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in
life
restandol

› male climacteric
› male hypogonadism › endocrine impotence

› oral testosterone therapy for the different stages of manhood - with an excellent safety profile

Restandol 40mg prescribing information

Presentation: Gelatin capsules containing 40.0mg Testosterone Undecanoate.

Uses: Testosterone replacement therapy in male hypogonadal disorders, eg. male climacteric symptoms such as decreased libido, decreased mental and physical activity.

Administration: Initially 120-160mg daily for 2-3 weeks. Subsequent dosage (40-120mg daily) should be based on the clinical effect.

Contraindications: Known or suspected prostatic or mammary carcinoma; Hypercalcaemia, hypercalcaemia, nephrotic syndrome, ischaemic heart disease or untreated congestive heart failure.

Precautions and warnings: Patients with the following conditions should be monitored: latent or overt cardiac failure, renal or hepatic

dysfunction, hypertension, epilepsy or migraine (or a history of these conditions), mammary carcinoma, hyponemphroma, bronchial carcinoma, and skeletal metastases. If hypercalcaemia or hypercalciuria develops treatment should be discontinued. Androgens should be used cautiously in prepubertal boys. Androgen therapy should only be used in male hypogonadism in which testosterone levels have been demonstrated to be low.

Interactions: Concurrent administration of liver enzyme inducing drugs such as rifampicin, barbiturates, carbamazepine, dichloralphenazone, phenylbutazone, phenytoin or primidone may decrease the effect of Restandol.

Adverse reactions: Priapism and other signs of excessive sexual stimulation, precocious sexual development, increased frequency of erections, phallic enlargement, premature epiphyseal closure in pre-pubertal males, sodium and water retention, oligospermia, decreased ejaculatory volume. Treatment should be interrupted until these symptoms have disappeared, after which it should be continued at a lower dosage. If signs of virilisation, particularly lowering of the voice, develop treatment should be discontinued.

Overdosage: Gastric lavage with appropriate supportive therapy.

Legal Category: POM
Product Licence Numbers: 0065/0059
Basic NHS Cost: 1 x 28 capsules £8.69,
1 x 56 capsules £17.38
Revised 1 Mar 96

restandol



Marketing authorisation holder:
Organon Laboratories Limited
Cambridge Science Park
Milton Road, Cambridge CB4 4FL
Telephone: 01223 423445

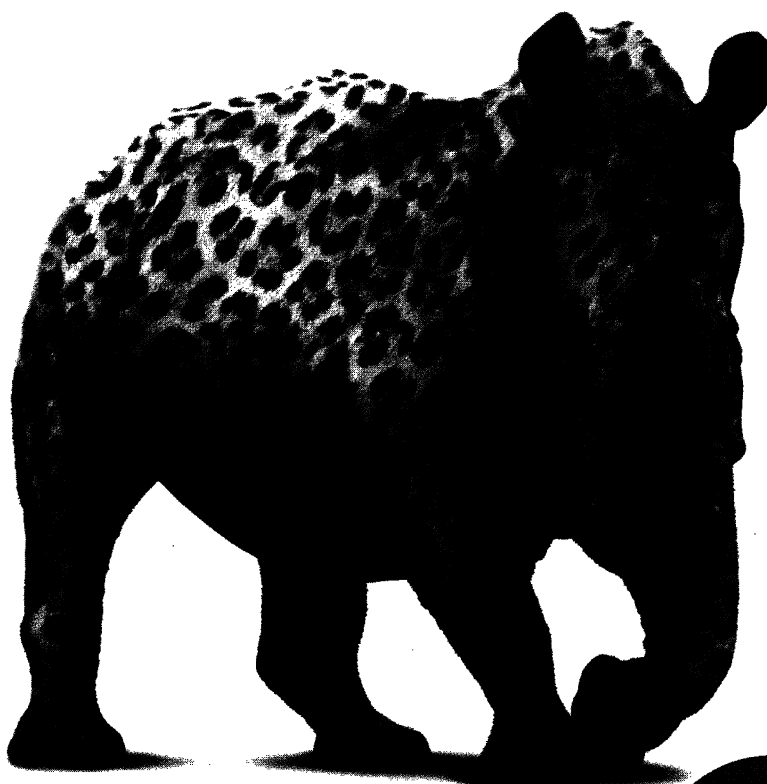
01392G

Zineryt Abbreviated Prescribing Information for 30ml & 90ml: Presentation: Zineryt contains 40mg/ml erythromycin and 12mg/ml zinc acetate, as an erythromycin-zinc complex when constituted. **Uses:** Topical treatment of acne vulgaris. **Dosage and Administration:** For Adults, Children, and the Elderly: Apply twice daily over the whole of the affected areas for a period of 10 to 12 weeks. **Contra-indications:** Contra-indicated in

patients hypersensitive to erythromycin, macrolide antibiotics zinc, di-isopropyl sebacate or ethanol. **Side-effects:** Occasionally slight burning sensation or slight redness of the skin due to the alcohol base may be observed; this is transient and of minor clinical significance. **Use in Pregnancy and Lactation:** Not contra-indicated in pregnancy, or while breast-feeding. **Other Warnings and Precautions:** Cross-resistance may occur

with macrolide antibiotics, with lincomycin, or clindamycin. Contact with the eyes and mucous membrane of the nose and mouth should be avoided. **Overdosage:** Not expected in normal use. In idiosyncratic hypersensitivity wash well with soap and water. **Legal Category:** POM. **Basic NHS Price:** £8.04 for 30ml, £22.91 for 90ml. **Product Licence Number:** 0166/0109. **Reference:** I. Stainforth *et al.* J Dermatol Treat 1993; 4: 119-122.

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PRESENTATION: Sugar-coated tablet containing 200mg flavoxate hydrochloride.
USES: Symptomatic relief of dysuria, urgency, nocturia, vesical suprapubic pain, frequency and incontinence. Where evidence of urinary infection is present, appropriate anti-infective therapy should be instituted concomitantly.
DOSAGE AND ADMINISTRATION: Adults (including the elderly): One tablet three times daily for as long as required. Not recommended for children under twelve years of age. CONTRA-INDICATIONS: Obstructive lesions of GI tract, ileus, achalasia, GI haemorrhage, obstructive uropathies of lower urinary tract.
WARNINGS AND PRECAUTIONS: Use with caution in suspected glaucoma. In case of drowsiness or blurred vision patients should not drive or operate machinery. Do not use in pregnancy or breast-feeding unless there is no alternative.
SIDE-EFFECTS: *Gastro-intestinal:* nausea, vomiting, dry mouth, diarrhoea. *CNS:* vertigo, headache, mental confusion, drowsiness, fatigue and nervousness. *Haematologic:* leucopenia. *Cardiovascular:* tachycardia, palpitations. *Allergic:* skin hypersensitivity reactions, eosinophilia and hyperpyrexia. *Ophthalmic:* increased ocular tension, blurred vision, disturbance in eye accommodation. *Renal:* dysuria.
BASIC NHS COST: £29.96 for a pack of 250 tablets.
PRODUCT LICENCE NUMBER: PL 0286/0117. LEGAL CATEGORY: POM
Further information is available from: ROCHE PRODUCTS LIMITED
PO BOX 8, WELWYN GARDEN CITY, HERTFORDSHIRE AL7 3AY
DATE OF PREPARATION: October 1995. * URISPAS is a trademark.
REFERENCES: 1. MIMS October 1995.



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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

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The Council provides a confirmation service for employers to check the registration details of prospective nurse, midwife and health visitor employees. This service is available free of charge and further details can be obtained from Paul Hutchinson, Head of Business Systems on 0171 927 7519.

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PERFORMANCE APPRAISAL COURSE

Course Director: Sally Irvine Course Leader: Hilary Haman

25/26 September 1996

This is a two day course open to general practitioners and practice and health centre managers. It aims to provide an appreciation of performance appraisal, the opportunity to practice interviewing skills, including role play and the use of video, and to develop a plan to allow participants to introduce a staff appraisal scheme into their practice. This course is aimed at both newcomers to appraisal and those who have experience of appraisal but wish to revisit the subject. It is a highly intensive course and therefore limited to 12 participants only.

The delegate fee (inclusive of VAT) is £400.00 including lunch and refreshments on both days.
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EMPLOYMENT LAW AND MANAGING STAFF

Course Director: Sally Irvine Course Leader: Hilary Haman

26/27 November 1996

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The delegate fee (inclusive of VAT) is £340.00 including lunch and refreshments on both days.
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Course Director: Sally Irvine Course Leader: Hilary Haman

9/10 October 1996

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For further details please contact: RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

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MSc AUDIOLOGICAL MEDICINE 1996

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Further details from: The Course Secretary, Centre for Audiology, Education of the Deaf and Speech Pathology, University of Manchester, Oxford Road, Manchester M13 9PL Tel: 0161 275 3366. Fax: 0161 275 3373

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 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

**CONFERENCE
PLUS**

Join us this PGEA year on one of our widely acclaimed conferences and find out why so many doctors keep choosing Conference Plus.

PRAGUE 7th-10th November 1996—Conference Plus offers you one of the most beautiful and best preserved cities in Europe as the venue for the next in the series of highly popular weekend PGEA approved courses providing 15 hours of the highest quality of education. We will be offering you not only excellent education but a choice of extensive tours and a night at the Opera.

GOA 16th-24th November 1996 Where better to study the problems and skills of transcultural medicine than in Goa, India? Dr Bashir Qureshi, GP and author will be one of the speakers, talking about transcultural medicine, at this 30 hours of PGEA accredited refresher course at the 5 star Cidade de Goa. The hotel has magnificent leisure facilities, yet is within easy reach of a variety of historic temples. There will be an opportunity to extend your stay either at the hotel or with a fully inclusive tour of the North of India.

If you are interested in these or our other conferences for 1996/97 please contact **Conference Plus** at Pathways House, Loom Lane, Radlett, Hertfordshire, WD7 9NZ or **PHONE/FAX 01923 859363**.

*Lupus Research Unit
The Rayne Institute, St Thomas' Hospital*

4th & 5th July 1996

TEN TOPICS IN RHEUMATOLOGY

**A 2-Day postgraduate course in
advanced rheumatology.**

sponsored by Pfizer Ltd.

Organiser

*Dr Graham R V Hughes,
Head, Lupus Research Unit,
The Rayne Institute, St Thomas' Hospital,
London SE1 7EH.
Tel: 0171-928 9292
ext. 3357/2888*

Topics include

- Vasculitis – diagnosis and treatment
- The management of difficult lupus
- The antiphospholipid syndrome
- Inflammatory mediators
- Cryoglobulinaemia and Hepatitis C
- The gut and arthritis
- The pathogenesis of RA
- Imaging techniques
- "Hot topics" in rheumatology
- The laboratory in diagnosis

Speakers include

*Prof G Hoffman (USA) Prof Michelle Petri (USA)
Prof S Bombardieri (Pisa) Prof D Blake (London)
Dr G Kingsley (London) Dr G Hughes (London)
Dr M Khamashta (London) Dr B Hunt (London)
Prof B Bresnihan (Dublin) Prof A Tyndall (Basle)
Prof M Pepys (London)*

Abstract Book available

Registration Fee

£100

£20 if UK Rheumatology Trainee

*Please contact the Organiser for
further details and Registration Form*

This meeting has received CME Accreditation

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.

INSTITUTE OF OPHTHALMOLOGY AND MOORFIELDS EYE HOSPITAL

General Practitioners Course in Ophthalmology 10th - 12th June 1996

A three day course will be held at Moorfields Eye Hospital, Clinical Tutorial Complex. The course has been put forward for approval for the PGEA Scheme under Disease and Service Management.

The following sessions are scheduled:

The Watering Eye and Common Adnexal Problems

Neuro-ophthalmology

Diabetes

Glaucoma

Vitreoretinal and Ocular Trauma

Strabismus

Medical Retina

Cataract

Each session will include lectures and the clinical demonstration of patients from each service.

COURSE FEE £200.00 (to include lunch and refreshments)

For further details please contact

Miss Sharon Robinson, Courses Officer, Institute of Ophthalmology, 11-43 Bath Street, LONDON EC1V 9EL.

Telephone: 0171 608 6878 24 hours Fax: 0171 608 6851

MASTER TRAVEL STUDY TOURS 1996

17th April - 2nd May Medical Study Tour to China. Visiting Beijing, Shanghai, Suzhou, Xian, Guilin and Hong Kong.

11th - 24th May Health Care Study Tour to Ecuador and the Galapagos Islands. Visiting Quito, the Amazon, the Andes and the Galapagos Islands.

13th - 30th June Health Care Study Tour along the Silk Road. From Islamabad across the Karakoram Highway to Beijing.

10th - 24th August Medical Study Tour to Venezuela and the Lost World. Visiting Canaima, the Andes and the Caribbean.

15th - 28th September Medical Study Tour to South Africa (PGEA applied for). Visiting Cape Town, Johannesburg, Kruger National Park and Sun City.

16th - 31st October Children of China - a health care tour for all those interested in the welfare of children. Visiting Beijing, Shanghai, Suzhou, Xian, Guilin, and Hong Kong.

6th - 13th November Primary Health Care & Community Nursing Study Tour to Russian. Visiting Moscow and St Petersburg.

14th - 21st November Health Care Study Tour to Cuba visiting Havana and Vinales.

Master Travel are specialists in Health Care Study Tours and Courses. All our tours are fully-inclusive and accompanied from the UK by a Master Travel guide. The tours provide a mix of professional and cultural visits. For further information please telephone or fax Jon Baines on the numbers below or write to the FREEPOST address below.

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IMPERIAL COLLEGE
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University of London

The Annual Intensive Course on **Medical Ethics**

16 - 20 September 1996

A stimulating multi-disciplinary introduction to philosophical medical ethics for medical and nursing teachers, medical practitioners, members of ethics committees and administrators. Organised in collaboration with the Institute of Medical Ethics. Lecture/seminars, small and large groups led by leading international authorities in the field of medical ethics. Co-ordinated by Professor Raanan Gillon of The Analytic Ethics Unit at Imperial College. **PGEA approved for 10 sessions. Also approved by the Royal College of Physicians for 25 Continuing Medical Education (CME) credits.**

The College also offers a series of short courses which lead to the *Imperial College Advanced Certificate in Health Management*. Enrolment is now taken for entry in January 1997.

Details from: Sally Verkaik, The Continuing Education Centre, Imperial College, Room 558 Sherfield Building, Exhibition Road, London SW7 2AZ. Tel: (0)171 594 6882/1; Fax: (0)171 594 6883; Email: cpd@ic.ac.uk

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and Persons
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Health Care
Truth-Telling
in Medicine
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Medical Ethics
A Framework for
Ethical Analysis

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INSTITUTE OF OPHTHALMOLOGY AND MOORFIELDS EYE HOSPITAL

Diabetic Complications Workshop 26th - 27th September 1996.

Venue: Institute of Ophthalmology, 11-43 Bath Street,
London EC1V 9EL.

This two day course is designed for General Practitioners,
Nurse Specialists and Practice Nurses.

Course Objectives:-

To increase awareness of:

- the importance of screening
- the role of the Specialist Hospital in Diabetic Screening
- health promotion and patient education
- the need to enhance communication between health professionals
- screening risk factors

Topics to be included:-

- the current management of hypertension in Diabetics
- the management of renal complications
- the current management of neuropathy
- the importance of glycaemic control in Diabetics
- retinopathy
- health promotion
- screening techniques

COURSE ORGANISERS: Mr A M P Hamilton and Miss K Rumble
COURSE FEE: £150.00 (to include lunch and refreshments)

For further information and Application Forms please contact:
Miss Sharon Robinson, Courses Officer, Institute of Ophthalmology,
11-43 Bath Street, LONDON EC1V 9EL.
Telephone: 0171 608 6878 Fax: 0171 608 6851

ST GEORGE'S HOSPITAL MEDICAL SCHOOL (University of London)

DEPARTMENT OF ADDICTIVE BEHAVIOUR

DIPLOMA IN ADDICTIVE BEHAVIOUR FOR GENERAL PRACTITIONERS

One year (four terms) part time course for General Practitioners. This modular course is unique in the U.K. and offers a comprehensive training in the addictions as applied to the Primary Health Care setting. PGEA Approved. Course starts October 1996.

M.Sc IN ADDICTIVE BEHAVIOUR

This two year part-time course for Health Care professionals is the first of its kind in the U.K. Modular units of learning with a number of electives. Credit exemption for those who have obtained the Diploma. Approved by the University of London. Course starts October 1996.

For further information please contact:

Education and Training Unit, St George's Hospital Medical School, Department of Addictive Behaviour, Cranmer Terrace, London SW17 0RE. Tel: 0181 725 2637 Fax: 0181 725 2914.

NHS Estates

An Executive Agency of the Department of Health

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In addition, we provide training seminars on fire and risk issues, which can be arranged on an in-house basis, tailored to meet the specific needs of your organisation.

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David Charters or Jonathan Ainley

NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE

Tel: 0113 254 7000 Fax: 0113 254 7299



**The Royal Institute of Public Health and Hygiene
28 Portland Place, London W1N 4DE**

OCCUPATIONAL MEDICINE COURSE

30th September - 11th October 1996

This ten day course has been designed for General Practitioners seeking foundation training in Occupational Medicine with a view to obtaining the Faculty of Occupational Medicine's Diploma in Occupational Medicine.

The course, which is Faculty approved, will prepare candidates for the December 1996 Diploma written examination. PGEA approval has been obtained and the course will be run at 28 Portland Place.

Distinguished speakers from a wide range of Occupational Medicine, Occupational Health and academic backgrounds will cover all aspects of the Diploma in Occupational Medicine syllabus. Visits to commercial and industrial sites are included in the course.

The course fee is £850 and includes tuition, all course materials, lunch and refreshments.

For further details please contact:

Ms Geri Maylin, Education & Training Department, RIPHH, 28 Portland Place, London W1N 4DE. (Tel: 0171 580 2731).

PRIMEX '96

17th & 18th OCTOBER, 1996
at
THE KING'S HALL, BELFAST

Northern Ireland's first major trade exhibition and conference for the Primary Healthcare team will be taking place at the King's Hall in Belfast on October 17th-18th October 1996 fully supported by the BMA and AMGP.

Mounting interest from delegates means we are opening up pre-registration for the event early: GPs and Practice Managers are cordially invited to pre-register for the fully PGEA approved - accreditation for Practice Managers - exciting two-day conference programme **FREE OF CHARGE**.

Malcolm Moss, Health Minister, has been invited to deliver the keynote speech at the prestigious conference which is drawing together an impressive pool of speakers covering such topics as HRT, Post Traumatic Stress Disorder, Diabetes and Asthma management, financial advice and pensions.

The conference programme has been compiled specifically with GPs and Practice Managers in mind but all members of the Primary Healthcare team are welcome to attend this fully sponsored event.

To register for the GP or Practice Manager's conference please complete the registration form below and post or fax to:

**The Conference Organiser, PRIMEX '96, Exhiberience Ltd.,
Egerton House, Tower Road, Birkenhead, Wirral, L41 1FN.
Tel: 0151-650 6977 Fax: 0151-650 6978**



TO THE CONFERENCE ORGANISER PLEASE RESERVE:

DR/MS/MR: _____ SURNAME: _____ FIRST NAME: _____

BUSINESS TITLE: _____

PRACTICE ADDRESS: _____

_____ POSTCODE: _____

TEL: _____ FAX: _____

Please register me for the following conference sessions: I will attend Thursday 17th October - Friday 18th October

GPs _____ Practice Managers _____ I require hotel information _____ (please tick)

Details of the conference programme and your badge will be posted to you before the event.

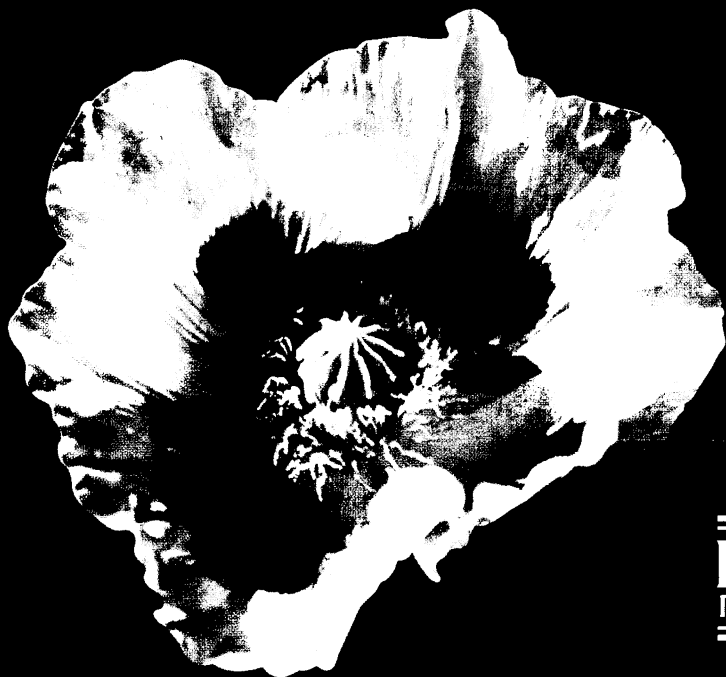
BritLofexTM **LOFEXIDINE HCl**

***BritLofex is effective in reducing
withdrawal symptoms associated
with opiate detoxification***

***BritLofex is a non-opioid alternative to
methadone detoxification and is NOT
a controlled drug***

***Opiate detoxification can usually be
achieved in 7-10 days with BritLofex***

***In opiate detoxification BritLofex is as
effective as clonidine but produces
appreciably less sedation and hypotension***



*Further information
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BRITANNIA
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41-51 Brighton Road, Redhill,
Surrey RH1 6YS

Prescribing Information

Presentation: Round, peach, film coa tablets; 6.5mm diameter containing 0.2 lofexidine hydrochloride.

Uses: To relieve symptoms in patie undergoing opiate detoxification.

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

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

Precautions: Lofexidine may have a r sedative effect. If affected, patients shc be advised not to drive or operate machin Lofexidine does not normally produce clinically significant effects on bli pressure, but since lofexidine possesses r hypotensive properties it should be u with caution in patients with sev coronary insufficiency, recent myocar infarction, cerebrovascular disease chronic renal failure. Lofexidine should be discontinued abruptly, but withdr gradually over 2-4 days, or longer, minimise any risk of blood press elevation and associated signs (symptoms. It should also be used v caution in patients with marked bradyc (55 beats per minute); pulse rate shoulc assessed frequently. Patients with a hisi of depression should be carefully obser during long term therapy with lofexid

Side-effects: The side-effects of lofexic are primarily related to its cen alpha-adrenergic effects and comp drowsiness and related symptoms (dryness of mucous membranes espec mouth, throat and nose. Hypotension (bradycardia may occur.

Treatment Overdosage: Overdosage may ca hypotension, bradycardia, sedation (coma. Gastric lavage should be carried where appropriate. In most cases all the required are general supportive measure **Pharmaceutical Precautions:** Protect fr heat, moisture and light.

Legal category: POM.

Package Quantities: 60 tablets.

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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Classified Advertisements are welcomed and should be sent to: Maria Phantis, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 0171 - 581 3232. Fax: 0171 - 225 - 0629. Copy must be received three weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue. The publisher will not be responsible for any error in the insertion of, or omission to insert, any advertisement. The charge for space in this section is £15.00 per single column centimetre, plus £10.00 if a box number is required, plus VAT at 17.5%. Fellows, Members and Associates of the Royal College of General Practitioners may claim a 10% reduction. Replies to box numbers should be sent to the above address, with the box number on the envelope. The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse, amend or withdraw any advertisement without explanation. All recruitment advertisements in this section are open to both men and women.

COURSES/CONFERENCES

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TEL: 01565 755226

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FAX: 01565 650264

Better Writing Workshop

One day course in effective writing

Following the success of the recent launch, a series of Better Writing Workshops is running this year.

The next is scheduled for

Wednesday 19th June 1996

at the Royal College of General Practitioners in central London.

This practical course has been developed to help GPs and their teams improve their written communication skills. With emphasis on participation and exercises, plus attention to individual needs, each workshop includes:

- Keys to expressing ideas clearly and effectively
- Overcoming inhibitions to writing; mastering procrastination
- How to compose cohesive, readable articles, reports and brochures
- Matching writing styles to outlets

Course fee: £90

(Includes background materials and light refreshments)

PGEA approval sought

Better Writing Workshops are led by Susan Kerr, BA, author, freelance health writer and qualified adult teacher, and by Dr Richard Maxwell, MA FRCGP, a published practising GP with an interest in communication skills.

Application closing date for the next 1996 workshop:
1st June 1996.

Further information, dates and venues from: Dr Richard Maxwell, Lodgeside Surgery, 22 Lodgeside Avenue, Kingswood, Bristol BS15 1NH.

Tel (0117) 961 5666. Fax (0117) 947 6854.

GENERAL PRACTICE EDUCATION FOR THE WEST MIDLANDS

GP TRAINERS' COURSES

5 DAY RESIDENTIAL COURSES AT
THE UNIVERSITY OF WARWICK, COVENTRY

"NEW" TRAINERS' COURSE

Sunday 1st September - Friday 6th September 1996

This course is designed for Principals who wish to become Trainers or assist with training in their practice.

"EXPERIENCED" TRAINERS' COURSE

Sunday 8th December - Friday 13th December 1996

This course is designed for Trainers who wish to refresh and update their skills, consolidate and extend previous training and develop aspects of training to a more advanced level.

The cost of each course is £375 inclusive. Section 63 Approved.

To reserve your place on either course or for more information please contact:

Mrs Janet Marjoram, The Hawthorns Surgery, 331 Birmingham Road, Sutton Coldfield, West Midlands B72 1DL
Tel: 0121 384 1579* Fax: 0121 382 1274

3RD RCGP CONFERENCE ON ADOLESCENT CARE IN PRACTICE

Working at the Interface

2 July 1996- The Angel Hotel, Cardiff

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 with teenagers, including medical, nursing and administrative staff. The conference will be opened by Dr Geoff Morgan, Chairman RCGP Welsh Council, and the programme will include members of the working party as well as local speakers. Topics covered will include the Interface between Primary, Secondary and Community Care, and between members of the Primary Health Care Team; Confidentiality; Mental Health; Chronic Disease, and Teenager's access to appropriate care. 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 discount for delegates who are accompanied by a teenager (places for teenagers are free, but available by pre-booking only as numbers are limited).

PGEA applied for.

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

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



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Did you know that a number of training and development products are available from the NHS Training Division, including videos, toolkits, computer-based training packages and open learning materials. These are designed to help you make better use of your existing staff and equipment resources through the better use of information management and technology.

Want to know more? Simply contact:

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 to loan to patients they are also obviously very useful and 'patient friendly' to use in the surgery. The OMRON 705CP automatic inflation monitor comes with an integral printer to prevent misinterpretations by the patient and will store the last 18 readings taken.

A validation of the OMRON 705CP was carried out by Professor E. O'Brien* of Beaumont Hospital, Dublin.

Copies of this report are available from Hutchings Healthcare.



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TEL: 01273 415100 FAX: 01273 415100

*J. Hypertens 1994

OMRON

STRADIOL IMPLANTS:

sentation: Pellets for antation. 25mg, 50mg, or 100mg of Oestradiol. **Uses:** Major -menopausal symptoms due to estrogen deficiency, including hot flashes, night sweats, and prevention of post-menopausal osteoporosis in hysterectomised women. In women with an intact uterus the lowest effective dose should be used and it must be co-administered with a progestogen 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.

during Pregnancy and

ast-Feeding: Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.

Contraindications: Pregnancy. Thrombovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease. History of this condition if liver function tests have failed to return to normal; obstructive jaundice, a history of gall stones in pregnancy or jaundice due to the use of steroids; Rotor syndrome and Dubin-Johnson syndrome. Known or suspected estrogen-dependent tumours. Endometrial hyperplasia. Unexplained vaginal bleeding. Hypertension. Hyperlipoproteinaemia, history of herpes gestationis.

cautions and Warnings: In the breasts or excessive secretion 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 disease, renal dysfunction, epilepsy, migraine (or history of), hypertension, sickle cell disease, hemoglobinopathy, oestrogen-sensitive gynaecological disorders, uterine fibromyomata and endometriosis. Remove implant if hypertension develops. **Adverse effects:** Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial hyperplasia, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. Breast tenderness, pain, engorgement, secretion. Nausea, vomiting, cholelithiasis, cholestatic jaundice. Thrombosis, rise of blood pressure. Chloasma, erythema multiforme, rash. Discomfort of the eyes if contact lenses are used. Headache, migraine, mood changes, weight gain and water retention, decreased glucose tolerance, a slight increase in body weight. Changes in liver function. **Interactions:** May decrease glucose tolerance.

Contraindications: Pregnancy. Thrombovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease. History of this condition if liver function tests have failed to return to normal; obstructive jaundice, a history of gall stones in pregnancy or jaundice due to the use of steroids; Rotor syndrome and Dubin-Johnson syndrome. Known or suspected estrogen-dependent tumours. Endometrial hyperplasia. Unexplained vaginal bleeding. Hypertension. Hyperlipoproteinaemia, history of herpes gestationis.

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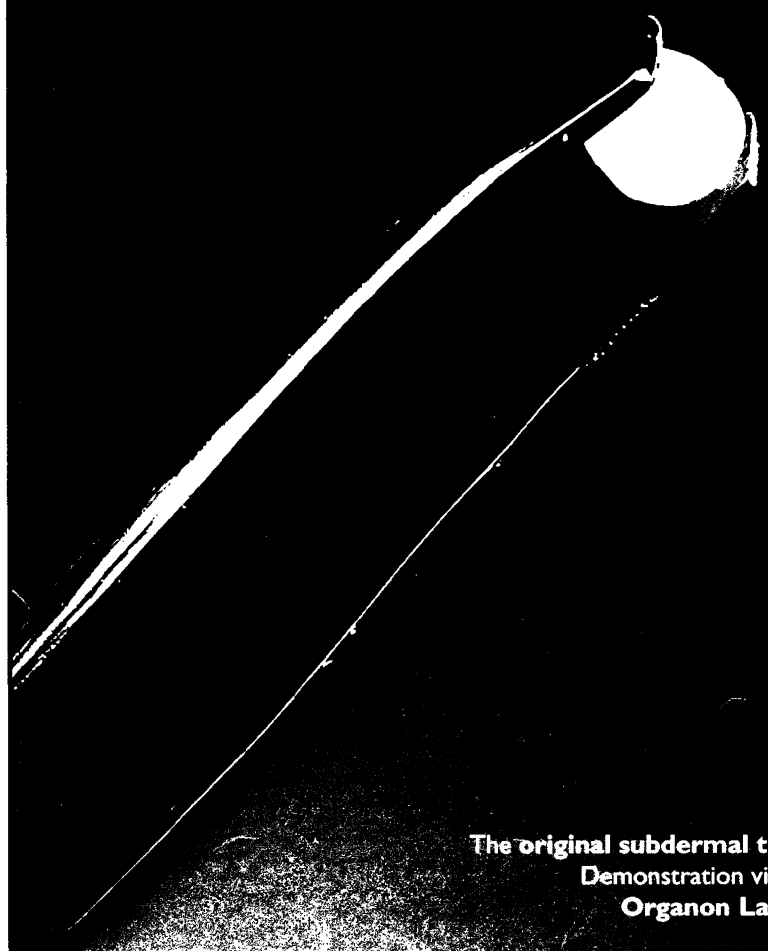
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Feldene **MELT**

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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.

