

Nizoral

TRADE MARK

ketoconazole

Oral therapy for all common fungal infections

Vaginal candidosis:	In all dermatological and in 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

Not all indications are as yet approved in all countries.

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.



Janssen Pharmaceutica
B-2340 Beerse, Belgium

PROCEDURES IN PRACTICE

An illustrated step-by-step guide for doctors making their first attempts at the procedures commonly used in hospital practice. The articles explain the techniques in detail and give indications and contraindications for a range of tasks from setting up a drip to aspirating bone marrow. The articles have been collected into book form in the same format as they appeared in the *BMJ*.



Price: Inland £4.00
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for BMA members)

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JAMA 1981; 246: 2495

ALCOHOL PROBLEMS

In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, Dr Richard Smith's more discursive survey of current thinking and controversies. Together they cover both the clinical aspects of managing alcohol problems and the social and political factors that surround them.

Price: Inland £5.00

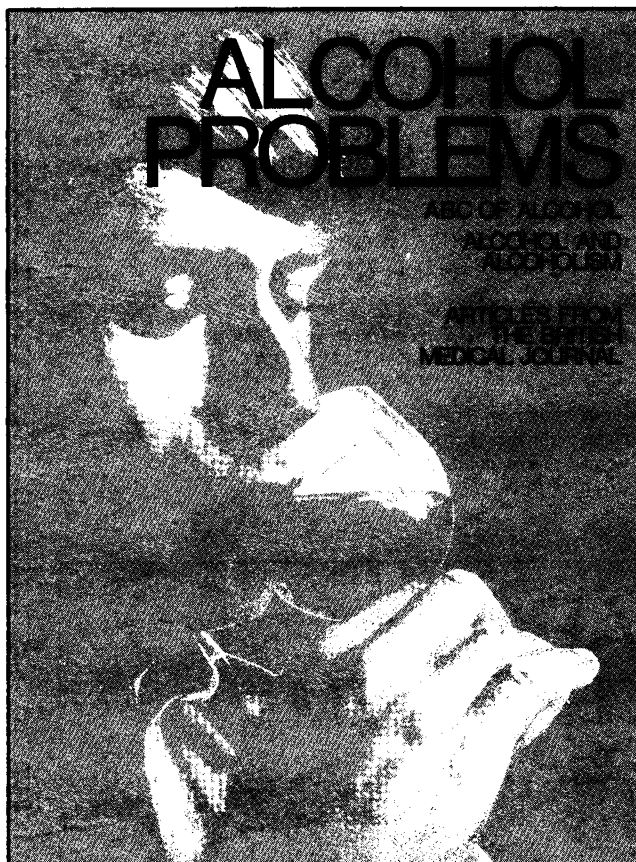
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"... a good account of the right kinds of observations to make in order to detect people with alcohol problems . . . These articles are succinct and well written and provide the best source of information and reference for general practitioners and trainees. This is an outstanding series which will be of great value to everyone concerned with the prevention, identification and management of alcohol-related problems."
Update 1983; 26: 301

"This excellent book divided into two very different parts. The first is . . . easy to read but packed with useful facts, well-illustrated . . . The second section of articles by Richard Smith are a bonus. They are well worth reading and excellently referenced . . . Every postgraduate centre should have several copies."
Postgrad Med J 1983; 59: 401

ABC OF BRAIN STEM DEATH

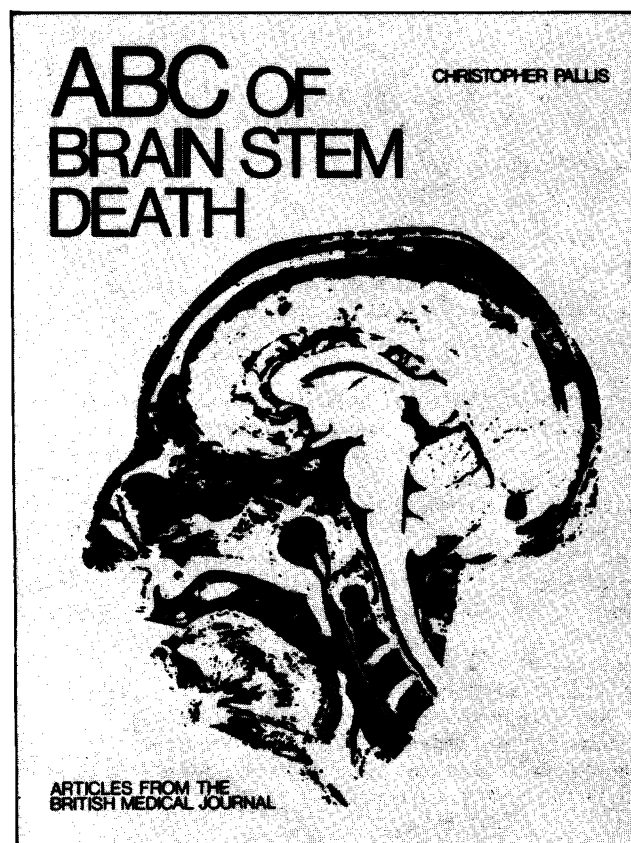
The subject of brain stem death still arouses misconceptions—witness the response to the BBC *Panorama* programme on transplantation and brain death. In a series of articles in the *BMJ* Dr Christopher Pallis dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have now been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

Price: Inland £5.50; Overseas US\$16.25*
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Intralipid® 10%, Intralipid® 20%

Presentation

A milky-white oil in water emulsion. Intralipid contains fractionated soya bean oil 10% or 20% emulsified with fractionated egg phospholipids. It also contains glycerol.

Indications

Intralipid should be used as part of a balanced intravenous feeding regimen in patients who are unable to receive sufficient amounts of nutrients enterally. Intralipid is especially valuable in providing a high energy intake to compensate for increased energy expenditure following trauma, infections, severe burns etc.

Dosage and Administration

Adults: Intralipid 20%: 500-1000 ml per 24 hours in conjunction with intravenous administration of amino acid and carbohydrate solutions. For lesser energy requirements, Intralipid 10%: 500-1500 ml per 24 hours in conjunction with amino acid and carbohydrate solutions. Intralipid is administered by slow intravenous infusion.

Infants: see Data Sheet.

Contra-indications, Warnings etc

Intralipid is only contraindicated in severe disorders of fat metabolism such as in severe liver damage and acute shock.

Precautions

Fat metabolism may be disturbed in conditions such as renal insufficiency, uncompensated diabetes, certain forms of liver insufficiency, metabolic disorders and sepsis. The elimination of fat should be checked daily in such patients.

Package Quantities and NHS Prices

Intralipid 10%: 100ml £3.60. 500ml £8.00.
PL0022/0027. Intralipid 20%: 100ml £5.45.
500ml £12.00 PL0022/0028.

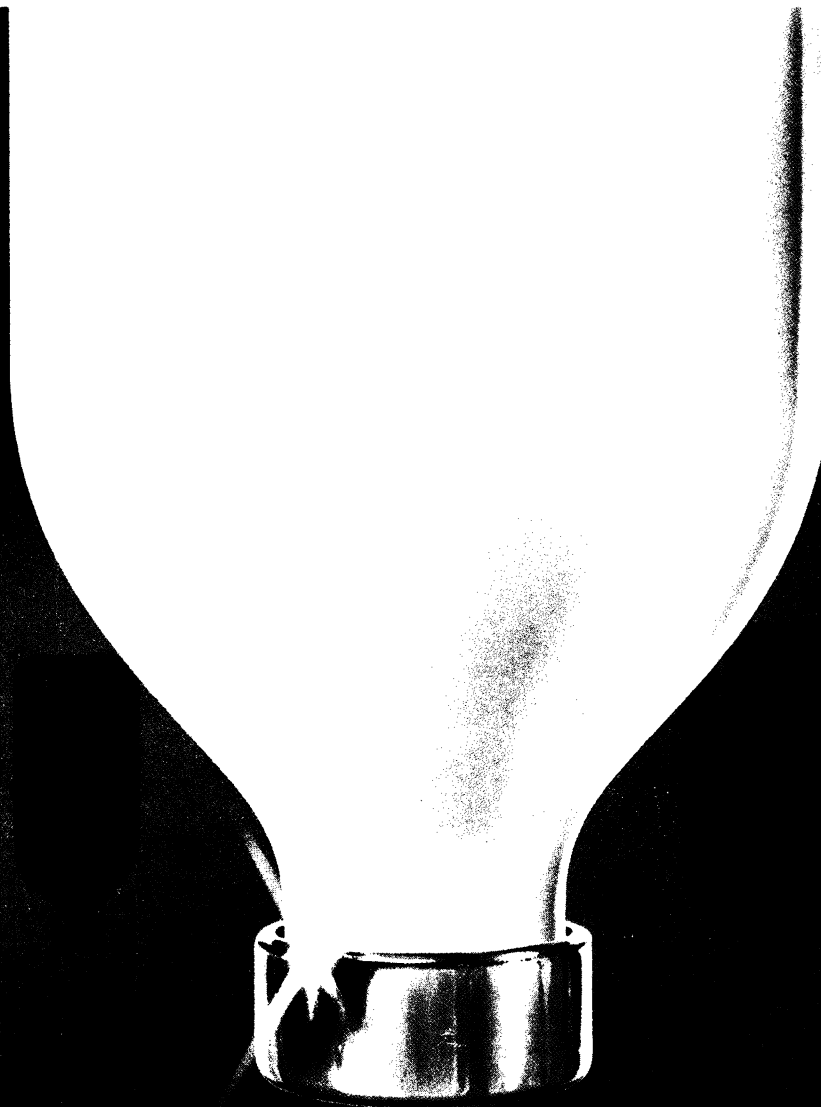
See Data Sheet for full prescribing information.

® Intralipid is a registered trade mark.

KabiVitrum



KabiVitrum AB
S-11287 Stockholm,
Sweden



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KabiVitrum AB, S-112 87 Stockholm, Sweden

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 pectoris, 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 release of glyceryl trinitrate. Glyceryl trinitrate acts by venous and arterial vasodilatation and redistribution of myocardial blood flow. Following the application of Transiderm-Nitro the plasma level of glyceryl 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. The average total amount of glyceryl trinitrate absorbed per patch in 24 hours is 5mg. 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 angina pectoris occur, rapid acting nitrate 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 dizziness occur rarely. Allergic skin reactions, a local mild itching or 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 infarction or acute heart failure, Transiderm-Nitro should be employed only under careful clinical surveillance. As with all anti-anginal nitrate preparations, withdrawal of treatment should be gradual, by replacement with decreasing doses of long-acting oral nitrates. **Contra-indications** Transiderm-Nitro should not be prescribed to patients hypersensitive to nitrates, or in severe hypotension. Marked anaemia, increased intraocular pressure or intracranial pressure. **Pregnancy** As with all drugs, Transiderm-Nitro should not be prescribed during pregnancy, particularly during the first trimester, unless there are compelling reasons for doing so. **Treatment of overdose** High doses of glyceryl trinitrate are known to cause pronounced systemic side-effects, e.g. a marked fall in blood pressure or collapse. However, with Transiderm-Nitro, the rate controlling membrane will reduce the likelihood of overdose occurring. In contrast to long-acting oral nitrate preparations, the effect of Transiderm-Nitro can be rapidly terminated simply by removing the system. Any fall in blood pressure or signs of collapse that may occur, may be managed by resuscitative measures. **Further information** Transiderm-Nitro gives a controlled release of glyceryl trinitrate over at least 24 hours and thereby avoids high peaks of blood levels, minimising the incidence of side-effects. Although glyceryl trinitrate is volatile, resulting, in the case of most products, in loss of the drug after relatively short storage, the design of the Transiderm-Nitro patch ensures that the dosage to the patient is maintained even after 2 years' storage. **Packs and price** Boxes of 30 patches. PL0001/0094. Basic NHS price £19.33 *denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

Geigy