Nizoral

TRADEMARK

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, H_2 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

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.

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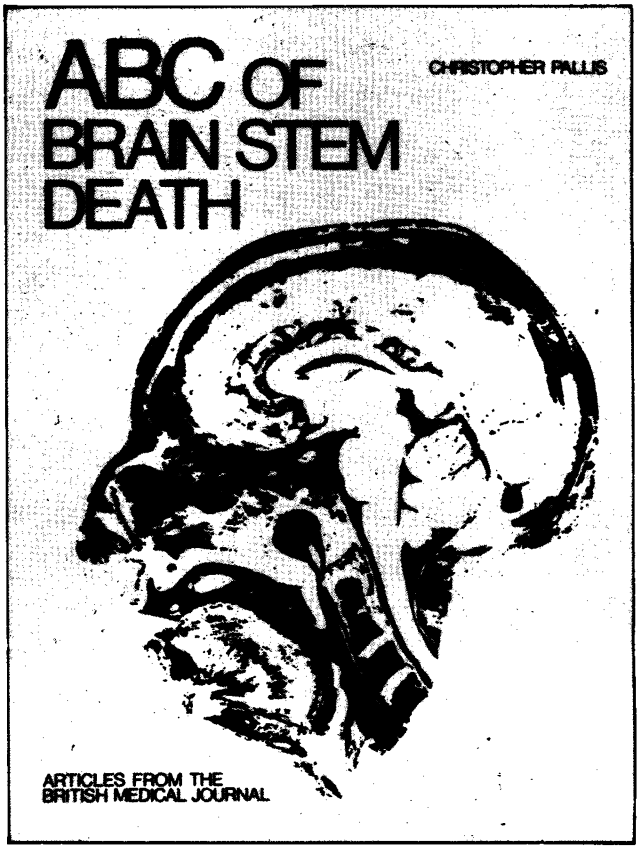

"At a modest £5.50 this volume is a must for all clinicians who care for patients who may suffer brain stem death. All anaesthetists and senior nursing staff working in Intensive Care should read it . . . A difficult ethical subject has been clearly and carefully unravelled."
Anaesthesia 1983; **38:** 708-709

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World Medicine 1983; **18:** 54

"Doctor Pallis gives a meticulous and lucid account of all that brain stem death involves and effectively disposes of critics . . . As an example of quiet remorseless logic it could not be better."
NZ Med J 1983; **96:** 548

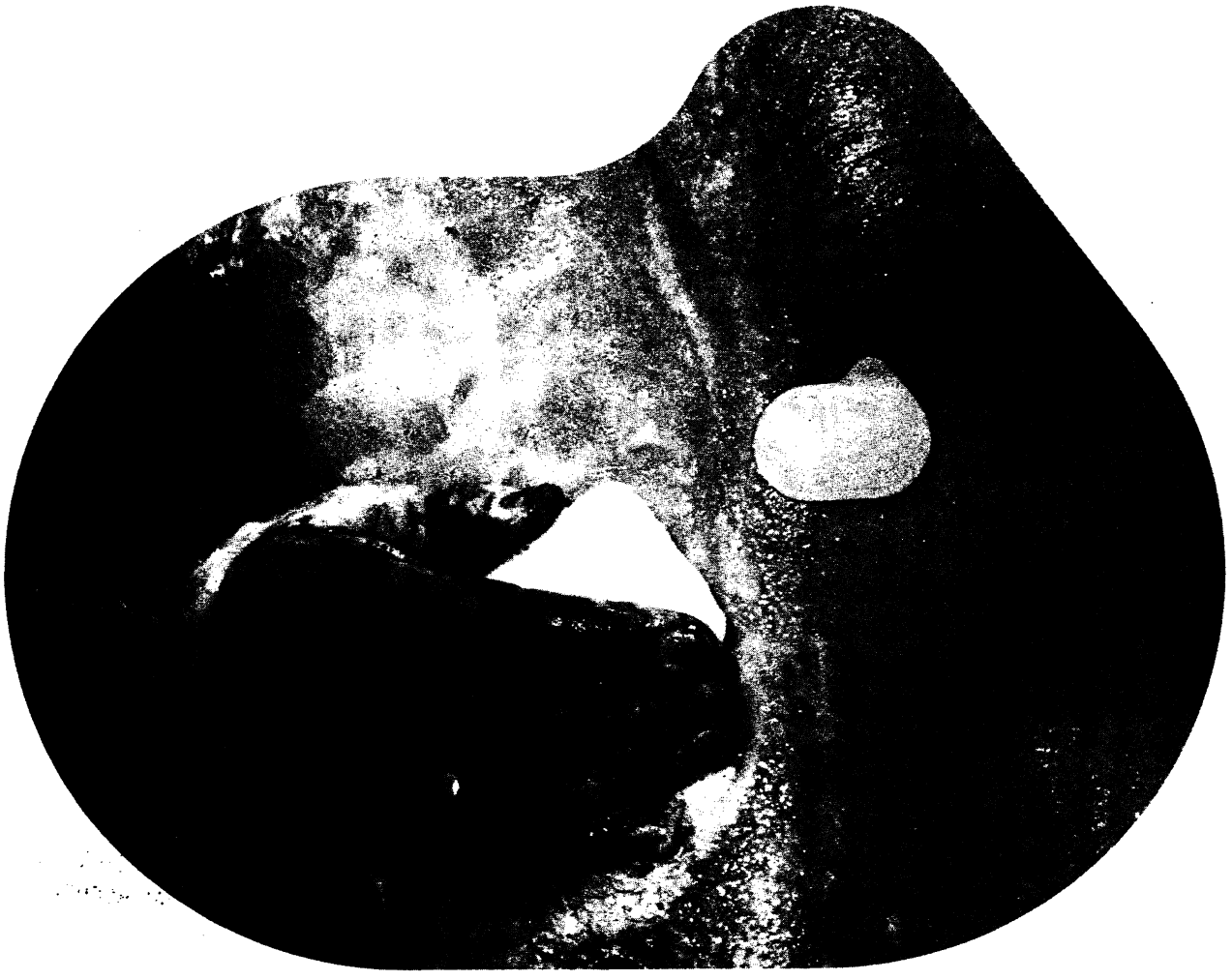
". . . an excellent and authoritative book . . . every intensive care unit and neurosurgical unit should have a copy."
Br J Surg 1983; **70:** 567

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 10cm^2, 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 overdosage** 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 overdosage 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