

# 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, H<sub>2</sub> 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

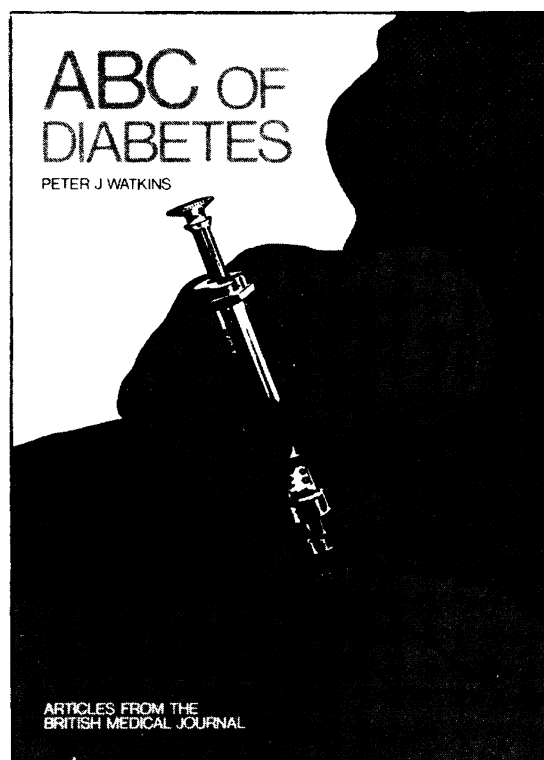
# ABC OF DIABETES

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.

Price: Inland £4.00  
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BMA members)

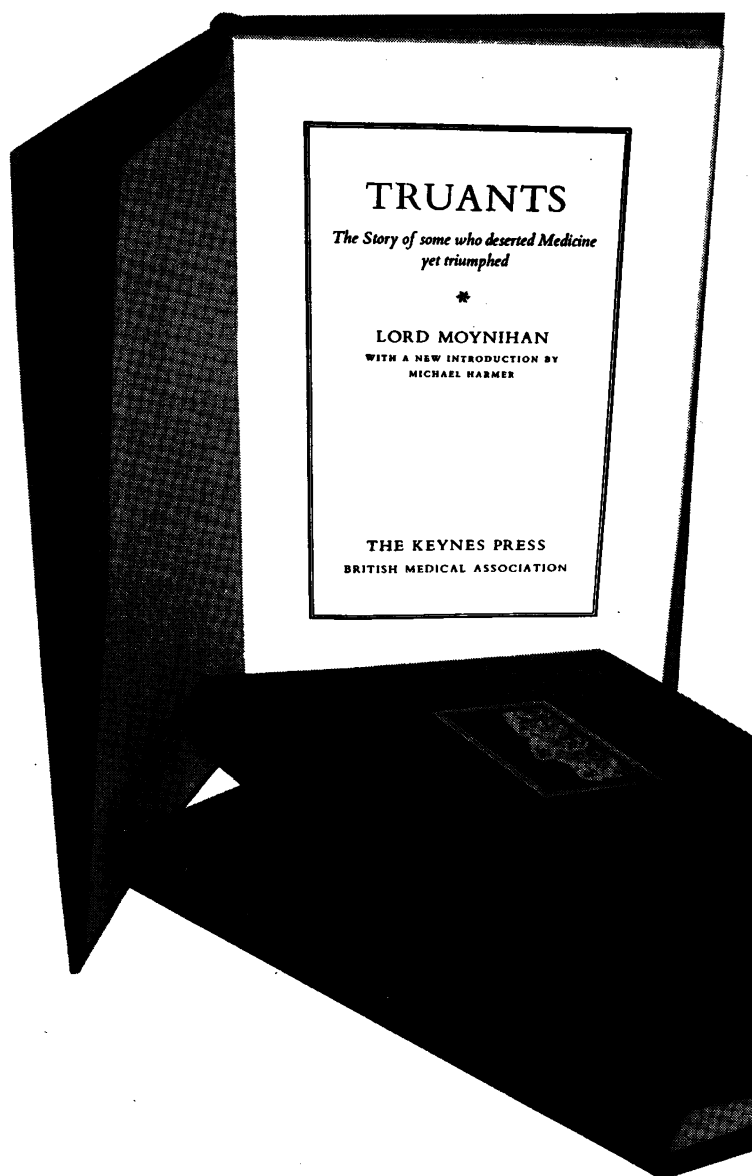
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# THE KEYNES PRESS

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## BRITISH MEDICAL ASSOCIATION

Sir Geoffrey Keynes, who died in July 1982 at the age of 95, was one of the great polymaths. His twin loves were medicine and surgery, on the one hand, and literature and arts, on the other, and he pursued both with equal success. He worked closely with the Nonesuch Press, editing several of its books, and it is therefore fitting that a new venture, the Keynes Press, should be named after him.

Aimed primarily at reprinting classics with a medical interest published in the period of Keynes's life, the press intends to pursue the same standards of scholarship and elegance that characterised the Nonesuch Press. Thus each book will be specially edited and contain a commissioned introduction by an expert. Each will be individually designed by Sebastian Carter of the Rampant Lions Press, and the emblem of the press is a profile of Keynes specially drawn by David Gentleman.

The first three books, published this November, are:

*Truants: the Story of some who deserted Medicine yet triumphed*, by Lord Moynihan. Introduction by Michael Harmer,

Consulting Surgeon, Royal Marsden Hospital, London. Pp xxii + 73.

*Epidemiology in Country Practice*, by William Pickles. Introduction by David Barker, Professor of Clinical Epidemiology, University of Southampton. Pp xiv + 110.

*A Sense of Asher*. A collection of writings and essays by Richard Asher. Introduction by Ruth Holland, Editorial Assistant, *British Medical Journal*. Pp. xvi + 97.

Their format is demy octavo, the type being 12/13 Monotype Bembo; the paper is Abbey Mill suede in *Truants* and Glastonbury cream wove in *Epidemiology in Country Practice* and *A Sense of Asher*; each has Abbey Mill endpapers. Each volume is limited to a total of 300 numbered copies for sale, the price for each being £35 including postage.

Copies may be ordered from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR. (Cheques should be made payable to the British Medical Journal.)

# 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.

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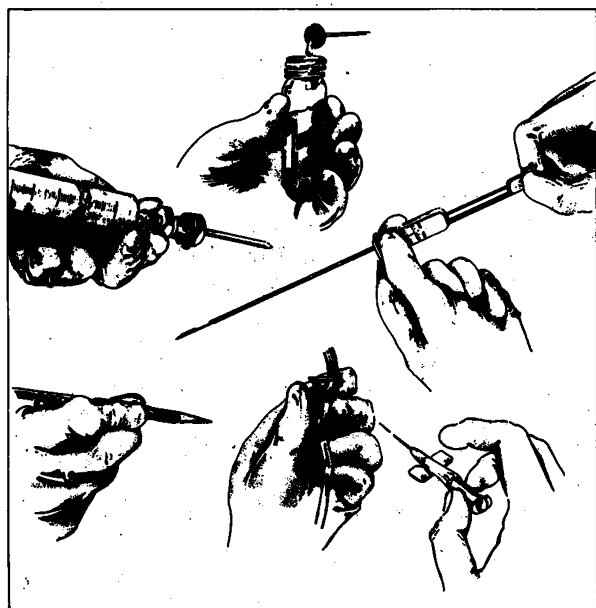
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# PROCEDURES IN PRACTICE

ARTICLES FROM THE BRITISH MEDICAL JOURNAL



## 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.

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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.

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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.

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KabiVitrum



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Sweden