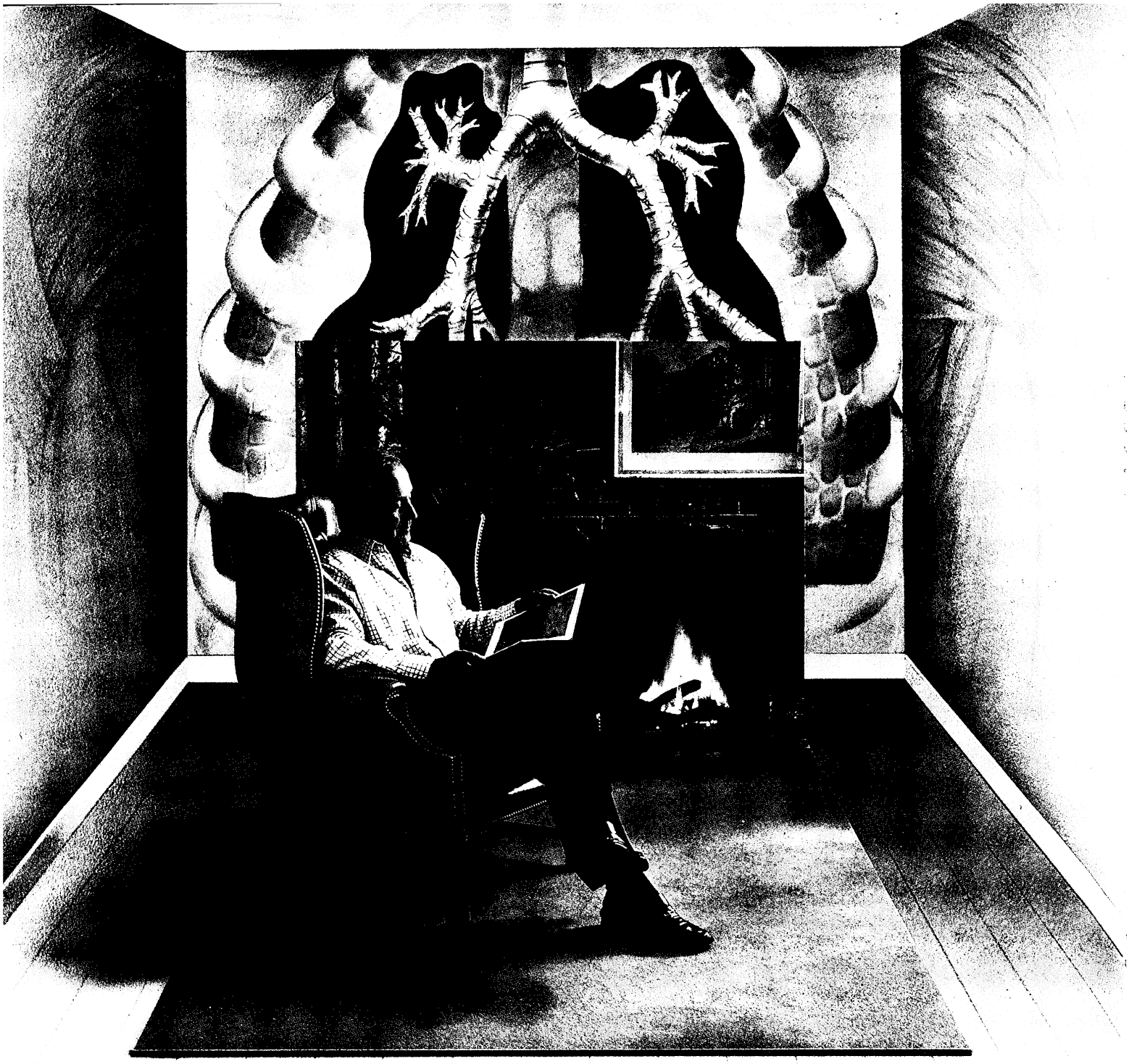
The simple solution to the complicated problem of treating anxiety

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[1]. And its direct, one step metabolism makes it useful even in patients with impaired liver function.[2]

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. This product should be used with caution in patients with impairment of renal or hepatic function. 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. Nanivadekar, A.S. *et al.*, *Curr. Ther. Res.*, 1973, **15**, 500. 2. Wilkinson, G.R. *Acta. Psych. Scand. Suppl.*, 1978, **274**, 56.

Wyeth

*trade marks AT/J/38/1182



Septrin Assurance

Prescribing Information

Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP.

Basic NHS cost £1.47 for 10. PL3/0121.

Septrin* Forte 1b.d.

co-trimoxazole

Further information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire

Wellcome

*Trade Mark

In hypertension

TENORMIN

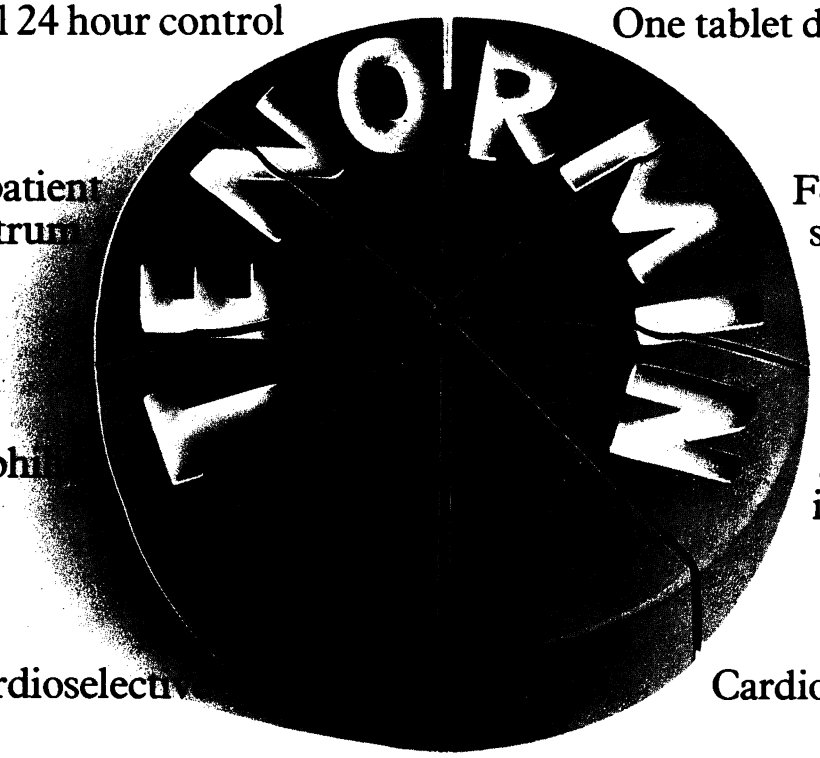
Atenolol 100mg

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

Hydrophi

Possible advantages in smokers

Cardioselecti

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.

A fresh approach to peptic ulcers

Antepsin®
sucralfate

New non-systemic ulcer healer

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 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. Four 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 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 requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p

®ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

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.

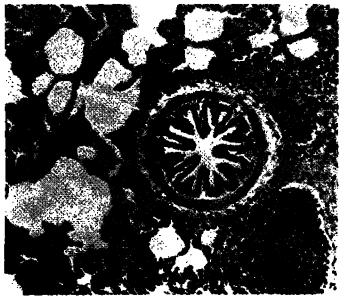
3 levels of manag with Ventolin

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.

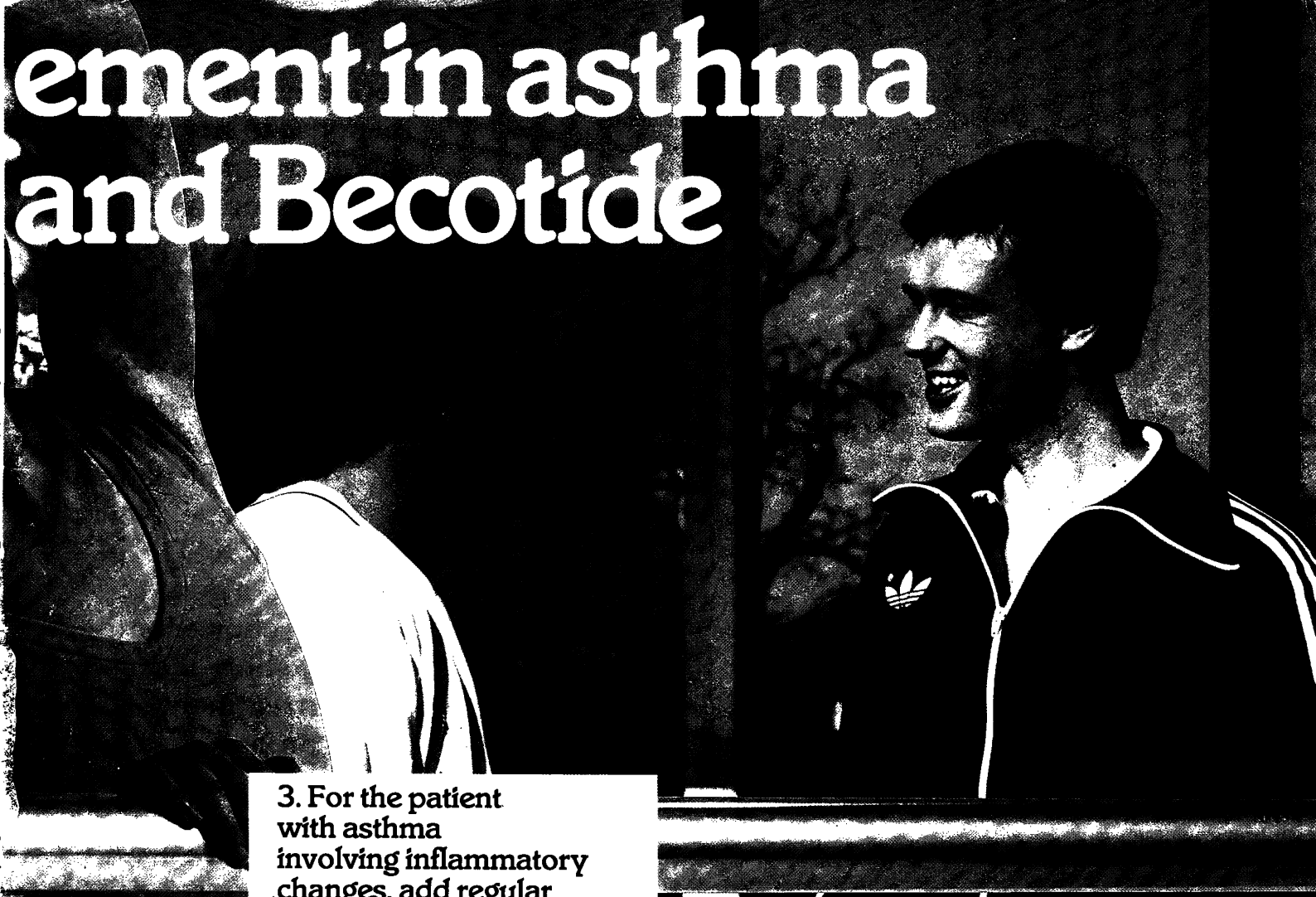


Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

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 Rotahaler – Adults:* one Ventolin Rotacap 200 mcg or 400 mcg. *Children:* one Ventolin Rotacap 200 mcg. 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 400 mcg three or four times a day. *Children:* one Ventolin Rotacap 200 mcg 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. **Presentation and Basic NHS cost** Ventolin Inhaler is a metered-dose aerosol delivering 100 mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3·00. Ventolin Rotacaps 200 mcg and 400 mcg, 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 200 mcg 0045/0116. Ventolin Rotacaps 400 mcg 0045/0117.

Further information on Becotide and Ventolin is available from: Allen & Hanburys Limited, Greenford Middlesex UB6 0HB

ement in asthma and Becotide

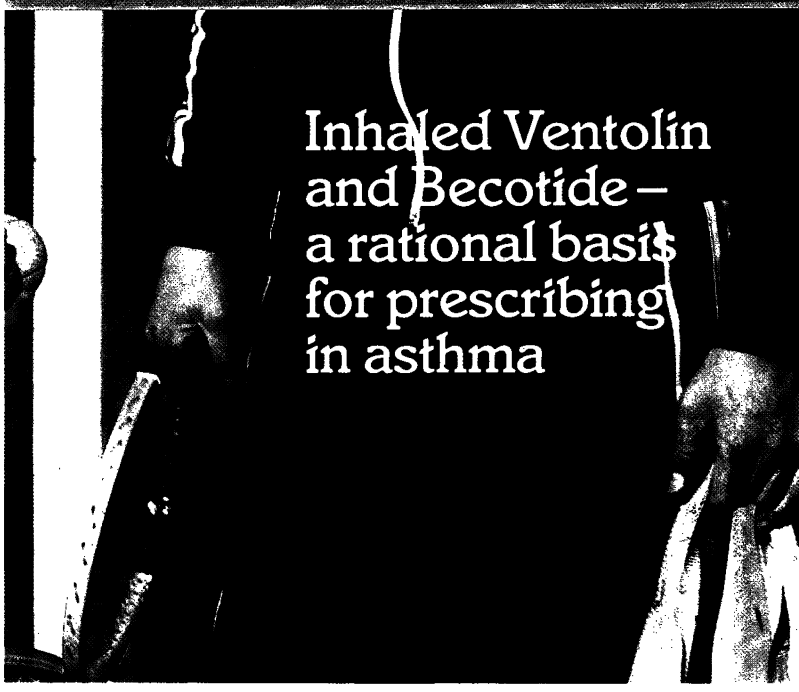


3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

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.

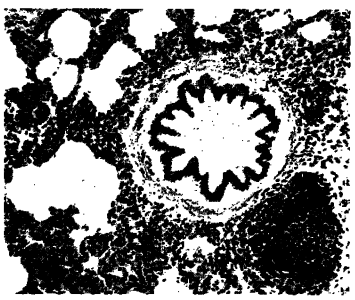
The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.



Inhaled Ventolin and Becotide – a rational basis for prescribing in asthma

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 200 mcg Becotide Rotacap three or four times a day is the usual maintenance dose. *Children:* one 100 mcg 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 1 mg. Inadequate response after the first week of inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid in relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheets for Becotide Inhaler and Becotide Rotacaps. **Side effects** Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of *Candida precipitins*. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide. **Presentation and Basic NHS cost** Becotide Inhaler is a metered-dose aerosol delivering 50 mcg Beclomethasone Dipropionate BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £4·77. Becotide Rotacaps 100 mcg and 200 mcg, 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 100 mcg 0045/0119. Becotide Rotacaps 200 mcg 0045/0120.

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



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.[1]

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

ROCHE

Lexotan is a trade mark

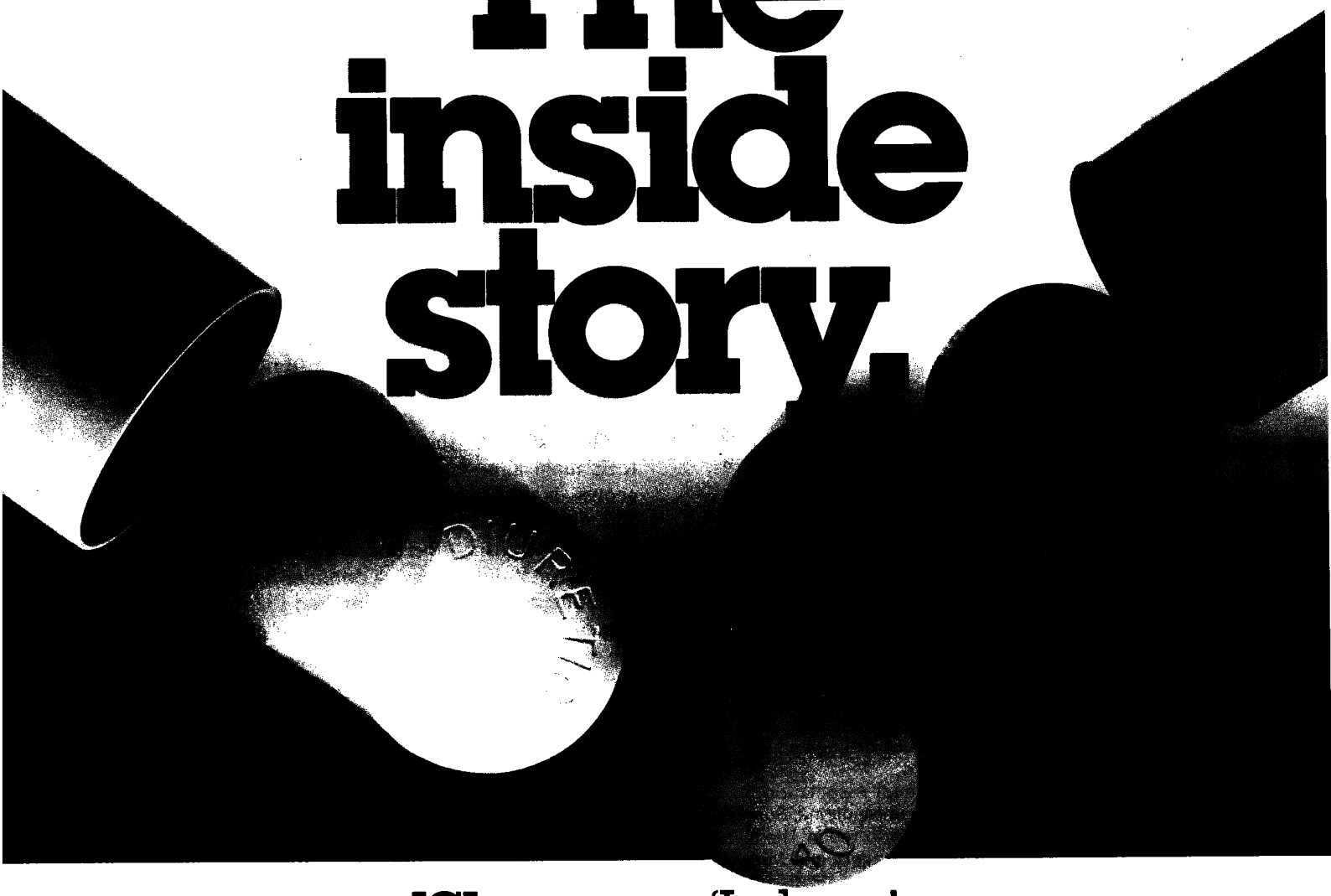
Prescribing Information

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 1.5mg three times daily. Usual dose for mild to moderate anxiety is 3mg to 6mg 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; acute 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 3mg of bromazepam in packings of 100 and 500. **Basic NHS Cost** 3mg three times daily 15p per day ex 500 pack **Product licence number** 0031/0128

Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY.

1383098 982

The inside story.



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, bendrofluazide.

'Inderex', the next logical step in the treatment of hypertension.

INDEREX

Propranolol Hydrochloride in long-acting formulation and Bendrofluazide.

The next logical step

'Inderex': abridged prescribing information. **Dosage** One capsule daily in hypertension. **Contraindications** Heart block. Bronchospasm. Anuria, renal failure or thiazide sensitivity. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Diabetes. Hepatic cirrhosis with ascites. Discontinuance of clonidine. Anaesthesia. Pregnancy. **Adverse Reactions. Propranolol Hydrochloride:** 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. Cessation of beta-blocker therapy should be gradual. **Bendrofluazide:** Hypokalaemia. Hyperuricaemia. Rare reports of rashes, necrotising vasculitis, acute pancreatitis, blood dyscrasias and aggravation of pre-existing myopia. **Overdosage** see data sheet. **Basic NHS cost** 28 day calender pack £8.12. PL No. 0029/0187. 'Inderex' is a trademark for propranolol hydrochloride in a long-acting formulation, and bendrofluazide. Full prescribing information is available from Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.

"Tricyclics are extremely dangerous drugs when taken in overdose"

Hollister, L. E., (1981), Drugs, **22**, 129-152.

PRESCRIBING INFORMATION

Indications
Symptoms of depressive illness.

Adult Dosage
For the first few days, 30-40mg/day as a single bed-time 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 2-4 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.

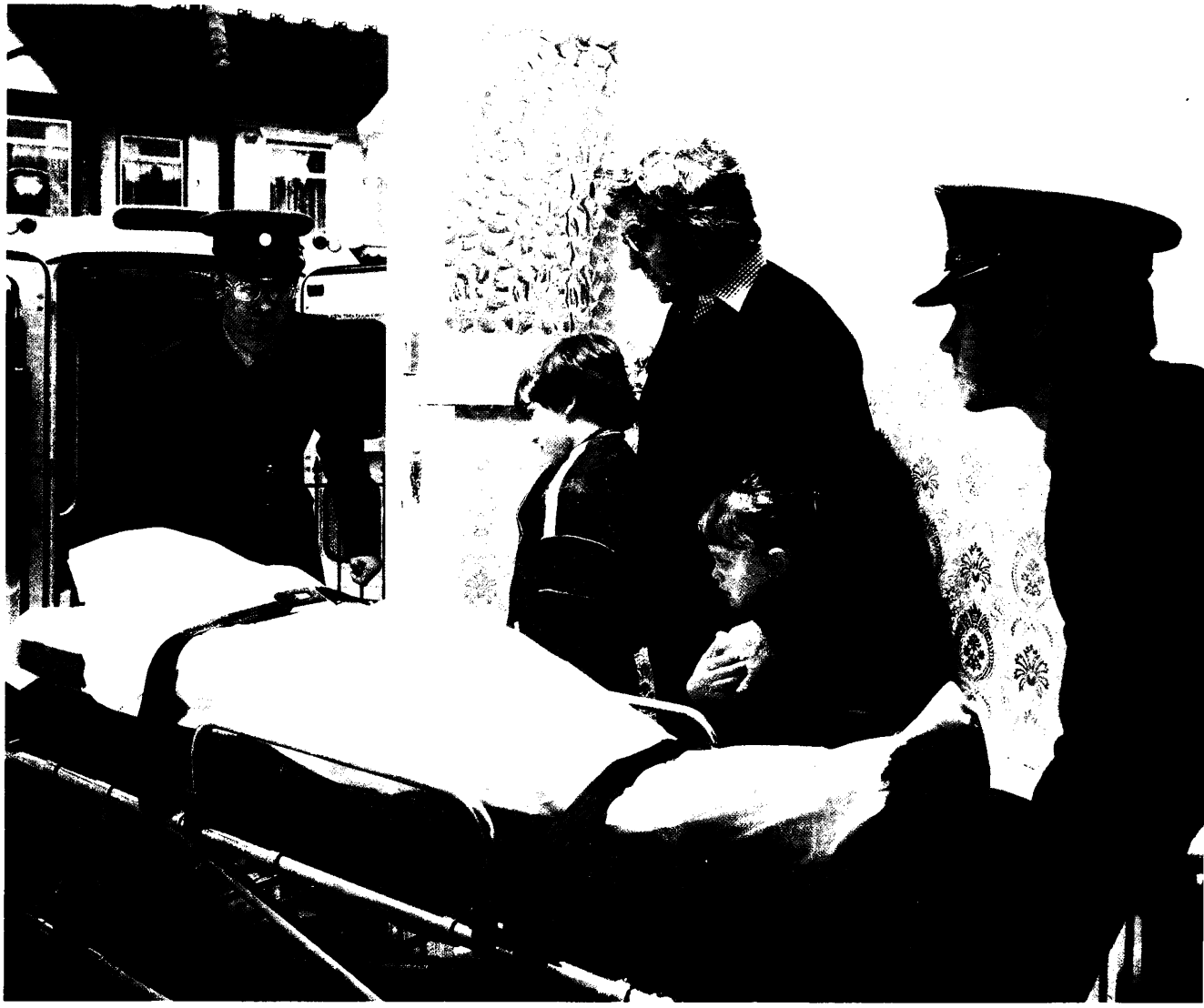
Side-effects
Drowsiness may occur initially; alcohol and activities which demand constant alertness should be avoided. Serious adverse effects are uncommon. A small number of cases of bone marrow depression, generally reversible on stopping treatment, have been reported; if a patient develops symptoms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

Overdosage
There is no specific antidote. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdosage 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

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 admissions*[1] and *400 deaths*[2] per annum–a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.[3] In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval

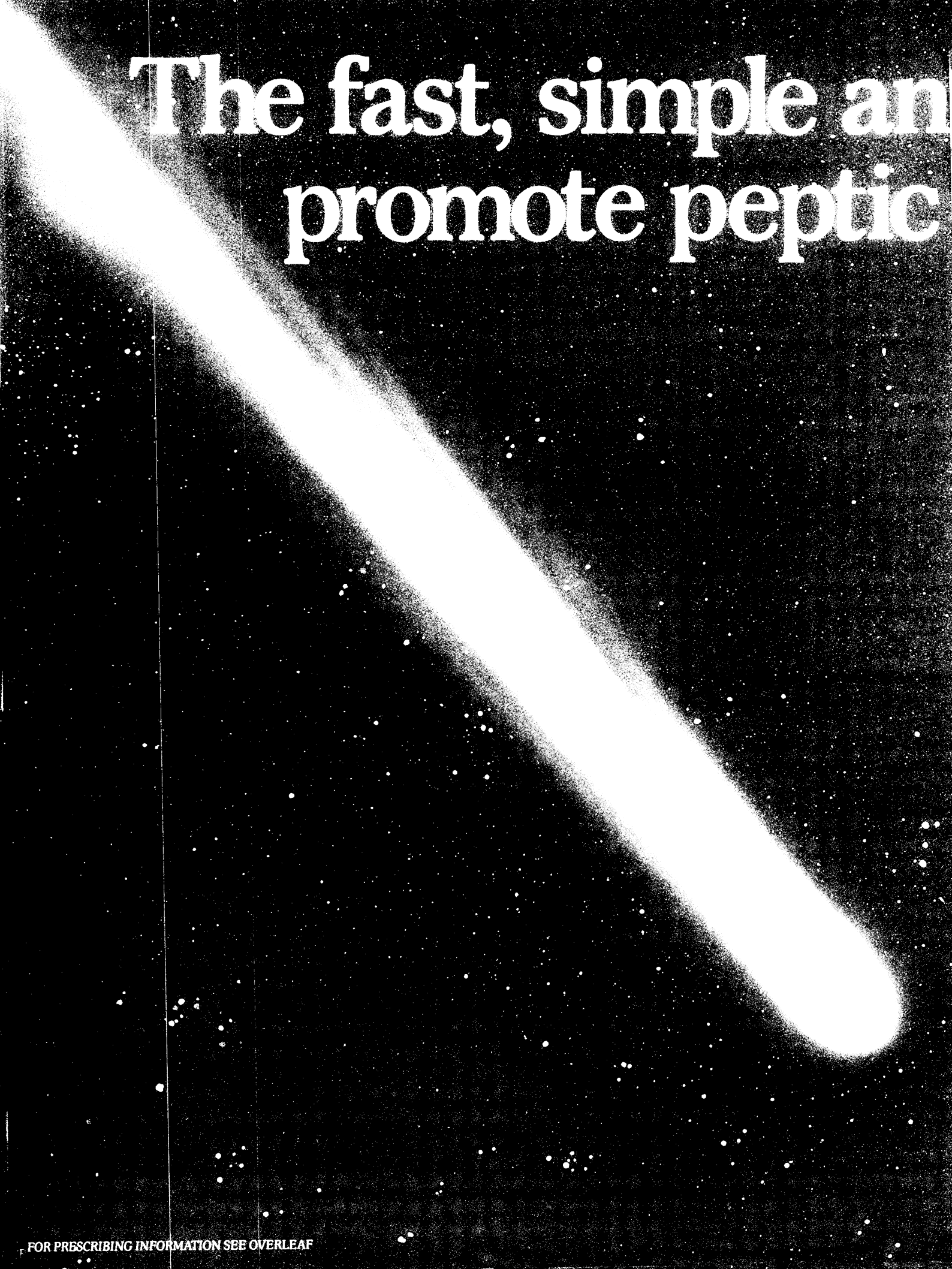
mianserin hydrochloride

Effective in depression without tricyclic overdose risks.

Bencard

Further information is available from Bencard, Brentford, Middlesex TW8 9BD.
 PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982



FOR PRESCRIBING INFORMATION SEE OVERLEAF

Specific way to ulcer healing

80% ulcers healed in one month[1]

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[1] to avoid [illegible] drug interactions[2]

Zantac

RANITIDINE

A British advance from Glaxo

FOR PRESCRIBING INFORMATION SEE OVERLEAF

"... Teddy's better too, Grandma. Can we come tomorrow?"

its outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Amoxil

amoxycillin

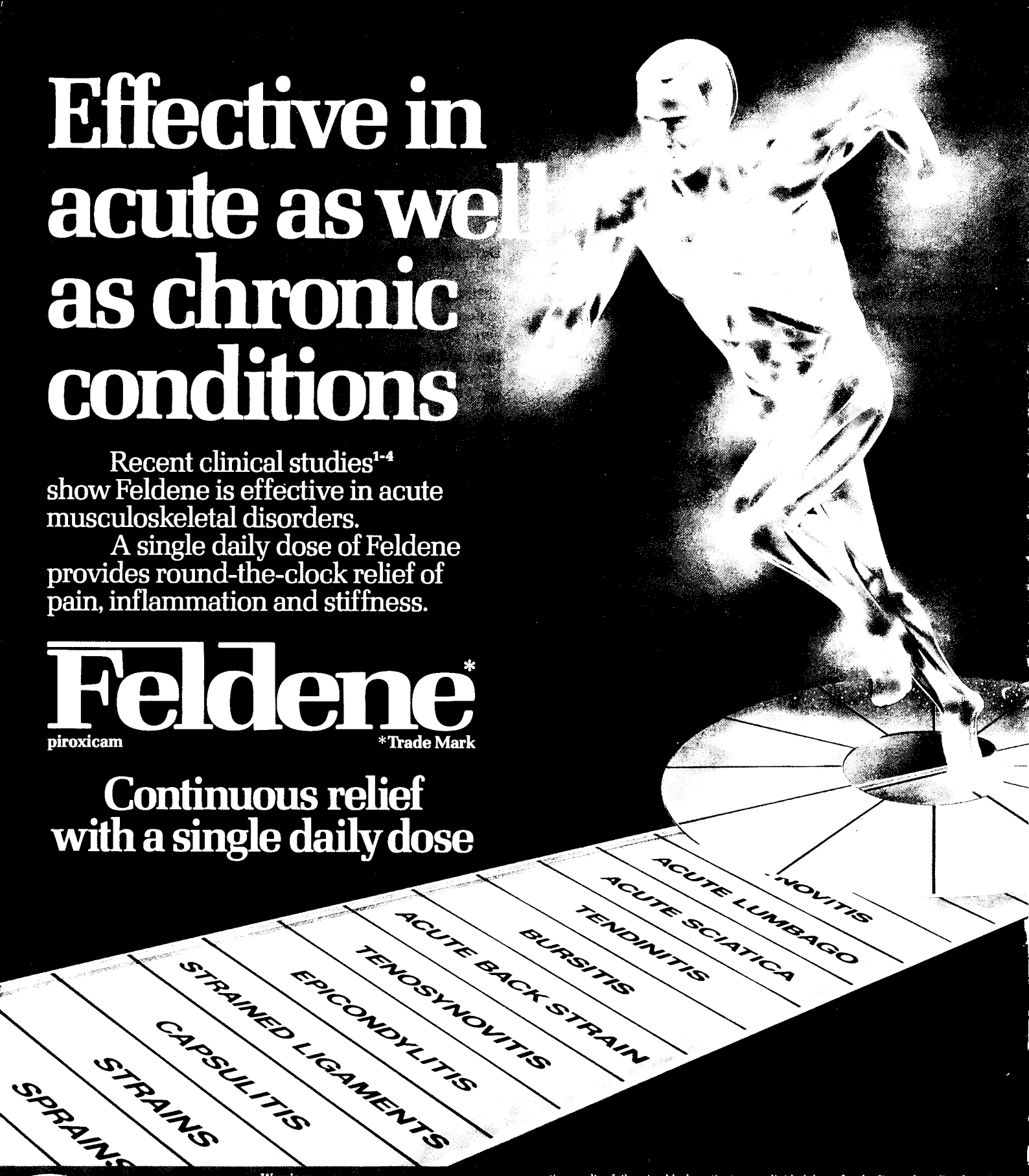
Rapidly resolves young patients' infections.

Prescribing Information
Indications:
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.
Presentations:
Amoxil syrup: 125mg and syrup forte 250mg per 5ml PL0038/0108/9
Amoxil paediatric suspension: 125mg per 1.25ml PL0038/0107
Amoxil capsules: 250mg and 500mg PL0038/0103/5
▼Amoxil dispersible tablets: 500mg PL0038/0277
▼Amoxil 3g sachet: PL0038/0238
▼Amoxil vials for injection: 250mg, 500mg and 1g PL0038/0221/2/5
The amoxycillin content per dose unit is present as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.
Average treatment cost: children 28p/day (125mg syrup t.d.s.) adults 49p/day (250mg capsules t.d.s.).
Dispersible tablet: 35p per tablet (30 pack), 3g Sachet £1.98 per sachet.
Dosage
Children's Dosage (up to 10 years)
Oral: 125mg three times a day.
In severe infections doses should be doubled.
Injectable: 50-100mg/kg bodyweight per day in divided doses.
Adult Dosage
Oral: 250mg three times a day.
In severe infections doses should be doubled.
Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. 1g IV 6 hourly in severe infections.
Contra-Indications
Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued.
Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.
Further information on Amoxil (amoxycillin) is available from:

Bencard

Bencard, Great West Road, Brentford.
Telephone: 01-560 5151
Amoxil and the Bencard logo are trademarks.
December 1981 14289

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

Pfizer Limited
Sandwich, Kent.

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. Gastro-intestinal 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 4-6 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 N.H.S. Cost:
capsules 10 mg coded FEL 10, pack of 60 £9.00 (P.L. 0057/0145). Full information on request.

References:
1. Hess, H., et al., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 73.
2. Maccagno, A., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 69.
3. Nussdorf, R.T., Piroxicam: Proceedings of the Royal Society of Medicine, 1978, 93-95.
4. Commandré, E., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 79.

20347

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.[1]

Excellent absorption,[2,3] rapid penetration to the site of infection
Augmentin achieves effective bactericidal levels in both purulent and mucoid sputum after only one hour.[4]

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,[5] 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.

References
1. A multicentre antibiotic sensitivity survey. *Proceedings of the First Augmentin Symposium.* Rolinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 173-183. 2. Ball, A.P., *et al., Lancet,* 1980, 1, 620-623. 3. Jackson, D., *et al., Proceedings of the First Augmentin Symposium.* Rolinson, G.N. and Watson, A. (eds), Excerpta Medica, 1980, pp 87-105. 4. Kosmidis, J., *et al., Proceedings of the 12th International Congress of Chemotherapy,* Florence, Italy, 1981, 591. 5. O'Grady, F., *Proceedings of the Second Augmentin Symposium.* Leigh, D.A. and Robinson, O.P.W. (eds), Excerpta Medica, 1981, p 244.

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 Tablet (375mg) three times a day.* In severe infections dosage may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review. For use in younger children: see data sheet. **Contra-indications** Penicillin hypersensitivity. **Precautions** Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Dosage need not be reduced in patients with renal impairment, unless the condition is severe enough to require dialysis. **Side-Effects** As with other penicillins, these are uncommon and mainly of a mild and transitory nature, and include diarrhoea, indigestion, nausea, vomiting and candidiasis. If gastro-intestinal side-effects occur they may be reduced by taking Augmentin at the start of meals. Erythematous and urticarial rashes sometimes occur but their incidence has been particularly low in clinical trials. Treatment should be discontinued if either type of rash appears. **Availability and Basic NHS Prices** (Prices correct at time of printing). Augmentin Tablets and Augmentin Dispersible Tablets, each containing potassium clavulanate (equivalent to 125mg clavulanic acid) with amoxycillin trihydrate (equivalent to 250mg amoxycillin). ▼ Augmentin Tablets (bottles of 30,100) Cost per tablet - 29p. PL0038/0270. ▼ Augmentin Dispersible Tablets (foil wrapped 30,90). Cost per tablet - 32½p. PL0038/0272.

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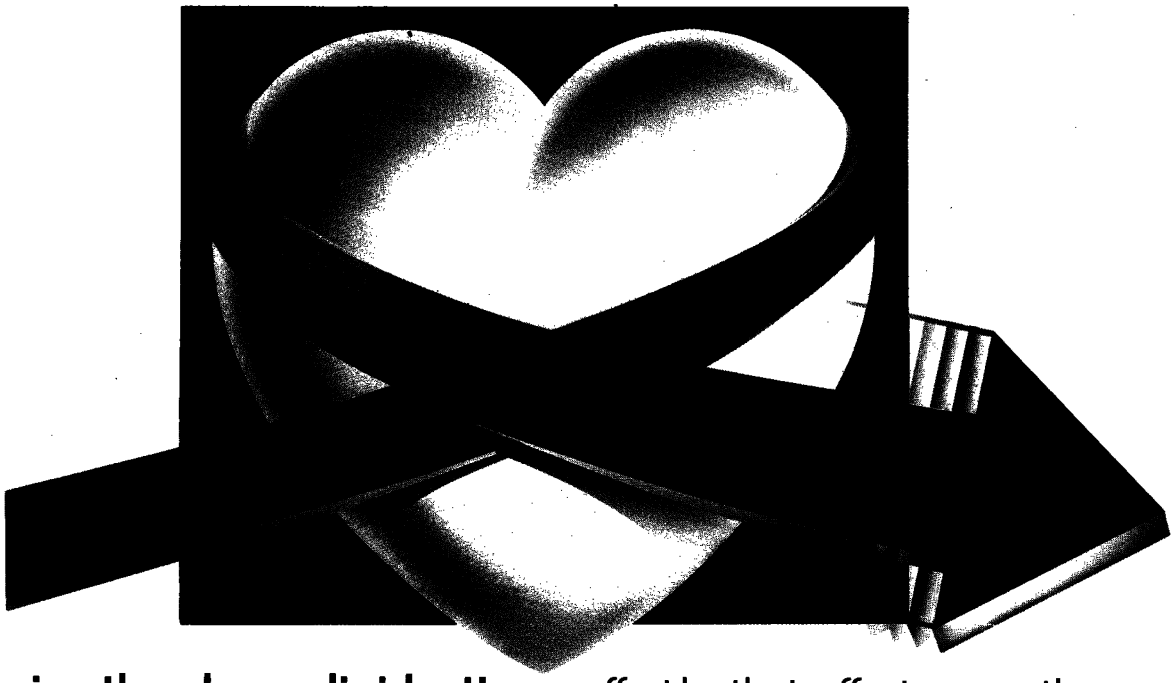

...restoring the plasma lipid ratio.

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 ß-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. **4.** Hypertension Detection and Follow-up programme Co-operative group, JAMA, 1979; 242: 2560–2577. **5.** Australian National Blood Pressure Study Management Committee, 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 Cardiovascular Pharmacology, 1982, 4, Suppl. 2: S187–189. **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.
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Classified advertisements are welcomed and should be sent to: Production Department, *The Journal of the Royal College of General Practitioners,* Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

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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.

COURSES FOR GENERAL PRACTITIONERS

The British Postgraduate Medical Federation has now published its programme of courses for general practitioners for the period January–August 1983. 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 practitioner wishing to receive a copy of this programme should forward a stamped addressed envelope, size not less than 9in × 7in to: **The General Practitioner Department, British Postgraduate Medical Federation, Regional Postgraduate Dean's Office, 14 Ulster Place, London NW1 5HD.**

ARGYLL & CLYDE HEALTH BOARD RENFREW DISTRICT

VOCATIONAL TRAINING 1 AUGUST 1983

VOCATIONAL TRAINING SCHEME FOR GENERAL PRACTICE IN PAISLEY

Applications are invited from candidates interested in the above scheme for entry on 1 August 1983. There are six places available.

The course covers a period of three years and offers experience in obstetrics and gynaecology, accident and emergency, psychiatry, geriatrics, paediatrics and general medicine. There are two schemes available following a slightly different pattern of specialties but both begin and end with six months in general practice. Day release is also granted for instruction in dermatology, ophthalmology and ENT surgery. The course is recognized for D.OBST.RCOG, MRCGP and DCH.

Every effort will be made to provide accommodation suitable to the needs of appointed trainees. Application forms and job descriptions are available from: **Department of Medical Administration, Royal Alexandra Infirmary, Paisley. Tel. 887 9111 Ext. 352.**

Closing date for receiving applications is Friday 28 January 1983.

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.

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WINDSOR AND DISTRICT POSTGRADUATE MEDICAL CENTRE

A REFRESHER COURSE FOR GENERAL PRACTITIONERS

A course is to be held here from Monday 18 April to Friday 22 April 1983.

A registration fee of £20 will cover lunches, coffees, tea, etc. Light entertainment in the evenings will be arranged. The course is recognized for Section 63 allowances and numbers will be limited so early application is advised.

Further details are available from: **Mrs C. J. Chitty, Postgraduate Medical Centre, King Edward VII Hospital, Windsor, Berks.**

BEHAVIOUR IN THE CONSULTATION

A course on Behaviour in the Consultation will be held at Wansfell College, Epping, from 28 February to 2 March 1983. The behaviour of both patients and doctors will be examined in the context of the consultation. Participants will be helped to learn new consultation techniques. This course is particularly suitable for trainers.

For details, apply to: **Dr P. Martin, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD.**

COUNSELLING TECHNIQUES

A course on Counselling Techniques will be held at Wansfell College, Epping from 28 March to 30 March, 1983. Participants will be given the opportunity to learn and to practice the techniques of counselling. This is the course for you if you feel that there should be more to the consultation than diagnosis and advice.

For details, apply to: **Dr P. Martin, British Postgraduate Medical Federation, 14 Ulster Place, London NW1 5HD.**

MEDICAL EDUCATION CENTRE
Whipps Cross Hospital, London E11 1NR

STUDY DAY—
"COMPUTERS IN GENERAL PRACTICE"

12th February 1983, 9.30 a.m. to 4.30 p.m.

Programme details from:
Secretary, Medical Education Centre
Whipps Cross Hospital, London E11 1NR.

Course approved under Section 63.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS
WEST OF SCOTLAND FACULTY

(in collaboration with the West of Scotland Committee for Postgraduate Medical Education)

PREPARATION COURSE FOR THE MRCGP EXAMINATION

The course held from Friday 4 to Sunday 6 February, 1983 at the Normandy Hotel, Renfrew, is intended for general practitioners who plan to take the Membership Examination of the Royal College of General Practitioners. The number of participants is limited and early application is advised. Preference will be given to applicants who have *not* had the opportunity to attend trainee half-day release sessions dealing with the preparation for the MRCGP examination. The course is residential and has been approved under Section 63.

Further details may be obtained from: **The Dean of Postgraduate Medicine, The University of Glasgow, Glasgow G12 8QQ, Tel: 041-339 8855.**

Royal Postgraduate Medical School
(University of London)

COURSE IN ADVANCED MEDICINE FOR GENERAL PRACTITIONERS

21–25 February 1983

Applications are invited from general practitioners for the above course which will be held at the Royal Postgraduate Medical School, Hammersmith Hospital.

The course will aim to cover many recent advances in medicine and lectures on a wide range of subjects will be given by senior staff.

Application forms may be obtained from: **School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, Du Cane Road, London W12 0HS. Telephone: 01-743 2030 ext. 351.**

A catering charge of £35 will be made.

This course has full approval under Section 63.

PLYMOUTH HEALTH AUTHORITY

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Applications are invited from fully registered doctors for six posts in this established three year scheme commencing on 1 September, 1983.

The six programmes available are:

1, 2 and 3.
General Practice ..... (1 month)
Geriatrics ..... (4 months)
Accident & Emergency ..... (4 months)
Psychiatry ..... (4 months)
Obstetrics & Gynaecology ..... (6 months)
Paediatrics ..... (6 months)
General Practice ..... (11 months)

4.
General Practice ..... (1 month)
Accident & Emergency ..... (4 months)
ENT ..... (4 months)
General Medicine ..... (4 months)
Psychiatry ..... (6 months)
Paediatrics ..... (6 months)
General Practice ..... (11 months)

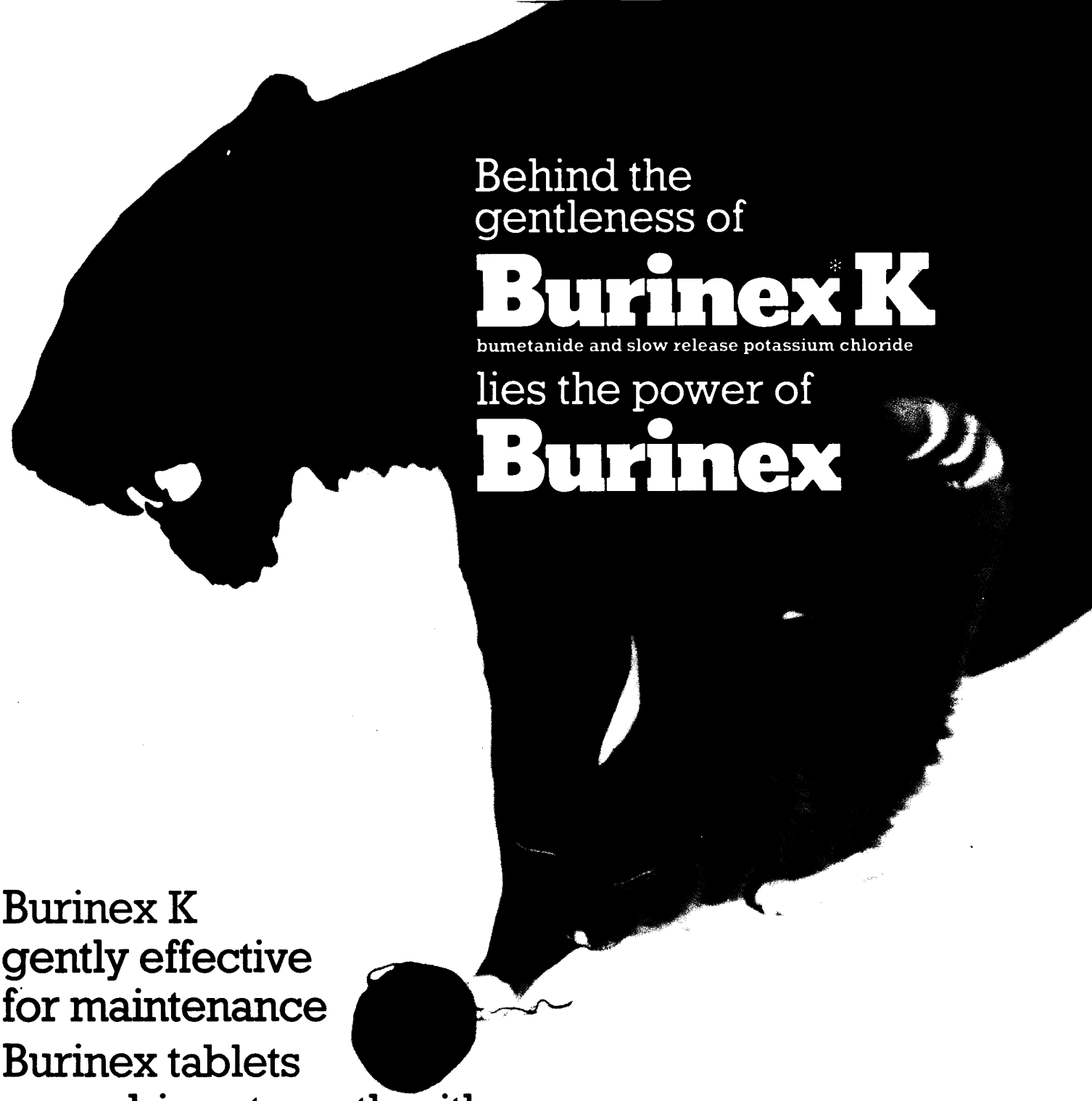
5.
General Practice ..... (1 month)
General Medicine ..... (4 months)
Accident & Emergency ..... (4 months)
ENT ..... (4 months)
Obstetrics & Gynaecology ..... (6 months)
Geriatrics ..... (6 months)
General Practice ..... (11 months)

6.
General Practice ..... (1 month)
ENT ..... (4 months)
General Medicine ..... (4 months)
Accident & Emergency ..... (4 months)
Geriatrics ..... (6 months)
Psychiatry ..... (6 months)
General Practice ..... (11 months)

A half-day release course will be held in academic term throughout the three years. A full programme of postgraduate meetings is available at the Plymouth Postgraduate Medical Centre. Excellent library facilities are available. A Medical Centre Bursary and trainee project prizes are awarded annually. The scheme is recognized for MRCGP, D.OBST.RCOG, and DCH examinations, as appropriate. An exchange scheme is in operation between Plymouth and the Family Practice Residency Training Programme at Memorial University, Newfoundland, which seconds English trainees to Newfoundland for a period of six months to two posts in paediatrics and community medicine. This period is recognized by the JCPTGP as equivalent experience.

Single and married accommodation will be available during the hospital period.

Application forms and full details obtainable from **Miss A. M. Ling, Senior Administrative Assistant, Plymouth General Hospital, 1 Belvedere, Greenbank Road, Plymouth PL4 7JN. Telephone Plymouth (0752) 834110. Forms should be returned by the 29 January, the short list will be drawn up by the 10 February, and it is hoped to interview on 8 March 1983.**



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