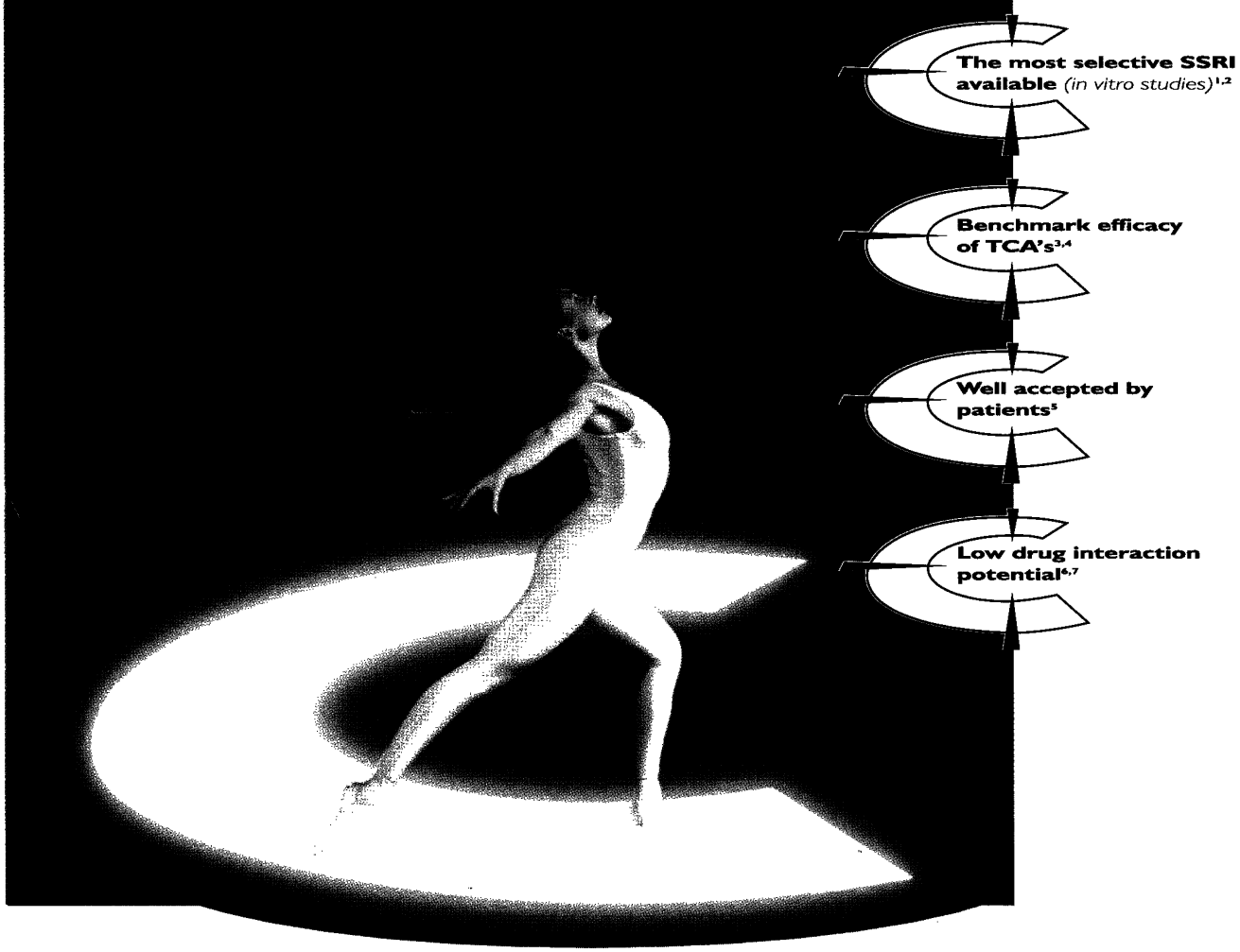
Now you can lift depression with the body in mind

Site-specific 'Cipramil' addresses four key dimensions of antidepressant therapy:



Cipramil
citalopram

Lundbeck
Research for a better life

Specifically treating depression

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.

 Date of preparation: May 1995

References
1. Hyttel J, XXII Nordiske Psykiater-Kongres, Reykjavik, 11 August, 1988: 11-21. **2.** Eison AS *et al.* Psychopharmacology Bull 1990; 26 (3): 311-315. **3.** Rosenberg C *et al,* Int Clin Psychopharmacol 1994; 9 (Suppl 1): 41-48. **4.** Shaw DM *et al,* Br J Psychiatry 1986; 149: 515-517. **5.** Bech P and Cialdella P, Int Clin Psychopharmacol 1992; 6 (Suppl 5): 45-54. **6.** Sindrup SH *et al.* Ther Drug Monit 1993; 15: 11-17. **7.** Van Harten J, Clin Pharmacokinet 1993; 24 (3): 203-220.

0795/CIP/501/021

THE EXPANDING WORLD OF 'ZESTRIL'

Lisinopril: the only once-daily ACE-inhibitor indicated for hypertension, congestive heart failure and acute myocardial infarction

- 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.
'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.

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

ZENECA

Zestril
lisinopril

Helping hypertensives retain their Zest for Life

Menorest the value is clear

new

Abbreviated Prescribing Information
Presentation: Transdermal matrix patch containing 3.29, 4.33 or 6.57 mg 17ß-oestradiol, delivering approximately 37.5, 50 or 75μg 17ß-oestradiol per 24 hours respectively. **Indication:** Oestrogen Replacement Therapy for patients with disorders due to natural or surgically induced menopause. **Dosage and Administration:** Replace patches every 3 to 4 days, new patches being positioned on a different area of the skin on the buttocks, abdomen, back or upper portion of the thighs. *Should not be applied on or near to the breasts.* Initiate therapy with one Menorest 50 patch adjusted subsequently depending on efficacy and signs of intolerance. In patients with an intact uterus, progestogen therapy should be administered. **Contraindications:** Known or suspected: Cancer of the breast, Oestrogen dependant neoplasia, Pregnancy, Lactation, Undiagnosed abnormal vaginal bleeding, Severe hepatic, renal or cardiac disease, Active or recent history of thrombophlebitis or thromboembolic disorders, Allergy to constituents. **Precautions:** Regular monitoring of blood pressure, breasts, abdomen and pelvic organs. Possible increased incidence of breast cancer in higher doses/long term use. Risk of endometrial hyperplasia and carcinoma is lowered by use of a progestogen. Patients with asthma, epilepsy, migraine, cardiac or renal dysfunction, otosclerosis, porphyria or hypophysis tumours require careful observation. Pancreatitis and other complications may develop in patients with familial defects of lipoprotein metabolism. Irregular uterine bleeding, enlargement of fibroids and mastodynia. Menorest has no contraceptive action. **Side Effects:** Headaches, local skin irritation. Oestrogen therapy has been associated with: irregular vaginal bleeding, vaginal candidiasis, change in cervical secretion, breast tenderness/enlargement, nausea, vomiting, corneal changes, increase/decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, oedema and changes in libido. **Legal Category:** POM **Presentation and Basic NHS Price:** Menorest 37.5 pack containing 8 transdermal patches (PL0012/0283), £6.34. Menorest 50 pack containing 8 transdermal patches (PL0012/0268), £6.44. Menorest 75 pack containing 8 transdermal patches (PL0012/0269), £7.50. **Date of preparation:** Oct 95. **References 1.** Data on file at Rhône Poulenc Rorer (study 452) **2.** MIMS (November 1995).

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Rhône-Poulenc Rorer RPR House St Leonards Road Eastbourne East Sussex BN21 3YG

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New matrix patch designed for:

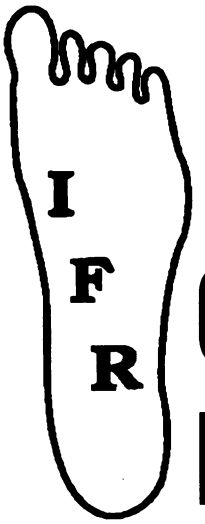
- Good local and systemic tolerance[1]
- Tailored dose range: 37.5, 50, 75μg per 24 hours
- Cost saving[2]

Menorest™

transdermal 17ß - oestradiol

MEETS HER NEEDS WITH COMFORT

INTERNATIONAL FEDERATION OF REFLEXOLOGISTS



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CR0 1EF
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Fax: 0181 649 9291

The International Federation of Reflexologists was formed in the 1980s by a like minded group of professional Reflexologists

These therapists felt that training standards and levels of professional competence were not high enough and that the general public had no way of contacting a therapist whom they could trust to treat them with care and competence.

I.F.R. therapists conform to the following criteria:

1) All therapists qualified to a high professional standard
2) Abide by a code of ethics and practice
3) Do not make a medical diagnosis
4) Make no claims to cure
5) Will liaise with GP or Consultant
6) Registered member schools and colleges
7) Professional insurance cover
8) Quarterly magazine

Training requirements are to the standard of the **International Examination Board (I.E.B.).**
Course content as follows;
Basic Pathology, Anatomy and Physiology - Certificate level
Reflexology Diploma Level includes the following basic modules: general knowledge of complementary therapies and orthodox medical specialities, nutrition, emergency first aid, communication skills, business studies, client/patient management, local laws and hygiene.

Office Hours 9.30-5.30 Monday to Friday and some weekends

For a highly trained professional therapist or accredited training centre please telephone or write

HEALTH CARE SERVICE FOR PRISONERS

HM PRISON SERVICE
HEALTH CARE

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.**

New Publications - RCGP Sales

COT DEATH - THE TASKS FOR PRIMARY HEALTH CARE IN PREVENTION AND MANAGEMENT

Duncan Keeley MRCP MRCGP

The incidence of sudden infant death syndrome in Britain is falling; nevertheless cot death remains the single largest category of death in babies over the age of one month. The cause or causes of cot death remain unknown. This booklet summarises current knowledge on the subject, dealing with definitions and statistics; the epidemiological evidence of risk factors and theories on possible causes; the role of the general practitioner in prevention; and how to cope in the event of cot death.

Price £6.00 (members) £6.60 (non members)

NUTRITION IN GENERAL PRACTICE

Part 2: Promoting Health & Preventing Disease

Edited by Judith Buttriss PhD SRD

This publication is the second in a series which provides doctors and others working in primary health care with a sound, up-to-date appraisal of current thinking on nutrition in relation to a broad range of topics. It attempts not only to provide the facts but to apply them in a practical way within the context of general practice.

Doctors and members of the primary health care team are perceived by the public as the most trusted source of information on nutrition - but in reality, just how good is the advice they give? This publication, which is packed with useful and practical information, provides those concerned with nutrition with the necessary facts upon which to base their advice.

Price £15.00 (members) £16.50 (non-members)

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) £11.00 (non-members).

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.

Price £10.00 (members) £11.00 (non-members).

To order any of the above, ring RCGP Sales on 0171-823-9698 between 9.30 and 4.30 or ring our 24-hour credit card hotline on 0171-225-3048. Alternatively send in a written order with a cheque, made payable to RCGP Sales, to:

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COURSES/CONFERENCES

RCGP
RURAL GP CONFERENCE
11-12 APRIL ABERDEEN

RURAL PRACTICE: IS THERE A FUTURE?

- Is There Quality In Rural Life?
- Rural Health - Why Go In For It At All?
- Rural Practice - The Problems?
- Rural Health - The Solutions?
- Rural Practice - The Vision Thing?
- 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

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 on 0171-823-9703.

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 experience 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.

OESTRADIOL 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.
Legal Category: POM
Product Licence Numbers
: NHS Cost:

25mg	0065/5074R	£7.99
50mg	0065/5075R	£15.97
100mg	0065/5076R	£27.83

1167C-GP Revised August 95

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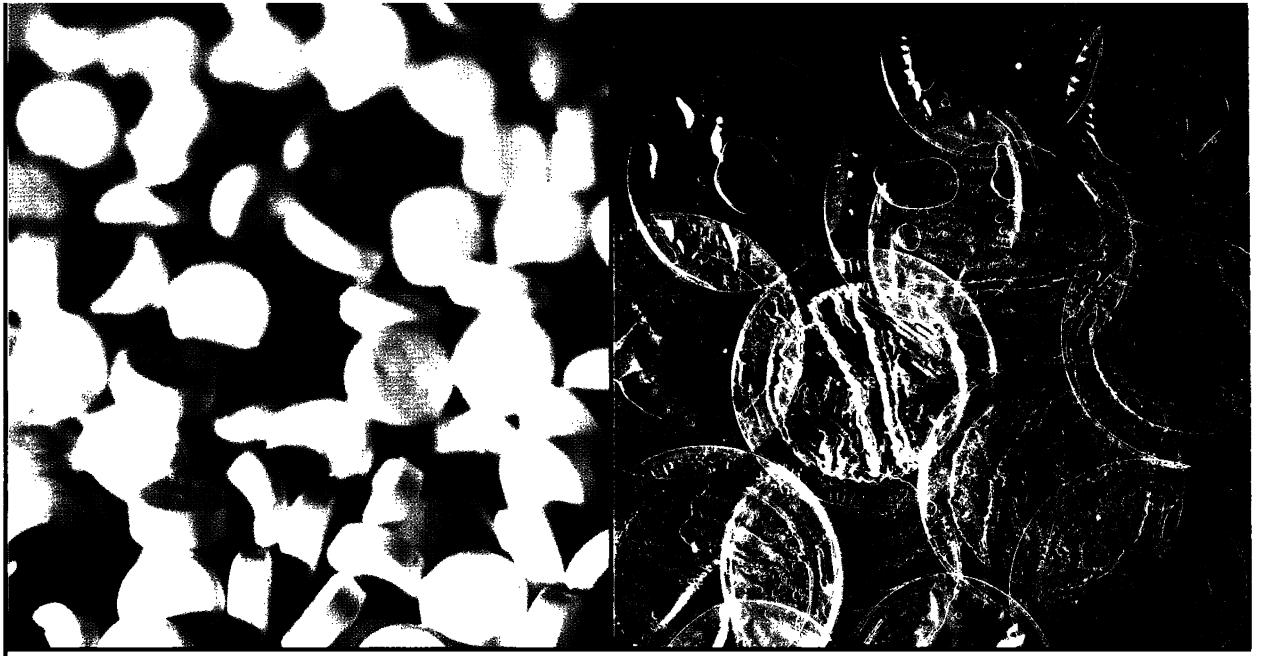
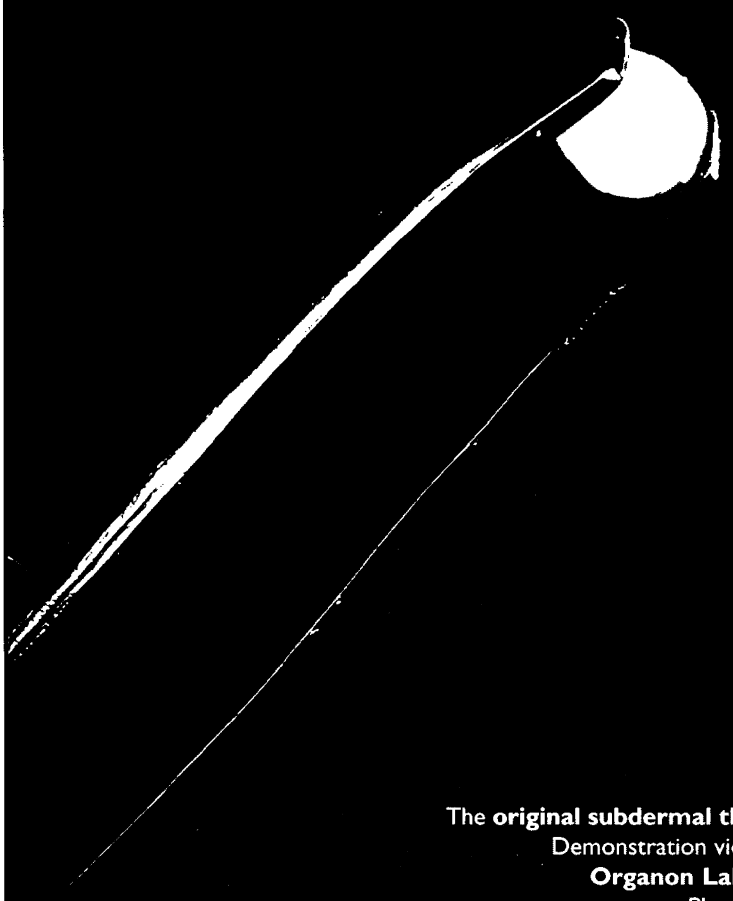
based on the average length of treatment



6 months oestrogen*

one implant



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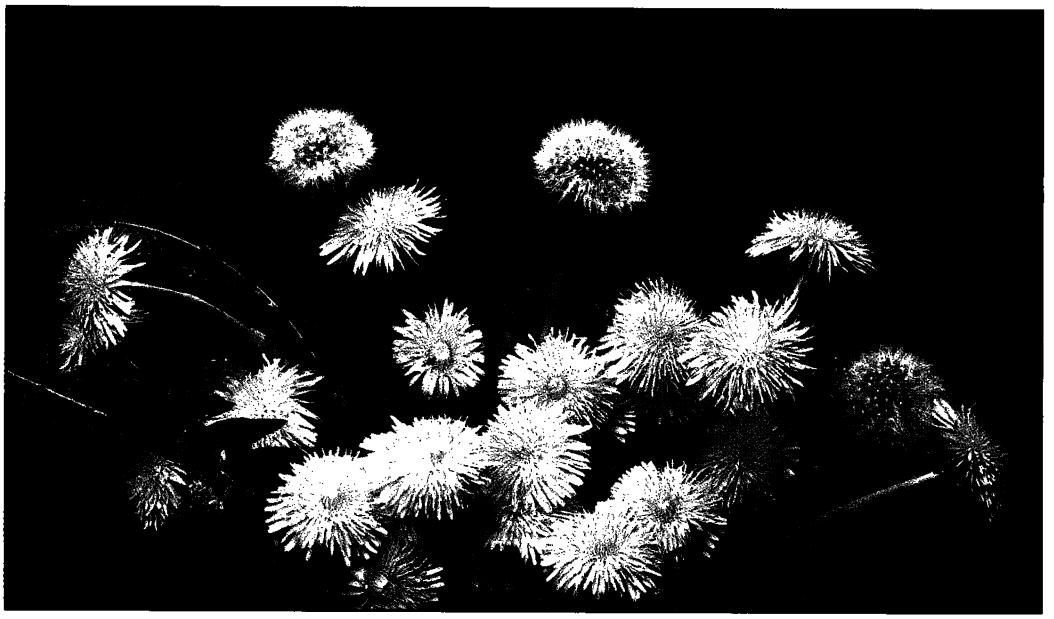

Since mankind first populated the world, medicine — and indeed, survival — depended on the use of plants.

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