

**ADALAT<sup>®</sup> ADALAT<sup>®</sup> 5 ADALAT<sup>®</sup> retard ADALAT<sup>®</sup> retard 10**  
**Abridged Prescribing Information. Presentation:** Adalat/Adalat 5: orange soft gelatin capsules containing a yellow viscous fluid, overprinted with the Bayer cross and 'ADALAT' or 'ADALAT 5' and containing 10mg or 5mg nifedipine respectively. Adalat retard/Adalat retard 10: pink-grey lacquered tablets marked with the Bayer cross and '1U' or 'A10' and containing 20mg or 10mg nifedipine respectively. **Indications:** Adalat/Adalat 5: for the treatment and prophylaxis of angina pectoris and the treatment of Raynaud's Phenomenon. Adalat retard/Adalat retard 10: for the treatment of all grades of hypertension. **Dosage and Administration:** Adalat/Adalat 5: The recommended dose is one 10mg capsule three times daily with a little fluid during or after food, with subsequent titration of dose according to response. The dosage may be adjusted within the range 5mg three times daily to 20mg three times daily. Adalat 5 capsules permit titration of initial dosage in the elderly and those patients on concomitant medication. The recommended dose is one Adalat 5 capsule three times daily. Patients with hepatic dysfunction should commence therapy at 5mg three times daily with careful

monitoring. If an immediate anti-anginal effect is required, the capsule should be bitten and the liquid contents held in the mouth. Adalat retard/Adalat retard 10: The recommended dose is one 20mg tablet twice daily with a little fluid during or after food, with subsequent titration of dosage according to response. The dosage may be adjusted within the range 10mg twice daily to 40mg twice daily. Adalat retard 10 permits titration of initial dosage. The recommended dose is one Adalat retard 10 tablet twice daily and patients with hepatic dysfunction should commence therapy at this level, with careful monitoring. Regardless of the formulation used, patients with renal impairment should not require adjustment of dosage. There are no recommendations for use in children. Treatment may be continued indefinitely. **Contra-indications, warnings, etc. Contra-indications:** Nifedipine should not be administered to patients with known hypersensitivity to nifedipine or to women capable of child-bearing. Nifedipine should not be used in cardiogenic shock. **Warnings and Precautions:** Nifedipine may be used in combination with beta-blocking drugs and other antihypertensive agents but the possibility of an additive effect resulting in postural

hypotension should be borne in mind. Nifedipine will not prevent rebound effects after cessation of other antihypertensive therapy. It should be used with caution in patients whose cardiac reserve is poor. Caution should be exercised in patients with severe hypotension. Headache has been reported in a small proportion of patients within 30 minutes to four hours of the introduction of nifedipine therapy (depending on formulation administered). Although a 'steal' effect has not been demonstrated, patients experiencing this effect should discontinue therapy. The use of nifedipine in diabetic patients may require adjustment of insulin. The antihypertensive effect of nifedipine may be potentiated by simultaneous administration of cimetidine. When used in combination with nifedipine, serum quinidine levels have been shown to be suppressed. Caution should be exercised in patients taking nifedipine during lactation. **Side-effects:** Most side-effects are common and include dizziness, lightheadedness, headache, flushing, gravitational oedema, not associated with heart failure, and constipation. Other less commonly reported side-effects include

**Prescribing information**

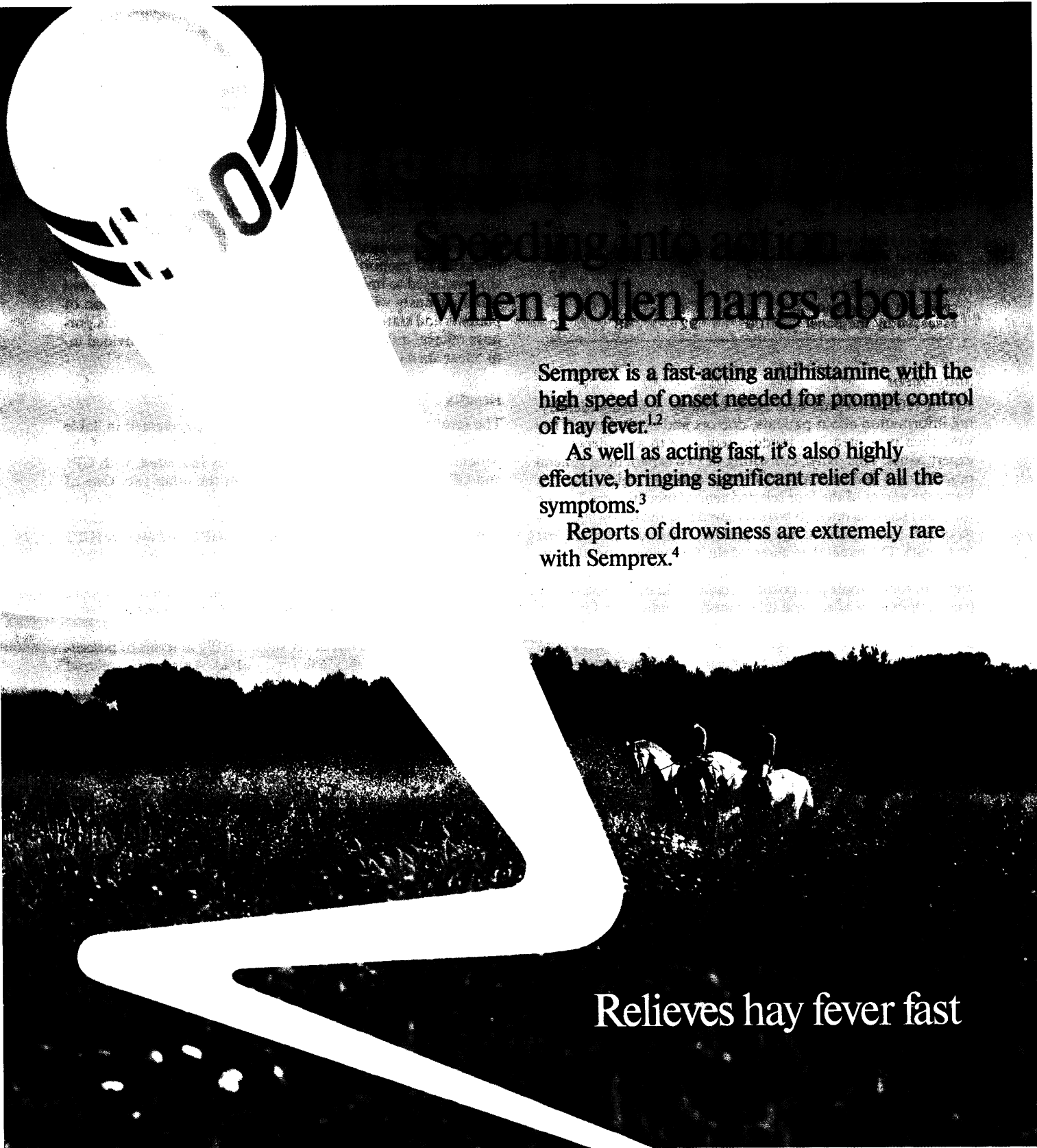
**Presentation** Each capsule contains 8mg acrivastine. Uses Symptomatic relief of allergic rhinitis, chronic idiopathic urticaria, symptomatic dermographism, cholinergic urticaria and idiopathic acquired cold urticaria. **Dosage and administration** *Adults, and children over 12 years:* 1 capsule t.d.s. **Contra-indications, warnings, etc.** Contra-indicated in patients with known hypersensitivity to acrivastine or triprolidine. Until specific studies have been carried out Semprex should not be given to elderly patients or patients with significant renal impairment. **Precautions:** While reports of drowsiness directly attributable to Semprex are extremely

rare, it is sensible to caution patients about engaging in activities requiring mental alertness, such as driving a vehicle or operating machinery, until they are familiar with their response to the drug. In some patients, Semprex may potentiate impairment of alertness produced by alcohol or other CNS depressants. In pregnancy, the potential benefits of treatment should be weighed against any possible hazard. **Side- and adverse effects:** In the large majority of patients treatment with Semprex is not associated with clinically significant anticholinergic or sedative side-effects. **Basic NHS cost** Original pack of 84 capsules in blister strips of 21, £5.38 (PL3/0254).

**References**

1. Stern, M. *et al.* Eur. Congr. Allergol. Clin. Immunol., Mallorca, 1987.
2. Long, R.A. (1985), Data on file.
3. Leonhardt, L. *et al.* (1988), *Acta Therapeutica*, 14, 241.
4. Semprex data sheet, August 1988.

Report any adverse reactions to C.S.M. Further information is available on request.  
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Semprex is a fast-acting antihistamine with the high speed of onset needed for prompt control of hay fever.<sup>1,2</sup>

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Reports of drowsiness are extremely rare with Semprex.<sup>4</sup>

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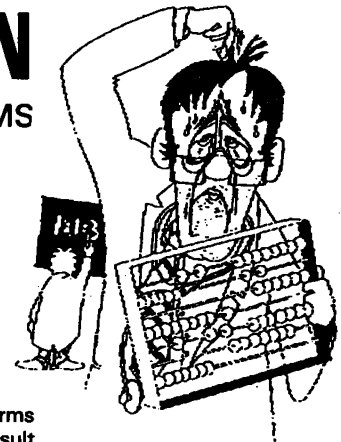
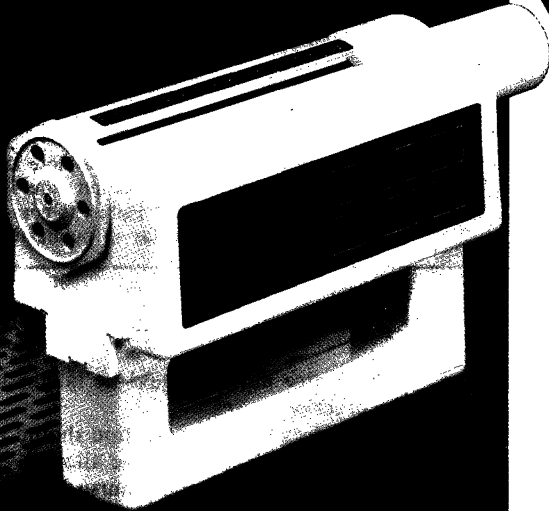
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## THE PRACTICE AUDIT PLAN

A HANDBOOK OF MEDICAL AUDIT FOR PRIMARY CARE TEAMS

by

**RICHARD BAKER, MRCGP**

Cheltenham

Research Fellow, General Practice Unit, University of Bristol

and

**PAUL PRESLEY, MRCGP**

Gloucester

Course Organiser, Gloucestershire Vocational Training Scheme

This book has been written by two general practitioners with extensive experience of audit. It forms an introduction for GPs and Practice Staff who will be undertaking audit for the first time as a result of the White Paper and New Contract.

The book opens by discussing why audit for general practice should involve all members of the Primary Care Team. It points out the implications of such team participation, and the importance of a worker-centred approach. It goes on to describe in an informal style the theory of the Audit Cycle, and emphasises the advantages of audit for better patient care. The preliminary steps necessary to prepare the practice for audit, and the reasons for doing it are recounted.

The main part of the book is a detailed description of a plan for carrying out systematic audit in the general practice setting in co-operation with Medical Audit Advisory Groups. Each stage is explained in plain language with frequent tables listing the points that should be considered. The text is enlivened by a series of cartoons on the salient points. Advice is given on the setting of criteria and standards by the practice itself. Then follows a section on the collecting and handling of data and information within the practice. It suggests ways of handling the potential deluge of information that practices will be receiving, and concludes with a short glossary and suggestions for further reading.

ISBN 85084 146 1

Paperback 210 x 150 mm

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