Second Edition

EPIDEMIOLOGY FOR THE UNINITIATED

GEOFFREY ROSE, D J P BARKER

Get a working knowledge of epidemiology

No one would expect to understand a disease without knowledge of its clinical findings and pathology, but a surprising number of doctors remain ignorant of another important aspect – the study of disease in relation to populations. Epidemiology has its own techniques of data collection and interpretation and its necessary jargon of technical terms, and in Epidemiology for the Uninitiated Professors Geoffrey Rose and David Barker guide the novice expertly through the theory and practical pitfalls. The second edition of this popular BM7 handbook has been revised to include further details of epidemiological methods and some of their more dramatic applications, such as the investigations on the Spanish cooking oil epidemic, and AIDS.

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Ridaura 2

Prescribing Information. ▼ Presentation 'Ridaura Tiltab' Tablets PL 0002/0082, each containing 3 mg auranofin. 60 tablets £28.00. Indications Adults with active progressive rheumatoid arthritis when control with non-steroidal anti-inflammatory drugs is inadequate. Dosage For full instructions see Data Sheet. Adults only: Initially 3 mg b.d. in the morning and evening or if well tolerated 6 mg with breakfast or evening meal. Treat for minimum of 3-6 months. If response inadequate after 6 months increase to 3 mg t.d.s.; discontinue if response inadequate after further 3 months. Give anti-inflammatory drugs and analgesics as necessary. Contra-indications Necrotizing enterocolitis, pulmonary fibrosis, exfoliative dermatitis, bone marrow aplasia or other severe blood dyscrasias, progressive renal disease, severe active hepatic disease and systemic lupus erythematosus. Pregnancy or lactation. Precautions Advise patients of potential side effects prior to therapy. Caution in renal impairment, hepatic dysfunction, inflammatory bowel disease, rash, history of bone marrow depression. Contraception mandatory during treatment and for following 6 months. Monitoring: full blood count with differential and platelet count, tests for urinary protein prior to therapy and at least monthly. Chest X-ray at least annually. Check for gastrointestinal symptoms, rash, pruritus, stomatitis or metallic taste. Adverse reactions Gastrointestinal symptoms including diarrhoea or loose stools, nausea, abdominal pain. Reduce dosage temporarily, to e.g. 3 mg a day, or stop treatment and start at lower dosage (see Data Sheet). Very rarely ulcerative enterocolitis: stop treatment. Rash sometimes with pruritus, stomatitis and oral mucous membrane reactions, alopecia, conjunctivitis and taste disturbances: stop if rash persistent. Blood dyscrasias including leucopenia, granulocytopenia and thrombocytopenia. Very rarely aplastic anaemia or agranulocytosis. Stop if signs of thrombocytopenia or platelet count below 100,000/mm³. Nephrotic syndrome or less severe glomerular disease with proteinuria, haematuria: stop if proteinuria persistent or dinically significant. Rare reports of pulmonary fibrosis. Minor transient changes in liver function. See Data Sheet for further details. Overdosage Experience limited: one report of encephalopathy and peripheral neuropathy. Chelating agents, e.g. BAL, may be considered. Legal category POM. 13.7.87. Bridge Pharmaceuticals, A Division of Smith Kline & French Laboratories Limited, a SmithKline Beckman Company. Welwyn Garden City, Hertfordshire

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When second-line therapy is indicated





A favourable benefit/risk ratio in progressive rheumatoid arthritis