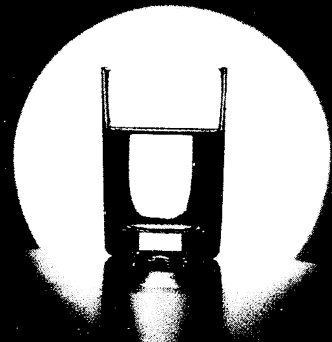


Orange aid for pain.

SYN-
FLEX



Relief of mild to moderate pain. Now as easy to take tablets.

Synflex
naproxen sodium

Prescribing Information. SYN-FLEX tablets (naproxen sodium 275mg per tablet equivalent to naproxen 250mg).

Uses: Analgesic for the relief of mild to moderate pain. **Dosage:** 250mg initially, followed by 275mg tablets as required, as needed, without exceeding daily dose after the first day (41 x 275mg tablets). **Contra-indications:** Active peptic ulceration, hypersensitivity to naproxen or naproxen sodium formulations, Aspirin, anti-inflammatory, induced bleeding. **Warnings, precautions, etc:** Epilepsy, FGI bleeding have been reported. Use with care in patients with a history of liver disease. Use with great caution in patients with significantly impaired renal function. Monitor renal function and consider reduced dosage in patients where renal impairment is accompanied by an extra-renal

volume depletion, cirrhosis of the liver, sodium restriction, congestive heart failure, pre-existing renal disease, some elderly patients may fall in this category. Use with caution in patients with asthma or allergic disease. Observe patients also receiving digitalis, anti-coagulants, or highly protein-bound substances closely at all times. The rate and effect of the analgesic and the anti-hypertensive effect of propranolol and other beta-blockers may be reduced. Renal function clearance may be inhibited leading to increases in plasma drug concentrations. Probenecid increases SYN-FLEX plasma levels and half-life. Side effects reported include skin rashes, angioedema, mild peripheral edema, patients with known or suspected heart failure may be at a greater risk of SYN-FLEX sodium-induced

abdominal discomfort, epigastric distress, headache, inability to concentrate, insomnia, tinnitus and vertigo. Thrombocytopenia, anaemia, cytopaenia, leukopenia, aplastic anaemia, haemolytic anaemia, peptic ulceration, fatal hepatitis, hearing impairment, anaphylactic reactions and neurotoxicity have occurred rarely. SYN-FLEX decreases platelet aggregation and prolongs bleeding times. Its use in pregnant or breast feeding women should be avoided, if possible. Not recommended for treatment of children under 16. **Basic NHS cost** £10.10 for 100 tablets. **Product Licence No:** 0286/0063. Further information is available, on request, Syntex Pharmaceuticals Ltd, Syntex House, St Ives Road, Maidenhead, Berkshire SL6 1RD.

 **SYNTEX**
Pharmaceuticals Ltd

'Tagamet': the new indication

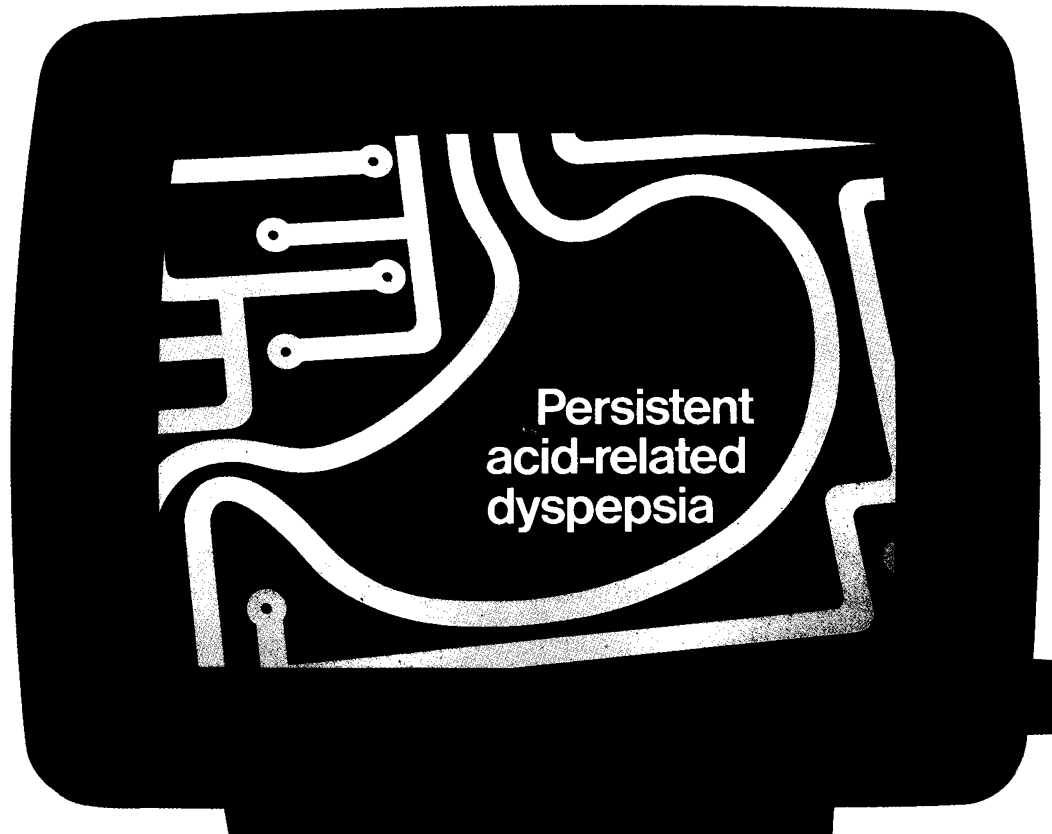
The remarkable symptomatic relief of peptic ulcer pain noted with 'Tagamet' therapy can now be extended to selected dyspepsia patients.

'Tagamet' is now indicated for persistent dyspepsia, particularly meal-related upper abdominal pain, in those

patients where the reduction of gastric acid is beneficial. The recommended dose is 400 mg b.d.

And really it is as simple as that: technology applied to an age-old problem.

Successfully.



Gastro-technology

Tagamet
cimetidine
acid controlled

Prescribing Information. Presentations 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 500 ml, £20.43. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: persistent dyspeptic symptoms, particularly meal-related; 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 Adults.** Oral. Usual dosage, 400 mg b.d. with breakfast and at bedtime, or, in duodenal ulcer, 800 mg once a day at bedtime. Alternatively 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) or, if inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer). To prevent relapse of peptic ulcer, 400 mg at bedtime or 400 mg morning and at bedtime. **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 2.4 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; up to this dose repeated (parenterally if appropriate) as required if operation is prolonged. 400 mg at start of labour then 200 mg 2-hourly as necessary, suggested maximum 1.6 g. Do not use 'Tagamet' syrup. **Zollinger-Ellison syndrome,** 1.6 g or more a day, divided. **N.B.** Usual maximum 2.4 g/day. **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. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** POM. 11.5.84.

SK&F

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1984 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

“Why have you changed my tablets, Doctor?”

'Inderal' : abridged prescribing information. Presentation: Tablets containing 10, 40, 80, or 160 mg propranolol hydrochloride. **Dosage:** Hypertension 80 mg b.d., increasing weekly. Usual range 160-320 mg daily. Angina 40 mg b.d. or t.i.d., increasing weekly. Usual range 120-240 mg daily. **Post myocardial infarction** Starting 5-21 days post myocardial infarction, 40 mg q.i.d. for 2-3 days, then 80 mg b.d. **Contraindications:** Heart block. Bronchospasm. Prolonged fasting. Metabolic acidosis. **Precautions:** Untreated cardiac failure. Bradycardia. Modification of tachycardia of hypoglycaemia. Transference from or discontinuance of clonidine. Prescription of Class I antidysrhythmic agents. Co-administration of verapamil. Anaesthesia. Pregnancy. **Adverse reactions:** 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. Beta-blockers should be withdrawn gradually. **Overdosage:** See data sheet. **Pack sizes and basic NHS costs** 10 mg 100 : £1.18, 1000 : £11.80. 40 mg 100 : £3.97, 1000 : £39.70. 80 mg 60 : £3.78, 500 : £31.48, 160 mg 60 : £7.56, 250 : £31.48. **PL Nos** 0029/5063, 0029/5064, 0029/5065, 0029/0103. 'Inderal' is a trademark for Propranolol Hydrochloride BP. Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.



AUGMENTIN

clavulanate-potentiated amoxycillin

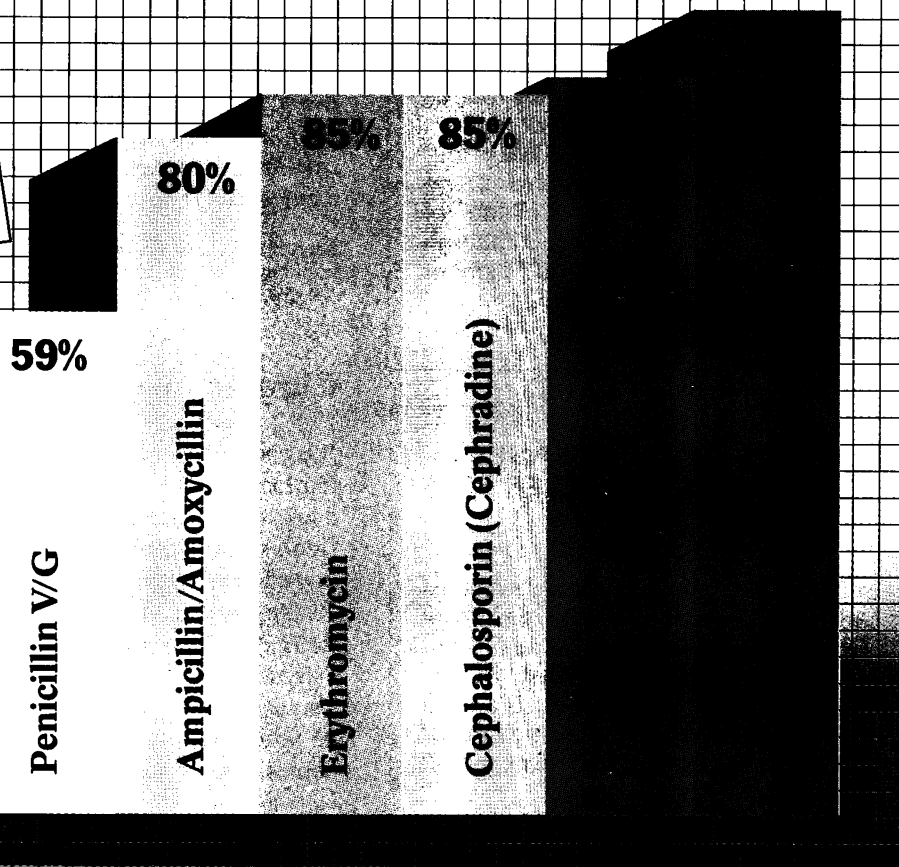
IN CHEST INFECTIONS

LET THE FIGURES DO THE TALKING.

ACTIVITY AGAINST GENERAL PRACTICE SPUTUM ISOLATES

JUST PUBLISHED IN BMJ
AUGMENTIN
WORKS FASTER THAN
CO-TRIMOXAZOLE IN
ACUTE UTI

Brit. Med. J. (1984) 289 82-3



Data published in summary form in: A multicentre antibiotic sensitivity survey. Proceedings of the First Augmentin Symposium. Rolinson, G. N. and Watson, A. (eds) Excerpta Medica, 1980, pp 173-183.



Prescribing Information

USES: Chest, ENT, Genito-urinary tract, Skin and soft tissue infections.

DOSAGE: Adults and children over 12 years: One Augmentin or Augmentin Dispersible Tablet (375 mg) three times a day.

Children 6-12 years: 5 ml Augmentin Junior Suspension (187 mg) three times a day.

Children 2-6 years: 5 ml Augmentin Paediatric Suspension (156 mg) three times a day.

Children 9 months-2 years: 5 ml half-strength Augmentin Paediatric Suspension (78 mg) three times a day.

Children 3-9 months: 2.5 ml half-strength Augmentin Paediatric Suspension (39 mg) three times a day.

In severe infections, dosages for patients aged 2 years and over may be doubled. Treatment with Augmentin should not be extended beyond 14 days without review.

CONTRA-INDICATION: Penicillin hypersensitivity.

PRECAUTIONS: Safety in human pregnancy is yet to be established. Dosage need not be reduced in patients with renal impairment, unless dialysis is required.

SIDE-EFFECTS: Uncommon, mainly mild and transitory, eg diarrhoea, indigestion, nausea, vomiting, candidiasis, urticarial and erythematous

rashes. If gastro-intestinal side-effects occur, they may be reduced by taking Augmentin at the start of meals.

PRESENTATIONS: (Prices correct at October, 1983.)

▼ **Augmentin Tablets and Dispersible Tablets**, each providing 125 mg clavulanic acid with 250 mg amoxycillin. Augmentin Tablets (bottles of 30, 100). Cost per tablet - 29p PL0038/0270.

Augmentin Dispersible Tablets (foil wrapped 30, 90). Cost per tablet - 32p PL0038/0272.

▼ **Augmentin Junior Suspension.** Powder to prepare 100 ml suspension. Each 5 ml provides 62 mg clavulanic acid with 125 mg amoxycillin. Cost per 5 ml dose - 18p PL0038/0274.

▼ **Augmentin Paediatric Suspension.** Powder to prepare 100 ml suspension. Each 5 ml provides 31 mg clavulanic acid with 125 mg amoxycillin. Cost per 5 ml dose - 14p PL0038/0298.

The clavulanic acid is present as potassium clavulanate and the amoxycillin as the trihydrate. All the above presentations are sugar-free formulations.

October 1983

Further information is available on request to the Company.



**Beecham Research
Laboratories**
Brentford, England.



Augmentin and the BRL logo are trade marks

BRL 9007 F

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified Advertisements are welcomed and should be sent to: *The Journal of the Royal College of General Practitioners*, 8 Queen Street, Edinburgh EH2 1JE. 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 £6.35 per single column centimetre, plus 30p 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 above address, 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.

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS SOUTH WEST THAMES FACULTY

Anticipatory Care — Fact or Fiction? A STUDY DAY

Wednesday, 20 March 1985
10.00 am — 4.00 pm

Will be held at Queen Mary's Hospital, Roehampton Lane, London SW15 5PN, to explore research in primary care.

General practitioners, Trainees and Primary Health Care Team Members interested in presenting research or in attending this Study Day are invited to contact (by 30 October 1984): Dr Diana Lister, Secretary Research Committee, St John's Health Centre, Twickenham TW1 3AD. Tel: 01-891 0073.
Section 63 approval applied for.

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.



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Further details on application with curriculum vitae and names of two referees: Dr B. Gibbons, The Health Clinic, Blaengwynfi, Port Talbot, West Glamorgan, SA13 3TH.

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**THE ROYAL COLLEGE OF GENERAL
PRACTITIONERS**

**Introductory Course on
Transactional Analysis in
General Practice**

27 and 28 NOVEMBER 1984

A two-day course is being held at the Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, for those general practitioners who wish to increase their understanding of personality and communications between people.

This course will cover the theory of Transactional Analysis as expressed by Dr Eric Berne, author of *Games people play*. The material will be related to the relationship between the doctor and the people who are his patients.

Approval under Section 63 has been received.

For further details and an application form, please apply to: Mrs Sue Smith, Education Division, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

RCGP Annual Symposium

8 & 9 November 1984

**Mermaid Conference and
Exhibition Centre,
Puddle Dock, Blackfriars,
London EC4V 3DB**

**'WORKING TOGETHER:
CONFLICT OR CO-OPERATION'**

Programme and application forms available from Mrs Barbara Cotton, 16 Lords View, St Johns Wood Road, London NW8 7HJ. Tel: 01-289 0577.

The symposium is now Section 63 approved. Doctors working outside the 100-mile limit require to have the prior approval of the FPC (or equivalent) in order to reclaim expenses.

**ASSOCIATION OF GENERAL PRACTITIONER
HOSPITALS
ESSAY PRIZE**

'Working together in the GP hospital'

Three prizes of £100 are offered for the best essays on this subject by a doctor, a nurse and someone who is neither a doctor nor a nurse. Entries should not exceed 2,000 words and must be typed. Closing date is 1 February, 1985.

Further details from Dr Roger Jones, Secretary of the Association of General Practitioner Hospitals, Aldermoor Health Centre, Aldermoor Close, Southampton SO1 6ST. Tel: 0703 783111.

The General Council and Register of Osteopaths will be pleased to send a Speaker on request to meetings of RCGP Faculties and for large meetings of Trainees to explain the work of a Registered Osteopath. This service is free.

Please, in the first instance, contact the
Secretary, GCRO,
1-4 Suffolk Street, London SW1Y 4HG.
Tel: 01-839 2060

Literature is available from the same address.

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

generalised need for oral antibiotics.

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

Amoxil – the leading antibiotic prescription for children in Britain.

Amoxil

amoxycillin

Rapidly resolves young patients' infections.

Prescribing Information

Indications:

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

Presentations:

Amoxil syrup: 125mg and syrup forte 250mg per 5ml PL.0038/0108/9

Amoxil paediatric suspension: 125mg per 1.25ml PL.0038/0107

Amoxil capsules: 250mg and 500mg PL.0038/0103/5

▼ Amoxil dispersible tablets: 500mg PL.0038/0277

▼ Amoxil 3g sachet: PL.0038/0238

▼ Amoxil vials for injection: 250mg, 500mg and 1g PL.0038/0221/2/5

The amoxycillin content per dose unit is present as the trihydrate in Amoxil oral preparations and as the sodium salt in Amoxil injections.

Average treatment cost: children

28p/day (125mg syrup t.d.s.) adults

49p/day (250mg capsules t.d.s.)

Dispersible tablet: 35p per tablet

(30 pack), 3g Sachet £1.98 per sachet.

Dosage

Children's Dosage (up to 10 years)

Oral: 125mg three times a day.

In severe infections doses should

be doubled.

Injectable: 50-100mg/kg bodyweight per day in divided doses.

Adult Dosage

Oral: 250mg three times a day.

In severe infections doses should be doubled.

Injectable: 500mg IM 8 hourly (or more frequently if necessary) in moderate infections. 1g IV 6 hourly in severe infections.

Contra-Indications

Amoxil is a penicillin and should not be given to penicillin hypersensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature; they may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued. Since Amoxil is a penicillin, problems of overdosage are unlikely to be encountered.

Further information on Amoxil (amoxycillin) is available from:

 **Bencard**

Bencard, Great West Road, Brentford.

Telephone: 01-560 5151

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December 1981

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