



TOWARDS THE LIGHT

Focus on effective antidepressant care

Faverin, the highly selective 5-HT reuptake inhibitor.

Selective action means:

- it lifts mood without sedating in the majority of patients¹
- it has little effect on the cardiovascular system³
- it produces minimal unwanted anticholinergic effects at therapeutic levels²
- impressive safety record in overdose even up to 8600mg

Most patients will respond to 100mg/day, taken each night.

 **Faverin two tablets nocte**

 **FAVERIN**[®]
fluvoxamine

HIGHLY SELECTIVE 5-HT REUPTAKE INHIBITOR

Faverin Prescribing Information ▽ Presentation: Round, yellow, enteric-coated tablets each containing 50mg fluvoxamine maleate, imprinted with 'Duphar 291'. Pack of 60 tablets, basic NHS price £25.00. Pl. 0512/0070. Uses: The treatment of symptoms of depressive illness. Dosage and Administration: The tablets should be swallowed without chewing and with water. *Adults, including the elderly:* Recommended starting dose of 100mg in the evening. Adjust according to response to maximum of 300mg daily, in divided doses. *Children:* Not recommended. Contra-indications, Warnings, etc: Avoid during pregnancy and in nursing mothers, unless compelling reasons. Do not use with, or within two weeks of, ending treatment with monoamine-oxidase inhibitors. Faverin has been used in combination with lithium in the treatment of patients with severe drug-resistant depression. However, lithium (and possibly tryptophan) enhances the serotonergic effects of Faverin and the combination should therefore be used with caution. In hepatic or renal insufficiency use low dose initially with careful monitoring. Discontinue if associated with increased hepatic enzymes. The effects of alcohol may be potentiated by Faverin. Improvement may be delayed for two or more weeks and close monitoring is

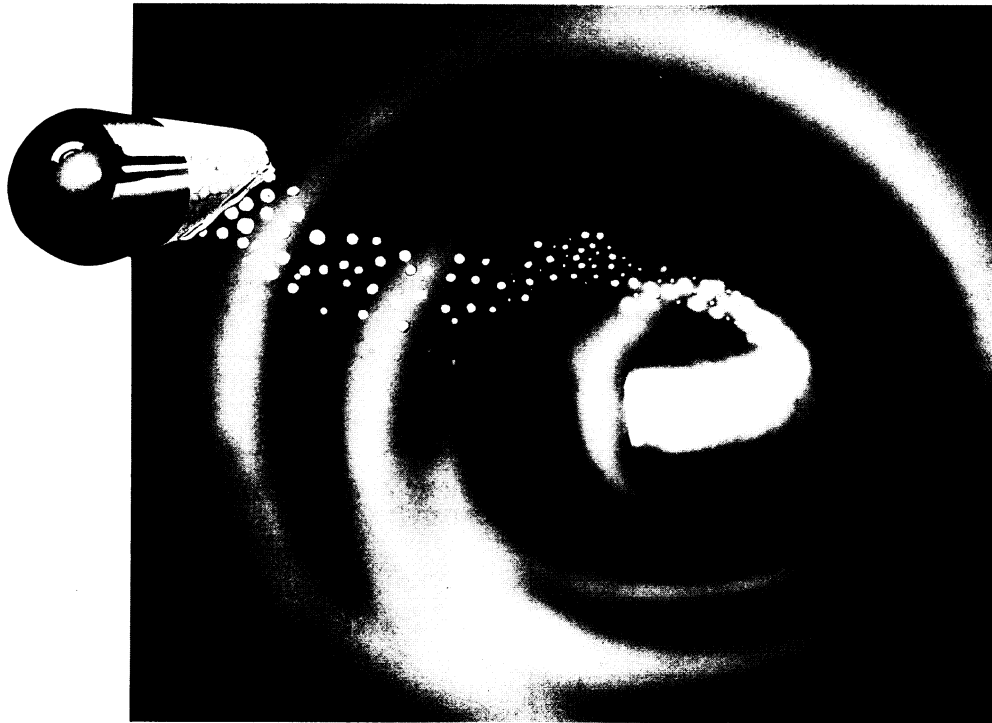
metabolised by liver and having narrow therapeutic index (eg warfarin, phenytoin and theophylline). Increased plasma levels of propranolol and warfarin seen in practice. No interactions seen with atenolol or digoxin. Side-effects: Most commonly, gastrointestinal, nausea, vomiting and diarrhoea. In some patients who report nausea, vomiting may occur. Caution should therefore be exercised when administering Faverin to patients with a medical condition likely to be exacerbated by vomiting. Others include dizziness, somnolence, agitation, headache and tremor. Anxiety reported less often. Convulsions have been reported. Avoid in patients with a history of epilepsy. Faverin may cause a decrease in heart rate; hypotension rarely reported. Further information available from: Duphar Laboratories Limited, Duphar House, Gaters Hill, West End, Southampton SO3 3JD. Telephone: 0703-472281. References: 1. Curran HV, Lader MH. Eur J Clin Pharmacol; 29: 601-607. 2. Claassen V. Brit J Clin Pharmacol 1983; 15 (suppl 3) 349S-355S. 3. Prager G, et al. Adv Pharmacother 1986; 2: 113-150.



FAV/89/1 GP/

PROGRESS

In The Control Of Pancreatic Insufficiency



creon[®] 
pancreatin

RIGHT ON TARGET – RIGHT FROM THE START

Prescribing Information – Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

Contra-indications, Warnings, etc: Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number:** 5727/0001. **Name and address of Licence Holder:** Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

duphar Further information is available from:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

CRAAd/PEI1/89

CLASSIFIED ADVERTISEMENTS AND NOTICES

Classified Advertisements are welcomed and should be sent to: Debby Tardif, Iain McGhie and Associates, 7a Portland Road, Hythe, Kent CT21 6EG. Telephone: 0303-264803-62272, Fax: 0303-62269. Copy must be received three 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 £8.00 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.

LEARNING GENERAL PRACTICE

A STRUCTURED APPROACH FOR TRAINEE GPs AND TRAINERS

An excellent new book by Sandars and Baron (John Sandars, GP Trainer; Chairman, Education Subcommittee, North West Faculty of the RCGP.) It covers in a systematic and thorough way the learning requirements of the General Practice Year. Provides Trainers and Trainees with an invaluable framework of 51 Tutorials, Checklists, MCQ Test and references encouraging a methodical approach to the wide field of General Practice. Send cheque now for £10.50+ £1 p+p. Books dispatched by return, first class. Phone us today with Visa or Access and receive your book tomorrow.

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No candidate should approach the Royal College exam without a good grasp of the topics covered in this high quality revision book edited by John Sandars. 2MCQ, 2MEQ, 2PTQ papers with teaching notes, samples, marking schedules, oral and log diary techniques plus essential advice, tips, index and book list. Send cheque now for £8.95 plus 80p p+p or telephone us.

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PASTEST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

DIPLOMA IN CHILD HEALTH

The Diploma in Child Health is designed to give recognition of competence in the primary care of children and is particularly suitable for General Practitioners and Clinical Medical Officers.

The next examination will be held on Thursday, 31st August 1989. Application forms and the necessary documentation and fees must reach the College by Friday, 14th July 1989.

Experience of twelve months in the care of children is recommended before candidates apply to sit the examination.

Further details and an application form may be obtained from: The Examinations Office, Royal College of Physicians of London, 11 St Andrews Place, Regent's Park, London NW1 4LE.

BRENT AND HARROW FAMILY PRACTITIONER COMMITTEE AND THE NORTH AND WEST LONDON FACULTY OF THE RCGP

INDEPENDENT MEDICAL ADVISOR

4 SESSIONS PER WEEK
ON A TWO YEAR CONTRACT
HOSPITAL PRACTITIONER SCALE
CIRCA £10,000 per annum

We are looking for an enthusiastic general practitioner who will advise and encourage GPs to adopt good practice, helping to raise the standard of care provided to the people of BRENT AND HARROW.

Our project has been developed jointly between the FPC and the North and West London Faculty of the RCGP and has the full backing of the Local Medical Committee. The objectives are to encourage GPs to develop our Practice Activity Analysis scheme, encourage GPs to adopt preventive care procedures and promote the effectiveness of the primary health care team. In addition, the advisor will encourage further education and help to establish local guidelines and encourage performance review in the management of common problems.

Working closely with the Development Section which includes a Preventive Care Facilitator, Linkworker Co-ordinator, Ancillary Staff Personnel Specialist and Pharmacist Advisor, the appointed person will also encourage GPs to produce practice information leaflets and reports, develop practice profiles and advise on the clinical aspects of surgery improvement.

The post is based at our offices in Harrow but will involve working closely with GPs within surgeries as well as liaising with the Local Community Medical Specialists.

For a job description and application form please apply to: Philip Catchpole, Director of Planning and Development, Brent and Harrow Family Practitioner Committee, The Twenty One Building, 21 Pinner Road, Harrow, Middlesex HA1 4BB. (Tel: 01-427 7888).

CLOSING DATE: Friday 26 May 1989.

MYALGIC ENCEPHALOMYELITIS — POST VIRAL FATIGUE SYNDROME

Myalgic Encephalomyelitis or Post Viral Fatigue Syndrome is a common complaint amongst patients and in some regions appears to have reached epidemic proportions.

The cardinal feature of the syndrome is of a prolonged and debilitating fatigue, usually presenting in an individual of age 20–55 who has otherwise been in excellent health. CNS disturbances particularly headaches, dysphasia, mental incapacity and paraesthesia may also be present.

The underlying cause of the syndrome is unknown but a disorder of fatty acid metabolism consequent upon a viral infection has been implicated and pilot clinical trials suggest that dietary supplementation of essential fatty acids may benefit these patients.

We now wish to extend clinical trials to larger numbers of people (around 400) with Myalgic Encephalomyelitis and are seeking Doctors who would be willing to enter their patients to these studies. Patients would be given a dietary supplementation of essential fatty acids or placebo and the state of their disease monitored thereafter over a period of 7 months.

If you have patients with ME and would be interested in participating in this study please write for a protocol to:

Dr C. Stewart
Medical Director
Scotia Pharmaceuticals Ltd
Woodbridge Meadows
Guildford
Surrey GU1 1BA