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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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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

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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.

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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
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**Information
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Group**

NHS
Executive

CANCER SERVICES: FROM CALMAN TO THE MILLENNIUM

9 ~ 10 May 1996, Birmingham International Convention Centre

A conference and
exhibition of national
significance, initiated
by the NHS Executive,
West Midlands

- What progress has been made towards the implementation of the April 1995 Calman Report on Cancer Services*?
- What are the barriers to implementation?
- How far are we from ensuring that all cancer patients receive a uniformly high standard of care?
- Cancer research within the NHS - can the cost be met?
- How may we build upon the policy framework of the Calman Report in the future?

These questions will be addressed at this two-day conference on the state of cancer services in Britain, initiated by the NHS Executive, West Midlands, and of nationwide significance. There will be ample time for discussion of these issues between presentations.

*Report of The Expert Advisory Group on Cancer Services to the Chief Medical Officers of England and Wales, April 1995: A Policy Framework for Cancer Services.

- All delegates will receive a complimentary copy of *Cancer and Health*, the 1995 Joint Report of the West Midlands Regional Director of Public Health and the West Midlands Regional Cancer Registry (248 pages), published 29.2.1996

Thursday 9 May

9.30 Welcome address
Baroness Cumberlege,
Parliamentary Under Secretary
of State for Health

CHALLENGES PRESENTED BY THE CALMAN REPORT

- 9.40 Chair's introduction**
Professor Peter Selby, Leeds
- 9.50 Regional, and local, variations
in cancer survival**
Professor Rod Griffiths,
Director of Public Health,
NHS Executive, West Midlands
- 10.10 Implementing the Report over
the last 12 months:**
**1. Report from the West
Midlands**
Professor Brian Edwards, until
recently, Regional Director,
NHS Executive, West
Midlands
- 10.30 2. Report from the
North West**
Dr Brian Cottier, Chief
Executive, Clatterbridge
Hospital, Wirral
- 11.35 New initiatives in the USA**
Dr Bernard Salick, Chief
Executive, Salick Healthcare
- 12.10 Health economics and
rationing issues**
Professor Charles Normand,
London School of Tropical
Medicine and Hygiene
- 12.35 Is the Calman Report the best
framework? How do we mea-
sure its success?**
Professor David Hunter, Leeds
- 1.00 Lunch**

CANCER RESEARCH IN THE NHS - CAN THE COST BE MET?

- 2.15 Chair's introduction**
Professor Karol Sikora,
Hammersmith Hospital,
London
- 2.20 The value of randomised
clinical trials**
Professor James Cassidy,
Aberdeen
- 2.45 Cancer research in the NHS:
a priority for funding**
Professor John Smyth,
Edinburgh
- 3.15 The pharmaceutical
industry/NHS interface**
Dr John Patterson, Zeneca
Pharmaceuticals
- 4.15 'Translational' research**
Sir Walter Bodmer, Director
General, ICRF
- 4.35 Innovative cancer treatments**
Professor David Kerr,
Birmingham
- 5.00 Innovative approaches
in cancer surgery**
Mr John Fielding, Birmingham

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Friday 10 May

CANCER SERVICES NOW - ARE THESE WHAT THE PATIENT WANTS?

- 9.00 Chair's introduction**
Rebecca Miles, Regional
Cancer Services Adviser, NHS
Executive, West Midlands
- 9.10 How do we empower patients
to make choices?**
John Spiers, The Patients'
Association
- 9.25 Psychiatric morbidity**
Dr Penelope Hopwood,
Manchester
- 9.40 Psychosocial impact in the
community; palliative care**
Dr Irene Higginson, London
School of Tropical Medicine
and Hygiene
- 10.00 The media: help or hindrance?**
Jane Stephenson, Series editor,
"The Pulse", Channel 4
- 10.15 What do quality of life
measures show?**
Dr Anne Cull, Edinburgh
- 11.25 What patients want**
Sue Bell, National Cancer
Alliance, co-presenting with a
cancer patient
- 11.40 Integrated clinical records
and patient access**
Dr Mark Drury, GP,
Oxfordshire
- 11.55 Involving patients' preferences
more in clinical trials**
Dr Jane Maher, Mount Vernon
- 12.10 New ways of informing
and involving patients**
Robert Gann, Director, Help
for Health Trust
- 12.50 Lunch**

CANCER SERVICES: WHICH WAY FORWARD?

- 2.00 Chairs' introduction**
Professors Rod Griffiths and
Brian Edwards
- 2.05 The national perspective
for cancer services**
Sir Kenneth Calman, Chief
Medical Officer
- 2.25 The Health Authorities' view**
Speaker TBA
- 2.45 The cancer registries
in the future**
Professor Ciaran Woodman,
Manchester
- 3.00 Which way forward?
A GP's perspective**
Professor Richard Hobbs,
Birmingham
- 4.05 Providers of cancer services**
Timothy Matthews, Chief
Executive, Guys and
St Thomas' Hospital, London
- 4.25 Nursing cancer patients**
Dr Jessica Corner, Royal
Marsden Hospital, London
- 4.45 Cancer guidance for
purchasers ~ the work of the
cancer subgroup of the
Clinical Outcomes Group**
Professor Bob Haward, Leeds
- 5.00 A vision for the future
of cancer services**
Professor Karol Sikora,
Hammersmith Hospital, London
- 5.30 Summary and close**

- PGEA accreditation applied for

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FEES: The booking fee is £235 (£200 + Vat). The
fee includes entry to all conference sessions
and to the exhibition, plus coffee, tea, documen-
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LUNCH: Available for an additional £10 per day.

ACCOMMODATION: Hotel details will be sent
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CANCELLATION: Cancellations received up to
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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.

With Fern Information Systems Doctors' Independent Network Coding have produced the first software to use some of the features of World Standard Drug Database™:

SafeScript Interactive

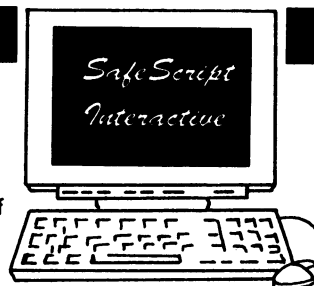
allows browsing of World Standard Drug Database™ and addition of patient information on diseases and current medication and the active checking of proposed new medication for possible interactions and contraindications.

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

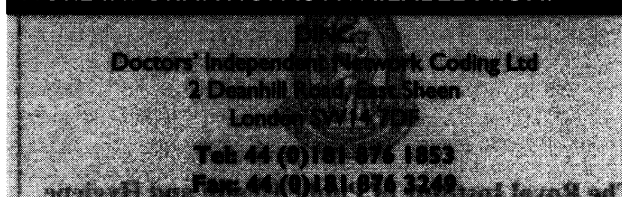
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Information: (textphone for deaf and hard-of-hearing people)

0171-833 2451/Freephone 0800 132905/0131-228 5557

Freephone MAC Helpline for young people affected by cancer: 0800 591028

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Other calls: 0171-833 2818 and 0131-228 5567.



West of Scotland Postgraduate Medical Education Board

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Free brochure on application to:

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Written by experts, *Practice Nutrition* is a free bulletin available three times a year to the Primary Care Team. It provides scientific and practical information on diet and nutrition that is relevant to the general practice.

Topics that have been featured include: diabetes, food intolerance and allergy, osteoporosis, coronary heart disease and diets of pre-school children. Alcohol, cancer and weaning are topics for future discussion.

Each issue of *Practice Nutrition* is complemented by patient leaflets. These can be provided free upon request.

If you would like to go on the mailing list to receive a free copy of *Practice Nutrition*, please supply your name, address and profession to:

**Advisa Medica
Gordon House
1-6 Station Road
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***Practice Nutrition* is published by Advisa Medica and supported by an educational grant from The Sugar Bureau.**

The CLUB WITH AN INTERNATIONAL DIMENSION

for both men and women

The Royal Over-Seas League provides the ideal club for internationally minded men and women. It has a long history of welcoming writers, diplomats, business people and travellers from around the world to its London and Edinburgh clubhouses and providing international support networks through branches, reciprocal club arrangements and honorary representatives.

Founded in 1910 by Sir Evelyn Wrench to encourage understanding between nations, the League's Royal Charter requires it to give service to the Commonwealth and humanity at large. It does this through providing clubhouse hospitality for members, organising competitions for young artists and musicians and facilitating joint service projects where possible.

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- ◆ 23,000 fellow members worldwide. Local branches or member groups in Australia, Canada, New Zealand, Switzerland and the UK.
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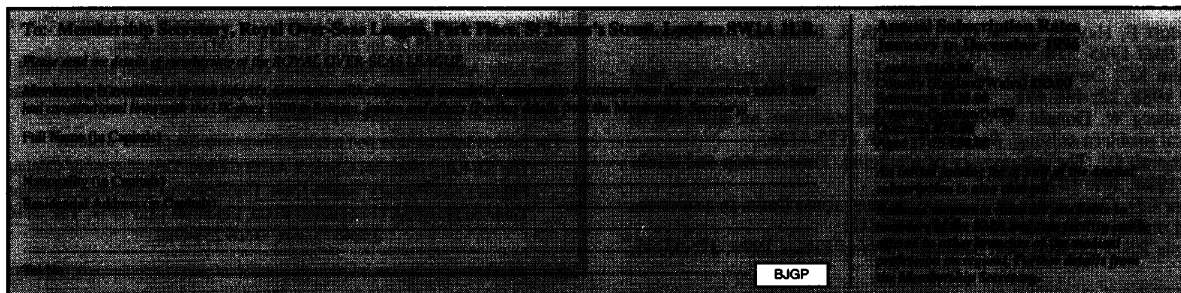


**Royal
Over-Seas
League**

Over-Seas House,
Park Place, St James's Street,
London SW1A 1LR
Tel: 0171 408 0214. Fax: 0171 499 6738.
Enquiries: 9.30am-5.30pm Monday-Friday.



*Photos of Over-Seas House,
London (Top to bottom):
The Central Lounge.
The Garden.
The Main Entrance.
A Bedroom.
The Restaurant.*



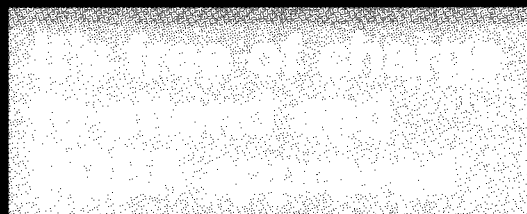
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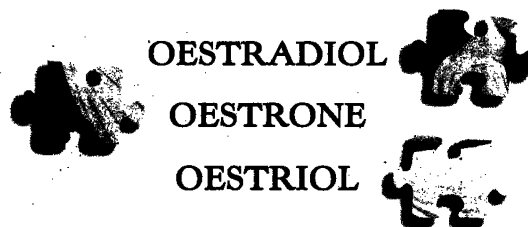
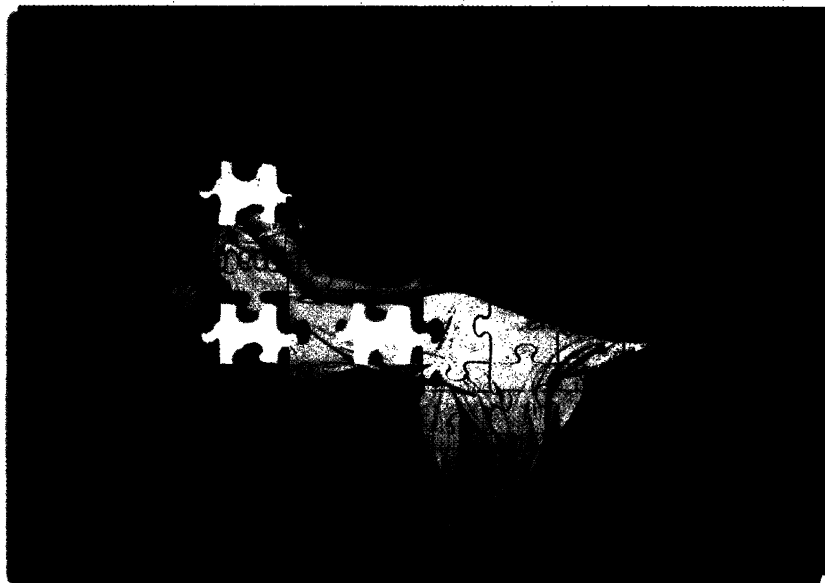
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Next Entry October 1996.

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Details from: Dr David Reilly, Director, AD Hominem, Glasgow Homoeopathic Hospital, 1000 Great Western Road, Glasgow G12 0NR. Tel. 0141 337 1824 Fax. 0141 211 1604

BEST PRACTICE FOR GP FUNDHOLDERS

The NHS Executive has just published this guidance document, which is intended to help GP Fundholding practices make sure that they are in full control of their information and systems. The guidance document was prepared by the Leeds FHSA Internal Audit department; the department is actually based at St James's and Seacroft University Hospitals Trust and provides internal audit services to the FHSA on an agency basis.

The guidance provides detailed procedural guidelines for fundholding practices to assist them in imposing an effective control, monitoring and reporting environment. It summarises some mandatory procedures, but much of it is advice on best practice which is offered to GP Fundholders as a tool to help them to manage their affairs. The guidance is split into several chapters, each of which provides detailed guidance on a discrete area of Fundholding.

The guidance is based on the authors' extensive experience of auditing GP Fundholders, and on comments made by internal and external auditors around the country. Several GP Fundholders in the Leeds FHSA area also made a valuable input into the guidance.

In summary, this best practice guides is designed to provide practice, effective and useable advice to GP fundholding practices, and has been developed wholly within the NHS by people with a detailed understanding of, if not a direct day to day involvement in, fundholding.

Copies are available free of charge from: Department of Health Mailings, c/o TwoTen Communications, PO Box 410, WETHERBY, West Yorkshire, LS23 7LN. Fax 01937 845381.

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All courses commence in September unless stated otherwise.

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Uses: To relieve symptoms in patients undergoing opiate detoxification.

Dosage and administration: Initial dosage should be one 0.2mg tablet twice daily. This dose may be increased by increments of 0.2 – 0.4mg per day up to a maximum of 2.4mg (12 tablets) per day, according to the patient's response. In cases where no opiate use occurs during detoxification a duration of treatment of 7-10 days is recommended. In some cases a longer treatment period may be warranted. At the end of treatment dosage should be reduced gradually over a period of at least 2-4 days (see under Precautions).

Contra-indications, warnings, etc.: **Contra-indications:** Lofexidine is contra-indicated in cases of sensitivity to other Imidazoline derivatives. **Interactions:** Lofexidine may enhance the CNS depressive effects of alcohol, barbiturates and other sedatives, although concurrent medication to aid sleeping has frequently been used in withdrawal studies. Concomitant use of tricyclic antidepressants may reduce the efficacy of lofexidine. **Pregnancy:** The safety of lofexidine in pregnant women has not been established and it should only be administered during pregnancy if the benefit outweighs the potential risk to mother and foetus. It is not known whether lofexidine is excreted in human milk and caution should be exercised when it is administered to nursing mothers.

Precautions: Lofexidine may have a mild sedative effect. If affected, patients should be advised not to drive or operate machinery. Lofexidine does not normally produce any clinically significant effects on blood pressure, but since lofexidine possesses mild hypotensive properties it should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure. Lofexidine should not be discontinued abruptly, but withdrawn gradually over 2-4 days, or longer, to minimise any risk of blood pressure elevation and associated signs and symptoms. It should also be used with caution in patients with marked bradycardia (55 beats per minute); pulse rate should be assessed frequently. Patients with a history of depression should be carefully observed during long term therapy with lofexidine.

Side-effects: The side-effects of lofexidine are primarily related to its central alpha-adrenergic effects and comprise drowsiness and related symptoms and dryness of mucous membranes especially mouth, throat and nose. Hypotension and bradycardia may occur. **Treatment of Overdosage:** Overdosage may cause hypotension, bradycardia, sedation and coma. Gastric lavage should be carried out where appropriate. In most cases all that is required are general supportive measures.

Pharmaceutical Precautions: Protect from heat, moisture and light.

Legal category: POM.

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Further Information: Nil.

Basic NHS Cost: 60 tablets £77.95.

Product Licence Number: 4483/0036.

Date of Last Revision: January 1996

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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.

