# ketoconazole

# therapy

Vaginal candidosis:	In all dermatological and in systemic fungal infections:
	4 tablet daily

2 tablets once daily (with food) for 5 days

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, nair 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 taken not less than two hours after **Nizora**l. 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

### ALCOHOL PROBLEMS

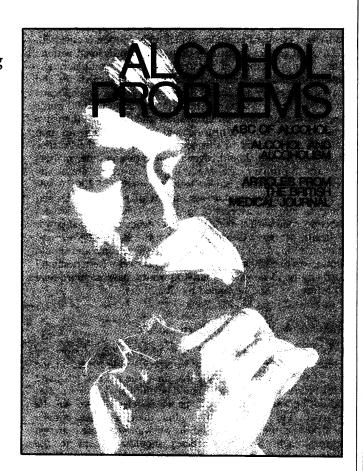
In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, 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.

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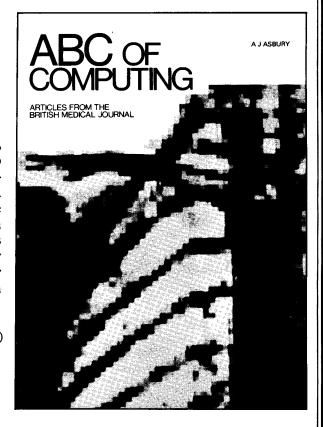
Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

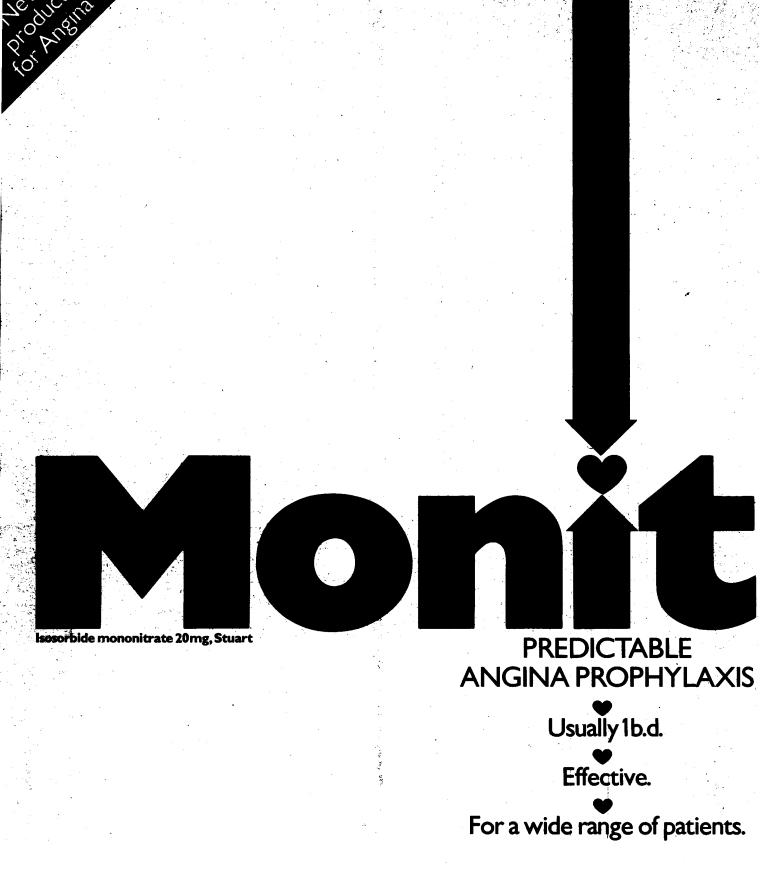
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Prescribing Information
Presentation 'Monit' tablets are white, round, scored tablets embossed 'Stuart 20'. Each tablet contains 20 mg isosorbide mononitrate. Uses Prophylaxis of angina pectoris. Mode of Action Isosorbide mononitrate is an active metabolite of isosorbide dinitrate and from an oral dose exerts qualitatively similar effects. However, unlike the dinitrate which is subject to extensive 'first pass' hepatic metabolism, it has virtually complete systemic availability from an oral dose. Isosorbide mononitrate thus achieves predictable and sustained blood levels. Onset of pharmacological action occurs within 20 minutes of an oral has virtually complete systemic availability from an oral dose. Isosorbide mononitrate thus achieves predictable and sustained blood levels. Onset of pharmacological action occurs within 20 minutes of an oral dose and is maintained for more than 8 hours. Dosage and Administration Usually one tablet twice or three times daily. Patients already accustomed to prophylactic nitrate therapy (for example with isosorbide dinitrate) may normally be transferred directly to a therapeutic dose of 'Monit.' For patients not receiving prophylactic nitrate therapy, it is recommended that the initial dose should be half a tablet twice daily. Maintenance dose in individual patients will be between 20 and 120mg daily. The tablets should be swallowed whole with a little fluid. Contra-indications, Warnings. etc. Contra-indications: A known sensitivity to the drug or to isosorbide dinitrate. Warnings: The following adverse effects may be seen with nitrate therapy. I. Cutaneous vasodilation, headache, dizziness and weakness may occur, are usually controlled by lowering the dose. The incidence of these effects is highest at commencement of treatment and tends to decline with time. 2. Postural hypotension may occur, especially with high doses. 3. Nitrate preparations can act as physiological antagonists to noradrenaline, acetylcholine, histamine and other agents. 4. Dry rash and/or exfoliative dermatitis have been described rarely with isosorbide dinitrate and similar reactions might be expected occasionally. Overdosage: Overdosage should be treated symptomatically. The main symptom is likely to be hypotension and this may be treated by elevation of the legs to promote venous return. Pharmaceutical Precautions Store at room temperature, protected from moisture. Legal Category POM. Package Quantities 'Monit' tablets are supplied in bottles of 56 tablets. Further Information Isosorbide mononitrate is the British Approved Name for isosorbide-5-mononitrate. Beta-blocking drugs have a different pharmacological action in angina and may have

