ketoconazole

therapy

Vaginal candidosis:

2 tablets once daily (with food) for 5 days

In all dermatological and in systemic fungal infections:

> 1 tablet daily (with food) until complete symptomatic and mycological cure is obtained

Not all indications are as yet approved in all countries.

PRESCRIBING INFORMATION

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" natients. In children, systemic mycoses and severe "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.



Janssen Pharmaceutica B-2340 Beerse, Belgium

TODAY'S TREATMENT/4

The drugs that we use today are increasingly potent, dangerous, and expensive, and every doctor should have some understanding of clinical pharmacology and drug-induced diseases. Both these subjects, which have been badly taught in medical schools, are covered comprehensively in this new book, which consists of articles taken from the *BMJ*. Also included are articles that provide a clear and up-to-the-minute introduction to anaesthetics.

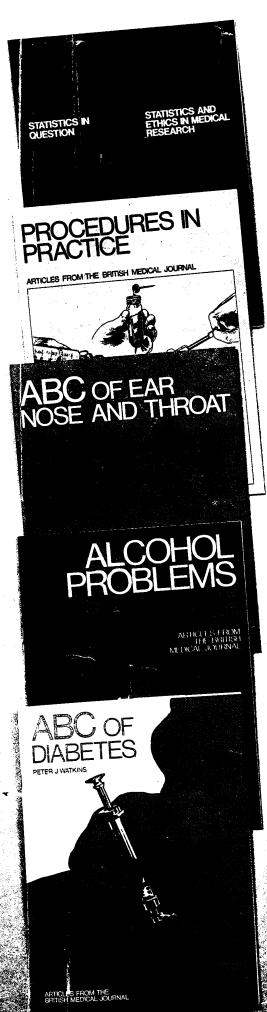
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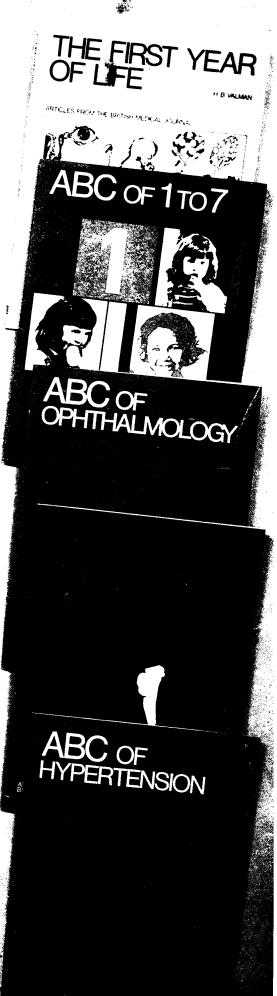
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Transiderm-Nitro glyceryl trinitrate Average absorption rate: 5mg in 24 hours

New system

24 hour control of angina pectoris through the skin



Prescribing information Presentation Transiderm-Nitro is a transdermal drug delivery system, comprising a self-adhesive, pink-coloured patch, containing a drug reservoir of glyceryl trinitrate BP. The Transiderm-Nitro patch has a contact surface measuring 10cm², and a glyceryl trinitrate content of 25mg, Indication Prophylactic treatment of attacks of angina pectors, as monotherapy or in combination with other anti-anginal agents. Mode of action Transiderm-Nitro is a novel drug delivery system designed to achieve a prolonged and constant released glyceryl trinitrate acts by venous and attend vasodilatation and redistribution of myocardial blood flow. Following the application of Transiderm-Nitro the plasma level following the patch is a poly diveryl trinitrate reaches a constant plateau within two hours, which is maintained for at least 24 hours. During the first hour after removal of the patch the plasma level falls rapidly. Dosage and administration One patch is to be applied every 24 hours. Sing It is recommended that the patch is applied to the lateral chest wall. The patch should be removed after 24 hours, and the replacement patch applied to a new area of skin. Allow several days to elapse before applying a fresh patch to the same area of skin. If acute attacks of anging pectoris occur, rapid acting intrate preparations may be required. Efficacy and tolerability beyond 28 days' therapy have yet to be established. Side-effects Headache may occur and usually regresses after a few days. Reflex tachycardia can be controlled by concomitant treatment with a beta-blocker. Postural hypotension, nausea and dizzness occur rarely. Allergic skin reactions, a local mild tichingor burning sensation may occasionally occur. Upon removal of the patch, any slight reddening of the skin will usually disappear in a few hours. Precautions in recent myocardial infanction or acute heartfailure, Transiderm-Nitro should be employed only under careful chinacts surveillance. As with all anti-anginant intrate preparations, withdraw

