



**ADALAT® ADALAT® 5 ADALAT® retard ADALAT® 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 postural rebound effects after cessation of other antihypertensive therapy. Nifedipine should be used with caution in patients whose cardiac reserve is poor. Caution should be exercised in patients with severe hypotension. Chest pain 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 the use of nifedipine in diabetic patients may require adjustment of control. The antihypertensive effect of nifedipine may be potentially enhanced by simultaneous administration of cimetidine. When used in combination with nifedipine, serum quinidine levels have been shown to be suppressed regardless of dosage of quinidine. No information is available on the use of nifedipine during lactation. **Side-effects:** Most side-effects are common and are due to the vasodilator effects of nifedipine and include headache, dizziness, flushing, Gravitational oedema, not associated with heart failure, gain, has also been reported. Other less commonly reported side-

**Prescribing information**

**Presentation** Pale blue, elongated tablets with bevelled edges, impressed with "Zovirax" on one side and "800" either side of a score on the obverse, contain 800mg acyclovir. **Uses, dosage and administration** Treatment of herpes zoster infections: *Adults:* one 800mg tablet, 5 times daily for 7 days, omitting night-time doses. **Contra-indications** Contra-indicated in patients known to be hypersensitive to acyclovir. **Precautions** For patients with renal impairment the

dose may have to be adjusted (see Data Sheet). In elderly patients adequate hydration should be maintained. Special attention should be given to dosage reduction in elderly patients with impaired renal function. In pregnancy the potential benefits should outweigh the possibility of unknown risks before the use of Zovirax is considered. **Side- and adverse effects** Skin rashes have been reported in a few patients receiving Zovirax Tablets; the rashes have resolved on

withdrawal of the drug. In trials, the incidence of gastrointestinal events has not been found to differ from placebo. **Basic NHS cost 800mg: Shingles Treatment Pack, 35 tablets £113.00 (PL3/0243).**

**\*Trade Mark**

Further information is available on request.

**The Wellcome Foundation Ltd,**  
Crewe, Cheshire



# Shingles cries out for systemic treatment



**Rx Zovirax Shingles Treatment Pack**  
One 800mg tablet  
5 times daily for 7 days

**THE WELLCOME FOUNDATION LTD**

A LEADER IN ANTIVIRAL RESEARCH

# ZOVIRAX\*

acyclovir

\*Trade Mark

**The Association of GPs in Urban Deprived Areas**

**NOTIFICATION OF AN AGUDA CONFERENCE  
SEPTEMBER 28/29th 1990 IN LIVERPOOL**

**NETWORKING IN GENERAL  
PRACTICE**

The more we understand and recognise the many things that affect the health of people the more difficult it becomes to be able to meet their needs.

There are dozens of groups and organizations and hundreds of people in our communities who are already involved in different aspects of caring for people. If we can form links with them we can greatly increase our effectiveness and perhaps ease some of our burden. How can we use the schools, the voluntary sector, the sports centres? How can we use other statutory bodies? How can we help people to help themselves? How can we give people power so that they can act for themselves?

This conference explores many of these issues using existing successful projects as discussion points. The central theme will be "Community Organising" and all people coming to this conference will attend a workshop in this. There will be 10-12 other workshops.

Evening entertainment will be arranged as will accommodation. PGEA Approved in principle.

Apply for further details and an application form to Dr Paul Thomas, Vauxhall Health Centre, Limekiln Lane, Liverpool L5 8XR. Tel 051-207-5571.

**Royal College of Physicians of London**

**DIPLOMA IN  
GERIATRIC MEDICINE**

The Diploma in Geriatric Medicine is designed to give recognition of competence in the provision of care for the elderly and is particularly suitable for General Practitioner vocational trainees, Clinical Assistants and other doctors working in non-consultant career posts in Departments of Geriatric Medicine, and other doctors with interests in or who have responsibilities for the care of the elderly.

The next examination will begin on Thursday, 11th October 1990. Application forms, together with the necessary documentation, must reach the College by Friday, 31st August 1990.

Candidates must either have held a post approved for professional training in a department specialising in the care of the elderly, or have had experience over a period of 2 years since Full Registration or equivalent in which the care of the elderly formed a significant part.

Further details and an application form may be obtained from:—

**Examinations Office,  
Royal College of Physicians of London,  
11 St Andrew's Place,  
Regent's Park, London NW1 4LE**

**MRCGP EXAMINATION  
PREPARATION COURSE**

**September 7th and 8th 1990  
Haygarth House Conference Centre, Retford, Notts**

A course resourced by current RCGP examiners with emphasis on recent exam developments.

Course fee: £60.00  
(Meals included)

Accommodation available at additional charge

Details and application forms from: Mrs. J. Morrison, Medical Teaching Centre, Doncaster Royal Infirmary, Doncaster, S. Yorks DN2 5LT. Tel: 0302 366666 ext 231.

Closing date for applications: 24.8.90

**BREAKING BAD NEWS**

**Saturday, September 8th 1990**

**Rusholme Health Centre, Walmer Street  
Manchester**

This is a full-day workshop for general practitioners and trainees. Run by staff from the Department of General Practice with actors from North West Spanner we will explore practical and emotional aspects of breaking bad news to patients. We will use small group discussion, role-play and video to ensure active learning.

Fee: £50.00 including lunch and refreshments. PGEA approval provisionally agreed.

Further details from: Caroline Ruddy, Department of General Practice, Rusholme Health Centre, Walmer Street, Manchester M14 5NP. Telephone (061) 256 3015.

**IMPERIAL COLLEGE  
University of London**

**MEDICAL ETHICS**

*The Annual Intensive 5-Day Course for Medical & Nursing Teachers, Medical Practitioners and Members of Ethics Committees organised in cooperation with the Institute of Medical Ethics*

**10-14 September 1990**

*This course has been approved by the British Postgraduate Medical Federation for 10 sessions of Postgraduate Education.*

**Allowance for NHS General Practitioners with 3 sessions approved for health promotion and prevention of illness, 4 sessions approved for disease management, and 3 sessions for service management.**

*Approval has also been sought for the course to qualify for hospital study leave allowances.*

For further details contact:  
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Imperial College  
321 Sherfield Building  
LONDON SW7 2AZ  
Tel: 071-225-8667 Fax: 071-225-8668