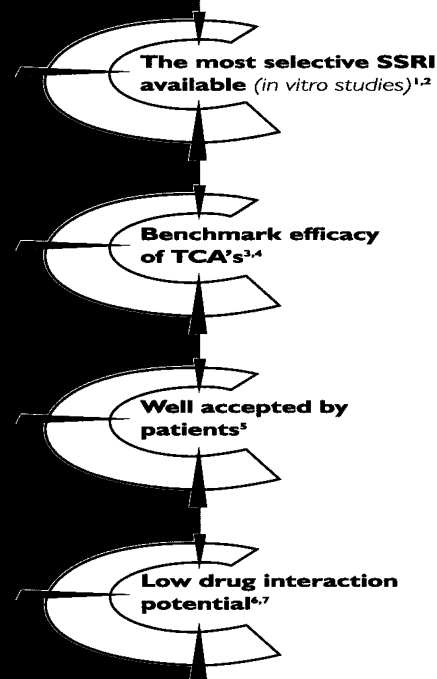


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Abbreviated Prescribing Information

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 8LE.

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

Date of preparation: May 1995

References

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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.

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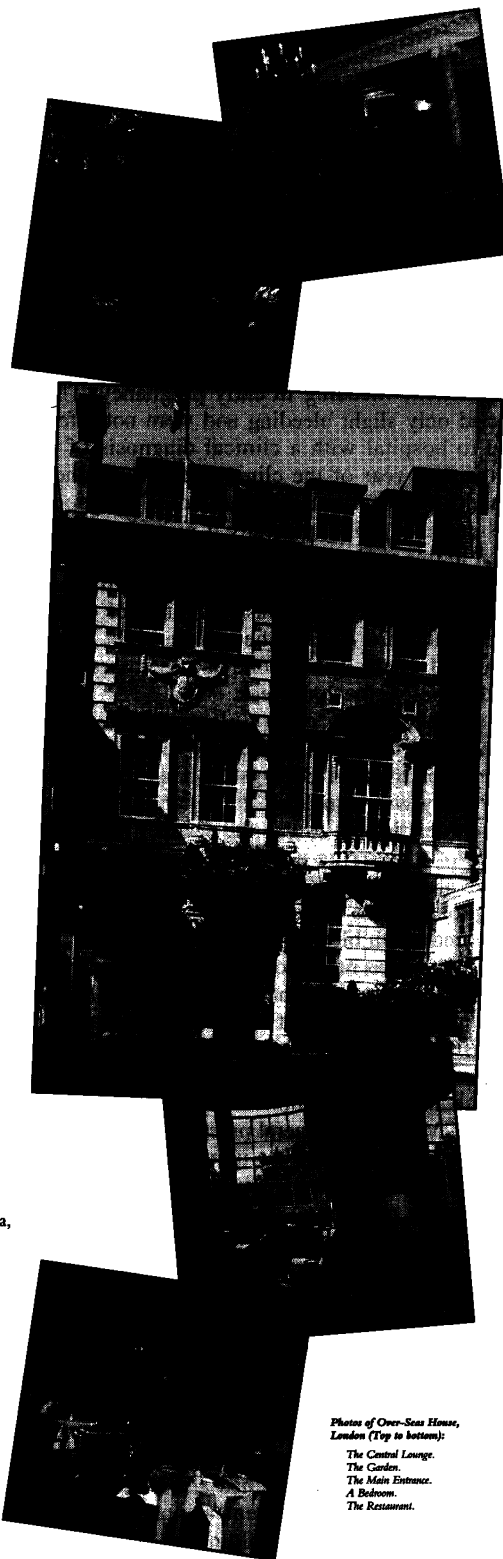
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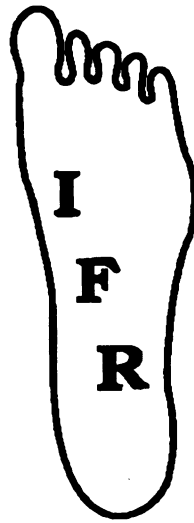
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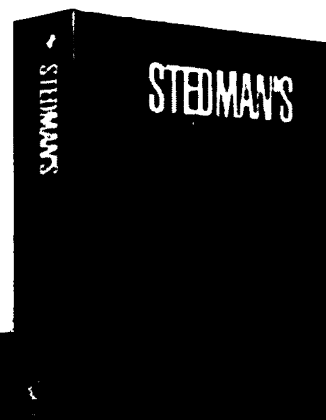
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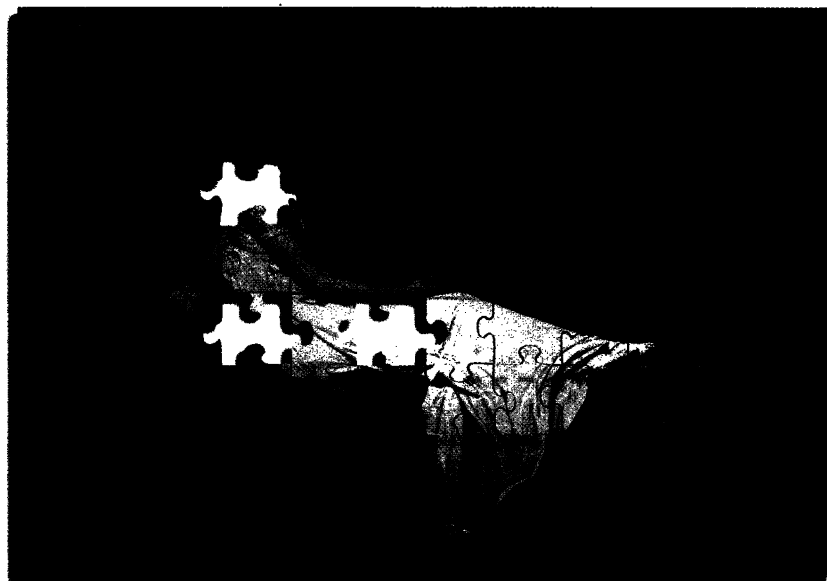
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Course Tutors: Dr Has Joshi, Dr Doug Dare, Dr Terry Davies & Dr Geoff Morgan

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.

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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 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.

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.

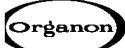
Contraindications: Pregnancy. Cardiovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal; cholestatic jaundice, a history of jaundice in pregnancy or jaundice due to 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.

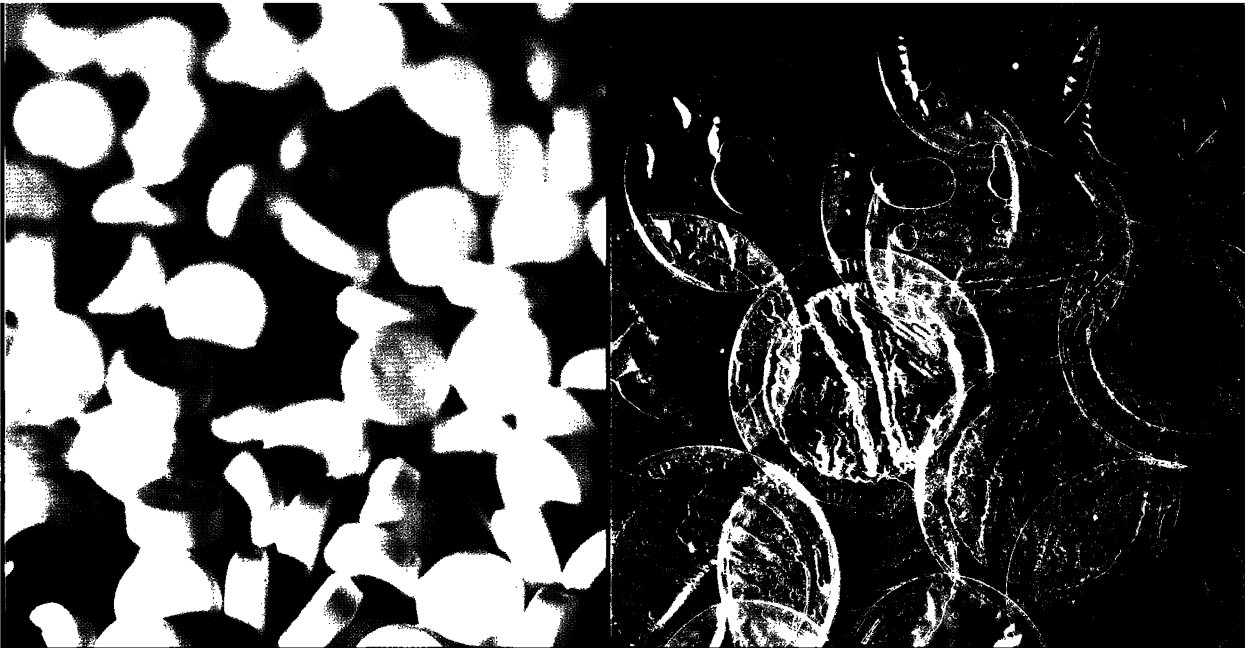
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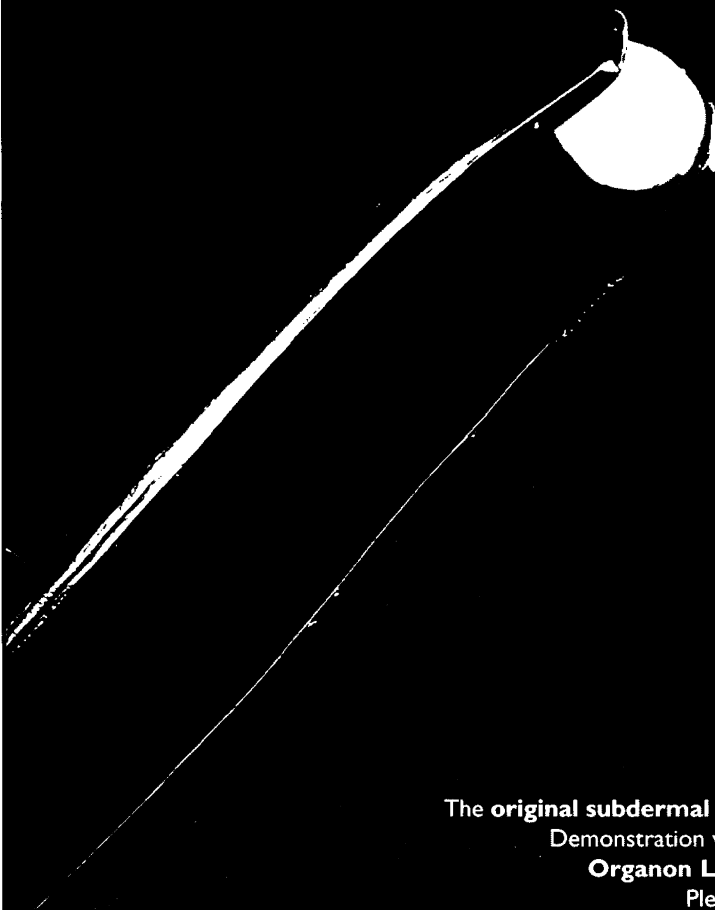
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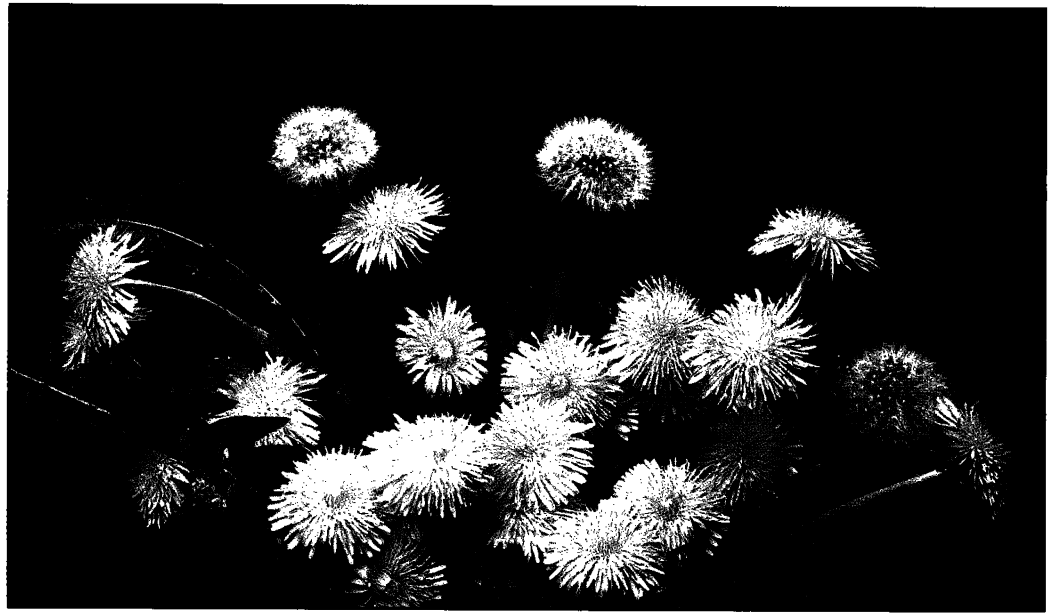
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