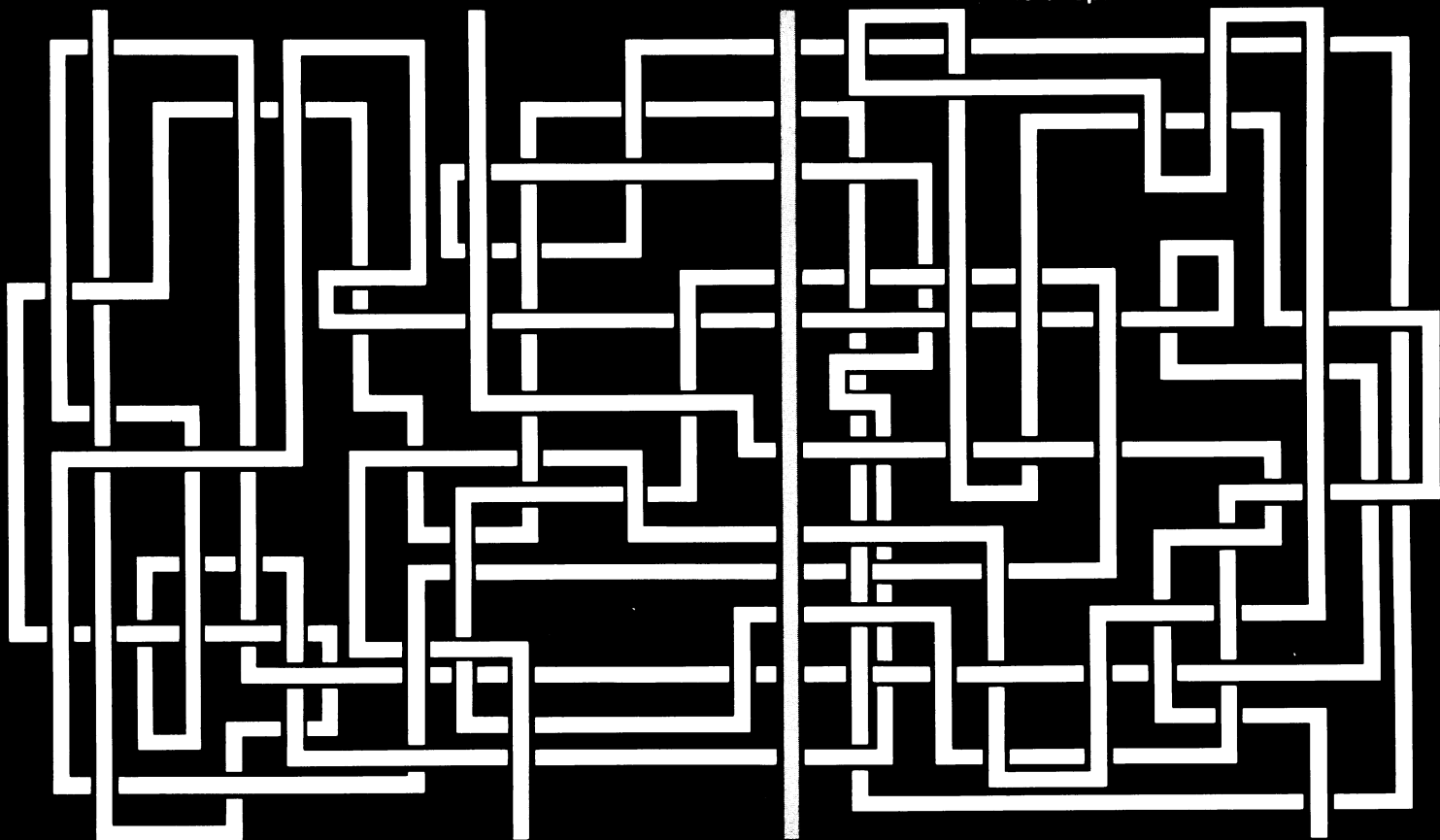


Ativan

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 diazepam¹. 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 Treatment in these cases should be withdrawn gradually.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.

IN HYPERTENSION AND ANGINA

puts them together...

Hydrophilic

Reduced risk of drug interaction

Wide range of patients

Few side effects

Cardioselective

Effective anti-anginal

Effective anti-hypertensive

Full 24 hour protection

Increased work performance

...in one tablet daily

TENORMIN

fits the profile of the ideal beta blocker
in hypertension and angina

Tenormin' Prescribing notes:

Presentation: 'Tenormin' tablets containing atenolol 100 mg are round, bi-convex, orange and film coated. **Uses:** Management of hypertension and angina pectoris. **Dosage:** Hypertension: One tablet daily. Angina: 100 mg daily in single or divided doses. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Clonidine withdrawal. **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.

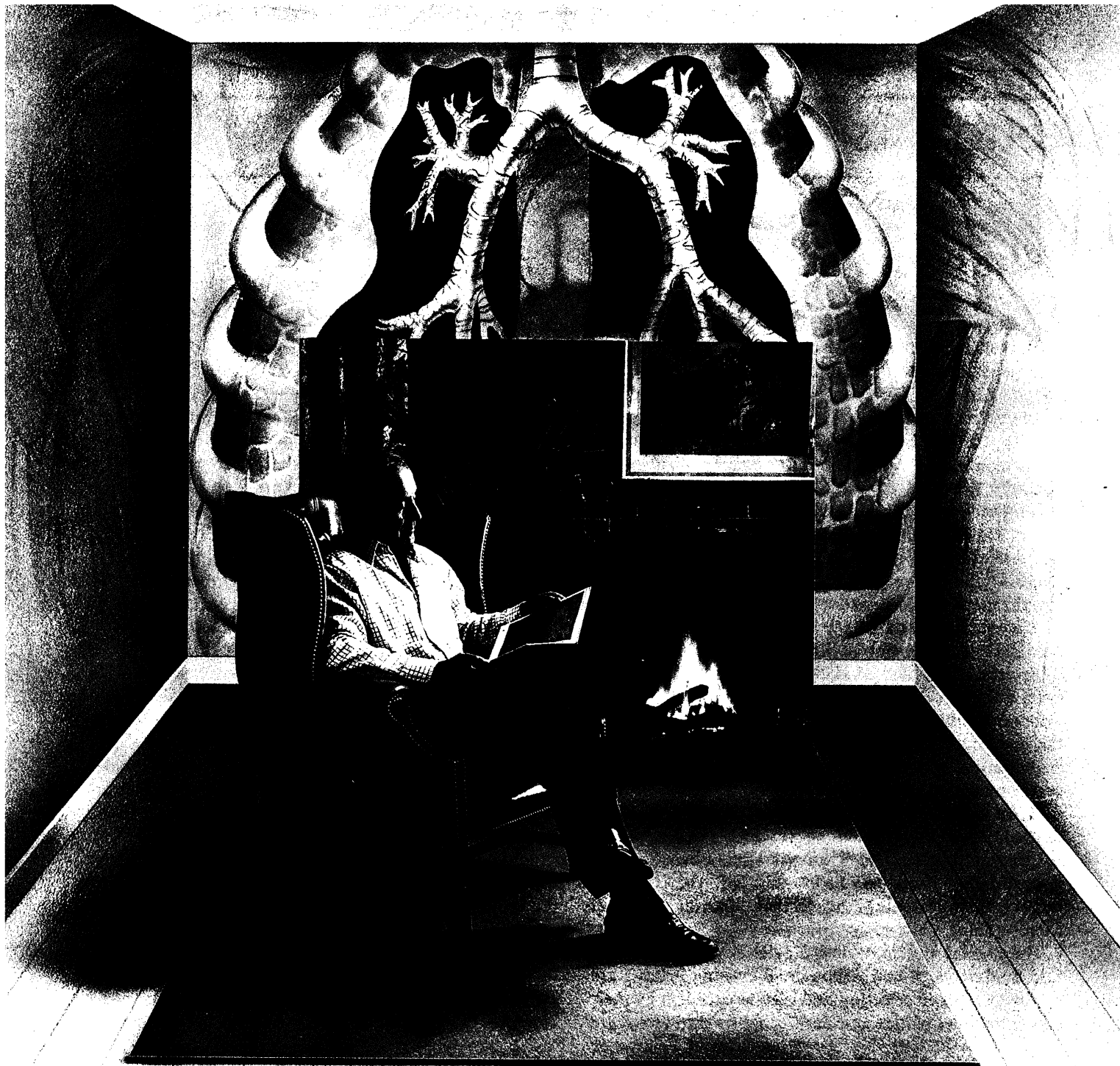
Full prescribing information is available on request to the Company



Stuart Pharmaceuticals Ltd
Carr House, Carrs Road
Cheadle, Cheshire SK8 2EG

'Tenormin' is a trademark for atenolol.





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



^{*}Trade Mark



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

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



Lexotan is a trade mark

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

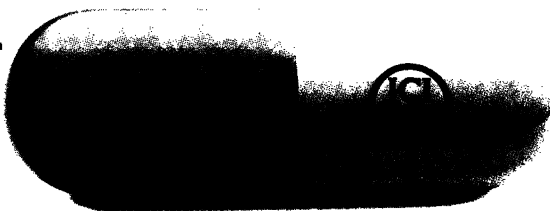
The inside story.

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.



ICI **INDEREX**

Propranolol Hydrochloride in long-acting
formulation and Bendrofluazide.

The next logical step

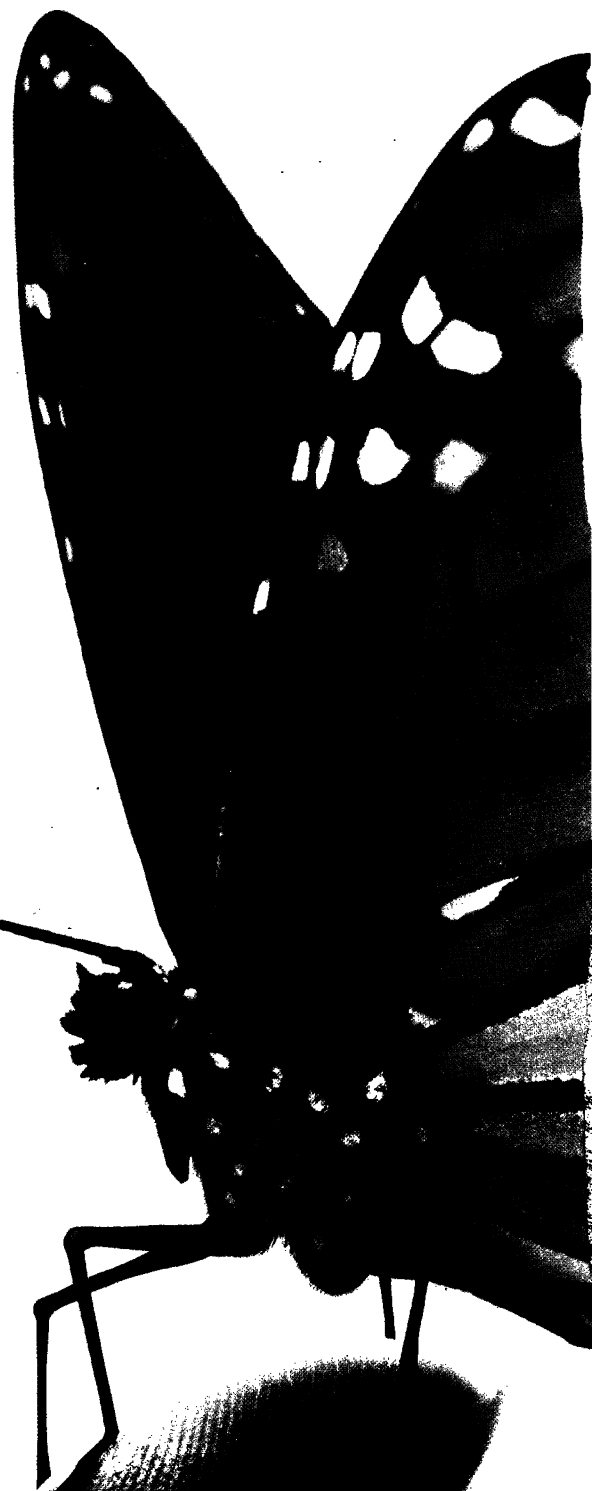
'Inderex': abridged prescribing information. **Dosage** One capsule daily in hypertension. **Contraindications** Heart block. Bronchospasm. Anuria, renal failure or thiazide sensitivity. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Diabetes. Hepatic cirrhosis with ascites. Discontinuation 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 calendar pack £8.12. P/L No. 0029/0157.** '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.

NEW

the promise of

Xanax[®]
(alprazolam)

**a measurable
difference
in the quality of life**



INFORMATION

...d-shaped tablet...
...side and...
...shaped...
...side and...
...indic...
...axi...
...ac...

...doses, the dosage should be...
...void adverse effects. When higher dosage...
...evening dose should be... before the daytime...
...In general, patients who have previously received...
...psychotropic... doses than...
...those... tonic

...clearance of the drug and...
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...machinery during...
...nitated by alcohol. The...
...experience these symptoms...
...specially if organic brain...
...so Dependence Potential and...
...ow. Abnormal psychological...
...es have been reported. Rare...
...ects include paradoxical aggressive



in anxiety in anxiety associated with depression

the benzodiazepine with a wide therapeutic range

- effective in relieving the somatic and psychic symptoms of both anxiety and anxiety associated with depression
- excellent patient tolerance
- low incidence of side effects

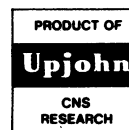
outbursts, excitement, and confusion. Other rare adverse effects including hypotension, gastrointestinal and visual disturbances, skin rashes, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. **Dependence Potential and Withdrawal Symptoms** In general the dependence potential of benzodiazepines is low, but this increases when high dosage is attained, especially when given over long periods. This is particularly so in patients with a history of alcoholism, drug abuse or in patients with marked personality disorders. Regular monitoring of treatment in such patients is essential and routine repeat prescriptions should be avoided. Treatment in all patients should be withdrawn gradually as symptoms such as depression, nervousness, rebound insomnia, irritability, sweating and diarrhoea have been reported following abrupt cessation of treatment in patients receiving even normal therapeutic doses for short periods of time. Abrupt withdrawal following excessive dosage may produce confusion, toxic

psychosis, convulsions or a condition resembling delirium tremens. **Overdosage** Manifestations of Xanax overdosage include extensions of its pharmacological activity, namely ataxia and somnolence. Induced vomiting and/or gastric lavage are indicated. As in all cases of drug overdosage, respiration, pulse and blood pressure should be monitored and supported by general measures when necessary. Intravenous fluids may be administered and an adequate airway maintained. Animal experiments have suggested that forced diuresis or haemodialysis are probably of little value in treating overdosage. As with the management of any overdosage, the physician should bear in mind that multiple agents may have been ingested. **Pharmaceutical Precautions** Protect from light. **Legal Category** POM. **Package Quantities** Bottles of 100. **Further Information** Alprazolam is readily absorbed. Following oral administration, peak concentrations in the plasma occur after 1-2 hours. The mean half-life is 12-15 hours. Repeated dosage may lead to accumulation and this should be borne in mind in elderly

patients and those with impaired renal or hepatic function. Alprazolam and its metabolites are excreted primarily in the urine. Xanax did not affect the prothrombin times or plasma warfarin levels in male volunteers administered sodium warfarin orally. **Product Licence Numbers** 0.25 mg tablet PL 0032/0092, 0.5 mg tablet PL 0032/0093. **Basic NHS Cost** 0.25 mg tablet 3.3 pence, 0.5 mg tablet 6.5 pence.

UPJOHN LIMITED
CRAWLEY
WEST SUSSEX

Registered Trademark: Xanax
UK 2013.4



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



the 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 body weight 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

ISORDIL TEMBIDS®

isosorbide dinitrate



In Angina

restores
the balance
between
coronary
oxygen
demand
and supply
for
prolonged
periods
from

one
capsule
b.d.

Prescribing information

Presentation Isordil Tembids capsules, containing isosorbide dinitrate 40mg in a sustained release formulation, are gelatin capsules with a colourless, transparent body and opaque blue cap for oral administration.

Uses Prophylaxis of angina pectoris.

Dosage and Administration Usual dosage — one Tembids capsule twice a day. Maximum recommended dose — one Tembids capsule three times a day.

Contra-Indications, Warnings, etc.

Contra-Indications Idiosyncrasy to this drug.

Precautions Tolerance to this drug, and cross-tolerance to other nitrates, and nitrites may occur.

Side Effects Side effects due to Isordil are common to all nitrates used for the treatment of angina pectoris.

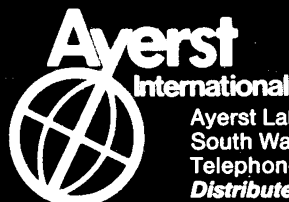
1. Cutaneous vasodilation with flushing.
2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

3. Transient episodes of dizziness and weakness and other signs of cerebral ischaemia associated with postural hypotension may occur.

4. This drug can act as a physiological antagonist to noradrenaline, acetylcholine, histamine and many other agents.

Basic N.H.S. Price — 100 Tembids capsules £7.50.

Product Licence Number: PL0607/0041 PA 149/7/4



Ayerst Laboratories Limited
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributed in the Republic of Ireland by:
Ayerst Laboratories Limited
South Circular Road, Islandbridge, Dublin 8
Telephone: 01-772669

3 levels of management 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 Rotacaps** – 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 Rotacaps** – 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. **Presentation and Basic NHS cost** Ventolin Inhaler is a metered-dose aerosol delivering 100mcg Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.00. Ventolin Rotacaps 200mcg and 400mcg, each contain a mixture of the stated amount of microfine Salbutamol BP (as sulphate), and larger particle lactose in light blue/colourless or dark blue/colourless hard gelatine cartridges, respectively. Containers of 100. Basic NHS cost £5.29 and £7.15, respectively. Ventolin Rotacaps for use in conjunction with Ventolin Inhalers. 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.

ement in asthma and Becotide

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

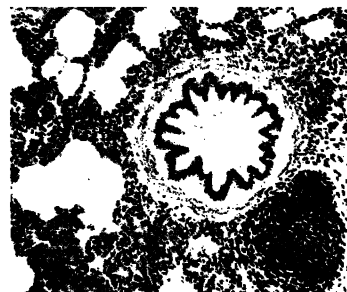
The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

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.

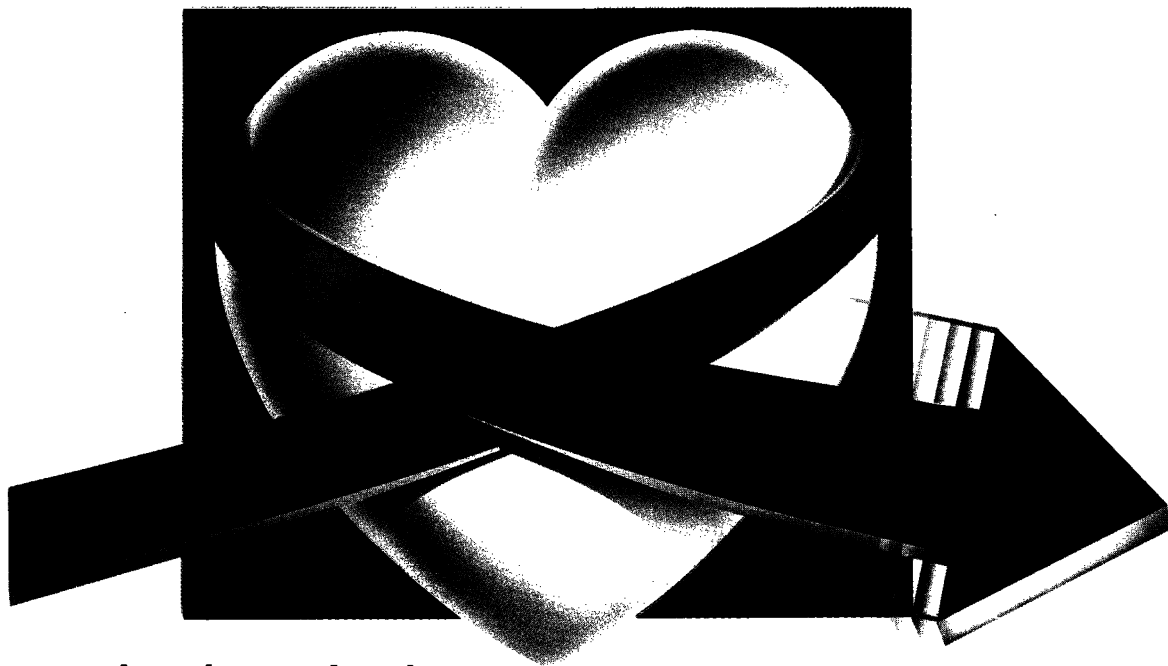
Inhaled Ventolin
and Becotide –
a rational basis
for prescribing
in asthma

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 Rotacaps* – 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.



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!

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. 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.

Pfizer Ltd., Sandwich, Kent.

* Trade Mark 20496



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

PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150 mg TABLET TWICE DAILY. IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECURRENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED IN PATIENTS TREATED WITH ZANTAC TABLETS. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE

And 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-androgenic effects^{3,4} or to cause drug interaction⁵.

Zantac

RANITIDINE

A British advance from Glaxo

RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY.
CONTRA-INDICATIONS: THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST** (EXCLUSIVE OF VAT) 60 TABLETS £27.43. **PRODUCT LICENCE NUMBER** 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDDX. UB6 0HE.
REFERENCES: 1. DATA ON FILE, GLAXO GROUP RESEARCH. 2. BORRES, P. *ET AL.* LANCET 1980; 2 (8197): 755. 3. PEDEN, N. R. *ET AL.* ACTA ENDOCRINOLOGICA 1981; 96: 564-568. 4. NELIS, G. F. AND VAN DE MEENE, J. G. C. POSTGRAD. MED. J. 1980; 56: 478-480. 5. HENRY, D. A. *ET AL.* BR. MED. J. 1980; 2: 775-777.

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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.

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. Contraindications: Penicillin hypersensitivity. Precautions: Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. 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. PLO038/0270. ▼ Augmentin Dispersible Tablets (foil wrapped 30, 90). Cost per tablet - 32½p. PLO038/0272.

AUGMENTIN and the BRL logo are trade marks. BRL Aug J14 November 1982

References

1. A multicentre antibiotic sensitivity survey. Proceedings of the First Augmentin Symposium. Robinson, G.N. and Watson, A. (eds), Elsevier Medical, 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. Robinson, G.N. and Watson, A. (eds), Elsevier Medical, 1980, pp 87-105. 4. Kozmida, 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), Elsevier Medical, 1981, p 244.

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AUGMENTIN

clavulanate-potentiated amoxycillin

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Further information
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A fresh approach to peptic ulcers



New Antepsin[®] sucralfate 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

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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. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p



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Effective in acute as well as chronic conditions

Recent clinical studies¹⁻⁴ show Feldene is effective in acute musculoskeletal disorders.

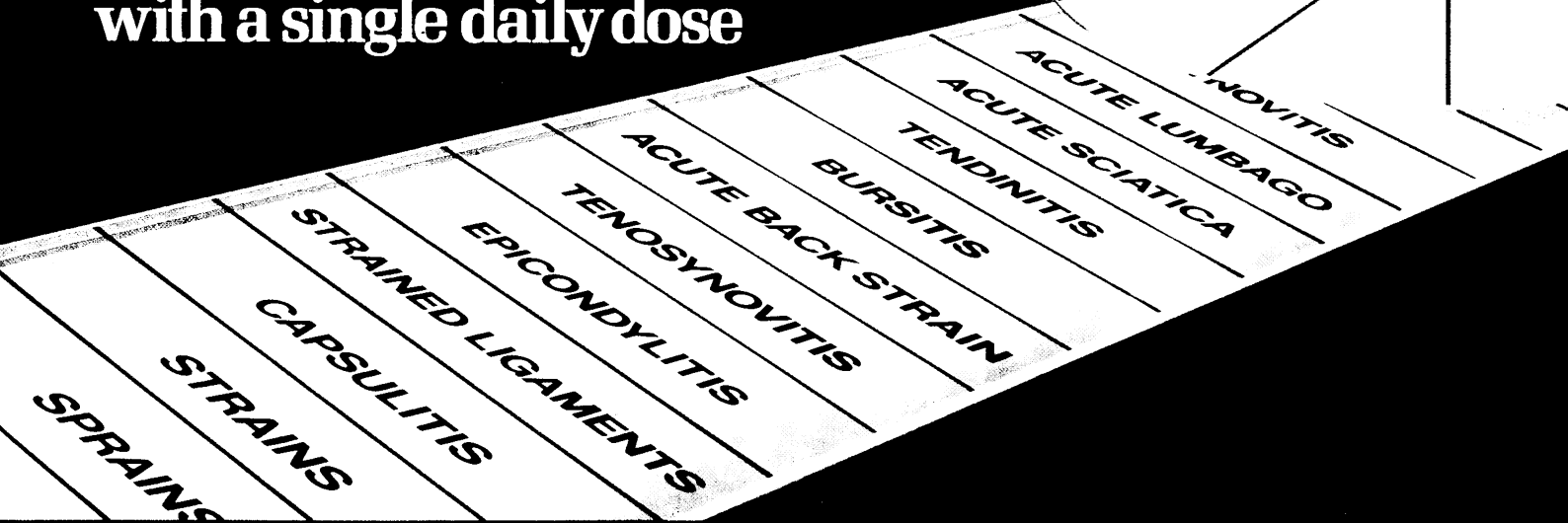
A single daily dose of Feldene provides round-the-clock relief of pain, inflammation and stiffness.

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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 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 (PL 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, F., Excerpta Medica, Proceedings of Symposium, Malaga, 1980, 79.

THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1983

Our 1983 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training. They include:

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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.

THE NORTHERN IRELAND COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION TEACHING GENERAL PRACTICE

A five-day course for established general practice trainers will be held in the Department of General Practice, Dunluce Health Centre, Dunluce Avenue, Belfast, on 13, 14, 15, 18 and 19 April 1983.

The course is designed to provide experience in teaching and involves peer audit of the one-to-one and group situations. It is approved under Section 63. Total numbers are limited.

Application form and full details may be obtained from: Mrs Isabel McCurry, Northern Ireland Council for Postgraduate Medical Education, 5 Annadale Avenue, Belfast BT7 3JH. Tel. Belfast 0232 640731.

POSITION AS AU PAIR

Daughter (18 years) of Dutch general practitioner wishes to be an au pair in July 1983 for a family with small children (has experience) of an English general practitioner, whilst at home or on their holidays. Write to: Dr C. P. Bruins, Haydnlaan 60, 3723 KJ Bilthoven, Holland. Tel. 010-31-30-787868.

HOSPITAL DEVELOPMENT IN NIGERIA

Joint business partners to develop virgin land for ultra-modern hospital already established in rented premises in Aba, the commercial city of Imo State, Nigeria. Interested doctors, of any nationality, who must be versatile, hardworking and adventurous with a sound financial background, may apply.

Write for details indicating qualifications, marital status, etc., to: Box No. 29, JRCGP, The Update Group, 33-34 Alfred Place, London WC1E 7DP.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS DERMATOLOGY IN GENERAL PRACTICE

A three-day course on skin problems in general practice will be held at The Royal College of General Practitioners headquarters in London on the 16, 17, 18 March 1983. The course will be held under the auspices of the Education Research Project and will be evaluated.

Approval under Section 63 is being sought. The Course Organizer is Dr H. McMichen. For further details please write to: Mrs N. Wimbleton, Secretary to the Education Research Project, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

DOCTOR TRAVEL SERVICE IBIZA—ES CANA from £151.00

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Accommodation is in the Hotel Calanova Playa in twin-bedded rooms with private bath, wc, and balcony. Full board basis. Single rooms at a supplement charge.

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Departing from Gatwick, Manchester, Birmingham, Bristol, Glasgow and Edinburgh from April to October.

For further details and bookings please telephone: Janet on 01-499 3869/4221.

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Course 841(A)—18–20 April 1983 General Medical Practitioners Part 1

Course 841(B)—5–6 July 1983 General Medical Practitioners Part 2

The King's Fund College is repeating the two modules for newly appointed principals, to examine key components in managing an effective practice, and to help them plan developments and change for the future.

Approval for Section 63 reimbursement is being sought: board, lodging and tuition fees are funded by the DHSS.

Applications to: **The Administrator, King's Fund College, 2 Palace Court, London W2 4HS. Tel. 01-229 9361.**

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POSTGRADUATE MEDICAL EDUCATION

Courses and Attachments for General Medical Practitioners Approved Section 63

1. Two-day theoretical course in family planning, mid-March and mid-September 1983.
2. Refresher course in medicine for general medical practitioners, 11 to 15 July 1983.
3. Residential attachment in obstetrics: two-week attachments throughout the year by arrangement.
4. Recent advances in occupational medicine, 19 to 23 September 1983.

Further particulars may be obtained from: **the Postgraduate Dean, Ninewells Hospital and Medical School, Dundee DD1 9SY.**

THE UNIVERSITY OF NEWCASTLE NEW SOUTH WALES FACULTY OF MEDICINE

ASSOCIATE PROFESSOR/SENIOR LECTURER—GENERAL PRACTICE SENIOR LECTURER/LECTURER— GENERAL PRACTICE

Applications are invited for appointment as Associate Professor/Senior Lecturer/Lecturer in General Practice within the discipline of community medicine.

The Faculty offers a five-year undergraduate course, which has a total enrolment of 300. There are 30 candidates enrolled in PH.D programmes. A Master's programme in clinical epidemiology has recently been introduced.

The undergraduate curriculum has an integrated approach to the learning of the clinical and basic science components of medicine. Supervised clinical experience begins in the first year of the programme. Similarly basic sciences have a role in the later years of the course. The principal educational strategy is clinical problem-solving in small groups.

The appointee will be expected to plan and oversee student learning in general practice in Newcastle and surrounding country areas, and to be involved in all years of the curriculum. Many general practitioners in the area serve as tutors and it will be a responsibility of the appointee to maintain contact with them.

The Faculty attempts to promote, where possible, integration of its research activities and the development of collaborative programmes. The appointee will be expected to initiate research into the process of General Practice and its content. Collaborative research is already under way involving the disciplines of behavioural science, clinical pharmacology, community medicine and psychiatry.

The principal academic base for general practice is at present the Medical Sciences Building at the Shortland campus. Explorations are under way to find means to establish a suitable university general practice.

The current salary for an Associate Professor is \$A39,666 per annum, for Senior Lecturers \$A30,096–\$A35,077 per annum, for Lecturers \$A22,430–\$A29,467 per annum, plus clinical loadings, where appropriate, of up to \$A8,400 per annum for each of these classifications.

The University reserves the right to fill the post by invitation. A tenured or contract appointment may be offered.

Condition of employment, method of application and other particulars may be obtained from: **The Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF.**

Applicants should write for further information to: **Professor S. R. Leeder, Professor of Community Medicine, University of Newcastle, Newcastle N2308, Australia.**

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