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UK doctors told us what they wanted in an oral HRT formulation. Nuvelle closely matches their specifications – developed in the UK for the UK, as first-line HRT^{1,2}.

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oestradiol valerate 2 mg and levonorgestrel 75 micrograms

Prescribing Information

28 tablets containing oestradiol valerate 2 mg, the last 12 also containing levonorgestrel 75 micrograms. **Indications:** Hormone replacement therapy for the treatment of the climacteric syndrome. **Dosage and administration:** Menstruating patients begin treatment on the 5th day of menstruation. Other patients may start at any time. One tablet daily continuously. **Contra-indications, warnings, etc.** **Contra-indications:** Pregnancy, severe disturbances of liver function, jaundice or general pruritus of pregnancy, Dubin-Johnson syndrome, Rotor syndrome, existing or previous thromboembolism, sickle-cell anaemia, suspected or existing hormone-dependent disorders or tumours of the uterus and breast, congenital disturbances of lipid metabolism, a history of herpes gestationis (also known as pemphigoid gestationis), otosclerosis with deterioration during pregnancy. **Warnings/side-effects:** Hormonal contraception should be stopped. Reported symptoms include anxiety, increased appetite, bloating, breast symptoms, cardiac symptoms, depressive symptoms, dizziness, dyspepsia, leg pains and swelling, altered libido, nausea, rashes, vomiting and altered weight. Cholestasis is possible in predisposed patients. Carefully monitor multiple sclerosis, epilepsy, diabetes, hypertension, porphyria, tetany and otosclerosis. **Precautions and special**

HRT in a single daily tablet

information: Before treatment, exclude pregnancy. If the expected bleeding fails to occur at about 28-day intervals, stop treatment and exclude pregnancy. Stop treatment at once if there are frequent and unusually severe headaches, first migraine or possible prodromata of vascular occlusion, or if trauma, illness or impending surgery entails a risk of thrombosis, if jaundice or pregnancy occurs, or blood pressure rises significantly. In patients with mild chronic liver disease, check liver function every 8-12 weeks. Examination of the pelvic organs, endometrium, breasts and blood-pressure is advised before and periodically during treatment. Investigate irregular bleeding. **Pharmaceutical precautions:** Store in cool, dry conditions. Shelf-life five years. **Legal category** POM Basic NHS Cost per pack of 3 x 28 tablets: £13.98 PL 0053/0219 PL Holder: Schering Health Care Ltd, Burgess Hill, West Sussex RH15 9NE. Nuvelle™ is a trademark of Schering AG. NUV Nov 1992. **References:** 1. Eisen, S.A. et al., Arch. Intern. Med., 1990; 150: 1881-84. 2. Schneider, W.H.F. & Spona, J., Acta. Obstet. Gynecol. Scand., 1977; Suppl. 65: 39-43. 3. Kloppe, A., Br. Med. J., 1976; 2: 414-416. 4. Whitehead, M.I., Acta. Obstet. Gynecol. Scand. Suppl., 1986; 134: 81-91. 5. Whitehead, M.I. et al., J. Reprod. Med., 1982; 27 (suppl. 8): 539-48.

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THE EXPANDING WORLD OF 'ZESTRIL'



More GPs are prescribing 'Zestril'
for more patients than ever before

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, pancreatitis. 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.

LEGAL CATEGORY: POM. **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: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. ZENECA Pharma is part of the ICI Group.

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terbinafine *Cream*



For athlete's foot & other fungal skin infections

Abbreviated Prescribing Information: Indications: Fungal infections of the skin caused by *Trichophyton*, *Microsporum canis* and *Epidermophyton floccosum*. Yeast infections of the skin, principally those caused by the genus *Candida*. Pityriasis versicolor. **Presentations:** White cream containing 1% terbinafine hydrochloride. **Dosage and Administration:** **Adults:** Apply once or twice daily to the affected skin and surrounding area in a thin layer and rub in lightly. Duration of therapy depends on condition treated. **Contra-Indications:** Hypersensitivity to LAMISIL or any of the excipients contained in the cream. **Precautions and Warnings:** For external use only. LAMISIL Cream should not generally be used during pregnancy. Mothers should not use LAMISIL Cream whilst breastfeeding. **Side-Effects:** Redness, itching or stinging occasionally occur at the site of application. This must be distinguished from allergic reactions which are rare but require discontinuation. **Package Quantities and Basic NHS Cost:** 15g tube £4.98; 30g tube £8.98. **Product Licence Number:** PL 0101/0305. **Legal Category:** POM. LAMISIL is a registered Trade Mark. Full prescribing information, including product data sheet, is available from: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey GU16 5SG. **References:** 1. Smith EB et al. Successful treatment of tinea pedis (Athlete's Foot Type) with topical SF 86-327 cream. Progress in Antimicrobial and Anticancer Chemotherapy: Anticancer section, Vol 2, 1987, 1017-9. 2. Data on file, Sandoz Pharmaceuticals.

LAM-CREAM 92/08 Dec 92

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IT'S AN EXCELLENT WAY OF RECOVERING FROM A HEART ATTACK. (JUST DON'T HAVE A CIGARETTE AFTERWARDS.)

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But at the same time, that does not mean you should sit in an armchair for months on end.

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So, after eight weeks, provided you've made an uninterrupted recovery, we recommend you try a spot of gardening. Play a few holes of golf, perhaps.

Maybe go back to work for a couple of days a week.

And, yes, start having sex again.

175,000 people survive heart attacks every year.

We offer this kind of common sense advice to them and other heart patients in a series of booklets and videos. We also help finance rehabilitation centres around the country.

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We receive no money from the government.

We depend instead wholly on the tireless efforts of our fundraisers.

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British Heart Foundation

NEW AND RECENT TITLES FROM BUTTERWORTH-HEINEMANN

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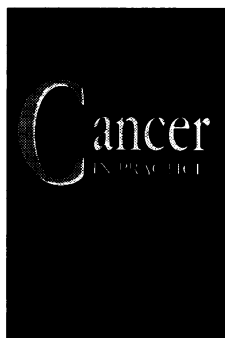
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A comprehensive description of modern cancer treatments, emphasizing chemotherapy and radiotherapy, to enable the general practitioner to understand the treatment their patients will undergo.

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INTERNATIONAL TRANSLATION GUIDE FOR EMERGENCY MEDICINE

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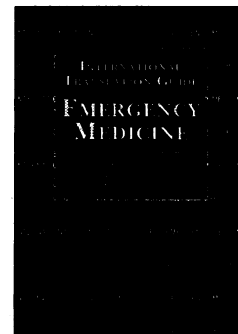
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One of the problems which staff in A&E units face is what to do with a patient who does not speak the local language. Although the injuries may be obvious, it is important to obtain a history from the patient. **The International Translation Guide** uses a very simple system in which the doctor or nurse asks the patient a series of questions which only require a yes/no answer.

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Diagnosis and Management

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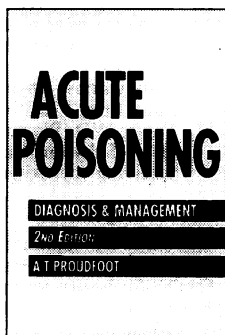
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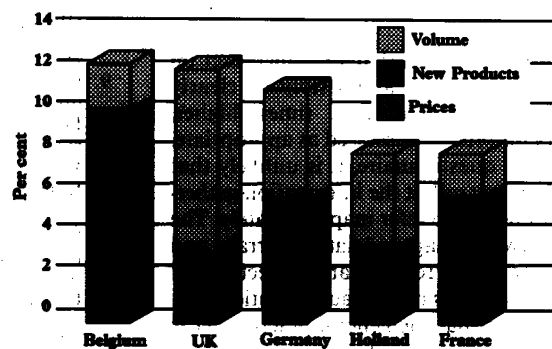
Prescription for giving value for money

Government Health Ministers – and the Treasury – are reported to be concerned about the continuing increase in prescribing costs incurred by Britain's family doctors. The main reasons for this are as follows:

- * As people get older they require more medicines. There have been significant increases in the numbers of people living beyond 75 and, in particular, beyond 85. A recent survey showed that of a 51 million increase in prescriptions written by GPs over a ten-year period, more than 49 million (i.e. 96 per cent) were for patients of pensionable age.¹
- * As a direct consequence of the imposition of cash-limits and some aspects of the NHS Reforms many hospitals have 'transferred' significant prescribing costs to GPs.
- * The Government, as part of its reform programme for the NHS, has encouraged GPs to set up clinics to help identify patients requiring preventive medicine – treatments for high blood pressure and late-onset diabetes for example. More people requiring medicines have been identified; but the costs will be more than offset by longer-term savings. The future need for hospital care will be reduced because heart attacks, strokes or blindness in literally thousands of patients will be prevented.

Advances in scientific knowledge have led to more effective and safer medicines. But, as the chart demonstrates, the major element in the rise in the NHS Medicines Bill is due to increased volume – not to price rises or the use of newer more expensive products.² And the UK spends less per head and easily the least amount on new medicines.

Chart shows annual rise of pharmaceutical expenditures with figures showing prescription medicines sales and cost of new products per head, 1991.



All prescriptions	£99	£69	£122	£86	£105
New products	£17	£ 6	£ 21	£14	£ 14

The underlying purpose behind the NHS Reforms was to provide a wider and more cost-effective service to patients.

Extra costs incurred today will yield far greater savings in the future.

That is giving real value for money

¹ Trends in usage of prescription medicines by the elderly and very elderly between 1977 and 1988, ABPI, 1990.
² Growth in prescription medicines expenditure – an international comparison. ABPI, 1992.
 Publications available from ABPI, 12 Whitehall, London SW1A 2DY



**THE BRITISH PHARMACEUTICAL INDUSTRY.
 HELPING TO KEEP BRITAIN HEALTHY**



HEA PRIMARY HEALTH CARE UNIT

National Database for Health Promotion in

Primary Health Care

WHAT IS THE NATIONAL DATABASE?

The HEA Primary Health Care Unit is setting up a National Database of information on health promotion in primary health care. This database will be piloted in 1993 as an information service for health professionals.

It is proposed to hold information on:

- * **Training for non-GP professionals in health promotion** (e.g. courses for Practice Nurses on stop smoking clinics)

- * **Ongoing, unpublished research in health promotion**

- * **Services and initiatives developments in health promotion** (e.g. teenager only clinics run by your practice, or health promotion schemes focusing on specific health topics)

HOW THE SERVICE WILL HELP YOU

You will be able to use the service to:

- * find appropriate training courses, available nationally, for yourself and your colleagues

- * find out what research is being carried out in the field, in this country

- * find out who has experience in running particular health promotion services

The service will be accessible by **phone, fax, letter** and future plans include **online access**.

HOW YOU CAN HELP US

If you or your organisation work in any of the above areas, we would like to hear from you. If you have information detailing your work (diaries of training courses, research projects etc) please send them to the address below. If not, please contact us, and we will send you database forms to fill in.

**Any information for the
National Database should be sent
to:**

Sue Potter

Database Co-ordinator

HEA Primary Health Care Unit

Churchill Hospital

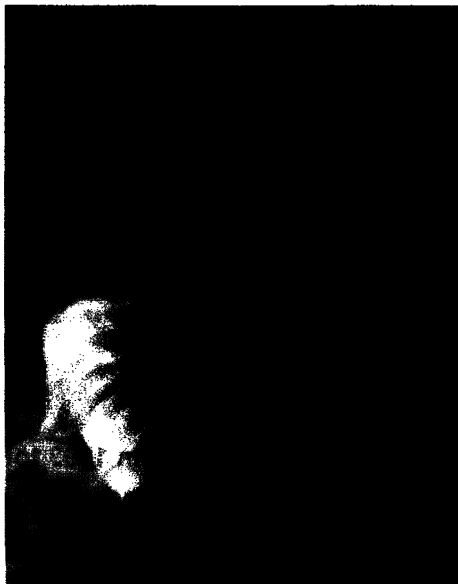
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cāre² v.i. feel concern or interest (*for, about*); (usu. w. neg. expressed or implied) feel regard, deference, affection, liking, (*for, about*), be concerned



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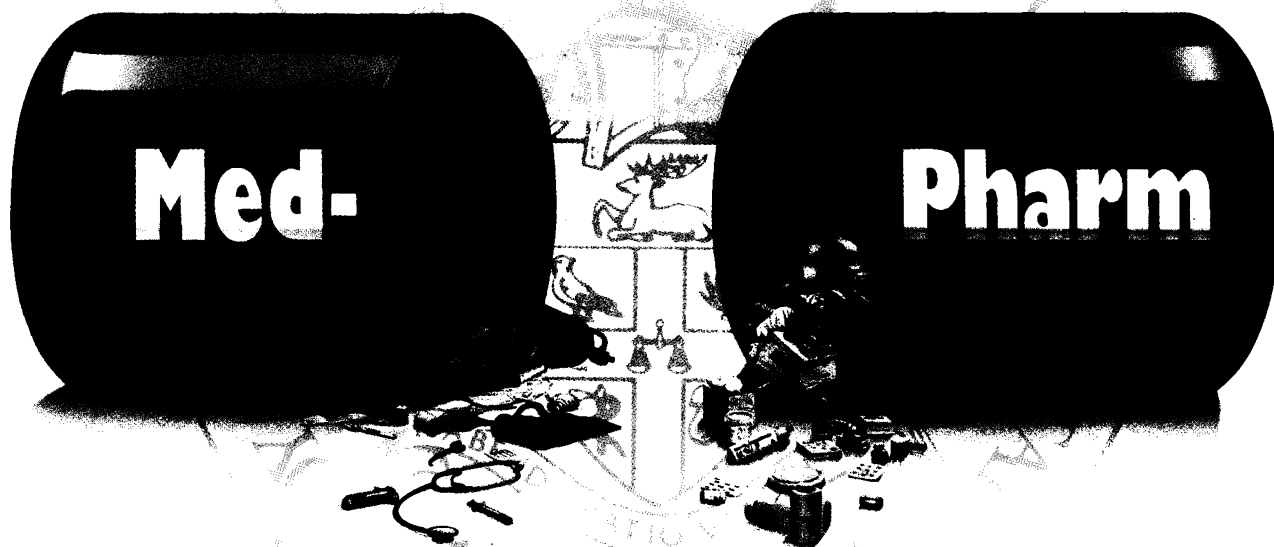
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For further information please contact: Education and Training Unit, St George's Hospital Medical School, 6th floor Hunter Wing, London SW17 0RE. (Tel No. 081 672 9944 Ext: 56273).

NEWCASTLE COGNITIVE THERAPY POST-QUALIFICATION COURSE

The Newcastle Cognitive Therapy Centre will run its third Course in the academic year starting October 1993. The course is intended for all disciplines in mental health, including Clinical Psychologists, Psychiatrists, General Practitioners, Psychiatric Nurses and Social Workers.

It is a 40-day Course comprising a week of intensive induction and 35 day release supervision and academic teaching by National experts. A certificate of completion is issued at the end of the Course. A maximum of 20 trainees will be selected.

Closing date for application: 21st May 1993.

Cost: £2000.00

Course Director:

Dr I M Blackburn, Ph.D., F.B.Ps.S., C.Psychol.

Further details and application forms from:

Ms Eileen Wardle

Newcastle Cognitive Therapy Centre
St Nicholas Hospital, Collingwood Clinic
Gosforth

Newcastle upon Tyne
NE3 3XT

Tel: (091) 213 0151 (Extension 32509)

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Applications are invited from the following health professionals for a 2 year part-time multidisciplinary course leading to an MSc in Health Care: Professional Education, commencing October 1993.

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For application forms and further details please write to:

Dr Rita Goble (Director) or Dr Sheila Openshaw (Lecturer)
Department of General Practice
Postgraduate Medical School
Barrack Road
Exeter
EX2 5DW

Closing date for completed application forms: 31st March 1993

Please will you pass this on to anyone who might be interested.

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The number of places is limited. Further information and application forms may be obtained from Beryl Stevens, UMDS Department of General Practice, 80 Kennington Road, LONDON SE11 6SP.

Telephone number: 071 735 8882

Completed application forms must be returned by Friday 26th March 1993.

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