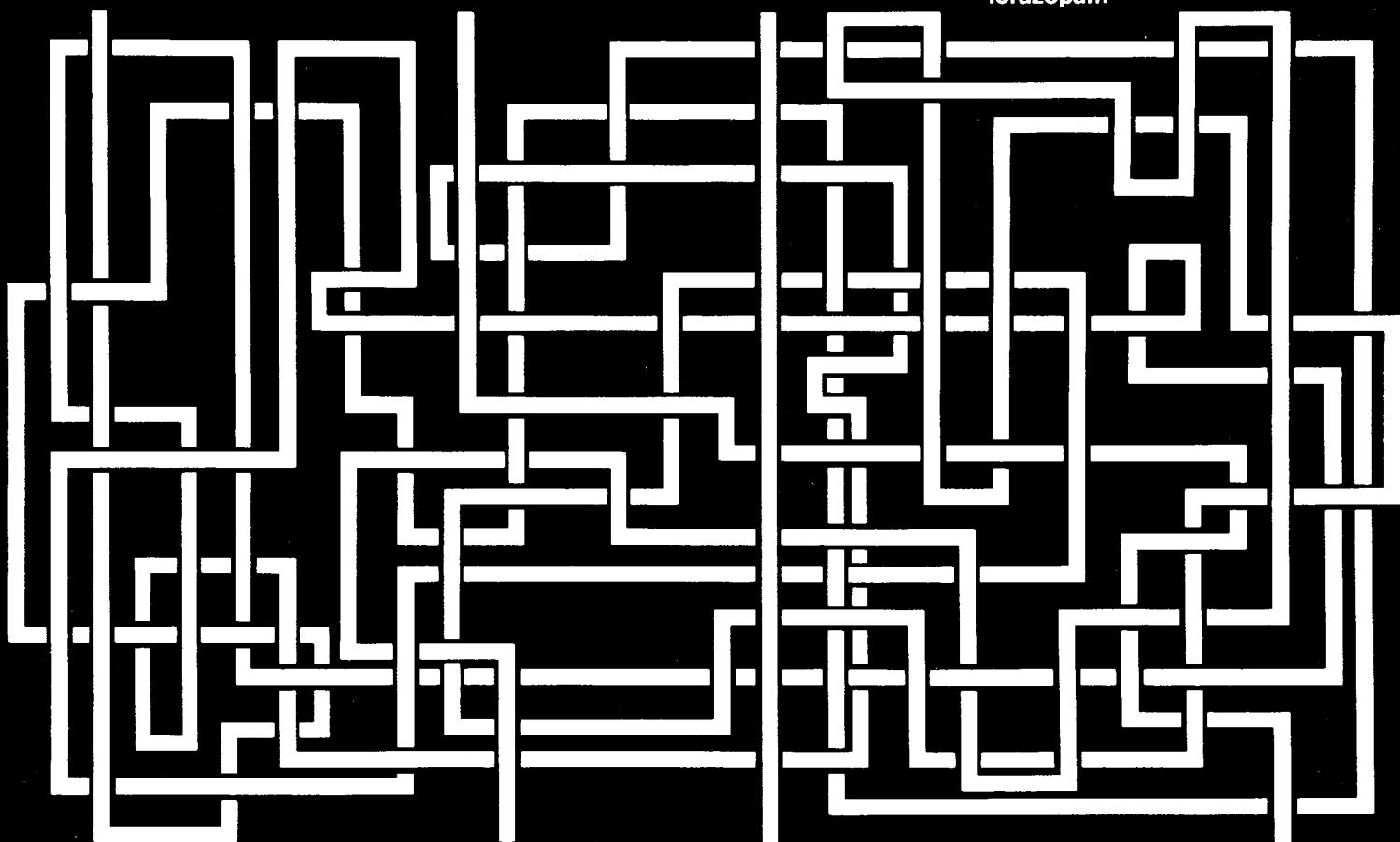


# Ativan<sup>\*</sup>

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<sup>1</sup>. And its direct, one step metabolism makes it useful even in patients with impaired liver function.<sup>2</sup>

#### 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 use 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.



<sup>\*</sup>trade marks AT/J/38/1182

# NINE OUT OF TENORETIC

atenolol 100mg and chlorthalidone 25mg

HYPERTENSIVES  
ARE CONTROLLED  
WITH  
ONE TABLET DAILY

## Prescribing Notes

**Uses:** In mild to moderate hypertension. **Dosage:** One tablet daily.  
**Contraindications:** Heart block. Co-administration of verapamil.  
**Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia, pregnancy and gout. 'Tenormin' is beta<sub>1</sub> selective and can be used with caution in obstructive airways disease. Changes in serum potassium are minor and probably clinically unimportant in uncomplicated hypertension. Care should be taken in patients receiving digitalis and those liable to hypokalaemia from other causes. In diabetes, chlorthalidone may decrease glucose tolerance.  
**Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbances rarely seen. Rashes and dry eyes have been reported with beta-blockers—consider discontinuance if they occur. Cessation of therapy with a beta-blocker should be gradual. With chlorthalidone, occasional nausea and dizziness and rarely idiosyncratic drug reactions such as thrombocytopenia and leucopenia. **Pack size and Basic NHS cost:** 28's £7.92. PL 0029/0139.

'Tenoretic' and 'Tenormin' are trademarks.

Full prescribing information is available on request to the

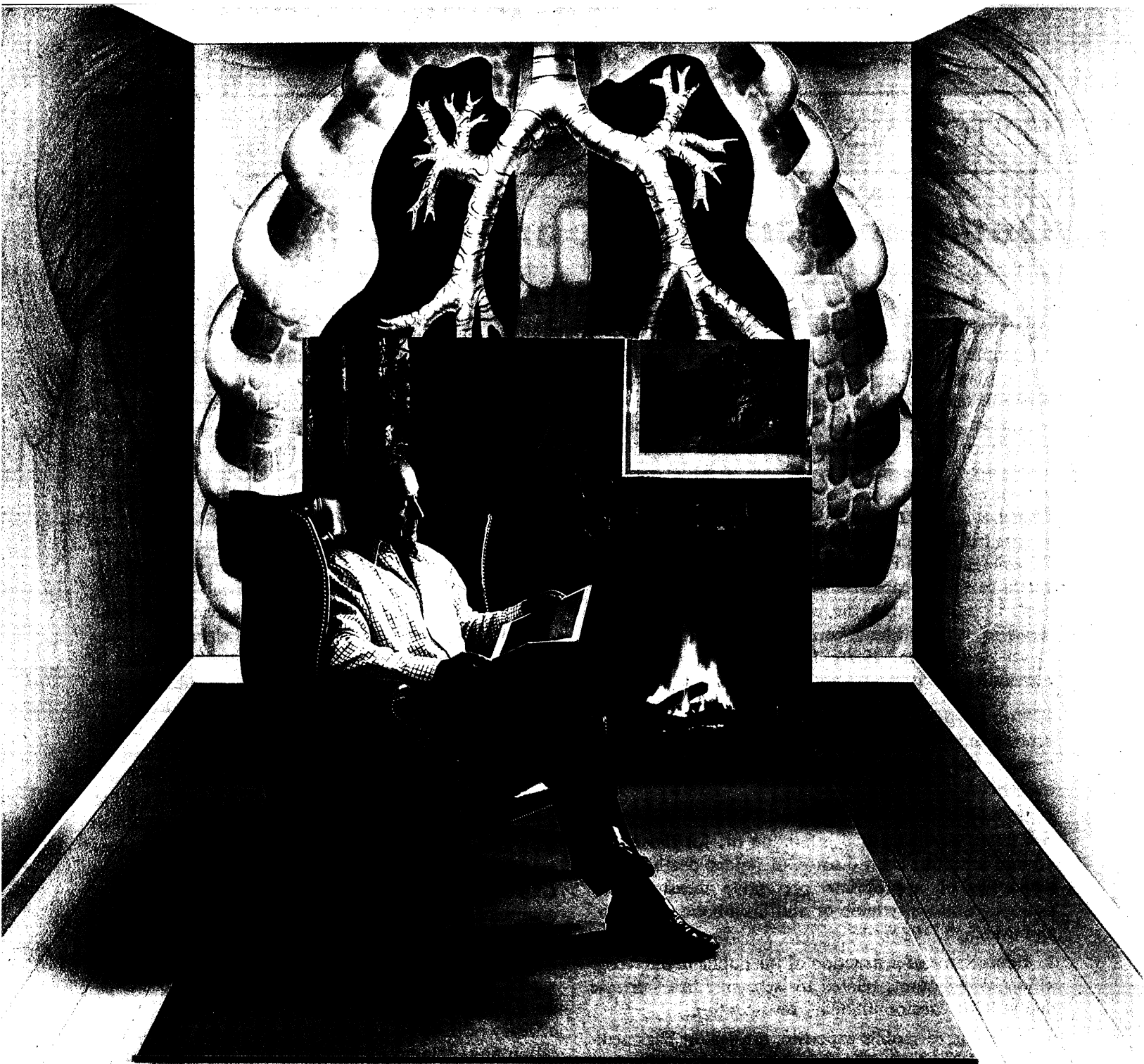


Company

**Stuart Pharmaceuticals Limited**

Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG.

9/10 ✓



## 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 160mg Trimethoprim BP and 800mg 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

# 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

\*ANTEPSIN is a registered Trade Mark.

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



**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.

# 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. **PL 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.



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.<sup>1</sup>

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

**NOW  
FOR  
CHILDREN**

# Children's infections deserve Augmentin too



## More likely to work first time than other oral antibacterials

Whenever you are dealing with infections in children - acute bronchitis, otitis media and other respiratory infections - it is vital that the antibiotic you choose should work first time to avoid the risk of complications.

A national sensitivity survey has confirmed that Augmentin is active against more of the pathogens likely to occur in general practice infections than other oral antibacterials such as ampicillin, amoxycillin, erythromycin and co-trimoxazole.

## Pleasant and easy to take

Children are far more likely to take their medicine if it has a pleasant taste.

Augmentin, with its highly acceptable flavour, is readily taken by children and the simple tds dosage means that there is no late night dose either - a real plus for children and their mothers.

## Excellent absorption,<sup>2,3</sup> rapid action

## The safety and tolerance of a penicillin-based therapy

Augmentin is well tolerated,<sup>4</sup> as would be expected from a penicillin based therapy.

### Two Sugar-free Preparations for Children

#### 2-6 years

Augmentin  
Paediatric  
Suspension

5 ml tds



#### 6-12 years

Augmentin  
Junior  
Suspension

5 ml tds



Under 2 years See data sheet



**Beecham  
Research  
Laboratories**  
Brentford England

# AUGMENTIN



clavulanate-potentiated amoxycillin

**WORKING QUICKLY, EFFECTIVELY, EVERYDAY.**

#### Prescribing Information

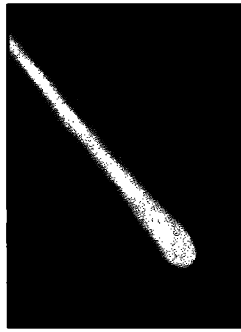
Uses: Respiratory tract - Bronchitis, otitis media, upper respiratory tract infections. Genito-urinary tract infections. Skin and soft tissue infections. Dosages: Adults and children over 12 years of age: One Augmentin or Augmentin Dispersible Tablet (375mg) three times a day. Children 6-12 years: 5ml Augmentin Junior Suspension (187mg) three times a day. Children 2-6 years: 5ml Augmentin Paediatric Suspension (156mg) three times a day. As a guide, children over 21kg should receive Augmentin Junior. In severe infections the above dosages may be doubled. For children under 2 years see data sheet. Treatment with Augmentin should not be extended beyond 14 days without review. Contra-indications: Penicillin hypersensitivity. Precautions: Safety in human pregnancy is yet to be established, although high dose animal studies show no teratogenicity. Dose need not be reduced in patients with renal impairment, unless the condition is severe enough to require dialysis. Side-Effects: 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 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. Augmentin Junior Suspension. Powder to prepare 100ml suspension. Each 5ml contains potassium clavulanate equivalent to 62mg clavulanic acid with amoxycillin trihydrate equivalent to 125mg amoxycillin. PL0038/0274 (Cost -18p per 5ml dose). Augmentin Paediatric Suspension. Powder to prepare 100ml suspension. Each 5ml contains potassium clavulanate equivalent to 31mg clavulanic acid with amoxycillin trihydrate equivalent to 125mg amoxycillin. PL0038/0298 (Cost - 14p per 5ml dose).

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, pp87-105. 4. O'Grady, F., *Proceedings of the Second Augmentin Symposium*. Leigh, D.A. and Robinson, G.P.W. (eds), Excerpta Medica, 1981, p44.

Further information is available on request to the Company.  
AUGMENTIN and the BRL logo are trademarks

November 1982 BRL AUG J19



**Zantac makes  
peptic ulcer treatment  
this simple**



150mg b.d.

**and maintenance  
this simple**



150mg at night

**and retains its selective  
action throughout**

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



# Simple!

**Simply right  
in peptic ulcer treatment  
Simply right  
in maintenance**

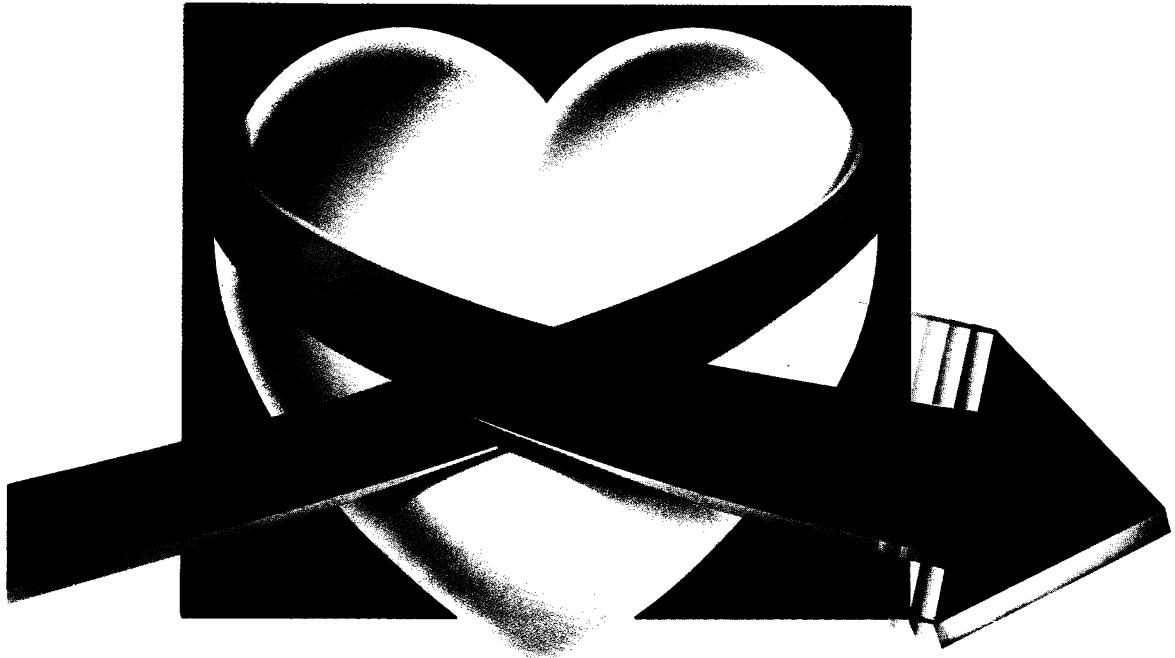
# Zantac

RANITIDINE

SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. CONTRA-INDICATIONS: THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. BASIC NHS COST (EXCLUSIVE OF VAT) 60 TABLETS £27.43. PRODUCT LICENCE NUMBER 4/0279. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LTD., GREENFORD, MIDDX. UB6 0HE.

**Glaxo**

# 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<sup>1</sup>

This is important because the use of first line anti-hypertensives such as  $\beta$ -blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD)<sup>2-5</sup>

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)<sup>6-9</sup>

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





# Cuts fat in half.

St. Ivel Gold contains only half the fat of butter, margarine or even polyunsaturated margarine. Most authorities agree that reducing total dietary fat is an important measure in reducing the risks of obesity<sup>1</sup> and heart disease.<sup>2,3</sup>

Changing to polyunsaturated margarine does not decrease the calorie or fat intake. Moving to St. Ivel Gold does.

Average content per 100g of product	Butter	Polyunsaturated Margarine	St. Ivel Gold
Total fat g	80	80	39
Saturated fat g	47	14	11
Calories Kcal	750	750	390

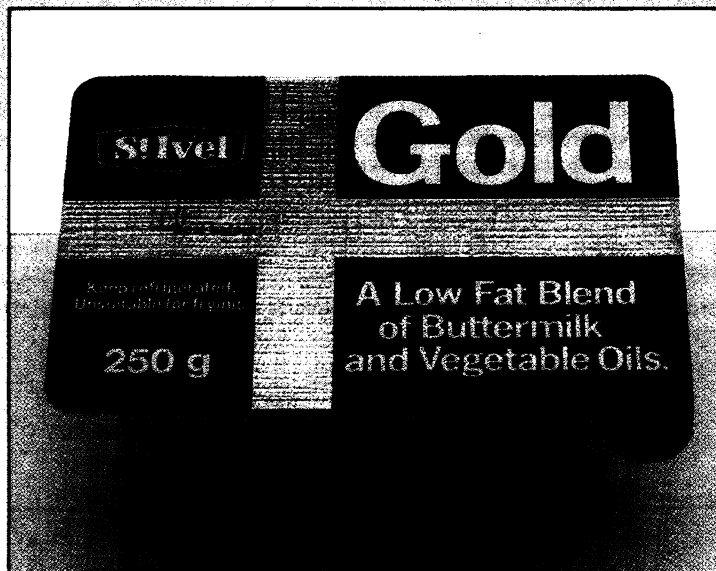
But this is only half the story.

St. Ivel Gold is a unique low fat blend of buttermilk and vegetable oil with a satisfying buttery taste.

So when you are recommending a weight reducing or lower fat diet, St. Ivel Gold can make a healthy contribution that patients enjoy.

#### References

1. Obesity. A report of the Royal College of Physicians, 1983 17; 1.
2. Beating Heart Disease. Health Education Council, 1982.
3. Prevention of Coronary Heart Disease, W.H.O. 1982, Technical Report Series, 678.



## A buttery taste with half the fat of any margarine.

#### Send off for information package

If you would like to receive further information on St. Ivel Gold including a patient advice booklet, please return this coupon to St. Ivel Limited, Hesketh House, Portman Square, London W1H 9FG.

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANXON

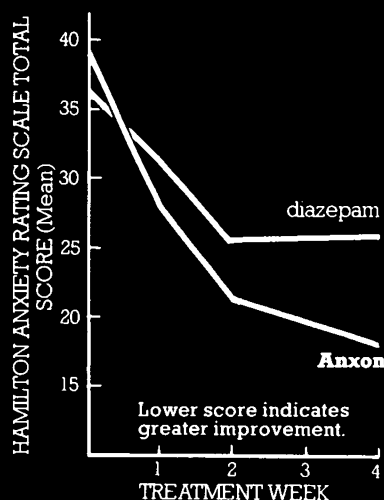
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# IN ANXIETY ANXON

ketazolam

## CLINICALLY SUPERIOR

## SIGNIFICANTLY MORE EFFECTIVE THAN DIAZEPAM.<sup>1</sup>



Curr. Ther. Res. (1980), 28, 3, 425

A recent double-blind study<sup>1</sup> demonstrated that Anxon was more effective than diazepam in the treatment of anxiety. Another study showed "...on the Hamilton Anxiety Rating Scale in direct comparison with diazepam, ketazolam [Anxon] was significantly superior in anxiolytic effect."<sup>3</sup>

### Anxon vs. clorazepate and lorazepam.

Further double-blind studies have compared Anxon with clorazepate and lorazepam and the authors commented... "Ketazolam [Anxon] appears, therefore, to be more effective than clorazepate in treating symptoms of anxiety..."<sup>5</sup>

In comparison with lorazepam: "Therapeutic effects, although similar for both drugs, showed a slight superiority in favour of ketazolam [Anxon]. Also ketazolam [Anxon] was better tolerated in that patients in that group reported fewer side effects than those in the lorazepam group."<sup>6</sup>

#### REFERENCES

1. Br. J. Clin. Pract. (1983), In Press
2. Br. J. Clin. Pract. (1980), 34, 4, 107
3. Curr. Ther. Res. (1980), 28, 3, 425
4. J. Int. Med. Res. (1980), 8, 6, 439
5. Abst. of 12th CINP Congress, Göteborg, Sweden, June 1980
6. Curr. Ther. Res. (1981), 29, 6, 936
7. Curr. Ther. Res. (1982), 31, 5, 679

#### ▽ PRESCRIBING INFORMATION

##### Indications

Anxiety, tension, irritability and similar stress-related symptoms.

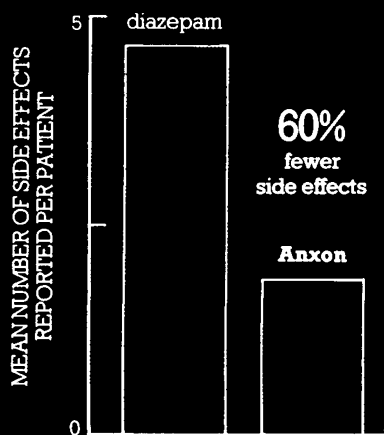
**Dosage and Administration** For many adult patients a dosage of 30mg nocte is appropriate. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

**Contra-indications, Warnings etc.** Precautions: Anxon may potentiate other centrally acting drugs. Patients should be warned to exercise care when

# TO DIAZEPAM. (Refs 1-4)

## FEWER SIDE EFFECTS THAN DIAZEPAM, CLORAZEPATE AND LORAZEPAM.<sup>2,4,6,7</sup>



J. Int. Med. Res. (1980), 8, 6, 439.

### 60% fewer than diazepam

"Side effects were markedly less frequent and less severe in patients treated with ketazolam [Anxon] than in those treated with diazepam."<sup>4</sup>

### 28% fewer than clorazepate

"...ketazolam [Anxon] produced side effects in fewer patients, the overall incidence of side effects was less [28%] and the severity of the side effects tended to be milder than with clorazepate."<sup>7</sup>

### 14% fewer than lorazepam

"Ketazolam [Anxon] patients reported a total of 124 side effects [30 patients], while the lorazepam patients reported 135 side effects [28 patients]" - 14% fewer side effects on Anxon.<sup>6</sup>

driving or operating heavy machinery. Usage cannot be recommended during pregnancy, labour or lactation. Side effects: Anxon is well tolerated. In clinical trials, the overall incidence of side effects was no greater than observed with placebo. Daytime drowsiness has been reported. Overdosage: Symptomatic treatment only is

required. Gastric lavage may be useful if performed soon after ingestion.

#### **Presentations and Basic NHS Prices**

Anxon capsules 15mg: 10p each. Anxon capsules 30mg: 16p each. Prices correct at February 1983. Further information is available on request to the Company.



**Beecham Research Laboratories**  
Brentford, Middx. TW8 9BD



Anxon and the BRL logo are trademarks.

BRL 8016

PL0038 0252 0253

# 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.

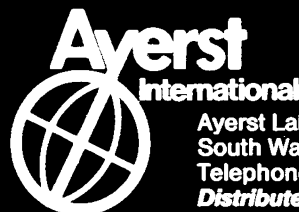
**Side Effects** Side effects due to Isordil are common to all nitrates used for the treatment of angina pectoris.

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.  
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# CHRONIC ASTHMA

---

## **1966** The need is recognised

¶If a drug could be produced that had the anti-asthmatic properties of steroids without their side effects, the trials and tribulations of asthmatic patients would be at an end. ¶<sup>1</sup>

## **1973** The solution is offered

¶In my experience the aerosol of beclomethasone dipropionate is effective in controlling symptoms and avoiding adrenal suppression both in patients with steroid-independent asthma and in most patients with steroid-dependent asthma and therefore seems to be a notable advance in the treatment of asthma. ¶<sup>2</sup>

## **1983** The promise is fulfilled

¶Inhaled steroids have transformed the management of chronic asthma. All initial promises have been fulfilled and there have been no serious side effects. ¶<sup>3</sup>

## **? A challenge for the future**

¶In the light of the continuing morbidity of asthma, usually from underdiagnosis and undertreatment, and of too frequent asthma fatalities, there is a compelling case for the much wider use of anti-asthma drugs. The contribution that corticosteroids, especially their prophylactic use by inhalation, can make is not yet fully appreciated or employed. ¶<sup>4</sup>

TWICE DAILY

INHALED

# beclomethasone



# "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 bedtime dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day.

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

### **Pregnancy**

Do not use unless there are compelling reasons.

### **Contra-indications**

Mania; severe liver disease; during breast feeding.

### **Precautions**

Monitor patients carefully during first 2-4 weeks of antidepressant 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<sup>1</sup> and 400 deaths<sup>2</sup> 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.<sup>3</sup> 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.  
Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

14270(1) Oct 1982

# Effective in acute as well as chronic conditions

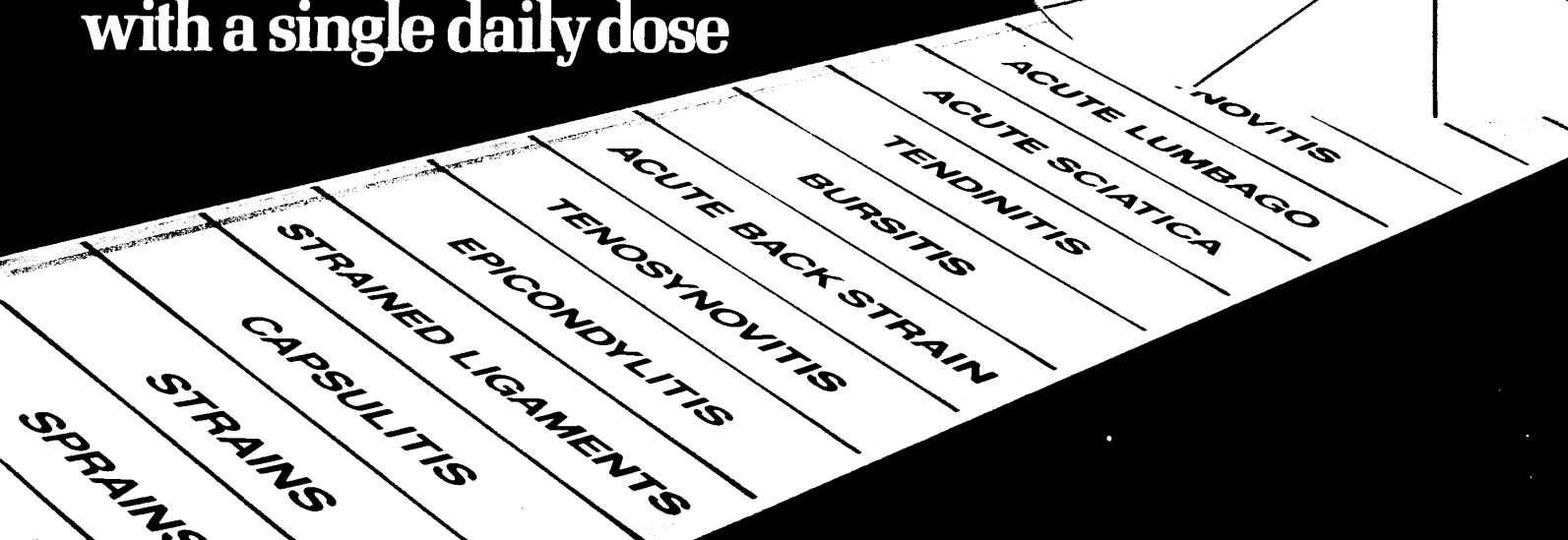
Recent clinical studies<sup>1-4</sup> show Feldene is effective in acute musculoskeletal disorders.

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

# Feldene<sup>\*</sup>

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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. 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 (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

## **Educational Programmes for General Practitioners**

Our 1983 Handbook will be available in April. This will include an up-to-date catalogue of our current programmes and information about a new format for our tutors' notes. In addition there will be a description of some of our courses and other educational services. Among these is an 'open access' facility for the making of future programmes.

### **Open Access**

A number of general practitioners, among them course organizers, trainers and trainees, have in the past made suggestions about important topics which might form the basis for some of our programmes.

The Foundation is keen to develop such ideas, and accordingly I would like to invite individual doctors, groups of general practitioners or others concerned in general practice education to submit their plans for a future programme. This should include a very brief description of the aims, the use of supporting material like video recording, the sort of notes for tutors or group leaders that might be written, and any practical exercises such as a limited clinical audit.

The topic should be one not so far sufficiently covered in our catalogue, and it should be seen as making an important contribution to vocational training courses and/or small groups of doctors concerned with their own continuing education.

Successful applicants will be given a realistic budget, and the support of the Foundation's technical and educational resources. If you are interested, please do not hesitate to write to me at the Foundation to discuss the idea, and the form in which you might want to submit it. I would hope to be in a position to choose two such programmes for production in 1983.

Marshall Marinker  
Director, MSD Foundation

Videocassettes which are part of our teaching programmes 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 a handbook, can be obtained by writing to:

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

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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.

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.

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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.

## THE BALINT SOCIETY RESIDENTIAL WEEKEND AT PEMBROKE COLLEGE, OXFORD From 7 p.m. Friday 23 September to 1 p.m. Sunday 25 September 1983

General practitioners, both principals and trainees, are invited to sample the experience of being in a Balint group for a weekend. There will be opportunities to discuss the experience, and the problems of learning and teaching in small groups.

The cost of the weekend will be allowable under Section 63, together with travelling expenses. Further details available from: the Secretary, Dr Peter Graham, 149 Altmore Avenue, London E6.

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## **YORK HEALTH AUTHORITY**

### **Vocational Training Scheme for General Practice**

Applications are invited for 12 months vocational training in general practice, beginning 1 August 1982, based on the training practices in the York Health District. Vacancies are suited to those candidates arranging their own vocational training scheme (B Scheme) in order that they can satisfy the requirements for vocational training. The attachments will consist of two periods of six months, to run consecutively. An active trainer/trainee group is in operation with half-day release facilities and a comprehensive Postgraduate Medical Education programme based on the York District Hospital. An excellent postgraduate medical library exists.

Successful applicants will have to make their own accommodation arrangements.

A curriculum vitae giving full details of education, qualifications, past experience and general interests, together with the names and addresses of two referees, should be sent to the District Personnel Officer, York Health District, Bootham Park Hospital, York YO3 7BY.

Closing date: 10 May 1983.

## **INNER CITIES**

### **Occasional Paper 19**

The problems of general medical practice in inner cities are becoming increasingly well known and some important reports have recently been published, particularly about general practice in London.

*Occasional Paper 19* by Dr K. J. Bolden, Senior Lecturer at the Department of General Practice, University of Exeter, is based on the report for which the author won the 1980 Upjohn Prize, and analyses problems of general practice in several inner cities in different parts of the country.

Whereas many are critical of doctors working in these areas, Dr Bolden illustrates vividly some of the difficulties which practitioners encounter and makes a number of suggestions as to how they can be overcome.

*Inner Cities, Occasional Paper 19*, is available now, price £3.00 including postage, from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Payment should be made with order.

## **FOURTH NATIONAL TRAINEE CONFERENCE REPORT, RECOMMENDATIONS AND QUESTIONNAIRE**

### **Occasional Paper 18**

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

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

## **PATIENT PARTICIPATION IN GENERAL PRACTICE**

### **Occasional Paper 17**

Patient participation has been one of the more radical innovations in general practice in the last few years and has led to the formation of many different kinds of patient groups attached to practices all over Britain.

*Patient Participation in General Practice* stems from a conference held on this subject by the Royal College of General Practitioners in January 1980 and was compiled by Dr P. M. M. Pritchard, who was one of the first general practitioners to set up a patients' association. It brings together in one booklet a large number of current ideas and gives much practical information about patient groups.

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