At last, rapid analgesia with rapid recovery.

New RAPIFEN

alfentanil

minute by minute control of short procedures

Prescribing Information **Presentation** Clear, colourless, aqueous injection, containing 500µg/ml alfentanil hydrochloride, in 2ml ampoules. **Uses** Analgesic adjunct to anaesthesia in short operative procedures and outpatient surgery, requiring spontaneou respiration. Rapifen may also be administered to ventilated patients undergoing longer operative procedures (see data sheet). **Dosage (Spontaneous respiration in adults)** Initial: Up to 500µg (1ml). This should be given by slow i.v. injection over abou 30 seconds. Supplemental: Up to 250µg (0.5ml) every 4-5 minutes or sooner if the patient exhibits signs of insufficient analgesia. Anticipation of surgical stimulation is helpful. **Contra-indications, warnings etc.** Contra-indications: Obstructive airways disea or respiratory depression if not ventilating. Administration with MAOI's or within two weeks of their discontinuation. Administration in labour or before clamping of the cord during Caesarian section. Warnings: May produce a transient fall in bloc pressure. Doses in excess of 1000µg (2ml) will produce significant respiratory depression, usually of short duration. This can be reversed with naloxone (0.1-0.2mg i.m. or i.v.). Bradycardia may occur and can be antagonised by atropine. Muscular rigidi (morphine-like effect) may occur and can be helped by muscle relaxants. Concurrent administration with other narcotic or CNS-depressant drugs can be expected to be additive in effect. **Precautions** Reduce dosage in the elderly, in hypothyroidis and in chronic liver disease. **Side effects** Nausea, vomiting and dizziness have been reported. **Use in pregnancy** Safety in humans has not been established. Risk should be weighed against potential benefit. **Overdosage** Symptoms should be treate as indicated in the "Warnings" section above. General supportive measures should also be employed. **Pharmaceutical precautions** Combinations with alkaline agents should be avoided. **Basic NHS cost** 2ml×10 ampoules: £7.43. **Product licence** **mber** 0242/0091. Further information is available from the product licence holder: Janssen Pharmaceutical Ltd., Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET.

There is no substitute for success

in urinary tract infections

Septrin b.d.

Trade Mark

co-trimoxazole

1. Gower, P.E. and Tasker, P.R.W. (1976), *Brit. Med. J.*, **1**, 684. Double-blind comparison of Septrin with cephalexin in 93 women with acute UTI. After two weeks, 96% of Septrin-treated patients were infection-free, compared with 68% of cephalexin-treated patients.

Prescribing Information
Uses: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.
Dosage: *Septrin Forte Tablets:* over 12 years, one twice daily. *Septrin Tablets/Septrin Dispersible Tablets:* over 12 years, two twice daily; children 6 to 12 years, one twice daily. *Septrin Suspensions:* over 12 years, 10ml Adult twice daily; children 6 to 12 years, 10ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily.
Contra-indications: Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides or co-trimoxazole; should not be given during pregnancy or to neonates.
Precautions: In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained.
Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anti-coagulants of the coumarin group, pyrimethamine, sulphonylureas, or phenytoin.
Warnings and Adverse Effects: Occasionally nausea, vomiting, diarrhoea, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire.

Wellcome

Presentations:

	Product Licence	Formulation	Basic NHS Cost
Septrin Forte Tablets	PL3 0121	160mg Trimethoprim BP 800mg Sulphamethoxazole BP	£1.90 for 10
Septrin Tablets	PL3 0109	80mg TMP 400mg SMX	£2.27 for 20
Septrin Dispersible Tablets	PL3 0099	80mg TMP 400mg SMX	£2.42 for 20
Septrin Adult Suspension	PL3 5223	80mg TMP 400mg SMX in 5ml	£3.22 for 100ml
Septrin Paediatric Suspension	PL3 5222	40mg TMP 200mg SMX in 5ml	£2.00 for 100ml
Septrin Paediatric Tablets	PL3 0108	20mg TMP 100mg SMX	£0.69 for 20

'Inderal' LA, once daily in hypertension and angina.

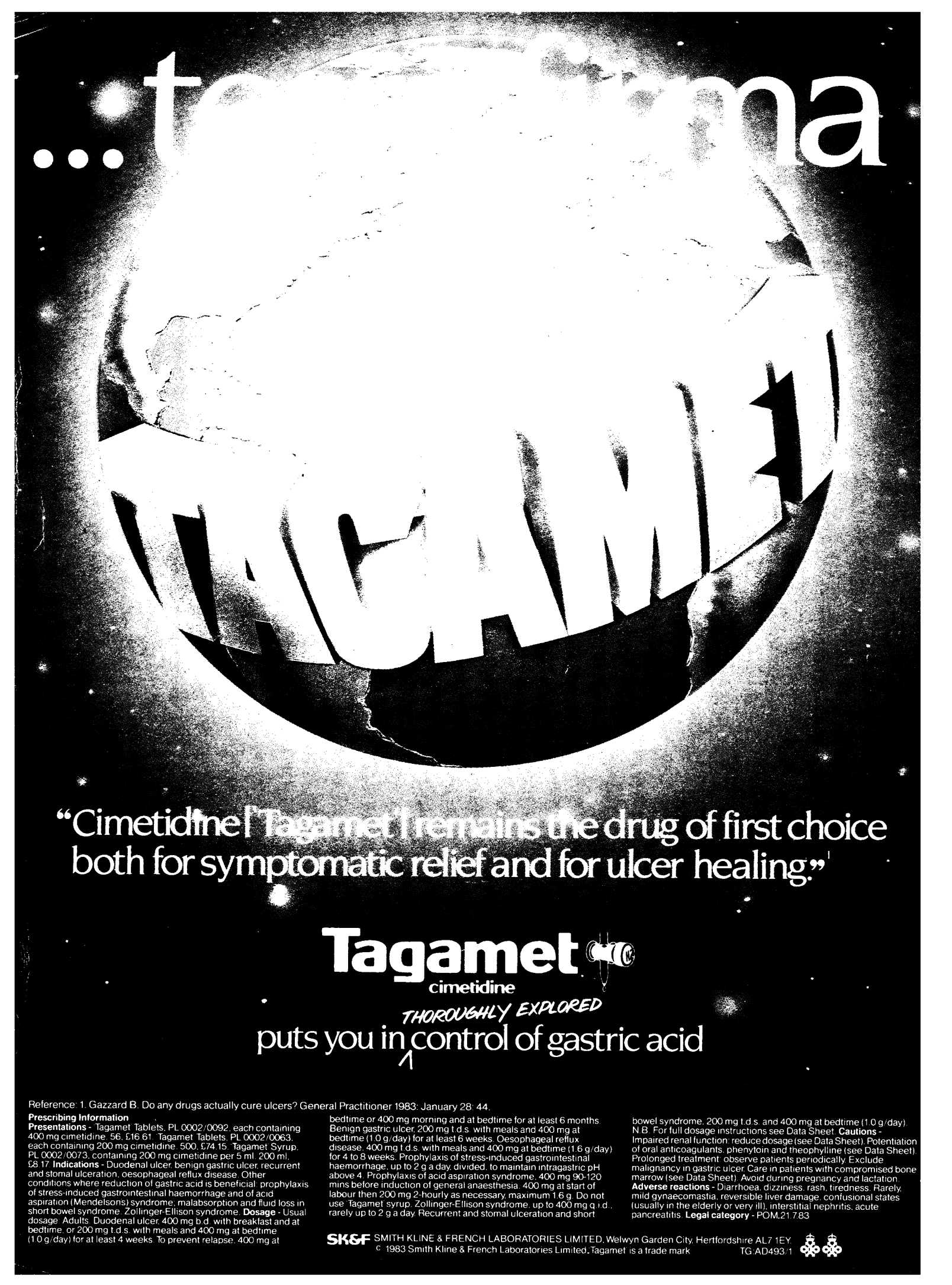
ICI **INDERAL LA**

Propranolol Hydrochloride BP

6230 *Works a 24 hour day*

Abridged prescribing information. ***Presentation:*** *Long-action capsules each containing 160mg of propranolol hydrochloride BP.* ***Uses:*** *Control of hypertension. Management of angina, anxiety and essential tremor. Adjunctive management of thyrotoxicosis. Prophylaxis of migraine.* ***Dosage:*** *Adults: 1 or 2 capsules, once daily. Children: Not intended for use in children.* ***Contraindications:*** *Heart block. Bronchospasm. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil.* ***Precautions:*** *Untreated cardiac failure. Bradycardia. Discontinuance of clonidine. Anaesthesia. Pregnancy.* ***Adverse Reactions:*** *Cold extremities, nausea, insomnia, lassitude and diarrhoea are usually transient. Isolated cases of paraesthesia of the hands; rashes and dry eyes have been reported with beta-blockers. Consider discontinuance if they occur. Beta-blockers should be withdrawn gradually.* ***Overdosage:*** *See data sheet.* ***Basic NHS cost:*** *28 day calendar pack £6.66.* ***P.L. No:*** *0029/0128 'Inderal' LA is a trademark for propranolol hydrochloride in a long-acting formulation.*

Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.



Reference: 1. Gazzard B. Do any drugs actually cure ulcers? General Practitioner 1983: January 28: 44.

Prescribing Information

Presentations - Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56, £16.61. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £8.17. **Indications** - Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelsons) syndrome, malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison syndrome. **Dosage** - Usual dosage: Adults. Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and short bowel syndrome, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). N.B. For full dosage instructions see Data Sheet. **Cautions** - Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** - Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis. **Legal category** - POM.21.7.83

SK&F SMITH KLINE & FRENCH LABORATORIES LIMITED, Welwyn Garden City, Hertfordshire AL7 1EY.

TG:AD493/1

The combination of a beta-blocker with a diuretic is often effective in controlling hypertension when single-drug therapy has failed to produce an adequate response.

'Inderex' combines in a single capsule the world's most widely prescribed beta-blocker, 'Inderal' (in its long-acting formulation, 'Inderal' LA) with the equally well-proven diuretic, bendrofluazide.

Simple, once-daily dosage encourages compliance especially in asymptomatic patients.

Inderex': abridged prescribing information. **Presentation** Capsules, each containing 160 mg propranolol hydrochloride in long-acting formulation and 5 mg bendrofluazide. **Dosage** One capsule daily in hypertension. **Contraindication** Heart block. Bronchospasm. Anuria, renal failure or thiazide sensitivity. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Diabetes. Hepatic cirrhosis with ascites. Discontinuance of clonidine. Anaesthesia. Pregnancy. **Adverse Reactions: Propranolol Hydrochloride** Cold extremities, nausea, insomnia, lassitude and diarrhoea are usually transient. Isolated cases of paraesthesia of the hands, rashes and dry eyes have been reported with beta-blockers. Consider discontinuance if they occur. Cessation of beta-blocker therapy should be gradual. **Bendrofluazide** Hypokalaemia. Hyperuricaemia. Rare reports of rashes, necrotising vasculitis, acute pancreatitis, blood dyscrasias and aggravation of pre-existing myopia. **Overdosage** see data sheet. **Basic NHS cost** 28 calendar pack £7.44. **PL No.** 0029/0157. 'Inderex' is a trademark for propranolol hydrochloride B.P. in a long-acting formulation and bendrofluazide.

SEVERE CHRONIC ASTHMA

DID YOU EVER WISH FOR ANOTHER OPTION?

Until now many severe chronic asthmatics have required oral steroids over prolonged periods to control their condition.
Becloforte Inhaler improves symptomatic control of severe asthma with measurable improvement in lung function.
Many patients requiring maintenance oral steroids are able to reduce their oral steroids; a significant number are able to stop them altogether.

INHALED Becloforte

(Beclomethasone Dipropionate BP)

THE ALTERNATIVE TO ORAL STEROIDS IN SEVERE CHRONIC ASTHMA

Prescribing information Uses For those asthmatic patients who require high doses (greater than 800μg to 1,000μg daily) of beclomethasone dipropionate to control their symptoms and patients with severe asthma who would otherwise be dependent on systemic corticosteroids to control their symptoms. **Dosage and administration** *Adults:* Two inhalations (500μg) twice daily, or one inhalation (250μg) four times daily. If necessary, dosage may be increased to two inhalations (500μg) three or four times daily. **Contra-indications, warnings, etc.** No specific contra-indications are known, but special care is necessary in patients with active or quiescent pulmonary tuberculosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Precautions** Patients being treated with high doses of Becotide Inhaler may be transferred directly to treatment with Becloforte Inhaler. In the majority of patients no significant adrenal suppression occurs until doses of 1,500μg per day are exceeded. Some patients receiving 2,000μg of Becloforte per day may show a degree of adrenocortical suppression although short term adrenal reserve remains intact. In such patients the risks of developing adrenal suppression should be balanced against the therapeutic advantages and precautions should be taken to provide systemic steroid cover in situations of prolonged stress. Patients being treated with oral steroids should be in a stable state before Becloforte Inhaler is added to their therapy. Gradual withdrawal of systemic steroids may be attempted after a week or two. Adrenocortical function should be monitored in patients who have been treated with systemic steroids for long periods of time or at a high dose. These patients should be warned that they may need to increase the dosage of oral steroids in times of stress. Treatment with Becloforte should not be stopped abruptly. **Side effects** Occasional candidiasis of the mouth and throat occurs in some patients. Topical therapy with antifungal agents usually clears the condition whilst still continuing with Becloforte Inhaler. **Presentation and Basic NHS cost** Becloforte Inhaler is a metered dose aerosol delivering 250μg Beclomethasone Dipropionate BP per actuation and containing 200 inhalations. Basic NHS cost £21·00. **Product licence number** 0045/0125
Becloforte and Becotide are trade marks

Further information is available on request from:

Allen & Hanburys Limited
Greenford, Middlesex UB6 0HB

Analgesia

divorced from vomiting...

- Analgesia comparable to morphine[1]
- Less nausea and vomiting than caused by morphine, pethidine or pentazocine[2,3,4]
- Demonstrated ceiling effect to respiratory depression[5]
- No significant change in any haemodynamic variable[6,7,8]
- Low incidence of psychotomimetic effects[9]
- Nubain is not a Controlled Drug

new **NUBAIN®**

nalbuphine hydrochloride

Strong analgesia without strong side effects

Du Pont Pharmaceuticals DUPONT

NUBAIN®

nalbuphine hydrochloride

Prescribing Information

Presentation:
An ampoule containing a clear colourless sterile aqueous solution of 20 mg nalbuphine hydrochloride in 2 ml.

Uses:
Nubain injection is indicated for the relief of moderate to severe pain. It can also be used for pre-and post-operative analgesia.
Dosage and Administration:
Nubain injection may be administered subcutaneously, intramuscularly or intravenously. The usual recommended dosage is 10 mg-20 mg for a 70 kg individual. The dosage should be adjusted according to the severity of pain, physical status of the patient and other medications the patient may be receiving.

Contra-indications, Warnings and Precautions:
Contra-indications: Nubain should not be administered to patients who are hypersensitive to it.
Warnings: Drug dependence: Nubain has low abuse potential. However, caution should be observed in prescribing it for emotionally unstable patients or for patients with a history of opioid abuse. When Nubain is selected for the control of chronic pain, its suggested prolonged activity may delay the need for larger or more frequent doses. Abrupt discontinuation of Nubain following prolonged use has been followed by symptoms of opioid withdrawal. Use in ambulatory patients: Nubain may impair the mental or physical abilities required for the performance of potentially dangerous tasks such as driving a car or operating machinery. Therefore, Nubain should be administered with caution to ambulatory patients who should be warned to avoid such hazards. Use in children: Because clinical experience in children under the age of 12 is limited, the administration of Nubain in this age group is not recommended. Use in pregnancy: Safe use of Nubain in pregnancy (including labour) has not been established. Although animal studies have not revealed teratogenic or embryotoxic effects, nalbuphine should only be administered to pregnant women when, in the judgement of the physician, the potential benefits outweigh the possible hazards. Nubain should be used to provide analgesia in patients with head injury and increased intracranial pressure only when essential, and then should be administered with extreme caution. Patients receiving an opioid analgesic, general anaesthetic, phenothiazine or other tranquillizer, sedative, hypnotic or other CNS depressant (including alcohol) concomitantly with Nubain may exhibit an additive effect. When such combined therapy is contemplated, the dose of one or both agents should be reduced.
Precautions: Caution should be observed in administering the drug to patients with impaired respiration, or with other medications which produce respiratory depression. In the presence of bronchial asthma, uraemia, severe infection, cyanosis or respiratory obstruction, Nubain should be administered with caution and in reduced doses. Safety for use in myocardial infarction is not yet established. Nubain should be used with caution and administered in reduced amounts in patients with impaired renal or hepatic function.

Adverse Effects:
The most frequently seen adverse reaction to Nubain is sedation. Less frequent are sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache. Rarely seen are CNS effects such as nervousness, depression, confusion and dysphoria. Also reported have been hyper-and hypotension, bradycardia, tachycardia, dyspepsia, gastrointestinal cramps, itching, urticaria, speech difficulty, blurred vision and flushing.

Management of overdosage. The immediate intravenous administration of Narcan (naloxone hydrochloride) is a specific antidote. Oxygen, intravenous fluids, vasopressors and other supportive measures should be used as indicated.
Pharmaceutical Precautions:
Protect from light. Store at room temperature (15-30°C).
Legal Category: Prescription Only Medicine.
Package Quantities: Nubain ampoules each containing 2 ml are supplied in boxes of 10 ampoules.
Further information: Nil.
Product Licence Number: 4524/0003.
Basic NHS Cost: £11.60 per box of 10x2 ml ampoules.
Date of Preparation: August 1983.

References
1. Beaver WT, Feise GA. A comparison of the analgesic effect of intramuscular nalbuphine and morphine in patients with post-operative pain. J Pharmacol Exp Ther 1978;204:487-96. 2. Data on file, Du Pont Pharmaceuticals (UK) Ltd. 3. Fragen R, Caldwell N. Acute intravenous premedication with nalbuphine. Anesth Analg 1977;56:808-12. 4. Jasinski D, Mansky P. Evaluation of nalbuphine for abuse potential. Clin Pharmacol Ther 1972;13:78-90. 5. Romagnoli A, Keats AS. Ceiling effect for respiratory depression by nalbuphine. Clin Pharmacol Ther 1980;27:478-85. 6. Romagnoli A, Keats AS. Comparative haemodynamic effects of nalbuphine and morphine in patients with coronary artery disease. Bull Tex Heart Inst 1978;5(1):19-24. 7. Lake C et al. Cardiovascular effects of nalbuphine in patients with coronary or valvular heart disease. Anaesthesiology 1982;57:498-503. 8. Lee G et al. Haemodynamic effects of morphine and nalbuphine in acute myocardial infarction. Clin Pharmacol Ther 1981;28(5):576-81. 9. Stambaugh J. Evaluation of nalbuphine: efficacy and safety in the management of chronic pain associated with advanced malignancy. Curr Ther Res 1982;31:393-401.
Further information is available on request from the Company.
Du Pont (UK) Ltd, Pharmaceuticals, Wedgwood Way, Stevenage, Herts SG1 4QN.
Nubain® is a registered trademark of E.I. du Pont de Nemours & Co. Inc.

NUBAIN Strong analgesia without strong side effects

Du Pont Pharmaceuticals DUPONT

ABC OF HEALTHY TRAVEL

With more people travelling abroad each year the health problems of travellers, both abroad and on their return, assume increasing importance. Travellers may be at hazard from the environment, their lifestyles, and their lack of familiarity with foreign customs. Doctors need to be able to advise their travelling patients and to be aware of the—sometimes potentially serious—infections that may not become apparent until the traveller has return home. In the recent ABC of Healthy Travel in the *BMJ* Dr Eric Walker and Dr Glyn Williams described the problems facing the traveller, the immunisations he needs, the infections he may bring home; suggested ways of preventing and treating illness abroad; listed sources of up to date information; and reviewed recent advice on malaria prophylaxis. These articles have been collected into a book to provide the busy practitioner with a practical guide to advising travellers and managing their illnesses.

Price: Inland £3.50; Overseas US$12.00*
(Inland £3.00; Overseas US$10.75* for BMA members)
**including air mail postage*

Payment must be enclosed with order

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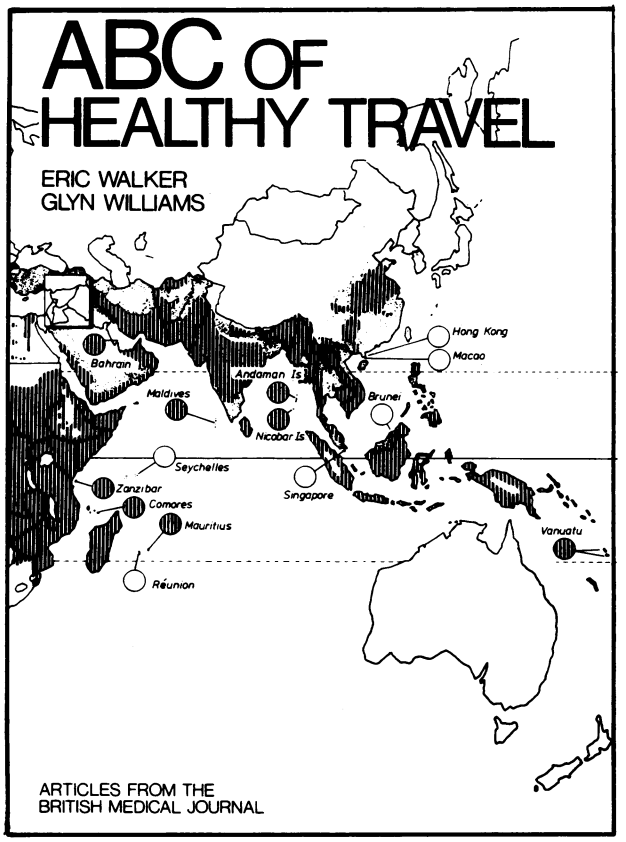


Controlled Power with Conservation

The established power of frusemide – now combined with the potassium-conserving activity of amiloride. Frumil minimises potassium loss so that you can achieve control of congestive cardiac failure and oedema without the need for potassium supplements. New once-daily Frumil, a small easily swallowed tablet, calendar packed for convenience.

FRUMIL™

(Frusemide BP 40mg/Amiloride Hydrochloride BP 5mg)

...estive cardiac failure and oedema
...fficacy plus potassium conservation

Abbreviated Prescribing Information. Presentation Orange tablets with a breakline, marked FRUMIL, each containing 40mg Frusemide B.P. and 5mg Amiloride Hydrochloride B.P. **Uses** Frumil is a potassium sparing diuretic indicated for oedema associated with the following conditions: congestive cardiac failure, nephrosis, corticosteroid therapy, oestrogen therapy. Ascites associated with cirrhosis. **Dosage** Adults: One tablet each morning, increasing to two if necessary. **Contra-Indications** Hyperkalaemia, concomitant potassium supplements, electrolyte deficiency, severe progressive renal disease, anuria, acute renal failure, precomatose states associated with cirrhosis, known sensitivity to frusemide or amiloride. Safety in children, or during pregnancy and lactation has not been established. **Precautions, Warnings** Diabetes, gout, renal or hepatic insufficiency, impairment of micturition, concomitant cardiac glycosides or cephaloridine therapy. Plasma potassium monitoring is recommended. The activity of antihypertensive agents may be potentiated. Hyponatraemia, hypochloraemia and raised blood urea nitrogen may occur during vigorous diuresis. **Side-Effects** Malaise, gastric upset, nausea, vomiting, diarrhoea and constipation may occur. Skin reactions necessitate withdrawal. Rare complications may include bone marrow depression, minor psychiatric disturbances, disturbances in liver function tests and reversible deafness. **Pharmaceutical Precautions** Store in a cool, dry place, protect from light. **Legal Category** POM **Package Quantities** Cartons of 28 tablets consisting of 2 calendar foils of 14 tablets. **Product Licence Number** 0152/0183 **BNHS Cost Per Day** 13.5p–27p

BERK
Pharmaceuticals Ltd.
Eastbourne, England.
Glasnevin, Dublin 11.

TM Trade Mark J8697 July 1983

FRUMIL – A logical improvement

ABRIDGED PRODUCT INFORMATION

Full prescribing information on 'Indocid'-R Capsules is available on request and should be consulted before prescribing.

Uses: Active stages of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute peri-articular disorders such as bursitis, tendinitis, tenosynovitis, capsulitis, sprains and strains, low back pain, and dysmenorrhoea. **Dosage and administration:** Dosage should be adjusted for individual needs. 'Indocid'-R Capsules should always be taken with food, milk or an antacid. Dosage is 1 sustained-release capsule once or twice a day. **Contra-indications:** Active peptic ulcer, history of GI lesions, sensitivity to indomethacin or aspirin, pregnancy or lactation, children. **Precautions:** Warn patients that dizziness may occur and, if so, they should not drive a car or undertake potentially dangerous activities needing alertness. Headache may occur, if it persists withdraw drug. Use cautiously in patients with psychiatric disorders, epilepsy or parkinsonism. Peptic ulcer, haemorrhage and perforation have occurred occasionally. If GI bleeding does occur discontinue. GI upsets usually disappear on reducing dosage; if not, risks of continuing therapy should be weighed against possible benefits. May mask an infection. Use cautiously in presence of existing but controlled infection. During prolonged therapy, periodic ophthalmological examination is recommended. Observe carefully for unusual manifestations of drug sensitivity. Use with particular care in the elderly. **Side effects:** *CNS*: include headache, dizziness, confusion, syncope, convulsions, coma, drowsiness, peripheral neuropathy, depression, and psychiatric disturbances. *GI*: the more frequent include nausea, vomiting, pain, and diarrhoea. Others are ulceration of oesophagus, stomach, small intestine, sometimes with haemorrhage, perforation, and fatalities. *Hepatic*: rarely, hepatitis, jaundice with fatalities. *Cardiovascular/renal*: infrequently, oedema, increased blood pressure, and haematuria. *Dermatological/hypersensitivity*: pruritus, urticaria, angioneurotic oedema, anguitis, erythema nodosum, loss of hair, rapid fall in blood pressure, and acute respiratory distress. Bronchospasm may be precipitated in patients subject to asthma or allergies. *Haematological*: leucopenia, purpura, thrombocytopenia, aplastic and haemolytic anaemia. Rarely, agranulocytosis. *Ocular*: infrequently, blurred vision, and orbital and peri-orbital pain. In rheumatoid arthritis, corneal deposits and retinal disturbances including macular reported. These also occurred in patients not on 'Indocid'. *Aural*: infrequently, tinnitus (rarely, deafness). *Miscellaneous*: hyperglycaemia, glycosuria, vaginal bleeding, epistaxis, stomatitis. **Basic NHS cost:** 75 mg sustained-release capsules £24·84 per 100.

Product licence number: Sustained-release capsules 75 mg 0025/0125 Issued February 1983 ® denotes registered trademark

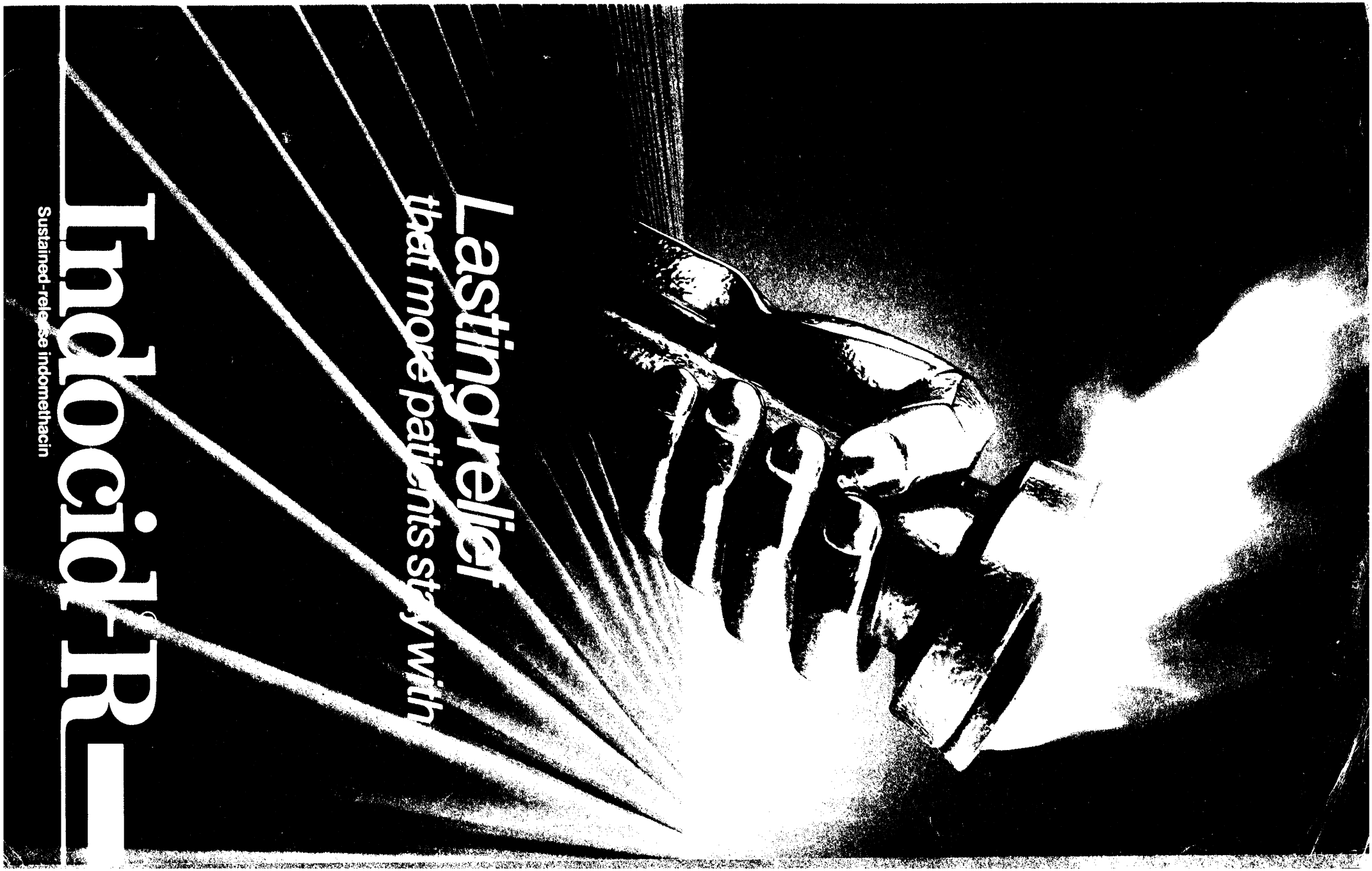
2·84 IDC 83 GB 9056 J

Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

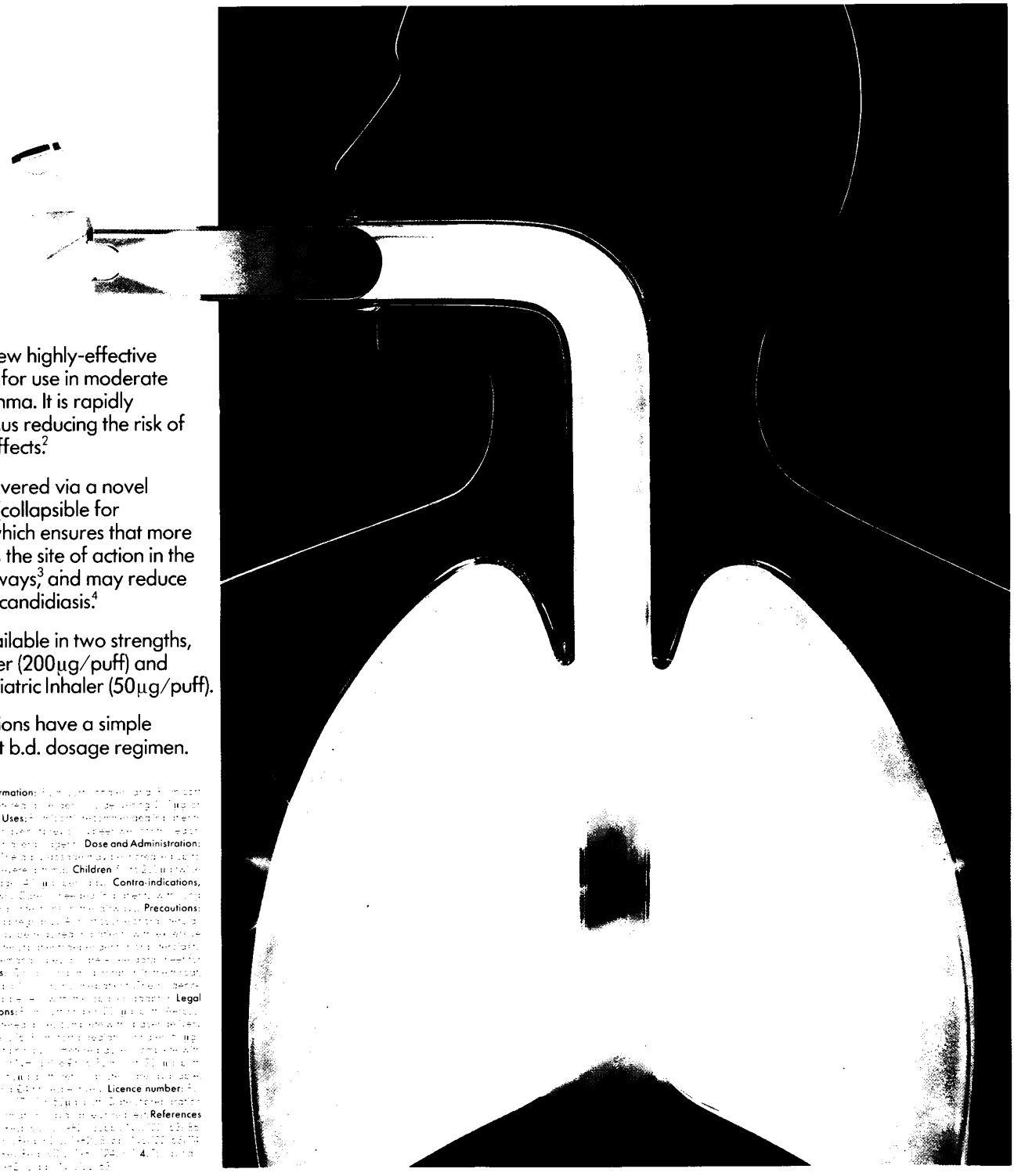
Indocid R

Sustained-release indomethacin

Lasting relief that more patients stay with



A new steroid for the treatment of moderate and severe asthma.



Pulmicort is a new highly-effective inhaled steroid for use in moderate and severe asthma. It is rapidly metabolised[1], thus reducing the risk of systemic side-effects.[2]

Pulmicort is delivered via a novel Spacer device (collapsible for convenience) which ensures that more steroid reaches the site of action in the conducting airways,[3] and may reduce the risk of oral candidiasis.[4]

Pulmicort is available in two strengths, Pulmicort Inhaler (200μg/puff) and Pulmicort paediatric Inhaler (50μg/puff).

Both presentations have a simple and convenient b.d. dosage regimen.

Abridged Prescribing Information:

Uses:

Dose and Administration:

Adults

Children

Contra-indications, warnings, etc:

Precautions:

Side effects

Legal category

Presentations:

Licence number:

References

1.

2.

3.

4.

Pulmicort® b.d.

budesonide

More impact on the lungs less on the throat.

Astra Pharmaceuticals Ltd., St. Peter's House, 2 Bricket Road, St Albans, Herts. AL1 3JW.

ASTRA

NOVO

Human Monocomponent Insulin for the doctors and nurses of tomorrow

Insulin treatment today may lead to antibody problems in the future, a persuasive argument in favour of using the least immunogenic insulin.

Novo's human insulin is identical to the hormone they are unable to make for themselves.

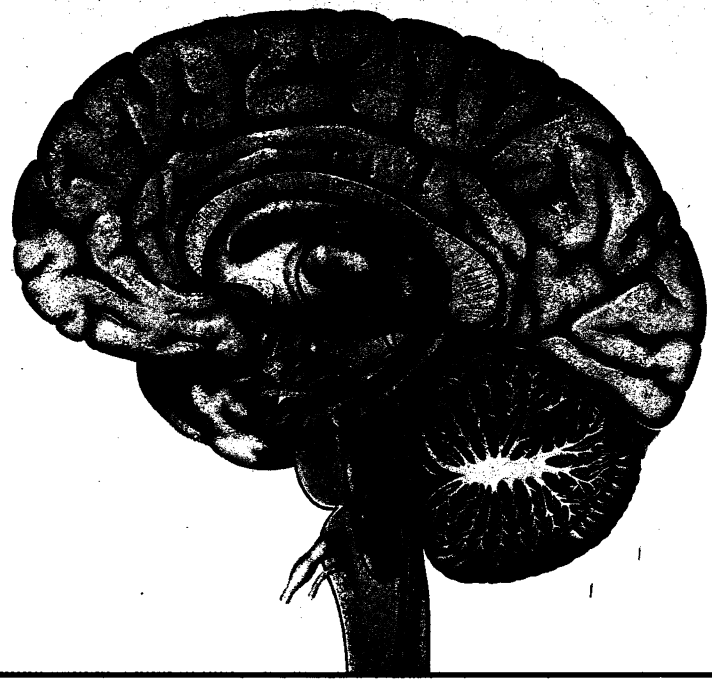
There are three U100 formulations, Human Actrapid, Human Monotard and Human Protaphane all made to the same exacting standard of Monocomponent purity.

As a result of their structure and purity, Novo Human Monocomponent insulins have been shown to cause fewer antibodies than even the purest animal insulins.[1]

Prescribing Information
Human Actrapid® 100 i.u./ml ▼
Human Insulin (emp) (Neutral Insulin Injection)
Human Monotard® 100 i.u./ml ▼
Human Insulin (emp) (Insulin Zinc Suspension)
Human Protaphane® 100 i.u./ml ▼
Human Insulin (emp) (Isophane Insulin Injection)
Indications The treatment of insulin-requiring diabetic patients.
Human Actrapid is indicated for diabetics who require a quick and intense-acting insulin, particularly in emergencies such as diabetic hyperglycaemic coma, during surgery and severe infections in diabetics, and in the management of pregnant diabetics. Human Monocomponent insulin may be advantageous in the treatment of insulin-induced fat atrophy, insulin allergy, insulin resistance and when intermittent short-term therapy is required.
Dosage and Administration The dosage of Human Actrapid, Human Monotard and Human Protaphane is determined by the physician according to the needs of the patient.
Human Actrapid may be given by injection or infusion, subcutaneously, intramuscularly or intravenously. Human Monotard and Human Protaphane should be well shaken and given immediately by subcutaneous or intramuscular injection. They may be given twice, or occasionally once daily. Human Actrapid may be admixed with Human Monotard or Human Protaphane in the syringe and injected immediately. U100 insulins must only be used with U100 syringes. Peristaltic pumps (roller pumps) are not suitable for use with Human Actrapid due to the risk of precipitation. Human Monotard and Human Protaphane must not be used in insulin infusion pumps.
Contra-Indications, Warnings and Adverse Effects
Insulin is contra-indicated in hypoglycaemia. In the event of an overdose, glucose should be given orally if the patient is conscious. The unconscious patient should be treated with glucose intravenously and glucagon may be administered intramuscularly or subcutaneously.
On transfer from porcine monocomponent insulins or other highly purified porcine insulins to Human Monocomponent insulin, no change in dosage is anticipated other than the routine adjustments made in order to maintain stable diabetic control. However, patients transferred from conventional (predominantly bovine) insulins may require a dosage adjustment. The addition of corticosteroids, oral contraceptives or thyroid hormone replacement therapy is likely to lead to an increase in insulin requirements. The addition of a beta-adrenergic blocking agent or a monoamine oxidase inhibitor (MAOI) may also necessitate an adjustment of insulin dosage. Lipodystrophy, insulin resistance and hypersensitivity reactions have been associated with insulin therapy, but the incidence and severity of these unwanted effects is minimal with Human Monocomponent insulins. Severe local or generalised allergic reactions require immediate treatment and, in some cases, desensitisation may also be necessary.
Pack Size and Basic NHS Price (UK only)
All Human Monocomponent insulins
10ml vials £7.88
Product Licence Numbers
Human Actrapid 100i.u./ml 4668/0003
Human Monotard 100i.u./ml 4668/0006
Human Protaphane 100i.u./ml 4668/0007
Product Licence Holder:
Novo Industri A/S, Novo Alle, DK-2880 Bagsvaerd, Copenhagen, DENMARK.
Sole Distributor:
Farillon Ltd., Bryant Avenue, Romford, Essex RM3 0PJ.
Tel: Ingrebourne 71136
References
1. Schernthaner G, et al, Immunogenicity of Human Insulin (Novo) or Pork Monocomponent Insulin in HLA-DR Typed Insulin-dependent Diabetic Individuals, In: International Symposium on Human Insulin, Eds Karam J H, Elzwiler D D, Diabetes Care; 6 (Suppl 1): 43-48.

NOVO INDUSTRI A/S
Copenhagen, Denmark.
Further information is available on request from:
NOVO LABORATORIES LTD
Ringway House, Bell Road, Daneshill East, Basingstoke, Hampshire RG24 0QN.
Tel: Basingstoke (0256) 55055.

Novo Human Monocomponent Insulin for diabetic children with a full life ahead of them

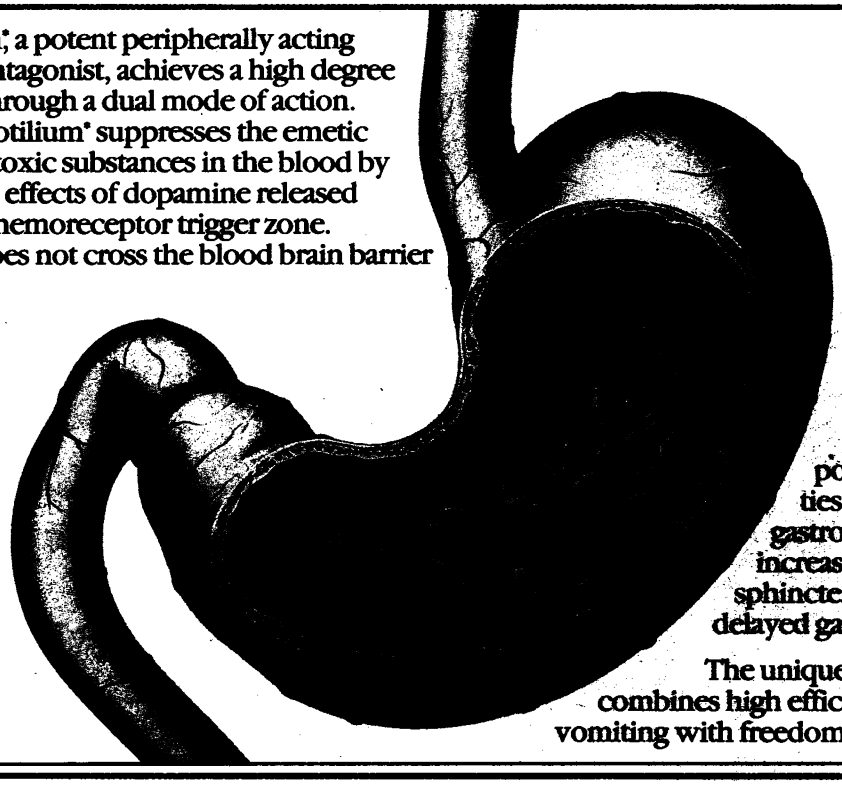


Motilium™ (domperidone)

controls nausea and vomiting without central effects

Motilium*, a potent peripherally acting dopamine antagonist, achieves a high degree of efficacy through a dual mode of action.

Firstly Motilium* suppresses the emetic response to toxic substances in the blood by blocking the effects of dopamine released within the chemoreceptor trigger zone. Motilium* does not cross the blood brain barrier and therefore does not interfere with the nigrostriatal and mesolimbic systems.



Secondly Motilium* possesses gastrokinetic properties. Acting locally on the upper gastro-intestinal tract Motilium* increases lower oesophageal sphincter pressure and improves delayed gastric emptying.

The unique mode of action of Motilium* combines high efficacy in controlling nausea and vomiting with freedom from central side effects.

MOTILIUM* Prescribing Information

▼ **Presentation:** White tablets containing domperidone maleate equivalent to 10mg domperidone base. Sweet tasting, white suspension containing domperidone 1mg/ml. 2ml colourless ampoules each containing 5mg/ml domperidone. **Uses:** Adults: acute nausea and vomiting from any cause. Children: nausea and vomiting following cancer chemotherapy or irradiation only. **Dosage:** Adults: 10-20mg by mouth or 1-2 ampoules by IM or IV injection at 4-8 hourly intervals. Patients requiring intravenous MOTILIUM* who are also receiving concomitant cytotoxic chemotherapy or who are predisposed to hypokalaemia or cardiac arrhythmias should receive an infusion diluted 1:10 with saline over 15-30 minutes. **Contra-indications, Warnings etc:** No specific contra-indications. MOTILIUM* produces a rise in serum prolactin; however the clinical relevance of this has not been established. Although no teratogenic effects have been observed in animals, the safety of MOTILIUM* in pregnancy has not yet been established. **Product Licence Numbers:** Tablets 0242/0100, Injection 0242/0073, Suspension 0242/0077. **Basic NHS Cost:** 9p per 10mg tablet (ex 250 pack) Pack of 10 ampoules: £3.10 Bottle of 200ml suspension: £1.80 (Correct at time of printing).

Further information is available from:- **Janssen Pharmaceutical Limited,** Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET. *Trademark © JPL/157/83

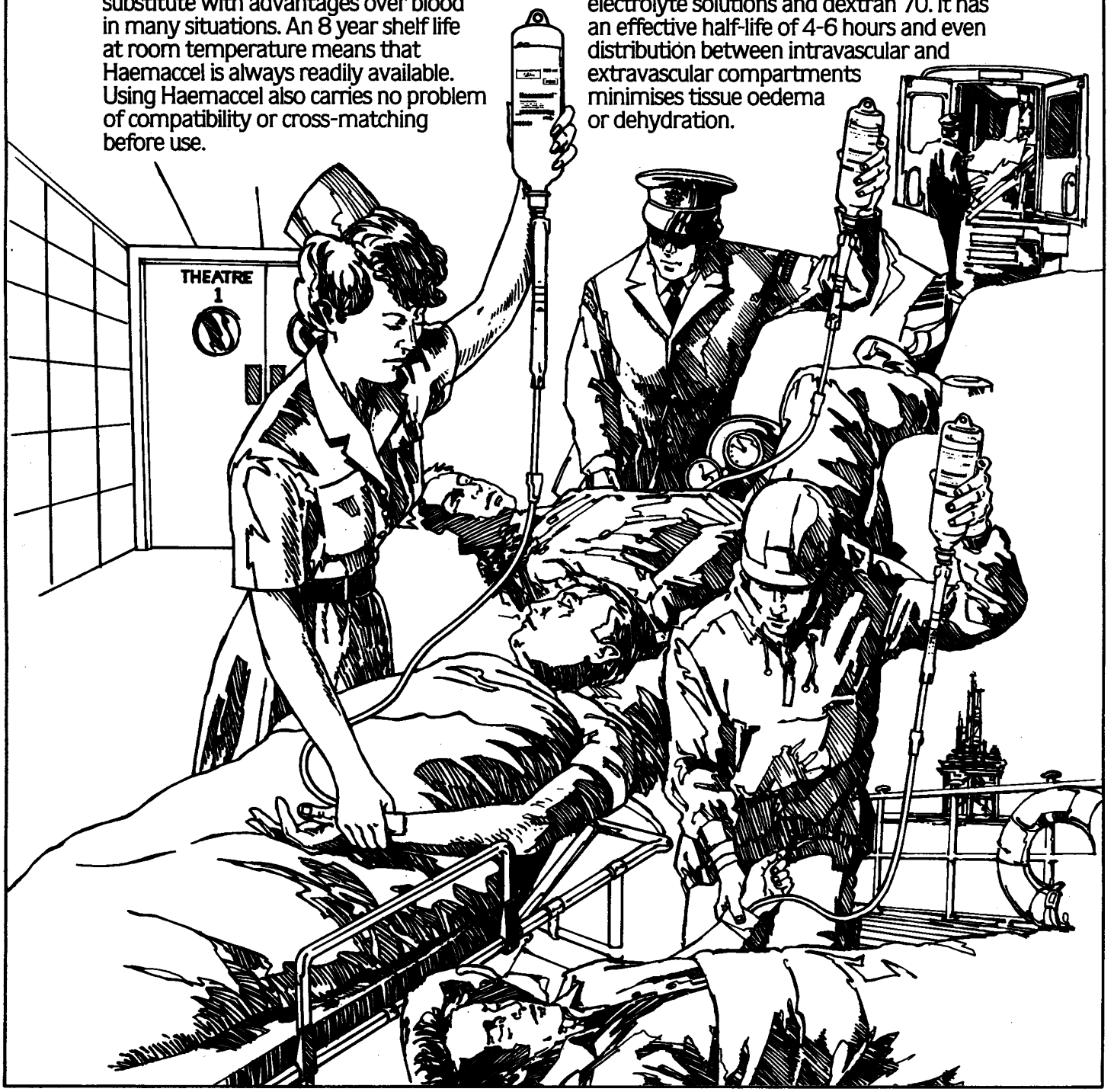
Haemaccel

polygeline

A match for blood anytime.

Haemaccel is a blood plasma substitute with advantages over blood in many situations. An 8 year shelf life at room temperature means that Haemaccel is always readily available. Using Haemaccel also carries no problem of compatibility or cross-matching before use.

Haemaccel also has advantages over electrolyte solutions and dextran 70. It has an effective half-life of 4-6 hours and even distribution between intravascular and extravascular compartments minimises tissue oedema or dehydration.



Presentation: 500ml contain 17.5g polygeline Cations mmol/500ml: Na^+ 72.50 K^+ 2.55 Ca^{++} 3.13. Anions mmol/500ml: Cl^- 72.50 PO_4^{---} and SO_4^{--} in traces. Sterile distilled water to 500ml **Uses** As a plasma volume substitute in cases of: 1. Hypovolaemic shock due to a) Haemorrhage (visible or concealed). b) Burns, peritonitis, pancreatitis, crush injuries. c) Water and electrolyte loss from persistent vomiting and diarrhoea, diseases of the kidneys and adrenals, portal vein thrombosis, ileus, diabetic coma. 2. Fluid replacement in plasma exchange. 3. Extra-corporeal circulation. 4. Isolated organ perfusion. 5. Carrier solution for insulin. **Dosage and Administration** Haemaccel should be administered intravenously in a volume approximately equal to the estimated blood loss. Normally 500ml will be infused in not less than 60 minutes but in emergencies Haemaccel can be rapidly infused. Hypovolaemic shock: 500-1,000ml Haemaccel iv. initially. Up to 1,500ml blood loss can be replaced entirely by Haemaccel. For between 1,500 and 4,000ml blood loss, fluid replacement should be with equal volumes of Haemaccel and blood, given separately. (See Pharmaceutical Precautions). For losses over 4,000ml the separate infusion should be in the ratio two parts blood to one part Haemaccel. Burns: At least 1ml Haemaccel per kg body weight multiplied by the percent of body surface burned should be infused in each 24 hrs for 2 days. Plasma exchange: Haemaccel should be given either alone or in combination with other replacement fluids in a volume adequate to replace the plasma removed. Up to 2 litres have been given as sole replacement fluid. **Contra-indications, Warnings etc:** There are no absolute contra-indications to the use of Haemaccel. However, caution should be used in any patient likely to develop circulatory overloading. Inappropriately rapid administration of Haemaccel, especially to normovolaemic patients, may cause the release of histamine. Histamine release may be especially hazardous in patients with known allergic conditions such as asthma. Haemaccel contains calcium ions and caution should be observed in patients being treated with cardiac glycosides. Haemaccel should, if possible, be warmed to body temperature before use. However in emergencies it may be infused at ambient temperatures. **Pharmaceutical Precautions** As Haemaccel contains no preservatives, any unused fluid should be discarded once a bottle has been opened. Citrated blood may be infused immediately before or after Haemaccel provided there is adequate flushing of the infusion set. **PL** 0086/0040 **Date of Preparation** May 1983 **Basic Hospital Price** £3.43 per 500ml bottle. Behring Products A division of Hoechst UK Ltd 50 Salisbury Road Hounslow Middlesex TW4 6JH Further information available on request.

BEHRING

PAIN!

responds rapidly to

new brufen 600

Ibuprofen B.P.

fast, dependable relief of

post-operative pain
post-episiotomy pain
dental pain
dysmenorrhoea
non-articular rheumatism
soft-tissue injuries

Prescribing Information. Presentation: Light-magenta, film-coated tablets containing 600mg of Ibuprofen B.P. **Uses:** Rheumatoid arthritis (including Still's disease), ankylosing spondylitis, osteoarthritis and other non-rheumatoid arthropathies. Non-articular rheumatic conditions such as capsulitis, bursitis, tendinitis, tenosynovitis, low back pain, soft tissue injuries. As an analgesic in mild to moderate pain. **Dosage:** Adult: Brufen 600 is indicated three times daily (1800mg/day) for acute conditions. Total daily dose should not exceed 2400mg. **Contra- indications:** Severe or active peptic ulceration. **Warnings:** Prescribe with caution in patients with asthma and those who have developed bronchospasm with other nonsteroidal agents. Avoid, if possible, during pregnancy. **Side-effects:** Dyspepsia, gastro-intestinal intolerance and bleeding; skin rashes. Less frequently, thrombocytopenia; rarely toxic amblyopia. **Basic N.H.S. Price:** Brufen 600 100 pack £8.55. **Product Licence No:** Brufen 600 PL0014/0264. Brufen is a registered Trademark.

The Boots Company PLC Nottingham
Further information on Brufen 600 is available on request.

just one tablet three times daily

A prescription for Ventide provides comprehensive maintenance for chronic asthma.

When you prescribe Ventolin and Becotide to control your patient's asthma, it is important that both drugs are taken regularly.

By combining Ventolin and Becotide in one inhaler Ventide provides the same therapy with half the number of inhalations.

Compliance with maintenance therapy in chronic asthma can therefore be improved by prescribing Ventide.

Ventide should not be taken instead of Ventolin for the treatment of acute attacks.

Ventide

(Salbutamol BP & Beclomethasone Dipropionate BP)

A logical combination

Prescribing information

Uses
This association of Salbutamol BP with Beclomethasone Dipropionate BP is specially provided for those patients who require regular doses of both drugs for treatment of their obstructive airways disease. Ventide Inhaler is not intended for use as a first-line treatment but is for use once the need for inhaled corticosteroid therapy has been established.

Dosage and administration
Adults: 2 inhalations (200 micrograms salbutamol and 100 micrograms beclomethasone dipropionate) three or four times a day.
Children: 1 or 2 inhalations (100 micrograms to 200 micrograms salbutamol and 50 micrograms to 100 micrograms beclomethasone dipropionate) two, three or four times a day.

Contra-indications, warnings, etc.
Contra-indications: Although intravenous salbutamol and occasionally salbutamol tablets are used to prevent premature labour Ventolin preparations should not be used for threatened abortion during the first or second trimesters.
Precautions: Patients should be instructed in the proper use of the inhaler to ensure that the drugs reach the target areas within the lungs.
Patients should be made aware that Ventide Inhaler should be used regularly for optimum benefit. However, patients should be regularly reassessed so that their continuing need for corticosteroid therapy can also be reviewed.
Ventide Inhaler is not for use in acute attacks but for routine long-term management so some patients will require a separate Ventolin Inhaler for relief of acute bronchospasm. However, should the effect of the additional Ventolin Inhaler or the relief provided by the Ventide Inhaler last for less than four hours, patients should be advised that this may indicate that their asthma is worsening and to seek medical advice in case treatment with inhaled corticosteroids needs to be increased or treatment with systemic corticosteroids needs to be started or increased.
The maximum daily intake of inhaled beclomethasone dipropionate should not exceed 1mg. Significant reduction of plasma cortisol levels has been reported in some patients who received twice this amount.
For those patients who are steroid-dependent it is advisable to commence therapy with beclomethasone dipropionate as the separate aerosol, Becotide Inhaler. Instructions regarding the introduction of Becotide Inhaler as full or part replacement for systemic steroids are given in the Data Sheet for Becotide Inhaler.
Patients who have been weaned in the previous few months from long-term systemic corticosteroids need special consideration until the hypothalamic-pituitary-adrenal system has recovered sufficiently to enable the patient to cope with emergencies such as trauma, surgery or infections. Such patients should carry a warning indicating that they need supplementary systemic steroid during periods of stress, until their adrenocortical function has become normal. These patients should also be given a supply of oral steroid to use in emergency when their airways obstruction worsens.
Special care is necessary in patients with active or quiescent pulmonary tuberculosis.
Ventide Inhaler should be administered cautiously to patients suffering from thyrotoxicosis.
Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.
Side effects: No major side effects have been reported in patients taking salbutamol and beclomethasone dipropionate by inhalation from the metered-dose device. Candidiasis of the mouth and throat (thrush) occurs in some patients inhaling beclomethasone dipropionate. Patients with high blood levels of Candida precipitins, indicating a previous infection, are more likely to develop this complication. The incidence of candidiasis is increased with doses greater than 400 micrograms beclomethasone dipropionate per day. The condition usually responds to topical antifungal therapy without discontinuing treatment with Ventide Inhaler.

Presentation and Basic NHS cost
Ventide Inhaler is a metered-dose aerosol which delivers 100 micrograms Salbutamol BP and 50 micrograms Beclomethasone Dipropionate BP per actuation, into the mouthpiece of a specially designed actuator. Basic NHS cost £7·41.

Product licence number 0045/0122.

Further information is available on request from:
Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB

Becotide, Ventide and Ventolin are trade marks

In a recent multicentre trial over 12 weeks, a satisfactory response was obtained in 81% of patients
Ref 1 May & Baker Ltd, data from 1,625 patients analysed to date (Sept 1983). Prescribing information appears overleaf

..NO RELEASE IN THE STOMACH

The acid environment prevents release of the drug through the pH- sensitive membrane of each pellet.
Gastric irritation is therefore minimised.

..PROGRAMMED RELEASE IN THE INTESTINE

ONCE-DAILY

2 CAPSULES o.d.

Oruvail

controlled release ketoprofen

your assurance of success in arthritis

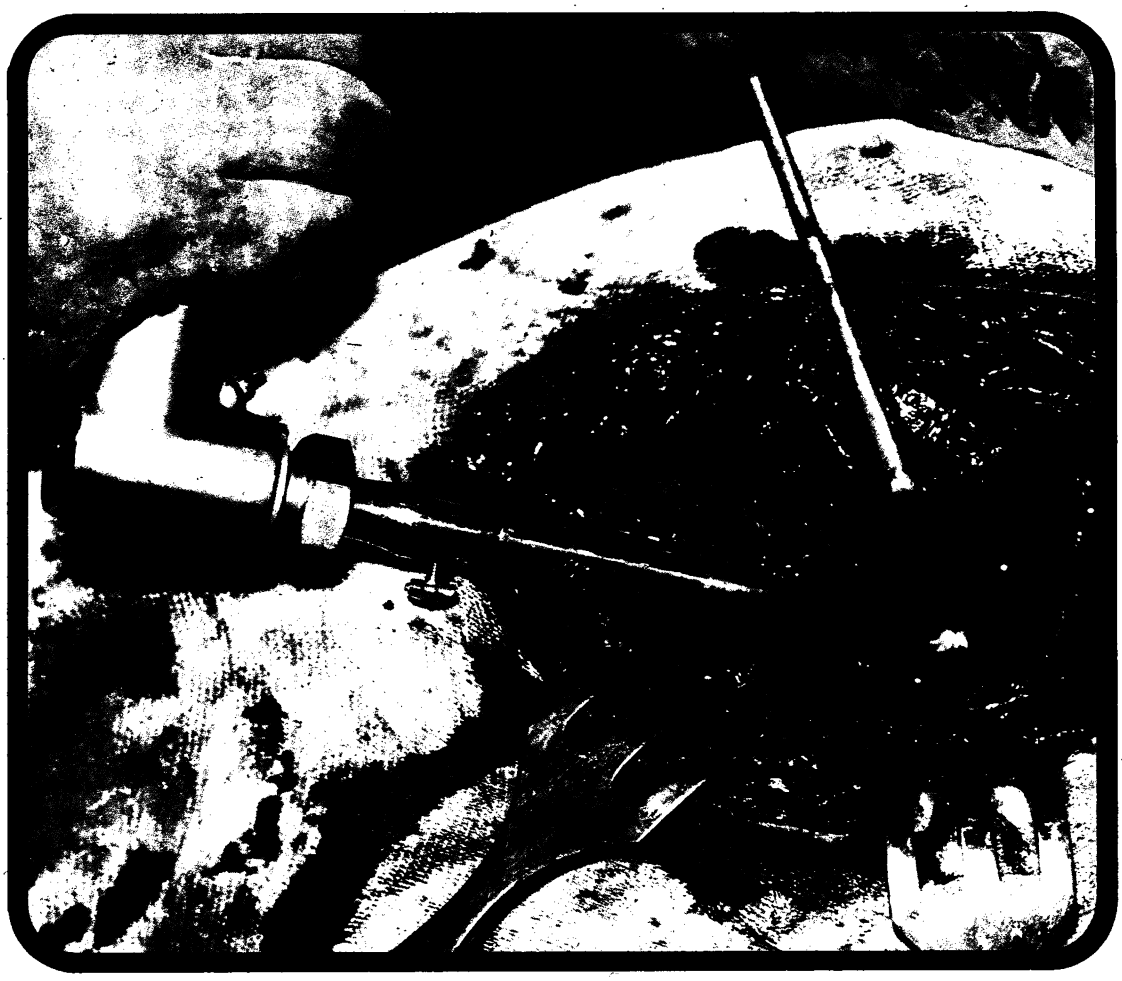
Prescribing information

Dosage Orally with food 100-200mg once daily. **Indications** Rheumatological disorders including osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, acute musculoskeletal conditions and dysmenorrhoea. **Contra-indications** Peptic ulceration, chronic dyspepsia, use in children, use in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs known to inhibit prostaglandin synthetase or with bronchial asthma or allergic disease. **Precautions** Pregnancy, lactation. Concomitant administration of protein-bound drugs. **Side-effects** Occasional gastro-intestinal intolerance, very rare gastro-intestinal haemorrhage, skin rashes. **Presentation** 100mg capsules PL 0012/0143. **Basic NHS Cost** (Aug '83) 100 x 100mg capsules £17.98. Oruvail is a trade mark. Further information is available on request. May & Baker Ltd, Dagenham, Essex RM10 7XS.

M&B May & Baker

Magnapen

ampicillin/flucloxacillin



Reliable broad-spectrum cover for the patient at risk.

Throughout the management of surgical patients, Magnapen offers:–

- Decisive bactericidal action against relevant pathogens including virtually all strains of Staph. aureus.[1, 2]
- High blood levels and excellent penetration of bone tissue.[3, 4]
- The acknowledged safety of penicillin.
- Oral and parenteral forms – now including 1g vial for added convenience and dosage flexibility.

1. Brit. med. J. (1978) **2** 536 2. Brit. med. J. (1978) **1** 1679 3. Brit. J. clin. Pharmac. (1978) **6** 135 4. Current Chemother. (1978) **1** 399

BRL 2028

Prescribing information

Uses: Severe infections. Post-operative chest and wound infections. Prophylaxis in major surgery.
Usual Adult Dosage: Oral: 500mg-1g q.i.d., ½-1 hour before meals. **I.M.:** 500mg q.i.d., dissolved in 1.5ml Water for Injections B.P. or 1g q.i.d., dissolved in 2ml Water for Injections B.P. **I.V. (Injection):** 500mg q.i.d., dissolved in 10ml Water for Injections B.P. or 1g q.i.d., dissolved in 20ml Water for Injections B.P. Administer by slow intravenous injection (3-4 minutes). **I.V. (Infusion):** Magnapen injection may be added to infusion fluids or injected, suitably diluted, into the drip tube over a period of 3-4 minutes. Magnapen solutions for injection should be used immediately. Magnapen may be added to most intravenous fluids but should not be mixed with blood products or other proteinaceous fluids (e.g. protein hydrolysates). In intravenous solutions containing dextrose or other carbohydrates Magnapen should be infused within 2 hrs.
Usual Children's Dosage: 2-10 years: ½ adult dose. Under 2 years: ¼ adult dose. (Ampiclox Neonatal is recommended for the treatment of neonates and premature babies. PL 0038/5001, 5009.)
Side-effects: As with other penicillins. An erythematous rash may occasionally occur, as with ampicillin. The incidence of this rash is particularly high in patients with infectious mononucleosis. If a rash is reported it is advisable to discontinue treatment.
Contra-indications: Penicillin hypersensitivity; ocular administration.

Availability and Basic NHS Prices
(Correct at February 1981)
CAPSULES 500mg £4.22 for 20
SYRUP 250mg/5ml £3.51 for 100ml. VIALS 500mg 98p each
1g £1.97 each

Favourable Hospital Rates are available from the Company. Further information on Magnapen and a Data Sheet are available on request to the Company.

Magnapen (ampicillin with flucloxacillin in equal parts) is a product of

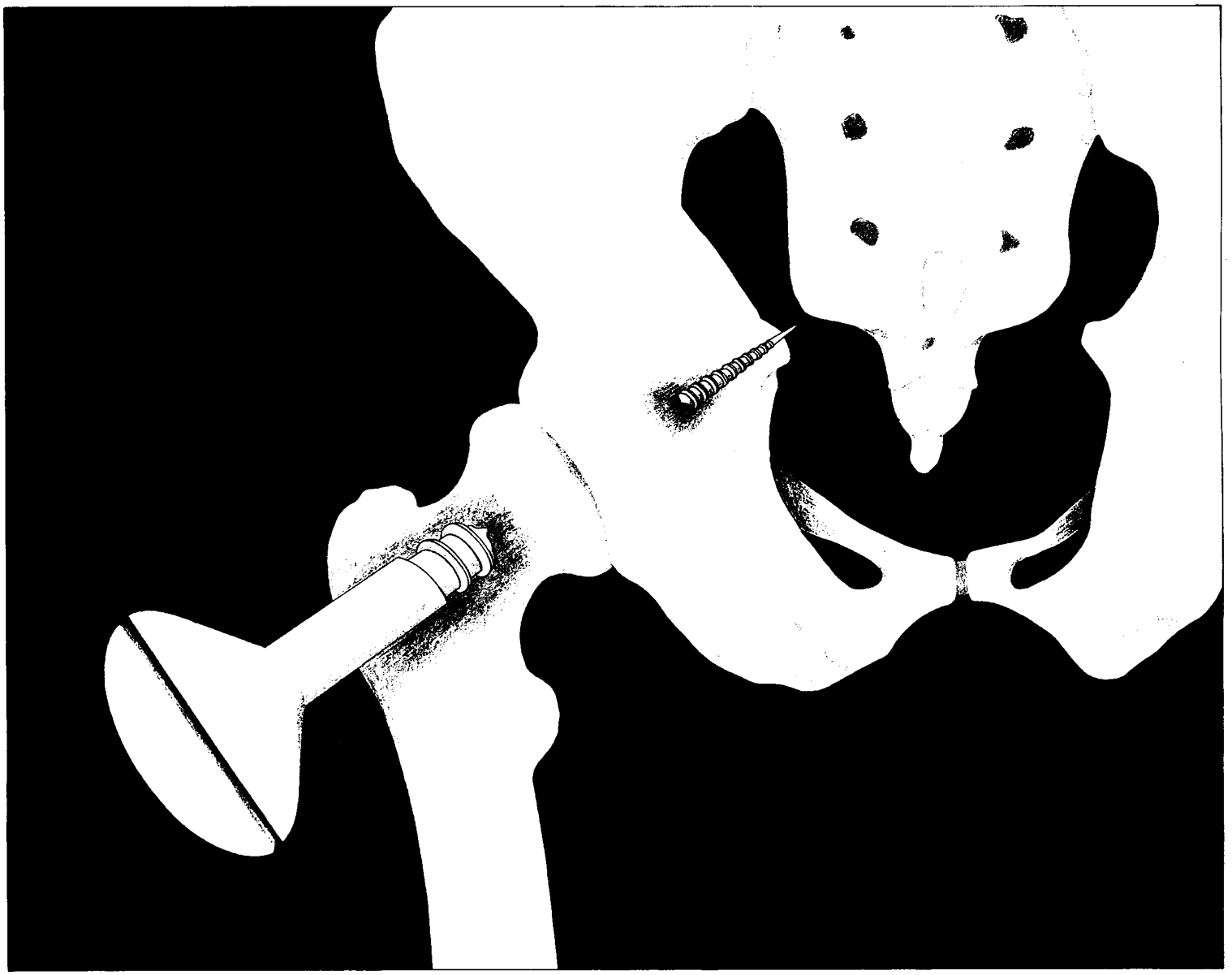
Beecham Research Laboratories
Brentford, England.
PL 0038/0089, 0090, 0120.

For the hurting hip

To your patient, arthritis means pain and the right treatment is that which brings quick and sustained relief.

Froben brings the pain of arthritic joints under control within hours and maintains that control for as long as is needed. For months. If necessary, for years.

Powerful, yet well tolerated, Froben provides the sustained, consistent relief of pain which must be the right treatment for arthritis. With Froben, the treatment is right from the start.



Start with the undoing of arthritic pain

Froben

flurbiprofen

Prescribing Information

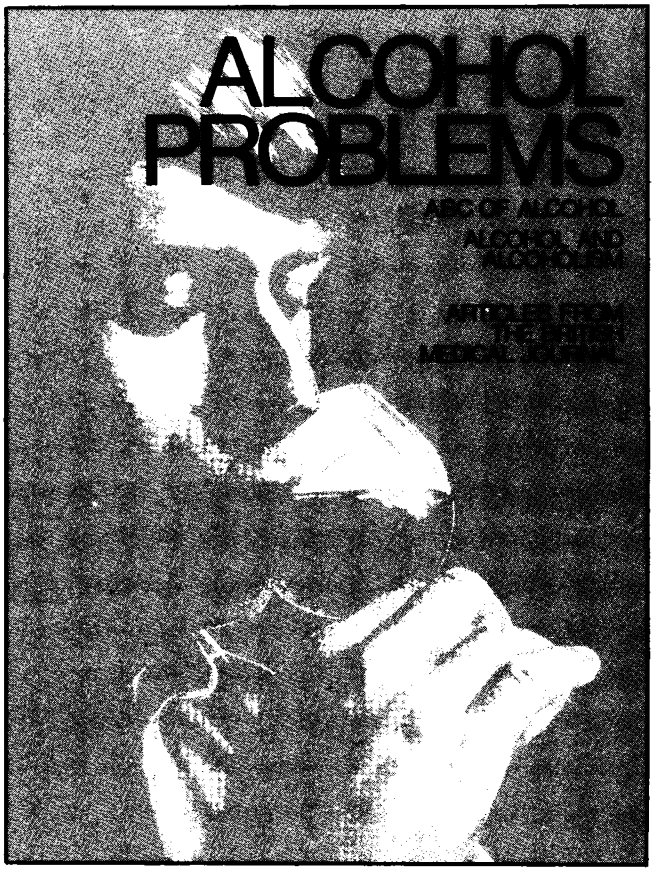
PRESENTATION: Sugar-coated tablets, each containing either 50 or 100mg of flurbiprofen. **USES:** Froben is indicated in the treatment of rheumatoid disease, osteoarthrosis and ankylosing spondylitis. **DOSAGE:** 150 to 200mg daily in 3 or 4 divided doses. In patients with severe symptoms or diseases of recent origin, or during acute exacerbations, the total daily dose may be increased to 300mg in divided doses. **CONTRA-INDICATIONS, WARNINGS etc:** Froben should not be given to patients with peptic ulceration and inflammatory bowel disease, or to patients with a history of asthma or who have experienced bronchospasm or other hypersensitivity-type reactions with other anti-inflammatory agents. The safety of Froben during pregnancy or lactation has not been established. In animal experiments, no teratogenic effects were demonstrated but parturition was delayed and prolonged. Froben may prolong bleeding time and cause fluid retention. Use with caution where renal function is impaired. Side effects: Dyspepsia, heartburn and headache are the commonest encountered. Gastrointestinal haemorrhage, diarrhoea, mouth ulcers, peptic ulceration and skin rashes have been reported. Very rarely cholestatic jaundice and blood dyscrasias have been reported but a direct causal relationship has not been established. Drug interactions: The effect of anti-coagulants may be increased and oral diuretics may be reduced. Treatment of Overdosage: Gastric lavage and, if necessary, correction of serum electrolytes. There is no specific antidote. **BASIC NHS PRICE:** 50mg tablets, 100 £8.24; 100mg tablets, 100 £15.65. **PRODUCT LICENCE No:** 50mg tablets, PL0014/0167; 100mg tablets, PL0014/0168.

The Boots Company PLC, Nottingham, England.

Further information available on request

ALCOHOL PROBLEMS

In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, Dr Richard Smith's more discursive survey of current thinking and controversies. Together they cover both the clinical aspects of managing alcohol problems and the social and political factors that surround them.



Price: Inland £5.00
Overseas US$17.50*
(Inland £3.75; Overseas US$14.50* for BMA members)

******including air mail postage*

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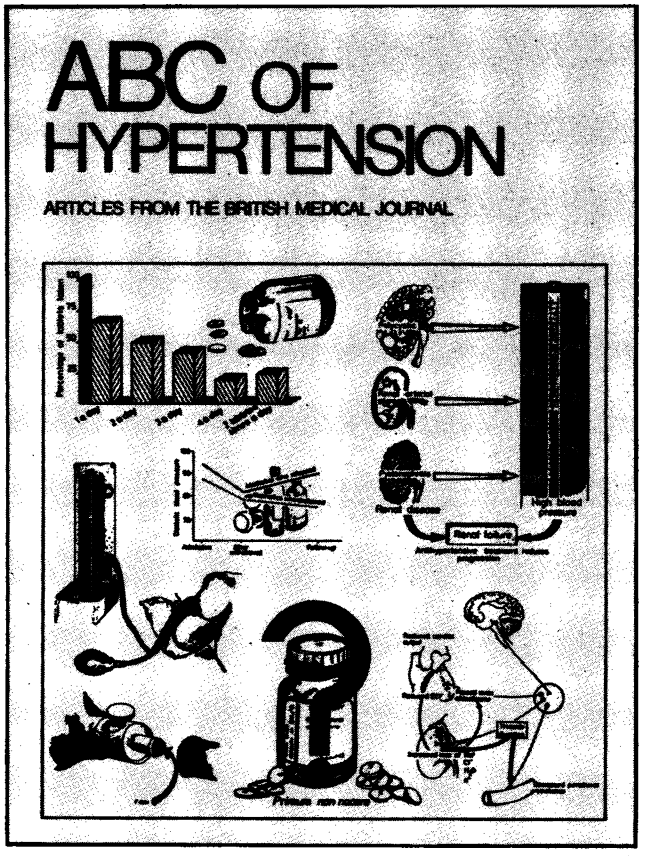
". . . a good account of the right kinds of observations to make in order to detect people with alcohol problems . . . These articles are succinct and well written and provide the best source of information and reference for general practitioners and trainees. This is an outstanding series which will be of great value to everyone concerned with the prevention, identification and management of alcohol-related problems."
Update 1983; **26**: 301

"This excellent book divided into two very different parts. The first is . . . easy to read but packed with useful facts, well-illustrated . . . The second section of articles by Richard Smith are a bonus. They are well worth reading and excellently referenced . . . Every postgraduate centre should have several copies."
Postgrad Med J 1983; **59**: 401

ABC OF HYPERTENSION

Hypertension is a common disorder that is easily detected. But it may be deceptively simple: the measurement of blood pressure, interpretation of the results, and the decisions that follow need to be based on a comprehensive knowledge of recent advances. These illustrated articles on blood pressure measurement, reduction and management have been collected together in the same format as they appeared in the *BMJ* to provide a practical guide for general practitioners and others concerned with hypertension.



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"The value of this book is that it tries to be, and generally succeeds in being, extremely specific and succinct. Anyone who sees hypertensive patients . . . will find it interesting and instructive, and it is easy to read."
NZ med J 1982; **95**: 164

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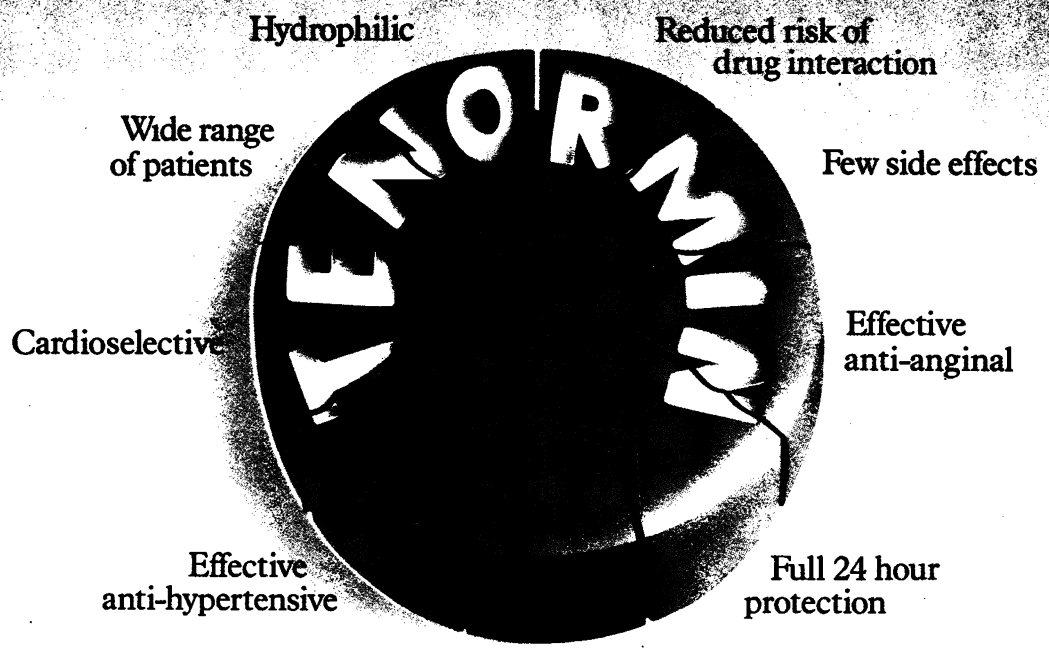
IN HYPERTENSION AND ANGINA



...in one tablet daily

TENORMIN

fits the profile of the ideal beta blocker in hypertension and angina

'Tenormin' Prescribing notes:

Presentation: 'Tenormin' tablets containing atenolol 100mg are round, bi-convex, orange and film coated. **Uses:** Management of hypertension and angina pectoris. **Dosage:** Hypertension: One tablet daily. Angina: 100mg daily in single or divided doses. **Contraindications:** Heart block. Co-administration with verapamil. **Precautions:** Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Clonidine withdrawal. **Side Effects:** Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers – consider discontinuance if they occur. Cessation of therapy with beta blockers should be gradual. **Pack size and Basic NHS cost:** 'Tenormin' 28's £7.05. **Product Licence Number:** 'Tenormin' 0029/0122.

Full precribing information is available on request to the Company

Stuart Pharmaceuticals Ltd
Carr House, Carrs Road
Cheadle, Cheshire SK8 2EG

'Tenormin' is a trademark.