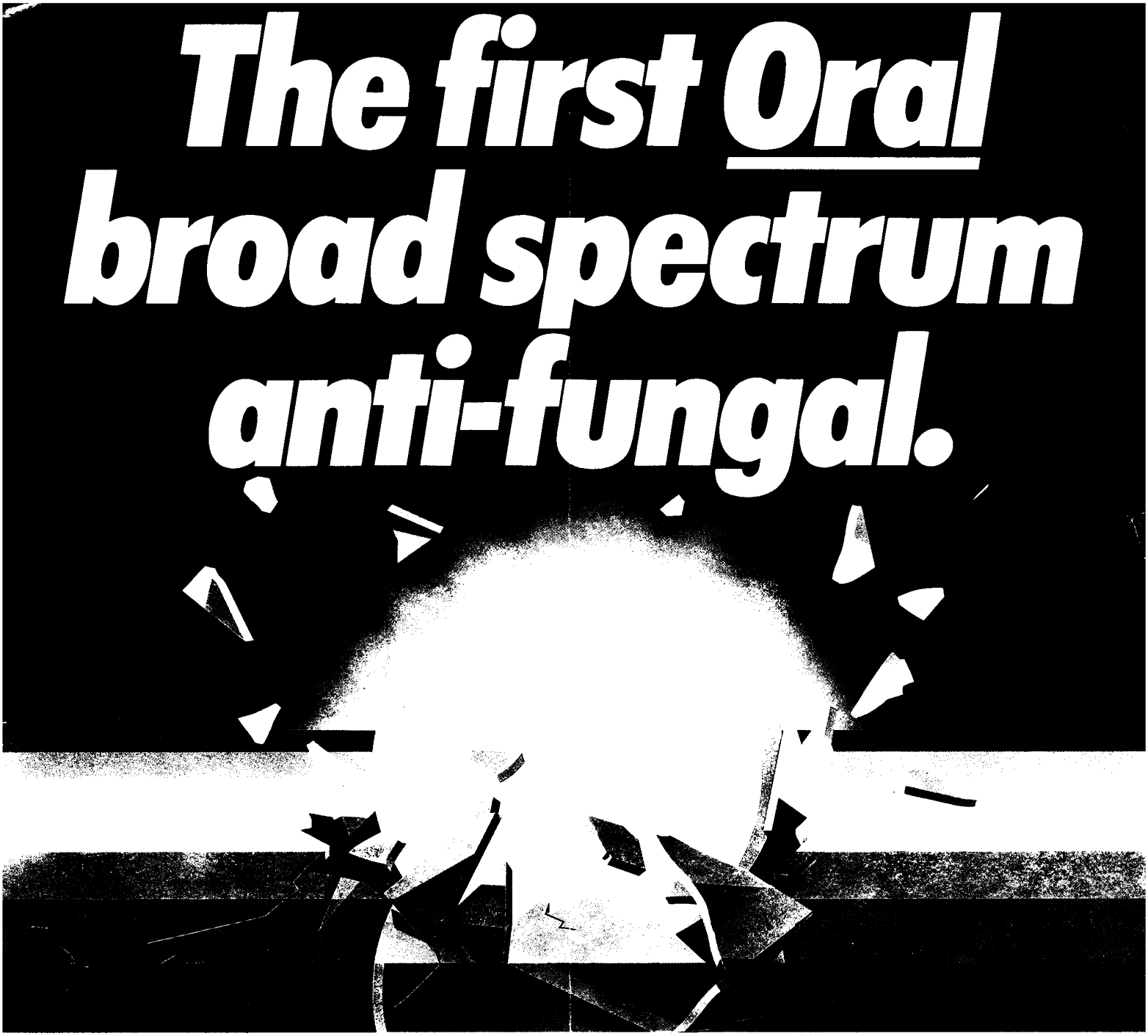
The first Oral broad spectrum anti-fungal.



NEW **Nizoral**™

(ketoconazole)

Superficial Fungal Infections.

NIZORAL* is a new *Oral* anti-fungal agent effective against both dermatophyte and yeast infection of the skin and scalp.

Recurrent Vaginal Candidosis.

NIZORAL* offers a simple, effective *Oral* therapy to aid patient compliance.

Systemic Fungal Infections.

NIZORAL* is a uniquely convenient and well tolerated treatment. It is also effective in prophylaxis for immuno-compromised patients.

PRESCRIBING INFORMATION: Presentation White, flat, half scored uncoated tablets marked 'JANSSEN' on the reverse. Each contains ketoconazole 200 mg. **Uses** Nizoral* is an orally active antimycotic for the treatment, in adults, of superficial and systemic mycoses including dermatophyte and yeast infection of the skin and hair, yeast infection of the mouth and G.I. tract, recurrent or chronic vaginal candidosis not responding to topical treatment. Also maintenance treatment in systemic mycoses and chronic mucocutaneous candidosis and prophylaxis in 'at risk' patients. In children: systemic mycoses and severe local infection where previous topical treatment has failed. **Side-effects, Precautions, Contra-indications** Contra-indicated in pregnancy. For optimum absorption, Nizoral* should be taken with meals. The use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H_2 blockers) should be avoided and, if indicated, such drugs should be taken not less than two hours after Nizoral.* Nausea, skin rash, occasionally observed. **Dosage** *Adults:* superficial and systemic mycoses, prophylactic treatment – 200 mg once daily increased to 400 mg daily if required: vaginal candidosis – 200 mg morning and evening for 5 days. *Children:* 50 or 100 mg depending on bodyweight (approximately 3 mg/kg). **Product Licence No.** PL.0242/0083. **Basic NHS Cost** 10 tablets £4.90. 30 tablets £14.26 (correct at time of printing).

Further information is available from **Janssen Pharmaceutical Limited,** Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET.

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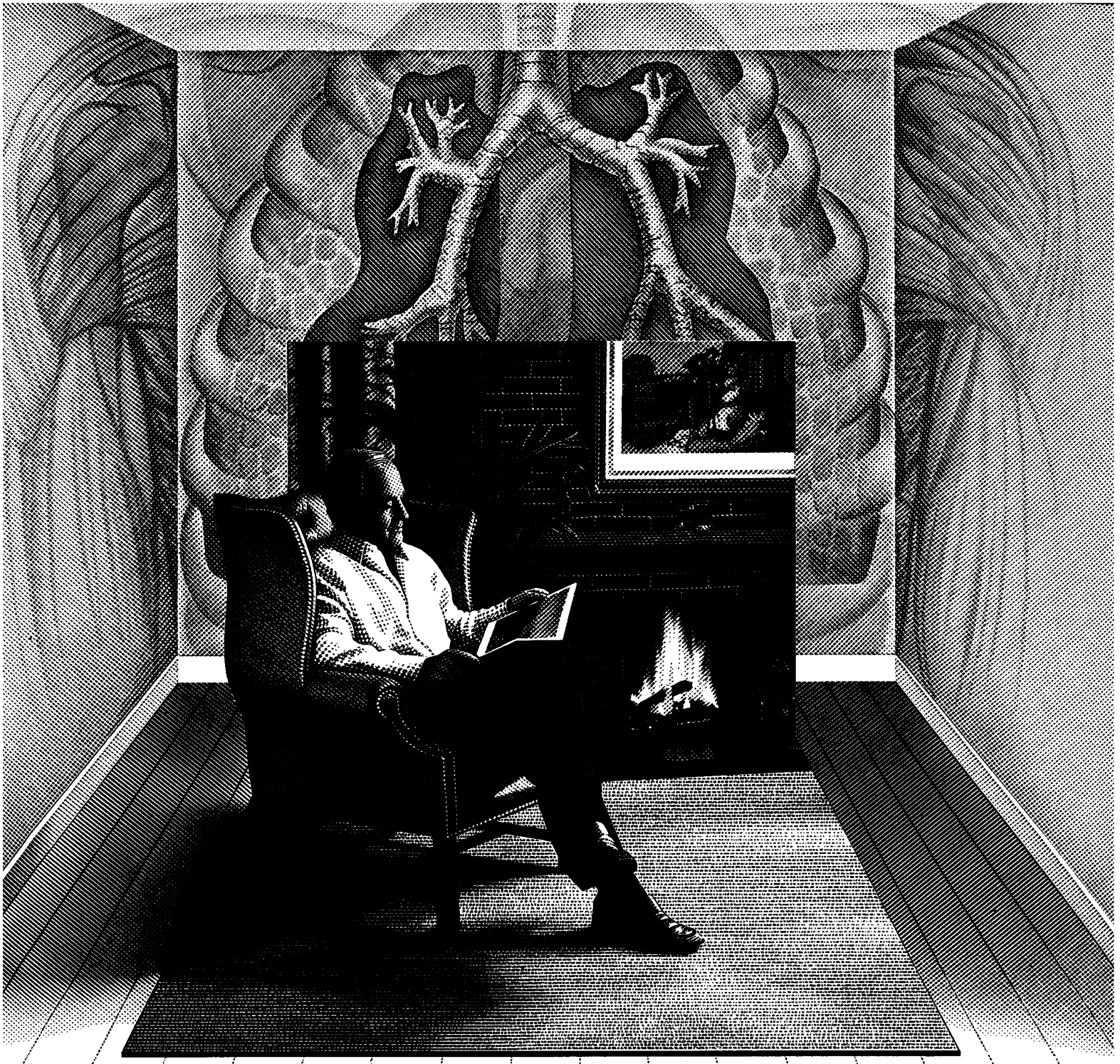

Septrin Assurance

Prescribing Information

Indications Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage Septrin Forte Tablets. Adults and children over 12 years: 1 forte tablet twice daily. Maximum dosage for particularly severe infections 1½ forte tablets twice daily. In acute infections Septrin should be given for a minimum of five days or until the patient has been symptom-free for two days.

Contra-indications Septrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septrin should not be given to patients hypersensitive to sulphonamides, trimethoprim or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions In renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained. Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septrin to patients receiving oral anticoagulants of the coumarin group, pyrimethamine or sulphonylureas.

Adverse Reactions Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Presentation Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP. PL3/0121.

Septrin* Forte 1b.d.
co-trimoxazole

Further information is available on request.
Wellcome Medical Division
The Wellcome Foundation Ltd., Crewe, Cheshire

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*Trade Mark

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O'Donnell, Barry, *British Medical Journal*, 1977, 1, 451.

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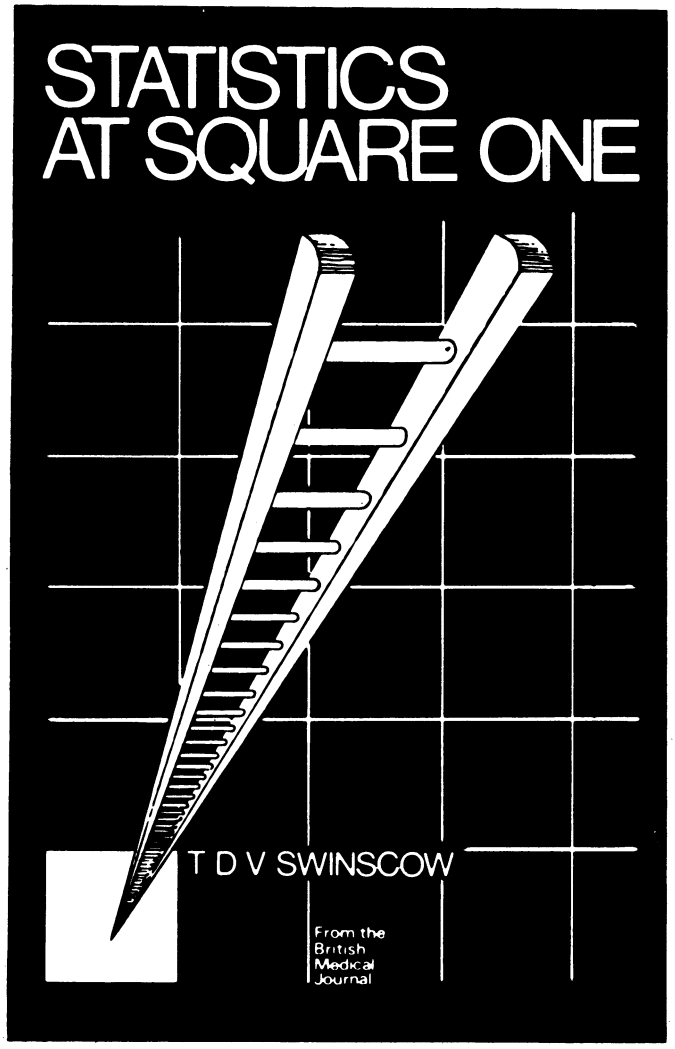
de Jong, Rudolph H., *J.A.M.A.*, 1977, 237, 1874



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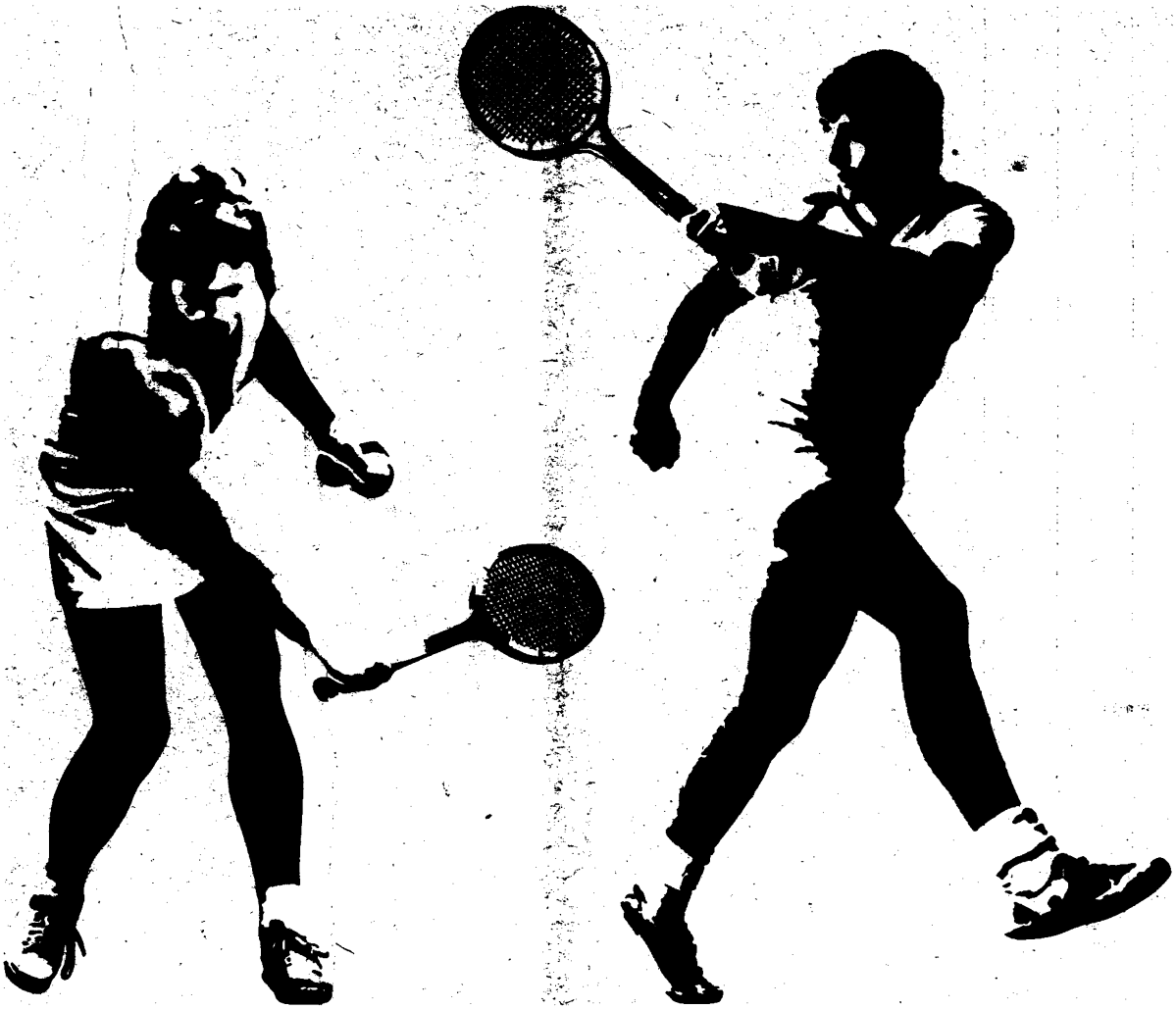

LOPRESORETIC®

metoprolol tartrate and chlorthalidone BP

FOR HYPERTENSION

Presentation Off-white, round, film-coated tablets containing 100mg metoprolol tartrate and 12.5mg chlorthalidone BP. Indications Mild and moderate hypertension. Dosage Initially two tablets in the morning, occasionally it may be beneficial to raise the dosage to three or four tablets daily given in single or divided doses. Contra-indications Atrioventricular block of second or third degree, marked bradycardia, cardiogenic shock, uncontrolled heart failure, marked renal insufficiency, lithium therapy. Side-effects Lopresoretic is well tolerated with a low incidence and severity of side-effects. However, slight gastro-intestinal discomfort, sleep disturbances, nausea, dizziness and bradycardia may occasionally occur. There have been a few reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. Usually the symptoms clear on withdrawal of treatment. Chlorthalidone may cause latent gout or latent diabetes to become manifest; a few cases of allergic skin reactions, mild anorexia, nausea, constipation and diarrhoea have been reported and, rarely, thrombocytopenia and leucopenia. Precautions Although Lopresoretic contains a selective beta-blocker caution should be observed when treating patients with chronic obstructive pulmonary disease and impaired carbohydrate metabolism. Patients with cardiac failure must be effectively digitalised. Caution in patients with renal failure, metabolic acidosis or those undergoing surgery. Cessation of therapy with a beta-blocker should be gradual. As with all drugs Lopresoretic should only be used during pregnancy if there are compelling reasons. Packs Lopresoretic (PL 0001/0085) Calendar packs of 56 tablets £7.44. Further information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

GEIGY