Hypertension

Adalat Retard

Maintains efficacy with advancing patient age

Prescribing Information
Presentation: Pink-grey coated tablets each containing 20mg nifedipine. Indications: For the treatment of hypertension. Dosage and Administration: The recommended dose for Adalat Retard is one 20mg tablet twice daily and if necessary a further tablet may be taken according to the patient’s response. This may be continued indefinitely. Contra-Indications: Must not be given to women capable of child bearing. Warnings and Precautions: Adalat Retard is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal; any such withdrawal should be by gradual reduction of the dose of beta-blocker, preferably over 8-10 days. Adalat Retard may be used in combination with beta-blocking drugs and other anti-hypertensive agents, but the possibility of an additive effect resulting in postural hypotension should be borne in mind. Adalat Retard will not prevent possible rebound effects after cessation of anti-hypertensive therapy. Adalat Retard should be used with caution in patients whose cardiac reserve is poor. Ischaemic pain has been reported in some patients, commonly within 30 minutes of the introduction of nifedipine therapy. Patients experiencing this effect should discontinue nifedipine. The use of nifedipine in diabetic patients may require adjustment of their control. The antihypertensive effect of nifedipine can be potentiated by simultaneous administration with a diuretic. There are no other known drug incompatibilities. Gravitational oedema associated with increased capillary permeability has been reported. Side Effects: Adalat Retard is well tolerated. Minor side effects usually associated with vasodilatation are mainly headache, flushing and lethargy. These are transient and invariably disappear with continued treatment. Overdosage: standard measures such as atropine and nalorphine may be used for resultant bradycardia and hypotension. Intravenous calcium gluconate may be of benefit. Peak Quality: Adalat Retard tablets are available in foil strips of 10 in packs of 100. Daily Treatment Cost: 39p. Product Licence Number: Adalat Retard UK: PL069/0078.

Further information is available from:
Bayer UK Limited, Pharmaceutical Division,
Bayer House, Strawberry Hill, Newbury, Berks, RG13 1JA.
Telephone: (0635) 390000. Registered trademark of Bayer, Germany.
Precribing Notes for 'Kalen' and 'Tenormin' LS

DOSEAGE

Hypertension: 'Kalen' - 50 mg orally + 25 mg hydrochlorothiazide + 2.5 mg amiloride hydrochloride (as amiloride hydrochloride BP 2.84 mg) orally once daily.

'Tenormin' LS - 50 mg amiloride orally once a day. Some patients may respond adequately to 'Tenormin' low strength 50 mg.

Children: 'Kalen' and 'Tenormin' LS are not recommended for use in children.

Elderly patients: Dose requirements for 'Tenormin' LS may be lowered, especially in patients with renal impairment. 'Kalen' may be suitable for older patients where higher doses of the constituents are considered inappropriate.

CONTRA-INDICATIONS

'Kalen': Heart block, hyperkalaemia, severe, acute renal failure, severe progressive renal disease, diastolic hypotension, blood urea over 150 mmol/l or serum creatinine over 130 micromol/l if not possible to monitor carefully and frequently in renal impairment; additional potassium conserving agents may cause hyperkalaemia. Sensitivity to hydrochlorothiazide or amiloride hydrochloride 'Tenormin' LS: Heart block.

PRECAUTIONS

Uncontrolled cardiac failure, angina pectoris, renal failure, anaemia, pregnancy, diabetics, fluid or electrolyte balance. Caution in patients with chronic obstructive airway disease or asthma. Limited studies of the safety of pregnancy. Caution in patients with bronchial asthma. Withdrawal of clonidine. Withdrawal of beta blocking drugs should be gradual in patients with ischaemic heart disease.

Additional precautions for 'Kalen'

Co-administration with frusemide.

Metabolic effects: Measurement of electrolyte levels is appropriate, especially in the elderly patient, those receiving diuretics, or with cardiac failure and renal impairment.

Diabetes: 'Kalen' may cause hyperglycaemia, particularly in the elderly patient. Monitor blood sugar levels during treatment.

Hypokalaemia: Caution in patients with normal electrolyte levels. Monitor potassium levels regularly.

Hepatic or renal impairment: Caution in patients with normal electrolyte levels. Monitor electrolyte levels regularly.

Arrhythmia: Caution in patients with normal electrolyte levels. Monitor electrolyte levels regularly.

Anaemia: Caution in patients with normal electrolyte levels. Monitor electrolyte levels regularly.

Hypotension: Caution in patients with normal electrolyte levels. Monitor blood pressure regularly.


SIDE-EFFECTS

Caution of arrhythmias, Bradycardia and muscle fatigue may occur. Sleep disturbances may occur. Vertigo and dizziness may occur. Skin rash and blood dyscrasias may occur.

PRODUCT LICENCE NUMBERS AND BASIC NHS COST

'Kalen': Capsules 23/1985 in calendar packs of 28, £7.70. 'Tenormin' LS Tablets 28/68 in calendar packs of 28, £4.89.

Further information is available on request from the company.

Stuart Pharmaceuticals Limited
Stuart House, 50 Alderley Road, Wilmslow, Cheshire SK9 1FE.
Natrilix brings down blood pressure not the patient...

**Presentation**
Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

**Uses**
For the treatment of hypertension. Natrilix may be used as sole therapy or combined with other antihypertensive agents.

**Dosage and Administration**
Adults: The dosage is one tablet daily, containing 2.5 mg indapamide hemihydrate, to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix is not recommended as there is no appreciable additional anti-hypertensive effect. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended.

Children: There is no experience of the use of this drug in children.

**Contra-Indications, Warnings, etc.**
There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing Natrilix in cases of severe renal or hepatic impairment.

**Side Effects**
Reported side effects have included headache and dyspepsia but they are generally mild and mild in nature.

**Basic NMS Code**
30 tabs. £9.96

**Product Licence Number**
M300/0012

NATRILIX
indapamide

Caring for the hypertensive patient – one tablet daily
Classified Advertisements are welcomed and should be sent to: Classified Advertising Manager, T.G. Scott and Son Limited, Media Managers, 30-32 Southampton Street, London WC2E 7HR. Telephone: 01-240 2032. 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, plus VAT at 15%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% 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.

---

UNIVERSITY OF HONG KONG

READER/SENIOR LECTURER IN GENERAL PRACTICE

(Re-advertisement)

Applications are invited for this post to be located initially in the Department of Medicine. Applicants must have medical qualifications registrable in Hong Kong, plus a Membership or Fellowship of a Royal College of Physicians, and/or be General Practitioners of the United Kingdom or Australasia. Teaching and research experience is essential and a knowledge of spoken Cantonese is desirable.

Annual salaries (superannuable) are on the scales: Reader (clinical) HK$414,000-480,000 (6 points) (approx. £38,340-44,440) (Sterling equivalents as at January 28, 1986). Starting salary will depend on qualifications and experience. At current rates, salaries tax will not exceed 17% of gross income. Housing benefits at a rental of 7½% of salary, children’s education allowances, leave, and medical benefits are provided.

Further particulars and application forms (to be lodged as soon as possible) may be obtained from the Secretary General, Association of Commonwealth Universities (Apts), 36 Gordon Square, London WC1H 0PF, or from the Appointments Unit, Secretary’s Office, University of Hong Kong, Hong Kong. Closes: 14 April 1986.

---

KING’S FUND CENTRE—FOUR-DAY COURSES IN MEDICAL MANIPULATION

These courses are designed around the tutors’ “An Introduction to Medical Manipulation”, published in 1985, and “Examination of the Back — An Introduction”, published in 1986. A second edition of the former has already been commissioned.

The courses are zero-rated for Section 63; Part I deals with the basic principles and therapeutic techniques pertaining to the spine, while Part II is aimed at widening the scope of those who have attended Part I, and including the peripheral joints and other relevant material.

These courses are run at the King’s Fund Centre, London NW1 7NF.

Some doctors may prefer these courses split each into two weekends. In this case, please write to Dr. J.K. Paterson.

Details of the forthcoming series are as follows:

- Part II 15th - 18th July, 1986.
- Part I 7th - 10th April, 1987.

All dates are inclusive.

Those interested should apply early, (with remittance), to: Dr J.K. Paterson, 14 Wimpole Street, London W1M 7AB.

---

HAILEYBURY

RESIDENT MEDICAL OFFICER

The Governors of Haileybury and Imperial Service College are seeking applications from experienced medical practitioners for the post of Resident Medical Officer to take up appointment on 1 September 1986 or as soon as possible thereafter. House provided (rent and rates free).

Particulars of appointment, including details of Sanatorium, Medical facilities, remuneration, and pension arrangements, together with application form available from the Secretary to the Council, Haileybury, Hertford, Herts SG13 7NU. Closing date for applications 17 April 1986.

---

MRCGP PRACTICE EXAMS

New book now available edited by John Sanders, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCGP candidate — two complete MCG practice examinations with marking system, answers and teaching explanations, two MEQ papers, two PTQ papers both with samples and marking schedules. Oral and Log Diary techniques and presentations revision index and recommended book list. Send cheque now for £7.95 plus 75p p&p. The books are despatched the same day by first class mail.

Dept. GP PasTest Service, 304 Galley Hill, Hemel Hempstead, Herts HP1 3LE. Tel: Hemel Hempstead (0442) 52113.

---

PASTEST
RESIDENTIAL WEEKEND

at

PEMBROKE COLLEGE, OXFORD
ENGLAND

From 7 pm FRIDAY SEPTEMBER 19th
to 1 pm SUNDAY SEPTEMBER 21st 1986

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.

Course organizers will be able to discuss the art of Group
Leadership in a separate group.

The cost of the weekend will be £60, and £35 for trainees.
Section 63 applied for.

Please advertise this among your colleagues. Further details
are available from the Hon. Secretary:

Dr Peter Graham
149 Altmore Avenue
East Ham
London E6 2BT
ENGLAND

Sponsored by Stuart Pharmaceuticals

(1008)

CANCER — THE PRESENT
AND FUTURE
EIGHTEENTH ANNUAL SYMPOSIUM

12th and 13th MAY 1986

The programme includes:

DAY 1
Early Diagnosis Related to Prognosis
Cervical Cancer
Cervical Screening
Clinical Aspects of Cervical Cancer
Metabolic Effects in Cancer and their Rectification
Tumour-Host Competition for Nutrients
Counselling Communicating
Modern Cancer Nursing
New Anti-Cancer Drugs-Cytotoxic and Hormonal Therapies

DAY 2
The Future of Imaging Diagnosis in the Next Decade
Criteria for Curability for Patients with Cancer
Cancer Pain
Causes, Mechanisms and Measurement
Treatment Modalities
The Future of Childhood Cancer Today
Bone Marrow — Diagnostic Cytology and Transplantation
Rehabilitation and Continuing Care in the Future
The Quality of Life: Can We Do Better?

To be held at the Royal College of Surgeons, London
Registration Fee: £26.00 per day to include lunch and refreshments
Cheques should be made payable to: Marie Curie Memorial Foundation
Tickets from Administrative Officer, Institute of Oncology, Marie Curie Memorial Foundation,
28 Belgrave Square, London SW1X 8QG (Tel: 01-235 1323)
Section 63 Approved

(1009)

Health for 2000: Changing Primary Care

A development course for urban general practitioners

Applications are invited from GPs for this exciting new day
release course for 1986/87 starting from October to be held
in London. Inner city GPs are particularly invited to apply.

The course will cover all aspects of urban practice and will
include sessions on practice-related epidemiology, manage-
ment of practice resources, effective collaboration with rele-
vant primary health care agencies, health promotion, research
and evaluation of practice activities.

There are places for up to 18 GPs. Teaching will be in small
groups and directed by the needs of the participants wherever
possible. Parts of the course will be open to participants from
other health care disciplines.

The course is funded by grants from the DHSS and the NHS
Training Authority. There is no course fee. It is being run jointly
by the General Practice Units and Community Medicine Depart-
ment of University College and the Middlesex Hospital Medical
Schools, in collaboration with the Department of Community
Health of the London School of Hygiene and Tropical Medicine.

For further information and application forms, contact the
course organiser, Dr Peter Sims, or Dr Michael Modell, Head
of Department, at the General Practice Unit, University Col-
lege, Chenies Mews, London WC1E 6JJ. Tel: 01 387 9300
ext. 98 or 165.

(1010)

NEW ZEALAND PRACTICE EXCHANGE 1987

36 year old G.P. with three children (6 years, 6 years, 2 years)
in partner teaching practice seeks a four month exchange of
preferably in or near Brighton. The practice offers full services
including maternity from a modern health centre. There is an
attached counsellor, dietitian and five practice nurses. The
practice is involved in under- and postgraduate training and
research. There is an in-house computer.

Tauranga is a seaside town with a sub-tropical climate and
good local facilities for tramping, fishing and water sports. The
lakes are one hour away; Auckland 2½ hours and ski-fields
2½ hours away.

Please write to: — Dr Jonathan Simon, PO 8010, Tauranga,
New Zealand.

(1001)

WINDSOR AND DISTRICT POSTGRADUATE
MEDICAL CENTRE

A REFRESHER COURSE FOR
GENERAL PRACTITIONERS

is to be held here from Monday 12 May to Friday 16 May,
1986. A registration fee of £35 will cover lunches, coffees,
tea etc. Light entertainment in the evenings will be arranged.
The course is recognised for Section 63 allowances and
numbers will be limited so early application is advised.

Further details are available from Mrs. C.J. Chitty,
Postgraduate Medical Centre, King Edward VII Hospital,
Windsor, Berkshire.

(1002)
Parkinson's disease is disabling and life-shortening. However, with levodopa therapy many patients can expect a normal life-span! Good general practice care, supported by physiotherapy and community services, can improve the quality of these extra years.

Success depends on early diagnosis by the general practitioner, followed by effective treatment. There is no more effective treatment available than Madopar.

For many patients

Presentation Madopar contains a combination of levodopa and the decarboxylase inhibitor benzerazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benzerazide hydrochloride (equivalent to 25mg of the base).

Madopar 125 capsules containing 100mg levodopa and 28.5mg benzerazide hydrochloride (equivalent to 25mg of the base).

Madopar 250 capsules containing 200mg levodopa and 57mg benzerazide 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 psychiatric illness or psychoses. Pregnancy Patients under 25 years. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. 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.