# One of the great medicines of the world



OVII CIX
acyclovir

Presentation: Blue, shield shaped tablet containing 200mg develour, impressed with "ZOV BAX" on on-side and a transite on the objects.

Uses, Dosage and Administration: Prestruct competitions of HSVs intections of the earlier and considerable and the earlier and earlier and the earlier and earlier

6-hours. The dosage can be titrated doperding or patient rendomal occidate Sheat. (Basan, seriald delicteruptes at menials of 6 to 17 main subspicies of the transmission of the transmiss

formulation not applicab

Contra-indications. Warnings, etc.: Contracategory in patients known to be hypersensitive to

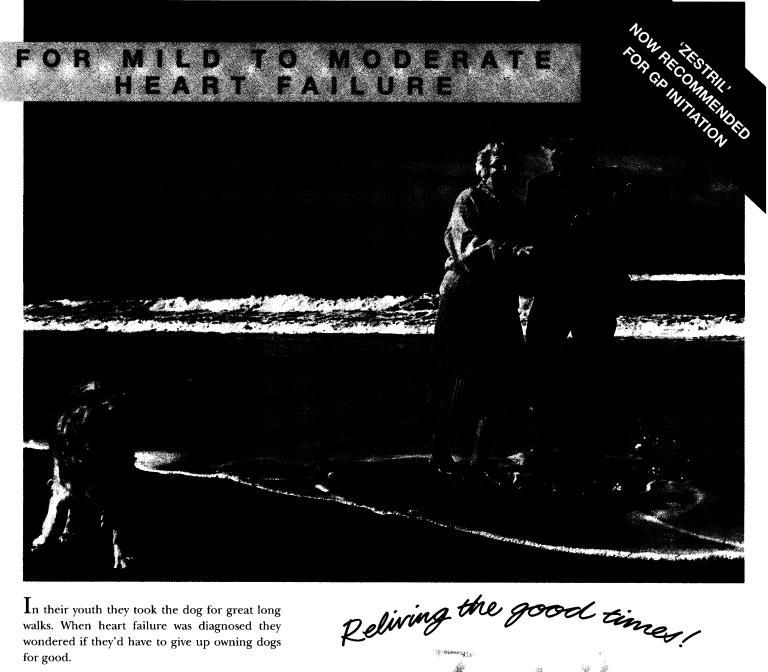
Precautions: For particular course imparment the case may have to be adjusted a see Data Steet, in every patients accounts to fration should be manufacted Special attention should be given to dosage coulding in electic patients with impared need function in electic patients with impared need function in pregnancy the potential benefits should outviege the possibility of undoverings before the relief for two signs dered.

Side- and Adverse Effects: Skin dishes have been reported in a few particular reported in a few particular reported. Zovina Zovina Tabusta the manes have beenled on withdrawal of the drug, in trade, the moderno of quastrecticanse counts have not been found to differ many particular.

Basic NHS Costs: 200/ed 15 tatality. See all (P13/0173) Trade Mark. Letol Category; POM Date of Preparation; May 1993. The Wellcome Foundation Ltd.

Crewe, Chesnire

Proven in anticiral care



 ${f I}$ n their youth they took the dog for great long walks. When heart failure was diagnosed they wondered if they'd have to give up owning dogs for good.

Now, once-daily 'Zestril' is an effective step you can take in the General Practice management of patients with mild to moderate heart failure. Not only has 'Zestril' been shown to improve clinical parameters<sup>1,2</sup> but it has also been shown to improve the symptoms of congestive heart failure<sup>2-4</sup> - helping patients like these to feel a little more like their old selves.

#### PRESCRIBING NOTES

Consult data sheet before prescribing. USE: All grades of essential hypertension and renovascular hyper-tension. Congestive heart failure (adjunctive therapy). **PRESENTATION:** Tablets containing 5mg, 1u. 10mg or 20mg lisinopril ('Zestril').

ND ADMINISTRATION: Hyper-DOSAGE tension - 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: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), 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. paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic snow reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium-sparning 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 dry mouth, hepatitis. iaundice. 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 ESH, eosinophilia, ieukocytosis; 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. CATEGORY LEGAL PRODUCT LICENCE NUMBERS AND BASIC 
 NHS
 COSTS:
 Zestril'
 2.5mg
 (12619/0084)

 7
 tablets, £1.96; 28 tablets, £7.84;

 5mg
 (12619/0085)3
 28 tablets, £9.83;

ONCE-DAILY IN CHE

Helps patients rediscover that Zest for life in CHF 10mg (12619/0086) 28 tablets 20mg (12619/0087) 28 tablets, £13.72.

1. Dickstein K. J Cardiovasc Pharmacol 1987;

9(Suppl 3): S73-S81. 2. Giles TD, Katz R, Sullivan M et al. J Am Coll

Cardiol 1989: 13: 1240-1247.

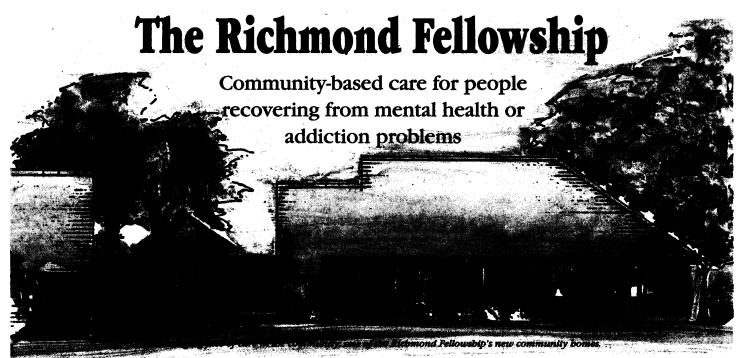
Giles TD. J Am Coll Cardiol 1990; 15: 250-251. **4.** Rucinska EJ *et al.* in 'A Focus on the Clinical Effects of a Long-acting ACE Inhibitor/Heart Failure' Ed: Nicholls MG. New York; Raven Press, 1990; 41-

'Zestril' is a trademark.

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







As many as one person in every five is affected by mental illness or breakdown. Sexual abuse, alcohol and drug addiction also affect many thousands. The numbers grow each year.

And the demand on care services grows each year. So it's important to know that when people are referred to care service providers, they have the best possible chance of recovering from their problems and returning to full, useful lives with their families and within their communities.

Founded in 1959, the Richmond Fellowship is one of the largest providers of mental health services in the UK. A national charity, the Richmond Fellowship exists to help men and women who are recovering from emotional disturbance, addiction and mental health problems.

The support we offer is community-based:

we help people by allowing them to live as normal a life as possible - while benefiting from trained supervision and therapy.

We do this through a national network of 46 houses and seven workschemes, offering residential care, counselling and support, as well as vital rehabilitation and work skills. In the past couple of years, more than a thousand people received help from the Richmond Fellowship.

In the future, even more people will be able to benefit from our help. During 1993 we will continue our programme of growth and development by opening a further seven houses which will provide help for even more people.

If you'd like to hear more about the Richmond Fellowship - where our houses and workschemes are, and how we might help some of your referrals - please call 071-603 6373 and ask for Mike Taylor.

#### The Richmond Fellowship care in the community includes:

Halfway houses for adults of all diagnoses
Halfway houses for young adults
Rehabilitation programme for people with alcohol dependency
Rehabilitation programme for ex-drug users
A halfway house for families
Long-stay houses
Group homes
Supported dispersed accommodation
Advocacy project



# PHYSIOTHERAPY IN PRACTICE 11 NOVEMBER 1993

# at the Royal Geographical Society, London



This one day conference will examine ways in which the two professions can co-operate in patient care. The programme includes formal presentations and workshops on a variety of subjects including:

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Shoulders, Ankles and Knees

### BACKPAIN -

Manipulation, Exercise, Education and Prevention

## PHYSICALLY DISABLED -

Lifting and Transfers, Mobility Aids, Respiratory Care

# **SPEAKERS INCLUDE:**

Professor Denis Pereira Gray, Trish Phillips, Dr John Lee, Jennifer Klaber-Moffat, Penelope Robinson, Pennie Roberts, Juliet Moss, Agneta Lando, Peter Wells, Anthony Padgett, Carey Jones and Anne Walker.

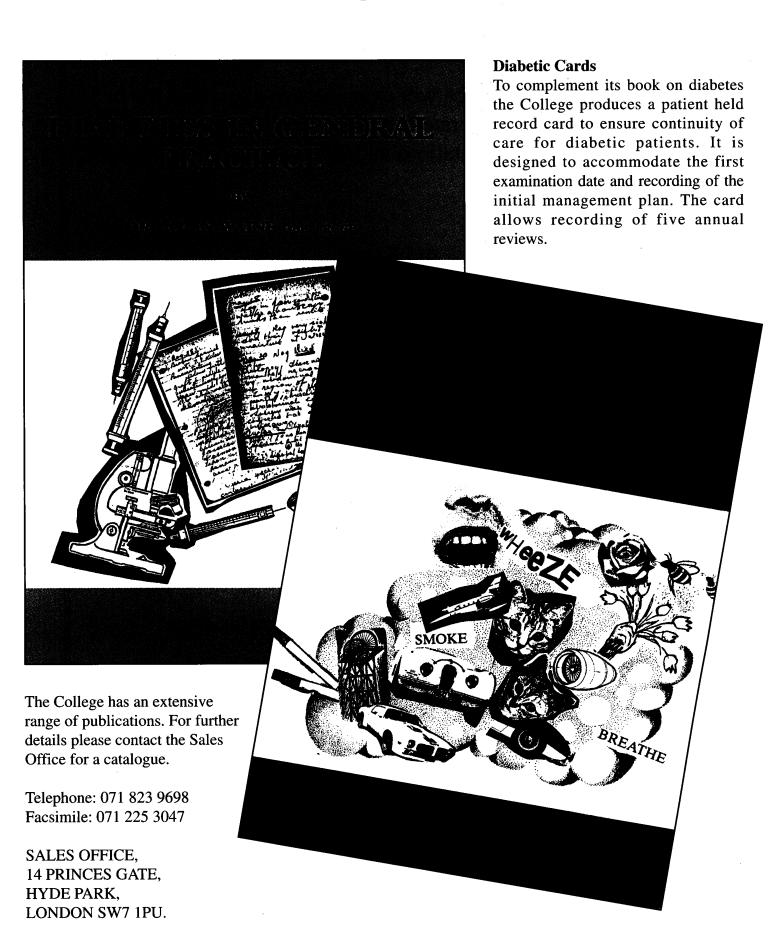
# POSTER CONTRIBUTIONS WELCOMED.

# FEES:

£65 for one person or £110 for two GP/Physiotherapist applying together.

For further details please call: RCGP Conference Office, Telephone 071 823 9703 Fax 071 225 3047

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#### **CONFERENCES & COURSES**

#### RCGP COURSES . RCGP COURSES . RCGP COURSES.

#### **INTERVENTION SKILLS** ALCOHOL - Reducing the Risk

Tuesday 7 December 1993 at

North Manchester Postgraduate Medical Centre

This one day conference jointly organised by the Health Education Authority and the Royal College of General Practitioners will help GPs and practice team members to improve both general intervention skills and knowledge of how to deal effectively with alcohol-related problems.

#### ATTEND THIS EVENT AND PUT IDEAS INTO PRACTICE

Plenary sessions and skills based workshops will

The role of the GP... effectiveness of intervention... negotiating behaviour change... managing withdrawal... depression... young people

Fee for the day including papers and lunch is £20 per person or £30 for two members of the Primary Health Care Team from the same practice. PGEA applied for.

#### PERFORMANCE APPRAISAL

Course Tutor: Hilary Haman

15/16 February 1994

#### RCGP, 14 Princes Gate, London SW7

This two day course is open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal and the opportunity to practise interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a performance appraisal scheme into their practice. This course is highly intensive and therefore limited to twelve participants only. 2 days PGEA under Service Management. The fee is £270.00 including lunch and refreshments and dinner on the first evening.

For further details contact the RCGP Courses and Conferences Unit on 071 823 9703 or Fax 071 225 3047

RCGP COURSES . RCGP COURSES . RCGP COURSES

#### VALE OF TRENT FACULTY ROYAL COLLEGE OF GENERAL PRACTITIONERS

#### NATIONAL CONFERENCE ON **OUT OF HOURS CARE**

Wednesday 3 November 1993 10.00 am - 4.00 pm East Midlands Conference Centre, Nottingham

Speakers to include: Claudio Cricelli, Alastair Donald,

Adrian Hastings, Peter Holden,

Neil Kaiper-Holmes,

Linda Lamont, Richard Maxwell, Robert Maxwell, Tony Ruffell,

**Chris Salisbury** 

This will be a major opportunity to hear the issues and voice your opinion

#### PGEA approved for 5 hours

Contact: Mrs Lynn Phillips, Faculty Office

Department of General Practice Queen's Medical Centre Nottingham NG7 2UH Tel: 0602 709391

#### **EDUCATION & LEARNING**



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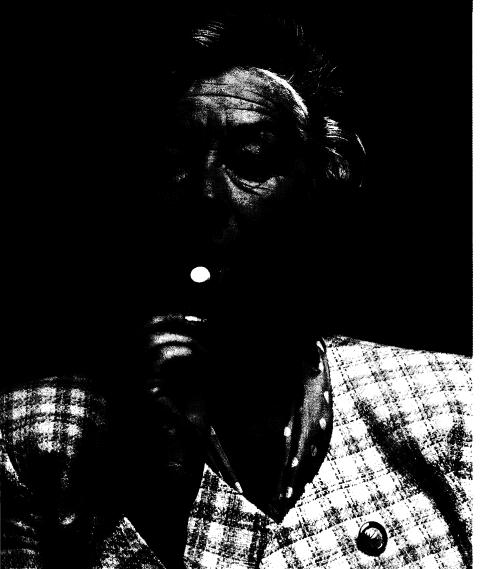
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# BRITAIN'S ARTHRITICS ARE STARTING TO MELT



Now you can offer your arthritic patients an entirely different way of taking oral

NSAID therapy.

FELDENE MELT\*
breaks the mould of
traditional tablets and
capsules. When placed on
the tongue FELDENE MELT
dissolves in seconds to
provide 24 hour control of
symptoms. In this way
patients can benefit from
night and day relief of
pain, reduced inflammation
and improved mobility.

Because it's such a pleasant way of taking medicine, you may find many of your patients prefer FELDENE MELT to conventional capsules or tablets. Try them and see.



Prescribing Information For FELDENE MELT\*

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, asteoarthritis 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 FELDENE MELT tablet contains 0.14mg phenylalanine. Drug Interactions: Monitor patients on concurrent anticoagulants, lithium or divretic 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. Legal Category: POM. Package Quantities and Basic NHS Cost: FELDENE MELT tablets 20mg, pack of 28, £11-97 (PL 0057/0352). Full information on

References 1. Data on file Pfizer Limited. 2. Boardman PL et al. Eur J Rheumatolology Inflam (1983); 6 (1): 73-83.

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MELTS IN SECONDS.
RELIEVES PAIN FOR 24 HOURS!2

FELPENE Melt



Pfizer Limited, Sandwich, Kent.

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