

A Logical Combination in COPD

Salbutamol + ipratropium bromide in a single metered dose inhale

Prescribing information Combivent Metered Aerosol containing 200 doses, each delivering ipratropium bromide (anticholinergic bronchodilator) 20 micrograms and salbutamol (β2adrenergic agonist) 100 micrograms. Indication: treatment of bronchospasm associated with chronic obstructive pulmonary disease in patients who require regular treatment with both ipratropium and salbutamol. Dosage: Adults only: two puffs four times a day. Contra-indication: known hypersensitivity to any of the components or to atropine or its derivatives. Precautions:

cardiac disorders; hyperthyroidism; diabetes mellitus; co-prescription with β -blockers, corticosteroids, xanthine derivatives, other β -agonists or anticholinergics; pregnancy, especially the first trimester, and breast

feeding. Potentially serious hypokalaemia may result from \$2-agonist therapy. Advise patient seek medical advice in the event of acute, rapidly worsening dyspnoea or if response lessens; do I spray into the eye. Side-effects: tremor and nervousness may occur; tachycardia, dizzine palpitations, headache, local reactions such as dryness of the mouth are less frequent; urini retention has been reported rarely. As with other bronchodilators, cough and, very rarely, paradoxical bronchoconstriction have been observed. Basic NHS price: 10ml vial Authorisation Holder: Boehringer Ingelheim Limited, Ellesfield Avenue, Bracknell, RC12 8YS. For full prescribing information please see data sheet.



Boehringer



- More Doctors are prescribing 'Zestril' for more patients than ever before
- 'Zestril' has 12 million patient years of experience
- 48,000 patients are currently involved in 3 major trials with lisinopril
- Lisinopril is on over 75% of hospital formularies

PRESCRIBING INFORMATION 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

DOSAGE AND ADMINISTRATION: Hypertension Adults (including elderly): initially 2.5mg daily, a 2.5mg dose seldom thichding elderly). Infland, 2.53 adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily. Diurctic-treated patients – if possible stop diurctic 2-3 days before starting Zestril'. Resume diurctic 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.

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 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 diurctics and potassium-containing salt substitutes not recommended. Avoid oncomitant 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, cosinophilia, 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.

95/4366/H Issued Feb '95

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Timodine Timodine

Dimethicone 350 BP, Nystatin BP, Benzalkonium chloride solution BP, Hydrocortisone Ph. Eur.

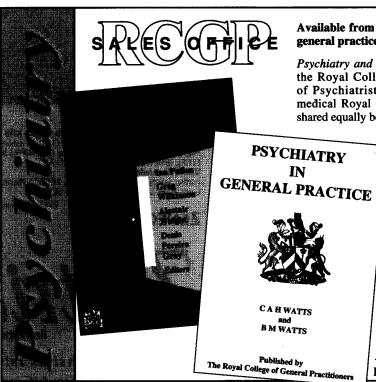
The GP choice for the humid race

Timodine Prescribing information Presentation Pale yellow cream containing: Nystatin BP 100,000iu/g. Hydrocortisone Ph.Eur 0.5%w/w. Benzalkonium chloride solution BP 0.2%w/w. Dimethicone 350 BP 10%w/w. Indications Severe napkin rash involving Candida albicans. Dermatoses including intertrigo, pruritus ani and vulvae, eczema, seborrhoeic dermatitis and housewife's eczema, in which Candida albicans is a factor. Directions For treatment of dermatoses apply a thin layer three times daily until the lesion has healed or in the case of napkin rash, after each napkin change. In infants a course of treatment should not normally exceed seven days. Contra-indications Sensitivity to nystatin or benzalkonium chloride. Precautions

Keep away from the eyes. Topical steroids should not be used extensively in pregnancy. NHS Cost for 30g tube as at March 1995 £2.38 Product licence PL 1839/0001 Lloyd Hamol Ltd trading as Reckitt & Colman Products. Legal classification POM. Irish PA No.27/10/1. Irish Address: Reckitts (Ireland) Ltd., Belgard Road, Tallaght, Dublin 24. Tel:526444. Price for 30g tube IR £ 2.59. Further information available on request from: Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. Date of preparation: 14.03.95. Timodine and the Sword and Circle device are trademarks.

T2/95

() Reckitt & Colmen Products Limited



Available from the Sales Office are these books on psychiatry within general practice.

Psychiatry and General Practice Today is a joint publication between the Royal College of General Practitioners and the Royal College of Psychiatrists. It is the first book to be written jointly by two medical Royal Colleges and both the editorship and authorship were shared equally between general practice and psychiatry.

Available from the Sales Office at £17.50.

Also available is the republished classic by Arthur and Beatrice Watts entitled *Psychiatry in General Practice*. This was the first text to document the huge prevalence of emotional problems handled by a general practitioner and was originally published in 1952. Available from the Sales Office at £15.00 members and £16.50 non-members.

RCGP is pleased to be able to offer for a limited period only both of these excellent publications for the combined price of £29.00 including postage.

RCGP Sales Office, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171-823-9698 Fax: 0171-225-3047.

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The database contains details of over 500 local health promotion initiatives and services in primary care in England. The database can be accessed by phone, letter, fax or by online access via a modem.

In addition, the service has recently published 'Health Promotion in Primary Care: a Sample from the National Database' which contains examples of some of the projects listed on the database and provides background information on how to use the service.

Copies of this publication can be purchased at a cost of £4.99 and can be ordered from The National Database, HEA National Unit for Health Promotion in Primary Care, Block 10, Churchill Hospital, Headington, Oxford OX3 7LJ. For further information contact (01865) 225587/226038.

ROYAL COLLEGE OF GENERAL PRACTITIONERS RCGP/BUPA RESEARCH TRAINING FELLOWSHIP IN GENERAL PRACTICE

The RCGP is pleased to offer a research training fellowship which has been made possible by a generous donation to the College by BUPA. The aim of the fellowship is to provide an opportunity for general practitioners to receive training in research methods whilst undertaking research work in general practice. The fellowship will enable general practitioners to develop their research skills and interests by securing them protected time and by enabling them to work within the environment of an academic unit.

Funding is available for three sessions a week for up to two years. Applicants should be members of the College and priority will be given to applicants prepared to work for a research thesis from general practice. Applicants will be expected to have a formal link with a local university department, an RCGP research unit, or a department of postgraduate medicine. Financial support is available to meet the costs incurred by the supervising department. Applicants should include a summary of the proposed research and confirmation of support from the head of the academic unit concerned.

Further details and an application form can be obtained from Professor Denis Pereira Gray, Chairman of Research, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU, to whom applications and curriculum vitae should be submitted by 1st September 1995.

HEALTH CARE SERVICE FOR PRISONERS



The Health Care of Prisoners is provided in 128 prisons in all areas of England and Wales. There are 270 doctors working in the Health Care Service for Prisoners with 140 full-time medical officers but also 120 part-time medical officers who are general practitioners.

All doctors joining the Service are expected to undertake a programme of training in a way which acknowledges the specialist nature of medical work in prisons including the managerial responsibilities, and which is to be matched by the introduction of a Diploma in Prison Medicine.

All doctors working in the Health Care Service for Prisoners are indemnified by the Service. All necessary facilities and equipment is provided by the Service.

At the present time there are vacancies for both full-time and part-time posts in prisons in many parts of England and Wales. Doctors interested in hearing more about employment in the Service are invited to write to or speak to Dr Robin Ilbert, Directorate of Health Care, Cleland House, Page Street, London SW1P 4LN telephone 0171 217 6550, fax 0171 217 6412.

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WINTER SPORTS COVER	YES
MINIMUM OF EXCLUSIONS	S YES
HIV/AIDS COVER	YES
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ROYAL COLLEGE OF PHYSICIANS OF LONDON

FORTHCOMING CONFERENCES AND COURSES 1995

3 May
ADOLESCENT MEDICINE*
15 May
MEDICINE AND ELDERLY PEOPLE OVER INVESTIGATION OR UNDER
TREATMENT?*
17-19 May
CLINICAL NUCLEAR MEDICINE COURSE
24 May
INTERFACES IN MEDICINE -

MANAGING TERMINAL ILLNESS*

7 June CME DAY - HAEMATOLOGY FOR

PHYSICIANS

12 June TUBERCULOSIS IN THE 1990s*

21 June MEDICINE FOR MANAGERS - RENAL

FAILURE SERVICES (joint with the Institute of Health Services Management)

27 June MEDICINE FOR MANAGERS -

STROKE SERVICES (joint with the Institute of Health services Management)

28 June THERAPEUTICS 1995 (joint with the Faculty of Pharmaceutical Medicine)

6 July COLLEGE DAY - MEETING THE

CHALLENGE OF CHANGE REGIONAL CONFERENCE IN

14-15 September REGIONAL CONFERENCE IN SHEFFIELD

SHEFFIELD

2 October CLOTTING DISORDERS

20 October THE GENETIC CONTRIBUTION TO

COMPLEX DISEASE

2-3 November PAEDIATRIC CONFERENCE* (joint

with British Paediatric Association)

6-8 November CLINICAL NUCLEAR MEDICINE

COURSE

14 November CME DAY - RESPIRATORY

PROBLEMS IN THE GENERAL

DISTRICT HOSPITAL

23-24 November SCIENCE & MEDICINE CONFERENCE

(joint with Medical Research Society)

6 December GETTING RESEARCH INTO

PRACTICE*

*PGEA APPROVED/REQUESTED

Concessionary rates are available for House Officers, SHOs and Registrars, Research and PdD students, Medical students and Nurses

For further details of these events, please contact:

The Conference Office, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 4LE Tel: 0171 935 1174 ext 252/300. Fax: 0171 487 5218

RCGP

Research Funding



Applications are now being invited for grants for research in or relating to general medical practice, for consideration by the Scientific Foundation Board. In addition to its general fund, the Board administers

a number of special funds including the Windebank Fund for research into diabetes.

The Scientific Foundation Board's definition of research is catholic and includes educational research, observational as well as experimental studies, and accepts the methodologies of social science as valid. It does not fund educational activities.

If the study involves any intervention or raises issues of confidentiality, evidence of Local Research Ethics Committee approval should be provided as part of your application, or justification given of why it is not necessary to obtain such approval.

Studies which do not, in the opinion of the Board, offer a reasonable chance of answering the question posed will be rejected. It may be useful to seek expert advice on protocol design before submitting an application.

Care should be taken to ensure that costs are accurately forecast and that allowance is made for inflation and salary increases.

The annual sum of money available is not large by absolute standards and grant applications for sums in excess of £5,000 are unlikely to be successful.

Application forms are obtainable from the Clerk to the Board at: The Scientific Foundation Board, The Royal College of General Practitioners, 14 Princes Gate, London, SW7 1PU. The Board considers applications for funding three times a year, usually in January, May and October. The closing date for applications is eight weeks prior to the date of the meeting. Information on precise closing dates can be obtained by contacting the Clerk to the Board. Any forms received after the closing date will, unfortunately, be ineligible for consideration at the meeting.

Chairman's action can be taken between meetings to approve grants of up to £1,000. This may be particularly appropriate for applications for funding of pilot studies.

RCGP COURSES . RCGP COURSES . RCGP COURSES . RCGP COURSES . RCGP COURSES .

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 approved.

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 practise 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.

MRCGP COURSE

Course Tutors: Dr Has Joshi, Dr Douglas Dare, Dr Geoff Morgan & Dr Terry Davies

13 - 16 September 1995

This is an intensive course employing unique teaching methods to enable candidates to prepare for the MRCGP examination. The course is particularly aimed at candidates who have found/or anticipate difficulties with the MRCGP examination in its present format. It is also aimed at introducing candidates to the methods of assessment used in the written and oral segments of the examination. Candidates are advised to book early to avoid disappointment as numbers are limited.

The delegate fee (inclusive of VAT) is £450.00 PGEA & Section 63 approved.

STUDY DAY ON CLINICAL DEPRESSION IN GENERAL PRACTICE

11 October 1995

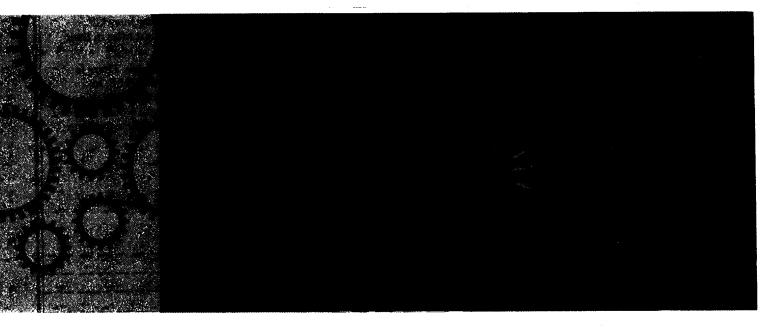
Caring for patients with depression is one of the most important and difficult jobs a GP has to face. This study day will tackle the practical problems of achieving a good standard of patient care despite limited resources and consulting time. Refresh your knowledge of depressive illness and share your experience and views with colleagues in the discussion groups.

PGEA applied for. Delegate fee (inclusive of VAT) £55.00.

For further details please contact: RCGP Courses and Conferences on 0171 823 9703 or Fax 0171 225 3047

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And, because we've worked on every type of project across the NHS, our unrivalled experience means you can enjoy the best systems and help drive efficiency through the NHS. In other words, make plans and take action to implement the IM&T strategy and its infrastructure.

After all, information is more than a resource, it's a shared strategy.

IMG Information Point/NHS Register of Computer Applications c/o Cambridge and Huntingdon Health Commission Primrose Lane, Huntingdon, Cambs PE18 6SE Tel: 01480 415118 Fax: 01480 415160





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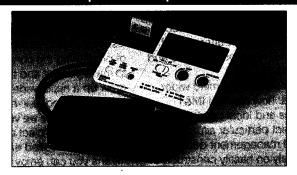
Our aims are simple - by offering the latest publications at a reduced membership price we want to make practice budgets go further by making our titles more readily accessible and affordable to the busy GP. Furthermore, we want to offer individual practitioners a regular opportunity to buy the latest titles in their particular field of interest at membership discount rates.

Joining the Book Club is simple and Membership is FREE. There is no obligation to purchase. There is no minimum purchase level and all purchases are supplied at 10% DISCOUNT and POST FREE. In addition, every purchase our members make is covered by our UNCONDITIONAL GUARANTEE. If not entirely satisfied with your purchase, you may return it for replacement or full refund. If you would like to join the GP Book Club and receive details of the publications currently on offer, simply complete the form below and return it as instructed.

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CLASSIFIED ADVERTISEMENTS

Classified Advertisements are welcomed and should be sent to: Maria Phantis, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171 - 581 3232. Fax: 0171 - 225 - 0629. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The publisher will not be responsible for any error in the insertion of, or omission to insert, any advertisement. The charge for space in this section is £12.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17.5%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

EDUCATION

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Now available from the RCGP Sales Office.

A new catalogue giving details of books available from the College but published by other medical organisations.

These include Radcliffe Medical Press Ltd, Royal College of Physicians and BMJ Publishing Group.

Contact:

RCGP Sales at 14 Princes Gate, Hyde Park, London SW7 1PU or ring 0171-823-9698 for your free copy.

Better Writing Workshop

One day course in effective writing

Following the success of a pilot course last autumn, a series of Better Writing Workshops is running this year. The next is scheduled for

Tuesday 6th June 1995 - at the Royal College of General Practitioners in central London.

This practical course has been developed to help GPs and their teams improve their written communication skills. With emphasis on participation and exercises, plus attention to individual needs, each workshop includes:

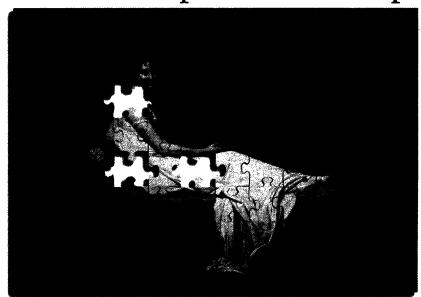
- Keys to expressing ideas clearly and effectively
- How to compose cohesive, readable articles, reports and brochures
- Overcoming inhibitions to writing; master procrastination Matching writing styles to outlets

Course fee: £90 (includes background materials and light refreshments) PGEA approval sought

Better Writing Workshops are led by Susan Kerr, BA, author, freelance health writer and qualified adult teacher, and by Dr Richard Maxwell, MA FRCGP, a published practising GP with an interest in communication skills.

Further information, dates and venues from: Dr Richard Maxwell, Lodgeside Surgery, 22 Lodgeside Avenue, Kingswood, Bristol BS15 1NH. Telephone (0117) 961 5666. Fax (0117) 947 6854.

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Legal Category POM

RCGP/RCN/DoH EDUCATIONAL FELLOWSHIP

The Royal College of General Practitioners and the Royal College of Nursing are looking for a general practitioner and a community nurse to share an educational fellowship, funded by the Department of Health.

The aim of this joint fellowship is to create opportunities for general practitioner trainees and community nurse trainees to learn together at an early stage in their training in order to promote team-working for the benefit of patients. The fellows will be funded for two sessions (the equivalent of one day) per week each for a two year period.

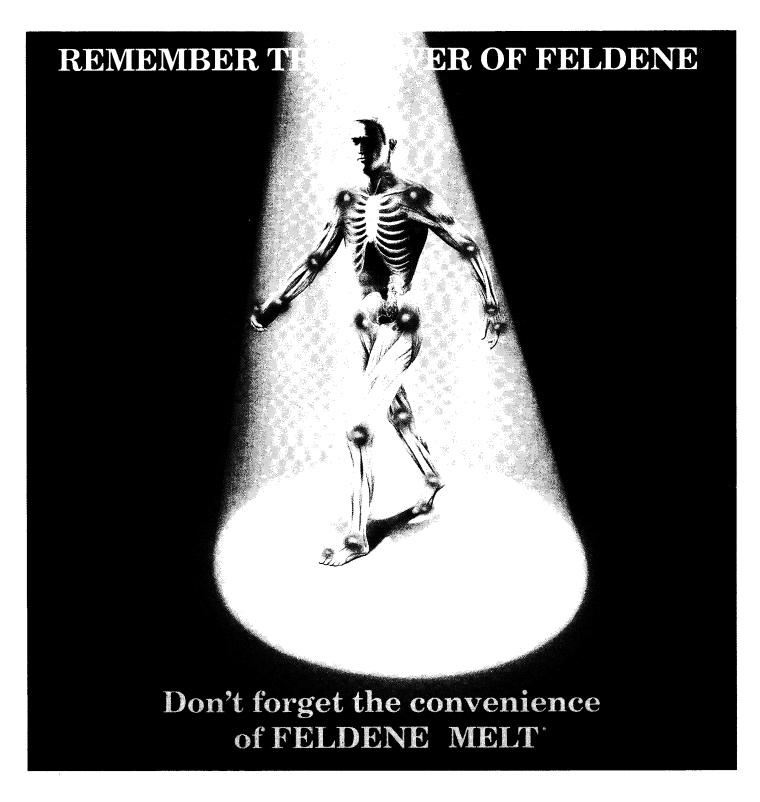
Separate or joint applications are now being sought from suitably qualified general practitioners and community nurses.

The successful candidate for the general practitioner component of the fellowship will be an established general practitioner with a proven track record in general practice education and a demonstrable interest in promoting multi-disciplinary education. They will have the expertise to organise and contribute to educational events and the inter-personal skills to liaise with the relevant bodies working in this field.

Applications are also sought for the community nurse component of the fellowship from suitably qualified and experienced community nurses, including practice nurses and nurse practitioners. The successful candidate will be someone with a proven track record gained, for instance, as a lecturer/practitioner, as a community practice teacher or as a practice nurse trainer. There must be demonstrable commitment to achieving multi-disciplinary education. Education to, at least, first degree level is highly desirable, though candidates undertaking higher education studies may also be considered. It is essential that candidates possess the expertise to organise and contribute to educational events and that they have the inter-personal skills to liaise with the relevant bodies working in the fields of community nursing and general practice.

Further details are available from Paul Hobson, Education Administrator, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

Closing date for applications is Wednesday 31 May 1995.





MELTS IN THE MOUTH FOR POWER IN THE JOINTS

PRESCRIBING INFORMATION FOR FELDENE MELT* (PIROXICAM): UK. 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 FELDENE 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. Legal Category: POM. Package Quantities and Basic NHS Cost: FELDENE MELT tablets 20mg, pack of 28, £9.83 (PL 0057/0352). Further information on request. Pfizer Limited, Sandwich, Kent.

