

One of the great medicines of the world



Zovirax[®]

acyclovir

Presentation: Blue, shield-shaped tablets containing 200mg acyclovir, imprinted with the ZOVIRAX logo and side and a triangle on the reverse.

Uses, Dosage and Administration: Treatment of herpes simplex (HSV) infections of the skin and mucous membranes. Adults and children over 15 years: one 200mg tablet 5 times daily, 4 hours apart, omitting the night-time dose. Children under 12 years: formulation not applicable. Suppression of recurrent HSV infections in immunocompetent patients who cannot be satisfactorily managed by intermittent treatment: Adults: one 200mg tablet 4 times daily,

6-hourly. The dosage can be titrated depending on patient response (see Data Sheet). Therapy should be interrupted at intervals of 6 to 12 months in order to reassess suitability for continued suppression. Children: no data available. Reprimed of HSV infections in immunocompromised patients: Adults and children over 15 years: one 200mg tablet 4 times daily, 6-hourly. The duration of prophylactic administration is determined by the duration of the period at risk. For severely immunocompromised patients the dose can be doubled to 400mg or IV dosing could be considered. Children under 12 years:

formulation not applicable.

Contra-indications, Warnings, etc.: 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 contra-indical events has not been found to differ from placebo.

Basic NHS Costs: 200mg (25 tablets) - £75.89 (PL3 0173). Trade Mark
Legal Category: POM
Date of Preparation: May 1993
The Wellcome Foundation Ltd,
Crayke, Cleeve, Cheshire.



Wellcome

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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: 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. 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 (12619/0084) 7 tablets, £1.96; 28 tablets, £7.84; 5mg (12619/0085) 28 tablets, £9.83; 10mg (12619/0086) 28 tablets, £12.13; 20mg (12619/0087) 28 tablets, £13.72.

'Zestril' is a trademark.

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

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lisinopril

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DYSPORT Abbreviated Prescribing Information Presentation: Freeze dried pellet in a glass vial containing 500 units of *Clostridium botulinum* type A toxin-haemagglutinin complex. **Uses:** The treatment of blepharospasm and hemifacial spasm. **Dosage and Administration:** In the treatment of bilateral blepharospasm the recommended initial dose is 120 units per eye as four subcutaneous injections into the orbicularis oculi muscle. On subsequent administration, approximately every eight weeks, the dose may be reduced to 80 units per eye and further reduced to 60 units per eye depending upon the return of spasm. Hemifacial spasm is treated as unilateral blepharospasm. Use is not recommended in children. **Contraindications:** Pregnant or lactating women. **Side effects:** Ptosis, diplopia, keratitis, dry eyes, minor bruising, eye-lid swelling, reversible external ophthalmoplegia. **Warnings:** Excessive doses may produce profound neuromuscular paralysis. There is no specific antidote. **Pharmaceutical Precautions:** Store unopened vials at 2°C to 8°C. After reconstitution use within one hour. Do not freeze. After use, residual Dysport is inactivated with dilute hypochlorite solution (1% available chlorine). **Legal Category:** POM. **Pack Size:** Two vials per box. **Basic NHS Cost:** £340 per box. **Product Licence Number:** PL6958/0003. **Product Licence Holder:** Porton Products Limited, 1, Bath Road, Maidenhead, Berkshire, SL6 4UH, U.K. Tel:0628 771417, Fax:0628 770211. Dysport is a trademark.

 **PORTON**

OBSTETRICS AND GYNAECOLOGY FOR GENERAL PRACTITIONERS

**THE ROYAL LONDON HOSPITAL,
LONDON E1 1BB
21st-25th February 1994**

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 10 half-day modules, each with 3 hours PGEA.

THE PROBLEMS OF MENSTRUATION IN OLDER WOMEN

Irregular Bleeding Before The
Menopause - What To Do?
HRT - For Some or For All?

THE HIGH TECH AND ETHICS OF PRE-NATAL DIAGNOSIS

The Growing Arsenal of Pre-Natal
Diagnostic Tests
How to Decide between The Virtues
& Vices of Available Tests

ULTRASOUND IN THE GP SURGERY

Who, Why and When Should GPs Scan?
The Practicalities and Problems of Scanning In The
GP Surgery

INFERTILITY IN THE NEW HEALTH SERVICE

Who Is Infertile? With The New Technologies
Where Do You Draw The Line?
How Does A GP Resolve Issues of Need,
Legislation & Resource

NEW THINKING FOR THE COMMON MEDICAL PROBLEMS OF PREGNANCY

The Changing Role of the GP When Confronted
With Problems in Ante-Natal Care
Modern Principles for Prescribing in Pregnancy

A SAFE DELIVERY: HAS ANYTHING CHANGED

Managing Third Trimester Problems in General
Practice
The Vices & Virtues Of Home Delivery

CERVICAL CANCER - HAVE WE GOT IT RIGHT?

The Right And Wrong Way To Screen For Cervical
Cancer
The Role Of The GP In Managing False Positive
and False Negative Cervical Smears

THE TRAGEDY OF OVARIAN CANCER CAN ANYTHING BE DONE?

Danger signals When Why & How to Screen
Communicating Treatment Options and Prognosis
in General Practice

THE YOUNG WOMAN WITH PELVIC PAIN

Acute Pelvic Pain: Should The GP Always Refer?
The Dilemma of Chronic Pelvic Pain: Diagnosis,
Treatment & Prognosis

PSYCHOSEXUAL PROBLEMS IN GENERAL PRACTICE

Seek And You Shall Find
A Special Case: Counselling The Infertile Couple

Speakers will include: The Course Director, Dr I Stabile, specialist visitors, and the Staff of the Academic Unit of Obstetrics & Gynaecology, London Hospital Medical College

Fee (including lunch, tea and coffee): £40.00 per module (£360.00 for 10 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: Ruth Allan, Course Administrator, Academic Unit of Obstetrics & Gynaecology, London Hospital Medical College, London E1 1BB. Tel: 071 377 7207 (direct line, 24hr a'phone). Fax: 071 377 7294

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

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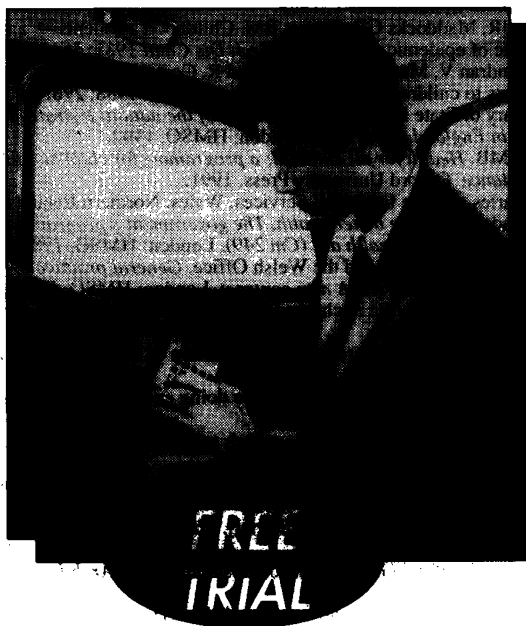
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COUNTING ON QUALITY

a medical audit workbook

by Oliver Samuel, Paul Sackin and Bonnie Sibbald

RCGP
THE AUDIT PROGRAMME

COUNTING ON QUALITY - A MEDICAL AUDIT WORKBOOK
BY OLIVER SAMUEL, PAUL SACKIN AND BONNIE SIBBALD

Quality of care and how to measure performance in general practice have long been the focus of debate. At one time quantity was thought to have little to do with quality but with the development of general practice as a discipline came the understanding that good practice can only be identified by producing the evidence - and this means counting.

With members of primary health care teams to support them and computers to do the analysis, general practitioners are now in a position to count for the benefit of their patients and *Counting on Quality*, written by leading workers in the field of medical audit, explains just how to do it.

Based on audit courses run by the College, the book includes useful examples, practical tutorial tasks, and clear guidelines on data handling and analysis. It is written in a clear, easy to read style and should appeal not only to general practitioners and their trainees but to all members of primary health care teams, members of MAAGs, and all those who work with them.

Price: £13.50

ISBN 0 85084 189 5

Counting on quality - a medical audit workbook is available from:
RCGP Sales, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 071 823 9698 (or 071 225 3048, 24 hours, Access and Visa orders only).

Partnership with Patients

**A practical guide to starting
a patient participation group**



PETER PRITCHARD, MA, FRCGP

Published by
The Royal College of General Practitioners

PARTNERSHIP WITH PATIENTS

**A practical guide to starting a patient
participation group**

PETER PRITCHARD MA, FRCGP

The Patient's Charter commits general practitioners to treating patients as 'partners in the care they receive', yet general practitioners have been slow to seek the benefits of a 'partnership for health' with their patients. A patient participation group is a tried and tested way of achieving this. Starting and maintaining such a group is not easy, and this booklet, now in its third edition, aims to help all those who wish to involve patients in this way.

The author initiated one of the first patient participation groups in 1972 and is a Vice-President of the National Association for Patient Participation. A Foreword has been written by Sir George Godber, past-President of the Association, and former Chief Medical Officer of the Department of Health.

Partnership with patients is available from:
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RECRUITMENT

The Epilepsy Research Group
of the Institute of Neurology

is presently enrolling patients in a study of

HIGH RESOLUTION MRI IN NEW-ONSET PARTIAL EPILEPSY.

We invite patients with new-onset partial epilepsy to participate in our study.

Our study is sponsored by ACTION RESEARCH and is approved by the Ethics Committee of the National Hospital for Neurology and Neurosurgery.

Inclusion criteria are:

- partial epilepsy
- new-onset i.e. within 6 months of first seizure (history of febrile convulsions is not an exclusion criterion.)
- age: 15-40 years

The study involves the patient in a high resolution MRI of the brain at baseline and after 1 year, and a brief clinical interview. The patients will remain under your care and the care of the local neurologist. Reports of the scan will be sent to you. No further financial implications. Patients will be reimbursed travel expenses.

For further information and referral of patients: contact Dr. Wim Van Paesschen, Research Fellow to Dr. J. S. Duncan, the Epilepsy Research Group, Institute of Neurology, the National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG. Tel. 071-837 3611 ext 4259, Fax: 071-837 3941.

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We are looking for an outstanding additional partner to join our research involved, multi-cultural, two doctor, teaching practice. We expect our new partner to have the MRCGP and postgraduate qualifications to reflect their interests. An interest in multicultural aspects of family medicine is essential. Fluency in a mainstream Asian language would also be very useful.

Our patients provide us with both the challenge and stimulation necessary to develop high quality general practice relevant to inner city Bradford. Over the past five years, we have built up the resources to provide innovative, effective primary care. In addition to the usual extended primary health care team we have links with other community groups.

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Our just completed cost rent surgery is to be the focus for an exciting extended community development including not only health professionals but other activities encompassed by a wider interpretation of the concept of "health".

If this is the sort of practice you have been seeking please contact:-

**Gordon Coventry, Practice Manager,
Ashwell Medical Centre, Ashwell Road,
Bradford BD8 9DP
TEL: 0274 488497**

COURSES

ADVANCES IN SURGICAL ANDROLOGY

ERECTILE DYSFUNCTION AND MALE SUBFERTILITY

2-day course at St. Bartholomew's Hospital
20/21 January 1994

Registration £75.00 per day

Contact:

British Association of Urological Surgeons,
Royal College of Surgeons,
35/43 Lincoln's Inn Fields,
London WC2A 3PN.
Telephone 071-405 1390

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Dental:

High-arched palate, crowding of teeth.

Skeletal:

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

Ocular:

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

Cardiovascular:

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

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

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

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INTERVENTION SKILLS

ALCOHOL - Reducing the Risk Tuesday 7 December 1993 at North Manchester Postgraduate Medical Centre

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

The following courses are being held at RCGP, 14 Princes Gate, London SW7 1PU

DATA HANDLING FOR MEDICAL AUDIT

Course Director: Dr Oliver Samuel Course Tutors: Dr Janet Peacock, Dr Lea MacDonald & Dr Steve Buster - **2/3 February 1994**

A two day course in the technical skills involved in collecting and digesting medical audit information. The course is suitable both for interested general practitioners and their staff and for those working with Medical Audit Advisory groups. The course will study how to design questionnaires, select suitable ways of analysing the information and will review how to present the results. It will include some basic computer techniques - data entry and analysis, graphical presentations etc. The intention is to develop practical skills to help medical auditors make valid observations about current clinical practice.

PGEA approved for 2 days. The fee is £250.00 for members and £275.00 for non-members.

TEACHING THE MEDICAL AUDIT TEACHERS

Course Tutors: Dr Oliver Samuel, Dr Bonnie Sibbald, Dr Paul Sackin and Dr David Clegg - **23/24/25 February 1994**

A three day course in medical audit for those who teach it. The course is for 24 participants, all of whom will have some experience of medical audit and are likely to be involved in teaching about it. The course is designed to present the subject of medical audit and to examine three related topics: standard setting, the collection and analysis of data and the management of change within the practice while also considering how to present and teach these subjects to colleagues. Pre-course work will involve some preparation and selected reading. PGEA approved for three days - zero-rated Section 63 course to enable Regional Advisers to sponsor tutors or trainers. The cost will be £300.00

LEADING, MANAGING AND UNDERSTANDING SMALL GROUPS

Course Tutors: Dr Geoff Roberts, Ms Lynn Freeman and Dr Oliver Samuel - **23/24 March and 4th May 1994**

The course would be relevant to all doctors working in a group setting, either as a junior or senior partner, Course Organisers, GP Tutors, Audit Advisers, GP Advisers and any person with a serious interest in how groups function, and the nature of leadership. The aim of this short course is to develop both understanding and skills in leading and managing small groups. Seminars will be used to provide baseline concepts of group theory. Group exercises will be used to illustrate theory and develop understanding, and small group meetings will provide time for the participants to reflect on their learning and experience of the course.

The fee is £300.00. PGEA approved for 3 days under Health Promotion & Prevention of Illness and zero rated Section 63 approval granted.

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

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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.

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

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