

## The simple solution to the complicated problem of treating anxiety

Whenever advice alone is not enough, you can trust Ativan to relieve the symptoms of anxiety simply and effectively in a wide variety of patients. Ativan tends not to accumulate so sedative effects are less frequent than with diazepam! And its direct, one step metabolism makes it useful even in patients with impaired liver function.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. Moderate / severe anxiety. 5-7mg daily in divided doses. Moderate / severe anxiety. 5-7mg 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 imbaliance 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 returning. Occasional confusion, hangover, headache on waking, drowsiness or divided in any be modified (as inhandling machinery driving etc.) depending on the individual patients 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 acterfully 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 withdrawing adually Carred 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.



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,

## WHEN ANXIETY GETS OUT OF PROPORTION

## LEXOTAN

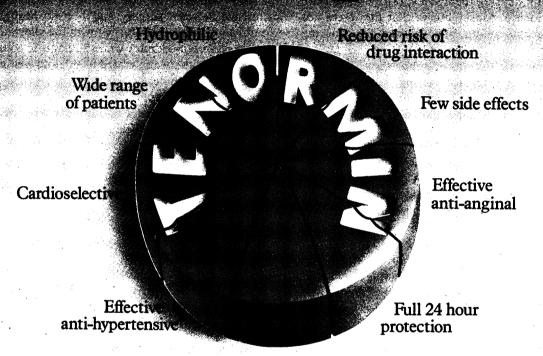
## CUTS IT DOWN TO SIZE

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



## IN HYPERTENSION AND ANGINA



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 £7.05. Product Licence Number: Tenormin' 0029/0122.

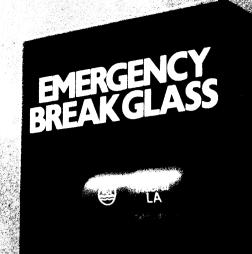
Full precribing information is available on request to the



Stuart Pharmaceuticals Ltd Carr House, Carrs Road Cheadle, Cheshire SK8 2EG 'Tenormin' is a trademark.





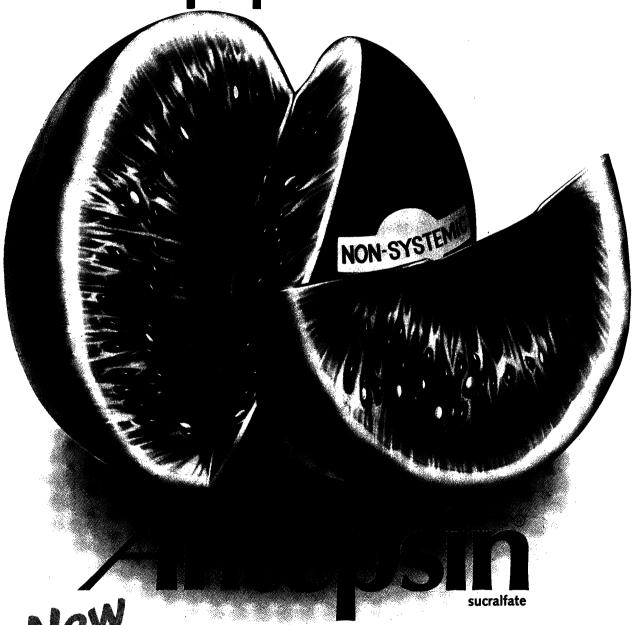






pringled prescribing information. Presentation: Long action capsules each containing 160mg of programolic hydrochionae BP Uses: Control of hyportension. Management of angina, anxiety and essential tremor Again terms (Allice to the Containing Supplied Not intended for use in children Contraindications: Heart block Bronchospasm. Proflonged fasting, Metabolic across. Co-administration with verapamil, Precautions: Untrated to the Program of the Program of

# A fresh approach to peptic ulcers



n-systemic ulcer healer

#### Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. Uses For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. Dosage and Administration For oral administration. Adults — Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary in resistant cases. Antacids may be used as required

for relief of pain. Contra-Indications, Precautions, Warnings, etc. Contra-Indications There are no known contraindications. 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 for relief of pain, Contra-Indications, Precautions, Warning

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 Laboratories Ltd., South Way, Andover, Hampshire SP10 5LT. Telephone: 0264 58711. Distributors in Ireland: Ayerst Laboratories Ltd., 765 South Circular Road, Islandbridge, Dublin 8.

\*ANTEPSIN is a registered Trade Mark.

Further information is available on request to the Company.

# CHRONIC ASTHMA

## The need is recognised If a drug could be produced that had the anti-asthmatic

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. I

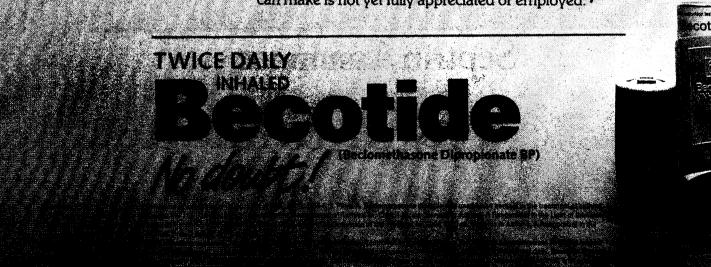
### The solution is offered

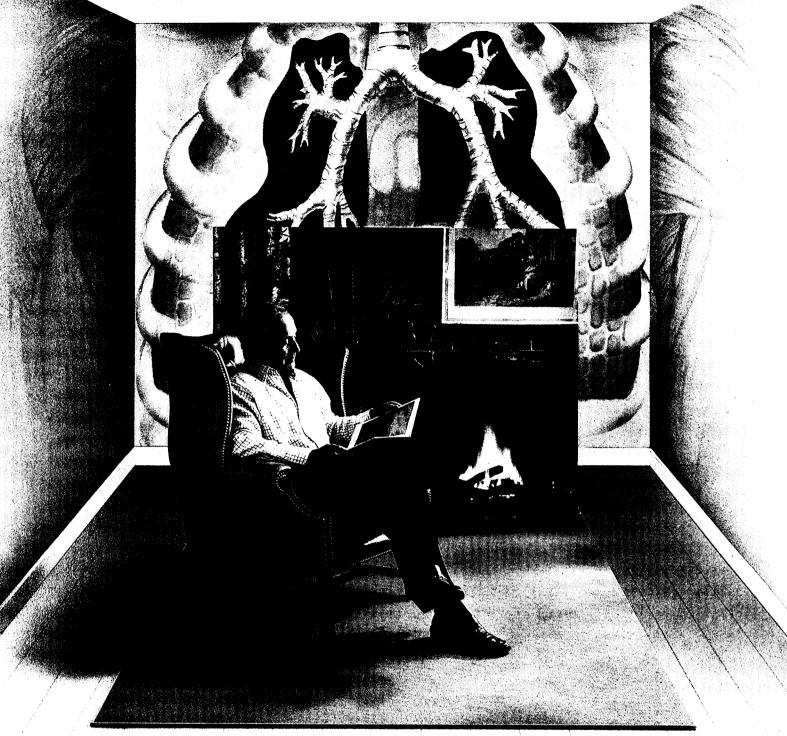
In my experience the aerosol of beclomethasone dipropionate is effective in controlling symptoms and avoiding adrenal suppression both in patients with steroid-independent asthma and in most patients with steroid-dependent asthma and therefore seems to be a notable advance in the treatment of asthma.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

## The promise is fulfilled

### 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. \*\*





## 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.

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



Photographic evidence Using autoradiographical techniques it has been shown that Vibramycin penetrates bronchial pathogens in just one day.

A specimen of bronchial tissue was taken one day after starting treatment with Vibramycin. The slide below shows the presence of Vibramycin in a Haemophilus influenzae cell taken from this tissue. Clinical success The recent evidence correlates well with Vibramycin's clinical success in chronic bronchitis . . . "79% of the infections treated with doxycycline (Vibramycin) were rated by the investigator to have responded with marked to moderate improvement."<sup>2</sup>

VIBRAMYCIN\* PENETRATES BRONCHIAL PATHOGENS IN ONE DAY.



PRESCRIBING INFORMATION:

PRESCRIBING INFORMATION: Indications: Infections due to susceptible strains of micro-organisms including bronchitis, sinusitis and other respiratory infections. Dosage: Capsules: Two capsules (200mg) on the first day, taken as a single dose, preferably with a meal. Thereafter, one capsule (100mg) daily. In severe infections two capsules (200mg) daily may be given. Vibramycin-D Dispersible Tablets: Two dispersible tablets (200mg) on the first day, taken as a single dose. Thereafter, one dispersible tablets (100mg) daily. The tablets should be stirred in half a glass of water until dispersed. In severe infections two dispersible tablets (200mg) and precautions: Nausea and vomiting are the side effects most commonly reported. Staining of teeth is a possible sequel of treatment in the latter half of pregnancy or in early childhood (up to the age of eight years). Contra-indications: Hypersensitivity to tetracyclines. Packaging: Vibramycin is available as a spraule of 10 and 50. Vibramycin-D dispersible tablets are availables as off-white tablets each containing 100mg of daxycycline as the hydrochloride, in packs of 10. Wibramycin is also available as a syrup, in bottles of 30ml Each 5ml spoonful contains the equivalent of 50mg of daxycycline as the action es the calcium chelate. Basic N.H.S. Cost: Capsules 100mg (PL57/5059), pack of 10, £5.48; Dispersible tablets 100mg (PL57/5080), bottle £1.72. References: 1. Liss R.H. (1981). Data on file. 2. Chodosh S. Respiratory Infections. Postgraduate Medicine Communications(1981) 30–38. Further information is available on request to the Company: Pfizer Limited, Sandwich, Kent.

## 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, 23 rapid action

The safety and tolerance of a penicillin-based therapy Augmentin is well tolerated, 4 as would be

expected from a penicillin based therapy.

Two Sugar-free Preparations for Children 6-12 years 2-6 years Augmentin Augmentin Paediatric Junior Suspension Suspension ♠ 5ml tds ₹ 5ml tds Under 2 years: See data sheet

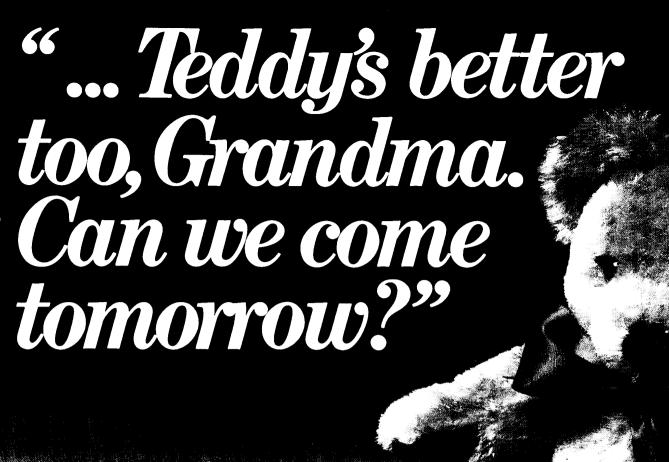




clavulanate-potentiated amoxycillin

WORKING QUICKLY, EFFECTIVELY, EVERYDAY.

nher 1982 BRL AUG 119



in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil - the leading antibiotic prescription for children in Britain.

Rapidly resolves young patients' infections.

#### Prescribing Information

Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

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

PL0038/0279

▼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 steel contents and the well-defined to the content per dose unit is present as the trihydrate in Amoxil steel contents. 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.

Children's Dosage (up to 10 years) Oral: 125mg three times a day. In severe infections doses should Injectable: 50-100mg/kg bodyweight per day in divided doses

Adult Dosage Oral: 250mg three times a day. In severe infections doses should be

Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. Ig 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, Great West Road, Brentford Telephone: 01-560 5151 Telephone: 01-560 5151 Amoxil and the Bencard logo are trademarks. December 1981 14289



isosorbide dinitrate



## In Angina

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

## one apsule

#### **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.

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 mitrates and mitrites may occur.

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
- 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

# Zantac makes peptic ulcer treatment this simple (250)

150mg b.d.

## and maintenance this simple

150mg at night

and retains its selective action throughout



## Simple!

Simply right in peptic ulcer treatment Simply right in maintenance



"Tricyclics are extremely dangerous drugs when taken in overdose", Hollister, L. E., (1981), Drugs, 22, 129-152.

PRESCRIBING INFORMATION

Indications Symptoms of depressive illness.

Adult Dosage
For the first few days.

30-40mg/day as a single bed-time dose, or in divided doses. Effective maintenance dosage normally lies between 30mg and 90mg a day. Elderly: initially no more

than 30mg a day; thereafter increase with caution under close supervision.

Pregnancy

Do not use unless there are compelling reasons.

Contra-indications

Mania; severe liver disease;

during breast feeding. Precautions

Monitor patients carefully during first 2-4 weeks of 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 sideeffects 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 orinting).

- 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 and 400 deaths per annum-a tragic waste of human life on a scale equivalent to one death every day.

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



Effective in depression without tricyclic overdose risks.

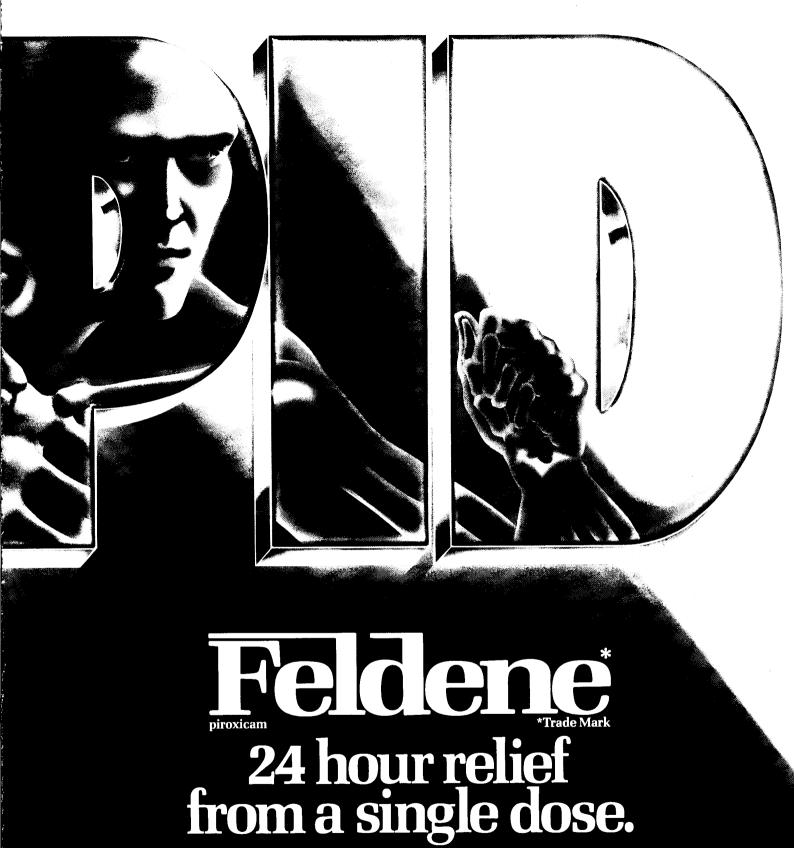


Further information is available from Bencard, Brentford, Middlesex TW8 9BD. Norval and the Bencard logo are trade marks. PL0038/0230R, 0247R, 0248R.

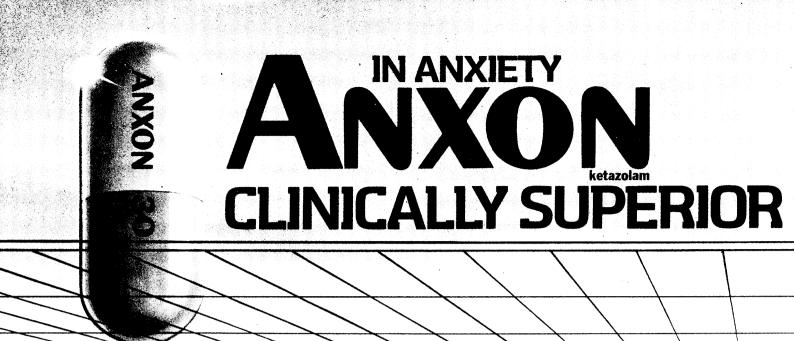


Effective blood levels, achieved within hours of the first administration of Feldene, lead to rapid relief from pain and inflammation. Continuous relief is then maintained with a single daily dose.

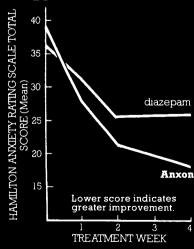
Feldene has repeatedly been shown to be at least as effective as indomethacin in rheumatoid and osteoarthritis;<sup>1-5</sup> whilst being as well tolerated as ibuprofen.<sup>6,7</sup>



Prescribing Information 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 gastro-intestinal 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 anind: various skin rashes have been reported. Dosage: in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis – starting dose of 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg 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 40mg 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 20mg daily. Basic N.H.S. Cost: capsules 10mg coded FEL. 10, pack of 60 29.00 (P.L. 0057/0145). Full information on request. References I. Finstad. R., Brit. J., Clin. Pract., 1981, 3.5. No. 1, 40. 4. Osterman. K. and Videman. T. Excerpta Medica. Proceedings of Symposium. Malaga. 1980, 94. 5. Steigerwald. J., C., Eur. J., Rheum. and Inflamma., 1978, L. No. 3, 360, 6



## SIGNIFICANTLY MORE EFFECTIVE THAN DIAZEPAM!



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

A recent double-blind study 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."3

#### 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..."5 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."6

#### 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

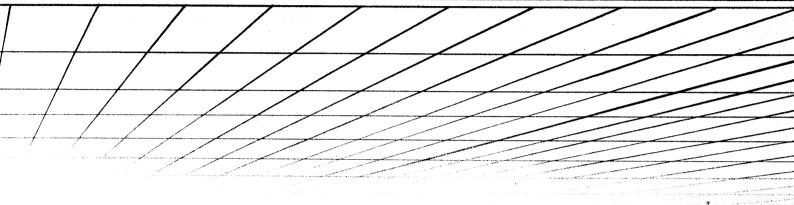
#### **▽PRESCRIBING INFORMATION**

Indications
Anxiety, tension, irritability and similar stress-related

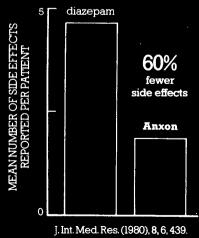
symptoms. Dosage and Administration For many adult patients a dosage of 30mg nocte is appropriate. This dosage may be adjusted to suit the needs of each individual patient within the range of 15-60mg per day.

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.24,6,7



#### 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"4

#### 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",7

#### 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 Anxon6

driving or operating heavy machinery. Usage cannot be recommended during pregnancy, labour or lactation. Side effects: Anxon is well ed. 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

required. Gashri, lavage fray be useful if performe 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



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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.

#### **VACANCY FOR RESEARCH REGISTRAR**

Vacancy for Research Registrar in General Practice to work with Dr Julian Tudor Hart at Glyncorrwg Health Centre, South Wales, from 10 July 1983 (but we would wait for a suitable applicant). The person appointed will be a member of the Medical Research Council's Clinical Scientific Staff, under the joint supervision of Dr Hart and Dr T. W. Meade, Director of the MRC Epidemiology and Medical Care Unit at Northwick Park Hospital, Harrow, and will have responsibilities both in the clinical work of the practice and in organizing research projects. These currently include studies of the effects on arterial pressure of dietary sodium restriction in genetically defined groups of the population and descriptive studies on management of high blood pressure in a total screened community over 15 years. The new registrar will also initiate studies on clotting factors and coronary heart disease, and descriptive studies on management of other chronic disease in the practice.

The post is normally held for two or three years. Salary is on the Council's clinical scale and would be comparable with the Hospital Practitioner scale for a suitably qualified applicant. The post is suitable for (1) those who, having completed vocational training and passed the MRCGP, wish to gain research and population management experience before entering service or academic general practice, (2) community physicians in training who wish to have clinical and research experience in the community and, (3) epidemiologists in training. Overseas applicants with an interest in clinical epidemiology and in the British National Health Service will be welcome, if eligible for provisional registration.

Please apply as soon as possible to: Dr T. W. Meade, MRC Epidemiology Unit, Northwick Park Hospital, Harrow HA1 3UJ, or to Dr J. T. Hart, Glyncorrwg Health Centre, near Port Talbot, West Glamorgan SA13 3BL.

## 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.

## THE UNIVERSITY OF LEEDS DEPARTMENT OF COMMUNITY MEDICINE AND GENERAL PRACTICE

## MASTER'S DEGREE IN GENERAL PRACTICE

A one-year, full-time course leading to the degree of Master of Medical Science in General Practice will be provided by the above department, commencing in October 1983. The course will include clinical medicine and therapeutics, epidemiology, statistics, research method, human behaviour and development, medical sociology and health administration—together with a dissertation on an approved topic of the candidate's choice. Emphasis will be laid throughout on topics of practical importance in general practice.

The course is intended for established practitioners who wish to develop their methods of practice or become involved in teaching.

Applicants may be eligible for DHSS Prolonged Study Leave Allowances and it is hoped that a number of supporting Fellowships will be available to selected candidates.

Preliminary enquiries and requests for further details and application forms should be directed to: Dr H. J. Wright, Division of General Practice, St James's Hospital, Leeds (tel: 0532 433144 Ext. 5654).

## COLLEGE PUBLICATIONS

The following publications from the Royal College of General Practitioners can be obtained from the Publications Sales Department of the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. All prices include postage and payment should be made with order.

## REPORTS FROM GENERAL PRACTICE

<ul><li>18. Health and Prevention in Primary Care.</li><li>19. Prevention of Arterial Disease in</li></ul>	£3.00	
General Practice	£3.00	
20. Prevention of Psychiatric Disorders in General Practice	£3.00	
21. Family Planning—An Exercise in Preventive Medicine	£2.25	
22. Healthier Children—Thinking Prevention	£5.50	
OCCASIONAL PAPERS		
A A System of Training for Conoral		
4. A System of Training for General Practice (2nd edn)	£3.00	
6. Some Aims for Training for General	23.00	
Practice	£2.75	
	£3.00	
7. Doctors on the Move	£3.00	
9. General Practitioners and Postgraduate	23.00	
Education in the Northern Region	£3.00	
	13.00	
10. Selected Papers from the Eighth World Conference on Family Medicine	£3.75	
11. Section 63 Activities	£3.75	
	£3.75	
12. Hypertension in Primary Care	£3.73	
13. Computers in Primary Care	23.00	
14. Education for Co-operation in Health and Social Work	£3.00	
15. The Measurement of the Quality of	13.00	
General Practitioner Care	£3.00	
16. A Survey of Primary Care in London	£3.00 £4.00	
17. Patient Participation in General	14.00	
	£3.75	
Practice	£3.75	
	£3.73	
19. Inner Cities	£3.25	
21. The Influence of Trainers on Trainees in	13.23	
General Practice	62.25	
General Practice	£3.25	
BOOKS		
The Future General Practitioner	£10.50*	
Computers and the General Practitioner	£10.50	
Epidemiology and Research in a General		
Practice	£10.50	
A History of the Royal College of General		
Practitioners	£12.00†	
RCGP Members' Reference Book	£17.50	
Present State and Future Needs in General		
Practice	£5.50	
*£1.00 less for members of the College		
†£2.00 less for members of the College		

#### TRAINEE VACANCY

Semi rural, West Sussex. Trainee vacancy starting 1 August 1983 in Steyning. Five partners at modern Health Centre with full ancillary staff and access to pathology services. Day release course. Close to recreational facilities of Brighton, Worthing and Chichester harbour.

Apply to: Dr Frank and Partners, The Health Centre, Steyning, West Sussex. Tel: Steyning 814100.

#### **MRCGP CANDIDATES**

New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.



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#### CARL SIMONTON MD

## Two-day Seminar at the Institute of Psychiatry 15 June 1983

Subject Physiological and biochemical aspects of cancer	Individuals concerned Dr Malcolm Carruthers Dr Carl Simonton	Chairman Prof. Kenneth Calman	
Psychological aspects of cancer	Dr Carl Simonton	Dr Ian Pearce	
Death, dying and the family	Dr Michael Murphy	Dr Dora Black	
Experiencing relaxation and visualization	Dr Carl Simonton Dr Ian Pearce	Dr Patrick Hickey	
16 June 1983			
On the suffering of patients, families and care givers	Dr Michael Murphy Dr Carl Simonton	Susan Le Poidevin	
Do we need a new model to research cancer	Dr Peter McGuire Dr Carl Simonton	Mr John Heron	
How a GP can use the Simonton technique in his daily practice	Dr Hans Moolenburgh Dr Carl Simonton	Dr Aubrey Hill	
Practical challenges in organizing an in-patient and out-patient clinic	Mrs Pat Pilkington	Dr Dick Richards-	

#### **CARL SIMONTON MD**

7.30 to 9.30 pm

Royal Society of Medicine
'The psychological approach to cancer'
For researchers, oncologists, general practitioners and health
professionals.

For details, send an s.a.e. to the:
Association for New Approaches to Cancer,
28 Blythe Road, London W14 0HA.

## **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 education services. The following is one of our new programmes for 1983:

## Putting the Pressure on Detecting High Blood Pressure

In this video Dr Julian Tudor Hart's arguments for hypertension screening in general practice are presented. There are scenes from Dr Tudor Hart's own practice, and that of a neighbouring doctor. He comments on a number of aspects of high blood pressure, its detection and the implications for practice organization. Also he touches on some of the ethical issues. This is in one sense a polemic, but Dr Hart's pronouncements are most often supported by a formidable grasp of the best empirical research.

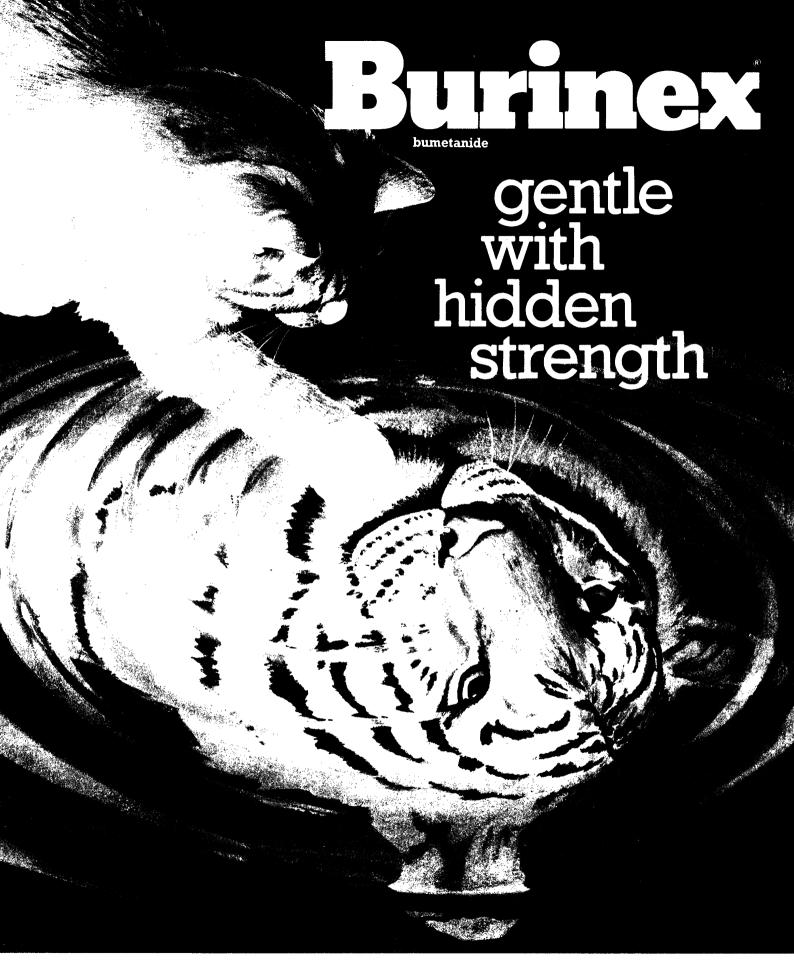
The video cassette is designed to be used with a small group of doctors over one or two 90 minute sessions. A pre-course task is suggested in which information about patients between the ages of 35 and 65 years is collected from the course members' practices. These data are summated and discussed in the first session.

Other tasks involve the group members in presenting the arguments for and against screening for hypertension, in the context of their own practices.

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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renal failure. Hypovolaemia and circulatory collapse may follow inappropriately excessive diuresis. Electrolyte disturbances resulting in digitalis toxicity may occur. Concurrent antihypertensive or antidiabetic therapy may require adjustment. Caution should be exercised in first trimester of pregnancy. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. **Product Licence Number**: 1 mg tablets 0043/0021. **Basic N.H.S. Price**: £5.60 per 100.



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