

# ...to the end



“Cimetidine/Tagamet remains the drug of first choice both for symptomatic relief and for ulcer healing.”

## Tagamet

cimetidine



THOROUGHLY EXPLORED

puts you in control of gastric acid

Reference: 1. Gazzard B. Do any drugs actually cure ulcers? General Practitioner 1983; January 28: 44.

#### Prescribing Information

**Presentations** – Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine, 56, £16.95. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine, 500, £75.66. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml, 200 ml, £8.17. **Indications** – Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial; prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison syndrome. **Dosage** – Usual dosage: Adults, Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at

bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g a day divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia, 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and short

bowel syndrome, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). N.B. For full dosage instructions see Data Sheet. **Cautions** – Impaired renal function; reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** – Diarrhoea, dizziness, rash, tiredness. Rarely mild gynecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** – POM 11.3.83

**SK&F** SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY.  
© 1983 Smith Kline & French Laboratories Limited. Tagamet is a trade mark

TG-AD493



# 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 ✓

# There is no substitute for success



in urinary tract infections

## Septtrin b.d.

co-trimoxazole

### Prescribing Information

**Uses:** 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.

**Dosages:** *Septtrin Forte Tablets:* over 12 years, one twice daily. *Septtrin Tablets/Septtrin Dispersible Tablets:* over 12 years, two twice daily; children 6 to 12 years, one twice daily. *Septtrin Suspensions:* over 12 years, 10ml Adult twice daily; children 6 to 12 years, 10ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily.

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

**Precautions:** In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained.

Trade Mark

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 Septtrin to patients receiving oral anti-coagulants of the coumarin group, pyrimethamine, sulphonylureas, or phenytoin.

**Warnings and Adverse Effects:** Occasionally nausea, vomiting, diarrhoea, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Further information is available on request.

**Wellcome Medical Division**  
The Wellcome Foundation Ltd, Crewe, Cheshire.



### Presentations:

	Product Licence	Formulation	Basic NHS Cost
Septtrin Forte Tablets	PL 3/0121	160mg Trimethoprim BP 800mg Sulphamethoxazole BP	£1.90 for 10
Septtrin Tablets	PL 3/0109	80mg TMP 400mg SMX	£2.27 for 20
Septtrin Dispersible Tablets	PL 3/0099	80mg TMP 400mg SMX	£2.42 for 20
Septtrin Adult Suspension	PL 3/5223	80mg TMP 400mg SMX in 5ml	£3.22 for 100ml
Septtrin Paediatric Suspension	PL 3/5222	40mg TMP 200mg SMX in 5ml	£2.06 for 100ml
Septtrin Paediatric Tablets	PL 3/0108	20mg TMP 100mg SMX	£0.69 for 20

1. Gower, P.E. and Tasker, P.R.W. (1976), *Brit. Med. J.*, 1, 684. Double-blind comparison of Septtrin with cephalixin in 93 women with acute UTI. After two weeks, 96% of Septtrin-treated patients were infection-free, compared with 68% of cephalixin-treated patients.



# *'Inderal' LA, once daily in hypertension and angina.*



6230

**Propranolol Hydrochloride BP**  
*Works a 24 hour day*

**Abridged prescribing information. Presentation:** Long-action capsules each containing 160mg of propranolol hydrochloride BP. **Uses:** Control of hypertension. Management of angina, anxiety and essential tremor. Adjunctive management of thyrotoxicosis. Prophylaxis of migraine. **Dosage:** Adults: 1 or 2 capsules, once daily. Children: Not intended for use in children. **Contraindications:** Heart block. Bronchospasm. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions:** Untreated cardiac failure. Bradycardia. Discontinuation of propranolol. Anaesthesia. Pregnancy. **Adverse Reactions:** Cold extremities, nausea, insomnia, lassitude and diarrhoea are usually transient. Isolated cases of paraesthesia of the hands, numbness and dry eyes have been reported with beta-blockers. Consider discontinuance if they occur. Beta-blockers should be withdrawn gradually. **Overdosage:** See data sheet. **Basic NHS cost:** 28 day calendar pack £6.66. **PL No:** 0029/0128. 'Inderal' LA is a trademark for

Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TJ.



**Presentation**

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

**Indications**

Parkinsonism — idiopathic, post-encephalitic.

**Dosage**

Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

**Contra-indications**

Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given: in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal; to patients under 25 years of age; to pregnant women, or to patients who have a history of, or who may be suffering from, a malignant melanoma.

**Precautions**

Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

**Side-effects**

Nausea and vomiting; cardiovascular disturbances; psychiatric disturbances; involuntary movements.

**Packings**

Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

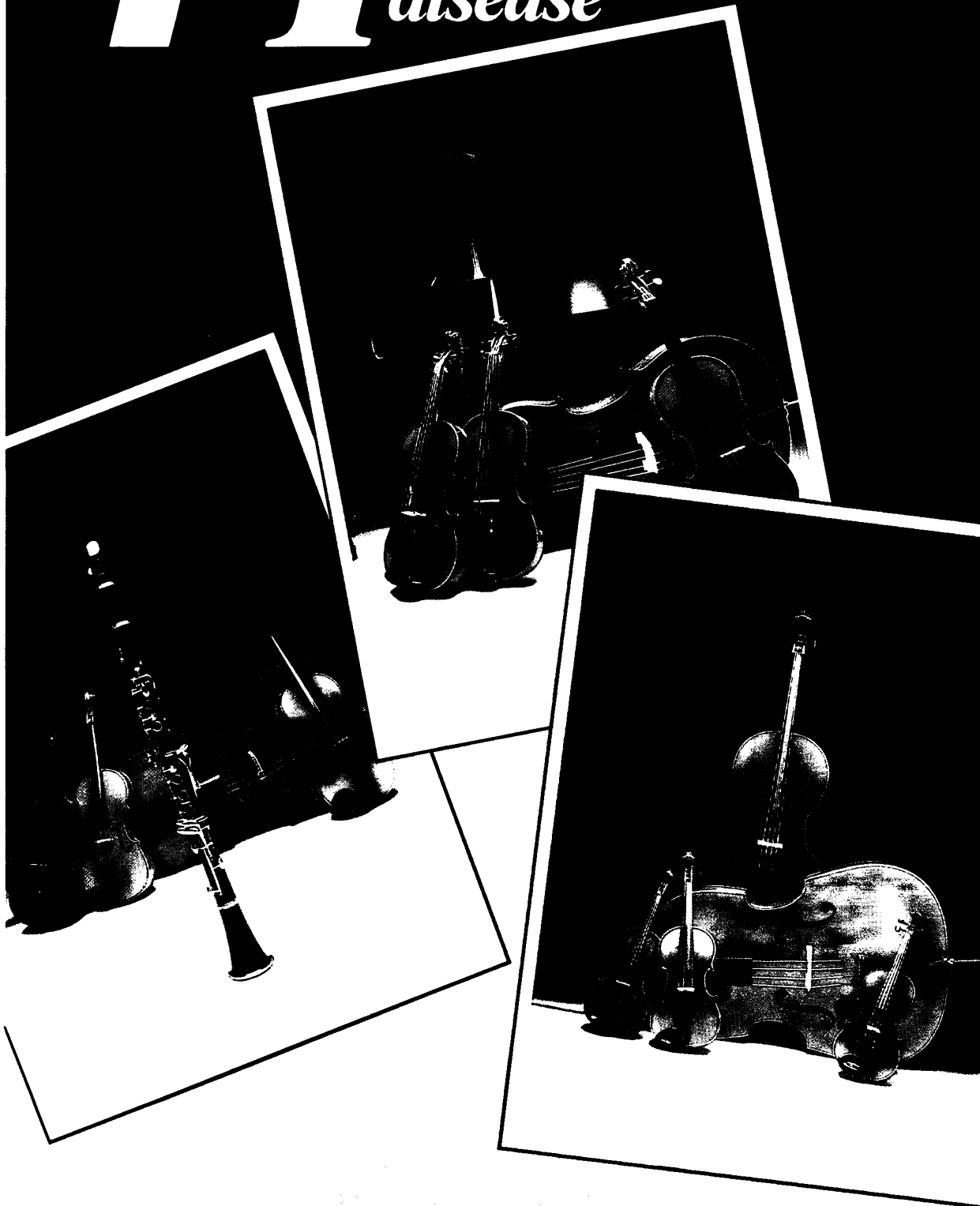
**Licence Numbers**

0031/0125 (Madopar 62.5 capsules); 0031/0073 (Madopar 125 capsules); 0031/0074 (Madopar 250 capsules).

**Basic NHS Cost**

Madopar capsules 62.5  
£5.41 per 100  
Madopar capsules 125  
£9.76 per 100  
Madopar capsules 250  
£17.47 per 100

# 4+1 *the right balance in Parkinson's disease*



levodopa plus benserazide

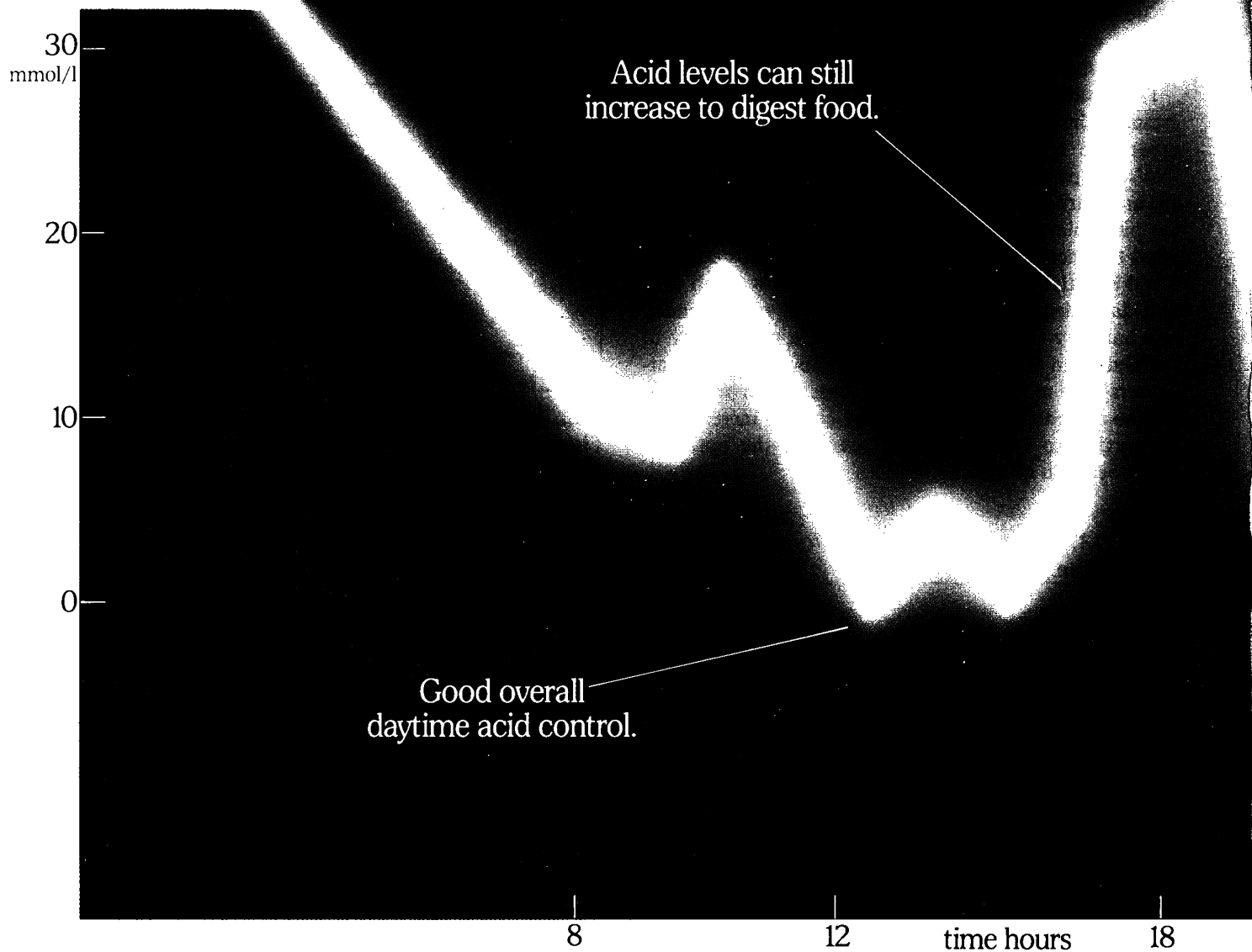
*the original 4+1 combination  
in three dosage forms, and*

ROCHE

Roche Products Limited  
PO Box 8  
Welwyn Garden City  
Hertfordshire AL7 3AY  
Madopar is a trade mark  
J522210/283

# The acid test

Control when it's needed.<sup>1</sup>



**Selective  
effective  
H<sub>2</sub> blockade**

RANITIDINE



In maintenance, acid levels  
are essentially normal by day;  
one tablet at night protects mucosa  
in the absence of food.

Acid control  
right through until  
breakfast time.

Night time acid is reduced,  
protecting gastric mucosa when there is  
no 'buffering' effect of food.



## The result

24

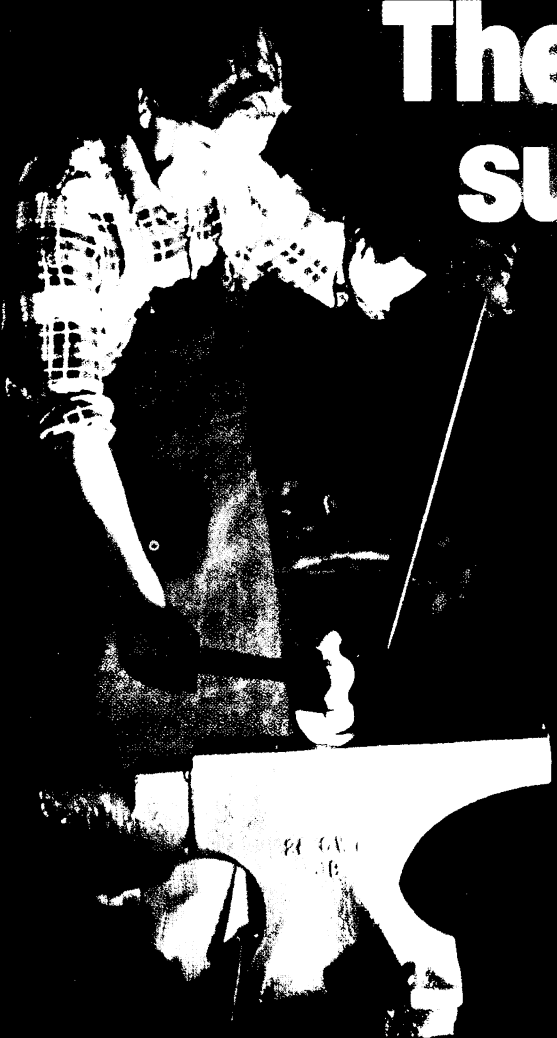
### Rapid, effective ulcer healing.

Zantac provides four-week peptic ulcer healing on just one 150mg tablet twice-daily, together with a maintenance regime to keep patients both symptom-free and ulcer-free on one tablet at night.

Reference: 1. Derived from Walt, R. P. *et al.* Gut 1981; 22: 49-54

For offer of further evidence about Zantac's effect on 24-hour acid activity, please see over page. Full prescribing information overleaf.





**There is no  
substitute for  
experience**

**Specify**

**Diabinese** \*

chlorpropamide

\*Trade Mark

**The original chlorpropamide**

**Prescribing Information**

**Indications:** maturity-onset, non-ketotic diabetes mellitus uncontrolled by diet alone. **Contra-indications:** pregnancy impairment of hepatic, renal or thyroid function; juvenile or growth-onset diabetes mellitus; severe, unstable 'brittle' diabetes; diabetes complicated by ketosis, acidosis, diabetic coma, major surgery, severe infection, severe trauma. **Precautions:** care should be taken to prevent hypoglycaemic reactions, particularly during the transition from insulin to the oral drug; also when other compounds are used concomitantly

with Diabinese. **Adverse reactions:** mostly dose related; they include anorexia, nausea, vomiting, epigastric discomfort. Certain idiosyncratic and hypersensitivity reactions have occurred, including jaundice and skin eruptions. **Dosage:** range 100 mg to 500 mg daily (See Data Sheet for full details of dosage). **Basic N.H.S. Cost:** 100 mg tablets (PL 57/5015), pack of 100, £3.04, 250 mg tablets (PL 57/5016), pack of 100, £6.68.

Full information on request to the Company.



**PFIZER LIMITED**  
SANDWICH, KENT

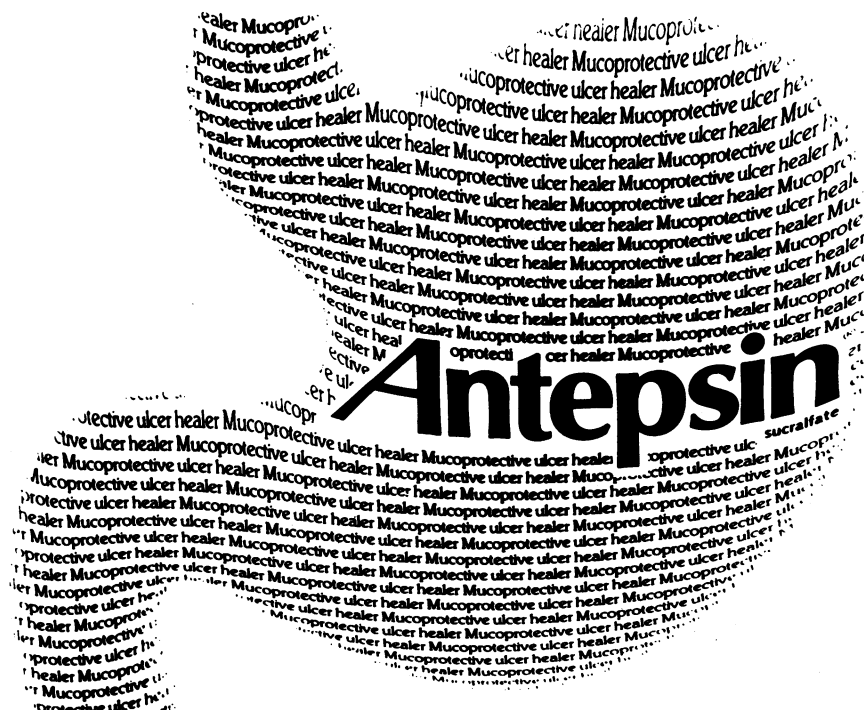
20750



# Antepsin<sup>®</sup>

Sucralfate

## Mucoprotective ulcer healer



## Non-systemic action

Fast pain relief  
Excellent healing rates

Prolonged remission  
Low incidence of side effects

### 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 sucralbate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. **Adults**—Usual dose 1 gram 4 times a day. **Maximum daily dose** 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary

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

**Legal Category** POM. **Package Quantities** Antepsin 1 gram—Securainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p.



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



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. It is a highly effective anxiolytic and patient tolerance is excellent!

*J. Wien.klin.Wschr., 1979, 91, 240*

## 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 blister packings of 100. **Basic NHS Cost** Lexotan 3mg tablets in packings of 100 £6.25 **Product licence number** 0031/0128

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



Lexotan is a trade mark

# Effective in acute as well as chronic conditions

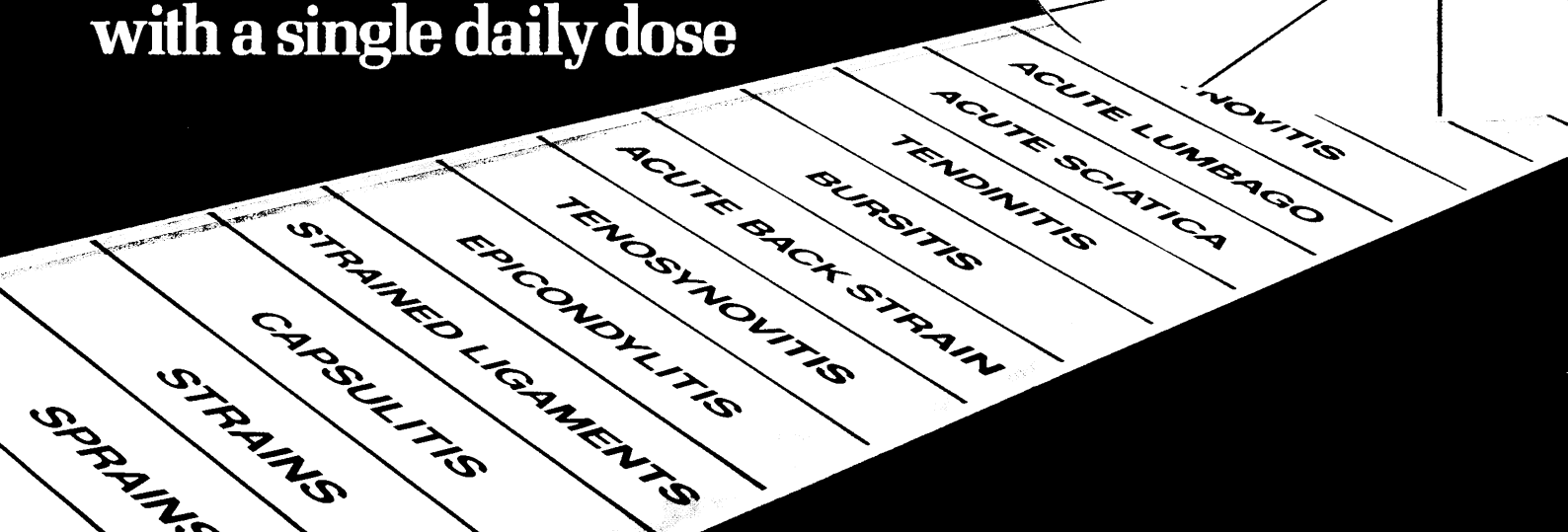
Recent clinical studies<sup>1-4</sup> show Feldene is effective in acute musculoskeletal disorders.

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

## Feldene\*

piroxicam \*Trade Mark

### Continuous relief with a single daily dose



 Pfizer Limited  
Sandwich, Kent.

**Indications:** rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders.  
**Contraindications:** patients with active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to the drug or in patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria.

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

**Side Effects:** Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common, if peptic ulceration or gastrointestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema mainly ankle oedema has been reported in a small percentage of patients; the possibility of precipitation of

congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind; various skin rashes have been reported.

**Dosage:** in rheumatoid arthritis, osteoarthritis, ankylosing spondylitis - starting dose of 20 mg as single daily dose; the majority of patients will be maintained on 20 mg daily. In acute gout, start with a single dose of 40 mg followed on the next 4-6 days with 40 mg daily in single or divided doses; Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40 mg daily in single or

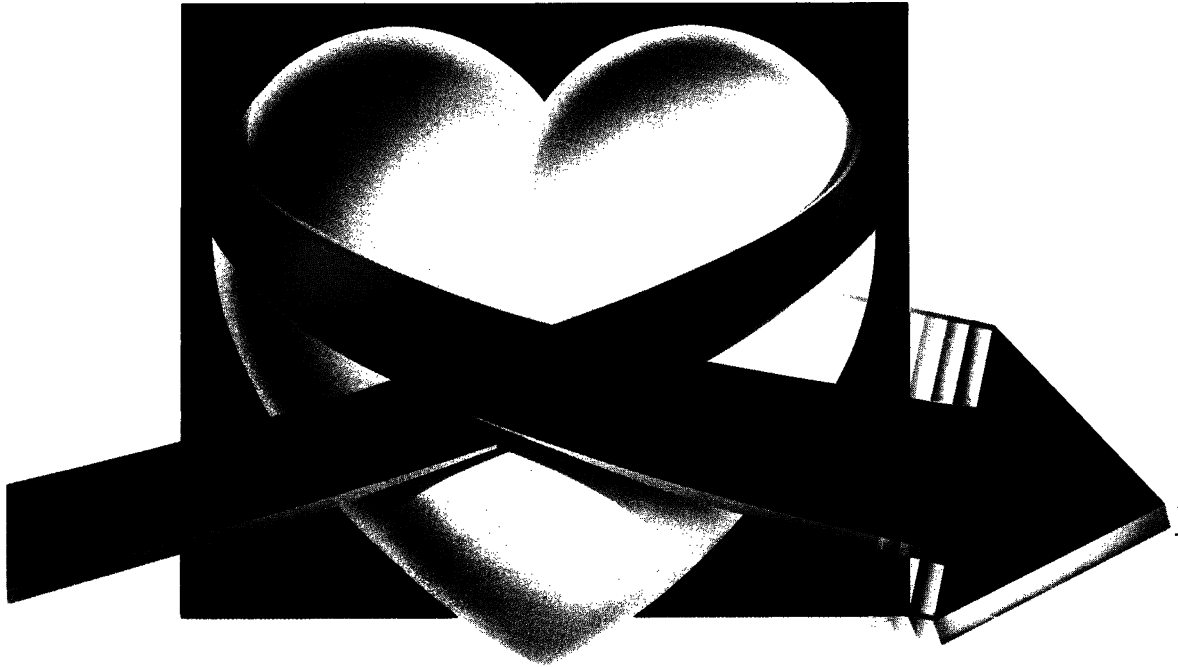
divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20 mg daily.

**Basic N.H.S. Cost:** capsules 10 mg coded FEL 10, pack of 60 £9.00 (PL 0057/0145). Full information on request.

**References:**

1. Iless, I.L. 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.*

# 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-S221. 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	740	740	390

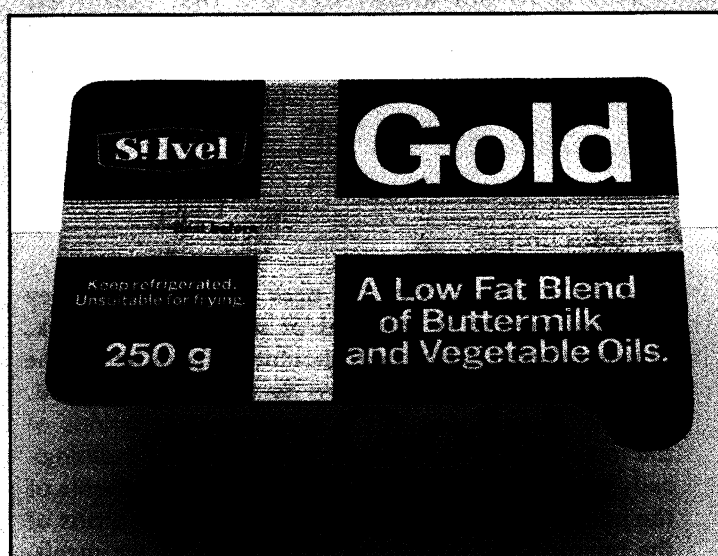
But this is only half the story.

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 the St. Ivel Gold Low Fat Programme, including educational consumer literature, please return this coupon by FREEPOST to St. Ivel Limited, Hesketh House, Portman Square, London W1H 9FG.

Name \_\_\_\_\_

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

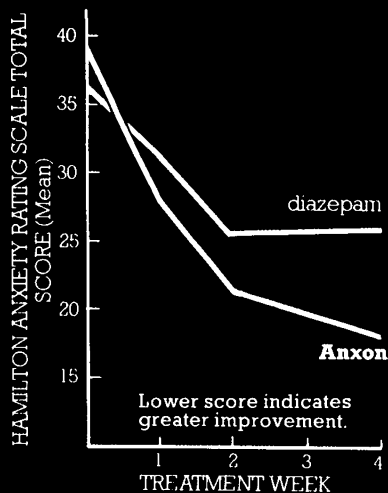
ANXON  
30

# 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 both with clorazepate and with lorazepam. In comparison with clorazepate, although the authors commented that, on the overall patients' global impression, the differences between the two drugs did not reach statistical significance, "Nevertheless at the end of the study, over 70% more patients reported feeling *very much better* on ketazolam [Anxon] than on clorazepate (33 versus 19, respectively)."<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. Curr. Ther. Res. (1982), 31, 5, 679
6. Curr. Ther. Res. (1981), 29, 6, 936

### ▽ 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.

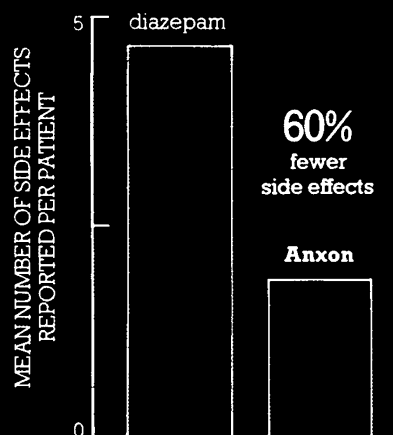
Children: Not recommended. Elderly: Reduced dosage initially until tolerance and efficacy have been assessed. Patients undergoing therapy with Anxon should be periodically reviewed.

**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>2,4,5,6</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 and the severity of the side effects tended to be milder than with clorazepate."<sup>5</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



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BRL 8016 R

PL0035 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.

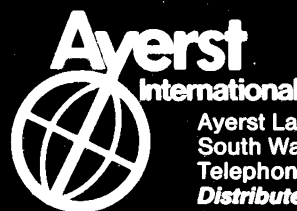
1. Cutaneous vasodilation with flushing.
2. Headache is common and in some patients may be severe and persistent. Analgesics have been useful in some cases.

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.

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



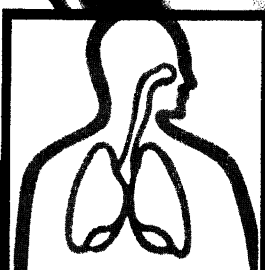
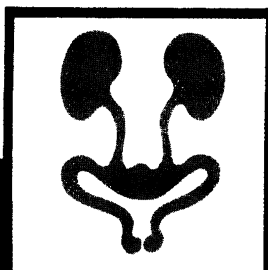
Ayerst Laboratories Limited  
South Way, Andover, Hampshire SP10 5LT  
Telephone: Andover (0264) 58711

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Telephone: 01-772669

# Unshackled from sulphonamides



Monotrim is  
trimethoprim alone,  
proven to be as effective as  
co-trimoxazole<sup>1-5</sup>  
But — because the  
sulphonamide component  
is eliminated — using  
Monotrim reduces the risk  
of unwanted effects<sup>1-6</sup>  
and reduces  
prescribing costs.

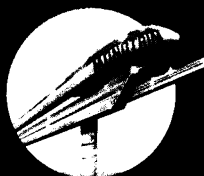


**In urinary  
and respiratory infections**

*always write*

trimethoprim B.P.

**to avoid sulphonamide risks, to cut costs**



**Prescribing Information** Presentation Tablets — white, flat, round with bevelled edges, imprinted with the manufacturer's symbol on one face, with a single break bar on the other and coded  $\frac{100}{50}$ . Each tablet contains 100mg trimethoprim B.P. Available in packs of 100 and 500. Basic NHS Price £4.95 and £21.00. Tablets — white, flat, round with bevelled edges, imprinted with the manufacturer's symbol on one face, with a single break bar on the other and coded  $\frac{200}{50}$ . Each tablet contains 200mg trimethoprim B.P. Available in packs of 100. Basic NHS cost £9.73. Suspension — white, sugar-free anisced flavoured suspension containing 50mg trimethoprim per 5ml. Available in bottles of 100ml. Basic NHS price £1.40. **Indications** Treatment of susceptible infections caused by trimethoprim-sensitive organisms including urinary and respiratory tract infections. **Dosage and Administration** Acute Infections — Adults and children over 12 years 200mg twice daily — Children 6 years to 12 years 100mg twice daily — Children 6 months to 5 years 50mg twice daily — Children 6 weeks to 5 months 25mg twice daily. Treatment should continue for at least one week. The first dose can be doubled. Long-term Treatment and Prophylactic Therapy — Adults and children over 12 years 100mg at night — Children 6 years to 12 years 50mg at night — Children 6 months to 5 years 25mg at night. Where there is reduced kidney function, reference should be made to the dosage schedule in the Data Sheet. **Contra-Indications, Warnings, etc** Contra-indications. Pregnancy, trimethoprim hypersensitivity, blood dyscrasias, severe renal insufficiency where blood levels cannot be monitored. On prolonged treatment with large doses there is a theoretical possibility of affecting human folic acid metabolism. It is therefore advisable to check the blood picture in patients on long-term treatment. In neonates, trimethoprim should be used under careful medical supervision. **Side-Effects** Skin rashes, nausea and vomiting have been reported in rare instances. **Product Licence Numbers** Tablets — 100mg — 4012/0001 — 200mg — 4012/0003 — Suspension — 100ml — 4012/0002. **Name and Address of Licence Holder** A/S GEA, DK Copenhagen F, Denmark. **References:** 1. Lancet, (1980) 1, 1270. 2. Brit. Med. J., (1972) 2, 673. 3. Curr. Ther. Res., (1979) 25, 202. 4. Ann. Clin. Res., (1974) 6, 5. Chemotherapy, (1973) 19, 314. 6. Brit. J. Hosp. Med., (1980) March, 281. Further information is available from Duphar Laboratories Ltd. \* trade mark of A/S

**duphar** DUPHAR LABORATORIES LIMITED WEST END SOUTHAMPTON TEL 04218 2281 

The Royal College of  
General Practitioners



RCGP ANNUAL SYMPOSIUM

## CHANGE: THE CHALLENGE FOR THE FUTURE

TO LOOK AT THE CHANGES  
WE CAN EXPECT IN THE NEXT TWENTY  
YEARS, AND TO FORMULATE RESPONSES.

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Dr. M. A. C. Dowling

ECONOMIC DIRECTIVES  
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symp<sup>?</sup>sium  
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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.

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.

## REFRESHER COURSE

A refresher course for general practitioners, 'Current Trends in Obstetrics and Gynaecology' will be held in Bristol from Monday 7 to Friday 11 November 1983.

Further details and programme from: **Mrs E. F. Potter, University Department of Obstetrics and Gynaecology, Bristol Maternity Hospital, Southwell Street, Bristol BS2 8EG.**

## Behavioural Methods in General Practice St George's Hospital

**14, 28 October and 11, 25 November 1983**

Four half-day sessions, once fortnightly, providing an introduction to the behavioural approach. Emphasis will be on practical work with common consulting room problems enabling the participants to start treatment of their own cases along behavioural lines.

Course Tutors: Dr John Cobb, Psychiatrist, Behavioural Psychotherapist.  
Dr Richard France, General Practitioner.  
Professor Andrew Mathews, Clinical Psychologist.

Apply to: Mrs C. L. Holloran, British Postgraduate Medical Federation, 33 Millman Street, London WC1N 3EJ.

## 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.

**PASTEST**

Dept. GP PasTest Service, PO Box 81,  
Hemel Hempstead, Herts HP1 1AA  
Tel. Hemel Hempstead (0442) 52113

## UNIVERSITY OF DUNDEE NINEWELLS HOSPITAL AND MEDICAL SCHOOL POSTGRADUATE MEDICAL EDUCATION

*Courses and Attachments for General Medical Practitioners Approved Section 63*

1. Two-day Theoretical Course in Family Planning, 13 and 14 September 1983.
2. Recent Advances in Occupational Medicine, 19 to 23 September 1983.
3. Ninewells DRCOG Course, 26 to 30 September 1983.
4. Refresher Course in Medicine for General Medical Practitioners, 2 to 6 July 1984.
5. Residential Attachments in Obstetrics: two-week attachments throughout the year by arrangement.

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

### SYMPOSIUM '83

The South London Faculty of the College of General Practitioners invites you to:

Symposium '83,  
Hyde Park Hotel, Knightsbridge,  
London SW1  
10-11 November

The aim is to identify the major influences affecting the development of general practice in the next 20 years and to consider their implications for today's decisions. The challenge is to adapt.

An ambitious exhibition incorporating the theme of the Symposium will run concurrently at Central Hall.

To apply for booking form and full programme, please write to: **Mrs A. Bridgeman, 21 Swaffield Road, London SW18.**

### THE BALINT SOCIETY PRIZE ESSAY

The Council of the Balint Society will award a prize of £250 for the best essay submitted on the theme—

“SIX MINUTES . . .”

The prize winner will be announced at the 14th Annual General Meeting in June 1984.

Details are obtainable from **Dr Peter Graham, Honorary Secretary, 149 Altmere Avenue, East Ham E6 2BT, England.**

### GOOD SIGHT IS NOT ENOUGH

13 September, King's Fund Centre, London

The British Orthoptic Society invites you to a one-day symposium on Binocular Vision and Squint. The aim is to identify the patients who can benefit from orthoptic treatment within hospitals and in the community. Programmes and registration forms are available from: **Mrs C. Timms, Orthoptic Department, Moorfields Eye Hospital, City Road, London EC1V 2PD.**

### SURGERY MORTGAGES FOR THE MEDICAL PROFESSION

Up to 100 per cent with very attractive fixed rates of interest.

Up to 20 years Repayment Term.

**Telephone 0935 77471 or write to Medical Insurance Consultants, 9 Princes Street, Yeovil TA20 1EN.**

### WEST OF SCOTLAND FACULTY, ROYAL COLLEGE OF GENERAL PRACTITIONERS

in conjunction with

### WEST OF SCOTLAND COMMITTEE FOR POSTGRADUATE MEDICAL EDUCATION

### ONE-WEEK COURSE OF STUDIES IN GENERAL PRACTICE

31 October to 4 November 1983

A course of studies in general practice structured on small group work and restricted to 24 people. Subjects covered include practice management, problem solving, prescribing, the patient-doctor relationship and patient care evaluation.

The subject matter and format of the course makes it specially relevant to established general practitioners who are prepared to think about their work and attitudes in a critical and constructive way. In order to extract maximum benefit from the course, participants will be asked to make certain preparations to provide input for some parts of the course.

The course will be held in the Postgraduate Medical Centre, Glasgow Western District, Lancaster House, 5 Lancaster Crescent, Glasgow.

The course is approved under Section 63 for nine sessions.

An application form and further details can be obtained from: **The Dean of Postgraduate Medicine, The University of Glasgow, Glasgow, G12 8QQ.**

FACULTY  
POSITIONS  
OPEN

### DEPARTMENT OF FAMILY & COMMUNITY MEDICINE COLLEGE OF MEDICINE & MEDICAL SCIENCES

### KING FAISAL UNIVERSITY DAMMAM, SAUDI ARABIA

Applications are invited from qualified men and women for the Academic Year 1983/84. Successful applicants will participate in an expanding programme teaching undergraduates, interns and residents (research activities where applicable). Main satisfaction will derive from being part of an innovative and exciting teaching/service programme, vertically integrated from undergraduate through vocational training.

**Prerequisites:** Applicants must be Members or Fellows of the Royal College of General Practitioners or have American Boards in Family Practice. Several years' teaching experience.

Salaries are highly competitive and negotiable. Contracts are for one year and renewable. Instruction is in English.

Benefits include furnished housing, air tickets to and from Saudi Arabia once per year for a family of four, 60 days paid annual leave, monthly transport allowance, generous luggage overweight allowance and educational allowance for children. No Saudi Income Tax.

Please send curriculum vitae quoting ref FM/RC with current telephone number and the names and addresses of three referees to:

**Dr. Tawfik Tamimi, Dean,  
College of Medicine and Medical Sciences**

or

c/o U.S. Recruiting  
Office  
King Faisal University  
2425 West Loop South  
Suite 540  
Houston, Texas 77027  
USA



c/o U.K. Recruiting  
Office  
King Faisal University  
29 Belgrave Square  
London SW1X 8QB  
UK

# VOCATIONAL TRAINING FOR GENERAL PRACTICE

## Exeter Health Authority/ University of Exeter

Applications are now invited for four places starting on 1 September 1984, for the vocational training scheme of the Department of General Practice in the Postgraduate Medical School of the University of Exeter. The course is designed and recognized for the MRCGP examination.

The four fixed programmes available are:

**A General practice (two months)**  
**Accident and emergency (three months)**  
**ENT (three months)**  
**Ophthalmology (three months)**  
**Gynaecology (three months)**  
**Paediatrics (six months)**  
**Psychiatry (six months)**  
**General practice (ten months)**

**B General practice (two months)**  
**Gynaecology (three months)**  
**Accident and emergency (three months)**  
**ENT (three months)**  
**Ophthalmology (three months)**  
**Psychiatry (six months)**  
**Paediatrics (six months)**  
**General practice (ten months)**

**C General practice (two months)**  
**Ophthalmology (three months)**  
**Gynaecology (three months)**  
**Accident and emergency (three months)**  
**ENT (three months)**  
**Obstetrics (six months)**  
**Geriatrics (six months)**  
**General practice (ten months)**

**D General practice (two months)**  
**ENT (three months)**  
**Ophthalmology (three months)**  
**Gynaecology (three months)**  
**Accident and emergency (three months)**  
**Geriatrics (six months)**  
**Obstetrics (six months)**  
**General practice (ten months)**

Throughout the three years a half-day release course is held: trainees participate actively in the planning of the course and there is emphasis on small-group work. Additional courses are available for trainees and include an introductory course for each intake, an intensive MRCGP course, and a course on management in general practice. Trainees are encouraged to carry out research work, and several articles have already been published by Exeter trainees.

The Marwood prize and the Syntex awards are open to Exeter trainees annually.

The Department's prospectus is available on request and the principles underlying the teaching have been published as *Occasional Paper 4—a system of training for general practice* (available from the Publication Sales Department, Royal Col-

lege of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE). The Department's practice management course has been expanded into a book, *Running a practice*, Second Edition 1981, published by Croom Helm, London. One of the senior lecturers has written the book *Training for general practice* (Macdonald and Evans) and another has edited *A GP training handbook* (Blackwell, London).

This is the only University Department of General Practice in a Postgraduate Medical School in the British Isles.

Application forms can be obtained by writing to: **Dr K. J. Bolden, FRCGP, Department of General Practice, Postgraduate Medical Centre, Barrack Road, Exeter EX2 5DW.** The closing date for entry is 8 October 1983.

# **THE MSD FOUNDATION**

## **Educational Programmes for General Practitioners**

Our 1983 Handbook is now available and will be sent to you on request. It includes an up-to-date catalogue. In addition there is a description of some of our courses and other education services. The following is one of our new programmes for 1983:

### **An Apple a Day Patients' Health Beliefs**

Excerpts from the Foundation's library of real consultations are used on video to illustrate the nature of patient's health beliefs. These are discussed and classified. Further excerpts illustrate techniques for eliciting these beliefs as a basis for discussing diagnosis and management.

A number of tasks based on analysis of the group members' own consultations, or on role-play, are offered.

At the conclusion course members should be able to:

1. describe, classify and give examples of patient's health beliefs;
2. identify occasions where these beliefs affect both the process and the outcome of the consultation;
3. elicit health beliefs appropriately in the consultation;
4. use them in effective management of the patient's problem.

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 Handbook, can be obtained by writing to:

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





# Burinex<sup>®</sup>

bumetanide

gentle  
with  
hidden  
strength

**Prescribing Information:- Indications** Oedema of renal, cardiac or hepatic origin. **Dosage** Most patients require 1 mg Burinex daily given as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. **Contra-indications, Precautions and Side Effects** Contra indicated in hepatic coma, severe electrolyte depletion and severe progressive

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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Longwick Road, Princes Risborough  
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Burinex is a trade mark