

KEEP ACID WHERE IT WORKS NOT WHERE IT HURTS



Sadly, you're powerless over the scars which acid rain has left on the forests of Europe.

But if you know the true nature of the problem there's a lot you can do for the victims of acid reflux.

It's a little known fact that nearly 80% of reflux

patients don't suffer from excess acid,^{1,2} they suffer from acid in the wrong place.

So doesn't it make sense to use a reflux treatment which keeps acid where it works and not where it hurts?

Gaviscon works by forming a soothing alginate barrier

Prescribing Information. Liquid Gaviscon. Active Ingredients: Sodium alginate BP 500mg, sodium bicarbonate Ph.Eur. 267mg and calcium carbonate Ph.Eur. 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:** None known. **Dosage and Administration:** Adults and children over 12: 10-20ml liquid, after meals and at bedtime. Children 6-12: 5-10ml liquid after meals and at bedtime. **Note:** 10ml liquid contains 6.2mmol sodium. **Basic**

NHS Cost: 500ml liquid £2.70. **PL:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour. **Legal Category:** GSL. (PO). **Gaviscon Tablets. Active Ingredients:** Alginic acid BP 500mg, sodium bicarbonate Ph.Eur. 170mg, dried aluminium hydroxide gel BP 100mg magnesium trisilicate Ph.Eur. 25mg per tablet. In a sugar free flavoured base containing calcium carbonate (40mg) and saccharin. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indication**



GAVISCON

liquid: sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate Ph.Eur.
tablets: alginic acid BP, sodium bicarbonate Ph.Eur., aluminium hydroxide BP,
magnesium trisilicate Ph. Eur.

Keeps acid in its natural environment

which prevents acid from rising into the oesophagus,
bringing rapid relief to 4 out of 5 reflux patients.^{3,4,5}

So to keep acid in its natural environment, make
Gaviscon your first choice in reflux.

one known. **Dosage and Administration:** Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children 6-12: 1 tablet after meals and at bedtime. **Note:** 1 tablet contains 2.1mmol sodium. Tablets should be thoroughly chewed. **Basic NHS Cost:** 60 tablets £2.25. **PL:** 44/0021 Gaviscon Tablets, 44/0141 Gaviscon Tablets Lemon Flavour. **Legal Category:** GSL. (PO). **Holder of product licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. Gaviscon and the sword and circle symbol are registered trademarks. **Date of preparation:** 20/9/94.

References 1. Ball C.S. *et al.* (1988) *GUT*, Vol. 29 (part 10) A 1449. 2. Cadot G. *et al.* (1994) *Gastrointest. Res.* 22: 209-222. 3. Chevrel B. (1980) *J. Int. Med. Res.* 8: 300. 4. Ward A.E. (1989) *Br. J. Clin. Pract.* 43 (2) Suppl. 66: 52. 5. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* 7: 551.

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EMPLOYMENT LAW AND MANAGING STAFF

Course Director: Sally Irvine

Course Leader: Hilary Haman

3/4 May & 26/27 September 1995

The importance of managing staff effectively and the increase in new legislation and case law, arising from UK statutes and European Directives, demands that practices have a firm foundation in employment law and are kept up to date on the latest legal developments. This two day course in personnel management focuses on motivating staff and employment law issues, including the contract of employment and disciplinary issues. It is designed for members of the practice team whose responsibilities include staff management and is run by Hilary Haman and Sally Irvine, who are experienced management consultants in general practice and authors of the highly popular book "Making Sense of Personnel Management".

The delegate fee (inclusive of VAT) is £250.00 and includes lunch and refreshment on both days and dinner on the first evening. PGEA approved for 2 days under Service Management.

PERFORMANCE APPRAISAL COURSE

Course Director: Sally Irvine

Course Leader: Hilary Haman

23/24 May 1995

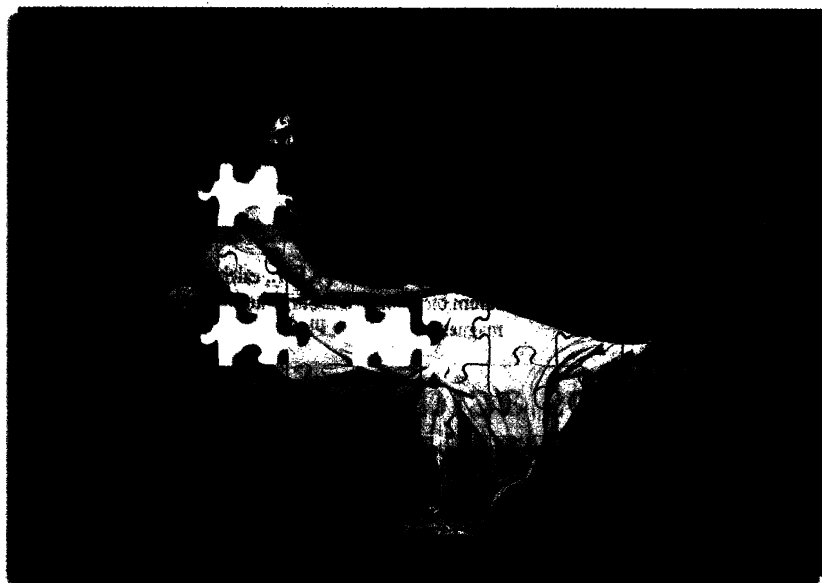
This is a two day course open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal, the opportunity to practice interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a staff appraisal scheme into their practice. This course is aimed at both newcomers to appraisal and those who have experience of appraisal but wish to revisit the subject. It is a highly intensive course and therefore limited to 12 participants only.

The delegate fee (inclusive of VAT) is £325.00 including lunch and refreshments on both days and dinner on the first evening. PGEA approved for two days under service management.

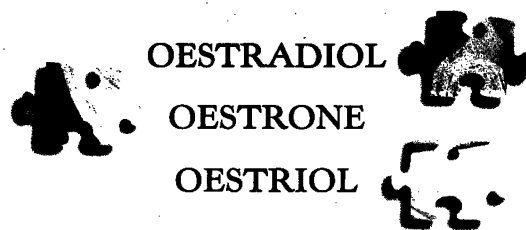
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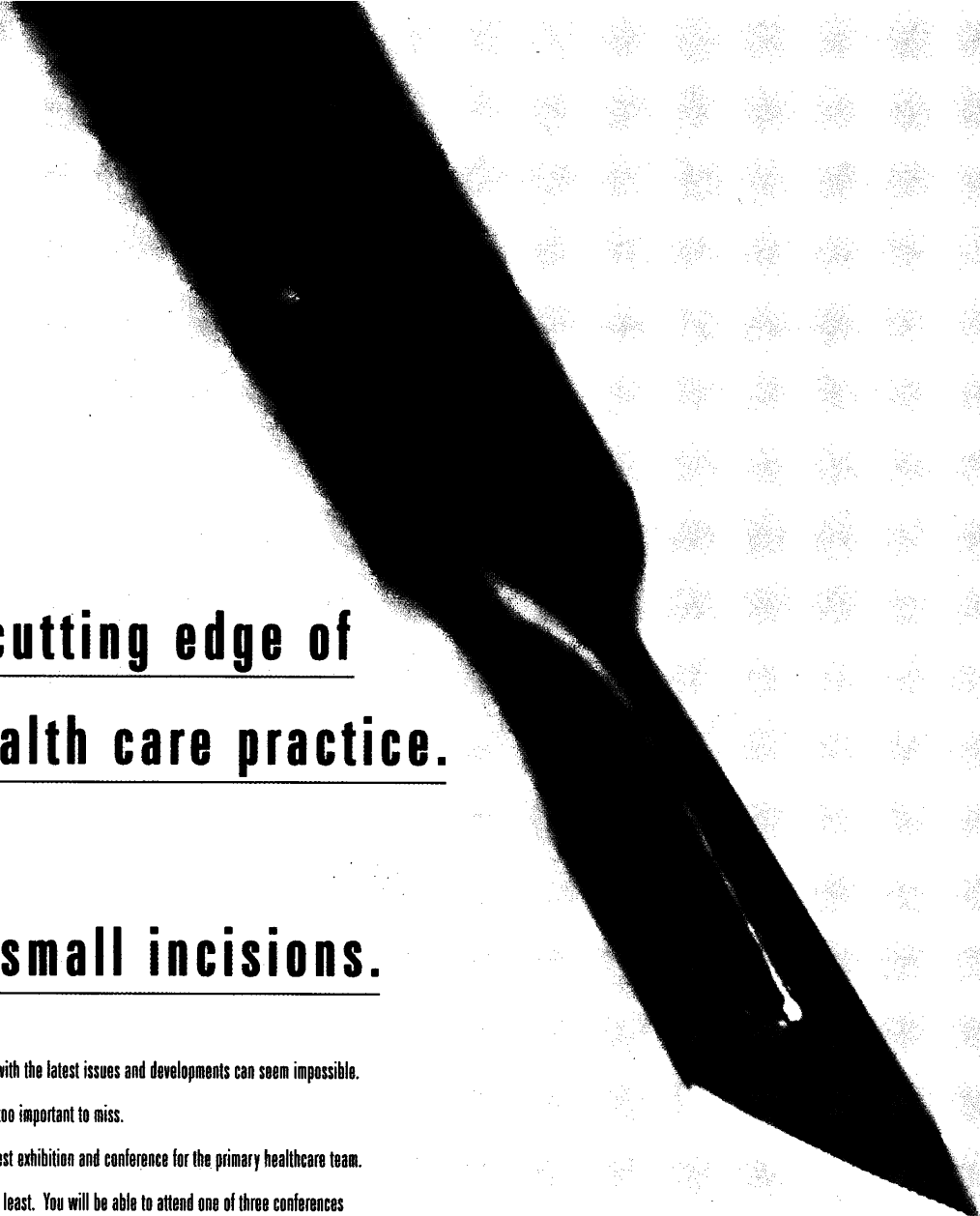
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THE THIRD NATIONAL PRACTICE MANAGERS' CONFERENCE AND EXHIBITION 19-21 JULY 1995

In 1995 the Third National Practice Managers' Conference and Exhibition, jointly organised by the Institute of Health Services Management and Radcliffe Medical Press Ltd, will be returning to the International Convention Centre in Birmingham to build on the last two years' success.

The conference will commence at midday on Wednesday 19 July 1995. Contributors will include **Gerry Malone MP, Minister for Health, Donald Light, Carnegie Institute, Carole Green, Fundholding Development Manager, Sefton Health, Claire Perry, Chief Executive, Bromley Health.**

The programme includes workshops on Thursday 20 July featuring topics such as **Career Planning, Practice Business Planning, Marketing in General Practice, the Role of the Manager in Clinical Audit** as well as others. The popular Practice Managers' Forum, where practice managers make their own presentations, will take place on the morning of Friday 21 July.

UNTIL 30 APRIL 1995

Fees: £160 + VAT IHSM Members, £185 + VAT Non-members

FROM 1 MAY 1995

Fees: £170 + VAT IHSM Members, £210 + VAT Non-members

Full programme details and a booking form will be available in February 1995. If you wish to register your interest please contact Theresa McGreevy, IHSM, 39 Charlton Street, London NW1 1JD. Tel: 0171-388 2626 Fax: 0171-388 2386.

A wide range of sponsorship opportunities is available for commercial sector involvement and there will be a commercial exhibition running in conjunction with the conference. Details are available from Sandra Barradas, IHSM, 39 Chalton Street, London NW1 1JD.

'James Willis has written a book that is both delightful and important. It is delightful because it is full of the very stuff of general practice, not the technical problems of diagnosis and therapy, but the human problems of people in distress. It also provides a moving portrait of a man who loves his work.'

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STUDY DAY ON TELEMEDICINE IN PRIMARY CARE

29 March 1995

This study day will consist of a series of presentations, demonstrations and group discussions. It is designed for GPs working in primary care, including those who have had no previous experience of telemedicine but are keen to learn more about it. Computer literacy is not essential and we hope that the workshop will dispel any remnants of technophobia delegates may have!

The delegate fee (inclusive of VAT) is £60.00 and includes lunch and refreshments.

PGEA Applied for.

DEMYSTIFYING NEEDS ASSESSMENT

2 May 1995

This study day, organised by the RCGP Commissioning of Care Task Group, aims to provide opportunities for examining the methodology of needs assessment in commissioning care.

The day will include both plenary presentations and workshop and is aimed at GPs and Primary health care team members involved in commissioning.

The delegate fee (inclusive of VAT) is £55.00 which includes lunch and refreshments.

PGEA applied for.

STRATEGIES FOR HEALTH IN DEVELOPING COUNTRIES

Joint RCGP/IHE/VSO Study Day for General Practitioners

10 May 1995

A study day on working in developing countries is being jointly organised by the RCGP, International Health Exchange and VSO. The aims are to raise the awareness of GPs of the health care needs of developing countries; to discuss how these needs can be met and to explore the practical issues involved.

The delegate fee (inclusive of VAT) is £55.00, which includes lunch and refreshments.

PGEA applied for.

STUDY DAY ON MUSCULO SKELETAL CONDITIONS IN PRIMARY CARE

Joint RCGP/ARC Study Day

17 May 1995

As part of its new series of Clinical Study Days, the RCGP is organising a study day on Musculo Skeletal Conditions in Primary Care, in association with the Arthritis and Rheumatism Council. Topics will include: new guidelines on back pain; bone density measurement; rheumatoid arthritis.

The delegate fee (inclusive of VAT) is £55.00 which includes lunch and refreshments.

PGEA applied for.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 0171 823 9703 Tel: 0171 225 3047

Topical reading for HEALTHCARE PROFESSIONALS

BACK PAIN

**Report of a CSAG Committee
on Back Pain**

Clinical Standards Advisory Group

This report is concerned with the standards of clinical care for, and access to and availability of services to, NHS patients with back pain. The CSAG has concentrated on the treatment in the first six months after the onset of low back pain and in particular on the first six weeks in primary care. The report was prepared with representation from hospital practice, general practice, public health and physical therapies.

DEPARTMENT OF HEALTH

A4 92 pages ISBN 0 11 321887 7

Paperback £14.95

EPIDEMIOLOGY REVIEW: THE EPIDEMIOLOGY AND COST OF BACK PAIN

**The Annex to the Clinical Standards Advisory
Group's Report on Back Pain**

Clinical Standards Advisory Group

The aim of this review is to collate the available evidence on the epidemiology of back pain in Britain, to assess trends and to estimate the current impact of the problem, including health care. Much of this material is previously unpublished, and a major additional benefit is to draw widely scattered and inaccessible material together in one source. The review focuses on low back pain and sciatica, which is at present the major health problem.

DEPARTMENT OF HEALTH

A4 74 pages ISBN 0 11 321889 3

Paperback £14

HOW TO KEEP A CLINICAL CONFIDENCE

**A summary of law and guidance on
maintaining the patient's privacy**

Bryden Darley, Antony Griew,

Kathryn McLoughlin, John Williams

This is the first extensive review of law and guidance concerning clinical confidentiality to be written. As such it will be invaluable to those who use computer systems to hold clinical data, and to lecturers faced with the task of teaching a subject which is growing both in complexity and in the public consciousness. Health and social care managers and practitioners will also find the book gives them an authoritative overview of a subject of which many have only a limited knowledge and understanding.

UNIVERSITY OF WALES

246x189mm 112 pages ISBN 0 11 701832 5

Paperback £9.95

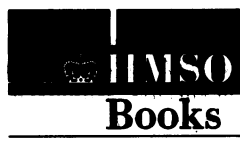
THE MANAGEMENT OF ANXIETY AND INSOMNIA

The undue reliance on the prescribing of anxiolytics and hypnotics for the treatment of anxiety and insomnia is currently the subject of much concern. Temazepam in particular has become a major drug of misuse in Scotland. This report aims to encourage a shift towards the use, where appropriate, of the non-drug management of anxiety and insomnia, and helps doctors to look more critically at the prescribing of benzodiazepines.

SCOTTISH OFFICE HOME AND
HEALTH DEPARTMENT

246x189mm 52 pages ISBN 0 11 495274 4

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For further details contact: Halina Dawson, Faculty Manager and Conference Organiser, RCGP - NW England Faculty, Wigan and Leigh Medical Institute, 162 Wigan Lane, Wigan WN1 2LA Tel: 0942 826400 Fax: 0942 826249



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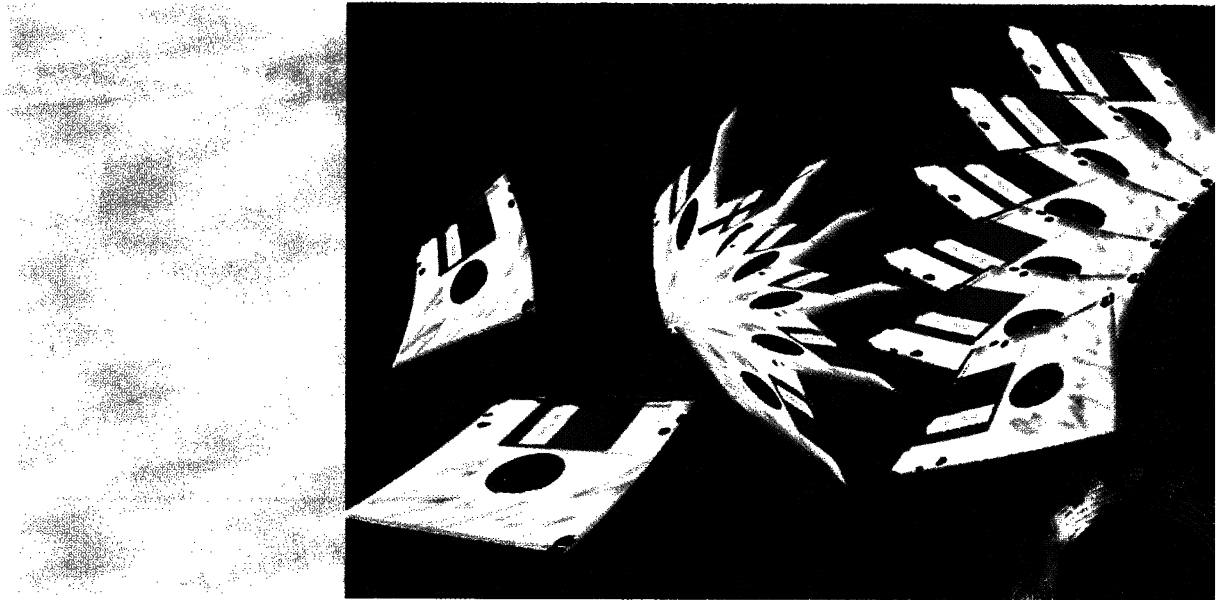
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Key Strategies

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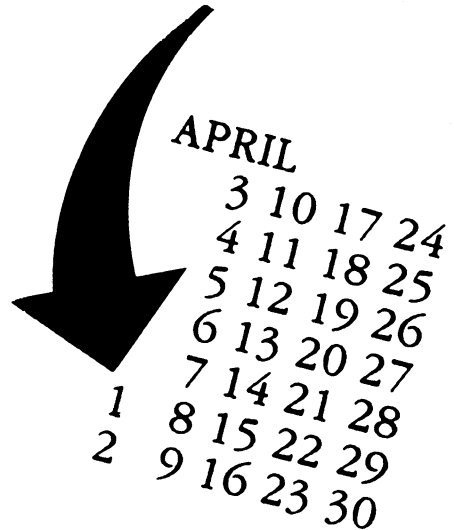
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RECRUITMENT

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Judy Harris
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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.

Children - Not recommended.

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, haemolytic anaemia. 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 and neutropenia.

LEGAL CATEGORY: POM.

PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS: 'Zestril' 2.5mg (12619/0084) 7 tablets, £1.91; 28 tablets, £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark.

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

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References 1. Lightfoot NF. The Rapid Diagnosis of Urinary Tract Infections in the Hospital and Community: Reagent Strip Testing. 2. Lowe PA. Med Lab Sci 1985; 42: 28-33.

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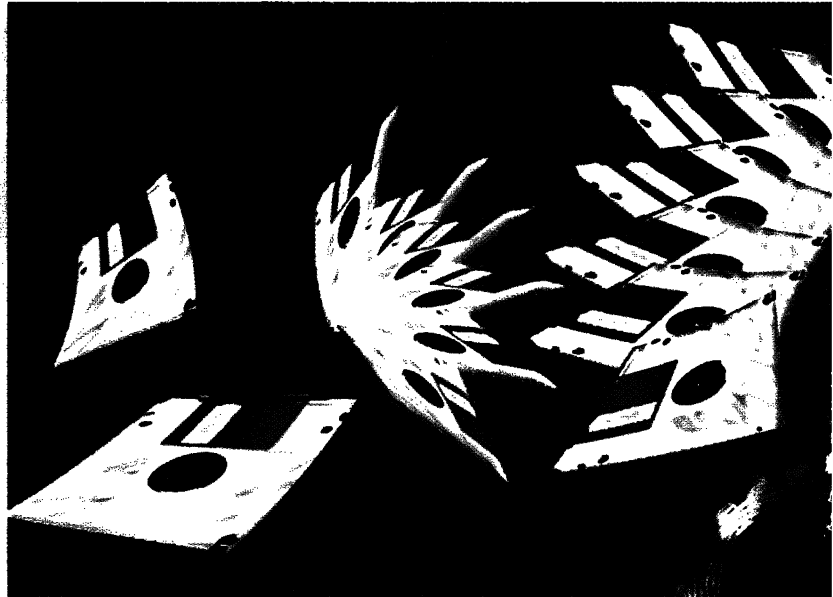
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Key Principles

Information is person-based

Information comes from
operational principles

Information needs to be shared

Information supports
management

Information enables business
objectives

Information focuses on health

Information is our business

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