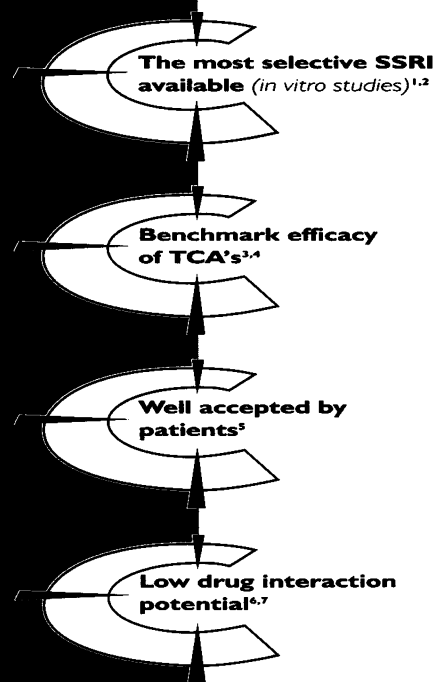


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dimensions of  
antidepressant  
therapy:



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## Abbreviated Prescribing Information

**Presentation:** 'Cipramil' tablets, PL 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage:** Adults. 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. **Elderly:** 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. **Children:** Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. **Pregnancy and Lactation:** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors; leave a seven day gap before starting MAO inhibitor treatment. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and tryptophan with caution. Routine monitoring of lithium levels need not be

adjusted. Alcohol is not advised. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. **Overdosage:** Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF.

'Cipramil' is a trademark. © 1995 Lundbeck Ltd.

Date of preparation: May 1995

## References

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## **PRESCRIBING INFORMATION**

Consult Data Sheet before prescribing.

### **'ZESTRIL'**

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

**DOSAGE AND ADMINISTRATION: Hypertension** Adults (inc 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.

**Acute myocardial infarction** Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

**CONTRA-INDICATIONS:** 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. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. 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, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, 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. Hyperkalaemia and hyponatraemia.

Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 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, the property of ZENECA Limited.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 95/4366/H Issued Sept '95

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Course Leader: Hilary Haman


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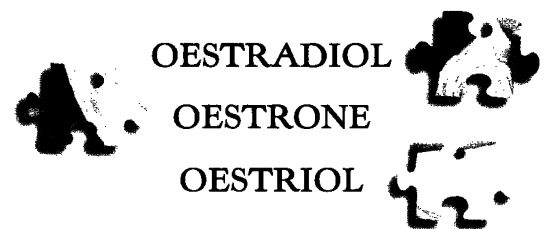
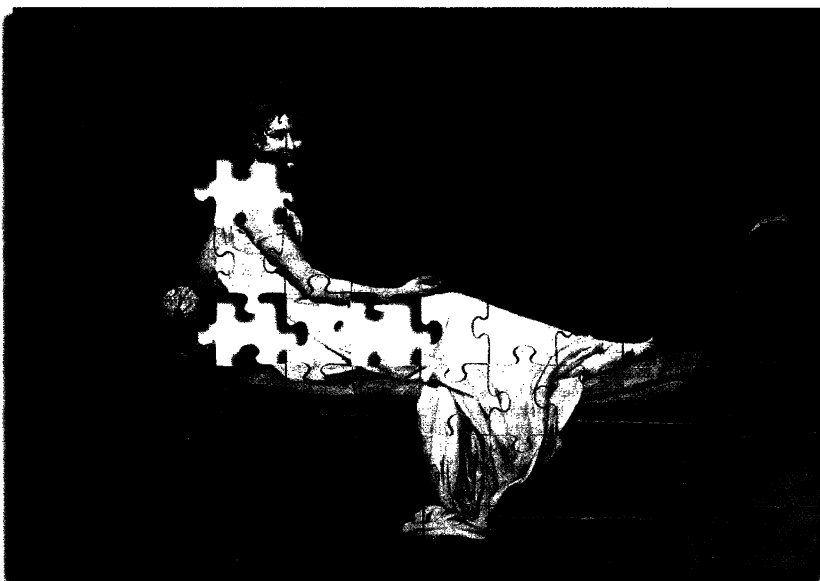
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Legal Category **PM**

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# 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.

## 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.



### Better Informed \* Better Managed \* Better Health

The objective of the Health Services Management Unit (HSMU) is to stimulate innovation in management and hence improve the delivery of healthcare. We are offering a series of one-day events for 1996.

Health Services



Management Unit

### THE NEW NHS COMPLAINTS PROCEDURE

The new NHS Complaints Procedure will become effective on 1 April 1996. Action will be required by HA'S Trusts and Family Health Services Practices to establish systems to comply with the new procedure. Support with the implementation of the new procedure can be provided in the following ways:

Workshops for Complaints Officers  
and Non-Executive Convenors

Dates: Manchester - 5 January 1996 London - 27 February 1996

Workshops for Family Health Services  
Practitioners and Practice Managers

Dates: Manchester - 6 March 1996 London - 16 January 1996

Topics include: requirements of the new procedures, effective handling of complaints, role of the Convenor, effective panel hearings, perspective of the complaints and the role of Stage 11.

- \* In addition, senior members of the HSMU team with experience of handling complaints can assist HA'S Trusts and Family Health Services Practices to plan for the implementation of the new procedure. This includes working with the Board, partners and managers who have a particular role in the effective management of complaints systems.

### INTEGRATED CARE

HSMU is organising two one-day seminars to explore the issues related to the purchase and provision of integrated care. This seminar will draw on the experiences of the healthcare system in the USA, the private sector in the UK and initiatives being undertaken by purchasers and providers.

*Sessions will cover:* \* Lessons from approaches to managed care as developed in the USA and countries in Western Europe \* Disease management \* The experience of the private sector \* Examples of integrated care and care management in the UK \* Purchasing and providing packages of care

*Confirmed speakers include:* \* Professor Bradford Kirkman-Liff, School of Administration and Policy, Arizona State University \* Ian Carruthers, Chief Executive, Dorset Health Commission \* Dr David Colin-Thorne, General Practitioner & Director of Primary Care, North West Region \* Roger Hudson, Manager of Professional Affairs, Lilly Industries Ltd \* Robert Barns, Director of Managed Care, BUPA Hospitals Ltd.

The seminars will be of interest to purchasers, providers and general practitioners who are committed to developing strategies for commissioning and delivering personal integrated care.

Dates: London - 15 January 1996 Manchester - 23 January 1996

The cost of either of the Handling Complaints or Integrated Care Seminars is £165 per person per seminar.

### SHARING EVENTS

In recent years the Centre for Human Resource Management at HSMU has offered a series of focused events aimed at encouraging shared learning.

*Key features:* \* Contributions from hearing thinkers and 'do-ers' \* A focus on current policy initiatives and emerging issues \* Encouraging new thinking \* An opportunity to meet with a range of colleagues tackling similar issues.

Each of the 1996 events is being offered in two locations.

'Managed Care - The Implications  
for Human Resources Managers'

Dates: Manchester - 25 January 1996 London - 30 January 1996

'To be or Not to Be? Personnel Management  
in the New Health Authorities'

Dates: Manchester - 27 February 1996 Birmingham - 29 February 1996

'Quality in Performance - Sharing the work so far in the  
Quality in Performance Pilot Schemes'

Dates: Birmingham - 11 April 1996 Newcastle-upon-Tyne 19 April 1996

'Primary Care Led NHS  
The People Sessions'

Dates: Manchester - 13 June 1996 Bristol - 20 June 1996

'The Future NHS Workforce'

Dates: Manchester - 24 September 1996 Birmingham - 26 September 1996

The cost for an individual sharing event is £75 inclusive of lunch, refreshments and all materials. For those wishing to book all five events in advance the cost will be £300.

For further details and booking forms for any of the above contact HSMU. Devonshire House, Precinct Centre, Oxford Road, Manchester M13 9PL. Tel: 0161 275 2908 Fax: 0161 273 5245.

## RCGP Travel Club

This month The Travel Club are delighted to announce their December competition. In association with IBERIA airlines of Spain and Catalonia Hotels - every booking made in the month of December will be entered in our prize draw.

You could win a weekend for two in Madrid or Barcelona with 3 nights bed and breakfast in a 4★ Catalonia Hotel flying from London.

The draw will be made on the 3rd of January and the winners will be notified on that day.

Travel to take place between January and June (excluding Easter) 1996.

The club will also provide the following on going services.

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### Department of Optometry and Visual Science

Appointments or further information: Clinic Secretary, The Department of Optometry and Visual Science, City University, Dame Alice Owen Building, 311-321 Goswell Road, London EC1V 0HB. **Telephone: 0171 477 8338.**

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## **OCCASIONAL PAPER 71 -**

### **RURAL GENERAL PRACTICE IN THE UK**

The founding fathers of the College - notably Will Pickles of Wensleydale - were well known for their research from country practice, but since then the College's interest in rural practice has tended to wane rather than wax. It is, however, committed to all its members and having recently published Inner Cities, Occasional Paper 66, it is now pleased to maintain the balance and publish this new Occasional Paper, from a Working Party of the College chaired by Dr Jim Cox, which it is hoped will help raise the profile of rural practice in the UK.

*Price £10.00 (members)*

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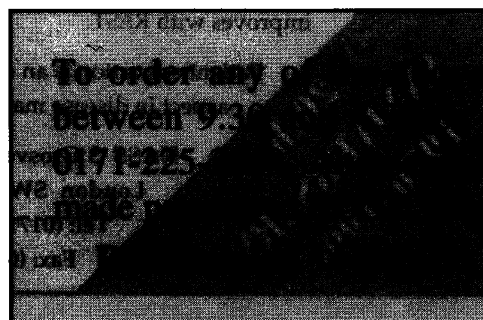
## **OCCASIONAL PAPER 72 -**

### **THE ROLE OF GENERAL PRACTICE IN MATERNITY CARE**

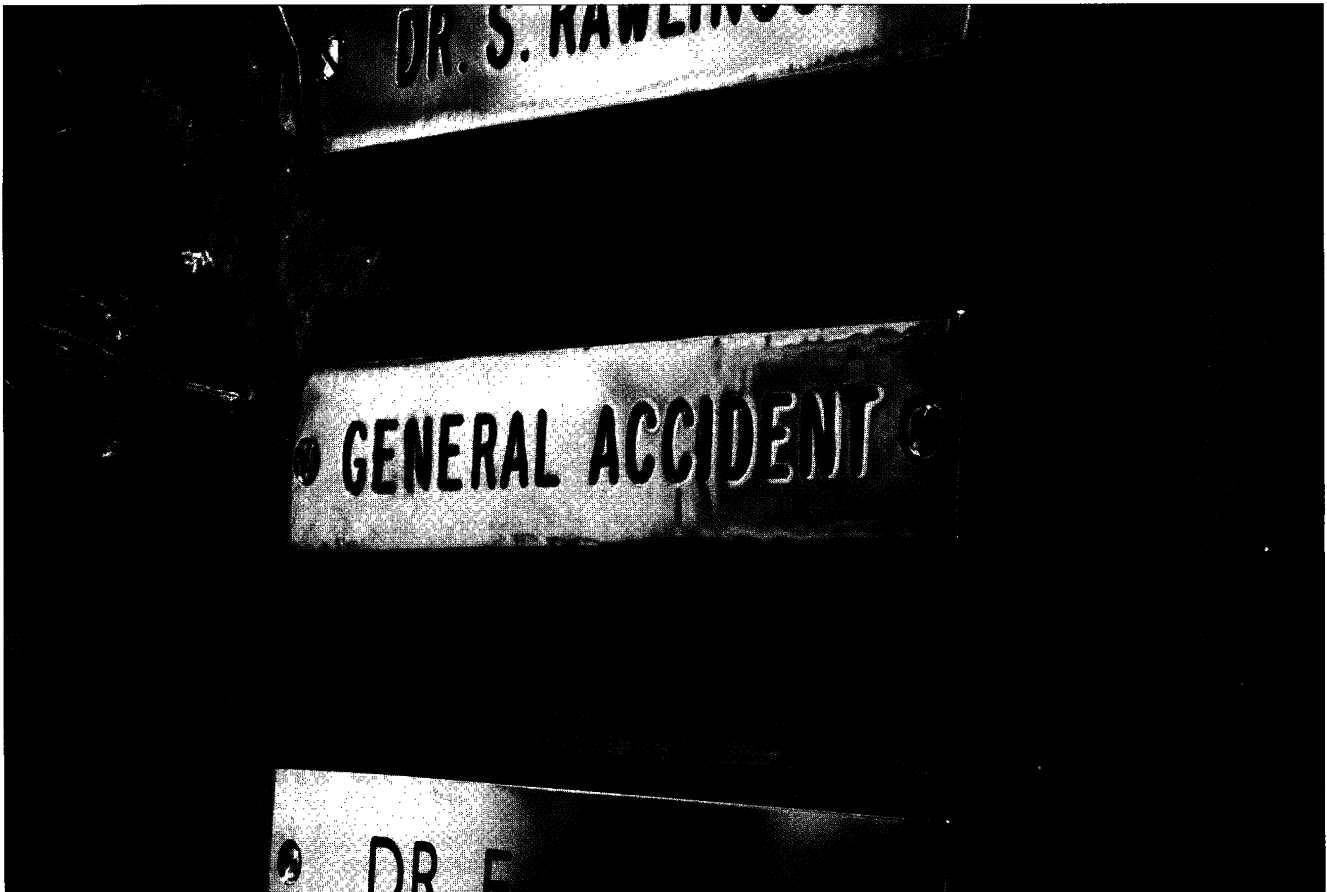
This new *Occasional Paper*, the Report of the RCGP Maternity Care Group, chaired by Dr John Noakes, has been approved by the Council of the College as a discussion document. It sets out the facts, clarifies a number of legal issues, and describes what many professionals believe is the content of maternity care. In particular, it stresses the need for closer collaboration between members care. In particular, it stresses the need for closer collaboration between members of the primary maternity care team and underlines the important contribution general practitioners can make. Its purpose is to stimulate debate and it is hoped that all who have an interest in this subject will take part.

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For general information please order The IM&T Infrastructure in context: executive summary (C3038) and The Impact on the NHS (B2132). Comprehensive documentation relating to the IM&T strategy is also available from:

**IMG Information Point/NHS Register of Computer Applications**  
**c/o Cambridge and Huntingdon Health Commission**  
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- Rural Issues - The Soapbox Hour!

This conference, from Thursday lunch to Friday midday, precedes the RCGP 1996 Spring Symposium.

For further details and an application form please tel: (01224) 840762 or fax: (01224) 840761.

### MRCGP COURSE

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

**Wednesday-Saturday 20-23 March 1996**

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 and/or anticipate difficulties with the MRCGP examination in its present format. It is also aimed at introducing candidates to the methods of assessments 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.

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

Tel: 0171 823 9703 Fax: 0171 225 3047

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### SUPPORTING A PRIMARY CARE LED NHS

#### *The Role of the Investigative Professions*

**6 March 1996**

This Study Day, organised by the RCGP Working Party on Near Patient Testing, aims to raise issues of concern in relation to Near Patient Testing and to consider how these issues can be addressed in general practice. It is aimed at all health professionals including GPs, Nurses, Pathologists and Biochemists. PGEA applied for. Delegate fee to be confirmed. For further details contact RCGP Courses Unit.

### DEVELOPING YOUR TEAM

*Course Director:* Sally Irvine

*Course Leader:* Hilary Haman

**28/29 February 1996**

This two day course, open to general practitioners and practice and health centre managers, will enable participants to understand how teams are developed, what their purpose is and how they can be sustained, as well as giving some practical experi-

ence of team building and team play. It is highly participative with a great deal of small group work so that participants can share with each other problems relating to operating within teams, as well as gaining experience of leadership and small group skills

The delegate fee (inclusive of VAT) is £330.00 including lunch and refreshments on both days, and dinner on the first evening.

PGEA is applied for. Contact RCGP courses on 0171 823 9703.

**DESTRAIOL IMPLANTS:**

**Presentation:** Pellets for implantation. 25mg, 50mg, or 100mg of Oestradiol. **Uses:** Major post-menopausal symptoms due to oestrogen deficiency, including prevention of post-menopausal osteoporosis in hysterectomised patients. In women with an intact uterus the lowest effective dose should be used and it must be co-administered with a progestogen for 10-13 days in each cycle.

**Administration:** 25-100mg. Patients require a further implant when symptoms return, usually every 4 to 8 months. Implants should be inserted subcutaneously. **Use during**

**Pregnancy and Breast-Feeding:** Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.

**Contraindications:** Pregnancy. Cardiovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal; cholestatic jaundice, a history of jaundice in pregnancy or jaundice due to the use of steroids; Rotor syndrome and Dubin-Johnson syndrome. Known or suspected oestrogen-dependent tumours. Endometrial hyperplasia. Undiagnosed vaginal bleeding. Porphyria. Hyperlipoproteinaemia. History of herpes gestationalis.

**Precautions and Warnings:** Pain in the breasts or excessive production of cervical mucus may be indicative of too high a dosage. Periodical medical examinations are advisable. Patients with any of the following conditions should be monitored: latent or overt cardiac failure, renal dysfunction, epilepsy or migraine (or history of), hypertension, sickle cell haemoglobinopathy, oestrogen-sensitive gynaecological disorders, e.g. uterine fibromyomata and endometriosis. Remove implant if hypertension develops. **Adverse**

**Reactions:** Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial proliferation, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. **Breast tenderness, pain, enlargement, secretion, Nausea, vomiting, cholelithiasis, cholestatic jaundice, Thrombosis, rise of blood pressure, Chloasma, erythema nodosum, rash, Discomfort of the cornea if contact lenses are used, Headache, migraine, mood changes, Sodium and water retention, reduced glucose tolerance, a change in body weight, Changes in liver function.**

**Interactions:** May diminish glucose tolerance. **Overdosage:** Acute overdose is not known to occur.

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**Product Licence Numbers & NHS Cost:**

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01167C-GP Revised August 95



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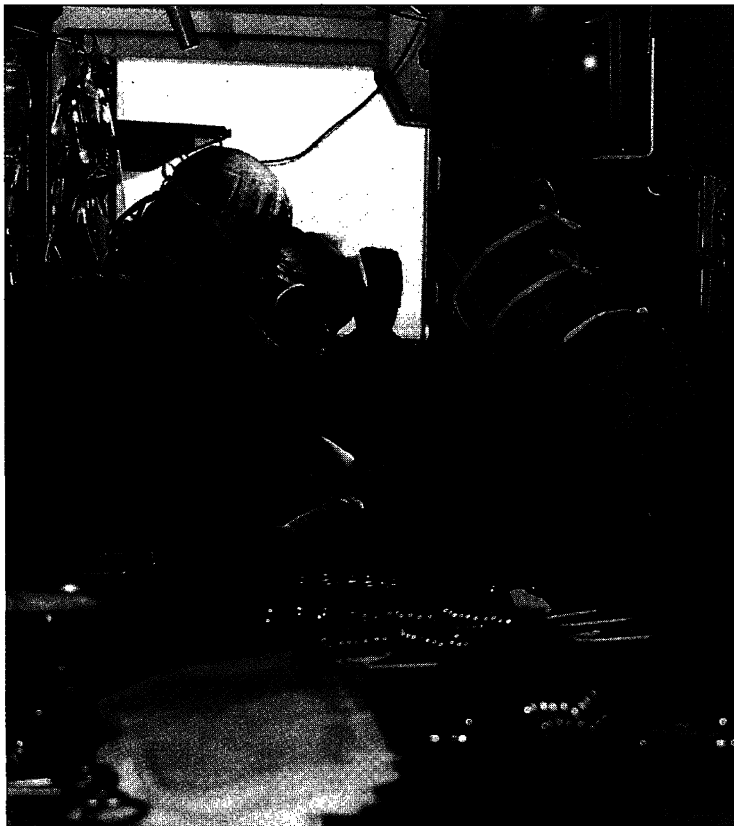
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