

**ZERO  
HRS**

**24  
HRS**

# **HELP KEEP THEM OUT OF THE RED AND IN THE GREEN**

# *Zestril*

**lisinopril ICI**

## **P R E S C R I B I N G   N O T E S**

### **Consult data sheet before prescribing.**

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril ('Zestril').

**DOSAGE AND ADMINISTRATION: Hypertension** - Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once-daily. Maximum is 40mg daily. Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

**Congestive heart failure:** Adults (including elderly): initially 2.5mg daily in hospital under close medical supervision, increasing to 5-20mg once-daily according to response. Monitor blood pressure and renal function.

**Renal impairment:** May require lower maintenance dosage.

**CONTRAINDICATIONS:** Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

**PRECAUTIONS:** Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease, renal insufficiency, renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery

or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high flux dialysis membranes.

**SIDE EFFECTS:** Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently, rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitation, tachycardia, abdominal pain, dry mouth, hepatitis, jaundice, mood alterations, mental confusion, urticaria, diaphoresis, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit have occurred. Hyperkalaemia.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (29/0208) 28 tablets, £7.84; 5mg (29/0204) 28 tablets, £9.83; 10mg (29/0205) 28 tablets, £12.13; 20mg (29/0206) 28 tablets, £13.72.

'Zestril' is a trademark.



Further information is available from: ICI Pharmaceuticals, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

**REFERENCE:** 1. Kannel WB. Am J Med 1983; 75: 4-11.

# THE CHINESE UNIVERSITY OF HONG KONG

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Offers comprehensive programmes up to PhD level in the Humanities, Business Administration, Science, Medicine, Social Science, Education, Engineering and Architecture. Student enrolment is planned to expand to over 11,000 full-time equivalent by 1994-95. Clinical courses are taught at the Medical Faculty's 1400-bed teaching hospital, the Prince of Wales Hospital, which is one of the regional hospitals in Hong Kong. The Medical Faculty admits 160 students annually and is fully recognised by the General Medical Council of the United Kingdom. The University is also very active in promoting research and consultancies and liaising with industry and the business sector worldwide. English is used in teaching and administration in the Faculty of Medicine.

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Applicants should have a medical qualification registrable in Hong Kong and training and experience in the area of Family Medicine/General Practice. Experience in medical school teaching and research is desirable. Fluency in Cantonese is essential.

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### **Application Procedure**

Send full resume in duplicate, giving full particulars, as well as names and addresses of 3 referees, together with copies of academic credentials (in duplicate) and recent publications to the Personnel Office. The Chinese University of Hong Kong, Shatin, N.T., Hong Kong (Fax: (852) 603 5026) before December 31, 1992. Please quote the reference number 107/509/2/92 and mark "Recruitment" on cover. Further information may be obtained from the Department of Community and Family Medicine, Lek Yuen Health Centre, 4/F, Shatin, N.T. Hong Kong (Tel: (852) 697 3211 Ext. 247; Fax: (852) 606 3500).

(Approx. exchange rate: A\$1 = HK\$5.3; £1 = HK\$12.2).

## COURSES

### WELSH MRCGP COURSE

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**Tuesday 13 April to Friday 16 April 1993**

The above Course was instigated by a decision of the Welsh Council of the RCGP and is a residential course in buildings of the University College of Wales where opportunity will be offered for individual and group work in preparation for the written work and vivas of the MRCGP Examination. Examiners of the College will be present. Pre-course work will be required. Postgraduate Education Allowance approval and Section 2 approval have been obtained for those Principals or Trainees for whom it applies.

The cost of the Course is £325 payable at the start of the Course, and a deposit of £100 will be required on application for a place on the Course.

Please apply to: Mrs Rita Blade  
Bronglais Hospital  
North Road, Aberystwyth  
Dyfed SY23 2EE  
Telephone 0970 635956.

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*Dates for course modules in 1993:*

Module 1 (upper half of the body): March 15-19  
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Module 3 (pain, rehabilitation, and review): February 1-3

Previous courses have all received PGEA approval. Courses are held at Southampton General Hospital.

Please apply for further details from: Dr R.M. Ellis, FRCS, FRCP, Dept. Rheumatology, General Hospital, Southampton SO9 4XY.

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The course is designed to update GPs on some of the common and difficult management problems in Obstetrics & Gynaecology in the 90s. The course is organised in 5 modules, each with 3 hours PGEA.

**Wednesday 3rd March 1993**

**MENSTRUAL DISORDERS: OLD PROBLEMS AND NEW STRATEGIES**

12.00 - 1.30	Lunch/Registration
1.30 - 2.30	Amenorrhoea — a minefield for the GP
2.30 - 3.30	Irregular Bleeding before the Menopause — What to do?
3.30 - 4.00	Coffee/Tea
4.00 - 5.00	Menorrhagia — Treat blind or seek a cause? The value of the new treatments

**Thursday 4th March 1993**

**ULTRASOUND: AN UPDATE**

8.00 - 08.30 am	Registration and Coffee
8.30 - 09.15	The New Technology — Vaginal versus Abdominal Ultrasound
9.15 - 10.00	Indications for a Scan
10.00 - 10.15	Coffee/Tea
10.30 - 11.15	Dating, Anomaly and Growth Scans in Pregnancy
11.15 - 12.00	Interpreting Scans — What the Patient wants from the GP
12.00 - 1.30	Lunch

**Thursday 4th March 1993**

**COMPLICATIONS OF EARLY PREGNANCY: WHAT'S NEW?**

12.00 - 1.30	Lunch/Registration
1.30 - 2.15	Threatened Miscarriage — Compelling Case for an Early Scan
2.15 - 3.00	Recurrent Miscarriage — Crucial Role of the GP in the Treatment Process
3.00 - 3.30	Coffee/Tea
3.30 - 4.15	Ectopic Frequency — Which Tests and When?
4.15 - 5.00	The Triple Test — Who to Test? What Does it Mean?

**Friday 5th March 1993**

**MODERN MANAGEMENT OF INFERTILITY**

8.00 - 08.30 am	Coffee/Registration
8.30 - 09.45	Role of the GP in the Assessment of the Infertile Couple and Treatment of Anovulation
9.45 - 10.15	Coffee/Tea
10.15 - 11.00	Male Infertility — What Should the GP Know?
11.00 - 12.00	Assisted Conception Procedures — When to intervene? What to recommend? Where to refer? How to support?
12.00 - 1.30	Lunch

**Friday 5th March 1993**

**ESSENTIALS IN FERTILITY COUNSELLING: RECENT DEVELOPMENTS**

12.00 - 1.30	Lunch and Registration
1.30 - 2.15	The New Act — Legislation and Ethics
2.15 - 3.00	What is Counselling?
3.00 - 3.30	Coffee/Tea
3.30 - 5.00	Counselling Skills in Practice

Speakers will include: **Professor J G Grudzinski**, Professor T Chard, Professor M. Hall, Mr P Armstrong, Miss A Peattie, Mr D Badenock, Mr J Campbell, Dr I Stabile, Mr A M Lower, Dr S Jennings, Dr L Doyal, Dr P Pengelly

Course Director: Dr I Stabile

Fee (including lunch, tea and coffee): £40.00 per module, £180.00 for whole course: 5 modules.

Accommodation: Limited spaces available on first-come first-served basis (at approximately £10.00 per night) for those attending 2 or more modules.

Further details from: Mrs Annie Lower, Academic Unit of Obstetrics and Gynaecology, 4th Floor, Holland Wing, The London Hospital Medical College, Whitechapel, London E1 1BB. Tel: 071 377 7207 (direct line, 24 hour answerphone). Fax: 071 377 7294.

Please print your name and address on this application form and return to the above address:

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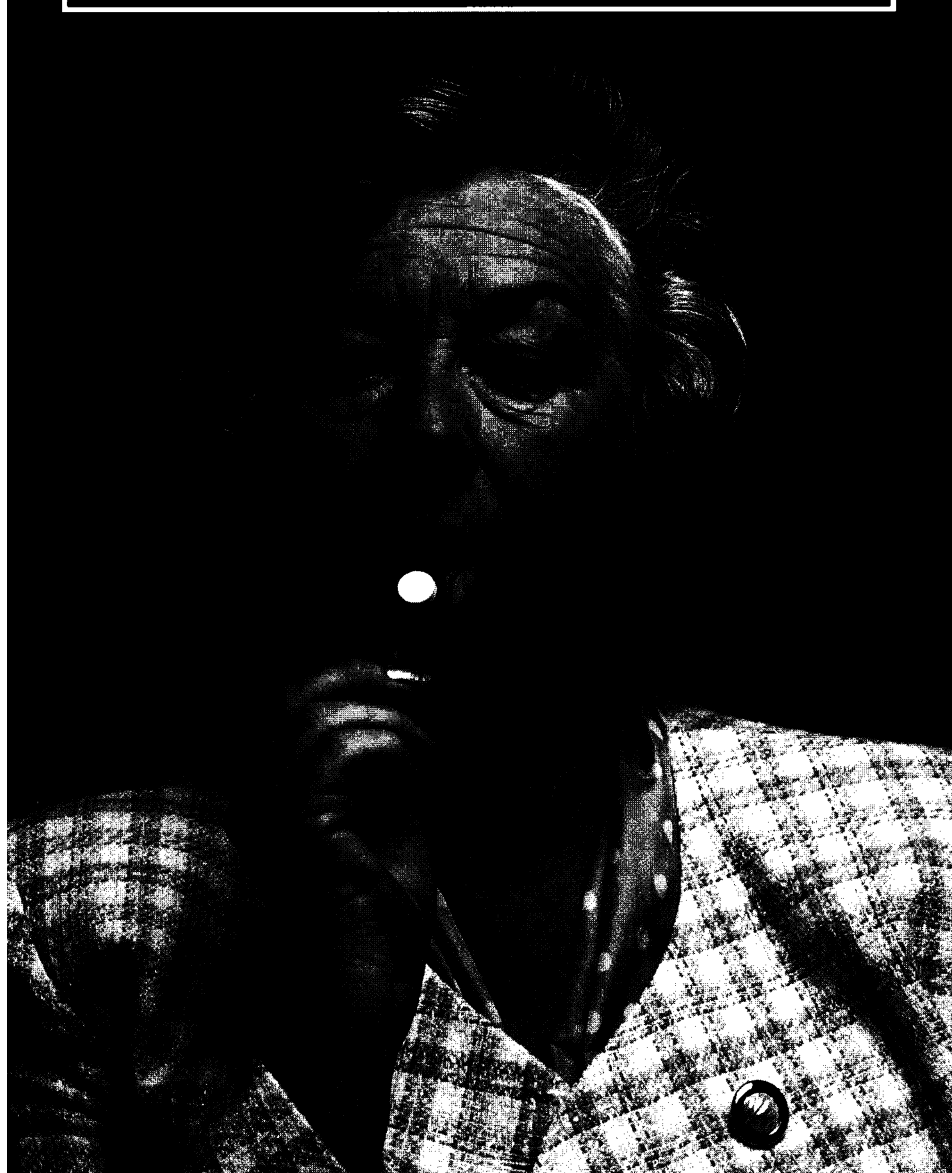
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# BRITAIN'S ARTHRITICS ARE STARTING TO MELT



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**Indications:** Adults: Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout and acute musculoskeletal disorders. Elderly: As with other NSAIDs elderly patients should be closely supervised. Children: FELDENE MELT is not recommended in children. For treatment of juvenile chronic arthritis (Still's disease) please see oral data sheet. **Dosage:** Rheumatoid arthritis, osteoarthritis and ankylosing spondylitis - normal starting and maintenance dosage 20mg once daily. Long-term use of 30mg daily or more carries an increased risk of gastro-intestinal side-effects. Acute gout - 40mg daily in single or divided doses for up to 7 days. Acute musculoskeletal disorders - 40mg daily, in single or divided doses, for the first 2 days, 20mg daily for the remainder of the 7 to 14 days' treatment. **Contra-indications:** Active peptic ulceration or history of recurrent ulceration. Hypersensitivity to FELDENE,

aspirin or other NSAIDs. **Warnings:** Pregnancy, lactation. **Precautions:** Significant renal, hepatic or cardiac insufficiency. Patients with phenylketonuria - each Melt tablet contains 0.14mg phenylalanine. **Drug Interactions:** Monitor patients on concurrent anticoagulants, lithium or diuretic therapy. Concurrent use of aspirin or other NSAIDs is not advised. **Side-Effects:** Gastro-intestinal symptoms; if peptic ulceration or gastro-intestinal bleeding occurs withdraw FELDENE. Oedema, mainly ankle. Skin rashes. CNS effects, including headaches and dizziness. Rare cases of renal and hepatic abnormalities have been reported. Haematological reactions including thrombocytopenia and anaemia and hypersensitivity reactions such as bronchospasm and anaphylaxis have been reported very rarely. **Package Quantities and Basic NHS Cost:** FELDENE MELT tablets 20mg, pack of 28, £11.97 (PL 0057/0352). Full information on request. **References** 1. Data on file Pfizer Limited. 2 Boardman PL et al. *Eur J Rheumatol Inflamm* (1983); 6 (1): 73-83.

\*Trade Mark



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