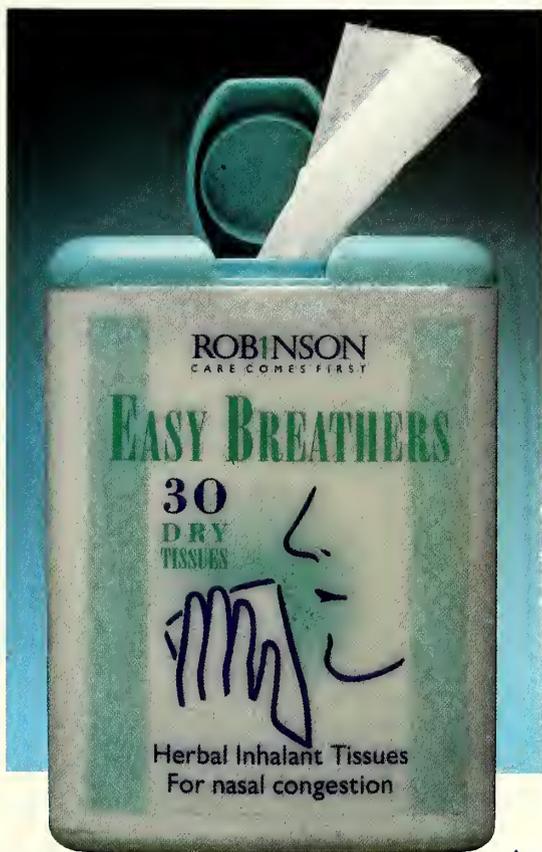


# CHEMIST & DRUGGIST

The newsweekly for pharmacy November 2, 1991

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## Tough talks promised in PPRS review

### PSNI fees up to £90 in 1992

### Public opinions of pharmacies

### Update on ulcers, PACT and specs

### Qualified EC approval for P&G deal with Fater

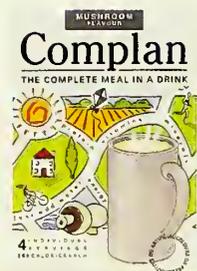


## Time to welcome Winter remedies

Complan.



Three hot alternatives to a cold strawberry



Summer's over. But with major advertising support, Complan's chocolate, mushroom and chicken flavours will be hot this winter.



INCORPORATING  
RETAIL CHEMIST  
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## Comment

There is a lot of bumph doing the rounds at the moment — conference papers, White papers and the responses to them, working party reports, revised Codes of Ethics, patients' charters and more. It is symptomatic of the time of year. Most of the issues and ideas thrown up during this period never develop any further, so it is welcome to see a positive practical move from the Council of the Royal Pharmaceutical Society. That said, the decision by Council (last week p695) to change the format of the annual branch representatives meeting comes not a moment too soon. Anyone who has attended the event in recent years, and the annual meeting which precedes it, must have wondered whether it was worth the effort. The motions have been uninspired, either demanding obvious support or being on matters where the Society has already taken a position and the debate, if it takes place at all, often ill-informed.

Most of these concerns have been addressed in the proposed new format for the meeting. Motions which are likely to stimulate debate will be heard in the morning. There is an element of theatre in such matters and if the show is good enough people will participate. Non-controversial motions are effectively being washed out of the programme by being referred directly to Council. The afternoon group discussions

should provide opportunity for the more timid delegates to air an opinion, although how large the groups are to be and their number has yet to be indicated. Council has gone to some effort to show its intention to preserve the democratic nature of the event, but it is here that the new format comes slightly unstuck, since the right to put a motion before the full meeting is no longer there. However, if this is the sacrifice for reviving an event that is otherwise in danger of becoming moribund, then so be it. The other concern must be the extent to which Council members are to become involved: informed opinion is welcome, hijacking a debate is not.

However, the onus is on the branches to come up with motions which will provide scope for debate on issues which affect the profession, bearing in mind that Council has an obligation to act on them if they are adopted. It has not been a year without controversy, particularly in community pharmacy where future developments and the extent to which promotion of services should be permitted have stayed in the headlines. The local branch network of the Society is the envy of many other professions, and the BRM is one of a very few venues where grass roots pharmacists can exert a direct influence on their professional body. The opportunity must not be wasted.

# Industry faces tough talks in PPRS review, says Bottomley

Tough bargaining lies ahead between the Government and the pharmaceutical industry when the Pharmaceutical Price Regulation Scheme is reviewed next year, Mrs Virginia Bottomley, the Health Minister, made clear on Monday.

She told a Management Forum pharmaceutical conference in London on Monday that while there was no hidden agenda, the Government would continue to need "cost controls" in the system. "We could not, for example, run the PPRS as a cost plus guarantee. It must provide the incentives for efficiency that come from competition," she said.

She described cost control as a two way process. It was in the interests of both the Government and industry to manage the

continuing growth in the drugs bill in a way that avoided "unacceptable cost pressures". Mrs Bottomley warned: "How we exercise these controls and how onerous they are depends on the success of the industry and the Government in reaching a common understanding."

The Minister acknowledged that the pharmaceutical market was unlike any other. She said: "There is a need to respect intellectual property rights; there are monopolies on certain products and

we accept that. But monopolies constrain consumer choice."

Mrs Bottomley urged that control of the drugs bill should recognise good commercial practice and work with the spirit of the market. She defined the Government's aims as:

- To ensure that patients continue to receive the safe and effective medicines they need at an acceptable cost to the tax payer
- To provide an open and competitive pharmaceutical market
- To encourage rational

prescribing of medicines

● Recognition of the position of the pharmaceutical industry, in particular continuing to support research.

Mrs Bottomley said controls should aim to promote competition between companies rather than to distort commercial decision. "So long as cost disciplines can be achieved we favour means of control which reduce both bureaucracy and burdens on industry, and which influence the demand for medicines."

## Boots claim MDS used in 2,000 homes

Boots are claiming that their monitored dosage system (MDS) is now in use in 2,000 residential and nursing homes throughout Britain.

"The system," says a company statement, "means staff have more time to care for residents because there are less demands on their busy schedule."

The statement continues: "And it reduces the potential for error that's inevitable in the crucial but time consuming task of administering prescription drugs to residents several times a day."

The 2,000th home to adopt the system, acquired from the Manrex Group in March, is St Edith's Court at Leigh-on-Sea. "We are absolutely delighted that the system is now working in so many homes," said Marshall Davies, Boots' pharmacy superintendent.

## As others see us...

**There was both good and bad news at last weekend's Institute of Pharmacy Management meeting at Aldeburgh, Suffolk. Although pharmacies rank the lowest in a consumers' league of enjoyable shopping, once inside the shop the advice they receive is appreciated**

Consumers find buying chemist goods the least enjoyable of shopping experiences and are often unable to suggest changes to improve the situation, Sheila Kelly, executive director of the Proprietary Association of Great Britain, told the IPMI meeting.

In a survey conducted by the Henley Centre, pharmacies came bottom in the league of enjoyable shopping, falling behind off-licences, DIY shops and grocers. Suggestions which might improve the experience included (in order of popularity):

- Sunday opening
- Longer weekday opening
- More car parking
- Increased quality of service
- A greater range of products
- Places to leave children

"This shows that people view the chemist as a convenience shop and are not seeing the pharmacist as a specialist," said Ms Kelly. If pharmacy wants to develop an extended role then this would have to change, she added. "We have to get people to understand what the pharmacy has to offer."

There were two factors which should help pharmacy — that there is a pharmacist in every shop and that only pharmacies can sell P medicines. "Pharmacists should start to capitalise on these two aspects," she said. The pharmacy of the future will concentrate more on core business and specialist roles, which would bring both professional and commercial benefits.

Ms Kelly specifically mentioned

the self-selection of GSL medicines. "The days surely have gone when medicines should be in drawers under the counter or hidden away in the dispensary," she told the meeting. "That's not what a supermarket would do with its leading brands."

This was particularly important given that consumers tend to have a "what you see is what you get" attitude, and often assume that if something is not visible then it is not stocked.

The trick is to see the profession as others see it, she added. "If you can see yourself as others see you then you are in a powerful position. You can get ahead of the customer and make the changes that make them see you the way you want them to."

## C&D seminar — places available

Places are still available on C&D's next pharmacy training seminar. The subject is hair colorants, and the event is sponsored by Bristol Myers. The seminar will take place on Thursday, November 14 at Swakeleys House, Ickenham, Middlesex, 6.30pm for 7pm. There will be three presentations on colour science and hair coloration followed by a hot buffet. The evening is free to both pharmacists and assistants. If you or your staff would like a ticket please contact Jan Powis or Helen Davies on 0732 364422.



## NAO report praises needle exchange schemes

Hot on the heels of the Pharmaceutical Services Negotiating Committee's rejection of the Department of Health's fees for a contractual needle exchange scheme (C&D last week, p694) comes a report praising such schemes.

The report by Sir John Bourn of the National Audit Office says that health departments and the NHS have responded well to the emerging demands and uncertainties of HIV and AIDS. However, they need to review "more rigorously" the planning and funding arrangements for these services. The report highlights local health education and preventative initiatives as an essential part of any

strategy. Schemes which allow drug users to exchange used needles and syringes for sterile ones were singled out for a specific mention.

The NAO noted that under reporting had occurred in some health authorities in England although measures were being taken to improve reporting levels.

Although the Government had allocated over £450 million from 1985-86 to 1990-91 towards the cost of HIV and AIDS-related health services, the NAO found that the Department of Health and the Scottish Home and Health Department had difficulties in obtaining sufficient data to assess and target AIDS funds in the most effective way.

workload could be managed by self-medication provided pharmacists were involved in areas like interactions, said Ms Kelly. Some 65 per cent of a GP's time was spent dealing with minor conditions, 25 per cent with chronic ailments and 10 per cent with acute, major diseases.

However, an increase in self-medication would not be obtained easily, she said, and was more likely to be achieved by delisting specific indications rather than simply moving products from POM to P classification.

The OTC market had only grown in line with inflation over the past 10 years, said Ms Kelly, and changes such as the Limited List tended to move people from buying one product to another rather than increasing the overall quantity of products sold. When people suffer an episode of ill health, 45 per cent do not treat at all. Of those that do, 9 per cent use a home remedy and 24 per cent a non-prescription medicine. Some 26 per cent still visited their doctor even though the ailment was minor.

### Not all bad!

In answer to the question "How bad is it really?" Christine Brown, director of market research company Taylor Nelson Healthcare, replied: "Not bad at all", but warned this should not be cause for complacency.

Ms Brown said that pharmacies were functional places where customers went for a purpose and not to browse. "Perhaps the challenge for the independent pharmacy is to retain and improve the professional image while at the same time making the environment less clinical and so encouraging customers into the shop," she said.

Ms Brown presented data that showed the public does consult pharmacy staff and the majority are satisfied with the advice received. Taylor Nelson's Counterpoint survey showed that 72.4 per cent of OTC purchases were self-selected with the remainder being

## The Patient's Charter

A summary of the Patient's Charter, being sent to pharmacies and to every household in England, outlines three new rights patients will have under the NHS.

From April 1992 there will be a guaranteed maximum waiting time for treatment, a guarantee of full information about local services and standards, and a guarantee that any complaints about NHS services — whoever provides them — will be dealt with promptly and effectively.

The Charter also outlines seven existing rights, one of which is for patients to be given a clear explanation of any treatment proposed, including risks and alternatives, before they agree to the treatment. Nine national

standards, which all health authorities are expected to achieve, are specified. Similar rights have been set out in the Patient's Charter for Wales, launched by the Welsh Secretary David Hunt.

Mr Hunt took the opportunity to reaffirm that there was to be no change to the basic principles on which the NHS was founded. "Services must be available to every citizen on the basis of clinical need, regardless of the ability to pay," he said. "The service should in the future, as in the past, be mainly paid for out of general taxation."

Both Charters explain the kind of service which can be expected, how people can help the NHS and make their views known, what to do if things go wrong, and where they can get further information.

Some other areas common to both Charters are:

- Standards in other healthcare areas including times for an emergency ambulance to arrive, patients not being discharged without adequate arrangements, and out-patients to be seen within 30 minutes of an appointment time or to be kept informed of any delay
- Local charters to be drawn up by DHAs and FHSAs to tell people about services locally
- Waiting times for out-patient, day care and in-patient treatment to be published
- Agreed standards of service to be published
- Health authorities to publish an annual report of achievements against local standards.

## Reducing cot death

Parents are to be issued with advice on reducing the incidence of cot deaths in a nationwide campaign launched on October 31.

The charitable Foundation for the Study of Infant Deaths (FSID), has produced a guide on how to lessen the chances of babies falling victim to cot death. Also termed sudden infant death syndrome (SIDS), cot death claims the lives of nearly 1,400 babies a year in the UK and is the most common kind of death for babies aged one week to two years.

"While no one can guarantee prevention of cot death, medical research has shown that the risks can be reduced if parents follow four steps," says the Foundation:

- Sleep the baby on the back or side
- Don't smoke
- Prevent the baby from getting overheated
- Contact the doctor if you think the baby is unwell.

The Foundation is asking every health authority to make this information available to all expectant and new mothers in their area. Copies are available, free of charge, from FSID, 35 Belgrave Square, London SW1X 8QB, enclosing a SAE.



Sheila Kelly, PAGB executive director (above) and Christine Brown of Taylor Nelson Healthcare



### Consultation

was also "less than encouraging" at although pharmacists have a high expectation of being consulted by customers, research shows that this expectation is not matched by the customers themselves, said Ms Kelly.

A study into doctor's views on consulting a pharmacist, carried out in 1986 and again in 1989, showed that between these two surveys more GPs felt that pharmacists were able to advise on flu and stomach complaints. However fewer thought pharmacists should be consulted about depression, difficulty in sleeping or headaches.

This was despite work that estimated that 90 per cent of a GP's

## CAP blocks Progress

The National Dairy Council has objected to an advertisement by Wyeth Nutrition for their infant follow-on milk, Progress, which claimed cow's milk was "very short of some of the nutrients essential for a baby's physical and mental development, such as iron and vitamin D".

The Committee of Advertising Practice said the advertisement could mislead consumers on the benefits of modified formula feed over cow's milk "by failing to make clear that since both were recommended for use with a mixed diet, adequate amounts of iron and vitamin D should be received". Wyeth were asked to amend their copy so as not to overstate their position.

# Astill backs PSNC rejection on needle exchange

The Pharmaceutical Services Negotiating Committee was correct to reject the remuneration package for syringe and needle exchange schemes (News last week), National Pharmaceutical Association director Tim Astill has said. He was speaking at the NPA's Stockport Branch annual dinner in Manchester last Saturday.

Mr Astill said that the guest of honour, Nicholas Winterton MP, chairman of the Commons Select Committee on Health, appeared to be in a powerful position and able to influence health policy.

He asked Mr Winterton to bear in mind two important factors.

Backing PSNC's rejection of the remuneration package for a pharmacy-based syringe and needle exchange scheme, Mr Astill said PSNC had been effectively deceived over the total figure available. "Just under £2 per day is simply not enough incentive to perform such a responsible and time consuming task," said Mr Astill.

He also warned Mr Winterton to

note that while a pharmacy assistant could make a profit on return of at least 33 per cent on a bottle of perfume, a pharmacist could only make 20 per cent for dispensing a prescription. This compared with 27 per cent some ten years ago.

"In terms of remuneration, the DoH has pared so much flesh from the bone there is now no more left," he said.

## Challenge to Trust status

The first legal challenge to a decision to grant a second wave NHS trust was given the go-ahead on Tuesday.

Rochdale Council was granted a judicial review of its health authority's actions during the application for the acute and community unit to become a second wave trust. The review will go ahead in December. Gloria Oates, chief executive of Rochdale Health Authority, told *C&D*: "We believe

that we followed the criteria in the Secretary of State's document for application for Trust status".

According to the *Health Service Journal* last week, there are concerns that the future trust will not be financially viable. It is reported that between 20 and 30 other local authorities with approved second wave trusts are waiting to see if the Rochdale case forms the basis for a nationwide round of legal challenges.

## Perfume thieves strike at pharmacies in Avon area

Thousands of pounds worth of fine fragrances have been stolen from pharmacies in Avon and Somerset in a series of raids over the last six months.

Inspector Dave Branfield of Avon and Somerset police told *C&D* that since the end of April there have been at least eight such perfume burglaries in the county. "We haven't ruled out the possibility that they are linked," he said.

Daljet Shaunak says that around £10,000 worth of French perfumes were stolen from his Hanham pharmacy during the night of September 24. Mr Shaunak said that a customer had told him the following day that a group had been selling half price perfumes in Bristol.

Mr Shaunak has now installed shutters on the front of his perfume cabinets — an expensive business at around £3,000. But he believes this is more effective than window shutters because once burglars have broken in, the alarm will be set off, leaving minimal time for shutters within the pharmacy to be broken. Mr Shaunak has also reduced the amount of perfume displayed in his other branches — displaying large quantities is asking for trouble, he says.

The *Western Daily Press* last month reported burglaries in Savory & Moore branches in Keynsham and Hanham, both near Bristol. Janet Wilson, operations director, Savory & Moore, told *C&D*: "These thieves appear to be

targeting only fine fragrances, especially Chanel and Yves St Laurent. We have lost a considerable amount of stock, especially in the Bristol area and police are investigating."

And the burglaries are not just occurring at night. Pharmacist Mike Powis, owner of Painswick Pharmacy in Stroud, Gloucester, says that on September 26 around £900 worth of perfumes were taken from a locked perfume cabinet during business hours.

Sergeant Mark Lewis of Avon and Somerset Police told *C&D* that there have been 23 burglaries in pharmacies in the Bristol area this year.

### No comment

The Department of Health said on Tuesday it was unable to comment on reports that prescription charges would go up again next year. *The Independent* claimed last week that Health Secretary William Waldegrave had conceded higher prescription charges as part of negotiations with the Treasury for an increased NHS budget next year. The newspaper said charges are set to rise by about 9 per cent, bringing them to £3.70 an item.

### Price correction

The retail price of Bio-light slimming food supplement was wrongly stated in last week's Price Supplement. The correct RRP is £12.99 as shown in the current Supplement. We apologise for the error.



Dignitaries at the NPA's Stockport and District Branch annual dinner last Saturday included (left to right): Ann Winterton MP, Marshall Gellman (NPA Board member, Manchester), Nicholas Winterton MP, Robert Hallworth (Branch secretary), Alan Facer (NPA Board member, Lancashire), Jeremy Clitherow (NPA chairman), and Tim Astill (NPA director). Addressing NPA members and their guests at the dinner, Macclesfield MP Nicholas Winterton said that although indicative prescribing budgets were intended to "exert downward pressure on expenditure of drugs", cost effectiveness and downward pressure are not necessarily the same thing. The Prescribing Analysis and Costs (PACT) data that doctors are sent is designed to reduce prescribing at all cost and not necessarily to ensure cost effective prescribing, he said. The pharmaceutical industry will have to continue to supply doctors and pharmacists with more detailed information about products, their effectiveness, side-effects, costs and the cost of alternatives. Only then will doctors be able to see whether their drug purchasing is just "low cost" or more "cost effective", he said

## NAHAT suggests tests for GPs and other professionals

A call for a system of accreditation and re-accreditation of GPs and other professionals working in the NHS has come from the National Association of Health Authorities and Trusts.

The suggestion, which it is claimed would help maintain and improve standards of practice, is made in the Association's response to the British Medical Association's consultation document on the future of general practice.

NAHAT envisages that, under the system, GPs would be accredited on entry to the family health services authority list and would be subject to periodic re-accreditation.

People should continue to have the right to 24-hour access to

primary healthcare services, says the Association. "FHSAs should be responsible for ensuring that such arrangements are satisfactory for the patient in terms of accessibility, convenience and quality."

NAHAT also points out that GPs' health promotion and disease prevention activities need to be reviewed and integrated with health promotion work elsewhere in the NHS. "It is clear," says NAHAT, "that people prefer to have any care and treatment in a community setting. Consequently the content of general medical services needs to be broadly defined including any medical assessments needed in connection with the care in the community plans being introduced in 1993."

## A generic by any other name

The ever increasing number of branded generics which adorn my shelves is becoming something of an irritant, taking up precious shelf space and adding unnecessarily to my overall stock holding. As generic prescribing becomes more popular with the cost conscious GP, drug manufacturers are attempting to strengthen their market share of a drug by introducing "generics" with a brand name. The brand name, I presume, carries an implicit suggestion that the product is "better" than other formulations of the same drug. There is little doubt that reps are bringing this message to our medical colleagues and are encouraging them to "prescribe their generic with confidence".

**"The brand name carries the suggestion that the product is 'better' than other formulations"**

In general, branded generics are more expensive than non-branded generics and I would doubt if this can be justified or if many GPs are aware of it. When a GP writes a prescription for a branded generic I have to dispense it. I am reimbursed but the extra stock holding is at my expense. I feel strongly that there should be no such thing as "branded" generics since they do not serve any purpose other than to suggest that some generics are of inferior quality. If a drug formulation has any unique features then it is not a generic. The manufacturer who develops a new medicine should be allowed to brand the product as part of the patent but once the patent has expired other manufacturers should not be allowed to market a branded form.

When a "me too" version of a drug is awarded a product licence it should conform to clearly defined standards of quality and efficacy. Apart from the standard requirements the issue of bioavailability, which is at present ignored, also needs to be addressed. This is of vital importance for drugs like digoxin and slow release preparations containing drugs such as theophylline. It is the responsibility of the licensing authority to establish the criteria to be fulfilled to obtain a licence and therefore all generics and the original patent formulation should be, in all respects, of the same high quality.

*Written by a Northern Ireland community pharmacist*



## Code of Ethics a long way from the real world

As requested by the Royal Pharmaceutical Society's Council I have studied carefully the proposed new Code of Ethics and have concluded that the increase in the ethical responsibilities of the community pharmacist is directly proportional to the distance between Lambeth and the realities of practice in a commercial environment.

In an ideal world we would all attain perfection with superbly fitted spacious dispensaries, consulting room, large waiting area, health education displays, computerised medication and record systems, fitting room, separate diagnostic testing facilities, etc, etc. A utopia such as this is my dream but there, alas, it must remain because I can only provide such quality of facilities as my geography and financial situation allows. The National Health Service has never been renowned for its generosity in contributing towards the cost of

extra contractual services and the landlord, though pleased that his property is being comprehensively maintained, requires the same pound of my flesh as that which he obtains from all of his tenants.

If the costs per square foot and contractual security allow some community pharmacies to provide generous facilities then the profession and the patient are the beneficiaries. Where a practice is limited by the economic realities of the free market then it should be judged on the quality of its professional standards and not, as is suggested, on the arbitrary minimum square meterage of its dispensary and shop area. My shop does not reach the prescribed standards but I strive to present my patients with a good professional service and, at the end of the day and with local competition intense, they are a far more discerning final arbiter than an idealistic perfectionist from some ivory tower.

While on the subject of ethics! Boots have, meanwhile, once again joined the sailing fraternity with their latest promotion of two for the price of one British Rail Intercity tickets. This offer is dependent on the customer spending more than £5 at any Boots branch. It has been seen by the Law Department of the Royal Pharmaceutical Society to offer an inducement to purchase over the counter medicines contrary to paragraph 1:8 of the Code of Ethics, and has also been the subject of complaints to the Proprietary Articles Trade Association as contravening Resale Price Maintenance.

The PATA has treated the matter with kid gloves, perhaps nervous of big brother reaction, but the response from Boots almost suggests that, far from accepting the error of their ways, they reserve the right in the future to treat medicines as *they* see fit. The Society, meanwhile, will ponder awhile and then probably send a "naughty boy" letter to Nottingham! As usual all too little, too late. The only sanction in the Code of Ethics that presently exacts a genuine penalty can never be used for minor, one off, breaches and don't all those who deliberately sail close to the wind know it! If the Code of Ethics is not to be persistently and deliberately abused, there must be other options: miscreants could

be progressively fined for their misdemeanors perhaps. The penalty could then be seen to fit the crime, the Code of Ethics will be given real teeth and at last will have included a genuine deterrent to further indiscretions.

## PSNC injects the right approach

With the working party report on the future of community pharmacy hopefully due to be published soon I applaud PSNC's stance on payment for needle exchange schemes. This outright rejection may be seen as a backward step in the fight against AIDS but it is also the straw that breaks the camel's back. I am looking forward to a dynamic future with expanding professional responsibilities but the time for vocational munificence has now passed. I am a graduate professional devoted to the welfare of the patient and do not evaluate every moment of my day, but my Departmental paymasters must equally realise that I can no longer afford to continue to increase my level of service in return for derisory remuneration. The time is right to say "no" and all community pharmacists should unite behind PSNC in its action.

## LRC only score two out of five

After all that heavy stuff a piece of light entertainment but, to me, not so funny. LRC Products' latest promotion invites me to purchase a box of keyrings complete with condom and "healthcare messages, communicated in a strong, fun way". Some of the messages are passably acceptable but two in particular must be verging on the obscene.

LRC have attempted to convey the message of "safe sex" in a fun way such that the sexually active are reminded of the dangers of AIDS, but that message only really comes across in two out of the five slogans, leaving the others open to lewd interpretation and as an encouragement to casual sex. I sympathise with LRC's problem of how to promote their products responsibly when the clinical message does not reach the vulnerable, while the direct approach invites accusations of inciting promiscuity, but that particular predicament has not been solved by this latest venture.

# Topical REFLECTIONS

# Scriptspecials

## Capozide LS

A half-strength version of Capozide, Bristol-Myers Squibb's ACE inhibitor/thiazide diuretic combination, is now available.

Capozide LS contains 25mg captopril and 12.5mg hydrochlorothiazide, and is indicated for the treatment of mild to moderate hypertension in patients already stabilised on the same levels of the components given individually.

It provides the opportunity to give a synergistic combination of two antihypertensives in low doses rather than a traditional monotherapy at a higher dose, says the company. The combination blunts the metabolic effects that may occur with diuretics used alone, such as hyperlipidaemia, hyperglycaemia and insulin resistance.

Capozide LS is available as a calendar pack of 28 tablets (£11.25 trade). **Bristol-Myers Squibb Pharmaceuticals Ltd.** Tel: 081-572 7422.

## Voltarol 75mg SR

Ciba-Geigy are introducing Voltarol 75mg SR, a sustained release formulation for patients in whom the 100mg dose of diclofenac sodium in Voltarol Retard is inappropriate.

The dosage of Voltarol 75mg SR is one or two tablets daily, allowing for flexibility with dosage, says the company. Contraindications, precautions and side-

effects are as for other Voltarol preparations (see Data Sheet). The tablets should be swallowed whole.

Voltarol 75mg SR are triangular, pale pink tablets imprinted "V75 SR" on one side and "Geigy" on the other. They come in blister packs of 56 tablets (£18.74 trade), licence number 0001/0156. **Ciba-Geigy Pharmaceuticals.** Tel: 0403 50101.

## Mini-Wright gets mouthpiece

Clement Clarke are introducing a universal mouthpiece, blister packaging and a carry pouch for their Mini-Wright peak flow meters.

The mouthpiece fits both the standard and low range Mini-Wright meters and can be used by both adults and children. It replaces the standard mouthpiece, low range mouthpiece and adaptor.

The universal mouthpiece will be included on all Mini-Wright meters from November and can also be purchased as a separate item.

All Clement Clarke products may now bear the "CE" mark, in recognition of their BS5750 approval. **Clement Clarke International Ltd.** Tel: 0279 414969.

### Medical Matters

## Overtreating angina

Many patients with angina pectoris are overtreated, according to research in *The Lancet* this week.

Angina is often controlled with beta-adrenoceptor-blocking drugs, calcium antagonists and nitrate preparations, and when symptoms escalate, these drugs are often used in combination. But the research concludes that logical drug combinations may not produce clinical benefits, and it may be better to change therapy rather than add to it.

A randomised, double blind cross-over-trial compared atenolol 100mg daily alone with atenolol plus nifedepine (Adalat Retard) 40mg daily and/or isosorbide mononitrate 40mg daily.

At the end of each four-week treatment period patients were assessed subjectively, and by treadmill exercise testing and 24 hour ambulatory electrocardiographic recordings.

The only significant finding was the longer duration of exercise attained with atenolol plus mononitrate therapy compared with atenolol either alone or in combination with nifedepine. Triple therapy conferred no further advantages.

The authors add that although combined therapy may sometimes be effective, such treatment should be reviewed regularly.

## D&TB on peak flow meters

The latest edition of the *Drug and Therapeutics Bulletin* endorses the use of peak flow meters by asthma sufferers to monitor their condition.

"Peak flow meters offer a practical means of monitoring asthma control and can give patients greater autonomy. When combined with adequate tuition and patient education, their use may help improve the management of asthma," says the *Bulletin*.

It advises that someone experienced in managing asthma should explain how and when to measure peak flow and how to act on the results. Each patient needs written instructions on how to respond to changes in peak flow (available from the National Asthma Campaign, 300 Upper Street, London N1 2XX, tel: 071-226 2260).

The Consumers' Association publication cautions that because of mechanical inconsistencies between meters, patients could fail to recognise an exacerbation of asthma. The Department of Health's recommendation, that peak flow meters should be standardised against conventional laboratory apparatus, needs to be adhered to rigorously to ensure that the meter reading is accurate.

But until meters are more reliable, or a simple method of calibration has been developed, patients should stick to their own peak flow meter and learn to compare its readings with their symptoms, says the *Bulletin*.

It is also important to recognise that some patients seem unable to use peak flow meters properly; some produce falsely high readings by accelerating the airflow from the mouth with a spitting action, others persistently underperform.

## Pill risks

More than one in three women on the Pill risk pregnancy by not knowing how and when to take their contraceptive.

A study published in the *British Journal of Family Planning* showed that only three in 20 women taking combined oral contraceptives are fully aware of the proper routine and when they should use extra methods of contraception, says the report.

Unwanted pregnancies could be reduced by more detailed explanations on the Pill's use, backed up with educational leaflets, suggests the study's author.

## Kiditard back

Delandale Laboratories say that supplies of Kiditard capsules are expected to be available from the beginning of November. The price for 100 has been increased to £20.25 (trade). **Distributors: Farillon Ltd.** Tel: 04023 71136.

## G-Strap on Tariff

The November edition of the Drug Tariff will include a new product from MMG (Europe). The G-Strap secures catheters and drainage tubing to patients' limbs or abdomen without using adhesive and without compromising flow. It reduces the risk of accidental disconnection, helps discourage patients from fiddling with the tubing, and reduces the "pistoning" effect which can result in a greater risk of bladder infection. G-Strap is available in three lengths: adult, short (both 5 £10) and abdominal (5 £10.50, all prices trade). **MMG (Europe) Ltd.** Tel: 0272 736883.

## X-ray contrast media

Rhône-Poulenc Rorer have assigned the handling of their X-ray contrast media to Mallinckrodt Medical; all orders and inquiries should be placed direct to: **Customer Services Department, Mallinckrodt Medical (UK) Ltd, 11 North Portway Close, Round Spinney, Northampton NN3 4RQ.** Tel: 0604 646132.

## Less Temgesic

Reckitt & Colman will be rationalising the Temgesic range from November 1, withdrawing the five by 2ml ampoules presentation. The five by 1ml ampoules and both strengths of tablets are unaffected. **Reckitt & Colman Products.** Tel: 0482 26151.

## Price reduction

The price of Dormonoc tablets 28s has been reduced to £1.35 (trade). **Roussel Laboratories Ltd.** Tel: 0895 834343.

## Condoms for women

The bikini condom, a new barrier contraceptive for women, is being used in the US, a family planning conference in London was told recently. Worn like a bikini, it has a rolled-up condom pouch, lubricated on both sides, located in the crotch of the bikini. This is pushed into the vagina during lovemaking.

The bikini condom is made from a thicker latex than ordinary condoms. It does not require immediate withdrawal after ejaculation and some women say it improves sexual pleasure. In tests with 100 American couples the breakage rate was found to be one in 200, half that with ordinary condoms.

**WHICH WHOLESALER  
LETS YOU SPEND  
LESS TIME  
AT THE PHARMACY  
AND MORE TIME  
AT HOME IN FRONT OF  
THE SMALL SCREEN?**



At AAH we know how hard pharmacists work – and not just in pharmacy hours either. After all, there are orders to do, scripts to count, not to mention the hundred other things to do with running a business.

That's why we've introduced LINKTOP, a totally portable laptop computer, merely the size of an A4 piece of paper, that lets you work anywhere – including in the comfort of your own home.

LINKTOP incorporates a full size keyboard, is both mains and battery operated and offers all the facilities of order entry to any AAH wholesaler. Bundled with Wordperfect Executive this gives you full word processing, spreadsheets and an integrated notebook. LINKTOP is also capable of running most IBM programs.

We're the first national wholesaler to offer such a system and we're sure your business will benefit greatly from it. For further information talk to your AAH representative or call 0928 717070 and ask for the Sales Department.



**PHARMACEUTICALS  
LIMITED**

**W E ' R E   A L W A Y S   T H E R E   W I T H   N E W   I D E A S**

# Counterpoints

## Compound V added for verrucae

Whitehall are building on the success of their wart remover Compound W with the launch of a new product for verrucae.

Compound V, available only to pharmacies, is targeted at the fast-growing kit sector of the £2.5 million wart treatment market. It is a natural extension for Compound W, and offers added value and high cash margins, say Whitehall.

Compound V is an eight-day treatment comprising liquid verruca remover and a set of professional-style accessories to ensure safe and effective use at home, says the company. There are abraiders, an applicator rod, protective plasters and extra-thick verruca cushions, to protect against painful pressure. Each pack retails at £3.09.

Compound W has been repackaged with matching graphics. A special promotion during November and December features two free abraiders in every pack of Compound W. **Whitehall Laboratories. Tel: 071-636 8080.**



## Eco-friendly room spray from Nichol

Nichol Beauty Products have launched an air powered room fragrance spray. The product is expelled by pumping air into the container.

The room spray is

available in lime and wild mint variants. It comes in a 100ml container (£1.29) and refill packs are available (£0.99). **Nichol Beauty Products Ltd. Tel: 0842 754633.**

## Unichem offers

Unichem's November offers include a profit on return of 25 per cent on Robinsons baby and junior foods. The 110g breakfasts are offered in packs of 12 for £10.71 and a pack of 27 Robinsons Pure Baby juices is £6.55.

Bodyform Plus regular 20 packs are offered at £22.34 for 16 packs. New Impulse shower gel is on offer giving pharmacists a POR of 30 per cent.

Offers on male toiletries include a pack of six Old Spice Sensitive aftershave for £12.61 and a pack of 12 Insignia Olympian deodorant for £9.44.

Savlon is also on offer, giving pharmacists a POR of 35 per cent. A pack of 12 dry skin creams is available at £9.84.

Unichem are offering cases of Strepsils (24s) at £20.05 and cases of Karvol (10s) at £10.44. **Unichem. Tel: 081-391 2323.**

## Weleda's offers

Weleda are offering special discounts on cough elixirs through the Winter season. There are three different parcel options which include Cough Elixir and Herb & Honey free of charge and providing a profit on return of up to 50.3 per cent.

In addition, there is a special deal on Weleda's range of homeopathic medicines for Winter ills. Discounts achieve from 43 per cent to 53 per cent POR. Any customer ordering the full range of 20 medicines will receive an extra 10 per cent discount and an extra free display outer. **Weleda (UK) Ltd. Tel: 0602 303151.**

## Prof Togs gives parents potty advice

Swaddlers have introduced new point of sale material for their Ultra Togs nappies.

A colourful wheel in wipeable card has been created, giving useful tips on teething problems, sleepless nights, potty training, nappy sizing and inoculations.

And proud parents can send off for a Prof Togs Potty Training Diploma certificate when baby has crossed that hurdle! **Swaddlers Ltd. Tel: 091 482 5566.**

## Robinson launch Easy Breathers tissues

Robinson Healthcare have developed their knowledge in impregnated tissue technology to produce Easy Breathers, dry tissues which release a herbal vapour to help clear nasal congestion.

Easy Breathers tissues come in packs of 30 (£1.49) and contain camphor, menthol, methylsalicylate, nutmeg oil and pine oil. The vapour from each tissue lasts five to 15 minutes, says the company, which claims the product has advantages over "messy" liquids or rubs.

To promote the product an initial regional campaign is planned for Tyne Tees, Anglia, TVS and Yorkshire regions in women's magazines during the first quarter of next year.

Although not finalised, the company also plans a "significant" advertising and promotional campaign for next Autumn. **Robinson Healthcare. Tel: 0246 220022.**

## Win a rugby mug

Want something to remember the Rugby World Cup by? Seatone have 100 commemorative mugs to give away in draw.

To enter send your name and shop address on a postcard to: **Seatone/All Blacks Competition, Dept CD, PO Box 97, Woking, Surrey GU21 5XU.**

## Tixylix on display

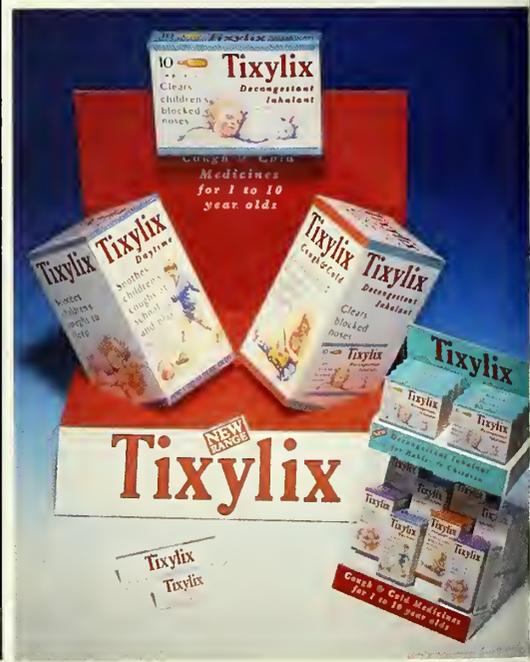
New Tixylix point of sale material and window display units are available from Intercare Products.

The counter unit comes in two sections with a Perspex enclosed base for the Pharmacy cough and cold liquids while the top section holds the GSL decongestant capsules on open display allowing customers to self-select. The units can either be stacked or placed separately on the counter.

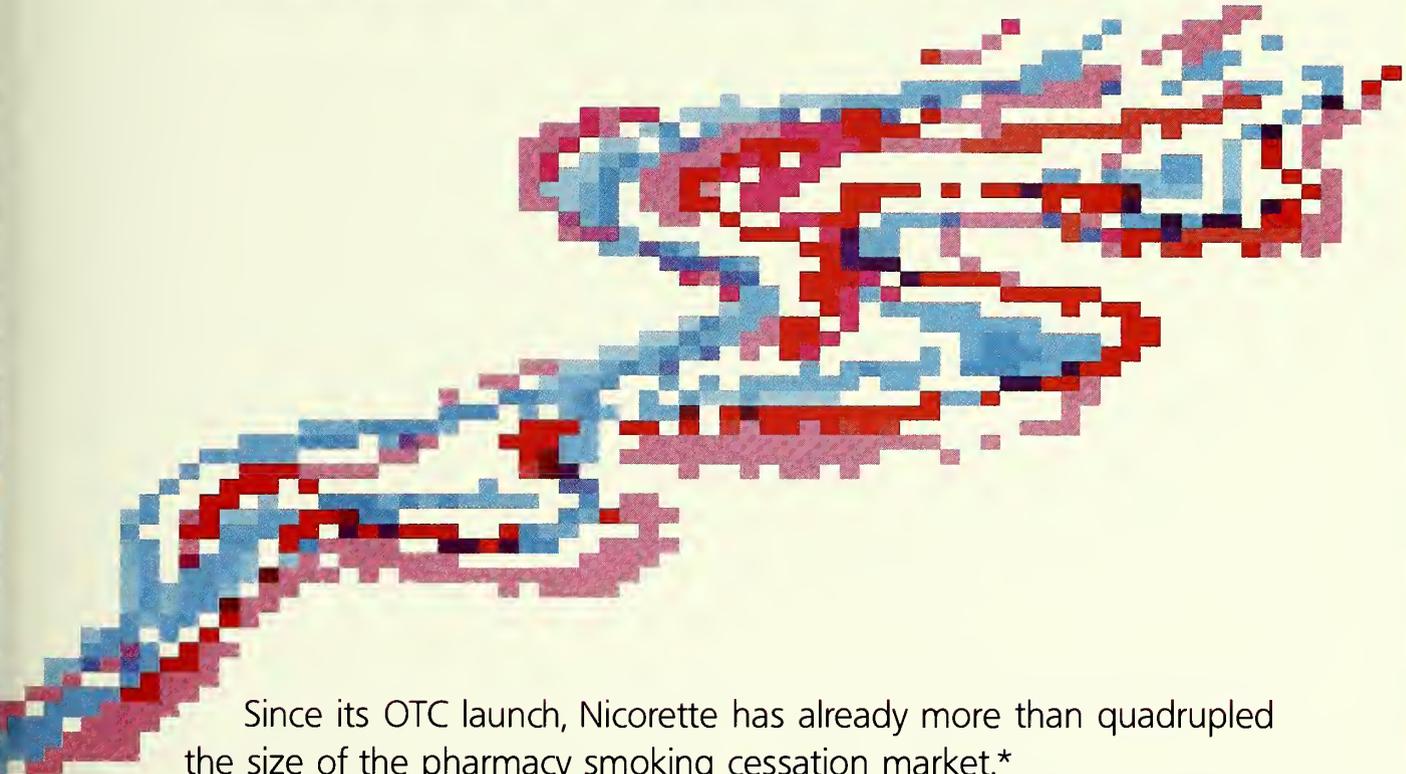
Giant Tixylix packs are

available for window display two showing a different product on each side. A third pack shows the decongestant product only. Shelf edgers, colour coded with the flashes on the new packs, are also on offer.

The new Tixylix range will be supported by a £750,000 advertising campaign in the women's Press, mother and baby magazines and national newspapers. **Intercare Products Ltd. Tel: 0734 790345.**



# MARKET LEADER



Since its OTC launch, Nicorette has already more than quadrupled the size of the pharmacy smoking cessation market.\*

What's more, with over 80% of sales, Nicorette now out-sells its nearest rival by 8 : 1.\*

Further massive advertising is planned soon to promote even greater sales through your pharmacy.



Make sure you've sufficient stocks to meet your customers' needs. Order **now** from your wholesaler, or contact your local Lundbeck OTC representative.

Your No.1 Choice In Smoking Cessation

*Lundbeck*

Lundbeck House, Hastings Street, LUTON, Bedfordshire LU1 5BE

\* Nielsen: July/August 1991 (£)

# Isn't it time took a step

Our company, Young Nutrition, will be new to you. Our ready-to-feed baby milks are certainly breaking new ground.

Before we establish our credentials, we'll introduce you to First, our infant milk for babies from birth onwards. And Forward, our follow-on milk for babies from 6 months.

One glance and you'll see how different they are. Our UHT ready-to-feeds are whiter and look like real milk. Which is only natural as we have the shortest heating time of any UHT RTF manufacturer.

The other benefits are equally innovative. First and Forward taste fresher and smell lighter, less sickly than the competitors. They're less processed and contain no artificial additives.

Independent research has shown that First is considered by mothers to be superior to either of the two leading ready-to-feed infant milks. Despite brand loyalty, 57% of them said they would use First instead of their current brand.

Our expertise in UHT technology is inherited from our parent company, Valio. They are world leaders in this field and have pioneered UHT baby milks since 1973.

At Young Nutrition, we believe in a research approach. And have used extensive medical and consumer research to develop our products.

Now we're committed to building the RTF and follow-on milk markets. These are the two fastest growing sectors.

# babymilks forward?

They offer great potential in terms of volume, rate of sale and profit to the forward thinking retailer.

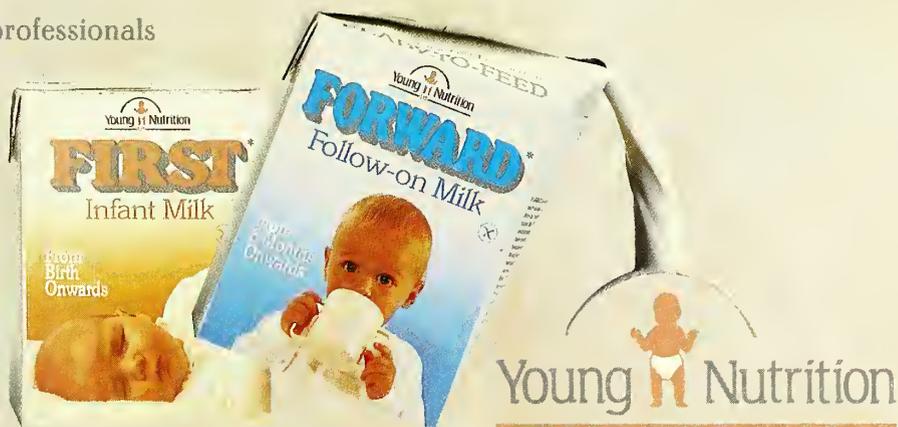
We're also supporting our milks with heavyweight marketing campaigns to health professionals and consumers.

The benefits of First and Forward will ensure they're bought for regular rather than occasional use.

As ready-to-feed milks, they are in tune with the needs of today's mothers. And are definitely a natural step forward.

Young Nutrition babymilks are distributed by Britannia Health Products.

For more details contact Andrew Crumpton on 0737 773741 or Young Nutrition Ltd, Forum House, Brighton Road, Redhill, RH1 6YS.



Breastmilk is best for babies. Infant milk is intended to replace or supplement breastmilk when mothers do not breastfeed. The cost of infant milk should be considered and professional advice sought on all matters of infant feeding.

**Calpol® Extra Tablets Product Information**

**Presentation:** Each pink tablet contains 500mg Paracetamol BP, 5mg Codeine Phosphate BP and 10mg Caffeine BP.

**Uses:** For the relief of pain and feverishness, associated with headaches, colds and influenza, toothache, period pains and rheumatic pains.

**Dosage and administration**

**Adults and children over 12 years:** 2 tablets up to four times daily. Not more than 4 doses should be

administered in any 24-hour period; do not repeat dose more frequently than 4-hourly.

**Contra-indications, warnings, etc**

**Contra-indications:** Hypersensitivity to any of the constituents.

**Precautions:** Use with caution in the presence of renal or hepatic dysfunction. No data are available on the use of Calpol Extra tablets in pregnancy and lactation.

**Side and adverse effects:** Side-effects with Calpol

Extra are rare in therapeutic doses. Paracetamol has been widely used and reports of adverse reactions are rare, and are generally associated with overdosage. Codeine may sometimes cause constipation on chronic usage.

R.S.P. £1.14 for Pack of 12 Tablets, £2.04 for Pack of 24 Tablets.

**Legal Category:** CD (Sch 5), P.

**Further Information:** Available on request.



Wellcome

\*TRADE MARK

# Extra, Extra, read all about it.



For years parents have trusted Calpol to give fast relief from aches, pains and fevers.

Now Wellcome offer that same effective pain relief for adults, with new Calpol Extra.

Each tablet contains paracetamol and codeine, both highly efficient analgesics which work quickly to soothe

away pain associated with headaches, colds, influenza, toothaches, period pains and rheumatic pains.

So, the next time you're asked for fast, effective pain relief recommend new Calpol Extra for adults.

After all, you've been trusting Calpol for years.

**Calpol Extra for Adults  
for fast, effective pain relief.**

# Gillette relaunch foams with improved formula

Gillette have relaunched their shaving foam range with new packaging and improved formulations.

The new formulation is said to give a richer, creamier lather, resulting in a smoother, closer shave.

Research carried out by Gillette revealed that 59 per cent of those surveyed said they preferred the new formula foam to a rival brand and 56 per cent preferred it to the old formulation.

The packaging has been redesigned with colour coding to identify the four variants and bolder graphics. The new colour codes are: regular, red; lemon lime, green; sensitive, burgundy; moisturising, blue. All variants will retail at £1.09 each.

The relaunch will be supported by a Press campaign. **Gillette UK. Tel: 081-560 1234.**

## Milupa campaign on TV

Milupa are on television again this Autumn, repeating the "enormously successful" campaign first launched last Spring.

The company's research shows the commercial was effective in reaching its target audience; even mothers not already committed to the brand said they would consider buying it.

The commercial, which emphasises Milupa's natural wholesome ingredients, balanced nourishment, and the wide variety of tastes in all mealtimes, has been updated to include the new Milupa infant food packs launched this Autumn.

The £1 million campaign runs until the end of November on TV-am and during the day in Ulster and Yorkshire. It targets mothers with children under three years of age, each of whom will see the commercial 4.5 times.

Milupa say: "We expect to see a significant increase in sales following the new TV campaign and new packs launch. We are supporting the campaign with Press advertising, a direct marketing and sampling programme, new literature and a comprehensive PR programme." **Milupa Ltd. Tel: 081-573 9966.**



## Promotion for Salveau

Instant Analysis are promoting their recently launched herbal antiseptic Salveau.

The product will be offered to the trade at 15 for the price of 12 bottles (£15.35) until December 31. A 50ml bottle retails at £1.95. **Instant Analysis. Tel: 061-721 4418.**

## Cheer from Sangers in Kodak promotion

The third stage of the Sangers' Kodak wine tour promotion features Tuscany.

Retailers ordering 60 rolls of Kodak film win a bottle of Chianti plus novelty duck wine stoppers. A 120 roll order qualifies the retailer for three bottles of Frascasti in a presentation box and a wine rack, while those who order 180 rolls of film can expect six bottles of

Valpolicella with a silver plated wine bottle sleeve.

There is also the option to save up points towards other prizes. And there is the chance to win a weekend break for two. Retailers who take part in all three parts of the competition are also entered into a free draw for a holiday for two in California. **Sangers Photographic. Tel: 021-523 4471.**

## Working together for profit — the new Vitalia campaign

Working together for profit is the theme of a nationwide advertising campaign launched by Vitalia.

The major thrust of the campaign is in the capital with London Transport tubes and buses carrying posters with the theme "Get up and go with Vitalia". Window posters on the same theme are being distributed to pharmacies nationally.

The posters encourage consumers to compare brands, prices and quality before purchase, and to ask their pharmacist for advice on multivitamins.

For the trade larger than usual discounts will be available on Vitalia's products during the promotion period which runs until next Spring.

Vitalia managing director

Pradip Pattni says the company is investing £500,000 in the campaign, its biggest investment to date. The company's fleet of cars have carried the slogan "To hell with the recession" for several months. It has now been amended to read "To hell with the recession. Get up and go with Vitalia". **Vitalia Ltd. Tel: 0442 231155.**

## Get Up and GO with VITALIA!

Compare and See	VITALIA	BRAND LEADER
VITAMIN A	✓	✓
VITAMIN B1	✓	✓
VITAMIN B2	✓	✓
VITAMIN B6	✓	✓
VITAMIN B12	✓	✓
VITAMIN C	✓	✓
VITAMIN D	✓	✓
VITAMIN E	✓	✓
VITAMIN K	✓	✓
PHOSPHORUS	✓	✓
CHOLESTEROL	✓	✓
COBALT	✓	✓
IODINE	✓	✓
MANGANESE	✓	✓
SELENIUM	✓	✓
ZINC	✓	✓
BIOTIN	✓	✓
CHROMIUM	✓	✓
MOLYBDENUM	✓	✓

- Compare our Multivitamins
- VITALIA IS BETTER VALUE BETTER FORMULATION HIGHEST QUALITY
- Compare also with Boots Company own label Multivitamins and YOU JUDGE whether VITALIA IS BETTER VALUE
- It's YOUR CHOICE!

Vitamins = Vital = VITALIA

the natural choice

VITALIA MULTIVITAMINS WITH MINERALS  
Vitamins and Minerals are Essential at all ages to maintain Physical and Mental Health. A Multivitamin supplement is a valuable insurance in safeguarding against a deficiency.  
ASK YOUR PHARMACIST FOR EXPERT ADVICE ON VITAMINS

## Hypo-allergenic haircare

Crimpers is a new haircare range with a difference — it claims to be hypo-allergenic.

Developed by a trichologist, Crimpers Pure is aimed at consumers with sensitive skin and scalp. The products contain no perfume, colorants, preservatives, chlorine, artificial thickeners and foamers or pearlisers, says the company. None of the ingredients are tested on animals.

The range comprises five products: frequent wash shampoo (250ml £2.25), shampoo for dry and damaged hair (250ml £2.25), conditioner for dry and damaged hair (250ml £2.35), intensive conditioning treatment (200g £3.50) and gentle hair spray (200ml £2.95).

The range has been approved by BUAV, the Eczema Society and Action Against Allergy. **Crimpers Pure Products Ltd. Tel: 071-794 2949.**

## Sponge additions at Spontex

Spontex are adding three new sponges to their range.

The massage sponge features a skin toning surface on one side and natural cotton on the other. It comes in five colours and is packed in a drawstring bag (£3.99). For an introductory period it will contain a free sachet of pot pourri.

The cosmetic sponges are circular and come in five colours (£0.89).

Make-up sponges come in packs of five, each containing two fine textured pink sponges for make-up application and three open textured sponges for make-up removal. They retail at £2.25 each. **Spontex. Tel: 0792 475544.**

## Painting faces

Tom Fields have introduced a range of face paints.

The set, launched under the Tinkerbell brand name, contains 30 units in 12 different colours, a model face to practice on, applicators, stencils, instruction booklet and a clown nose. The set retails at £9.99. **Tom Fields UK Ltd. Tel: 0303 850040.**

Now, Milupa Infant Foods are  
even easier for mums to pick up.

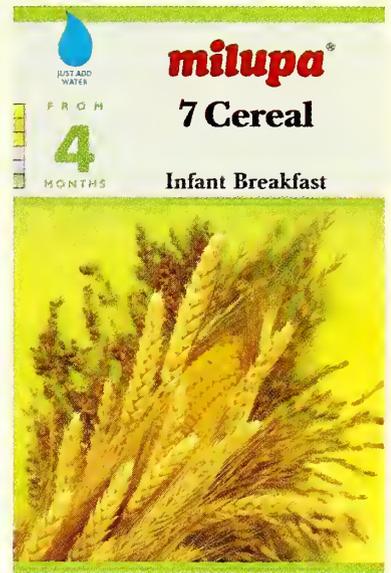




Mums are very important to us at Milupa. So, when they told us what they wanted from the dry babyfood brand leader, we listened. We re-designed our packs to suit them.

We've made them easier to recognise on shelf, with a clearer identification of the variety, starting age and the mealtime. This helps you display them correctly and allows mums to choose the right meal for their baby.

And we've used more appetising photography of the ingredients and distinctive pack colours to give them greater impact and appeal.



Take a good look at our new packs before they disappear off your shelves.

With our £5 million support programme, including a second burst on TV this Autumn, you're sure to see a lot more of our mums.

So be prepared and pick up extra stocks of Milupa Infant Foods now.

**milupa**<sup>®</sup>  
INFANT FOODS

Carefully balanced meals for your baby.

See your representative or ring our Sales Department on 081-573 9966. Milupa Ltd, Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 ONE.



With the growth in the number of mothers returning to work, Farleys are targeting this group with an information pack entitled "Back to work". It contains three booklets which cover feeding options for working mums; childcare facilities; and aspects of how the return to work might affect mothers, both physically and emotionally. Farley's "Back to work" pack is available to consumers on request from Farleys. Crookes Healthcare. Tel: 0602 507431.

## Classy legs from Couture hosiery

Couture Designer Hosiery have introduced four new designs for the party season.

Alhambra is an opaque tight with a lacy legging effect at the ankle. It comes in amethyst and black in three sizes (£4.99). Deco 10 denier tights sport a 30s black and silver design at the ankle. They come in black in one size (£3.99).

Fez sheer 10 denier tights feature an embroidered gold motif at the ankle. They come in black in one size (£3.50).

New Peacock 10 denier tights have a silver spray pattern on the ankle. They come in black in one size (£3.99). **Couture Marketing Ltd. Tel: 0788 823169.**

## Numark Winter offers

Numark December offers include Bodyform regular 10s (£0.95). Harmony hairspray 200ml plus 25ml free (£0.99). Polyfoam perm (£3.75) and Signal

toothpaste three for two (£1.25). With every case of Wilkinson Sword blades ordered, members will receive a free case of Profile razors.

A £150 order of Nucross surgical dressings secures a reproduction antique 19th century clock. Also available will be Numark's new advanced film in four formats: 110-24, 135-24, 135-36 100ISO and 135-24 200ISO. **Numark Management Ltd. Tel: 0827 69269.**



A new Press advertising campaign for Robitussin breaks next month featuring various family pets showing how the different cough remedies keep their owners on the go! The £440,000 campaign will run in women's magazines throughout the Winter. Point of sale material is available and includes window showcards, counter display units and shelf talkers as well as consumer leaflets. An assistants' competition is also planned offering gift vouchers for the Burton Group. Whitehall Laboratories. Tel: 071-636 8080.

## Free cosmetics from Lenthaleric

Lenthaleric are giving away free products to consumers throughout November and December.

Special clip-off coupons offering free cosmetics will be featured in a Press campaign in the *Daily Mail*, *Mail on Sunday*, *Hello* and *Visage*. Consumers will receive one product from the Lenthaleric cosmetic range worth up to £2.99 free in exchange for the coupon. **Lenthaleric Morny. Tel: 0276 62181.**

## For mums-to-be

Comfitum is a new seat belt accessory which protects the unborn baby or patients convalescing after stomach operations. It is designed to ensure that, in the event of an accident, the seat belt restrains the wearer across the pelvis and not over the stomach. It retails at about £20. **Electrolux Klippan. Tel: 0228 35544.**

## Seasonal gift

Gerard House have an unusual gift pack for Christmas — a dark green box containing the essential oils of frankincense and myrrh (10ml each). The pack retails at £14.50. **Gerard House Ltd. Tel: 0202 434116.**

## Volcalzone sold

Inphomed have purchased Vocalzone throat pastilles from English Grains. The pricing structure and pack will remain unchanged, say **Inphomed. Tel: 0962 878811.**

## Actibrush

Colgate Palmolive claim that, having reached number one in the mouthwash market, Actibrush has also achieved leadership in the pharmacy sector. The company says that in the 12 weeks to September 29, Actibrush achieved a 24.8 per cent share in independent

chemists. The "Still working" TV campaign will continue to Christmas and into next year and trial sizes are currently available from wholesalers. **Colgate Palmolive Ltd. Tel: 0483 302222.**

## New look Tums

Smithkline Beecham have repackaged their Setlers Tums with bolder graphics and a larger tamper-evident seal. The 36 pack has also been changed from cellowrap to carton format to facilitate merchandising. A television campaign is planned. **Smithkline Beecham Health Care. Tel: 081-560 5151.**

## Rhymers launch

Thomas Cork SM Ltd, who make the Rhymers range of baby products, have appointed SMI Ltd to handle the launch into the chemist sector. **SMI Ltd. Tel: 0562 825100.**

## AAH discounts

AAH Pharmaceuticals are offering discounts on compression hosiery and catheters throughout November. Customers will receive a 17.5 per cent discount on trade prices of Lantosheer compression hosiery and 15 per cent of Pennine Nelaton catheters. **AAH Pharmaceuticals. Tel: 0928 717070.**

## Olympic coup

Kodak Xtralife and Photolife batteries have been named the official batteries of the 1992 Olympic Games. Kodak are planning a series of promotional activities to help

retailers benefit from the sponsorship. **Kodak. Tel: 0442 61122.**

## Hi-Tech Tudor

Tudor Photographic are introducing Hi-Tech alkaline and zinc chloride batteries to their range. The batteries are said to offer extra long life and high performance. **Tudor Photographic. Tel: 081-450 8066.**

## Manilow Magic

Elida Gibbs are sponsoring a series of Barry Manilow concerts, to promote Sunsilks. Promotions staff will be giving away cans of hairspray and the brand name will be featured in the programme and on banners. **Elida Gibbs. Tel: 071-486 1200.**

## Lipcote offer

Larkhall Natural Health have teamed up with Unichem to introduce a new Lipcote merchandiser. Throughout November stockists will be offered the new merchandiser, with 24 x 7ml packs of Lipcote, at the price of £24.09. All pharmacists will be able to order the merchandiser from December. **Larkhall Natural Health. Tel: 0223 421820.**

## Inhaler offer

Clearway Products are running a special offer on their Clearway inhaler until the end of November. Retailers will be offered ten inhalers for the price of nine plus free point of sale material. **Clearway Products Ltd. Tel: 0945 475005.**

## Vantage hosiery discounts

AAH Pharmaceuticals are offering discounts on their new children's tights range.

Designed to coincide with the launch of junior Vantage hosiery, members need to order ten or more outers of any combination of children's tights to qualify for a 15 per cent discount. Eight orders will qualify for a 12.5 per cent discount. **AAH Pharmaceuticals. Tel: 0928 717070.**

## Soft to the touch...

The new Fenjal Press advertising campaign invites readers to "Feel the difference".

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GTV Grampian B Border BSB British Sky Broadcasting C Central CTV Channel Islands LWT London Weekend	C4 Channel 4 U Ulster G Granada A Anglia TSW South West TTV Thames Television	TV-am Breakfast Television STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees
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Brylcreem Sensus:	C, TVT
Colgate, Actibrush:	All area
Colgate, Great Regular Flavour:	All area
Cream Silk:	All areas except TV-am
Dimension:	All area
Healthcraft nutritional supplements:	C, TVS
Hero aftershave:	All areas except TV-am
Kyomi:	All areas except TV-am
Lynx roll-on:	All area
Minadex:	TV-am
Nurofen and Nurofen Soluble:	All area
Orbit and Orbit Extra:	A, TSW, LWT, TTV
Radian B Mineral Bath	C
Sanatogen:	All area
Seven Seas Pure Cod Liver Oil:	All area
Slim Fast:	All areas except C4 & TV-am
Timotei shampoo:	All areas except CTV, Y, TVS & C4

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**Prescribing information**

**Presentation Tablets:** White tablet marked with the product name on one side and 'RORER' on reverse. Each tablet contains: magnesium alginate 500mg, aluminium hydroxide/magnesium carbonate co-gel 360mg, Magnesium Carbonate BP 320mg, Potassium Bicarbonate USP 100mg. Other ingredients include sucrose. **Suspensions:** A white suspension with odour and taste of aniseed, a cream suspension with odour and taste of mint. Each 5ml contains: magnesium

alginate 250mg, aluminium hydroxide/magnesium carbonate co-gel 140mg, Magnesium Carbonate BP 175mg, Potassium Bicarbonate USP 50mg. Other ingredients include parabens. **Uses:** For the relief of heartburn associated with gastric reflux, reflux oesophagitis, hiatus hernia, pregnancy and hyperacidity. **Dosage and Administration:** For oral administration. **Tablets Adult dose:** Chew 1 or 2 tablets four times a day or as directed by a physician. Tablets should be taken after meals and at bedtime, or as needed. **Suspension:** 10 to 20ml four times a day or as directed by a physician. The suspension should be taken after meals and at bedtime, or as needed. The bottle should be shaken well before use. **Children:** Not recommended for children under 12 years. **Elderly:** No special precautions required. **Contra-indications, Warnings, etc:** There are no specific contra-indications to Algicon but the product should not be administered to patients who are severely debilitated or suffering from kidney disease or to patients who are currently taking an antibiotic drug containing tetracycline. Due to the high sugar content of the tablets, care should be exercised in the treatment of diabetic patients with this dosage presentation. **Use in Pregnancy:** It is probably wise to avoid taking preparations containing antacids in the first trimester of pregnancy. **Overdosage:** In overdose, abdominal distension is the most likely occurrence and appropriate conservative measures should be taken. **Pharmaceutical Precautions Tablets:** Store in a cool, dry place. **Suspension:** Mix well before use. Do not freeze. **Legal Category P. Package Quantities Tablets:** Cartons containing 60 blister-packed tablets. **Suspension:** Bottles containing 500ml of suspension. **Basic NHS Cost:** 60 tablets £2.40. 500ml suspension £2.60. **Further information:** The product contains an alginate combined with an antacid which, on reaction with the gastric contents of the stomach, forms an insoluble gel-like layer above the stomach contents which impedes reflux and provides a demulcent action. The product has a low sodium content of less than 10mg per tablet, and less than 10mg per 10ml of suspension. **Product Licence Numbers Tablets PL 5272/0010 Suspension PL 5272/0009 Suspension Aniseed Flavour PL 5272/0053 Date of Preparation: October 1988 Amended: January 1991**

Further information is available on request from:  
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Eastbourne,  
East Sussex, BN21 3YG



# NPA renews call for CRCs on liquids

The National Pharmaceutical Association is to write to the Royal Pharmaceutical Society to draw renewed attention to the problem of child-resistant closures for liquid medicine containers.

At its October meeting, the Board was saddened to learn of the death of a Liverpool youngster from methadone overdose (C&D last week). Members felt it was time to press for work to be stepped up on the development of a CRC for liquid medicine containers.

**Referred prescriptions** The Board expressed concern that while the Prescription Pricing Authority would accept a pharmacist's endorsement for the strength or quantity of a medicine when omitted from a prescription, it would not do so for other omissions, such as the size of dressings.

Referring these scripts back to the prescriber is an insult to the pharmacist's integrity, and an unnecessary inconvenience to the patient the Board felt. PSNC is to be urged to continue to try to remedy the situation.

**Action pack** NPA director Tim Astill says the action pack on repeat prescription collection services is "fully above board". He does not accept the view expressed by the Pharmaceutical General Council that the use of such material

contravenes the NHS Terms of Service in Scotland.

**Boots contravene RPM** Board members applauded the Proprietary Articles Trade Association for informing Boots that their joint promotion with British Rail, offering two Inter City rail journeys for the price of one with goods worth £5, should not extend to medicine sales. They were reassured to learn that Boots continued to be supportive of RPM.

**Accreditation for cholesterol**

**tests** The Society's proposal to introduce voluntary accreditation for pharmacists offering cholesterol testing was endorsed by the Board.

**NPA logo** NPA members can use the redesigned NPA logo on their letter heads, the Board decided. Bromides of the logo will be available from Mallinson House

**Evidence on Lloyds' bid for Macarthy** The Board agreed to accept an invitation from the Monopolies and Mergers Commission to give oral evidence

on the proposed merger between Macarthy and Lloyds Chemists.

**Building societies and PMI** The Board was concerned to hear from John Hart, manager of Pharmacy Mutual Insurance, about fresh attempts by some building societies to restrict borrowers' choice of insurance company by offering lower initial interest rates for insuring both the building and home contents. A protest is to be made to the Office of Fair Trading.

**Book promotion** The terms of a special promotion to members in early December of "Health promotion for pharmacists" compiled by Alison Blenkinsopp and Rhona Panton was approved.

**'Baby quiz' video** Single cassettes of the "Baby quiz" video are being offered to members who wish to view it before ordering the counter display pack, on sale-or-return.

**Needle exchange scheme logo** The availability of Manchester City Council's Environmental Health Department window sticker of the nationally accepted syringe/needle exchange scheme logo is to be publicised.

**New branch secretary** Les Cunliffe has been appointed as secretary of the NPA's Dorset Branch. The retiring secretary Peter Clarke has agreed to serve for a year as branch chairman.



Congratulations to Elaine Curtis of A.C. Ferguson (Chemists) Ltd, Cradley Heath: she has won March's Merrell Dow prize for producing the best "task sheets" in the NPA's medicine counter assistants training course. Lynne was presented with a framed certificate by NPA Board member David Thomas. She also received a £20 gift voucher from Philip Roome (right) on behalf of Merrell Dow. Pharmacist Alastair Ferguson (left) looks on



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## PSNI retention fee up to £90 for 1992

The retention fees for the Pharmaceutical Society of Northern Ireland are to rise to £90 for full members from next year. Fees for members aged 65-70 and those resident outside the Province rise to £40 and those for members over 70 to £15.

At the meeting of the Society's Council on October 17 Robin Holliday was re-elected president, having been proposed by Ronnie McMullan. On taking the chair for his second term he thanked the Council for their continued confidence.

Dr William Woodside was re-elected as vice-president, and Mr R.G. Dillon as treasurer. Mr Samuel Simpson was elected to the General Purposes Committee. The president informed Council that any names proposed for co-option to Council should be accompanied by a letter from the nominee that they would be willing to act on Council.

The president reported the death of Mr Gerry MacManus who had been a pharmacist in the Mater Hospital, Belfast for many years and extended the sympathy of the Council to his family.

The president, vice-president, Dr M.G. Scott, Mr J. Kerr and Dr J.D.G. O'Hare met on October 24 to

discuss EC matters in detail.

Council agreed that Professor P.F.D'Arcy should continue to be the Society's representative on the Council of the Commonwealth Pharmaceutical Association.

The application of Miss Annette Jamieson Loughins, 64 Kensington Road, Belfast BT5, for restoration to the Pharmaceutical Register in Northern Ireland was granted.

The company of Cleaver, Fulton & Rankin were re-appointed as the Society's solicitors.

Dr T.A. Maguire reported on recent meetings held by the Education Committee. Matters discussed were:

- Recent developments in the Postgraduate Pharmacy Education and Training Committee (PPET) which has taken over from the Post-Qualification Education and Training (PQET).

- The preparation of a training manual for preregistration students which will be available to those who will be commencing their training in 1992.

A president's "At-Home" is to be held for preregistration students on November 6 in the Society's House, 73 University Street, with the title "Ethical & Moral Issues in Pharmacy Practice".



Relaxing after the Ulster Chemists Association dinner, held last Saturday at the Culloden Hotel, Belfast are (left to right) Mr T. O'Rourke, secretary of the PCC, UCA president Verus Reaney, Mr Harry Boyd, Mr Ronnie McMullan, Central Services Agency, and Numark managing director Terry Norris. Numark, along with Sangers (NI) and Evans Kerfoot, were the main sponsors of the event, which was attended by some 180 people



On October 4 the Council of the Pharmaceutical Society of Northern Ireland held a dinner at Stormont Hotel, Belfast for Mr Joe Cahill to mark his retirement as registrar and secretary from the Pharmaceutical Society of Ireland. Mr Cahill (left) was presented with a television set by PSNI president Robin Holliday, while his wife Anne (right) received a brooch. Also pictured is Mrs Charlotte Holliday

The outlook is dry

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## Ulcer treatments

**Peptic ulcer can be a chronic disease which needs life-long treatment. C&D outlines the latest approaches to treatment**

Peptic ulcer disease is now regarded as a chronic relapsing disorder. Although ulcers are easily healed, the big problem is that they keep recurring, and gastro-enterologists are coming round to the idea that ulcer disease should be regarded as a case for long-term treatment in the same way as diabetes and hypertension.

Some experts believe that the bacterium, *Helicobacter pylori*, is a major contributing factor to duodenal ulcer and that if you eliminate the infection you eliminate the need for expensive long-term maintenance with H<sub>2</sub> receptor antagonists.

Either way, peptic ulcer disease is a potentially life-threatening condition whose seriousness is generally underestimated. Every year more than 4,500 people in Britain die from complications such as bleeding and perforation — as many as are killed on the roads.

The need for a standard approach to treatment persuaded last year's World Congress of Gastro-enterology in Sydney to agree on a consensus "Management plan for peptic ulcer disease."

It was decided that patients under 40 with a first attack of peptic ulcer symptoms could be given a four-week course of an H<sub>2</sub> receptor antagonist or antacid without the condition being diagnosed by endoscopy. If symptoms disappeared, all well and good, and the patient with self-limiting, acute dyspepsia would have been spared unnecessary investigations. Those patients relapsing could then be referred to a gastro-enterologist so that the diagnosis could be confirmed by endoscopy before giving a further course of H<sub>2</sub> receptor antagonist.

Although physicians are advised to exclude malignancy before prescribing ulcer-healing agents, the risk of delaying diagnosis of a possible cancer was thought to be insignificant in this younger age group. But a history of recent onset of indigestion in a patient older



Courtesy of Astra Pharmaceuticals Ltd

### Multiple gastric ulcers

than 50 years should arouse suspicion, particularly if the pain lasts more than 14 days, and is accompanied by nausea, vomiting and weight loss.

### Initial management

**Duodenal ulcer** The standard initial therapy is four to eight weeks treatment with an H<sub>2</sub> receptor antagonist, after which 80-90 per cent are healed. Alternative treatments are colloidal bismuth or sucralofate for a similar length of time.

Those ulcers that fail to heal in this time can be treated for a further month, the dose of the H<sub>2</sub> receptor antagonist increased, or a different healing agent tried.

About 80 per cent of patients with healed duodenal ulcers relapse. Maintenance therapy with a low dose H<sub>2</sub> receptor antagonist, given every night, is recommended for at least 12 months — or even for a lifetime. The duration of treatment depends on the clinician's assessment of the risk of recurrence and how dangerous that might be, for example, recurrence would be particularly undesirable in elderly, infirm patients or those on long term anticoagulants.

**Gastric ulcer** Although gastric ulcers have a lower recurrence rate (about 42 per cent over two years) they are associated with a higher risk of complications such as bleeding or perforation. The management plan recommends that they should always initially be referred to a gastro-

enterologist for advice on management and follow-up.

### Maintenance

The management plan cites H<sub>2</sub> receptor antagonists as the mainstay of long term treatment because they effectively reduce the incidence of relapse and complications and have an excellent long term safety profile. In general, maintenance studies have shown that the various H<sub>2</sub> receptor antagonists are equally effective in preventing recurrence.

To encourage compliance, patients should be warned that their condition is potentially serious unless they are careful to take their medication regularly and avoid contributory factors such as smoking and over the counter non-steroidal anti-inflammatory drugs.

### *H. pylori*

Recent research has suggested that duodenal ulcers may be due to infection with *Helicobacter pylori* (once thought to be a *Campylobacter*), which is present in over 90 per cent of patients with duodenal ulcer and about 70 per cent with gastric ulcer.

It is found in the gastric mucosa which protects it from attack by stomach acid. Its exact role in causing duodenal ulcers is unclear and it is also uncertain how the infection is acquired. Not all patients with the

infection develop ulcers and evidence is emerging that some strains are more likely to cause ulcers than others. *H. pylori* can be identified by microscopic examination of biopsies taken during endoscopy and by the urea breath test in which the patient swallows a small dose of non-radioactive carbon-labelled urea; the bacterium readily splits the urea and the resulting carbon dioxide is measured in the expired air.

*H. pylori* can be eradicated by a combination of bismuth compounds and antibiotics, and this regimen has been found to reduce the relapse rate for duodenal ulcer from 80 to 20 per cent or less in one year.

A working party of the World Congresses of Gastro-enterology in Sydney recommended that this approach should be considered when a duodenal ulcer is *H. pylori* related and there is no history of NSAID therapy. It is not generally indicated in patients with mild disease which can be easily managed with intermittent therapy.

The favoured regimen is two week's treatment with colloidal bismuth subcitrate or bismuth subsalicylate (one tablet four times daily) plus tetracycline hydrochloride or amoxicillin (500mg four times daily) and metronidazole (400mg three times daily). Metronidazole should not be used alone as resistance can occur.

The working party did not recommend triple therapy for patients with non-ulcer

dyspepsia, gastric ulcer or NSAID-induced ulceration. Bismuth compounds alone would be acceptable for these patients, although some gastroenterologists are prepared to prescribe triple therapy in *Helicobacter* positive gastric ulcer or non-ulcer dyspepsia in which the patient relapses frequently and has a good symptomatic response to bismuth compounds alone.

One of the major problems is adverse effects from the antibiotics, which means that triple therapy is not generally considered a first line treatment but tends to be preferred for those patients with frequent relapse. It is also fairly cumbersome and compliance might be a problem.

Early clinical studies using omeprazole and antibiotic combinations are showing promising results in the eradication of *H. pylori*, although the usefulness of this regimen will not be known for a couple of years. Omeprazole alone does not eradicate the bacterium.

Other trials are looking at the use of  $H_2$  receptor antagonists with antibiotics.

## The drugs used

Antacids help to promote healing by reducing acid-induced damage, but these preparations have already been covered in depth in previous C&D articles. The other drugs used fall into five main categories —  $H_2$  receptor antagonists, anticholinergics, agents promoting mucosal defence, prostaglandin analogues and proton pump inhibitors.

### 1. $H_2$ receptor antagonists

Four compounds of this type are available — cimetidine (Tagamet), famotidine (Pepcid PM), naxotidine (Axid) and ranitidine (Zantac). They heal gastric and duodenal ulcers by reducing gastric acid output as a result of blocking histamine receptors on parietal cells. They are effective but relapse is common when treatment ceases, so the patient is usually managed by further short courses of treatment or by low dose maintenance therapy.

The drugs usually produce relief of symptoms in one or two weeks and heal 80-90 per cent of duodenal ulcers after four to eight weeks. Gastric ulcers may take more time but usually over 80 per cent are healed in eight weeks.

**Precautions** Renal impairment (which requires dosage reduction), pregnancy and breast-feeding.

**Side-effects** The drugs are well tolerated. Most adverse effects are rare and readily reversible on withdrawal of the drug. The *Adverse Drug Reaction Bulletin* (April 1991) said that double-blind randomised controlled trials of short-term treatment with cimetidine, ranitidine or a placebo have shown that unwanted effects were similar in the three groups. The more recently introduced famotidine and nizatidine are likely to have

adverse effects similar to ranitidine.

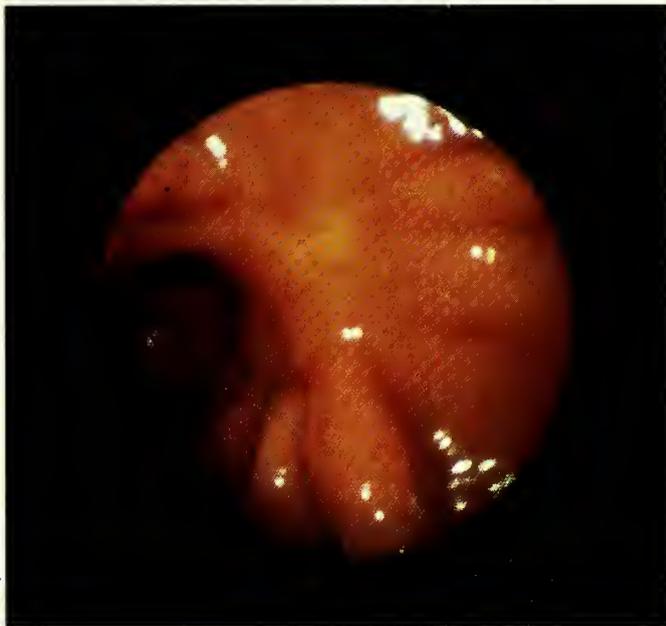
Gynaecomastia and galactorrhoea have occurred in males taking high doses of cimetidine for long periods and a few reports have suggested ranitidine may have this effect. There have also been rare reports of impotence with cimetidine. Mental confusion is another uncommon side-effect with  $H_2$  receptor antagonists.

**Interactions** Cimetidine binds to the liver P450 microsomal enzyme system and so retards the breakdown of drugs normally metabolised by this route, leading to increased plasma concentrations. The most clinically important effects

of the symptoms of the underlying disease. There was some initial concern about development of carcinoids in the acid-secreting cells of rats, but this was found not to be caused by the drug but by the reduction of acid, and does not occur in humans. **Interactions** Enhances the effects of warfarin and phenytoin.

### 3. Selective antimuscarinics

**Pirenzepine** (Gastrozepin) inhibits gastric acid and pepsin secretion. It is as effective as  $H_2$  receptor antagonists in healing gastric and duodenal ulcer, and can be used in conjunction with these agents in resistant cases. It



Healing gastric ulcer (stellate scar)

are likely to occur with oral anticoagulants, phenytoin, theophylline and intravenous lignocaine, all of which have a fairly narrow therapeutic index.

### 2. Acid (proton) pump inhibitors

**Omeprazole** (Losec) inhibits gastric acid by blocking the hydrogen-potassium adenosine triphosphatase enzyme system of the gastric parietal cell. It therefore acts specifically at the final step of acid secretion. Healing rates and relief of symptoms are better than with  $H_2$  antagonists as omeprazole is a more effective anti-secretory agent. Although in most countries the drug is accepted as a first line treatment for gastric and duodenal ulcers, the UK Data Sheet says it is indicated only for those ulcers unresponsive to conventional therapy, including those due to NSAIDs, and that long term treatment is not recommended. However, an announcement concerning the terms of the UK licence is expected this month.

**Warnings** Contra-indicated in pregnancy and breast-feeding. **Side-effects** Nausea, occasional headache, diarrhoea, constipation, flatulence and rashes. In comparative studies, the incidence of reported adverse events has been similar to those with ranitidine and cimetidine and mainly reflects

is taken for four to six weeks.

**Side-effects** Occasionally dry mouth and visual disturbances, agranulocytosis and thrombocytopenia.

### 4. Protective agents

**Bismuth compounds** Tripotassium dicitrate bismuthate (De-nol) has a healing rate comparable to  $H_2$  receptor antagonists after four to eight weeks and reduces the relapse rates (see above). Healing may be related to its action against *H. pylori*, or it may bind to proteins in the base of ulcers and form a protective coating; it may also stimulate mucosal bicarbonate secretion.

**Warnings** Avoid in severe renal impairment. **Side-effects** It may blacken the tongue and teeth and darken the faeces. Bismuth-containing antacids are not recommended for long-term use because absorbed bismuth can be neurotoxic (although this is not a problem with the citrate complex).

**Counselling points** The elixir is likely to adhere to food rather than the ulcer so should be taken 30 minutes before meals and, on the four times daily dosing schedule, the last dose should be two hours after the main evening meal. Patients should not drink milk during treatment, although small amounts can be taken in tea or

coffee or on cereals. Antacids should not be taken half an hour before or after a dose.

**Sucralfate** Sucralfate (Antepsin) is a complex of aluminium hydroxide and sulphated sucrose but has minimal antacid properties. It may act by binding to the ulcer and protecting the mucosa from acid-pepsin attack. It also promotes local synthesis of prostaglandin  $E_2$  which enhances mucosal defence mechanisms. It is given for up to six weeks.

**Precautions** Renal disease.

**Side-effects** Constipation, diarrhoea, nausea, indigestion, dry mouth, rash, pruritus, back pain, dizziness, insomnia and vertigo. Some aluminium may be absorbed, which might complicate long-term use.

**Drug interactions** Reduces absorption of warfarin, phenytoin, ciprofloxacin, norfloxacin, ofloxacin and tetracycline.

**Counselling point** Antacids should not be taken within half an hour before or after a dose.

### 5. Liquorice derivatives

**Carbenoxolone** (Biogastrone, Duogastrone) may act by protecting the mucosal barrier from acid-pepsin attack and by increasing mucin production. Although effective, it has fallen out of favour compared with the newer anti-ulcer agents because it commonly causes sodium and water retention and hypokalaemia which may exacerbate hypertension, oedema, cardiac failure and muscle weakness.

**Warnings** Contra-indicated in hypokalaemia and pregnancy. Not recommended in people over 65. Regular monitoring of weight, blood pressure and electrolytes is recommended.

**Interactions** Spironolactone and amiloride inhibit ulcer healing. Carbenoxolone antagonises the hypotensive effect of antihypertensives. It increases the toxicity of cardiac glycosides if hypokalaemia occurs and results in increased risk of hypokalaemia with acetazolamide, thiazides and loop diuretics.

**Deglycyrrhizised liquorice** (Caved S, Rabro) is free from the side-effects of carbenoxolone but is of doubtful efficacy. Long term use of Caved S is not recommended.

### 6. Prostaglandin analogues

**Misoprostol** (Cytotec) is a synthetic analogue of prostaglandin  $E_1$ . It inhibits gastric acid secretion and enhances mucosal defence mechanisms by stimulating production of mucus and bicarbonate.

**Warnings** Use with caution when hypotension might precipitate severe complications. Contra-indicated in pregnancy or women planning pregnancy, as it increases uterine tone and contractions.

**Side-effects** Diarrhoea (so magnesium-containing antacids should be avoided), abdominal cramps, dyspepsia, flatulence, nausea and vomiting, abnormal vaginal bleeding.

# A working PACT

Dr Barry Strickland-Hodge, MRPharmS, director of Medical Information Technology and Training, concludes his three-part series on PACT looking at its practical application

The previous two articles about PACT\* have concentrated on Levels 1 and 2, bringing out the problems often associated with the interpretation of PACT. Pharmacists can bring their skills into action for the benefit of the patient and the general practitioner, and by being aware of the limitations of PACT, the pharmacist's confidence can be much improved when answering questions.

Those already involved in interpreting PACT data often remark that the initial questions they are asked are basic and show a fundamental misunderstanding of the meaning and purpose of the data. Taking aside hidden agenda, the purpose of PACT is to draw prescribers' attention to the cost of drugs. By showing a practice how they use drugs in particular therapeutic areas, it is hoped that prescribing will take cost into account, contain it and eventually reduce it.

Rational prescribing is of paramount importance to patients. It is the concern of all in healthcare that an appropriate product is given when necessary. The selected item must be safe and, all other things being equal, the prescriber should ensure that the most economical option is chosen. In addition, patient acceptance and outcome of treatment needs to be taken into account. Cost, although an important aspect of rational prescribing, is not the most important, and the patient's welfare remains the priority.

Following the development of PACT, the Department of Health introduced both the Indicative Prescribing Scheme for the majority of GP practices, and Fund Holding for those who were interested in managing their own budgets and met certain criteria. Both PACT and the prescribing schemes have had the effect of emphasising the importance of cost — some say they have taken cost out of context. It is a well known fact that the drugs bill is particularly high but one thing of special concern is that not enough attention is paid to low cost practices.

Level 2 PACT is sent automatically only to those practices whose total prescribing costs are above certain set parameters. This implies that it is these practices that need to make changes. While agreeing that this may be the case, it must also be possible that low cost practices may need to make changes which could increase their prescribing costs. PACT puts downward pressure on costs but fails to address the important aspects of rational prescribing. It is not related to diagnoses, morbidity or outcome of treatment and this means, therefore, that it is useful only as an educational tool or as a foundation to prescribing audit.



## Looking at Level 3

Before we consider the pharmacist's position in this scheme, it is necessary to look at Level 3 PACT data. This full catalogue of a general practitioner's prescribing in a quarter must be requested and is arranged numerically by chapters as in the British National Formulary, so that chapter 1, gastro-intestinal system precedes chapter 2, the cardiovascular system, and so on. As the full catalogue can be extensive, there is an index for easy retrieval.

Following five pages of general practice analysis, which covers such things as cost per 1,000 PUs, the analysis takes all prescriptions in turn and groups

them into the appropriate BNF chapter, section and subsection. If practitioners always prescribe tablets in 30s this will all appear on one line whereas if they range over a number of different prescribing quantities for each prescription they will be shown separately. Figure 1 shows this for the cardiac glycosides. Notice that Level 3 places the generically written preparations first.

In Figure 1 you can see that there is a range of prescription numbers for digoxin 125mcg, each different number being recorded on a separate line.

The Scottish Prescribing Analysis (SPA) system shows an average number for each preparation which produces a shorter document. I prefer the

fuller documentation as pharmacists can use this as a discussion point perhaps bringing in the use of the "number of days treatment box". However, it is possible that by averaging the numbers and so producing a shorter document, the overall usefulness might improve. We need to compare the PACT and SPA systems in due course.

The figure also shows the number of prescriptions and the total costs of treatment. The Level 3 from which the figure was taken was over 100 pages long and referred to one quarter only.

## Discussions

The data shown in Level 2 and 3 (Figure 2) can provide the basis for a practice discussion. In various practices around the country, the community pharmacist is being encouraged to be involved in these discussions which is in line with the Nuffield Report's recommendations. Confidence in the data and its interpretation is probably the most important precursor to the community pharmacist's involvement.

The pharmacist must be aware that both PACT and the prescribing schemes are for information to GPs. Patients are to receive exactly what the GP considers most appropriate for them at the time. If the product chosen are expensive this should not be the overriding factor in selection or deselection.

The first thing to note from the practice is why they are considering their prescribing. Is it because the Level 2 was sent automatically and they have decided to see if there are ways of rationalisation leading to cost containment? Or is it to help with the creation of a practice formulary? If it is because of the need for cost-containment, use Level 2 first to find the areas of major concern. When the area has been isolated, suggest the practice asks for a Level 3 in that therapeutic group only, not the full catalogue which is too daunting for the average practice to use.

On the reverse of Level 1, there are a number of choices which can be made for the Level 3 arrangement. Figure 2 shows these choices as displayed on the Level 1 analysis. Note the practice needs to decide if it wants the analysis as a practice Level 3 or for individual doctors. As PACT is based on practice prescribing, it is generally more appropriate to request the practice analysis.

Preparation of Level 3 can take some weeks and so in the meantime, look at Level 1 and 2 to see if there are any obvious reasons for high cost. For example:

## Table 1. Minimum book collection

(Adapted from the Royal Pharmaceutical Society's list of books which must be available if a pharmacist has a pre-registration student)

### The current editions of:

The British National Formulary

Drug Tariff

Martindale — The Extra Pharmacopoeia

Medicines, Ethics and Practice

Patient care in Community Practice

Data Sheet Compendium (ABPI)

Handbook of Pharmacy Health-Care — Diseases and Patient Advice  
Pharmaceutical Press 1990

Diluent Directories (NPA equivalents)

A Medical Dictionary eg Butterworths

New Drugs (2nd edition) 1991 Ed John Feely BMJ

Medical Pharmacology at a Glance. M. J. Neal Blackwell Scientific Publications

Drug and Therapeutics Bulletin

### Individuals to contact:

- Drug information pharmacists either at your local district hospital or at the Regional Centres. The telephone numbers for these Centres are at the beginning of the BNF.
- The NPA Information Department is a very helpful organisation manned by qualified staff who are willing to provide answers quickly.
- The RPSGB has a number of departments which may be of relevance. The Law Department for example or the Library.

- What is the level of generic prescribing?
- Is the high cost attributable to the number of items prescribed or to each item's cost?
- Is it the selection of products or dosage form?
- Is it the number of tablets or length of treatment?

There are likely to be different types of discussion points. Any of you who have been on a course which has

## 2. Cardiovascular System

### 2.1 Cardiac Glycosides

Digoxin	Qty	Rx Nos	Cost £
Digoxin Tab 62.5mcg	28	8	0.96
	30	5	0.65
	28	19	1.71
Digoxin Tab 125mcg	30	42	3.78
	36	1	0.11
	50	1	0.16
	56	2	0.36
	60	3	0.57
	100	1	0.31
Digoxin Tab 250mcg	28	11	1.32
	30	12	1.56
	60	5	1.30
	100	4	1.72
Lanoxin-125 <sup>®</sup> Tab (0.125mg)	28	1	0.33
Lanoxin-PC <sup>®</sup> Tab (0.0625mg)	28	7	2.31
	30	1	0.36
		123	17.51

discussed PACT will realise that there are simple changes which may cut costs, some points which are not so simple and those which have a major clinical input. For example, suggesting a change from a coloured branded tablet to a generic tablet of the same colour should not cause too many problems for patient or doctor. However, changing from a tablet to a capsule or one capsule to a different coloured capsule just to save money may not be appropriate when the patient's requirements are put first. In this case, it would be more appropriate to suggest prescribing the cheaper product for new patients but leaving existing patients on the original branded product.

In some cases, a GP may prescribe a drug which, according to the BNF, is of dubious value, for example a peripheral vasodilator. Many of these are high cost. It is the GP's decision, but this type of point can help begin a discussion. In table 1, the book 'New Drugs' is mentioned; here you will see a slightly different approach to peripheral vasodilators for example and you need both sides of the story.

### Sources of information

In many cases you can see a discussion point fairly rapidly. However, there will be those cases where a much more detailed consideration will be essential. The clinical requirements you may need are beyond the scope of an article describing PACT. Remember, however, you are not alone. There are information sources available to you, either individuals or books and periodicals.

Figure 2 Prescribing Period Quarter ended	LEVEL 2 GP/Practice	LEVEL 3 Therapeutic Groups
Aug '91 <input type="checkbox"/>	Practice <input type="checkbox"/>	All Groups <input type="checkbox"/>
May '91 <input type="checkbox"/>	Aggregation <input type="checkbox"/>	Cardiovascular System <input type="checkbox"/>
Feb '91 <input type="checkbox"/>	Self <input type="checkbox"/>	Musculoskeletal <input type="checkbox"/>
Nov '90 <input type="checkbox"/>		Gastro Intestinal <input type="checkbox"/>
Aug '90 <input type="checkbox"/>		Central Nervous <input type="checkbox"/>
		Infectons <input type="checkbox"/>
		Respiratory System <input type="checkbox"/>
		All Other BNF <input type="checkbox"/>
		Dressing & Appliances <input type="checkbox"/>
		Other Preparations <input type="checkbox"/>

GP Signature: \_\_\_\_\_ Dr SAMPLE HIGH-COST 501 077 332467 NE99 9X

Figure 1

handy. There are also many courses available to community pharmacists which look at the pharmacology of products, and these should be considered.

As far as PACT is concerned, the BNF is the most important source of information as it not only contains monographs but as mentioned before, PACT data is arranged in the same way as the BNF. If the BNF changes so does the arrangement of PACT.

The Handbook of Pharmacy Healthcare is expensive but it is well worth it. Medical Pharmacology at a Glance expects you to remember your pharmacology and sums up main principles of drug action and metabolism. Try it from the library first if you are not sure. New Drugs covers all major areas of drug handling.

In any fast changing area, it is essential that journals are used. The *Drug and Therapeutics Bulletin* can be ordered at a reduced rate from the NPA. As GPs receive this free, it is hoped that representations from the Council of the RPSGB for pharmacists also to receive it

free will be treated sympathetically.

Other individuals might suggest different book lists and you may have your own favourites. This is merely a starting point which I hope will be of help to those pharmacists who want to improve their confidence to enable them to become more involved in the prescribing process.

The above discussion has relied on the practice contacting you. It assumes you already have a rapport with the practice and that you are willing to be involved. For those who are willing but have not been approached, I suggest you make the positive step when you are ready. Suggest a meeting — describe your interest in PACT and offer assistance. Naturally you must not suggest an "invidious distinction" between pharmacies and/or pharmacist, but if you have attended a course on PACT, let the practice know.

\* The other two parts of this series were published on April 6 and August 10.

# Taking a closer look

Reading glasses — a valid, profitable, public service or unethical competition with a fellow profession? For those whose views lean towards the former, C&D takes a look at stocking reading glasses and advising customers



Courtesy of Crest Optik

On April 1, 1989, an exemption from the provisions of the Opticians Act 1958 came into effect. The result was that an optical or general medical practitioner's prescription is no longer required for certain "excluded" sales. In other words the sale of simple, magnifying reading glasses is no longer restricted to opticians.

This is not the first time this has been allowed. Reading glasses had been available from various outlets until the legislation was changed in 1958. The recent change, accompanied by stories in the national Press of "buying glasses with your fish and chips", presented a serious dilemma to pharmacists.

The new law effectively removed the optical profession's monopoly on the sale and supply of reading glasses and was not universally popular. However, the legislation did bring the UK into line with a number of other countries including America, Sweden, Canada and New Zealand.

Reading glasses can be supplied, providing the following regulations are complied with:

- The spectacle must have two single vision lenses of the same positive power, which must not exceed +4.00 dioptres.

- The sale must be wholly for the purpose of correcting, remedying or relieving the condition known as presbyopia.

- Sales must not be made to any person under the age of 16 years.

In addition, the new exemption also adds to the Sales of Optical Appliances Order 1984 with two further conditions:

- No spectacles can be sold which include celluloid or cellulose nitrate in their manufacture and all must comply with the relevant British standard.

- The supplier should ensure that spectacles comply with the conditions relating to safety, serviceability and optical performance. The patient has a right to redress if the spectacles are unsatisfactory.

## Age related

The main beneficiaries of the change in legislation have been some 20 million people over the age of 40 years who have not worn glasses before.

In the normal eye, the range of accommodation, or focusing, is measured by finding the nearest point to the eye at which distinct vision is possible. In children, this can be less than 10cm but with increasing age, hardening and flattening of the lens occurs and as a result of the accommodation range gradually recedes (see graph). This condition, called presbyopia, is usually first noticed as an inability to read small newspaper print or to thread a needle without holding the object at arms length.

There is no cure for presbyopia and reading glasses are basically magnifying lenses held in a spectacle frame. They are an aid to close work and are not intended to take the place of prescription glasses. In addition, they are of no value for driving or watching television and are not recommended for people who have eye defects for which they already wear spectacles.

Presbyopia affects most people at some time after the age of 40. Therefore the UK has a base of 24.8 million potential customers. Even considering that just under a half of these will already wear some form of corrective eyewear, the potential consumer population is over 12 million people.

Studies from Sweden and America show that purchasers of reading glasses own, on average, 2.4 pairs — one pair for the home, one for work, one in the car for reading maps etc.

This all adds up to a large market for pharmacists to tap into — in America the market has been established for over 100 years and is growing by 36 per cent per annum.

## Stock and display

Reading glasses are available in a range of lens strengths and frame styles. The different strengths are expressed in dioptres. A lens of 1 dioptre, for example, brings parallel rays to a focal point at 1 metre; if the focal point is 0.5 meters the power is 2 dioptres.

Most manufacturers offer a range of dioptre strengths. Grett Optik's Easi Readers, for example, are available in six strengths which relate to dioptres from +1.25 to +3.50. Read-i-read glasses come in nine strengths between +1.25 and +4.00 dioptres. To aid consumer choice these are

## AVERAGE ACCOMMODATION (DIOPTRES)

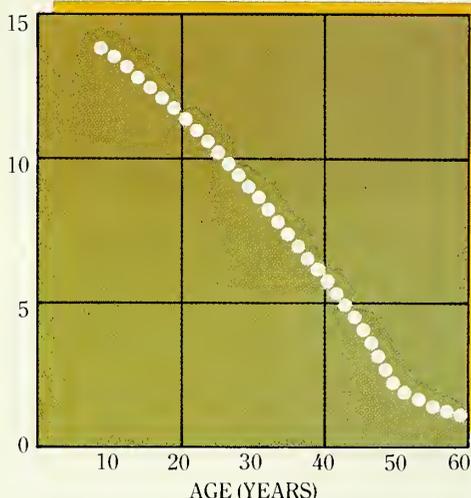


Figure 1 To show how the amplitude of accommodation varies with age

colour coded and numbered.

Because of individual variation and the fact that presbyopia is a disorder which tends to worsen with age it is important that a range of lens strengths is offered. Someone who first purchases reading glasses at the age of 45 is likely to need a lower strength than they will at 65.

The display of reading glasses is particularly important. A dirty, poorly positioned stand with strengths and styles missing may discourage sales and illustrate a lack of professionalism in the approach to selling the product.

The majority of manufacturers supply their range on a self contained display stand also holding advice leaflets, a sight testing chart and mirrors. If glasses are to be displayed and sold away from the recommended stand these additional articles should be at hand.

To help keep the stand full at all times it is worth ensuring that individual strengths or styles can be ordered through a wholesaler or direct from the company. This avoids the need to wait until stocks have run low enough to justify ordering a manufacturer's standard pack.

The size of unit and the range of glasses stocked will be determined, to some extent, by the space available in the shop and what the pharmacist perceives as the likely customer demand for the product. Reading glasses are best displayed either on a free standing unit so that customers can walk around or on the end of a counter. They should not be too close to the till.

The Royal Pharmaceutical

Society's advice is that it would be inappropriate, for security reasons, for the fitting and sale of spectacles to take place in the dispensary. Ideally, they say, a separate room or area should be set aside for such activities.

## Choosing correctly

Manufacturers recommend that a person choosing reading glasses for the first time should start with the weakest strength and then attempt to read the

test card from a distance of 14 inches. If the customer can see clearly and feels no strain after reading the card several times, then that particular strength should be correct. If not, the process should be repeated with the next strength up. It is also important that the frame feels comfortable and is not too tight at the temples.

Carronshore Marketing International, manufacturers of Optest, have introduced another variable into the selection process. To ensure the customer gets the correct spectacle for their needs the lenses have to be correctly centred in front of the eyes, they say. Opticians overcome this by measuring the distance between the pupils and accounting for this when the lenses are cut and mounted in the frame.

Optest have introduced a system of centration — all glasses are available in three lens centration in addition to six lens powers. The lens comes with a test tape with a hole marking the optical centre of the lens. When customers try the glasses they can tell whether the centre of the lens lines up with the centre of their eye.

Pharmacists should advise all customers, particularly the elderly, to have regular sight checks. Anyone purchasing reading glasses who appears to be significantly under the age of 40 should be referred to their optician.

## Ethical concerns

Pharmacists who choose not to stock reading glasses may do so for a number of reasons including the ethical concern of not competing with another profession.

Writing in *C&D* last year (September 8, 1990), Mr G.E. MacCaghrey, chairman of the Association of Optometrists, warned that pharmacists should think twice about succumbing to the commercial pressure to supply spectacles.

"Although it is accepted that wearing lenses which are not specifically designed for that person's eyesight can cause no permanent damage, the purchase of these items will often mean that the wearer does not attend for regular eye examinations. The sale of 'ready mades' will ultimately lead to the later detection of many eye diseases and it is for this reason that most optical practices still refuse to supply them," he said.

The claim that the sale of reading glasses other than from opticians leads to a reduction in the number of sight tests is disputed by Grett Optik. They quote the results of an American survey of 10,000 adults which showed there was no discernable difference in the frequency of eye tests between people who purchased ready to wear reading glasses and those who did not. In the UK, there has been a fall in the number of sight tests in recent years although the manufacturers argue that this is because the test is no longer free.

Given that reading glasses outside opticians are now a fact of life, it seems that pharmacies are a preferred outlet for them. A Gallup survey commissioned by Grett Optik showed that when offered the choice of glasses being purchased in a pharmacy, drug store, supermarket, department store, bookshop or other outlet, 63 per cent considered pharmacies "most suitable".

Properly displayed and sold with appropriate, professional advice there is no reason why the sale of reading glasses through pharmacies should not enhance the range of pharmacy based services offered, as well as adding an additional profitable dimension to the business.

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## Home Office thinks again on heroin import ban

Home Secretary Kenneth Baker is to look again at a licence application by Generics (UK) which wants to import pharmaceutical heroin from a Dutch supplier. Three High Court judges last week agreed it would be "good sense" for Mr Baker to reconsider the Government's imposition of a total ban on the import of therapeutic heroin.

Last April the Home Office conceded that "the absence of a common EEC policy" did not justify the Minister's earlier refusal to grant an import licence. Despite the concession, an application launched by Generics challenging the Minister's decision in the High Court went ahead last Friday after two companies involved in the manufacture and sale of diamorphine hydrochloride in this country intervened.

Mcfarland Smith Ltd (MSL), who refine pure diamorphine from opiate raw materials, and Evans Medical Ltd, who freeze dry, package and sell the product said they viewed "with the gravest concern" the Home Secretary's decision not to contest the case in court.

But on Friday Lord Justice Watkins, Lord Justice Mann and Mr Justice Roch agreed that Mr Baker should reconsider the matter. MSL

and Evans should be allowed to make their own submissions on the law and the Minister could then make his decision.

Generics had launched its High Court action on the grounds that the Government's refusal to issue an import licence was contrary to EC trading laws. Its intention was to import diamorphine hydrochloride contained in freeze-dried phial, ready for injection.

In December 1989, Generics applied for a product licence and in September last year asked the Home Office for permission under the Misuse of Drugs Act to import diamorphine from another EC member state.

The Home Office replied that until such time as there was a common Community policy, it had been decided at ministerial level that it was not possible to open up the UK market to EC imports.

Lord Justice Watkins said the trade in Controlled Drugs had been the subject of negotiation between the UK and other EC member states for some years. It was now being proposed that a working group should examine how the UN conventions on narcotic drugs and psychotropic substances might be applied to the legal trade in drugs in the European single market.

## Views on vet medicine fees

The Veterinary Medicines Directorate has reviewed the fees structure for veterinary medicines and come up with three options.

Option A suggests no change. The possibility of simplifying the existing structure, to reduce the number of services offered, was studied carefully but the VMD found it difficult to find any meaningful way in which it could be achieved.

Option B is the replacement of the graded annual fee by a fixed annual fee, which would be an annual charge made on each licence to cover the costs of maintaining that licence throughout the year.

Option C is a combination of graded annual fee and fixed annual fee, and would be the most complex structure to run.

The options and their possible impact on fee levels are outlined in a letter to interested organisations and licence holders (VMD 589). Although not a formal consultation, comments are invited by December 6 to Mrs R. Hext at the VMD.

The Medicines (Fees Relating to Medicinal Products for Animal Use) (Amendment) Regulations 1991 (SI No 2063, HMSO £1.45), which came into effect on October 3, made two main changes. The power to collect fees for the

biologicals QA/QC inspections has been included and the VMD plans to invoice for the required sums towards the end of November.

The variation fees for product licences and animal test certificates have been reduced to reflect the 5 per cent increase decided by ministers. Refunds will be made to those who paid at the higher rate.

## GP leaflets — missing information

Patients wanting to find out about services offered by their doctor can not rely on discovering the information in the compulsory practice leaflet, or even getting a leaflet at all, says the National Federation of Consumer Groups. Their survey of 95 GP leaflets found that only five were completely satisfactory. Of the remainder the sort of information missing included the sex of the doctor, qualifications and details about clinic times. No leaflet could be obtained at ten of the surgeries visited.

There was found to be a wide variation in services offered including hypnosis and acupuncture clinics, Sunday surgeries and prescriber deliveries.

# Businessnews

## P&G win qualified approval on Fater deal

The European Commission has finally passed the proposed merger between the Swaddlers and Pampers nappies businesses (*C&D* September 29 1990, p581 and January 19 1991, p98).

Under the terms of the original agreement the two companies were going to set up joint ventures in Italy, Spain and Portugal, while in the UK Swaddlers would be bought by Procter & Gamble. Both P&G and Fater, manufacturers respectively of Pampers and Swaddlers, have agreed to modify the deal to meet Commission competition requirements.

Under the terms of the amended deal Fater does not sell Swaddlers to P&G and the joint ventures are free to make and produce the quantities and qualities they want all over the EC and to fix their prices and sales conditions as they see fit.

Moreover, P&G have given an undertaking not to combine the post of general manager for any of the joint ventures with any managerial post in the company's European paper product business.

Other restrictions and undertakings include:

- Not to exchange information about oral care or pharmaceutical business

- A management structure under which the joint ventures are managed alternately by P&G and Fater, rather than jointly

- A five year undertaking not to tie customers to the joint venture through rebate or other schemes

- Access to nappies made by P&G outside Italy, Spain and Portugal for customers in those countries.

Peaudouce and their Swedish parent company Mölnlycke are not

best pleased by the news. They believe that the deal will allow P&G and Fater to dominate the nappies market in some parts of Europe.

The Commission has treated the transaction as involving the market for all sanitary protection products,

including nappies, adult incontinence and feminine protection products, say Mölnlycke and Peaudouce, "whereas in fact the market for nappies is quite separate from that of other sanitary products".

## Opportunity 2000 gets pharmacy support

Opportunity 2000, the campaign to improve the position of women at work, has received the support of some 60 organisations with several from the pharmacy sector, including Wellcome, Boots and Glaxo.

The campaign, launched by the Business in the Community women's economic development team proposes to emphasise the need for greater equality in the workplace.

At Boots they say the scheme is "a reflection of everything we have already set out to achieve". The company emphasised that 86 per cent of the workforce at Boots the Chemists are women and 80 per cent of their regular customers are female.

Personnel director Peter Roche said the company actively helped its women employees by such schemes as flexible hours and a "term time only" contract, career breaks and job share opportunities.

Wellcome say they are examining their recruitment and selection procedures to see how they can encourage more applications from women. Media relations manager Rosemary Hennings explained that the company had been involved in a partnership nursery with the Joyce Green Hospital for several years. Situated at the company's Dartford site, it represents a pilot scheme for the whole company, said Ms Hennings.

## Lloyd rejects Grampian

Lloyds Chemist will not accept Grampian's offer for their 9.9 per cent holding in Macarthy. This could prevent Grampian from taking Macarthy private if their bid succeeds.

"I continue to believe that Lloyds Chemists is the natural merger partner for Macarthy," said Mr Lloyd in a statement urging

Macarthy's shareholders not to accept the Grampian bid. "We are confident the MMC will allow our acquisition of Macarthy to proceed."

Meanwhile Grampian Holdings chairman Bill Hughes was urging Macarthy shareholders to accept his £79m all paper bid by the November 1 deadline.

## OFT call for new law

The Director General of Fair Trading has called for tougher laws to protect vulnerable consumers from unscrupulous traders.

Speaking at a conference for the representatives of trade and consumer bodies, Sir Gordon called for a new integrated package of laws to act as a safety net; the current "patchwork of controls" have not been enough. "There are still too many occasions when businesses, penalised neither by the marketplace nor by existing consumer law, are able to take advantage of ignorance, inexperience, or trust of some consumers," he said.

Sir Gordon's proposals would extend the scope of the Fair Trading Act 1973 to cover "misleading, deceptive and unconscionable practices". Under new powers available to local trading standards authorities a formal caution would be served on a business considered to be carrying on an unfair course of conduct detrimental to consumers.

Sir Gordon's proposals were first outlined in an OFT report last year.

## Swains and Sirius

Swains have agreed to handle the guarantee repairs for Sirius International's cameras and binoculars. Products under guarantee should be sent to Swains, but for a chargeable repair service when warranty has expired they should still be sent to Sirius.

## Sangers' service

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# EC backs down on batch logging

The controversial requirement for batch number logging throughout the distribution chain has been dropped from the EC Directive on pharmaceutical wholesaling.

The proposal was vehemently opposed by wholesalers who claimed it could force many smaller wholesalers out of business. But Patrick Deboyser of the EC Commission warned this week that the requirement might still be introduced under guidelines on good distribution practice yet to be decided. And the Directive still requires wholesalers to keep records of their transactions.

The Directive also requires that suppliers of medicines to the public, such as pharmacists, can trade as wholesalers providing they have authorisation.

Addressing a meeting arranged by Management Forum in London last Tuesday, Professor Deboyser said the Directive would not go for its second reading in the European Parliament which was unlikely to make any dramatic amendments. The EC Commission would then have change to re-examine its

position by next January or February before adoption by the Council of Ministers. The Directive would come into effect on January 1, 1993.

A warning that the European pharmaceutical industry will dominate this country unless UK companies take urgent action came from Michael Watts, director, British Association of Pharmaceutical Wholesalers (formerly NAPD).

"Don't expect the Government to step in to prevent the invasion as any prospect of a reduced drugs bill will be music to their ears," he told the meeting.

He explained that UK manufacturers had been too inward looking and slow to recognise the potential advantages of trading in Europe using UK wholesalers' alliances. Such agreements between wholesalers and manufacturers were well advanced in Germany, France and the Netherlands.

Looking at the state of wholesaling in the UK Mr Watts said that the percentage of the ethical market supplied by full-line

wholesalers had grown to between 65-70 per cent largely at the expense of short-liners and direct distribution. The largest growth area was in hospitals.

But having to offer a complete range of drugs caused problems, because over 4,000 lines were slow-moving and most full-line wholesalers made money on less than 10 per cent of the lines they carried. They needed a virtual monopoly of the profitable end of

the market to subsidise the huge loss-making end.

Turning to the Monopolies Commission referral of the Unichem and Lloyds bids for Macarthy's, Mr Watts said the BAPW also made a submission to the Office of Fair Trading against the Lloyds bid. "The primary aim of our submission was to achieve an in-depth investigation of the sector by the MMC and we are delighted that this will now take place," he said.

## LIG European merger

The London International Group has merged its UK and mainland European divisions to take advantage of the single European market.

The managing director of the new European operation, Nick Hodges, says the merger will enable the group to rationalise sourcing policy and streamline on pricing and packaging. The aim is to provide a cohesive strategy across Europe.

Universal packaging will allow pan-European advertising which, Mr Hodges believes, will grow the market to the benefit of the chemist trade.

In total two members of the group's subsidiary, LRC Products join the European management team. In addition to Mr Hodges, formerly managing director of LRC, David Whitewood, previously LRC's finance director, joins as finance director, Europe.

## Coming Events

### Unipos tour

Unichem's Unipos roadshows are completing the final leg of a nationwide tour with visits to Swansea (November 5), Exeter (November 6), Croydon (November 7), Walthamstow (November 13) and Chessington (November 14).

Customers can either make an appointment for a personal demonstration in the afternoon or attend the open evening. Details from Unichem Head Office Marketing on 081-391 2323.

**Leicestershire Branch, RPSGB.** Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm (buffet). "Imigran, a new migraine treatment", plus a discussion on new Code of Ethics.

### Wednesday, November 6

**Isle of Wight Branch, RPSGB.** Postgraduate Medical Centre, St Mary's Hospital, Sandown at 7.30pm. "Modern forensic medicine" by Mr A.J. Clatworthy, the Metropolitan Police Laboratory.

**National Pharmaceutical Association.** Leeds Hilton, Neville Street, Leeds at 6.30pm (buffet). "How to counsel smokers who want to give up" by Dr Chris Steele and Dr Allen Norris. Contact Kathy Whelan on 0582 416565.

### Thursday, November 7

**Bristol Branch, RPSGB.** Postgraduate Centre, Frenchay Hospital, 7 for 8pm (buffet). "Training of Customs & Excise sniffer dogs" talk and demonstration. Joint meeting with veterinary surgeons. **Northern Scottish Branch, RPSGB.** Craigmore Hotel, Inverness at 8pm. "Drug abuse in the Highlands" by Brian Gardner, Highland Health Board. **Stirling Branch, RPSGB.** The Leapark Hotel, Bo'ness Road, Grangemouth at 8pm (buffet). "Microsurgery" by Mr Nigel Harris, consultant surgeon.

### Friday, November 8

**Co Durham Branch, RPSGB.** Eden Arms Hotel, Rushyford 7.30 for 8pm. Annual dinner dance, tickets £17.50, dress formal.

### Saturday, November 9

**Wirral Branch, RPSGB.** Prenton Golf Club at 7.30 for 8pm. President's dinner and dance. Tickets £14.50.

### Sunday, November 10

**Isle of Wight Branch, RPSGB.** Community Rooms, Sandown Railway Station, 9.45 to 4.15pm. "Dermatology" continuing education. Contact Sarah Insole on 0983 882473.

## Lloyds fined for 'mistake'

A Cheltenham branch of Lloyds Chemists has been fined for charging more than the sale prices displayed in the window.

Cheltenham magistrates court heard recently that the pharmacy, in Edinburgh Place, offered a bottle of pre-dental rinse for 99p but sold it to a trading standards officer for 30p more. They charged 6p more than the £1.29 advertised price for

a bottle of splash-on cologne and 20p more for some hair cream.

According to the *Gloucester Echo*, company secretary Stephen Buckell admitted three charges of breaking the Consumer Protection Act. He said it was a genuine mistake as the shop had been experiencing administrative difficulties. Lloyds were fined £750 and ordered to pay £211 costs.

## Quest Vitamins Ltd hit back at Canadian's disclaimer

The UK vitamins company Quest Vitamins Ltd have reacted strongly to the statement put out by their former supplier and majority shareholder Quest Vitamin Supplies Ltd of Canada (C&D last week).

The Canadians accused the British company of circulating misleading promotional material and stressed the availability of its own drugs under the Pheonix Nutrition brand name.

Quest Vitamins Ltd point out that less than half of its vitamins range were manufactured for it by the Canadian company and say all their evening primrose oil gammaoil is made in UK DoH licensed premises. "We have given the same advantage of high quality and availability to all Quest products," says sales and marketing director Eamonn Regan.

Quest Vitamins Ltd also says that the manufacturing technology for their vitamins is summarised in a revised product manual "that supercedes a previous brochure."

No compromise in quality of any sort is involved in our decision to switch to UK sources of supply for those parts of our product range previously obtained from Canada," says Mr Regan.

## Fuji regroups

Fuji Photo Film (UK) Ltd has formed a new Imaging Group to streamline its consumer photographic, photofinishing and professional business.

All photographic products and services will now be the responsibility of one group, resulting in easier flow of communication, says the company.

Peter Samwell has been appointed director of the new group, with responsibility for the photofinishing products division in addition to his existing responsibilities for the consumer and professional photographic divisions.

## Croydon LPC

Croydon Local Pharmaceutical Committee are holding their annual general meeting at the Forte Post House Hotel, Purley Way, Croydon on November 27, 7 for 7.30pm.

The guest speaker will be David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee. A buffet and bar will be provided. Details from Julie Short on 081-688 3253.

### Sunday, November 3

**National Pharmaceutical Association.** Conference and Minishow at the Lord Daresbury Hotel, Daresbury, Warrington from 9.30am.

### Monday, November 4

**East Metropolitan Branch, RPSGB.** Churchill Room, Wanstead Library, Spratt Hall Road, 7.30 for 8pm. The work of The Samaritans.

### Tuesday, November 5

**Banff, Moray & Nairn Branch, RPSGB.** Gordon Arms Hotel, Fochabers, 8pm. "SHARP (Soutra) Project" by Dr B. Moffat.

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# About people

## Godfrey goes at Wellcome

David Godfrey, CBE, currently chairman of the Association of the British Pharmaceutical Industry, will retire from the boards of Wellcome plc and The Wellcome Foundation Ltd next April.

Mr Godfrey joined The Wellcome Foundation in 1956. He became responsible for UK and Ireland to which was later added Australasia and Southern Africa, and Wellcome Biotechnology Ltd.

He joined the board of management of ABPI in 1970, becoming vice-president in 1976 and serving as president from 1987 to 1989 and again from 1991.

Mr Devereux and Mr Copstick have also decided to retire from the boards of Wellcome plc and The Wellcome Foundation Ltd, on January 17 1992.

**Raymond Dickinson**, deputy secretary at the Royal Pharmaceutical Society of Great Britain and Secretary of the Commonwealth Pharmaceutical Association, was presented with his OBE at the Palace last week



## APPOINTMENTS

**Robert Darracott** (below), until recently assistant editor at *Chemist & Druggist*, has been appointed a principal pharmaceutical officer in the Department of Health's pharmaceutical division. He will be assisting in taking forward the wider role initiatives and with remuneration issues in community pharmacy.



Ulster Chemists Association president Verus Reaney hands over a cheque for £200 to Liz Ritchie, fund raising manager for Marie Curie Cancer Care Beaconsfield Centre. The money was raised from a prize draw at the UCA dinner at the Culloden Hotel in Belfast last Saturday

## Pharmacists scoop awards

Four pharmacists from the University Hospital of Wales in Cardiff are celebrating this week after having been awarded three major research grants.

Dave Roberts, principal pharmacist, clinical services, won a Guild of Hospital Pharmacists/ICI Award for a project entitled: "Pharmaceutical care of patients with post operative pain: What can Americans teach us?" The award will enable him to visit various hospitals in America.

Mike Spencer, director of pharmacy, Rowena Farr, senior pharmacist, and Bob McArtney, principal pharmacist, have won an United Kingdom Clinical Pharmacy Association 3M Award for a project on the pharmaceutical care of children requiring chronic medication.

Bob McArtney, together with Jenny Harries and Howard Rowe from East Glamorgan Hospital, have won a Guild of Hospital Pharmacists/MSD Award for a project on the design and implementation of a clinical pharmacy intervention record sheet and scoring system.

Mawdsleys have appointed two new business development executives: **Jeff Owens** for the South and East Midlands, and **Richard Lloyd**, West Midlands. **Janet Renshaw** also joins the business development team as customer support executive, Salford.

From January 1992, **Dr George Poste** will become chairman of Smithkline Beecham Pharmaceuticals Research and Development. Dr Poste, currently vice-chairman and executive vice president, succeeds Dr Keith Mansford who is retiring.

Barry M Cosmetics Ltd have appointed **Roger Soper** as national accounts manager. Two area managers have also been appointed: **Shelley Luff** for Scotland and **Susan Kennedy** for South London and Sussex.

**Hidy Ng** has been appointed managing director of the Tudor Photographic Group Ltd.

Ernest Jackson & Co Ltd have appointed **Pam Francis** as the company's new marketing manager.

## Glyn Jones Award

Applications are invited for the Glyn Jones Travel Award which is available for travel in furtherance of research that will benefit community pharmacy. The award of £1,000 may be used for material or equipment necessary for an investigation, the cost of travel at home or abroad or the cost of employing a locum pharmacist to

enable the applicant to carry out a relevant investigation. Applications should have a clearly stated objective, a sound method of investigation and an end product which is of practical use. Further details and application forms can be obtained from the College of Pharmacy Practice. Tel: 0203 692400.

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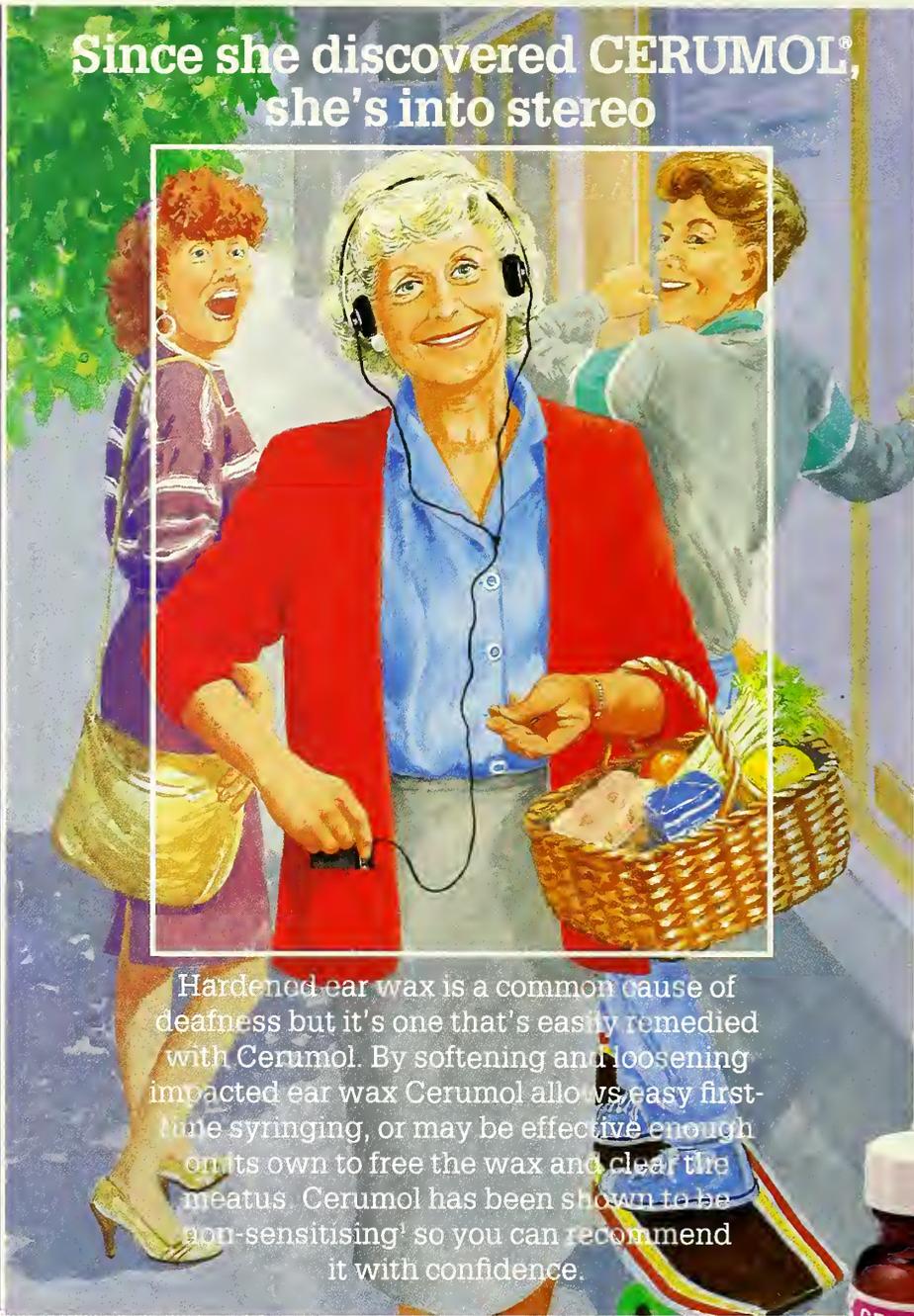
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November 2, 1991



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# COUGHS & COLDS

A CHEMIST & DRUGGIST SUPPLEMENT

NOVEMBER 2, 1991

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# A question of choice

*The cough products market is fairly mature and static yet this season sees the launch of a whole host of new products and variants. Can retailers afford to stock them all?*

**T**he cough market in pharmacy is worth around £55 million a year making it one of the largest self-medication sectors. Yet year on year growth only shows a 9 per cent increase in value with a 2 per cent increase in volume. When you also consider that pharmacy's share of the market has slipped for each of the past three years the picture is not so rosy.

David O'Sullivan, marketing manager at Warner Lambert Health Care, believes the cough market is static and saturated. He predicts this year could see growth in value around the 7 per cent mark with no increase in volume of sales.

Any major differences in the market for pharmacy are likely to be related to the incidence of illness in the population or any change in the balance of sales between pharmacy and grocery.

Alan Main of LRC Products puts the swing to grocery down to three factors: a change in shopping habits with more one-stop shopping; more self-medication with GSL lines; and better merchandising by grocers!

Pharmacists should review their stocks carefully and take note of tactics such as dual siting and effective use of point of sale material at times of peak demand, he says.

One noticeable factor about the market is the large number of brands competing for shelf space. This could be related to the fact that there has been little innovation in cough products in previous years, with the possible exception of Coughcaps which challenged the traditional view of liquid cough remedies.

Independent research carried out in London earlier this year shows that pharmacies stock a great variety of cough products — some of which put very little money through the till. When all the different brands, variants and sizes are considered multiples carry an average of 23 different packs while independents stock around 50!

Hot on the heels of these daunting figures comes news of a whole host of new products and variants. Given that, unfortunately, pharmacy shelves are not elastic, and that each product needs to justify its shelf space allocation, will pharmacists respond by stocking these new products?

Some manufacturers suggest the outcome could be selective stocking of new brands with retailers reviewing the performance of existing products.

This approach is valid, say Warner Lambert who ran a trial in conjunction with the Hull-based chain Selles. By using planograms and concentrating on independently determined market leaders, sales increased by 17 per cent.

## New entrants

New entrants in the cough market this Winter include:

- Benylin non-drowsy
- Actifed cough relief
- Tixylix — three new products and decongestant inhalant capsules
- Vicks VapoSyrup — a new range with four variants
- Cabdrivers — paediatric and diabetic variants.

How are these likely to be received by the trade? Will some struggle to find a place on pharmacy shelves?

A small pilot study in London asked pharmacists which of brands a) to d) they were likely to stock and in which order of preference. The results show that on average pharmacists were likely to take five out of the nine products.

Benylin non-drowsy came out on top with Actifed cough relief also well received. For Tixylix, reception was more selective — the cough and cold variant being the most well received. Vicks VapoSyrup appeared to have the worst reception, with those pharmacies who said they would stock it quoting the power of TV advertising.

The majority of pharmacists questioned said they would not discontinue stocking any existing products to make room for the new ones.

C&D asked the manufacturers of this year's new products to put forward their reasons why pharmacists should give their products shelf room.

## New Benylin

The Benylin non-drowsy variant for chesty coughs has been introduced as a result of extensive consumer research, says Mr O'Sullivan. It is the sixth Benylin variant but Nielsen figures show the brand is number one in the market accounting for a third of cough sales through pharmacy.

The company's research showed that 40 per cent of consumers require a non-drowsy product and that chesty coughs are the most common. This demonstrates that there is a market for the product, he says, which will also benefit from the Benylin name.

A big plus for pharmacy is that this is the first Benylin to be a GSL product restricted to pharmacy. The product therefore has the GSL display advantages but pharmacists can be assured that if they recommend the product a satisfied customer wishing to repurchase has to return to a pharmacy, says Mr O'Sullivan.

Warner Lambert are advocating dual siting — putting the product on the self-selection GSL shelves but also to display it with the full Benylin range.

Warner Lambert plan to spend over £2 million on the Benylin range to include a new national television commercial starting in December. This will stimulate demand for the product, says Mr O'Sullivan, but also business for pharmacy.

## Children's Actifed

Actifed cough relief is a new variant especially formulated for children from one to 12 years, say Wellcome Consumer Division. The product is sugar and colour free.

Like Intercare, Wellcome recognise that the children's area of the market is buoyant. There is demand, they say, for a specially formulated



children's product with a brand name that mothers can trust.

The product is a Pharmacy line and will be backed by a marketing support campaign including Press advertising to health professionals to gain their recommendation. Point of sale and promotional material will also be available.

Intercare Laboratories say the children's sector of the market grew by 7 per cent in volume in the year to August 1991. They also say that sales of original Tixylix grew by 32.6 per cent over the same period. This is a good reason for extending the range and widening the product's applications, they say.

Intercare are placing a great deal of emphasis on the Tixylix name as they say it is

well trusted by parents and recommended with confidence by pharmacists. Original Tixylix is joined by Tixylix daytime, cough and cold and decongestant inhalant capsules. Although the latter is GSL, it will be restricted to pharmacies.

Support behind a product is an important factor when deciding what to stock and Intercare say they are committing £750,000 to promote the new range in women's publications, mother and baby magazines and newspapers.

## Vicks VapoSyruP

Procter & Gamble are claiming that the introduction of Vicks VapoSyruP, available in four variants (three P, one GSL), marks "a major innovation in cough relief".

VapoSyruP, unlike traditional cough mixtures, has a thixotropic polyol formulation said to coat the throat's cough receptors, providing rapid relief from coughing, says P&G's Bart Struwe. The company says only 3 per cent of consumers feel current cough mixtures deliver the rapid relief of symptoms they require.

In addition, P&G have allocated over £2.5 million to TV advertising and POS material. The company has also set up a professional healthcare advisory team to call exclusively on pharmacists, providing information about the brand.

Although not included in the pilot study, C&D also asked Opal Products, distributors of Cabdrivers, to put their case to pharmacists.

Opal say they have researched the market and have developed two new variants — paediatric and diabetic — in response to consumer requirements. In addition, they have introduced new packaging to enhance consumer appeal.

The sugar-free linctus has been introduced in the light of heightened awareness of the problems caused by excess sugar intake, say Opal. The junior product was introduced after parents asked about a milder version. "We can now offer the pharmacist a complete Cabdrivers Cough Linctus range, a development which has been consumer led and allows exploitation of the already strong allegiance," say Opal.

## News round-up

Smithkline Beecham have reformulated Venos's cough mixture range using xanthan gum in addition to the active

ingredients. This increases viscosity of the product and so coats the cough receptors more effectively, say SB.

Marketing director Wendy Davidson says the relaunch is designed both to sustain consumer loyalty and to strengthen the product's competitive position in the market.

A new pack design communicates and differentiates the specific advantages of each variant. SB plan to spend over £1.6m supporting Venos, including a new national TV commercial from November.

Following its first full season as a national product, SB say they are very pleased with the performance of Coughcaps. The benefits of the convenient, portable format and up to eight hours relief have been key to the product's success, they say.

This Winter, the company is looking to increase its market share still further and will be providing a wide range of display material in addition to spending £1.6m

advertisements.

A post-Christmas mailing to the trade is planned featuring composite display material under the Wellcome Consumer banner and a competitor. Actifed and Calpol will also benefit from this activity.

Hills Balsam, now owned by Windsor Healthcare, will be on TV in the TVS and Granada regions this Winter. A Press advertising campaign is also planned. POS material and trade and consumer public relations bring the total spend behind the brand to over £1.75m.

"Consumer advertising on this scale has not been put behind the brand for many years and our aim is not only to remind existing users of the benefits of Hill's but also to attract new consumer trial and brand loyalty," says Windsor's Ruth Higham.

Cupal's Meltus range is currently showing 16 per cent volume growth compared to last year, says marketing manager Nick Duffy. A licence variation, removing

threatened meadows.

An on-pack promotion invites consumers to send for a poster of wild flowers. For each poster LRC will donate 50p to the campaign.

The Buttercup brand continues to perform well despite poorer distribution and merchandising than its weaker competitors, says LRC's Alan Main. "In the pharmacy sector, sales of GSL cough medicines have not performed as well as in previous years," he says, attributing this to competition from grocers and poor access and visibility of GSL products in store.

This Winter, the Buttercup range will be supported with a campaign in the women's Press. LRC are also offering a free stock bonus and food hamper to retailers who place point of sale material and give extra shelf facings.

Covonia from Thornton & Ross is sporting a new style label this Winter. To promote this, new POS material is available and the company is running a window display



on TV advertising.

Another reformulated product is Owbridge's which is now based on guaiphenesin. The traditional capsicum, clove and anise flavour has been maintained.

## New campaigns

Wellcome are employing a fresh approach to Sudafed this season, concentrating on advertising in national newspapers. The campaign will run from October through to February in all major dailies.

The aim is to communicate Sudafed's benefits of fast acting, effective relief without interrupting normal daily routine. New POS material is available using the same visual image as the

drowsiness warning on Meltus Dry Cough, has resulted in extra sales.

National consumer Press advertising begins in October running through to March and Baby Meltus will be advertised in the baby Press. Special offers, trade promotions and competitions are available.

Cupal's Bronalin, the sugar and colour free range, will have the drowsiness warning removed from the dry cough variant from December 1.

## Charitable

This year, LRC's Buttercup syrup is teaming up with the Royal Society for Nature Conservation to raise £10,000 to protect Britain's

competition.

Nicholas Laboratories, manufacturers of Tancolin Children's Linctus, say the tangerine flavour is a winner with children. It contains vitamin C but no colourings.

Whitehall Laboratories' Robitussin's £440,000 campaign in women's magazines breaks in December. POS material, consumer leaflets and an assistants competition are planned.

Unichem's range of own label products includes dry cough linctus, chesty cough linctus and children's dry cough linctus.

Unichem are offering a 17.5 per cent discount off the price of its own brand products when 25 packs across the range are ordered.



We all know the feeling — that tickly nose, the first sneeze... signs of that complaint, the common cold. A stuffy nose, sneezing, sore throat, cough, watery eyes, aches and pains — all are familiar symptoms. But despite this, not many people would describe their cold as common

# Catching hold of a cold



**A**n acute coryzal episode — better known as the common cold — is undoubtedly the most common Winter illness. Most adults suffer from coughs and colds between three and six times a year, according to Crookes Healthcare. And children may contract up to twice that number, probably because they are exposed to more infections and have built up less immunity.

Rhinoviruses are the most common cold viruses and over a hundred different types have already been identified. Immunity is only specific to one type. So although a sufferer will gain immunity to the type causing their cold, exposure to another means it is possible to catch another cold immediately.

Other viruses responsible for colds include adenoviruses and myxoviruses. Some are more active during Summer and should not be underestimated as up to 40 per cent of all colds occur in the Summer, say Crookes.

Colds are most commonly spread by droplet inhalation, so to prevent transfer, scrupulous hygiene is required — easier said than done with children!

The incubation period for a cold is around two days, after which symptoms

become more intense. The virus attacks the nose and throat first, so colds affect the upper respiratory tract.

After transmission, the virus probably settles on the lining of the nose and breaks through the mucus layer, causing infection of the underlying cells and inflammation of nasal tissues.

This inflammation is caused by increased blood supply as a result of dilation of blood vessels. Inflammation and increased mucus production cause nasal congestion, one of the primary cold symptoms.

Nasal discharge starts as watery and clear and becomes thicker after a few days as the body fights the infection.

## Complications

Throat irritation can be caused by the virus or by excess mucus running down the back of the throat. This can activate the cough reflex; similarly, sneezing is caused by nasal tissue irritation.

Sinusitis or inflammation of the sinuses occurs when a small hole leading from the nose to the sinus becomes blocked off with trapped mucus. This causes pressure and pain under the eyes and around the nose, along with headache. A secondary bacterial infection may also occur in the trapped mucus.

Complications of a simple

cold should also be monitored and treated. These manifest in different ways in individuals, depending on their age, health and susceptibility. There is evidence to suggest that the common cold virus can convert carriage of pathogens to disease, and that common respiratory infections may act as cofactors for bacterial infection (*BMJ*, October 19).

Most mechanisms by which dual infections enhance disease are open to speculation but may involve interferon and antigens, for example. Secondary infections may also tend to occur because the right conditions exist — destroyed and inflamed mucus membrane linings and excess mucus.

Some cold sufferers will be prone to sinusitis, catarrh and bacterial throat infections, or may have a relapse of asthma, chronic bronchitis, or emphysema. Chest infection is not part of the common cold. And a red, sore throat caused by the cold virus is usually different to a bacterial infection like tonsillitis.

Cold symptoms in children are not really different to adults, but their response can be different.

Common complications to which children are susceptible include infections of the middle ear and lower respiratory tract. Otitis media, characterised by pain and a red inflamed ear drum,

is most commonly contracted following a cold, and requires monitoring by the GP (and possibly antibiotics) to prevent the possibility of long term hearing problems.

Although children may suffer wheezy bronchitis and not be asthmatic, recurring wheeziness in children should be referred to the GP to rule out asthma.

## Advice

Most people tend to seek relief from a cold, and along with the trend towards self medication and the ever-increasing numbers of products, there are plenty of opportunity for sales.

But reassurance and education are as important as counter prescribing. Parental reassurance is still the best management for children with recurrent respiratory infections, according to a report in *Archives of Disease in Childhood*, December 1990.

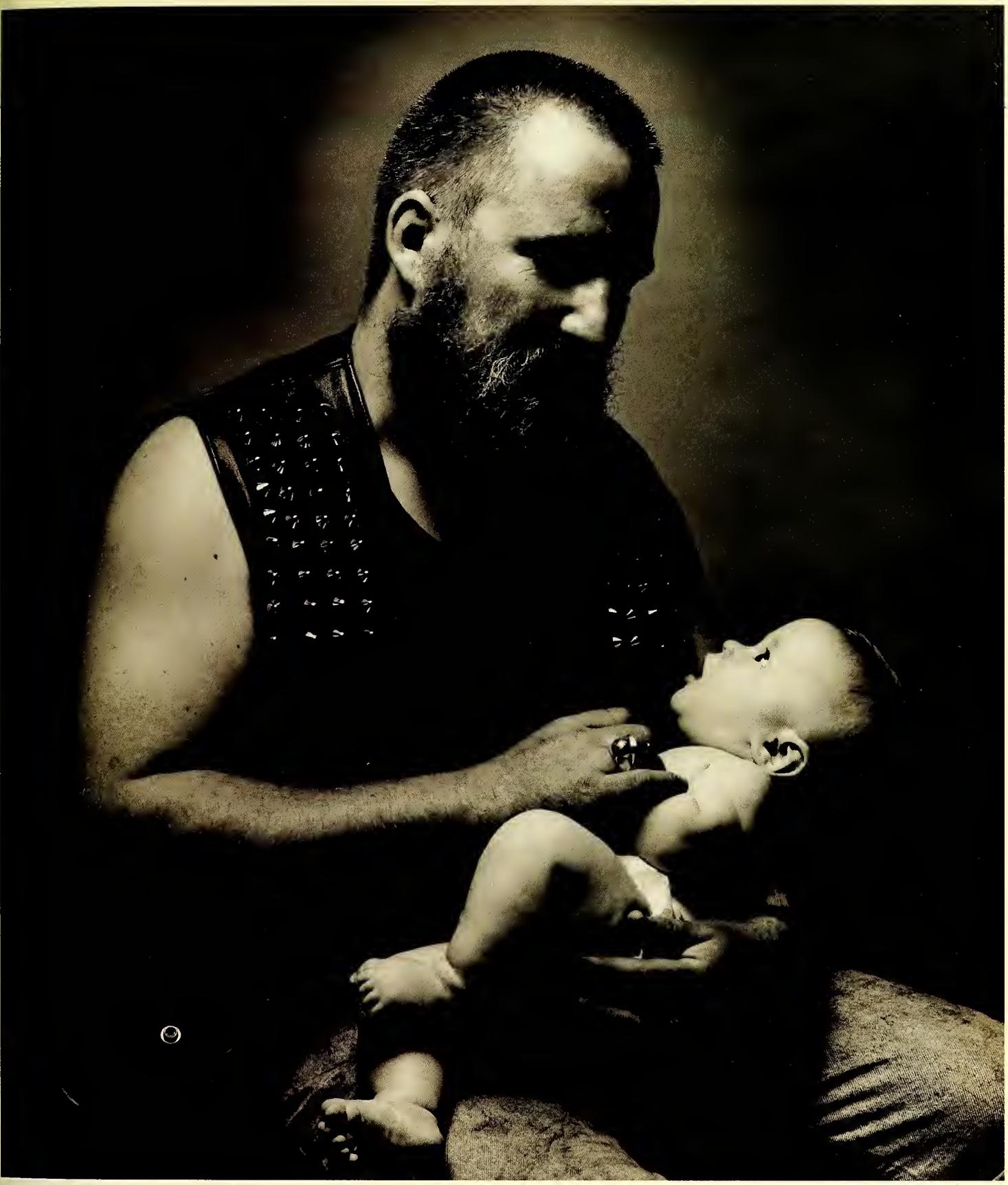
Loss of appetite may occur during a cold, but fluid intake should be maintained, especially in the young and elderly who are particularly vulnerable to dehydration.

Following exposure or infection, if a person is run down, tired or stressed emotionally, they are perhaps more likely to get a cold, which has flooded the market with tonics, vitamins and "pick-me-ups".

A report in the *New England Journal of Medicine* (Aug 29) concluded that people suffering from stress are prone to catching colds.

According to a recent survey carried out by Crookes in conjunction with *She* magazine, only 2 per cent of respondents said they would visit their GP in response to a cold-like illness, compared with 54 per cent who would visit the pharmacist. Some 90 per cent would then act on the pharmacist's advice.

Up to 70 per cent of consumers take time off work or school as a result of severe sore throats, cold symptoms, or coughs, while 17 per cent of all working days lost are attributed to the common cold, say Crookes.



## Karvol. For children who'd rather not be greasers.

Something remarkable happens when Karvol clears a child's blocked up nose. That's all it does.

There's none of the greasiness of vapour rubs. Its ingredients of pine, cinnamon and menthol are inhaled, which eases a child's breathing. Without it touching the skin.

Karvol is available in packs of 20, or 10's for new mums to try out. It's hard on vapour rubs. But gentle with a child.



# Breathe deeply!

*Although consumers are primarily concerned with a product's efficacy and performance, there is an underlying interest in what goes into a medicine and a preference for natural ingredients. Inhaled decongestants are increasingly the first choice, particularly for children*

**A**s the desire for natural remedies and concerns about health issues continue to be powerful influences on consumers, so non-ingested healthcare products will continue to grow, predict Crookes Healthcare.

According to Nielsen figures, sterling growth in the nasal decongestant market last year was 11.6 per cent with inhalants holding just over a fifth of the total value of approximately £23 million at rrp (excluding Boots). Pharmacy contributed around 87 per cent of the market total. Three main brands dominate this sector of the market — Karvol, Olbas Oil and Vicks Vaporub.

It is in the area of children's decongestants that inhaled products are particularly strong with mothers, especially those with children under the age of six drawn to natural products as opposed to giving their children "drugs".

## Display Karvol

In the year to April, sales of Karvol were 10 per cent over and above last year's figures, say manufacturers Crookes Healthcare. Following a minor change to the product's formulation, the product is now classed as a GSL medicine.

Andrew Portsmouth, senior product manager at Crookes, believes that when Karvol was a Pharmacy medicine it operated at a disadvantage because it could not be displayed prominently with competitor brands. This has now changed and the company plans product trial, improved packs and targeted advertising support for the coming season.

However, there is little evidence that pharmacists have rushed out and moved Karvol to the GSL shelves, particularly in independent pharmacies, says Mr Portsmouth. Crookes hope this will change, particularly as they are investing money in TV support this Winter aimed at increasing brand



awareness and rate of sale.

During the first month of TV campaign last year, sales of Karvol increased by as much as 27 per cent year on year, he says. This Winter, Karvol will be on TV from the last week in December through to the end of February. Advertising does work and retailers should be aware of it as an effective support to their efforts at point of sale, says Mr Portsmouth.

Dual siting, in a retail environment, is a ploy the multiples have learned to exploit but which smaller chains or independents have yet to take up. A trial with Karvol in a small multiple showed that dual siting on the babycare fixture resulted in a 75 per cent increase in sales of Karvol 10s.

"Although the market is mature there is a phenomenal potential for increased sales to be gained by taking advantage of consumer dynamics and changing purchasing patterns," says Mr Portsmouth. Displaying GSL brands where the consumer can self-select is particularly important.

## A new player

This year Karvol is facing what is probably its most direct form of competition — the launch of Tixylix decongestant inhalant by Intercare Products Ltd.

Tixylix decongestant capsules is part of a range of three new products under the Tixylix name. They contain

blended aromatic oils which, when released, help ease breathing and aid sleep. Amanda Jenkins, Tixylix brand manager says: "Mothers with young children are particularly concerned to use medicines which are not only effective but safe. Tixylix now offers them a range with a name they can trust."

To promote the launch the company plans to spend £750,000 advertising in the women's Press and mother and baby magazines from October until the end of March. Full colour advertisements will appear in daily and Sunday newspapers and new POS material is available.

Olbas Oil is performing well in the market, maintaining overall share competitiveness with other leading brands, say G.R. Lane Health Products. "The brand clearly continues to

appeal to health conscious consumers who prefer its natural pure plant oil ingredients to more synthetic chemical formulations."

Recent research has shown that pharmacies typically stock over 30 decongestant brands, say Lane. "There must come a time when it is more profitable to display and sell a leading line like Olbas rather than take up shelf space with low demand lines that do not generate profit." To help with display, Olbas is being changed to a two-facing tray for the 10ml size and a three-facing tray for the 28ml size.

## Happy birthday!

One hundred years ago a now familiar little blue jar first appeared on the American market — Vicks Vaporub. Pharmacist Lunsford Richardson was responsible for developing the Vicks range of home remedies. One of these, a vaporising salve for colds, was developed for his son who was a "croupy baby".

Menthol was incorporated in an ointment base together with rubefacient agents. By rubbing the ointment on the person's chest, the heat of the body would vaporise the menthol and the soothing vapours could be inhaled.

In 1905, the Vicks family Remedy Company was founded to sell the products and its progression to a global brand provides an insight into the development of

*Continued on p10*





**Once again our commercials will end up giving you a sore throat.**

On December 1st, two commercials for Strepsils go back on air. And when your doors open on December 2nd, you'll be lost for words. Hardly surprising, really. Last year, when these commercials first appeared, we received our highest ever rate of sale in pharmacies.\* And this year, we plan to spend over two million pounds

on them. And if you find that hard to swallow, you know what to take.



\*Nielsen Jan/Feb 1991



Continued from p8

modern marketing methods. Sales were boosted by the flu epidemic of 1918-19 and by 1929, Vicks Vaporob was established in more than 60 countries.

### Easybreathers

Robinson have launched Easy Breathers inhalant tissues, to be claimed "a unique product with major product benefits". The dry tissues release a vapour which includes camphor, menthol and pine oils. It is an alternative to "messy" liquids or rubs, says the company, yet still provides the sufferer with the benefits of inhaling a vapour.

The company's research showed that 72 per cent of those who used Easy Breathers said they would purchase it, if available in the shops. To support the launch an initial campaign will run regionally in women's magazines.

### Appliances galore

The big news in the inhalant appliances market this Winter is the relaunch of Wright's Vaporizer in an electric format.

Nick Pearse, new product development manager at LRC Products, says the decision was taken following consumer research which showed that, although the product was seen as traditional and effective, the candle format was old fashioned and could be misused.

The new electrical format offers advantages, says Mr Pearse: it is safer, more effective due to a more even heat, has a medicinal image, and is cleaner and cheaper for the consumer to run.

Blocks and fluid for the Vaporizer are available as refills and the electric unit comes complete with a 2m cable fitted with a plug — an important factor when you consider that it is likely to be a distress purchase, says Mr Pearse.

LRC are promoting the new unit with a £500,000 advertising campaign and

new POS material.

Also new this Winter is an electric vaporizer from Mountain Breeze. This uses pads, supplied with the unit and as refills, which release a blend of natural oils including menthol and eucalyptus. The product will be advertised in women's weekly and monthly magazines in December and January.



### Innovative touch

Although doctors have long recommended inhaling steam mixed with aromatic substances to relieve colds, catarrh and sinus congestion, there are disadvantages to the towel and bowl of hot water method.

An appreciation of this led a community pharmacist to invent the Clearway Inhaler. The device is a mask which fits around the nose and mouth attached to a plastic cup into which hot water and the required inhalant are placed. It is easy to use, inexpensive, and compact, say Clearway.

A survey showed that where recommended by pharmacists for catarrh and sinusitis, sales averaged 5.4 per week per pharmacy. Header cards are available providing an eye-catching point of sale message.

The inhalant device Virotherm produces around 40 litres of air a minute, saturated with water and raised to 43C. It raises the nasal passages to this temperature and can relieve congestion and sinus pressure, say the manufacturers.

Pifco Carmen produce a unit which combines facial sauna and nasal inhaler — Steam Therapy. The electric unit has three settings, two for saunas and one for nasal inhalation, and two separate adaptors for full facial sauna or just nose and mouth inhalation.

# Space planning

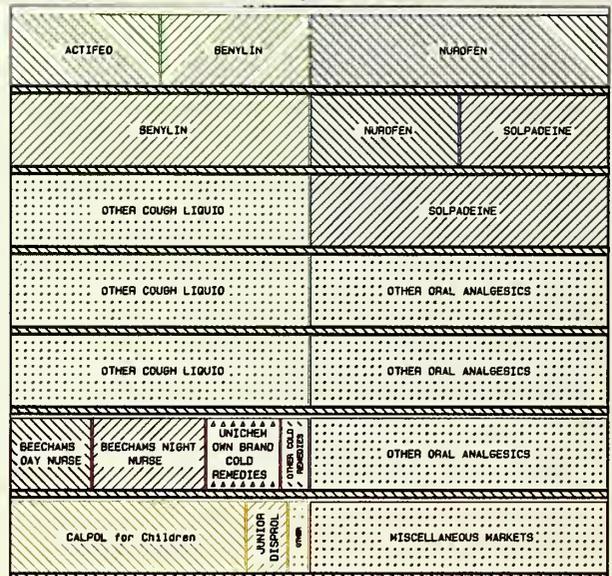
Unichem's planograms give merchandising advice for 80 per cent of the products used in pharmacy. The shelf layouts give the pharmacist ideas on how to maximise sales

The pharmacy value of the counter medicines sector is £192.2 million, a share of 46.9

per cent. The year on year growth of this sector is 5 per cent.

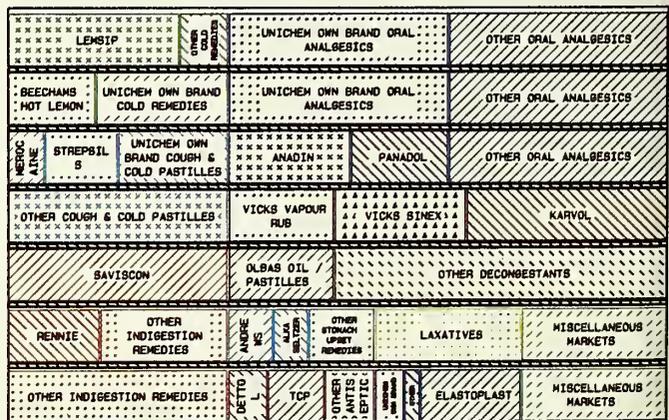
	Pharmacy Value (£)	Share	Recommended Space Allocation
Oral analgesics	47.8m	46%	34%
Cough treatments	40.3m	74%	17%
Cold treatments	23.8m	58%	9%
Cough — cold pastilles	13.3m	36%	5%
Decongestants	10.5m	30%	11%
Indigestion remedies	18.9m	44%	7%
Stomach upset remedies	4.5m	30%	2%
Laxatives	7.8m	39%	3%
Paediatric remedies	0.9m	N/A	3%
First aid dressings	5.0m	21%	2%
Antiseptics	4.0m	22%	1%
Miscellaneous markets	8.0m	40%	7%

### Pharmacy medicines



Yellow = laxatives; red = indigestion remedies; aqua = stomach upset remedies; purple = antiseptics; blue = first aid dressings; green = cold treatments; aqua = cough & cold pastilles; blue = oral analgesics; brown = decongestants

### GSL countermedicines



Green = cough liquids; blue = oral analgesics; purple = cold remedies; yellow = paediatric remedies; red = misc markets



**This strong anaesthetic and antiseptic will ensure your customers never come back.**

What you see before you is the end of the sore throat as we know it.

This humble lozenge has the power to numb pain and treat the cause.



So, if you want really satisfied customers, just clear your throat and recommend Dequacaine, along with its highly effective sister, Dequadin.



# The common cold

**With more than 120 different strains already identified as producing cold symptoms, and more contributory viruses being isolated all the time, perhaps it is not surprising that the common cold is the most prevalent, and consequently the most expensive, illness in the Western world**



Smithkline Beecham research data shows that over 20 per cent of people suffer a cold or flu in any one week during the Winter, and that as much as 60 per cent of the population suffer a cold over a 12 month period. In Great Britain alone more time is lost from work and school because of colds than all other diseases combined, while recent figures from the United States maintain that the common cold accounts for more than 50 per cent of all absences among industrial employees.

What is more, while many colds are no more than an uncomfortable inconvenience lasting just a few days, they can also give rise to much more serious disorders of the ear, throat and sinuses, as well as generating the kind of bronchial hyper-reactivity that worsens bronchial asthma or acute and chronic bronchitis.

## Virulent viruses

The nature of the many cold viruses is such that the prevalence of the disease seems inevitable. For a start, they are very infectious and spread easily and rapidly from person to person without recourse to an intermediate source such as food or water.

Thus, the only means of preventing the spread of a cold is to isolate the sufferer, but since the virus is present and infectious well before the cold symptoms manifest themselves, isolation can hardly be considered a fail-safe method of cold prevention.

## Colds affect all ages

Nor do the viruses show much respect for age or state of health, although these factors are related to the incidence and severity of the disease. Young children are undoubtedly the most susceptible to colds, with children under five succumbing to an average of between six and twelve respiratory infections annually, most of which are colds and can lead to other complications such as ear and throat infections.

A poor nutritional state, fatigue and emotional disturbances are undoubtedly associated with increased susceptibility to infections of any kind, but even the healthiest, fittest and happiest people are not immune. Getting wet or cold are not direct causes of a cold in themselves, but will undoubtedly add to the symptoms should the virus already be in the system.

after the beginning of school Autumn term, and followed by a post-Christmas epidemic and a third peak period in the early Spring.

Each of these epidemics seems to be associated with a different virus, with the severity of the illnesses dependent on the strength and virulence of the specific viral strain. Based on information gathered from doctors and consumers over the past four years for the Smithkline Beecham Healthcare "Colds & flu monitor", the mid-Winter epidemic is by far the most prevalent and severe. Although it is not known why there is a correlation between cold weather and colds, all the evidence connects the two.

## Specific symptoms

The common cold is caused by viral infection in the upper respiratory tract which manifests itself, in varying degrees of severity, in a mixture of all-too-familiar symptoms. The main sites of infection are the nose, the throat and the bronchi. Sufferers may have a sore throat and a dry chesty cough, a rise in temperature, watery eyes, a loss of voice and a diminished sense of smell and taste.

Such are the number and variety of the cold viruses that even an acquired immunity to one strain is no guarantee against succumbing to others, particularly since up to 10 per cent of common colds are associated with more than one virus, and simultaneous infection by two viruses is not uncommon. Tests have proved that clinical immunity from individual strains can prove effective for up to two years after infection, although reinfection is never entirely eliminated and usually results in a modified illness. However, flu vaccinations are available.

## Types of treatment

Hence treatment of the common cold can never be entirely preventative and thus must be symptomatic, concentrating on the relief of

## Seasonal severity

Research has shown an apparent relationship between the frequency of colds and the time of year. About 20 per cent of the population suffers a cold during the Summer months, during which time other respiratory disorders and allergies such as hayfever are necessarily most prevalent. However, the three peak seasons for common colds seem to occur at the beginning, middle and end of the Winter, starting with an outburst just



existing discomfort and, in severe cases, the prevention of potential complications. The latter would usually require professional medical attention, but straightforward cold symptoms can easily and effectively be alleviated with bed rest, adequate fluid intake and self medication with modern proprietary medicines.

### Consumer comment

Market research into consumer experience of colds and coughs reflects the medical evidence supplied by doctors and research scientists as to the symptoms and frequency of the disease, but produces some widely divergent opinions as to the severity of the suffering involved and the efficacy of cold treatments.

Both men and women claim that, typically, they catch two or three colds a year and that children are more susceptible than adults, probably because they are more liable to catch colds from each other at school. Both sexes also describe similar symptoms at the onset of a cold — sneezing, sore throat and general lassitude — and both agree that there is little one can do to avoid catching a cold. However, when it comes to the definition of the illness, men apparently suffer much more than women and describe their symptoms in much more severe and graphic terms.

Whereas women tend to adopt a fairly philosophical approach to the illness and will often simply let the cold run its course with the help of a few hot drinks and a couple of aspirin, men are much more likely to take advantage of symptomatic self-medication. Although more women actually purchase cold and cough remedies for family use.

Furthermore, among cold sufferers who do take medication, men are much more inclined than women to start treatment immediately they begin to feel unwell in an attempt to stave off further symptoms. It should be said also that women tend to be rather scathing about men's attitude to illness and most believe that men's tolerance to feeling unwell and coping with illness is much lower than their own.

Cold treatments are generally well thought of, with



all ages and sexes accepting the fact that there is no infallible cure for a cold, but trusting tried and tested products to alleviate symptoms, particularly during the early stages of the illness. Interestingly, most people prefer to take a known brand name product rather than own label medicines.

### Coughs

As the viral infection which causes the cold increases in intensity, mucus forms on the membranes lining the air passages and a cough acts as an automatic respiratory reflex to clear the foreign matter from the tracheobronchial tree. Thus, a cough is one of the most common symptoms of a respiratory disorder and can often be one of the most distressing and uncomfortable side effects of the common cold. Not only does the cough cause a sore throat, but constant coughing can also result in a headache, stomach ache and often a feeling of nausea.

The type of cough a sufferer may experience during the course of their illness depends upon the severity of the cold and it is important for the right treatment to be taken if maximum comfort is to be attained from the medication. During the early stages of a cold or a mild infection, the cough can be dry and tickly, causing extreme irritation and soreness. This is a non-productive cough, because the sufferer is not coughing up phlegm in the respiratory passages which must



be cleared to prevent further infection. This chesty or productive cough means the patient is able to cough up phlegm or mucus. Over two-thirds of coughs are chesty. At this stage it would clearly be wrong to suppress the productive coughing action as plugs of phlegm in the small airways can cause infection and discomfort when breathing. Thus a medicine which soothes the sore throat while loosening phlegm and congestion is most advisable.

Veno's Smithkline Beecham Health Care UK have recently announced the reformulation of all the variants in their popular Veno's cough syrup range. The new formula combines nature-identical xanthum gum with active ingredients in the syrup to increase the viscosity of the cough mixture and thus coat the cough receptors more effectively and provide fast relief without drowsiness.

Each of the products in the Veno's range has been developed to suit a particular type of cough and contains an essential demulcent action to calm and soothe the throat. Veno's Expectorant for Chesty Coughs also contains guaiphenesin, an expectorant clinically proven to loosen phlegm and congestion. Veno's Honey and Lemon for Tickle Coughs and Veno's Cough Mixture for Dry Coughs act as suppressants, reducing the impulse to cough by blocking the cough receptors in the throat.

Coughcaps successfully launched last winter Coughcaps has enjoyed sales at RSP of over £1.5 million in their first year on the market as both pharmacists and consumers have shown

their appreciation of the product's many technical and remedial benefits. Pharmacists are interested in the sustained release technology provided by the beadlets contained within the Coughcap capsule. This provides a therapeutic and effective level of dextromethorphan for up to eight hours at a time which is the length of effectiveness never available before.

Customers are pleased with the product's blister-packed capsule format, which makes them conveniently portable and easy to swallow, as well as ensuring day-long dry cough relief.

**Beechams Powders**  
Beechams Powders have been providing fast relief from colds, flu and rheumatic pains since their launch in 1926 and they

remain Britain's best known cold remedy to this day, with a remarkable brand awareness of 98 per cent. The product is still available in its original wrapper format, as well as in tablet form and decongestant capsules, and continues to grow at a rate of more than 13 per cent year on year.

**Hot Remedies** Hot drinks are one of the most popular cold remedies with all ages, providing fast relief from the symptoms of cold and flu, in a soothing, palatable format. Repackaging for the product last Winter helped to generate increased sales for the whole Beechams Hot Remedies range. Beechams Hot Lemon is still the favourite flavour, with Beechams Hot Blackcurrant continuing to outsell its nearest competitor and Beechams Hot Lemon with Honey still a consistent performer with a flavour unique to the market place.

**Day Nurse and Night Nurse** Day Nurse and Night Nurse are the number 1 brand leader in cold remedies in pharmacy, and retain a massive 30 per cent share. Growth for the brand has proved particularly spectacular since the launch of its capsule format, with an increase in sales of 26 per cent year on year last winter alone.

The secret of **Contac 400** is its tiny "time pills", some of which are designed to work immediately, the others to be released later, to obtain up to 12 hours' relief from a runny or blocked up nose.

Contac 400 is distributed on Smithkline Beecham Health Care behalf by The Wellcome Foundation — this product is therefore available from your Wellcome sales representative.



# Tracking down the flu

Every week around 200 GPs provide information on the incidence of colds and flu in their practice. The result is an up-to-date monitor of the season's trends

In the Winter of 1918-19, 20 million people worldwide lost their lives in just eight weeks, a higher death toll than during the preceding war. In the Winter of 1989-90, 25,000 people died. The cause — influenza.

Beecham Health Care.

The company sees the benefits as including:

- Allowing prediction of coming changes in incidence at both national and regional levels.
- Improving qualification of consumer demand for, and

given by each pair as a percentage of the total number reporting at a national or regional level.

This percentage is then weighted to take into account its importance. The percentage from 1 and 2 is multiplied by one, the score

number of cases over the previous two years. In 1990-91 there was no epidemic which may be due partly to increased resistance in the population following the previous years' epidemic. Although 1990-91 showed no large peak in the number of sufferers, the baseline was slightly higher than in previous years.

GPs are sampled by the monitor because they are considered to be better informed, more expert and objective than either consumers or retailers, says Smithkline Beecham Health Care's marketing manager David Crow. Patients themselves tend to have a very subjective view of Winter ailments with one person's sniffle equivalent to another person's flu.

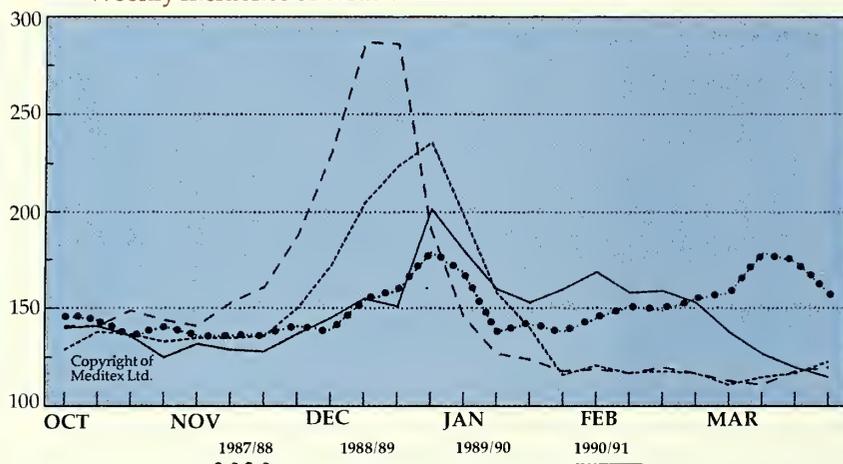
Last year, SB carried out a consumer monitor to see if it yielded more information than the doctor's survey but the trends identified were very similar, he says.

Mr Crow says he would like to see the monitor expanding. With doctors referring patients to the pharmacy for over the counter products for minor ailments there is a possible opportunity to study other therapeutic areas. However, the monitor does work best for conditions that are seasonal in nature — the incidence of coughs is a possible application or even hay fever.

Maybe in future pharmacists will only order stock after studying a range of monitors showing the likely demand. On the other hand, SB would certainly settle for a more accurate prediction of when the next flu epidemic will strike.

In the meantime, pharmacists can play an important role in alerting patients to the availability of flu vaccines. The Department of Health currently recommends annual vaccination of patients with chronic respiratory, cardiac or renal disease, diabetes or immunosuppression. In addition, vaccination is recommended for residents of nursing homes, old peoples' homes or other long stay institutions.

Index Weekly incidence of colds & flu Medical monitor W/E. 31/03/91



Probably the major problem for anyone involved in healthcare is the unpredictable nature of the flu virus which makes it virtually impossible to forecast when the next epidemic will occur.

Apart from the obvious risk of falling victim themselves, manufacturers, wholesalers and retailers have to consider another aspect of an epidemic — coping with empty shelves and "out-of-stocks" while public demand soars. Although it sounds rather mercenary, for the well prepared retailer a good epidemic can really lift profits!

The Winter of 1968-69 was when the infamous Hong Kong flu epidemic struck. One of the main frustrations for manufacturers was how slowly they received data about the incidence of illness and market demand. One company, Beecham, felt they needed more up-to-date, actionable data and so, in 1971, they set up a colds and flu monitor with Meditex Ltd, a specialist research agency.

In 1987, the monitor was increased to give a regional split and today it provides weekly information on the national incidence of colds and flu to Smithkline

sales of, relevant products.

- Enabling the preparation and timely deployment of appropriate marketing activity, production and distribution.

## Relatively simple

The monitor is a relatively simple study for surgeries to participate in. Every week for 24 of the 26 weeks between early October and early April, Meditex telephone around 200 GP surgeries between Thursday and Sunday. The collated results arrive at SB by Wednesday morning.

The survey consists of only one question: "In the last seven days, which of the following statements best describe the incidence of colds and flu currently observed in your practice?" There are six answer options.

1. Cold and flu are at a low rate
2. Colds and flu are at a normal rate
3. Distinct rise in colds and flu
4. Distinct fall in colds and flu
5. Very heavy rate of colds and flu
6. Epidemic in progress.

Incidence scores are derived by pairing answers 1 and 2, 3 and 4, and 5 and 6, expressing the numbers

from 3 and 4 is multiplied by 2 and the score from 5 and 6 by three. The resulting incidence gives a score of 100 when the number of colds and flu in the population is "low to normal" and a maximum of 300 when there is an epidemic.

SB's experience has shown that 150-199 points indicates that heavy colds, probably with increasing flu, are prevalent and warrant precautionary activity. When 200 is reached, flu is a major factor and an epidemic may be likely. A progressive rise in score can give up to three weeks warning of major movements.

As an indication of the serious nature of the last UK epidemic (Winter 1989-90), the monitor's score reached 280. In other words, nearly 100 per cent of the doctors believed that there was an epidemic in progress among their patients.

## Annual trends

The monitor is also able to produce data which shows how the pattern of colds and flu varies considerably from one year to the next (see graph). Prior to the epidemic of 1989-90, there had been a gradual build up in the

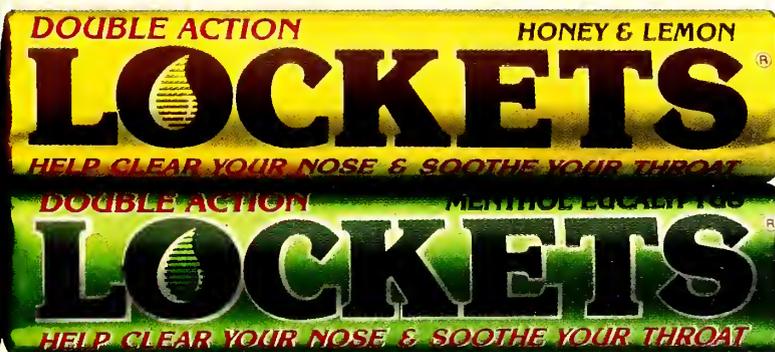
# GRAB THE MEDICATED SWEET MARKET BY THE THROAT.

(AGAIN.)



Tunes and Lockets are brands not to be sniffed at. They account for over 55%\* of the medicated sweet market, and sales of them treble in winter months.

We'll be maintaining this healthy lead with a £3.5m\*\* advertising campaign. So don't get left out in the cold. Stock up with Tunes and Lockets before the rush begins.



# Benylin care — the pharmacy answer

## Introducing Benylin Non-Drowsy Formulation For Chesty Coughs



Research indicates that 25 per cent of the population actively seek non-drowsy cough treatments, and there is now a Benylin with the answer for these customers. Benylin Non-Drowsy for Chesty Coughs contains 100mg guaiphenesin per 5ml dose, which is the maximum strength allowed in a GSL formulation. Because of guaiphenesin's bitter taste, non-drowsy formulations could be affected by poor patient compliance, but Benylin Non-Drowsy's palatability has been clinically proven, and is highly acceptable to users of other non-sedating cough treatments. In fact, 67 per cent of non-Benylin users said that they were likely to purchase the Benylin Non-Drowsy formulation.

However, for the 75 per cent of cough sufferers who are not concerned with possible drowsiness, the Benylin range is still the first choice for fast and effective cough treatment.

**With the launch of the new Non-Drowsy formulation, the Benylin range now provides an answer to all the usual types of cough and customer preference. Customer requirements are evolving and, as market leader, Benylin is anticipating and responding to these needs. To give pharmacy customers the widest choice for all their family's needs Benylin now offers a complete range, including the new Non-Drowsy formulation for chesty coughs**

Benylin Chesty Original formulation will continue to be the leading product, outselling the next closest competitor by three to one. Loyal users show

that they value Benylin's clinically proven efficacy, in a range of specialised formulations for all their family's needs.

### Heavier promotion

In the main 1991-2 season the Benylin range will be promoted more heavily and more effectively than ever before. Over the past few years Benylin has spent millions of pounds to help build pharmacy cough product sales, with TV advertising as the spearhead. This policy continues this winter with new consumer-tested commercials with a £2 million budget which will reach 90pc of all Britain's housewives.

Effective in-store merchandising will maximise impact from this TV support, and there are important opportunities for pharmacists to participate in Benylin promotion through an enlarged range of free display and merchandising aids. Window cards, counter units and two sizes of shelf strips have been specially designed for the pharmacy to give extra impact to the cough/cold section.

# A big pharmacy opportunity with Benylin Non-Drowsy

## GSL but limited to pharmacy

The Non-Drowsy launch opens up another big profit opportunity which is exclusive to the pharmacy. Benylin Non-Drowsy's Pharmacy-only status gives you the benefits of self-selection opportunities while ensuring that cough treatment sales stay within the pharmacy.

As a GSL product, Benylin Non-Drowsy can be displayed in a number of locations in-store. This is the first time that the pharmacist has been able to show a Benylin on open sale, and the profit potential of the new brand calls for multiple sitings — such as the P shelves, with the rest of the Benylin range, in one of the special free

Benylin display or merchandising units and, of course, with other GSL medicines on open display.

A GSL siting will have important implications for profitability. Up to now, other GSL cough medicines, which are primarily sold through grocery outlets, have had a disappointing record for the pharmacy. On average, they take up to 17 per cent of the space devoted to cough treatments, but contribute only 9 per cent to sales. Displaying Benylin Non-Drowsy in GSL areas as well as on the P shelves could go a long way towards correcting this.



### Now — a Non-Drowsy Benylin GSL but pharmacy-only

Recent consumer research by Warner-Lambert Health Care showed that 67 per cent of non-Benylin cough sufferers would be likely to purchase Benylin Non-Drowsy in preference to their current brand

### The answer for your customers' needs

#### Adult range:

Benylin for Chesty Coughs original formulation  
— 300ml and 125ml sizes available  
Benylin for Dry Coughs  
Benylin for Cough Relief and easier breathing  
Benylin new Non-Drowsy Formulation for Chesty Coughs

#### Children's range:

Benylin Specially Formulated for Children  
Benylin Sugar-Free Formulation for Children, with no artificial colours

Now there's every good reason to recommend Benylin

## Benylin care and the pharmacist Benylin care is the answer for the pharmacist as well as the consumer because of all that it offers him:

- Pharmacists can be confident in recommending Benylin because of its clinically proven efficacy. Recent clinical studies have shown that Benylin soothes an irritated throat and starts working immediately to relieve a patient's cough (1). Additional clinical trials against another leading pharmacy brand (2) showed that Benylin was significantly better in terms of the degree of cough relief and the rate of improvement of the patient's cough.
- Benylin is the brand leader — well-regarded and accepted by all the trade and consumers alike. It continues to outsell its nearest competitor by three to one. Benylin offers a complete range and its high rate of sale means that space dedicated to Benylin will be profit efficient.
- Benylin offers a high cash margin, and combined with its high rate of sale it makes good business sense. Nielsen figures show that four out of the top 10

selling lines in pharmacy are Benylin variants.

- Benylin has always been uniquely well promoted, with heavy TV support in the peak season, combined with heavy below the line support throughout the year.
- Benylin provides a better return per foot of shelf than most cough treatments. This was proved in a study with the Selles Chemist Group, which showed that the re allocation of shelf space to leaders like Benylin in accordance with market shares lifted profitability by 17 per cent.

1. Data on file Warner-Lambert Co. Benylin for Chesty Coughs versus a competitive guaiphenesin with thixotropic polyol cough mixture

2. 1985 British Journal of Clinical Practice. Benylin for Chesty Coughs versus a competitive triprolidine hydrochloride, pseudoephedrine hydrochloride and guaiphenesin cough mixture

### Winter Windows — with a prize for everyone!

Over many years the Benylin Winter Window has always been one of the most popular and effective pharmacy promotions, bringing additional customers into your store as well as maximising your profits on cough and cold products. This season's new Winter Window Kit is designed to be flexible for use in almost any window display situation. Warner-Lambert Health Care are already receiving orders for the free Winter Window Kit which features Benylin, Day and Night, Sinutab and Veganin in one collection. Kits will be available for delivery from December 16 onwards, and orders may be placed with Warner-Lambert Health Care representatives.

A linked competition will award a first prize of £1,500 in travel vouchers or cash for the most creative use of the Winter Window material. There are 28 runners-up prizes of Sony radio alarms — one for each Warner Lambert sales territory — and a free golf umbrella for every competition entry receive. With the Benylin Winter Window everyone's a winner!

# Feeling sore?

*Products for sore throats, whether licensed lozenges or medicated confectionery are not as seasonal as many retailers imagine, so it is worth spending time studying which products to stock and how to merchandise them*

**T**here is a tendency to associate sore throats with Winter coughs and colds, however, some manufacturers are finding that up to 40 per cent of sales occur in the Summer months.

This means that cold and sore throat preparations make for one of the busiest over the counter fixtures in the pharmacy. However, Crookes Healthcare say much can still be done to increase profitability and sales.

Throat remedies continue to be the backbone of sales in Winter coldcare with a current value of £80.2 million increasing 6 per cent in value on last year.

After last year's poor performance Andrew Tasker, group product manager at Merrell-Dow, predicts this season will see some growth coming back into the market. Crookes' Andrew Portsmouth agrees but believes the future will see the top five or six accounting for a greater proportion of sales.

## Critical appraisal

Mr Tasker believes pharmacists must have an understanding of shelf space allocation in this market area. They should look critically at a brand's turnover and at the profit on return, he says, and base their allocation of space on these factors.

"I think pharmacists 'do themselves down' sometimes by giving prominence to medicated confectionery brands which are low margin products and which can be bought anywhere," he says. Recommending a product which can be purchased at outlets other than a pharmacy can mean that when a consumer wants to repurchase the sale may be lost to the grocery sector. Mr Tasker believes the confectionery sector still takes a higher amount of shelf space than it should, based on turnover and profit.

If these lower priced products are given shelf room they should not be displayed next to higher priced licensed GSL brands he says. Although consumers, to



some degree, understand that licensed lozenges offer certain benefits, it is unfair to invite a price comparison.

Crookes also believe that retailers should consider any above the line support a product receives. Brands which are supported in this way are those which are performing best in the market, they say.

## Displaying GSLs

Having looked at what products are stocked the next step is ensuring that those which are given shelf space are displayed to the maximum advantage.

Where a product is displayed will depend, to a large extent, on whether it is Pharmacy only or GSL. Merocets and Merothol, although GSL, are restricted to pharmacy outlets, something which Mr Tasker believes pharmacists are beginning to appreciate.

GSL products like Merocets and Merothol and Strepsils should not be kept out of reach on the P shelves. Companies such as Merrell and Crookes believe that as consumers' confidence in self-medication has increased so has their knowledge about symptoms and their desire for a product with a specific proposition.

This increase in knowledge has been reflected in the number of "niche" products offering benefits for different types of sore throats. Anaesthetic lozenges, and those

containing menthol to help relieve blocked noses, are predicted to do well.

Crookes have also identified a polarisation between "serious" and "first stage" sore throat medications. Strepsils are purchased as a "first stage" treatment which consumers reach for when a sore throat first strikes. If a stronger medicine is required later then the Dequa range is the "serious" choice, says Mr Portsmouth.

## Head to head

Merrell-Dow, manufacturers of Merocaine, Merocets and Merothol, see themselves as lining up for head-to-head competition with Crookes, especially since the latter now owns the Dequa range. "It's very much our objective this year, in terms of what we're doing in pharmacy to challenge Strepsil's market share," says Andrew Tasker.

This Winter, Merrel are using a spoon logo on advertisements and POS material to emphasise the message "a real medicine in a lozenge". The company sees the three products as separate brands linked by the Mero-name.

This year, the company is running a "Grand pay and display" cash draw linked to display of POS material, and an assistants' competition. It is also looking at a sampling campaign for Merothol.

Crookes advocate that in order to cater for the different types of sore throat, it is

important that retailers stock all four variants of Strepsils. This year, the range is sporting updated packaging following research that indicated that original and honey & lemon appeared a little dated.

Displaying the brand prominently is very important, says Mr Portsmouth, quoting research that shows consumers regard Strepsils as the "beacon brand". Even if they do not want to purchase Strepsils, they locate where the other sore throat remedies are stocked by looking for the Strepsils



packs, he says.

The brand will be back on TV this year in December and January and new POS material will be available. Together with Karvol and the Dequa range, Strepsils will benefit from a display initiative with mystery shoppers calling on retailers between January and March.

Crookes predict that Dequadin and Dequacaine will see major growth in the future. As they are regarded as "serious" products there is unlikely to be any conflict with Strepsils, the company says. "The two brands compliment one another perfectly at point of sale and in terms of consumer's perception, needs and application," says Mr Portsmouth.

The Dequa range will see a doubling in the amount of money behind it this year

with a national poster campaign in December and January.

## Brand news

Ernest Jackson are confronting the 1991-92 season with their most comprehensive range of products yet. This year, their range is joined by Potters Catarrh Pastilles and Zubes.

Although they always used to manufacture Potters, Jackson's are now responsible for sales, marketing and advertising. "It's future is in safe hands," says managing director Lee Walker. The company is also committed to restoring Zubes, once a household name, to its former glory. A repackaging programme is underway with advertising support planned for the New Year.

Throaties and Throaties Extra are currently worth over £3m at rsp, say Jackson's, and plans are in hand to repeat the previously successful TV-am campaign.



A bright future is also predicted for Zensyls.

Lofthouse of Fleetwood launched a sugar-free Fisherman's Friend in the Summer to appeal to an increasingly health conscious market. A sampling operation will start this Autumn with over 8 million packs being given away.

Lofthouse believe that the Fisherman's Friend range "with new and innovative products in the pipeline", will tempt a wider range of palates. A humorous advertising campaign is planned using the line "Never underestimate the power of the Fisherman's Friend".

TCP, although 70 years old, is still a key player in the Winter remedy market with research showing consumers perceive it as a versatile, all-purpose treatment, say

distributors Chemist Brokers.

Recent figures show that sales, particularly of the 100ml liquid, are on the increase in pharmacy. David Hill, market development director, believes this augers well for the coughs and colds season. "TCP liquid antiseptic is the brand most trusted when the sore throat season descends upon families," he says.

New for 1991 is an orange flavour of TCP pastilles, which pre-launch research indicated is especially popular among young people.

The brand will be supported by national Press advertising and a consumer public relations and leafletting campaign to educate existing and potential users about the brand's benefits.

According to Schering Plough Consumer Health, Meggazones, established for over 195 years, grew by 39 per cent between 1987 and 1991. It is a therapeutic sore throat remedy which, they say, is growing at the

expense of more confectionery type products.

Made to a traditional formula, A.L. Simpkins's Olde Miners lozenges are selling particularly well in traditional mining areas. The company has also had demand from choristers and male voice choirs. Old Miners is available on bonus — 27 for the price of 24 — yielding a 41 per cent POR for a standard



display outer, says the company.

## Buttercup range

Earlier this year, LRC Products extended their range with Buttercup throat lozenges containing bee propolis. LRC see the product as more serious and therefore competing with the likes of Strepsils and Merocets. Sales of Buttercup medicated sweets grew in volume by 13 per cent last year, say LRC.

Olbas pastilles have also shown growth in the past year, say G.R. Lane. They attribute this largely to extra availability at point-of-sale, advertising, and the trend towards more natural based products.

Tunes and Lockets account for over 55 per cent of the medicated sweet market with sales trebling in the Winter months, say Mars.



This Winter will see a £3.5m advertising campaign.

Halls Mentholiptus currently takes a 22 per cent share of the UK confectionery market, say Warner Lambert Confectionery. It will be on TV from December through to March. Joint trade promotions with Kleenex tissues are also underway.

## When it's not a cold!

There is a tendency to expect that snuffles and sneezes in the Winter are likely to be a cold, while in the Summer it must be hayfever. Although this is the case, the opposite scenario can occur.

A customer who asks advice on an unusually persistent "Winter cold", or one that seems to worsen in certain environments, may have an allergy.

Perennial allergic rhinitis is a year-round problem that has increased in recent years with the prime causes being dust, house dust mites and animal dander. The nose and eyes are most commonly affected with inflammation of the nose causing watery discharge and sneezing as well as nasal blockage. Eyes become sore, itchy and watery and facial pains and headache may be due to blocked sinuses.

This Winter Merrell Dow, manufacturers of the terfenadine-containing antihistamine range of Triludan, and Triludan Forte, are running a consumer awareness campaign to alert sufferers that their cold may be an allergy. It is useful, in trying to pinpoint the cause if a record of symptoms is kept.

The company has produced a range of point of sale materials including display boards and a consumer leaflet "Understanding allergies — effective advice when it's not just a cold".

## Winter remedies — top five brands

A.C. Nielsen figures based on sterling sales in pharmacies for 12 months to July/August 1991.

### Cough remedies

1. Benlyn
2. Actified
3. Covonia
4. Sudafed
5. Venos

### Analgesics

1. Solpadeine
2. Nurofen
3. Anadin
4. Panadol
5. Migraleve

### Cough, cold pastilles & lozenges

1. Strepsils
2. Merocaine
3. Merocets
4. Throaties
5. Tyrozets

### Cold treatments

1. Beechams Powders
2. Lemsip
3. Night Nurse
4. Day Nurse
5. Benlyn Day & Night

### Decongestants

1. Sudafed
2. Otrivine
3. Karvol
4. Sinutab
5. Mucron

### Facial tissues

1. Kleenex For Men
2. Kleenex Super 3
3. Andrex
4. Kleenex Boutique
5. Kleenex Regular

Source: Retail Index.

## Fighting the pain

*Analgesics have been increasingly positioned into the colds market over the last few years and their all round benefits mean they are suitable for a variety of cold symptoms*

**T**he analgesic market is currently worth around £147m, according to Nielsen.

Crookes say over 10 per cent of the market is sold for seasonal colds and 'flu (6.4 per cent and 5.2 per cent respectively). Television advertising for Nurofen has been launched to coincide with the seasonal uplift in analgesic purchasing.

"The coughs and colds market is another area we are looking to expand in, since we now have a product to compete in the soluble sector," says senior product manager for Nurofen, Alison Williamson. Over the Winter they will be supporting Nurofen Soluble by a PR programme explaining the multiple benefits of ibuprofen in relieving cold and 'flu symptoms.

Although ibuprofen does not have an indication for treating sore throats, it has

been shown to be effective against sore throat pain, say Crookes. The trial, in *Clin. Pharmacol Ther* 1988 Vol 44 No 6, p704 showed that 400mg of ibuprofen was significantly more effective in relieving sore throat pain after two hours than 1g paracetamol. In addition, the time taken to achieve a 50 per cent reduction in the intensity of the sore throat was significantly shorter for ibuprofen treated patients.

The anti-inflammatory properties of ibuprofen will help relieve the muscular aches and pains which often accompany 'flu, say Janssen.

Disprin and Codis claim a 5.9 per cent share of the adult analgesics market, say Reckitt & Colman. Disprin can be used as a gargle for the relief of sore throats, before swallowing, says the company.

The launch of Panadol 48s last January is now beginning to pay dividends as

distribution has been gained over the last few months, say Sterling Health. The company say Panadol achieved a growth of 9 per cent year on year to August. The next burst of advertising will be in January. A promotional package aimed at doctors and other health professionals is available, and the company are also targetting consumers through hospitals.

Nicholas Laboratories relaunched Aspro last month, and two of their existing products, Paraclear and Junior Paraclear have been renamed incorporating the prefix Aspro. New packaging has been designed and the relaunch will include a poster advertising campaign and on-pack promotion.

Last month, Wellcome launched Calpol Extra for Adults, a Pharmacy analgesic containing 500mg paracetamol, 5mg codeine phosphate and 10mg caffeine. A Press advertising campaign is running, and the brand will be supported with a variety of POS material, along with a quiz for pharmacy staff.

### Children's analgesics

Calpol's range dominates the market, with a 75 per cent sterling share. Wellcome will be supporting Calpol this Winter with a £600,000 advertising campaign covering 70 per cent of the target audience of young mothers. Below the line activity includes POS material and a quiz for pharmacists.

Pinewood Laboratories



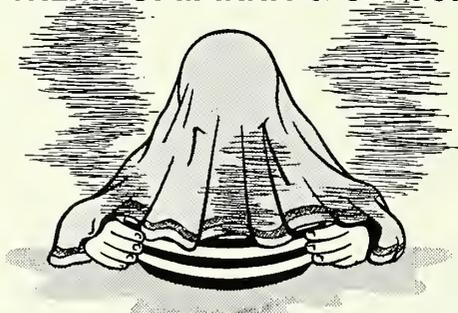
have relaunched Junior Panaleve as a cherry flavoured suspension (paracetamol 120mg/5ml) and have launched Panaleve 6 Plus (paracetamol 250mg/5ml), an orange flavoured suspension.

Another relaunch earlier this year was Panadol Junior from Sterling Health.

In addition to paracetamol, Medised also contains promethazine, which helps dry up runny noses and sniffles, so easing breathing, say Panpharma. Promethazine also helps ease the symptoms associated with chickenpox.

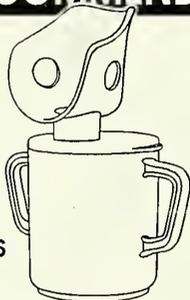
Cupal say that Cupanol is showing over 20 per cent growth this year with a lot of interest in the 200ml Over Six variant introduced in January. Consumer advertising in the baby Press breaks this month and will continue until April.

## DOCTORS RECOMMEND THIS TO TREAT CATARRH & SINUSITIS

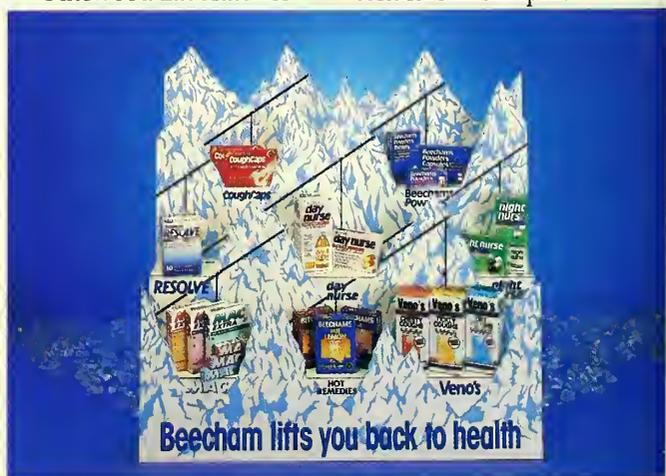


## BUT YOU CAN RECOMMEND THIS

**CLEARWAY  
INHALER**  
TO INHALE  
STEAM & AROMATICS  
THE EASY WAY



COMPACT • EFFECTIVE • LESS RESIDUAL ODOUR  
MAY BE USED BY CHILDREN  
INCREASED INHALANT SALES  
10 CHARGED AS 9 FROM YOUR WHOLESALER  
SHOWS 40% P.O.R. SELLING AT £3.53



## A stuffy head

The oral decongestant market is one of the largest cold-related markets, worth £20m, say Ciba Consumer Pharmaceuticals. The company say the market is buoyant, growing at 5 per cent volume and 13 per cent value. It is characterised by a number of large players, namely Mucron, Sinutab and Sudafed, the brand leader.

Mucron, traditionally a catarrh remedy with a degree of usage for sinusitis, has been repositioned over the last two seasons as a more mainstream congestion product. This was achieved with a pack redesign and a commercial featuring the "uncommon cold", say Ciba.

This commercial will be rescreened from late December. Last January/February it was said to increase the rate of sale by 72.5 per cent compared with December 1990. Early next year a counter assistant information pack and display promotion will support Mucron too.

Warner Lambert will be spending around £1m on Sinutab this season, with a repeat of the skull and arrows advertisements. The company say the total decongestant market through pharmacy has increased by 14 per cent value and 8 per cent volume, while Sinutab's share has increased from 18.8 per cent to 19.3 per cent.

The pharmacy topical

decongestant market is static in volume, and is worth around £6.5m (including Boots, moving annual total to March/April 91), say Ciba. But the non-pharmacy market is worth around £1.5m, growing at around 13 per cent value they say. Vicks Sinex is a main player in this market.

Mike Dallman, product manager for Otrivine, says its higher sale during Winter indicates higher usage for colds rather than allergy. But he says pharmacists have failed to merchandise and display it appropriately, bearing in mind the GSL, but pharmacy restricted, status. He recommends dual siting: "Consumers are looking to self select; it is a typically



British phenomenon."

Otrivine has a prescription market of around half a million scripts a year, with 60 per cent for children up to a year old. This Winter, the promotional campaign will develop more fully the brand's ethical heritage with a campaign targetted at GPs.

## A soothing remedy...

Cold remedies are worth over £49 million, according to Nielsen.

Beechams Powders lead the market and SB say it has a brand awareness of 93 per cent, with growth of more than 13 per cent a year. This Winter will see an advertising campaign with a £1m marketing support package for the brand.

A further £1m television campaign this Winter will promote Beechams Hot Remedies. This follows last year's repackaging of the range, which helped to generate increased sales for all three variants, say SB. Despite the popularity of blackcurrant and hot lemon with honey, the country's favourite flavour is hot lemon, according to SB's taste trials.

Smithkline Beecham say Day Nurse and Night Nurse have a 30 per cent share of the pharmacy only cold remedy

market, with the capsules showing growth of over 26 per cent last year. A television advertising spend to the tune of £800,000 will support the brand this season.

Reckitt & Colman are launching Lemsip Night Time this week, a Pharmacy only liquid medicine for colds and flu, containing paracetamol, chlorpheniramine maleate, phenylpropanolamine and dextromethorphan.

Consumers prefer to take medicines as hot drinks, say the company, so the 30ml dose of Night Time can be taken either cold or added to hot water.

The company aim to add value to the Lemsip brand by including dedicated Pharmacy-only medicines, says product group manager Anna Bharier.

Commercials featuring Lemsip Night Time will run from December, and further promotional support is planned including POS material and an information leaflet — all part of a £4m spend for Lemsip.

Meanwhile, Benylin Day and Night is holding its market share, say Warner Lambert. The brand will be part of a £2m spend for the total Benylin range.

Cold sufferers prefer to take fluid treatments at night time and capsules during the day, according to AAH. The Vantage own-label winter remedies range was relaunched last month with the addition of several new products including hot lemon cold powder with vitamin C, night cold comfort and cold relief capsules.



For details of Sudafeds' advertising campaign, see p5

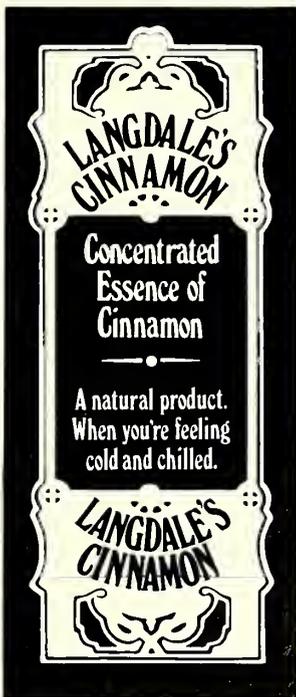
## LANGDALE'S ESSENCE OF CINNAMON

### Langdale's Essence of

Cinnamon has been relaunched in time for the 1991 autumnal colds season.

The benefits of the aromatic and stimulating properties of cinnamon, are once again available as **Langdale's Essence of Cinnamon**. In convenient lozenge form, or liquid taken in milk or water, this completely natural product can help alleviate some of the uncomfortable symptoms associated with colds, 'flu, catarrh, chills and shivers.

**Langdale's Essence of Cinnamon** - 50ml, 150ml and 250ml bottles and 20 tablet boxes - available from Unichem, AAH, MaCarthy Medical or your usual wholesaler.



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ESTABLISHED  
1745



Along with the trend towards natural alternatives is an opportunity for sales of herbal and homoeopathic cough and cold remedies. These are nothing new in Europe — in France the “number one” cough and colds remedy is homoeopathic, and homoeopathy represents 63 per cent of the OTC coughs and colds market

# It's only natural



A surprising number of people will have a go at homoeopathy for coughs and colds remedies, says Weleda's sales manager, Roger Barsby. He believes this is because conventional remedies are not very effective, and homoeopathy offers something different.

Consumers are worried about side effects such as drowsiness with conventional cold remedies, and are also looking for something suitable for children, he says.

Mr Barsby expects homoeopathic cold remedies to follow in the footsteps of the hay fever sector which, he says, has shown massive growth due to offering non-drowsy treatment.

Homoeopathy for the treatment of coughs and colds offers the customer a wide choice for the same ailments. And the advisory role required in choosing a remedy fits well with the pharmacist's role and helps with customer loyalty.

Traditional homoeopathy delves into a person's character as well as their symptoms. Although this total approach is difficult to do in the pharmacy, Mr

Barsby believes that for everyday ailments like colds, the symptomatic approach alone is perfect.

Tailoring a preparation to particular cold symptoms means that a pharmacist needs to use professional skills and find out a little bit more about the cold than they would normally, says Mr Barsby. Customers also feel that the product is suited to their “unique” cold.

As an extension of this personalised approach, Weleda offer a dispensing service, where prescriptions can be ordered over the telephone and despatched the next day — most are classified as Pharmacy medicines.

In fact over half of Weleda's remedies are classified as Pharmacy medicines, something to be exploited for the Winter remedies.

## Rapid relief

Weleda say that particular products that perform well during Winter are aconite for the onset of coughs and colds; bryonia for hard, dry coughs; ipecac for suffocative coughs, and gelsemium for flu, sore throat, runny nose, headache and tired limbs.

But is homoeopathy suitable for the rapid relief of cough and cold symptoms? Although it is often viewed as a slower, long term treatment, this is not the case, says Mr Barsby. It all comes down to correct dosing, and frequent doses are required for acute conditions like coughs and colds. Aconite is known to act quickly and gelsemium, for example, can work fast, especially on children. For acute conditions, an improvement should be seen after six doses.

Mr Barsby believes that frequent dosing has advantages, particularly for cold treatment. “Patients feel involved because they monitor their own illness,” he says. With frequent dosing they continually feel they are doing something to help themselves.

So what does the future hold? Mr Barsby says that the greatest area of growth is in pharmacies, who now take the same proportion of the homoeopathic market as health food stores. Customers are turning to outlets that can offer professional advice, he says.

## New Era

New Era, manufacturers of homoeopathically prepared biochemic tissue salts, say that sales of its cough, cold and catarrh remedies — Combinations J and Q — increased by 20 per cent last year and they predict further expansion for homoeopathy in the pharmacy with cough and cold remedies spearheading that growth. This year sales are again expected to show at least 20 per cent growth, says product manager Shaun O'Neil.

“The homoeopathic remedy market is on a growth path,” say New Era. “Retailers who offer their customers this choice will build custom and reputation.” The company say in 1991, twice as many consumers purchased Combinations Q and J on the recommendation of a

pharmacist than in 1989.

Combination Q, for catarrh and sinus disorders, also sells for hayfever, and J, for coughs colds and chestiness, is also appropriate for summer colds, so sales are steady throughout the year, says Mr O'Neil.

Within the single ingredients range, Ferrous Phosphate, for coughs, colds chills and feverishness is one of the best sellers.

Mr O'Neil believes that because New Era products are “ailment-led”, in other words labelled with indications, the brand is a good entry point for customers interested in homoeopathy. “It gives them confidence to look at the aconites, gelsemiums and pulsatilla's of this world.”

But what are the benefits to consumers of



homoeopathic cough and cold products? “People buy benefits,” says Mr O'Neil, adding that homoeopathic products have no side effects like drowsiness, are pleasant tasting, gentle, effective, and are suitable for children. These benefits are particularly suitable for self-limiting illnesses like colds.

Safety is an important criteria responsible for the growth, as homoeopathic tablets cannot be overdosed. The company sees children as a key entry point, with the

safety element attracting people. Consumers worry about children more than themselves, says Mr O'Neil.

Seven Seas are putting a full support package behind New Era, starting with a promotional campaign for Combinations Q and J. Heavyweight consumer advertising is running until at least February, with a Press campaign targeting health orientated women's Press. There are also plans for a brand awareness media campaign to run through the Winter.

## Nelson

"Homoeopathy is naturally happier in the pharmacy sector," says A.C. Nelson's managing director Robert Wilson. Nelson's cold and flu prevention and cold and flu treatment, for example, are indicated for conditions, but the Classical range, which takes 50 per cent of their business, is not indicated for symptoms.

This helps to distinguish consumers' expectations of them working as a conventional cough and cold preparation, says Mr Wilson.

Nelson products showed value growth of 26 per cent last year and 31 per cent this year, he says.

The company says pharmacy's share of the market has risen to 62 per cent, compared with health

## Display

A benefit of homoeopathy products is that they are small, easy to stock, and profitable, says Weleda's sales manager Roger Barsby.

But if they are confined to the alternative section, this will narrow purchases to people who'll go to that section, he says. Weleda currently have a Winter discount promotion on their cough elixirs and their top 20 cough and cold products. These can be singled out and displayed with other cough and cold remedies.

New Era introduced a special display unit earlier this year, containing twelve each of Combination Q and J. But product manager Shaun O'Neil says it may be impractical to merchandise in two sites. If so, and if pharmacists are to make the most of the homoeopathy market, they need to merchandise all products together as a system of medicines, he says.

## Some homoeopathic cold treatments

REMEDY	SYMPTOM
<b>Aconite 6</b>	Beginnings of colds. Sudden onset from exposure to cold. Worse at night.
<b>Allium cepa 6</b>	Common cold with much sneezing, watering of eyes and profuse acrid nasal discharge. Accompanying temperature and thirst, worse for warmth, better in fresh air
<b>Euphrasia 6</b>	Common cold with pronounced sneezing and watering of eyes.
<b>Ferrum phos. 6</b>	Feverishness, stuffiness and sneezing at onset of cold.
<b>Gelsemium 6</b>	Hot and cold shivering 'flu symptoms. Sore throat, runny nose, headache and aching in all limbs
<b>Nat. mur. 6</b>	Watery cold with general feeling of discomfort and headache. Loss of taste and smell, dryness of skin and violent sneezing. Dry, cracked lips and cold sores. Irritability and dislike of being disturbed.
<b>Silicea 6</b>	Slow onset and recovery, with sinusitis and headache.

stores' share of 38 per cent — three years ago health stores were in the lead at 60 per cent with pharmacies taking just 40 per cent, he says.

## Potters

It is important to distinguish herbal remedies like Potters from homoeopathic treatments, to avoid customer confusion.

Herbal remedies treat the cause not the symptoms, say Potters. They are a slow treatment, requiring the complete course to be taken — an important point when counselling customers.

Potters make a range of cough mixtures and herbal tablets. Their most popular product is Vegetable Cough Remover, containing herbs said to have antispasmodic and expectorant qualities.

The Potters range of tablets was colorfully repackaged in February to give an overall identity while retaining the individuality of each product. Since then sales are said to have increased by 20 per cent. The company believes that a new type of consumer is being attracted by the new packaging, a consumer who is probably much younger.

Sales manager Stephen Burgess identifies three types of pharmacist — the pro-herbal remedies pharmacist, who knows a lot and goes out his way to learn; the pharmacist who is interested and wants to find out more; and the anti-herbal pharmacist. So how does the company tackle the latter? "It's a long uphill struggle," he says.

## Seven Seas

Seven Seas herbal remedies include catarrh tablets, licensed to relieve sinus obstruction and catarrh. They contain a combination of seven herbs, used traditionally for the relief of common Winter ailments. Contra-indications exist for two herbs in the formulation — lobelia is not recommended for anyone

with cardiac problems, and capsicum can cause problems for those suffering gastric hyperacidity.

## Garlic

Seven Seas say that the total market for garlic supplements now exceeds £15m, with Hofel's share at around 39 per cent.

Although there is a greater awareness among consumers of garlic's role in the maintenance of a healthy heart and circulations, it is becoming better known for coughs and colds as more advertising and promotional support for these traditional uses appears, says the company. Its associated benefits include antibacterial, antifungal and expectorant properties, say Seven Seas.

Hofel's One-A-Day original Garlic Pearles or Garlic and Parsley tablets can be recommended for symptoms such as troublesome coughing, rhinitis and catarrh, say Seven Seas. Ideally they should be taken as a prophylactic throughout the winter to build up resistance against cold and flu viruses, say the company. Hofel's will be advertised in the national Press later this year.

G.R. Lane says the pharmacy garlic remedy market has shown growth of over 40 per cent value over the past year, and pharmacy's share (excluding

Boots) is now worth over £2.5m.

Lusty's Garlic Perles are often recommended for minor respiratory problems and catarrh, especially in Winter, they say, and the Shen brand will continue to receive heavy promotional support.

Ian Broadway, marketing manager of English Grains Healthcare, manufacturers of Red Kooga Ginseng, says: "To my knowledge, there is no hard and fast evidence for the benefit of garlic in treating coughs and colds." But he says most people use it as a tonic to help recuperate and provide an energy boost during the dark Winter months.

■ The juice extracted from the leaves of the aloe vera plant is an effective remedy for the symptoms of colds and flu, say Life Stream Research, who market Biogenic Aloe Vera.

Its natural mild antibiotics are claimed to help prevent colds and flu if 15-30ml is drunk on an empty stomach. It can also be used as a remedy for sore throats if used as a gargle.

■ Langdales Essence of Cinnamon, dating back to the 18th century, has been relaunched this year, supported by a national consumer PR and advertising campaign. It is a natural product containing cinnamon bark blended with three herbal expectorants.



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