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Feel free to contact the Librarian, Beverley Berry, on 020 7344 3120 or email bberry@rcgp.org.uk with any questions, comments or suggestions you may have.

diary

9 June
National Training for Primary Care Staff to work with people who use crack cocaine
14 Princes Gate, London
Contact: Monique Tomlinson
E-mail: moniquetomlinson@wdi.co.uk
Tel: 020 7928 9152

10 June
A Practical Guide to understanding the problem of Missed and Delayed Diagnoses in General
Savoy Place, London
Contact: Susie Valentine
E-mail: Susie@healthcare-events.co.uk
Tel: 0208 541 1399

16 June
Introduction to Consent in Primary Care
14 Princes Gate, London
Contact: Natalie Hutson
E-mail: nhutson@rcgp.org.uk
Tel: 020 7344 3130

16 June
Consent and Introduction to Confidentiality
14 Princes Gate, London
Contact: Will Small
E-mail: wsmall@rcgp.org.uk
Tel: 020 7344 3124

17 June
Medicine for General Practitioners
Royal College of Physicians, London
Contact: Conference Office
E-mail: conferences@rcplondon.ac.uk
Tel: 020 7935 1174

21 June
Fit for Practice in the Genetics Era Competency Framework
City Hall, Cardiff
Contact: Kevin McDonald
E-mail: kmcdona2@glam.ac.uk
Tel: 01443 483185

22 June
GPs with Special Interests
Earls Court Conference Centre, London
Contact: HSJconferences@emap.com
Tel: 020 7505 6044

26 June
Cardiac Arrhythmia Research and Therapy; a holistic approach
The Hanover International Hotel, Daventry
Contact: Anne Jolly
E-mail: info@sadsuk.org
Tel: 01277 230642

29 June
Developing a variable LES for Alcohol Services in London
14 Princes Gate, London
Contact: Libby Rantzetta
E-mail: libby@ranzettaconsulting.co.uk
Tel: 01920 877 293

neville goodman

No such thing as normal

ANAESTHETISTS don't have many drugs. And those we have are steadily being taken away. We used to have an effective antiemetic — not that any antiemetic is really effective, but droperidol was the best we had. Maintenance doses for psychosis caused prolonged QT syndrome and it had to go. It was cheap and we anaesthetists used only a tiny dose once or twice per patient, so it was not worth making and we don't have it any more. We used to have methoxamine, an α-agonist useful for treating acute hypotension: gone — uneconomic. We replaced it with an alternative, metaraminol, but now that and another α-agonist, phenylephrine, are in short supply so we are urged to use them only when essential. Is that when the systolic blood pressure is 81 mmHg? Or should we wait until it's 79 mmHg?

I anaesthetised a chap the other day who was taking tralindopril. I'd never heard of it, though clearly it's an ACE inhibitor. I'd heard of captopril and enalapril; a lot of our renal patients are on perindopril; but there are 11 ACE inhibitors in the *BNF*. Eleven! We have difficulty getting hold of a simple cheap vasopressor that works, and there are 11 ACE inhibitors available to drop the blood pressure even further. The *BNF* makes no distinction between them: before listing each one, the advice refers generically to 'ACE inhibitors' or 'an ACE inhibitor'. In a quick look at Medline for studies comparing ACE inhibitors one with another, the first two that turned up were for ACE inhibitors not (yet) in the *BNF*.

ACE inhibitors, according to the *BNF*, are second line to diuretics and β-blockers, and I came across a Swedish study concluding that old drugs are just as good as new drugs at reducing the blood pressure in hypertension (there aren't enough data on long-term outcomes for many of the ACE inhibitors).

There are enough ACE inhibitors — we'll ignore all the other antihypertensives for the moment — and enough sub-groups (diabetics, diabetics with renal failure, patients who have already had a myocardial infarction, diabetics who have already had a myocardial infarction …) for controlled trials in hypertension to continue forever until complexity theory, the law of diminishing returns, or boredom stop them. And with a blood pressure of 120/80 now described as 'pre-hypertension' (just as skin is now described as 'pre-melanoma': see www.gruntdoc.com) there will soon be a cool ACE inhibitor for the yoof market, pre-packaged with ecstasy.