Nizoral™

ketoconazole

The first oral anti-fungal effective against all pathogenic fungi

dosage:

vaginal candidosis:	all other superficial and systemic fungal infections:
2 tablets once daily (with food) for 5 days	1 tablet daily (with food) until complete symptomatic and mycological cure is obtained

PRESCRIBING INFORMATION

Presentation: white, flat, half scored uncoated tablets marked "Janssen" on one side and k/200 on the reverse. Each tablet contains 200 mg ketoconazole. **Uses:** **Nizoral** is an orally active antimycotic for the treatment in adults of vaginal candidosis, superficial and systemic mycoses including dermatophyte and yeast infections of the skin, hair and nails, yeast infections of the mouth and G.I. tract. Also maintenance treatment of systemic mycoses and chronic mucocutaneous candidosis and prophylaxis in "at risk" patients. In children: systemic mycoses and severe local infections where previous topical treatment has failed. **Side-effects, precautions, contra-indications:** contra-indicated in pregnancy. For maximal absorption **Nizoral** should be taken with meals. The use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H2 blockers) should be avoided and, if indicated, such drugs should be taken not less than two hours after **Nizoral**. Nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on ketoconazole, these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10.000 patients. Some of these may represent an idiosyncratic adverse reaction to the drug. This should be borne in mind in patients on long-term therapy. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with ketoconazole should be stopped.

Not all indications are as yet approved in all countries.

Janssen Pharmaceutica
B-2340 Beerse, Belgium

A new approach to the treatment of nausea and vomiting associated with cancer chemotherapy.

Maxolon
metoclopramide
'High Dose'

Introduction

Nausea and vomiting commonly occur after the administration of a variety of chemotherapeutic agents used for the treatment of cancer and frequently constitute a major problem resulting from such treatment. This is especially true when cisplatin is used either alone[1] or in combination with other anti-neoplastic drugs including dacarbazine, doxorubicin and cyclophosphamide.[2] An otherwise effective treatment regime is often extremely difficult for patients to tolerate and for these reasons some patients miss appointments or delay prescribed courses of chemotherapy, thus affecting their chance of cure.[3]

Routinely used antiemetic agents, such as the phenothiazines and antihistamines appear to be of only marginal value against strongly emetic agents[4,5,6]

A New Approach

In 1979, several antiemetics, administered parenterally in high doses were tested in dogs receiving intravenous cisplatin at 3mg/kg.[7]

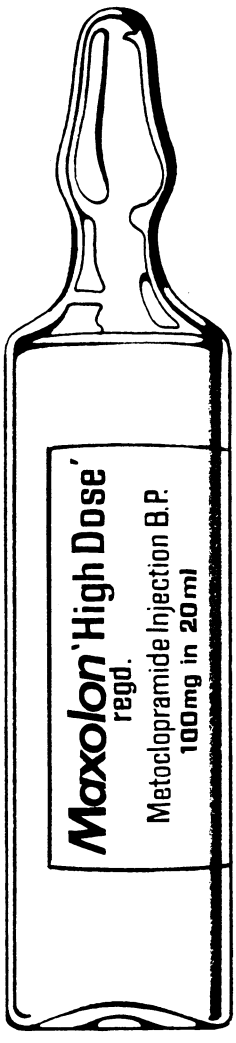
Metoclopramide [Maxolon] resulted in 72% and 99% protection against cisplatin-induced emesis when given at doses of 1.0mg/kg and 3.0mg/kg respectively. The antiemetic efficacy of metoclopramide [Maxolon] was superior to that of chlorpromazine (3.0mg/kg–57%), haloperidol (1.0mg/kg –54%), nabilone (0.1mg/kg–20%) and saline control.

Recent clinical trials, in patients receiving cytotoxic chemotherapy, have demonstrated the effectiveness of high dose intravenous metoclopramide [Maxolon] in the control of vomiting.

Results

High dose metoclopramide [Maxolon] has been shown to be effective in controlling nausea and vomiting associated with many antineoplastic regimes[8-13]: cisplatin, either alone or in combination (eg with doxorubicin, lomustine and cyclophosphamide)[8-11]; also mixtures of other commonly used agents (eg cyclophosphamide/etoposide/methotrexate and vincristine/doxorubicin/procarbazine).[12]

Some of the trials of metoclopramide [Maxolon] in cisplatin chemotherapy have been double blind with placebo, prochlorperazine, (10mg IM: total dose 50mg) or



Δ^9 tetrahydrocannabinol (THC) (10mg orally every 3 hours: total dose 75-100mg).[8,13] High dose metoclopramide [Maxolon] reduced the average number of episodes of emesis to one or two, compared to 10.5 with placebo, 12.0 with prochlorperazine and 8.0 with THC.

In the majority of studies, an initial dose of metoclopramide [Maxolon] (usually in the range 1-2mg/kg body weight) was given over 15 minutes, half an hour prior to commencement of cytotoxic chemotherapy. Further doses were given at two or three hourly intervals.

Patients receiving cisplatin at doses greater than 100mg/sq m had an improved clinical response when the higher dose level of metoclopramide (2mg/kg body weight) was used[9]; although 1mg/kg gave adequate protection in patients receiving less than 100mg/sq m cisplatin.[10,11] The total metoclopramide dosage per course was usually in the range 5-10mg/kg body weight.

Tolerance

In these trials, the most commonly occurring side effect was mild sedation.

The majority of studies quote a low incidence of extrapyramidal reactions. In several extended trials involving a total of 300 patients, such reactions occurred in 3% of patients overall; however, they were significantly more frequent in patients aged below 30.[13] When extrapyramidal symptoms did occur many settled quickly and did not require treatment; the others responded promptly to diphenhydramine or diazepam.

Increased perspiration occurred in some patients.

An increased frequency of bowel movements has been noted in cisplatin clinical studies with high intravenous doses of metoclopramide. However, in a double blind trial the mean number of stools during the 24 hour observation period was no higher in metoclopramide-treated patients than in those who received placebo or prochlorperazine.[8]

Conclusion

At high dosage intravenous metoclopramide [Maxolon] has been found to be effective against nausea and vomiting induced by cytotoxic chemotherapy. In clinical trials it has been found to be well tolerated, the most common side effect being mild sedation.

MAXOLON 'HIGH DOSE' AMPOULES (100mg/20ml) FOR INTRAVENOUS INFUSION ARE NOW AVAILABLE

Further information is available on request from
Beecham Research Laboratories
Brentford, England
Maxolon and the BRL logo are trademarks.

We keep your unit cost down

Wellcome purified insulins, Neusulin, Neuphane and Neulente cover the needs of the vast majority of diabetics providing smooth, prolonged and cost-effective control.

Wellcome – committed always to the service of diabetics and diabeticians – will also continue to provide the patient and doctor service items for which the company is well-known.

Neusulin*

Neutral Insulin Injection BP (purified) Wellcome

Neuphane*

Isophane Insulin Injection BP (purified) Wellcome

Neulente*

Insulin Zinc Suspension BP (purified) Wellcome

THE WELLCOME CONTRIBUTION TO OPTIMAL CONTROL

Prescribing Information
Uses Management of Diabetes mellitus.
Dosage and administration Dosage to be determined by the physician. Site of injection to be changed according to suitable routine. Avoid unintentional intravascular injection.
Neusulin, Soluble Insulin: Administered s.c., i.m. or i.v. S.c., onset of action within 30-60 minutes, duration 6-8 hours. I.m., onset is faster and duration is shorter. I.v. administration has fastest onset and shortest duration, usually reserved for investigational use or diabetic ketoacidosis.
Neuphane, Neulente: Administered s.c. or i.m. *Not to be given i.v.* S.c., onset of action within 2 hours, duration (Neuphane) 20-24 hours, duration (Neulente) 24-28 hours. I.m., onset is faster and duration shorter. Mix well by gently inverting the vial several times before use.
Mixing: Neusulin may be mixed in the syringe, on medical advice, with Neuphane or Neulente if required, *provided the mixture is injected immediately.* However, it is preferable to avoid mixing insulins of different pH.
See data sheet for procedure.
Contra-indications Hypoglycaemia.
Precautions Dosage requirement may alter with variation of lifestyle, infection, pregnancy and with change in species, type or purity of insulin.
Hypo- and hyperglycaemia may be enhanced by drugs which interact with insulin. Beta-blockers may affect insulin requirement and mask hypoglycaemia. MAO inhibitors may potentiate insulin.
Side-effects Hypoglycaemia. Possible altered visual refraction. Transient local reactions at the site of injection.
Storage Store at 2-8°C. *Do not freeze.*
Avoid direct sunlight.

Presentation Neusulin, Neuphane and Neulente are available in strengths of 40 and 80 units per ml in vials of 10 ml.

Basic NHS costs

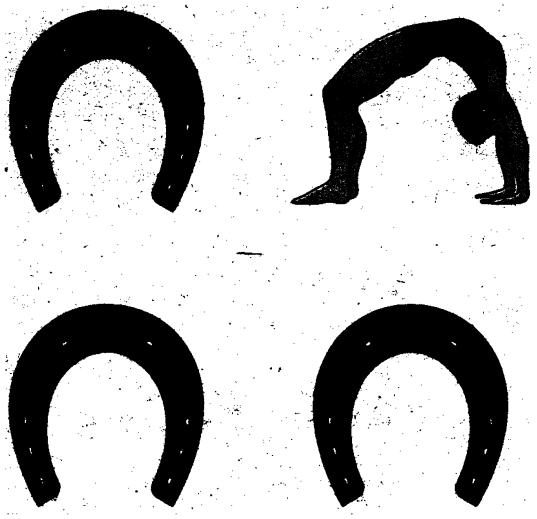
Neusulin			Neuphane		
40 units/ml	PL3/0137	£2.31	40 units/ml	PL3/0139	£2.31
80 units/ml	PL3/0138	£4.14	80 units/ml	PL3/0140	£4.47
Neulente					
40 units/ml	PL3/0141	£2.28			
80 units/ml	PL3/0142	£3.90			

Further information is available on request.
* Trade Mark

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire

Wellcome

Joint favourite



Voltarol®

diclofenac sodium

for arthritis

Presentation Tablets of 25 and 50mg diclofenac sodium; suppositories of 100mg diclofenac sodium. Indications Rheumatoid arthritis, osteoarthritis, low back pain and other acute musculo-skeletal disorders, ankylosing spondylitis, acute gout. Dosage Tablets: 75-150mg daily in two or three divided doses. Suppositories: one daily, usually at night. In more severe cases, combined therapy with tablets is recommended (daily dose should not exceed 150mg). Side-effects Transient epigastric pain, nausea and diarrhoea, headache and slight dizziness have been reported, as occasionally have skin rash, peripheral oedema and abnormalities of serum transaminases and (very rarely) peptic ulcer and haematemesis or melaena. Local reactions to suppositories include itching, burning and increased frequency of bowel movement. Precautions Do not prescribe during pregnancy unless there are compelling reasons. Patients with a history of peptic ulcer, haematemesis or melaena, or with severe hepatic or renal insufficiency, should be kept under close surveillance. Voltarol has been reported to depress salicylate levels and vice versa: the clinical relevance of this is not yet clear. Use suppositories only with caution in patients with painful or irritable ano-rectal conditions. Contra-indications Peptic ulceration; patients in whom attacks of asthma, urticaria or acute rhinitis are precipitated by aspirin or other NSAIs. Packs Tablets 25mg (PL0001/0036) in packs of 100, basic NHS price £9.54; tablets 50mg (PL0001/0082) in packs of 100, £18.55; suppositories 100mg (PL0001/0083) in packs of 10, £3.16. Full prescribing information is available from Geigy Pharmaceuticals, Horsham, West Sussex.

Geigy