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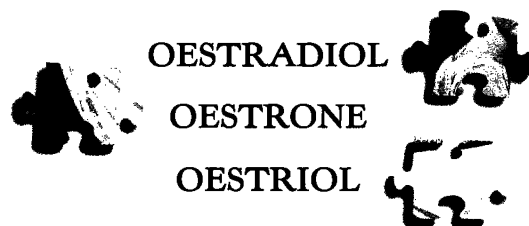
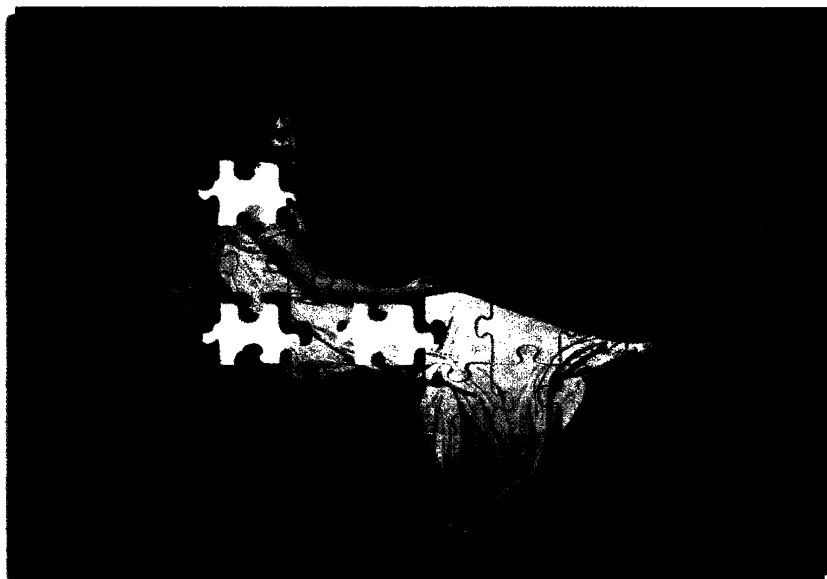
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Consult Data Sheet before prescribing.

#### **'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.

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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.

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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 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.

The delegate fee (inclusive of VAT) is £25.00. PGEA applied for.

## **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 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.

## **ADOLESCENT CARE IN PRACTICE**

**22 March 1996-Hull**

This conference is part of a series of regional conferences designed by the RCGP Working Party on Adolescents to consider how primary care can respond more effectively to the unmet needs of teenagers. It is aimed at all who work in primary care, including medical, nursing and administrative staff. The conference will be opened by Professor Alan Hutchinson and the programme will include members of the working party (Chris Donovan, Anne McPherson and Aidan McFarlane) as well as local speakers. Topics covered will include confidentiality, emergency contraception and care of young people with disabilities. The organisers hope to receive ideas and contributions from those who attend in response to the speakers and during the afternoon workshop sessions.

The Working Party is keen that some adolescents should attend the conference and take part in the discussions. There will be a reduction of £10.00 for delegates who are accompanied by a teenager (places for teenagers are free, but available by pre-booking only as numbers are limited).

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**Reviews in Clinical Gerontology** has been produced in response to this problem. It is unique in that it publishes articles especially commissioned from established authorities on a cyclical basis, so that all major topics of relevance are discussed during the course of five years, after which a new cycle will begin. In this way information is continually updated thus bringing together in one journal a synopsis of current developments worldwide. These issues build into a valuable reference source for gerontologists and professionals working with elderly people.

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*Published by HMSO for North Manchester General Hospital  
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## LONDON & SOUTH EAST REGION

### Ealing Drugs Advisory Service

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Ealing Tel: 0181 579 5585.

### The Junction Project

Non-residential street agency offering project based and outreach services.  
Brent Drug & Alcohol Service  
Harlesden Tel: 0181 961 7007

### Hounslow Drug & Alcohol Project

Day centre for men and women who have drug and alcohol problems.  
Hounslow Tel: 0181 577 3294

### Hammersmith & Alcohol Project

Offers telephone counselling, one-to-one appointments and a drop in service, as well as an outreach team.  
Hammersmith Tel: 0181 749 6799.

### Hungerford Drug Project

Street agency offering advice, counselling and support for drug users.  
Soho Tel: 0171 437 3523

### Griffin Project (drugs & HIV)

A specialised nursing unit providing in-patient facilities for men and women who are affected by HIV/AIDS and who are also drug users.

### Lorne House

(multi-substance)  
Residential rehabilitation centre for young people with drug and alcohol-related problems.  
Hackney Tel: 0181 533 5700

### Roma Project

Residential centre for chaotic drug users particularly those affected by HIV,  
Hammersmith  
Tel: 0171 603 8383

### Ealing HIV/AIDS Service

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## CENTRAL & SOUTH WEST REGION

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### Derby Drugline

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### Druglink North Staffs

Day centre offering information and advice for drug users, their friends and families.  
Stoke on Trent  
Tel: 0178 2202139

### Burton Drugline

Day centre offering information and advice for drug users, their friends and families.  
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Tel: 0128 351 2255

### North Leicester Substance Misuse Service

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Loughborough  
Tel: 0150 961 1111

### Birmingham Drugline

Informal service offering advice.  
Birmingham Tel: 0121 632 6363

### Church Road

Residential centre for young people with drug problems.  
Edgbaston Tel: 0121 454 1407

### Worcester Druglink

Advice, support and legal information.  
Worcester Tel: 0190 572 4853

### Stafford Drugline

Information, advice, support and counselling.  
Stafford Tel: 0178 551820

### Somerset Drug & Alcohol Service

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Wells Tel: 0174 967 7791

### Cannock Drugline

Confidential advice and information centre.  
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## NORTHERN REGION

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### Workington Substance Misuse Project

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### Rockingham Drug Project

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Sheffield Tel: 0114 275 5973

### Westcliffe House

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### Chester Substance Misuse Project

(multi-substance)  
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Chester Tel: 0124 431 4320

## SCOTLAND

### Falkirk Drug & Alcohol Services

Drop in centre.  
Falkirk Tel: 01324 630080

### Glasgow Drugs Crisis Centre

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Glasgow Tel: 0141 420 6777

For information about drink, mental health and learning disability projects contact:

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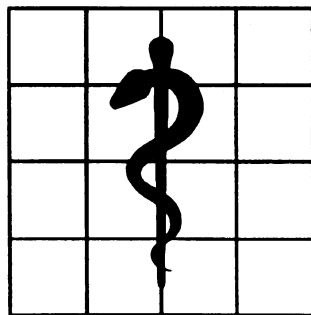
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Tel: 01509 611006 Fax: 01509 235560

# Menorest the value is clear

new



#### Abbreviated Prescribing Information

**Presentation:** Transdermal matrix patch containing 3.29, 4.33 or 6.57 mg 17 $\beta$ -oestradiol, delivering approximately 37.5, 50 or 75 $\mu$ g 17 $\beta$ -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).

#### New matrix patch designed for:

- Good local and systemic tolerance<sup>1</sup>
- Tailored dose range: 37.5, 50, 75 $\mu$ g per 24 hours
- Cost saving<sup>2</sup>

# Menorest<sup>TM</sup>

transdermal 17 $\beta$  - oestradiol

MEETS HER NEEDS WITH COMFORT

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

<sup>1</sup> denotes trademark. Code: P7545

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Edinburgh: March 8-10 1996, Kim Bull, Acupuncture Course, Physiotherapy Dept, Princess Margaret Rose Orthopaedic Hospital, Frogston Road West, Edinburgh EH10 7ED. Tel: 0131-536-4600.

Fee: £140.00. No post dated cheques please.

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# Making it work more effectively



## 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

**Can we talk?  
Just pick up the phone!**

## Information is vital to the NHS

The NHS is an increasingly complex and diverse organisation. The separation of the purchaser and provider functions with the establishment of the 419 NHS trusts and over 2000 GP fund-holding practices has created a whole new set of relationships and information needs.

If we are all to maximise the benefits of these developments we need to take advantage of modern information technology to gather information from many and often remote sources; to assemble and present information where and when we want it; and to make it accessible to all those who need it.

**That's where we come in.** IMG is charged with providing an NHS wide strategy for delivering effective healthcare, through better use of IT resources. We understand the management and implementation issues of IM&T, can suggest ways of presenting the concept of IM&T to management and then help draw up a nationwide strategy of clearly focused delivery.

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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:

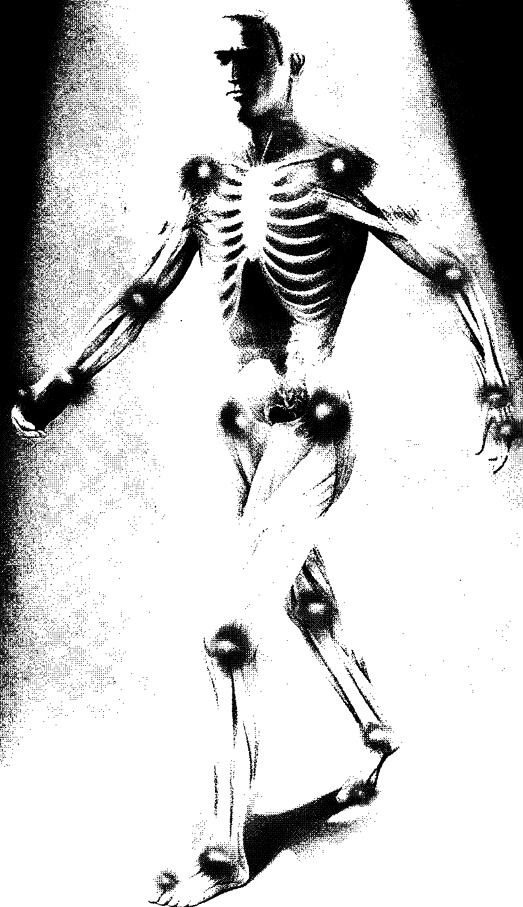
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