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# Marfan Association

REGISTERED CHARITY NO. 802727

## HELP US TO AVOID UNDIAGNOSED DEATH

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**MARFAN SYNDROME IS IN 75% OF CASES AN INHERITED  
DISORDER OF CONNECTIVE TISSUE**

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### **SALIENT FEATURES**

#### **Ocular:**

Subluxation or dislocation of lens, myopia and unstable refraction, detachment of retina, strabismus, glaucoma.

#### **Dental:**

High-arched palate, crowding of teeth.

#### **Cardiovascular:**

Dilatation of ascending (and sometimes descending) aorta, incompetence of aortic and mitral valves, aneurysm and dissection of aorta.

#### **Skeletal:**

Tall thin physique, with long limbs and fingers, spinal curvature, flattening of chest (with pigeon or funnel deformity). With a wingspan greater than their height.

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**DO YOU HAVE PATIENTS WITH THIS HIDDEN LIFE THREATENING DISORDER?  
SIMON'S WENT UNDISCOVERED FOR 15 YEARS**

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***A CLINICAL GUIDE IS AVAILABLE FOR YOU, TOGETHER WITH A  
SUPPORT PACK FOR YOUR PATIENTS***

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**Contact: MRS DIANE RUST, MARFAN ASSOCIATION, 6 QUEENS ROAD, FARNBOROUGH,  
HANTS GU14 6DH. Telephone: 0252 547441. Fax: 0252 523585**

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# Circadian rhythms and angina attacks

Circadian patterns, demonstrated in many body systems, are frequently linked to the sleep/active cycle. One rhythm that shows such a cycle is the circadian pattern of angina attacks.<sup>1</sup>

An understanding of the circadian rhythm of ischaemic events may be a guide for future therapeutic interventions in those with chronic stable angina.

## Attack rate pattern

The circadian rhythm of angina attacks has been evaluated during placebo therapy in 1048 chronic stable angina patients.<sup>1</sup>

The angina attack rate was low from midnight until 5 a.m., then rose steeply during the day with peaks occurring between 10-11 a.m. and 2-3 p.m.

## Night workers

Night workers show a similar pattern, but there is a shift in the timing of peak attack rates, although the first peak still occurs about 2 hours after rising.<sup>2</sup>

Clearly, it is important for patients to be adequately protected whenever their higher risk hours occur.

## A steep rise in the early morning

One particularly dangerous time for most angina sufferers is just after 5.00 a.m. when the attack rate rises sharply.

Paradoxically, the plasma levels of some drugs can drop to produce a trough at just that time, resulting in low cover at a time of enhanced risk.

## Round the clock protection

ISTIN (amlodipine) is a once daily calcium antagonist that overcomes the problems of maintaining cover during the early morning hours.

A long half-life and smooth plasma concentration profile ensure that 24-hour cover is maintained with ISTIN, right to the end of a dosing interval. So while the risk of an angina attack may fluctuate, ISTIN reduces that risk continuously through the day, night and early morning period.

Even when the risk of an angina attack is low, for example late at night, there is still a need for protection. The steady plasma levels provided by ISTIN are just as important during these periods too.

## One tablet daily

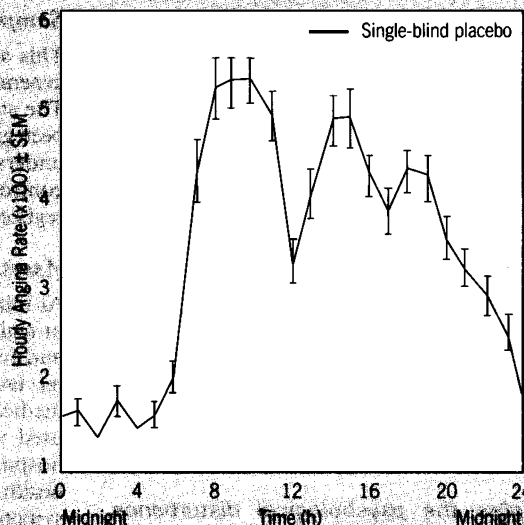
While multiple dose drug regimens can cover most of the peak risk times, they are certainly not as convenient, or patient friendly, as a simple single tablet of ISTIN once daily.

To ensure that your angina patients are receiving protection from attacks, whether awake or asleep, consider prescribing ISTIN, one 5mg or 10mg tablet once daily.

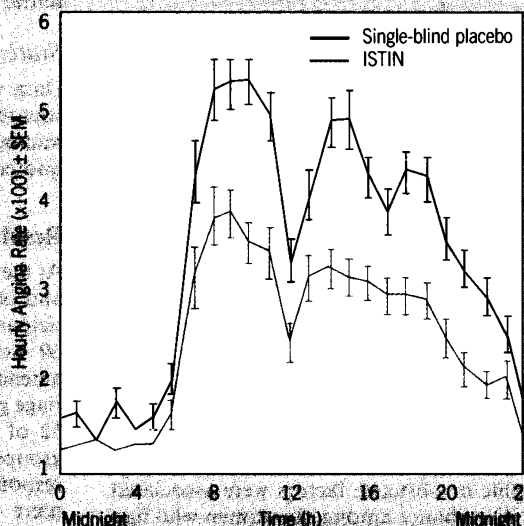
**ADMINISTRATIVE PRESCRIPTION INFORMATION FOR ISTIN:** INDICATIONS: FIRST LINE TREATMENT OF HYPERTENSION AND ANGIOCORONARY DISEASE ASSOCIATED WITH STABLE ANGINA PECTORIS. DOSAGE: FOR HYPERTENSION AND ANGINA PECTORIS, DOSAGE: SINGLE DAILY ONCE DAILY 5mg MAY BE INCREASED TO A MAXIMUM DAILY DOSE OF 10mg. USE IN ANGIOCORONARY DISEASE ASSOCIATED WITH STABLE ANGINA PECTORIS: 5mg OR 10mg DAILY. CONTRAINDICATIONS: SEVERE HEPATIC IMPAIRMENT. PRECAUTIONS: USE WITH CAUTION IN PATIENTS WITH HYPOTENSION. USE WITH CAUTION IN PATIENTS WITH RENAL IMPAIRMENT. USE WITH CAUTION IN PATIENTS WITH CONCOMITANT TREATMENT WITH OTHER VASODILATORS. PREGNANCY AND LACTATION: ISTIN SHOULD NOT BE ADMINISTERED DURING PREGNANCY OR LACTATION, OR TO

Studies suggest that the use of medications providing continuous and consistent activity throughout the 24-hour day should be considered.

Circadian pattern of angina attacks in patients taking placebo showing morning peak in attack rate and secondary peak in the afternoon.



Circadian pattern of angina attacks in patients on ISTIN compared to placebo showing a flattening of morning peak and reduction in attack rate throughout the day. Meta analysis of data from 5 studies: 472 patients on ISTIN compared with single-blind placebo run in.



WOMEN OF CHILD-BEARING POTENTIAL UNLESS EFFECTIVE CONTRACEPTION IS USED: SIDE EFFECTS: HEADACHE, DIZZINESS, FLUSHING, AND SWELLING. PRECAUTIONS: PATIENTS SHOULD BE ADVISED THAT ISTIN MAY INTERFERE WITH THE EFFECTS OF ORAL CONTRACEPTIVES. CONTRAINDICATIONS: SEVERE HEPATIC IMPAIRMENT. PRECAUTIONS: USE WITH CAUTION IN PATIENTS WITH HYPOTENSION. USE WITH CAUTION IN PATIENTS WITH RENAL IMPAIRMENT. USE WITH CAUTION IN PATIENTS WITH CONCOMITANT TREATMENT WITH OTHER VASODILATORS. PREGNANCY AND LACTATION: ISTIN SHOULD NOT BE ADMINISTERED DURING PREGNANCY OR LACTATION, OR TO

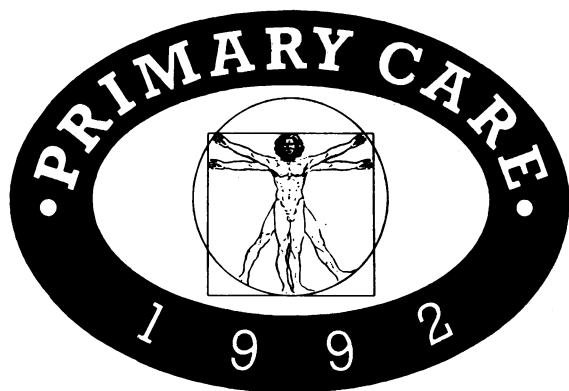
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London**

**September 21-25, 1992**

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PLEASE NOTE: EARLY BOOKING DISCOUNT  
EXPIRES MARCH 31

## PROGRAMME

### MONDAY 21 SEPTEMBER 1992

#### NEW DIRECTIONS AND PRIMARY CARE

Chairman: Dr R Walker, Medical Advisor to Cumbria FHSA and Editor-in-Chief of Good Practice

- |               |   |
|---------------|---|
| 09.30 - 10.00 | <b>Patients first</b><br>Ms Linda Lamont, Director of The Patients Association  |
| 10.00 - 10.30 | <b>Accountability, ethics and economics</b><br>Professor N Bosanquet, Professor of Health Policy Unit, University of London   |
| 10.30 - 11.00 | <b>European overview - French general practice</b><br>Dr P R Evans, Honorary Secretary of the International Committee of the Royal College of General Practitioners |
| 11.00 - 11.30 | Coffee  |
| 11.30 - 12.00 | <b>Care in the Community Act</b><br>Mrs A Parker, Director of Social Services, Royal County of Berkshire  |
| 12.00 - 12.30 | <b>Population based primary care</b><br>Dr J Tudor Hart, General Practitioner, West Glamorgan   |

- |               |  |
|---------------|--|
| 12.30 - 13.00 | <b>Information technology: The way ahead</b><br>Dr J D Read, Director of the Centre for Coding and Classification, Loughborough, Leicester |
| 13.00 - 13.30 | <b>Roundtable discussion</b>   |
| 13.30 - 14.30 | Lunch  |

#### WORKSHOPS

- |              |                  |
|--------------|------------------|
| To run from: | 14.30 - 15.30 pm |
| Tea          | 15.30 - 16.00 pm |
| Repeated at  | 16.00 - 17.00 pm |
- Contracting for care**  
Mr B Edwards, Regional Manager, Trent Regional Health Authority.
  - Personnel problems in primary care: Who leads the team?**  
Speaker to be confirmed.
  - Computer technology**  
Dr P Bromley, General Practitioner, Congleton, Cheshire
  - New technologies directly related to GPs**  
Dr I Cox, General Practitioner, Birmingham
  - Legal Issues**  
Mr R H Pyne, Assistant Registrar, Standards and Ethics, United Kingdom Central Council for Nursing, Midwifery and Health Visiting
- 17.00 - 18.00 **Practice Nursing Inaugural Lecture:**  
**Nursing education**  
Professor Kate Morle, Head of Department of Nursing, The University of Liverpool

### TUESDAY 22 SEPTEMBER 1992

#### PREVENTION AND SCREENING

Chairman: Dr Mollie McBride, Honorary Secretary of Council, Royal College of General Practitioners

- |               |   |
|---------------|---|
| 09.30 - 10.00 | <b>The elderly</b><br>Professor E Idris Williams, Professor of General Practice, University of Nottingham                                   |
| 10.00 - 10.30 | <b>Nurse practitioners and screening</b><br>Ms Barbara Stilwell, Principal Lecturer, Health and Community Studies, Royal College of Nursing |
| 10.30 - 11.15 | Coffee and exhibition opening   |
| 11.15 - 11.45 | <b>Protocols for health promotion</b><br>Dr J Noakes, General Practitioner, South Harrow, Middlesex   |
| 11.45 - 12.15 | <b>Cost effectiveness of screening</b><br>Mr D Taylor, Fellow in Health Policy Analysis, King's Fund Centre                                 |
| 12.15 - 12.45 | <b>Roundtable discussion</b>  |
| 12.45 - 14.00 | Lunch and exhibition viewing  |

#### WORKSHOPS

- |                            |                  |
|----------------------------|------------------|
| To run from                | 14.00 - 15.00 pm |
| Tea and exhibition viewing | 15.00 - 15.30 pm |
| Repeated at                | 15.30 - 16.30 pm |
- Ethnic considerations**  
Professor B McAvooy, Professor of General Practice, University of Auckland, New Zealand
  - Deprivation areas**  
Professor B Jarman, OBE, Professor of Primary Health Care, Health Policy Unit, London
  - Promoting better health for children**  
(Complimentary therapies) Speaker to be confirmed
  - Rural practice**  
Dr I Cox, Associate Adviser in General Practice, Carlisle, Cumbria
- 16.30 - 17.30 **Good Practice Inaugural Lecture**  
**Diabetes in primary care**  
Dr P R W Tasker, General Practitioner, King's Lynn, Norfolk

### WEDNESDAY 23 SEPTEMBER 1992

#### CARDIOVASCULAR DISEASE

Chairman: Ms Alison L Allcock, Practice Nurse/Practice Manager, London and Consultant Editor of Practice Nursing

- |               |   |
|---------------|---|
| 09.30 - 10.00 | <b>Lipids</b><br>Professor W Rosser, Professor and Chairman, Department of Family and Community Medicine, University of Toronto, Canada |
| 10.00 - 10.30 | <b>Heart attack: A family illness</b><br>Mr D Thompson, Operations Manager, Medical Services, St James's University Hospital, Leeds     |
| 10.30 - 11.00 | Coffee and exhibition viewing   |
| 11.00 - 11.30 | <b>Project Update</b><br>Dr G H Fowler, OBE, Honorary Director, ICRF General Practice Research Group, University of Oxford              |
| 11.30 - 12.00 | <b>Leg ulcers</b><br>Mrs P A Milward, Wound Care Specialist, Walsall, Midlands  |

**PGEA APPROVAL  
5 1/4 SESSIONS!**

# GPs, PRACTICE NURSES AND PRACTICE MANAGERS ■

12.00 - 12.30 **Roundtable discussion**  
12.30 - 14.00 Lunch and exhibition viewing

## WORKSHOPS

To run from 14.00 - 15.00 pm  
Tea and exhibition viewing 15.00 - 15.30 pm  
Repeated at 15.30 - 16.30 pm

### 1. Angina

Dr T A Carney, General Practitioner, Hexham, Northumberland

### 2. Coronary heart disease

Dr Peter Havelock, General Practitioner, Bourne End, Bucks

### 3. Lipids

Mrs G Riley, Facilitator in Primary Care, Cumbria FHSA

### 4. Smoking cessation

Dr M Jarvis, Principal Scientist, Imperial Cancer Research Fund's Health Behaviour Unit, Institute of Psychiatry

### 5. Exercise and heart disease

Speaker to be confirmed

### 6. Stress management and heart disease

Dr N Roberts, Head of Psychology Services and Manager of Rehabilitation Services, Whitehaven, Cumbria

## THURSDAY 24 SEPTEMBER 1992

### CHILD HEALTH

**Chairman: Dr B Walker, GP, West Cumbria Vocational Training Scheme for General Practice, Whitehaven, Cumbria**

09.30 - 10.00

#### The GP paediatrician

Dr G Curtis-Jenkins, Director, Counselling in Primary Care Trust, Staines, Middlesex

10.00 - 10.30

#### Cot deaths (SIDS)

Dr Robert Walker, Medical Advisor in Cumbria FHSA and Editor-in-Chief of Good Practice

10.30 - 11.00

Coffee and exhibition opening

11.00 - 11.30

#### Adolescent medicine

Dr M Makus, Director of the Teenage Health Unit, The Sir Mortimer B Davis Jewish General Hospital, Montreal, Canada

11.30 - 12.00

#### Child abuse

Dr Jane M Wynne, Consultant Community Paediatrician, Leeds

12.00 - 12.30

#### Home births

Dr G Young, Chairman of the Association for General Practice Maternity Care, Penrith, Cumbria

12.30 - 13.00

#### Roundtable discussion

13.00 - 14.30

Lunch and exhibition viewing

## WORKSHOPS

To run from: 14.30 - 15.30 pm  
Tea and exhibition closes 15.30 - 16.00 pm  
Repeated at: 16.00 - 17.00 pm

### 1. Adolescence health promotion

\* Mr G French, Director, Health Promotion Department, Carlisle

### 2. Counselling for children

Dr G Curtis-Jenkins, Director, Counselling in Primary Care Trust, Staines, Middlesex

### 3. Targeted health surveillance in children

Dr A S Paynter, Consultant Paediatrician, Community Child Health, Whitehaven, Cumbria

### 4. Child abuse

Dr Jane M Wynne, Consultant Community Paediatrician, Leeds

## FRIDAY 25 SEPTEMBER 1992

### INFECTIONS: HIV AND AIDS

**Chairman: Professor Kate Morie, Head of Department of Nursing, University of Liverpool**

09.30 - 10.00

#### New antibiotics

Dr R Seaman, General Practitioner, Hitchin, Herts

10.00 - 10.30

#### The bacteriology of general practice

Dr R K Ditchburn, General Practitioner, Whitby, Yorks

10.30 - 11.00

Coffee

11.00 - 11.30

#### HIV Infections and AIDS

Dr R F Miller, Senior Lecturer in Medicine and Consultant Physician, UCMGM, London

11.30 - 12.00

#### Infection control

\* Professor A Percival, Professor of Bacteriology, University of Liverpool

12.00 - 12.30

#### Roundtable discussion

12.30 - 14.00

Lunch

## WORKSHOPS

To run from: 14.00 - 15.00 pm  
Tea and Conference ends 15.00 - 15.30 pm

### 1. HIV in the community

Dr J Cohen, General Practitioner, London

### 2. Psychological aspects of HIV/AIDS

Dr N Roberts, Head of Psychology Services and Manager of Rehabilitation Services, Whitehaven, Cumbria

### 3. Wound care - prevention and treatment

Mrs C Dealey, Clinical Nurse Specialist in Tissue Viability, Queen Elizabeth & Moseley Hall Hospital, Birmingham and Dr S Goodacre, General Practitioner, Burton-on-Trent, Staffs

### 4. Travel medicine

Dr I MacIntosh, General Practitioner, Stirling, Scotland

### 5. Bacteriology

Dr R Ditchburn, General Practitioner, Whitby, Yorks

\*Speaker to be confirmed.

## CONFERENCE REGISTRATION

Please complete the following form in CAPITALS and return it to: Robyn-Jane Howitt, Conference Manager, Primary Care 1992, Mark Allen International Conferences Ltd, Croxted Mews, 288 Croxted Road, London SE24 9DA. Telephone: 081-671 7521. Fax: 081-671 7327.

Please reserve \_\_\_\_\_ place(s) for Primary Care 1992 to be held at the Wembley Conference Centre on September 21-25 1992

☐ Full conference ☐ September 21 ☐ September 22  
☐ September 23 ☐ September 24 ☐ September 25

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Position: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telex or Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

**PGEA APPROVAL** - as follows: Health promotion and prevention - 1½ days; Disease management - 2½ days; Service management - 1½ days

### FEES

**THE FULL FEE** - The full fee for doctors inclusive of 17.5% VAT is £499. The fee is for five days attendance at the conference, admittance to the exhibition, morning coffee, lunch, afternoon tea throughout the conference, all documentation, including an abstract book and admittance to all receptions and social events. It does not include hotel accommodation.

**NURSES' DISCOUNT** - There will be a £50 discount for any other health care professional, other than doctors, including practice nurses, practice managers and community nurses. The nurses' fee inclusive of 17.5% VAT is £449.

**EARLY BOOKING DISCOUNT** - Anyone booking before March 31, 1992, will be entitled to an early booking discount of £50. The rate for doctors inclusive of 17.5% VAT is £449. The rate for nurses inclusive of 17.5% VAT is £399.

**DAY RATE** - The day rate which will apply to everyone (and for which there are no early booking discounts) inclusive of 17.5% VAT will be £130.

### PAYMENTS

There are three methods of payment - cheque, credit card, or bank transfer.

I wish to pay by: \_\_\_\_\_ (specify)

A) **By cheque** - payable to Mark Allen International Conferences Ltd

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C) **By bank transfer - draft to:**

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### PARTNERS' PROGRAMME

I would like further information about the partners' programme. Please tick ☐

## CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Debbie Pike, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 071-581 3232. Fax: 071-225 3047. 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 £10.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17½%. 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.

### CONFERENCES

#### INSTITUTE OF PSYCHOSEXUAL MEDICINE 2nd INTERNATIONAL CONFERENCE

#### PSYCHOSEXUAL MEDICINE IN THE '90s

Cambridge University, England  
29 July - 1 August 1992

##### Topics:

Sexuality and Ageing  
Impotence  
Sexual Abuse  
Termination of Pregnancy  
Sexually Transmitted Diseases  
Study in Doctor/Patient Relationships

##### Speakers:

Dr Prudence Tunnadine	Dr Ruth Skrine
Dr Pauline Allen	Dr Merryl Roberts
Mr Michael Bishop	Dr Peter Barrett
Dr Anne Smith	Dr Gill Wakley
Mrs Wendy Savage	Dr Robina Thexton
Dr Anne Scoular	Dr Margaret Gill

The Conference which is open only to registered Medical Practitioners has been approved for PGEA. Abstracts are invited.

Information from: IPM Conference Secretariat, 65 West Drive, Cheam, Sutton, Surrey SM2 7NB. Tel: 081-666 0877.

#### HAVE YOU REMEMBERED TO BOOK YOUR PLACE

?

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#### SPRING MEETING

CARING IN THE COMMUNITY  
THE EUROPEAN DIMENSION

Nottingham, 10 - 12 April 1992

Details from: Conference Secretariat (RGCP), 1 Willoughby Street, Beeston, Nottingham NG9 2LT. Tel: 0602 436323. Fax: 0602 436440.

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### WORKSHOP

#### UNIVERSITY OF MANCHESTER

#### COUNSELLING CANCER PATIENTS

A programme of residential workshops designed for Doctors, Nurses and Social Workers who are working with cancer patients. The sessions focus on helping to develop further the ability to assess and counsel patients and relatives, and to deal with psychological and social aspects of care. Workshops include demonstrations, discussions, practice and feedback.

The workshops are directed by Professor Ann Faulkner, Trent Region Palliative & Continuing Care Centre and Dr Peter Maguire, CRC Psychological Medicine Group, Manchester.

For details of dates and fees please contact Colette Hollies, Department of Extra Mural Studies, 061 275-3275.

### PARTNERSHIP OFFERED

#### PARTNERSHIP OFFERED

Long established 4-doctor practice, partly inner city, requires replacement for partner retiring in May, 1992.

Please apply to Mrs Prosser, Practice Manager, 578 Stratford Road, Sparkhill, Birmingham B11 4AN.

## RECRUITMENT

### PRIMARY CARE IN SAUDI ARABIA

# CONSULTANTS AND SENIOR REGISTRARS

#### JOIN THE LEADERS

GAMA Services Limited, Saudi Arabia's, leading hospital management company, provides services to the prestigious Riyadh Al-Kharj Hospital Programme, one of the Kingdom's most ultra-modern healthcare facilities.

We are now seeking to appoint Consultants and Senior Registrars in the Department of Family and Community Medicine. Comprising a number of clinics dealing with all aspects of family medicine, this hospital-based department has a well-established system operating on British General Practitioner lines.

#### A FASCINATING ENVIRONMENT

Saudi Arabia combines the old and picturesque

with the modern, and nowhere more so than Riyadh, the Saudi Arabian capital, a cosmopolitan city which offers all the contrasts of old and new where gleaming shopping malls compete with the traditional, bustling, fascinating souks.

#### CONSULTANTS

Applicants should have seven years experience in General Practice following rotating internship, four of which will have been post M.R.C.G.P. qualification or equivalent. At least two years experience as a trainer in a recognised university or practice is preferable.

#### SENIOR REGISTRARS

Applicants for these posts should have four

years experience in general practice following rotating internship, two of which should be after obtaining an M.R.C.G.P. qualification or equivalent.

#### ENJOY TAX-FREE SALARIES PLUS BENEFITS

Benefits include high, tax-free salaries, free, fully furnished accommodation, 4 weeks leave per six months worked and exceptional leisure and travel opportunities. All posts carry married status which includes education and accommodation allowance for children.

If you are interested in these vacancies please apply in writing with CV to our International Recruitment Division:

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**NEWCASTLE:** Suites 4-7, 41-43 Westmorland Road, Newcastle-upon-Tyne NE1 4KH.  
Tel: 091-261 2491. Attn: Rona Wiggins.

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#### UNIVERSITY OF MANCHESTER

### LECTURER/SENIOR LECTURER IN THE DEPARTMENT OF GENERAL PRACTICE

The University invites applications for the post of Senior Lecturer or Lecturer in the Department of General Practice in the University of Manchester School of Medicine. The Department has major teaching commitments in the undergraduate curriculum, contains within it the Department of Health funded Centre for Primary Care Research, and is based on the Robert Darbishire Practice, having 13,000 patients and being housed in a purpose-built health centre. Applicants must be eligible to be a Principal in General Practice and should have a higher qualification such as MRCP. For an appointment at the Senior Lecturer level the applicant must be able to show evidence of achievement in research and in teaching, whether at undergraduate or postgraduate level. Salary within range £22,210-£30,570 p.a. (Lecturer) or £28,255-£40,241 p.a. (Senior Lecturer) plus a car allowance of £2,500 p.a.

Application forms (returnable by 23 March 1992) and further particulars from the Registrar (Academic Staffing Office), the University, Manchester M13 9PL (Tel. 061 275 2028). Quote ref. 14/92.

The University is an Equal Opportunity Employer.

#### COURSES

### DISTANCE LEARNING INTRODUCTORY COURSE IN OCCUPATIONAL MEDICINE

The University of Manchester is launching the first Introductory Course in Occupational Medicine by distance learning in April 1992. Each Course will last for three months and involves at least 37 hours' study, including attendance at a regional one-day seminar.

This Introductory Course has been approved by the Faculty of Occupational Medicine, and application has been made for PGEA accreditation.

Further details are available from Kathryn Palmer, Centre for Occupational Health, Stopford Building, University of Manchester, Oxford Road, Manchester M13 9PT. Tel. (061) 273 1582.

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**FELDENE GEL**

**PRESCRIBING INFORMATION**

**Indications:** FELDENE Gel is effective in the treatment of osteoarthritis of superficial joints and acute musculoskeletal disorders. **Dosage:** For external use only. Occlusive dressings should not be used. Apply one gram of FELDENE Gel and rub into the affected site three to four times daily leaving no residual material on the skin. Therapy should be reviewed after 4 weeks.

**Contra-indications.**

**Precautions:** Contra-indicated in patients who have previously shown a hypersensitivity to FELDENE Gel or piroxicam in any of its forms, aspirin or other non-steroidal anti-inflammatory agents. If local irritation develops, discontinue FELDENE Gel. Keep away from the eyes and mucosal surfaces. Do not apply to sites affected by open skin lesions, dermatoses or infection.

**Use in children:** Not recommended.

**Use in pregnancy and lactation:** The safety of FELDENE Gel during pregnancy and lactation has not been established.

**Side-effects:** Mild or moderate local reactions at the application site. Mild but transient skin discoloration and staining of clothing have been noted when FELDENE Gel is not rubbed in completely.

**Package Quantities and Basic NHS Cost:** FELDENE Gel 60g tube — £7.77 (PL 0057/0284).

Further information on request.



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Pfizer Limited, Sandwich, Kent

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BRINGS RELIEF