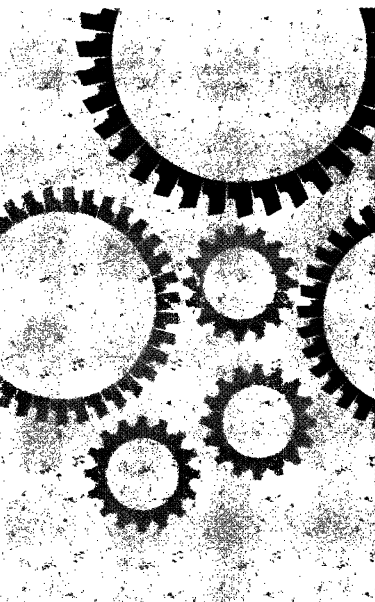


# Making it work more effectively



## 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.

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.

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  
Primrose Lane, Huntingdon, Cambs PE18 6SE  
Tel: 01480 415118 Fax: 01480 415160**



Information  
Management  
Group

**NHS**  
**Executive**



# 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.

'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

**ZENECA**



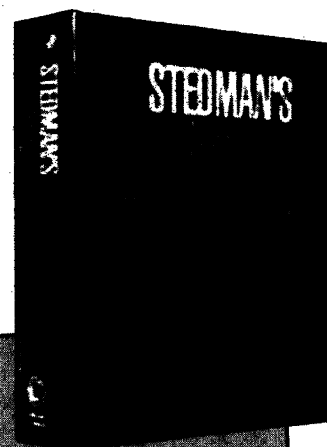
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*Helping hypertensives retain  
their Zest for Life*

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to 01494  
866073**

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#### WORLD STANDARD DRUG DATABASE™

Dr Roger Weeks, Dr Ivan Stockley and Mr Colin Duncton have completed work on their innovative Prescribing Database - **World Standard Drug Database™**

Unlike all other existing drug data-bases and electronic books, World Standard Drug Database™ is specifically designed for integration into coded (e.g. Read, ICD9/10) clinical record systems in hospitals, pharmacies, and general practice.

Such integration permits active flagging of **interactions** and **contraindications** and problems in **renal failure**, **liver disease**, and **pregnancy** and **lactation**. In addition, flagging of drug **ingredients** associated with specified **indications** and **side-effects** is available.

#### WORLD STANDARD DRUG DATABASE™

achieves its active flagging through use of an unique comprehensive prescribing **thesaurus** which contains standardised terms related to the whole prescribing knowledge domain, including Read Codes version 1, 2 and 3, standard drug form terms, 7,000 ingredients cross-referenced to Read Codes where possible, standard dosage regimens, unlimited length **interaction messages** by Dr Ivan Stockley, pharmacological actions, liver disease, renal failure, pregnancy, lactation, patient messages and prescriber messages.

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#### *SafeScript Interactive*

allows browsing of World Standard Drug Database™ and addition of patient information on diseases and current medication and the active checking of proposed new medication for possible interactions and contraindications.

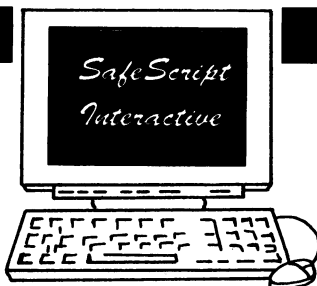
*SafeScript Interactive* needs a PC running Windows with 4 Mb RAM and 12 Mb hard disk space.

#### GP PRICES

£70 + VAT per year includes one six monthly update  
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#### MORE INFORMATION IS AVAILABLE FROM:

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London SW14 7DF  
Tel: 44 (0)181 876 1853  
Fax: 44 (0)181 876 3249



# Mobility Advice and Vehicle Information Service

For more information please write to:

## MAVIS

Transport Research Laboratory  
Crowthorne, Berkshire RG11 6AU  
or telephone: (01344) 770456

## WHO ARE WE?

The Mobility Advice and Vehicle Information Service was set up by the Department of Transport to provide practical advice on driving, car adaptations and car choice, both for disabled drivers and passengers.

## WHAT CAN WE OFFER?

- Assessment and advice on driving ability and car adaptation.
- Consultation and advice on car adaptations.
- The opportunity to try out one or more of the wide range of adapted vehicles at the Centre
- Information on all aspects of transport and outdoor mobility for people with disabilities.



# TURNING LIVES AROUND



**Turning Point is the largest UK charity helping people with drink, drug and mental health problems and learning disabilities.**

Turning Point has 60 projects nationwide and in 1994 helped over 25,000 people turn their lives around.

The 28 projects below work in a variety of ways to tackle the problems of drug misuse. They also work closely with others, from families and friends of users to community

groups and schools to GPs and the police to provide the best service most suited to local needs including residential services.

Because there is no one type of person with drug problems, Turning Point offers a wide range of different services to help individuals make their own choices and decisions.

## LONDON & SOUTH EAST REGION

### Ealing Drugs Advisory Service

Offers advice and support to current and former drug users, their families and friends.  
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

Counselling, support and advice service for people with HIV/AIDS, and drugs problems.  
Acton Tel: 0181 992 5566 Ext. 36196

## CENTRAL & SOUTH WEST REGION

### Lindum Substance Misuse Project

For clients referred through the probation service.  
Sleaford, Lincs  
Tel: 0152 941 5445

### Derby Drugline

Informal service offering advice, support, information and counselling.  
Derby Tel: 0133 238 0874

### 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.  
Burton upon Trent  
Tel: 0128 351 2255

### North Leicester Substance Misuse Service

(multi-substance)  
Drop-in centre offering advice, information and counselling.  
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

(multi-substance)  
Wells Tel: 0174 967 7791

### Cannock Drugline

Confidential advice and information centre.  
Cannock, Staffs  
Tel: 0154 346 7235

## NORTHERN REGION

### Whitley Bay

(multi-substance)  
Residential rehabilitation for men and women.  
Whitley Bay, Tyne & Wear  
Tel: 0191 251 1725

### Workington Substance Misuse Project

(multi-substance)  
Residential rehabilitation for men and women. Workington  
Tel: 01900 657737

### Turning Point Druglink Wakefield & District

Day centre supporting current or former drug users.  
Wakefield Tel: 0192 421 1113

### Rockingham Drug Project

Street agency offering advice.  
Sheffield Tel: 0114 275 5973

### Westcliffe House

(multi-substance)  
Residential service for people with dependency problems.  
Rochdale Tel: 0170 637 7197

### Chester Substance Misuse Project

(multi-substance)  
Residential centre.  
Chester Tel: 0124 431 4320

## SCOTLAND

### Falkirk Drug & Alcohol Services

Drop in centre.  
Falkirk Tel: 01324 630080

### Glasgow Drugs Crisis Centre

The West Street Centre 24-hour one-stop help and assessment centre.  
Glasgow Tel: 0141 420 6777

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

**Turning Point at New Loom House,  
101 Backchurch Lane,  
London E1 1LU.  
Tel: 0171-702 2300.**

# RESIDENTIAL WORKSHOP CONSULTATION SKILLS

**Friday 17th May from 2.00pm to Saturday 18th May until 4.30pm**

The Sheffield Faculty are organising a one and a half day workshop on consultation skills. This will mostly involve facilitated small group sessions exploring problem based interviewing, the psychotherapeutic approach, and dealing with heartsink patients.

**Thornbridge Hall in the heart of the Peak District is the venue.**

Facilities are available for partners to attend.

PGEA applied for.

Course Fee: £117.50 including VAT.

For further details please contact: Marilyn Lidster, Royal College of General Practitioners, Sheffield Faculty, Community Sciences Centre, Northern General Hospital, Sheffield S5 7AU Tel: (0114) 2715830. e.mail M.E.Lidster@Sheffield.ac.uk



*All the information you need, whenever you need it.*

St Mary's NHS Trust is proud to announce the launch of a brand new service for GPs. We've called our new service Careline. By ringing our new number, you will be directly in contact with our Customer Services Department.

**Call GP CareLine FREE on:**

**0800 13 69 11**

**Lines open Monday - Friday: 8.00am to 5.00pm**

A team of seven highly trained Customer Services Coordinators will be waiting to give you answers on:

- How to refer a patient
- Outpatient appointments - confirming, cancelling and re-booking
- Outpatient & inpatient waiting times
- Clinical services and times
- Diagnostic testing & ordering an x-ray
- Specialist same-day services and 'one-stop' clinics
- Rapid access to discharge information
- Our consultants' names, special interests, firms, wards and specialties

***So if you are thinking of referring a patient, why don't you give us a try first?***



St Mary's NHS Trust comprises: St Mary's Hospital, Praed Street, London W2 1NY; the Samaritan Hospital for Women and the Western Eye Hospital, Marylebone Road, London NW1 5YE; and acute services at St Charles Hospital, Ladbroke Grove London W10 6DZ.

### CLINICAL ASPECTS OF HIGH ALTITUDE EXPEDITIONS

Significant numbers of people leave the UK every year for destinations in the Alps, Andes, Himalayas and other high mountain ranges of the world, where they trek, climb and ski. Many of them will suffer from Acute Mountain Sickness and other problems associated with high altitude.

A unique two day residential course at the University of Surrey, featuring speakers who are major figures in their respective fields, has been designed to give greater understanding of the mechanisms resulting in Acute Mountain Sickness, High Altitude Pulmonary Oedema and High Altitude Cerebral Oedema. Other physiological problems which will be covered include nutrition, hydration and thermoregulation. The course is approved for 10 hours of Postgraduate Education Allowance and will be of particular interest to doctors who will have clinical responsibility for the health of those at high altitude and GP's who are required to provide advice on the problems which may be encountered at altitude.

The first course will take place on 30-31 March 1996. Included in the cost of £450 are overnight accommodation (single room with en-suite facilities), full board, including the course reception and banquet and refreshments.



Please reserve me a place on the course: "The Clinical Aspects of High Altitude Expeditions" on 30 & 31 March 1996.

Surname:

Initials:

Status:

Age:

Address:

Post Code:

Accommodation Required - Yes/No

Smoker - Yes / No

Any Special Dietary Requirement:

How travelling: Own car / Hire car / Train / Air / Taxi / Other:

Reason for Application:

Applications should be forwarded to: Dr Mike Tipton, The Robens Institute, c/o The Institute of Naval Medicine, Alverstoke, Gosport, Hants, PO12 2DL. Tel: 01705 768067. Payment should accompany the application and cheques should be made payable to the University of Surrey.

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### REFRESHER COURSE FOR GENERAL PRACTITIONERS

**feeling the strain? all washed out? brain silting up? then why not come to...**

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**COST OF COURSE: £195.00 (to include Course Dinner, Coffee, tea and lunch at breaks)**

**OPTIONAL EXTRAS: Outdoor Management Development Day in Quantocks with Bristol Business School, festival events, golf, tennis, Cotswold walk**

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**Mrs S Leeder, GP Administrator**

**Dept of General Practice, PGMC**

**Royal United Hospital,**

**Bath, Avon BA1 3NG Tel: 01225 824893/4**



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National Association of  
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- Receive regular **Updates** providing indepth commentary on key issues of the day.
- Take part in our conference, seminar and training programmes at reduced membership rates.
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Course Date: 13-17 May 1996.
- **Ultrasound for Midwives**, whilst the course described is open to midwives they are also eligible to join the PgD/MSc (Ultrasound) medical imaging programme.

PGEA accredited. Cost £425.

For further information please contact:

Dr Alan Castle

University of Portsmouth

Centre for Radiography Education

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Portsmouth PO3 6AD

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- \* run your practice more efficiently*
- \* provide better patient care*

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The IM&T Training Programme  
NHS Training Division  
St Bartholomews Court  
18 Christmas Street  
Bristol BS1 3BT

tel: 0117 929 1029  
fax: 0117 925 0574



**Blood pressure measurements**  **are you getting the true picture?**

*More and more GP's are using home blood pressure measurements  
as a better basis for making their diagnosis.*

It is increasingly being recognised that a more effective and consistent way to monitor blood pressure with certain patients is to allow them to take readings in the comfort of their own homes, where they will be more relaxed. This type of recording helps to eliminate 'white coat' syndrome and allows several readings to be taken over a period of time and at different times of the day. Using validated automatic monitors such as OMRON, mean that these readings are consistent and accurate. While these units are ideal for home use patients they are also obviously very useful and 'patient friendly' to use in the surgery. The OMRON 705C<sup>\*</sup> automatic blood pressure monitor comes with an integral printer to prevent misinterpretations by the patient and will store the last 32 readings taken.

A validation of the OMRON 705C<sup>\*</sup> was carried out by Professor E. O'Brien<sup>\*</sup> of Westminster Hospital, London.

Copies of this report are available from Hutchings Healthcare.



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<sup>\*</sup> J. September 1994

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Entera is tops for energy supply too, - every 200ml carton gives 300 kJals.

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with  
3 new  
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This innovative, distance learning, one year programme aims to equip experienced doctors with a sound understanding of modern palliative medicine.

Weekly study packs include audio tape lectures, written assignments, continuing assessment, project work, two residential study weekends in Cardiff and a final examination leading to the Diploma in Palliative Medicine.

The course commences September 1996 and the closing date for applications is 29th March 1996.

Full details from:

The Course Secretary, U.W.C.M. Diploma in Palliative Medicine, Holme Tower Marie Curie Centre, Bridgeman Road, Penarth, CF6 3YR, UK.

### Royal College of General Practitioners Study Day on Eating Disorders: Management in General Practice Tuesday 18 June 1996

Venue: RCGP, 14 Princes Gate, London SW7 1PU

Tutors: Deborah Waller (GP, Oxford), Christopher Fairburn (International expert in eating disorders, Oxford University), Rachel Bryant-Waugh (Authority on child and adolescent eating disorders, Great Ormond St Hospital).

This study day will provide an update on eating disorders from a primary care perspective. The speakers are three experts on the management of eating disorders. Topics will include:

- An evidence-based review of current knowledge about eating disorders and their treatment
- Discussion of the presentation, detection and assessment of eating disorders in

### The Royal Society of Medicine 16th LONDON PGEA FORUM FOR GENERAL PRACTITIONERS

Monday - Friday 16 - 20 September 1996

30 hours PGEA allowance

Programme consists of lectures, seminars and group discussions covering the following areas:

Paediatrics	Substance misuse
Prescribing and therapeutics	Current issues
Emergencies in practice	Sick doctors
Mental illness	Women's health and family planning

Registration Fees:

RSM Members: £250.00 (inclusive) Others: £300.00 (inclusive)

Details available from:

Miss Fiona Battley, The Royal Society of Medicine,  
1 Wimpole Street, London, W1M 8AE  
Tel: 0171 290 2980 or Fax: 0171 290 2977

### Working with Drug-Users in General Practice Why? How?

Conference for GPs and all health professionals working with drug users in general practice

26 April 1996 — Venue: RCGP, 14 Princes Gate, London SW7 1PU

This is a one-day conference bringing together GPs and other health professionals working with drug users in general practice, to examine, explore and debate practice and concerns. The conference is designed for those who are working with this client group and who wish to participate and reflect upon current perspectives both locally and nationally. It has been designed as a participative and interactive debate on good practice.

This conference will:

- Examine the role & function of General Practice in the management of drug-users.
- Critically explore the role of general practice within the provision of services available to drug-users and relationships between services
- Consider the specific and implicit difficulties of generically managing this patient group
- Explore and identify models of good practice that are necessary and appropriate to drug-users

The delegate fee (inclusive of VAT) is £30.00 which includes lunch & refreshments. PGEA applied for.

Supported by Educational Grants from Brent and Harrow Health Agency, Camden and Islington Health Agency and City & East London Drug Services.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047.

- general practice
- A detailed practical account of the management of anorexia nervosa from a general practice perspective
  - A demonstration of how to manage patients with binge eating problems (bulimia nervosa and related disorders) in primary care using a self-help approach. A step-by-step manual for GPs will be provided together with a self-help guide for patients.

This study day is open to all members of the primary health care team. PGEA is applied for (3 hours health promotion and 3 hours disease management)

The delegate fee (inclusive of VAT) is £60.00 which includes lunch and educational materials.

For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0171 823 9703 Fax: 0171 225 3047.

#### **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 reduction 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 anaemia, 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:**

5mg 0065/5074R £7.99

10mg 0065/5075R £15.97

20mg 0065/5076R £27.83

1167C-GP Revised August 95



Further information is available from:

**Organon Laboratories Ltd**  
Cambridge Science Park  
Milton Road  
Cambridge CB4 4FL  
Telephone: (01223) 423445

based on the average length of treatment

# 6 months oestrogen\*

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**A unique oestrogen delivery system for hysterectomised women**

Maintains therapeutic serum oestradiol levels for up to six months

Guaranteed patient compliance helps ensure adequate protection against osteoporosis

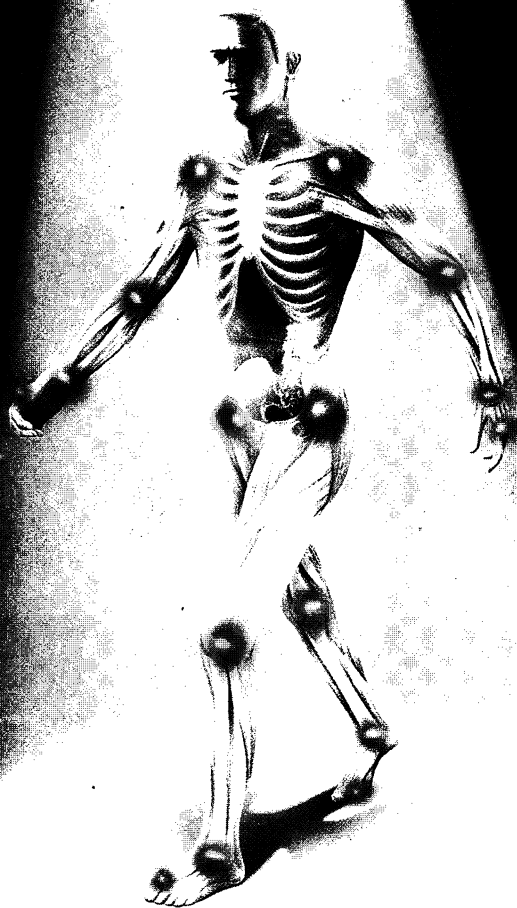
Can be used in conjunction with testosterone to alleviate decreased libido

Less expensive than other forms of parenteral oestrogen replacement

## **oestradiol** implants

The original subdermal therapy available for over 50 years  
Demonstration video and trocar sets available from:  
**Organon Laboratories, Fax: 01223 424368**  
Please Quote Reference: **01167C-GP**

# REMEMBER THE POWER OF FELDENE



Don't forget the convenience  
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## Feldene **MELT**

piroxicam

### 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.

