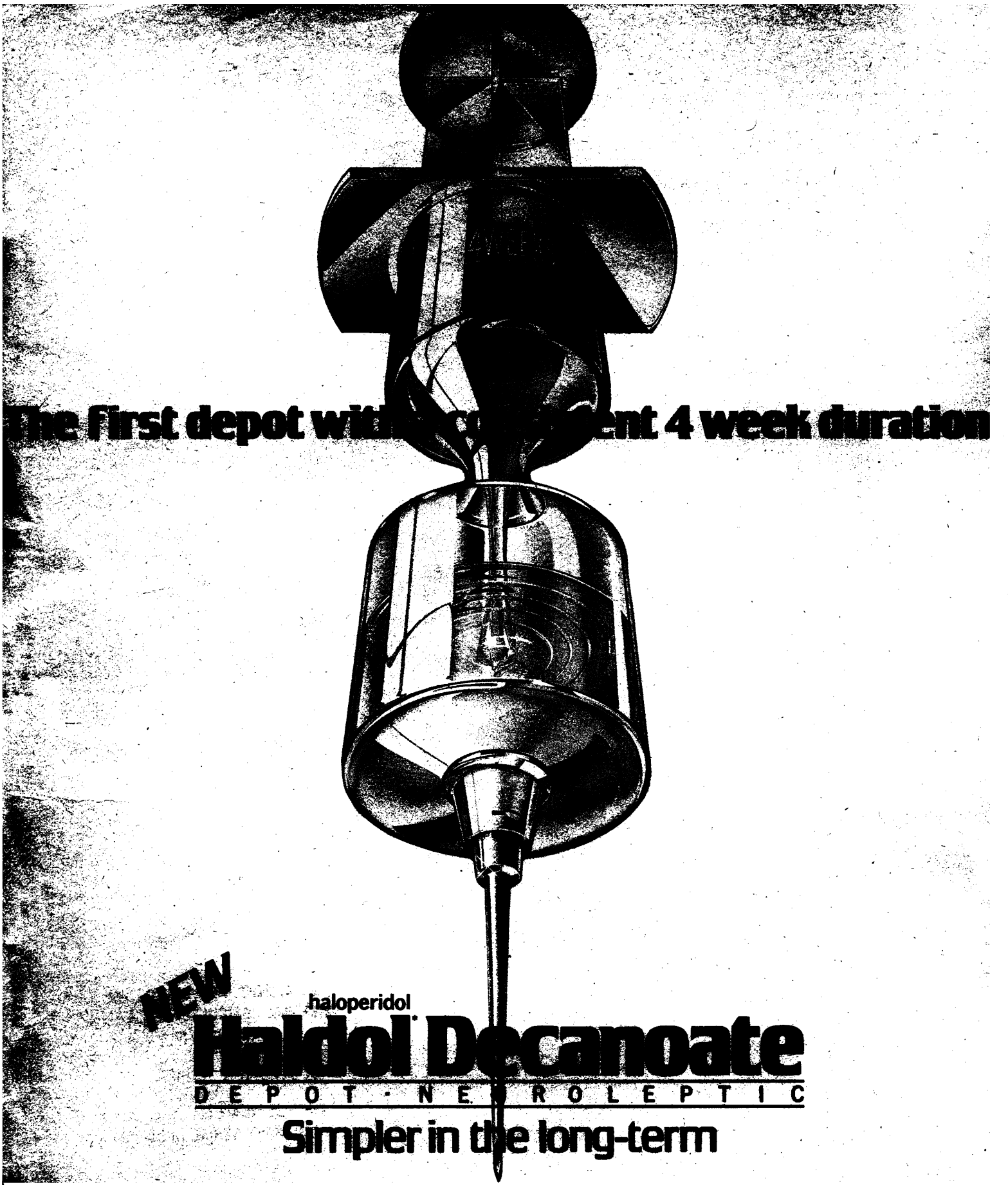


The First depot with ... ent 4 week duration

NEW

haloperidol

Haldol Decanoate

DEPOT · NEUROLEPTIC

Simpler in the long-term

...esentation Straw coloured, viscous solution presented in 1 ml brown glass ampoules equivalent to 100 mg/ml haloperidol (as decanoate ester); in packs of 5. **Use** ...a depot injectable form of haloperidol, indicated for adults where long term maintenance treatment with a neuroleptic is required, for example in schizophrenia, ...her psychoses (especially paranoid) and other mental or behavioural problems where maintenance treatment is clearly indicated. **Side Effects, Precautions, ...ntra-indications: Contra-indications** Haloperidol is not recommended during lactation. **Use in Pregnancy** The safety of haloperidol in human pregnancy has not ...en established. **Precautions** Caution in liver disease, Parkinson's disease, phaeochromocytoma, thyrotoxicosis, epilepsy and conditions predisposing to epilepsy. ...agonism of adrenaline, guanethidine, phenindione, anti-Parkinson effects of levodopa, and impairment of metabolism of tricyclic anti-depressants have been ...orted. Haloperidol may increase the effects of CNS depressant drugs, and enhanced CNS effects when combined with methyldopa have been reported. Neuro-...ic reactions to combined treatment with lithium and haloperidol have been reported. **Side Effects** In common with all neuroleptics, the following side effects may ...observed: sedation, extra-pyramidal symptoms, tardive dyskinesia, mental dullness, dizziness, headache, excitement, agitation, insomnia, hyperprolactinaemia, ...lactorrhoea, gynaecomastia, oligo- or amenorrhoea, hypotension. Gastro-intestinal symptoms and weight changes have been reported. Anti-Parkinson agents ...ould only be given as required. The elderly are more susceptible to sedative/hypotensive effects. **Dosage** Haldol* decanoate provides one month's therapy follow-...g a single deep intra-muscular injection in the gluteal region. Dosage should be individually determined. As a guide: in mild symptomatology and in the elderly ...-100 mg every 4 weeks; in moderate symptomatology 100-200 mg every 4 weeks; in severe symptomatology 200-300 mg or more every 4 weeks.

...oduct Licence No. PL0242/0095. **Basic N.H.S. Cost** 1 ml x 5 £24.00 (correct at time of printing). Further information is available from ...ssen Pharmaceutical Limited, Janssen House, Chapel Street, Marlow, Bucks. SL7 1ET.

*Trademark © JPL/180/82

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.

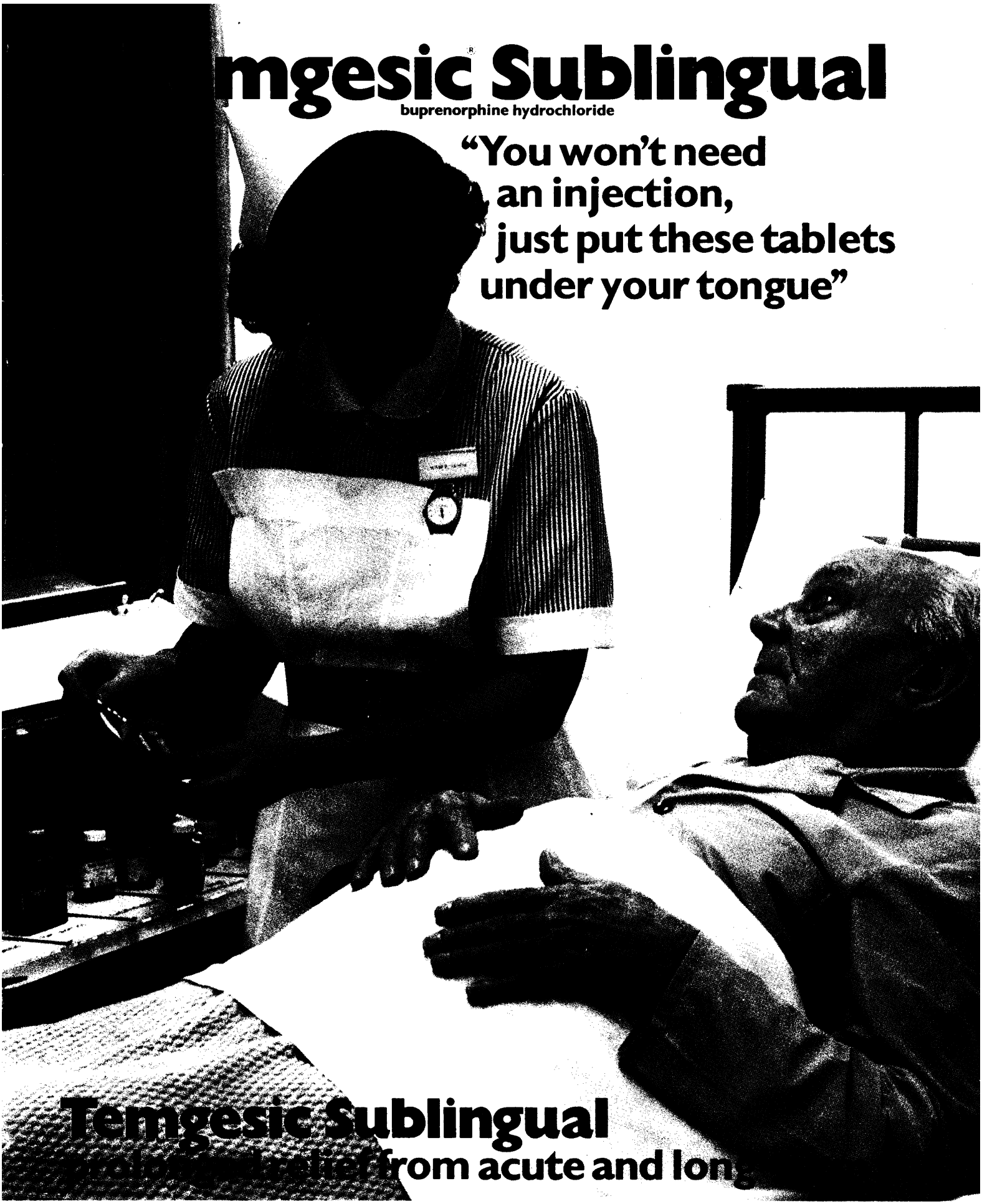
Presentation Septrin Forte Tablets each contain 160 mg Trimethoprim BP and 800 mg Sulphamethoxazole BP. PL3/0121.

Septrin* Forte 1b.d.
co-trimoxazole

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

Wellcome

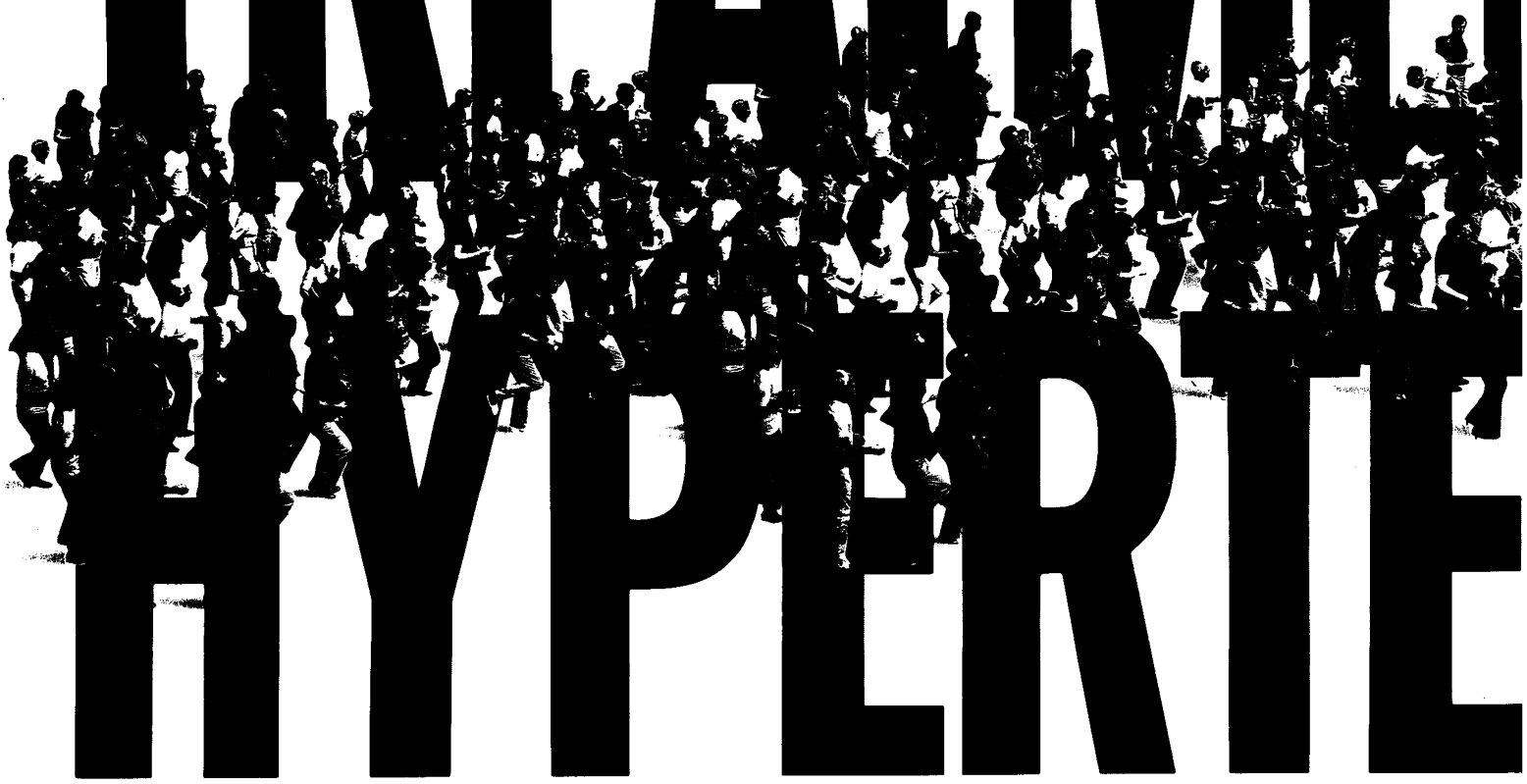
*Trade Mark



Prescribing information Temgesic Injection 0.3mg/ml buprenorphine, as the hydrochloride, ampoules of 1ml (0.3mg) or 2ml (0.6mg). Temgesic Sublingual tablet containing 0.2mg buprenorphine, as the hydrochloride. **Uses:** As a strong analgesic for the relief of moderate to severe pain. **Dosage and Administration:** Temgesic Injection: Adults: 1-2ml (0.3-0.6mg) by i.m. or slow i.v. injection, every six to eight hours or as required. Temgesic Sublingual: 1-2 tablets (0.2-0.4mg buprenorphine) dissolved under the tongue, every six to eight hours or as required. The tablet should not be chewed or swallowed. Temgesic is not at present recommended for children. **Contra-indications, Warnings, etc:** There are no absolute contra-indications for Temgesic. However, care should be taken when treating patients with impaired respiratory function as Temgesic may infrequently affect respiration. Because buprenorphine has antagonist properties, it may precipitate mild withdrawal symptoms in narcotic addicts, and it should be given with care initially to patients previously treated with narcotic analgesics. Temgesic may cause some drowsiness; this could be potentiated by other centrally-acting agents, including alcohol. Ambulant patients should be warned not to drive or operate machinery if affected. Since buprenorphine is metabolised in the liver, the intensity and duration of its action may be affected in patients with impaired liver function. Until further information is available, Temgesic should be used with caution in patients receiving monoamine oxidase inhibitors, and it is not recommended for use during pregnancy. **Side Effects:** Drowsiness is the most common side effect. In common with other strong analgesics, nausea, vomiting, dizziness and sweating have been reported and may be more frequent in ambulant patients. Clinically significant respiratory depression has been observed rarely and only in the post-operative period. **Product Licence Numbers, NHS Price:** Temgesic Injection 1ml—PL44/0056. £5.52/pack 10 ampoules. Temgesic Injection 2ml—PL44/0057. £9.89/pack 10 ampoules. Temgesic Sublingual PL44/0063. £6.00/pack 50 tablets. Irish Product Authorisation Nos. 1ml—PA27/3/1: 2ml—27/3/2: Temgesic Sublingual No. PA27/3/3. Additional information available on request from Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.

PO3069

TREATME



HYPERTE

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'Moducren'. You can rely on it to control at least 8 out of 10 mild to moderate hypertensive patients[1], right from the start.

(That's opposed to 6 or less with other therapies.[2,3])

It provides 24-hour cardioprotection, allowing patients to lead normal, healthy lives.

And it's simply managed, with the once-daily dosage essential for high compliance.

So you'll find that most patients are happy to continue 'Moducren' therapy in the long term.

In fact, you'll rely on it.

NT FOR

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Abridged Product Information

Full prescribing information is available on request and should be consulted before prescribing.

Indication Mild to moderate hypertension. **Dosage** One to two tablets a day. **Contra-indications** Bronchospasm, bronchial asthma, severe chronic obstructive pulmonary disease, sinuous bradycardia, second- and third-degree AV block, congestive heart failure, right ventricular failure, significant cardiomegaly, cardiogenic shock. Hyperkalaemia. Anuria, renal insufficiency, severe or progressive renal disease. Anaesthetics causing myocardial depression, hypersensitivity to components, or to sulphonamide-derived drugs. Potassium-conserving agents or supplements (except in severe and/or refractory cases of hypokalaemia). **Pregnancy and lactation** Not recommended. **Precautions** Abrupt withdrawal is not recommended. *Congestive cardiac failure:* caution in cardiomegaly or history of cardiac failure. *Cardiac arrhythmias:* if risk of heart failure, monitor for bradycardia, AV block and respiratory distress. Withdraw if cardiac failure persists. *Surgery:* in patients with angina, withdraw prior to elective surgery. *Renal and hepatic disease:* caution in renal or hepatic disease. Hypokalaemia or hyperkalaemia may occur. *Diabetes mellitus, hypoglycaemia:* caution in hypoglycaemics and diabetics, and determine renal function. Discontinue three days before glucose tolerance testing. Reports of skin rashes and dry eyes associated with beta-blockers. Incidence is small; most cases symptoms have cleared on withdrawal. Gradual withdrawal should be considered. Sensitivity reactions may occur. Thiazides may exacerbate or activate SLE reactions. Beta-blockers may mask hyperthyroidism. Hypercalcaemia and hypophosphataemia reported with thiazides. Discontinue prior to testing for parathyroid function. Hyperuricaemia or acute gout precipitated. Not recommended for children. **Side effects** Asthenia and bradycardia are common. GI intolerance. A few reports of GI bleeding and activation of probable pre-existing peptic ulcer associated with amiloride. *Other:* rash, pruritus, visual and psychiatric disturbances. Leucopenia, agranulocytosis, thrombocytopenia, aplastic anaemia and haemolytic anaemia rarely. Purpura, urticaria, photosensitivity, necrotising angiitis, fever, respiratory distress, pneumonitis, anaphylactic reactions, abnormal liver function test, and hyperuricaemia reported. Thiazides commonly cause headache, restlessness, jaundice, pancreatitis, xanthopsia, hyperglycaemia, glycosuria, and hyperuricaemia. Diuresis may induce dry mouth, thirst, paraesthesiae, sialadenitis, dizziness, vertigo, muscle spasm, and orthostatic hypotension. One patient developed complete heart block with amiloride. *Timolol maleate related to beta-blockade:* GI intolerance, dizziness, headache, and dyspnoea. Less commonly insomnia, dreams, nightmares, congestive heart failure, severe bradycardia, bronchospasm, AV block, hypotension, cold extremities, Raynaud's phenomenon, fatigue, sedation, and mental depression. Hallucinations rare. Rashes and pruritus occasionally, and one case of exfoliative dermatitis. **Basic NHS cost** 'Moducren' (25 mg hydrochlorothiazide, 2.5 mg amiloride hydrochloride, and 10 mg timolol maleate) Tablets, £5.80 per 28 calendar pack.

Product licence number 0025/0141.

® denotes registered trademark.

Issued December 1982.

References

1. Bergis, K., *Medizinische Welt*, 1979, 30 (46), 1733.
2. Hull, D. H., *et al., Aviation, Space, and Environmental Medicine*, 1978, *49*, 503.
3. Brogden, R. N., *et al., Drugs*, 1975, *9*, 164.

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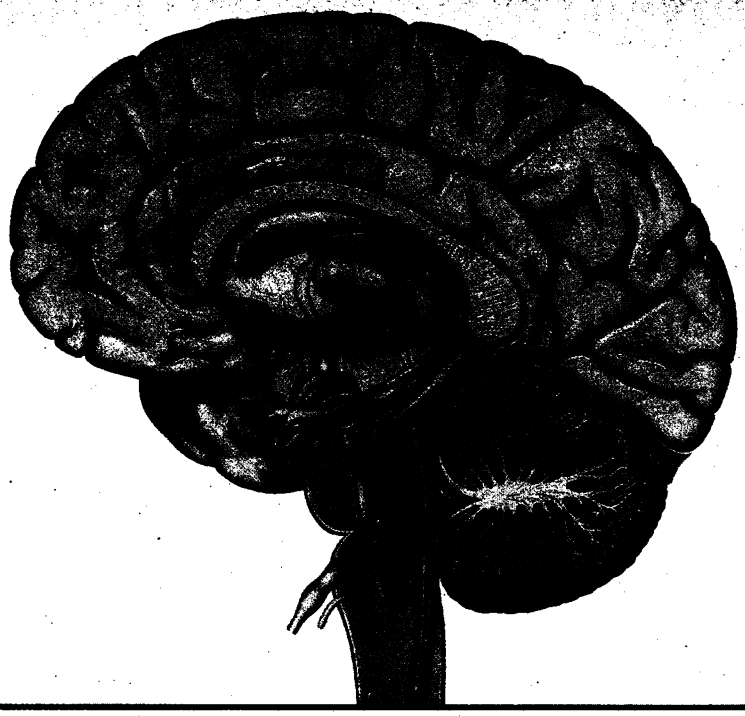
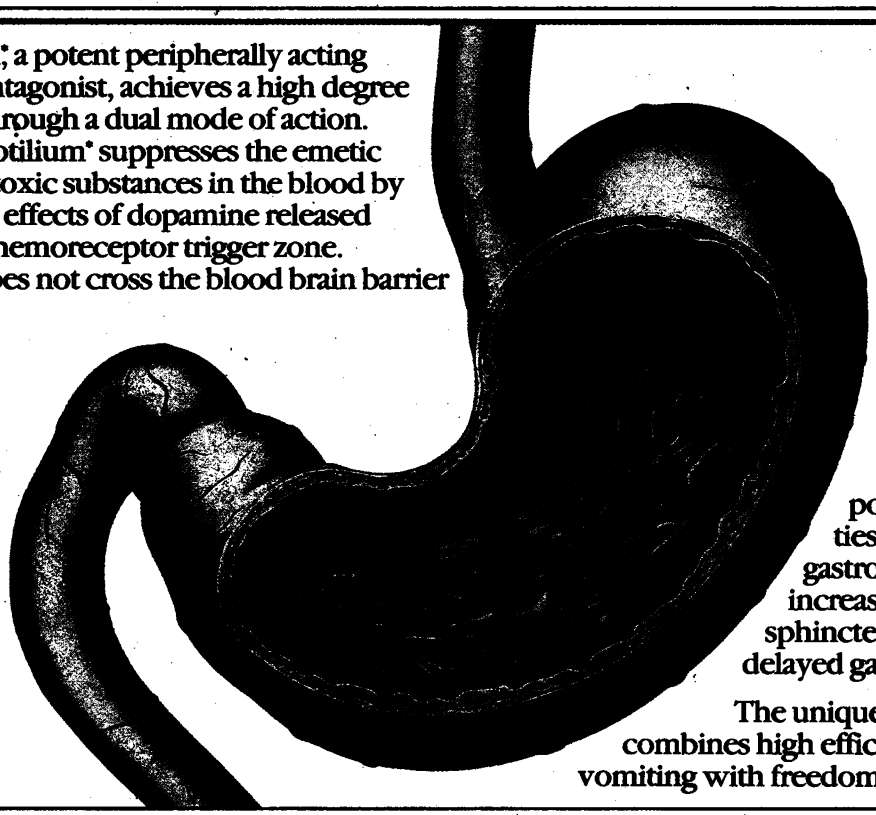


New Motilium™ (domperidone) controls nausea and vomiting without central effects

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

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



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

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

Motilium* Prescribing Information ▼

Presentation Small, white tablets marked M/10, each containing domperidone 10mg. Clear, colourless aqueous solution. 2ml ampoules, each containing domperidone 5mg/ml.

Uses Adults: acute nausea and vomiting. Children: nausea and vomiting following cancer chemotherapy or irradiation only.

Dosage Adults: 1-2 tablets by mouth or 1-2 ampoules by IV or IM injection at 4-8 hourly intervals. Children: 0.2-0.4mg/kg by mouth or injection at 4-8 hourly intervals.
Prophylactic administration may be helpful where vomiting can be predicted e.g. anti-cancer therapy.

Contra-indications, Warnings etc. Motilium* has been associated with cardiac dysrhythmia in some patients receiving IV bolus administration and predisposed in one or more of the following ways:- 1) Concomitant cytotoxic chemotherapy. 2) Hypokalaemia. 3) Cardiac disease. For this reason predisposed patients who need intravenous Motilium* should receive an infusion rather than an IV bolus. Motilium* raises serum prolactin; however the clinical relevance of this has not been established. No specific contra-indications. Although no teratogenic effects have been observed in animals, the safety of Motilium* in pregnancy has not yet been established.

Product Licence Numbers Tablets 0242/0071. Injection 0242/0073.
Basic NHS Cost Pack of 100 tablets: £11.00. Pack of 10 ampoules: £3.10.

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

*Trademark

Publication date 4 January 1983

ABC OF DIABETES

Innovations in the treatment of diabetes have increased rapidly in the last decade: self measurement of blood glucose, intravenous infusions and intramuscular insulin for diabetic emergencies, continuous subcutaneous insulin infusions, and light coagulation for diabetic retinopathy have all helped to improve the outlook for diabetics. Dr Peter Watkins' articles in the *BMJ*, now collected together in book form, set these advances in their clinical context and provide a practical guide to the management of diabetes for the non-specialist, both doctor and nurse.

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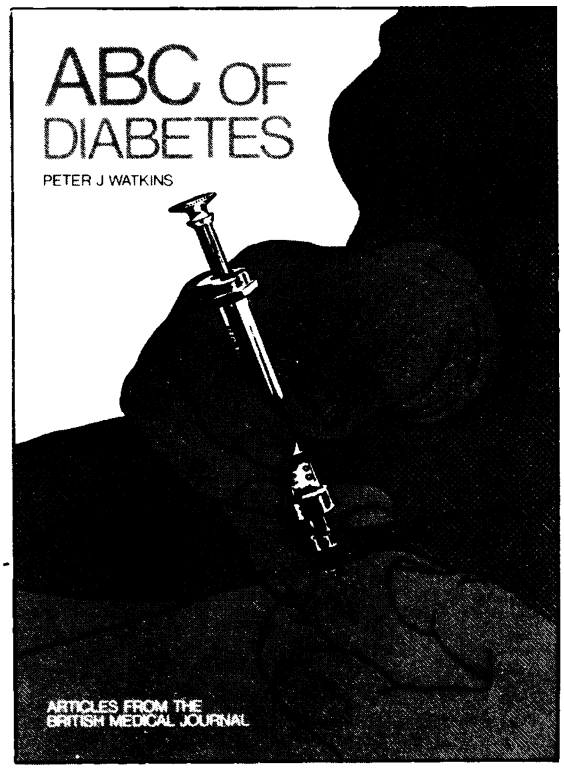

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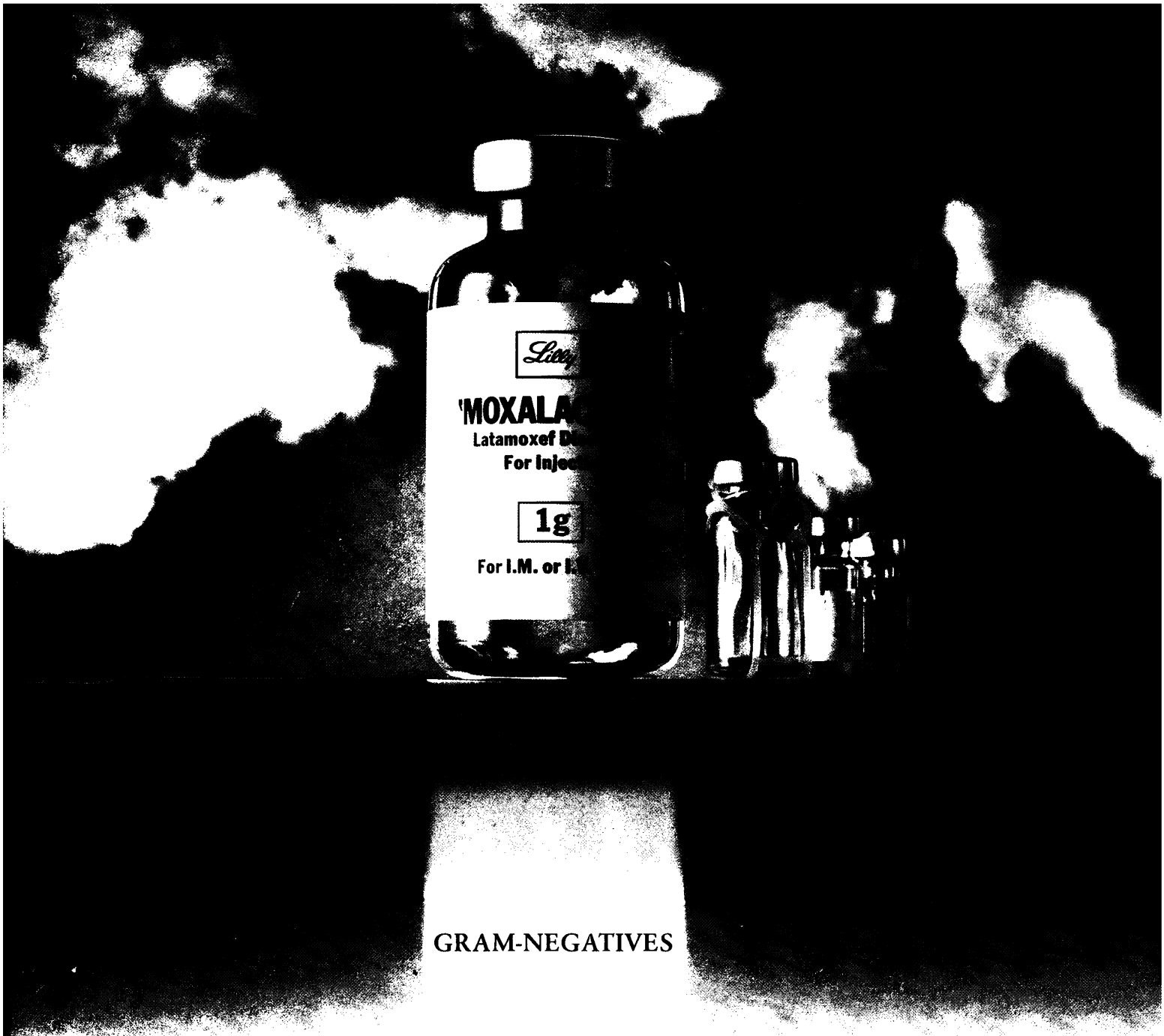

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Moxalactam has been created to provide, in a single agent, a breadth of cover and degree of efficacy only previously available from combining antibiotics. It has been described as a new class of antibiotic[1] and in a spectral class by itself.[2]

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Moxalactam's single agent strength produces consistently high levels of clinical efficacy usually only achievable with combinations of penicillins, cephalosporins, aminoglycosides and anti-anaerobic agents.

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Moxalactam is not only effective. It's cost effective. Compared with the cost of widely used combinations, such as metronidazole plus an aminoglycoside or cephalosporin, Moxalactam offers comparable efficacy at a substantially lower cost.

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In over 4,000 patients local effects, hypersensitivity, G.I. and C.N.S. effects were all less than 2% and total drug related side-effects were less than 5%.

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Over 3,500 patients were monitored for signs of toxicity in multi-centre trials by 173 investigators. There was no evidence of renal or hepatic toxicity.

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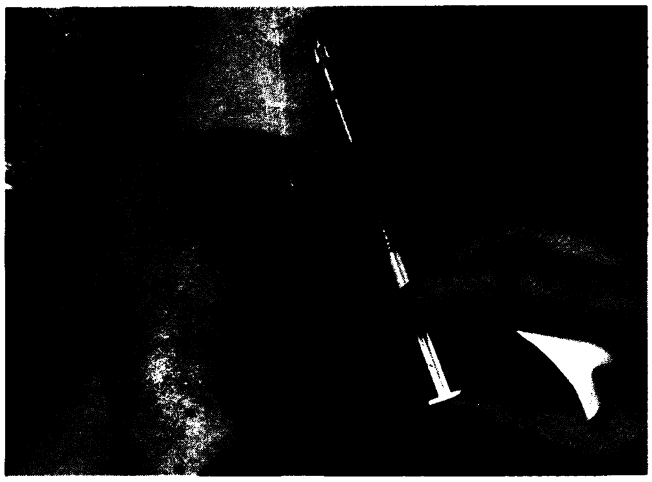

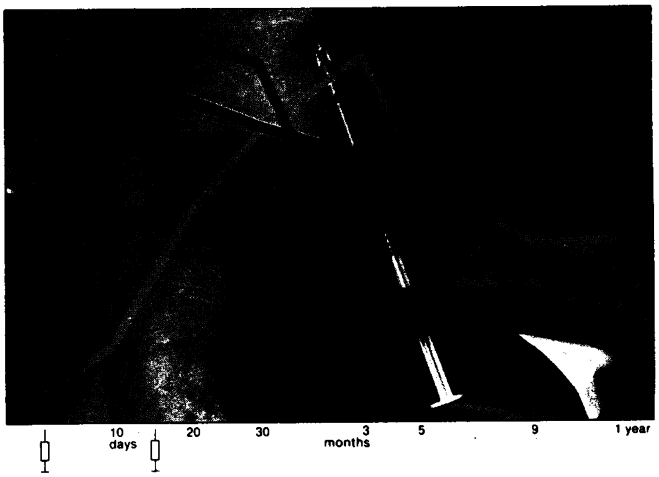

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References:
1. Jensen, K. and Lassen, H.C.A., Acta [illegible] Med. 60, 789, 1964.
2. Crosbie, R. B., Br. Med. J. 1, 788, 1963.
3. Rowling, D. E., J. Bone Joint Surg. 52B, 302, 1970.

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