



GASTRIC BOTTLE

Trademark

New Motilium Suspension

(domperidone)

**the first specific peripheral anti-nauseant/anti-emetic
-for a well composed stomach**

MOTILIUM* Prescribing Information **Presentation:** White tablets containing domperidone maleate equivalent to 10mg domperidone base. Sweet tasting, white suspension containing domperidone 1mg/ml. 2ml colourless ampoules each containing 5mg/ml domperidone. **Uses:** Adults: acute nausea and vomiting from any cause. Children: nausea and vomiting following cancer chemotherapy or irradiation only. **Dosage:** Adults: 10-20mg by mouth or 1-2 ampoules by IM or IV injection at 4-8 hourly intervals. Patients requiring intravenous MOTILIUM* who are also receiving concomitant cytotoxic chemotherapy or who are predisposed to hypokalaemia or cardiac arrhythmias should receive an infusion diluted 1:10 with saline over 15-30 minutes. **Contra-indications, Warnings etc:** No specific contra-indications. MOTILIUM* produces a rise in serum prolactin; however the clinical relevance of this has not been established. Although no teratogenic effects have been observed in animals, the safety of MOTILIUM* in pregnancy has not yet been established. **Product Licence Numbers:** Tablets 0242/0071, Injection 0242/0073, Suspension 0242/0077. **Basic NHS Cost:** 9p per 10mg tablet (ex 250 pack). Pack of 10 ampoules: £3.10. Bottle of 200ml suspension: £1.80 (Correct at time of printing). Further information is available from: Janssen Pharmaceutical Limited, Grove, Wantage, Oxon. OX12 0DQ. *Trademark © JPL/154/83

'Sir'

Could you earn this in your spare time?

The Territorial Army is looking for officers. If you've ever thought of yourself as officer material, this could be your chance to find out.

But before you start barking orders at the bathroom mirror, a word of caution.

Being an officer in the Territorials calls for an unusual degree of motivation, drive and commitment.

Because, in addition to the time every Territorial soldier puts in, you'll be expected to put in more. Common to every Territorial are about eight weekends a year, some weekday evenings and two weeks annual camp.

As a potential officer, you'll have the opportunity to attend special courses during that time, designed to develop the extra skills today's officer needs.

And with good reason, since the Territorials are relied on to form 30% of the Army's mobilised strength. Not just at home, but in the front line with the Regulars.

The demands may seem high, but so too are the rewards.

Where else can you gain practical experience of leading men under the most exacting conditions?

Experience which, you'll be quick to appreciate, can stand you in good stead in your normal career.

Pay adds a welcome bonus to your normal salary: about £800 a year to start, rising to £1200 (including tax-free bounty) once you've proved yourself.

If you're interested, post the coupon or get in touch with your nearest TA Association.

You'll need to be between 18 and 28 with at least three 'O' levels or equivalent, a graduate, or an ex-Regular officer or N.C.O.

Before long, you could well hear yourself addressed with a new title but, believe us, you'll have earned it.



TA Officer

For further details about commissions in the TA complete the coupon and post it to Major John Oldfield, (Dept. BMJ1), Duke of York's H.Q., Centre Block, Chelsea, London SW3 4SG or contact your nearest TAVR Association (in the phone book under 'Army').

Name _____

Address _____

Town _____ Age (18-28) _____



The Territorials

There is no substitute for success



in urinary tract infections

Septtrin b.d. co-trimoxazole

Prescribing Information

Uses: Sensitive bacterial infections of the lower respiratory, urinary and genital tracts, sinusitis, otitis media, skin infections, septicaemia, typhoid and paratyphoid fevers, and other infections caused by sensitive organisms.

Dosage: *Septtrin Forte Tablets:* over 12 years, one twice daily; *Septtrin Tablets/Septtrin Dispersible Tablets:* over 12 years, two twice daily; children 6 to 12 years, one twice daily; *Septtrin Suspensions:* over 12 years, 10ml Adult twice daily; children 6 to 12 years, 10ml Paediatric twice daily; 6 months to 6 years, 5ml Paediatric twice daily; 6 weeks to 6 months, 2.5ml Paediatric twice daily.

Contra-indications: Septtrin is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. Septtrin should not be given to patients hypersensitive to sulphonamides or co-trimoxazole; should not be given during pregnancy or to neonates.

Precautions: In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained.

Trade Mark

Regular blood counts are necessary whenever long-term therapy is used. Caution is advised in patients with folate deficiency. Care should be taken when giving Septtrin to patients receiving oral anti-coagulants of the coumarin group, pyrimethamine, sulphonylureas, or phenytoin.

Warnings and Adverse Effects: Occasionally nausea, vomiting, diarrhoea, glossitis and skin rashes may occur with normal doses and, very rarely, haematological reactions.

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd, Crewe, Cheshire.



Presentations:

	Product Licence
Septtrin Forte Tablets	PL 3 0121
Septtrin Tablets	PL 3 0109
Septtrin Dispersible Tablets	PL 3 0099
Septtrin Adult Suspension	PL 3 5223
Septtrin Paediatric Suspension	PL 3 5222
Septtrin Paediatric Tablets	PL 3 0108

Formulation	Basic NHS Cost
160mg Trimethoprim BP	£1.90 for 10
800mg Sulphamethoxazole BP	
80mg TMP/400mg SMX	£2.27 for 20
80mg TMP/400mg SMX	£2.42 for 20
80mg TMP/400mg SMX in 5ml	£3.22 for 100ml
100mg TMP/500mg SMX in 5ml	£2.00 for 100ml
20mg TMP/100mg SMX	£0.69 for 20

1. Gower, P.E. and Tasker, P.R.W. (1976), *Brit. Med. J.*, 1, 684. Double-blind comparison of Septtrin with cephalexin in 93 women with acute UTI. After two weeks, 96% of Septtrin-treated patients were infection-free, compared with 68% of cephalexin-treated patients.



Half-'Inderal' LA is an 80mg long-acting formulation of the world's most tried and trusted beta-blocker.

It is especially suitable for older patients who may need a lower than usual dosage level.

In addition, this new once-daily regimen can be used to ease the problem of poor compliance in patients currently taking 80mg in multiple doses.

NEW
ONCE DAILY

Half-Inderal LA



80mg propranolol hydrochloride BP in a long-acting formulation.

'INDERAL' LA, HALF-'INDERAL' LA: Abridged prescribing information. Presentation 'Inderal' LA: Capsules each containing 160mg propranolol hydrochloride in long-acting formulation. Half-'Inderal' LA: Capsules each containing 80mg propranolol hydrochloride in long-acting formulation. **Dosage** Angina, anxiety, essential tremor, thyrotoxicosis, prophylaxis of migraine: 1 capsule Half-'Inderal' LA, once daily increased, if necessary, to 1 capsule 'Inderal' LA, once daily and a further increment of Half-'Inderal' LA. Hypertension: 1 capsule 'Inderal' LA, once daily increased, if necessary, in increments of Half-'Inderal' LA. (In appropriate patients e.g., the elderly, starting dose is 1 capsule of Half-'Inderal' LA, once daily). **Contraindications** Heart block. Bronchospasm. Prolonged fasting. Metabolic acidosis. Co-administration with verapamil. **Precautions** Untreated cardiac failure. Bradycardia. Discontinuance of clonidine. Anaesthesia. Pregnancy. **Adverse Reactions** Cold extremities, nausea, insomnia, lassitude and diarrhoea are usually transient. Isolated cases of paraesthesia of the hands; rashes and dry eyes have been reported with beta-blockers. Consider discontinuance if they occur. Beta-blockers should be withdrawn gradually. **Overdosage** See data sheet. **Book** **NHS Cost** 28-day calendar pack, 'Inderal' LA £6.66, Half-'Inderal' LA £4.48 **PL Nos.** 'Inderal' LA 0029/0128 Half-'Inderal' LA 0029/0173. 'Inderal' is a trade mark for propranolol hydrochloride. 'Inderal' LA is a trade mark for propranolol hydrochloride in long-acting formulation. Full prescribing information is available from: Imperial Chemical Industries PLC, Pharmaceuticals Division, Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TT.



DID YOU EVER WISH FOR ANOTHER OPTION?



Until now many severe chronic asthmatics have required oral steroids over prolonged periods to control their condition.

Becloforte Inhaler improves symptomatic control of severe asthma with measurable improvement in lung function.

Many patients requiring maintenance oral steroids are able to reduce their oral steroids; a significant number are able to stop them altogether.

INHALED **Becloforte** (Beclomethasone Dipropionate BP)

THE ALTERNATIVE TO ORAL STERIODS IN SEVERE CHRONIC ASTHMA

Prescribing information Uses For those asthmatic patients who require high doses (greater than 800 μ g to 1,000 μ g daily) of beclomethasone dipropionate to control their symptoms and patients with severe asthma who would otherwise be dependent on systemic corticosteroids to control their symptoms. **Dosage and administration Adults:** Two inhalations (500 μ g) twice daily, or one inhalation (250 μ g) four times daily. If necessary, dosage may be increased to two inhalations (500 μ g) three or four times daily. **Contra-indications, warnings, etc.** No specific contra-indications are known, but special care is necessary in patients with active or quiescent pulmonary tuberculosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. **Precautions** Patients being treated with high doses of Becotide Inhaler may be transferred directly to treatment with Becloforte Inhaler. In the majority of patients no significant adrenal suppression occurs

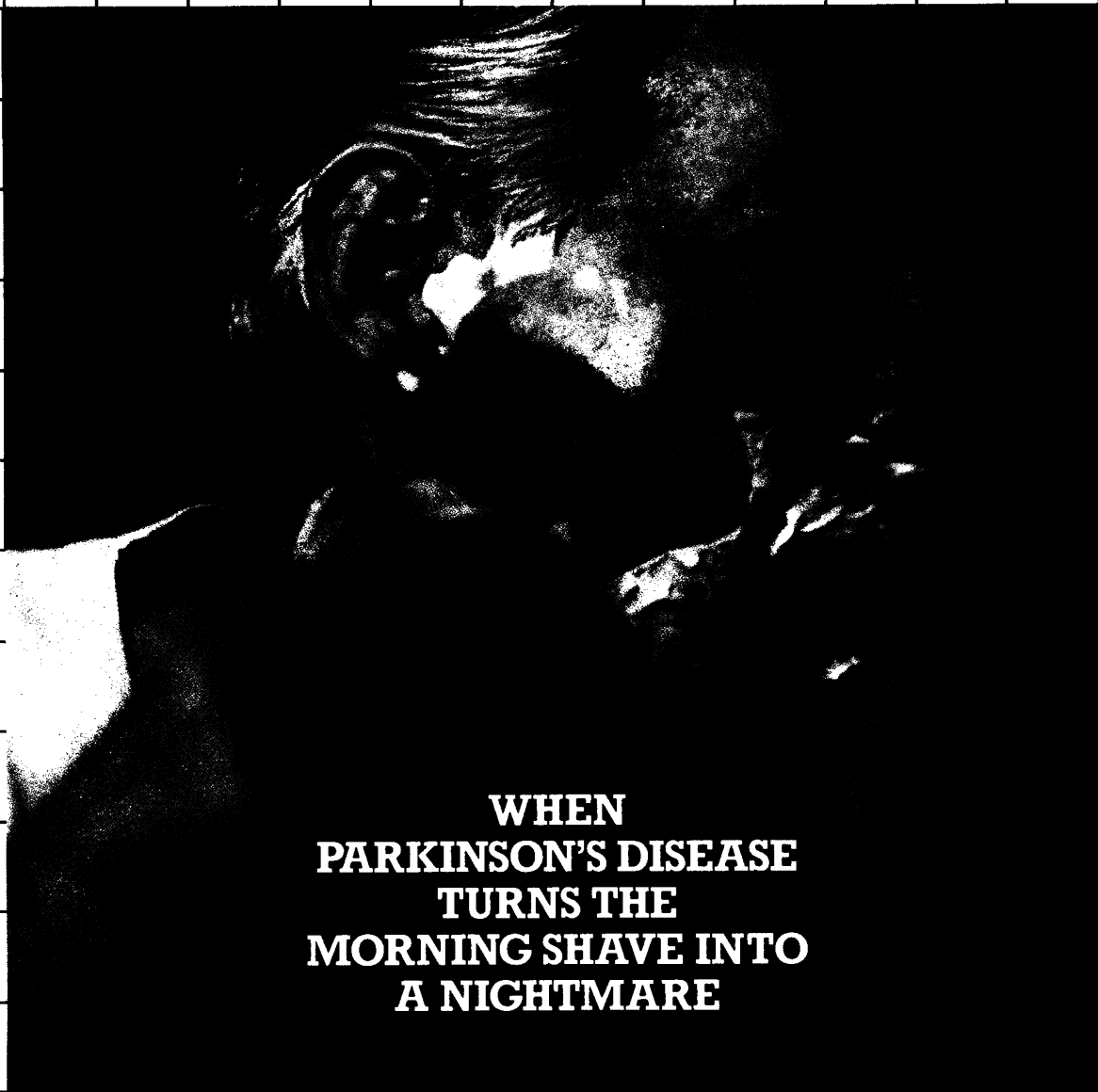
until doses of 1,500 μ g per day are exceeded. Some patients receiving 2,000 μ g of Becloforte per day may show a degree of adrenocortical suppression although short term adrenal reserve remains intact. In such patients the risks of developing adrenal suppression should be balanced against the therapeutic advantages and precautions should be taken to provide systemic steroid cover in situations of prolonged stress. Patients being treated with oral steroids should be in a stable state before Becloforte Inhaler is added to their therapy. Gradual withdrawal of systemic steroids may be attempted after a week or two. Adrenocortical function should be monitored in patients who have been treated with systemic steroids for long periods of time or at a high dose. These patients should be warned that they may need to increase the dosage of oral steroids in times of stress. Treatment with Becloforte should not be stopped abruptly. **Side effects** Occasional candidiasis of the mouth and throat occurs in

some patients. Topical therapy with antifungal agents usually clears the condition whilst still continuing with Becloforte Inhaler. **Presentation and Basic NHS cost** Becloforte Inhaler is a metered dose aerosol delivering 250 μ g Beclomethasone Dipropionate BP per actuation and containing 200 inhalations. Basic NHS cost £21.00. **Product licence number** 0045/0125. Becloforte and Becotide are trade marks.



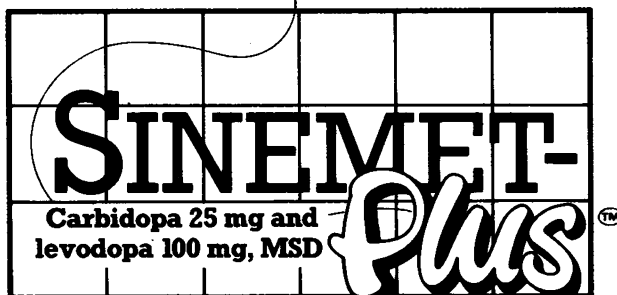
Further information is available on request from:

Allen & Hanburys Limited
Greenford, Middlesex UB6 0HB



**WHEN
PARKINSON'S DISEASE
TURNS THE
MORNING SHAVE INTO
A NIGHTMARE**

EARLY TREATMENT WITH



HELPS RESTORE

THE THREAD OF LIFE

For abridged product information see overleaf



Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU

3.94.SEM.83 GB 9010 J

SINEMET®

Carbidopa and levodopa, MSD

ABBREGED PRODUCT INFORMATION

Full prescribing information is available on request and should be consulted before prescribing.

Indications

Parkinson's disease and syndrome.

Dosage and administration

Dosage variable.

Patients not receiving levodopa

Usually 1 tablet of 'Sinemet-Plus' three times a day. Adjust as necessary. Maximum daily dose is 8 tablets. If more levodopa required, substitute 'Sinemet'-375, 1 tablet three or four times a day. If further titration needed, increase 'Sinemet'-375 to maximum 8 tablets a day.

Patients receiving levodopa

Discontinue levodopa at least twelve hours (24 hours for slow-release preparations) before starting 'Sinemet'. Dose of 'Sinemet' approximately 20% of previous daily dosage of levodopa.

Usual starting dose 'Sinemet'-275 1 tablet three or four times a day.

Patients requiring less than 1,500 mg levodopa a day start with 'Sinemet-Plus' 1 tablet three or four times a day. Maximum is 8 tablets a day.

Contra-indications

Narrow-angle glaucoma; known hypersensitivity. Do not use in patients with history of melanoma or with suspicious undiagnosed skin lesions. Discontinue MAO inhibitors at least two weeks before starting 'Sinemet'.

Pregnancy and lactation

Not recommended in lactating mothers. Use in women of childbearing potential requires that anticipated benefits be weighed against possible hazards should pregnancy occur.

Precautions

Not recommended for drug-induced Parkinsonism. Use cautiously in patients with severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic, endocrine disease, psychoses, chronic wide-angle glaucoma, with a history of myocardial infarction; and when receiving antihypertensives (adjust dosage if necessary). Monitor carefully for mental changes, depression with suicidal tendencies, and other serious antisocial behaviour. Observe carefully patients with history of severe involuntary movements or psychoses when 'Sinemet' substituted for levodopa.

GI haemorrhage may occur in patients with history of peptic ulcer.

If general anaesthesia is required, 'Sinemet' may be continued whilst patient permitted oral intake. Usual daily dosage may be given when oral medication is possible.

Transient abnormalities in renal function tests, liver function tests, and protein-bound iodine may occur without evidence of disease.

Not recommended for children under 18 years of age.

Side effects

Choreiform, dystonic, and other involuntary movements are most common. Other mental changes are less common.

Less frequent are cardiovascular irregularities, the 'on-off' phenomenon, GI intolerance, and dizziness.

Rarely, GI bleeding, duodenal ulcer, hypertension, phlebitis, leucopenia, and agranulocytosis.

Positive Coombs test reported but haemolytic anaemia extremely rare.

Other side effects include psychiatric, neurological, GI, dermatological, respiratory, urogenital, special senses, hot flushes, weight gain or loss, and abnormalities in laboratory tests.

Basic NHS cost

'Sinemet-Plus' (25 mg carbidopa/100 mg levodopa BP) tablets £13.07 per 100 pack;

'Sinemet'-275 (25 mg carbidopa/250 mg levodopa BP) tablets £14.89 per 100 pack;

'Sinemet'-110 (10 mg carbidopa/100 mg levodopa BP) tablets £7.70 per 100 pack.

Product licence numbers

'Sinemet-Plus', 0025/0150

'Sinemet'-275, 0025/0065

'Sinemet'-110, 0025/0064

e denotes registered trademark

m denotes trademark

Issued April 1983



Merck Sharp & Dohme Limited
Hoddesdon, Hertfordshire, EN11 9BU

3.84.SEM.83.CB.9010.J



Wellcome introduces CEFIZOX

ceftizoxime sodium



The excellent *in vivo* performance of Cefizox is the sum of its powerful spectrum of antibacterial activity, stability to β -lactamases, and highly effective tissue penetration.

Cefizox is a powerful, third-generation, injectable cephalosporin. It has a wide spectrum of activity against both Gram-negative and Gram-positive aerobic and anaerobic organisms.^{1,2}

Cefizox has excellent β -lactamase stability, and is resistant to a wider range of β -lactamases than cefotaxime.³

After a single dose, concentrations of Cefizox in most tissues and body fluids are easily in excess of the MICs of likely pathogens. Study has shown that Cefizox achieves greater concentration in most tissues and body fluids than cefotaxime, after equivalent doses.⁴

Extensive experience confirms that Cefizox is highly effective in lower respiratory tract infections, genito-urinary tract infections including gonorrhoea, intra-abdominal infections, septicaemia, and skin and soft tissue infections.²

Cefizox has also been notably successful in treating infections resistant to ampicillin, carbenicillin, cephamandole, tobramycin and gentamicin.⁵

When infection threatens, Cefizox is an excellent choice.



Wellcome

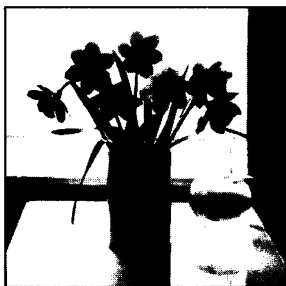


Fujisawa

See adjacent page for prescribing information.

CEFIZOX

ceftizoxime sodium



Prescribing information:

Presentation: Vials containing 500mg, 1g and 2g of ceftizoxime as the sterile sodium salt.

Uses: Broad-spectrum, bactericidal, cephalosporin antibiotic. Indications include lower respiratory tract infections, genito-urinary tract infections including gonorrhoea, intra-abdominal infections, septicaemia, skin and soft tissue infections. Cefizox is active against a wide range of Gram-positive and Gram-negative organisms and is stable to a broad spectrum of beta-lactamases produced by both aerobic and anaerobic organisms.

Dosage and administration: By slow intravenous injection, by continuous or intermittent intravenous infusion, or by deep intramuscular injection. For reconstitution details see Data Sheet. Modification of the following guideline dosages is necessary in patients with impaired renal function (see Data Sheet). **Adults:** urinary tract infection, 0.5-1g 12-hourly, IM or IV; gonorrhoea, 1g single dose, IM; other infections, 1-2g 8-12 hourly, IM or IV; severe or life-threatening infections, 2-3g 8-hourly, IM or IV. **Children over the age of 3 months:** 30-60mg/kg bodyweight/day in 2-4 divided doses, increased in severe or life-threatening infections to 100-150mg/kg bodyweight/day. The total dose should not exceed the adult dose. **Under the age of 3 months:** insufficient data to recommend use.

Contra-indications: Hypersensitivity to cephalosporin antibiotics.

Precautions: Renal status should be monitored, especially in seriously ill patients receiving maximum dose therapy and co-administration of aminoglycoside antibiotics. Although the occurrence has not been reported with Cefizox, nephrotoxicity has been reported following concomitant administration of other cephalosporins and aminoglycosides. As with any antibiotic, prolonged use may result in overgrowth of non-susceptible organisms. Caution in penicillin-sensitive patients because of possible cross-reaction.

Side- and adverse effects: Cefizox is generally well tolerated. The most common adverse reactions have been local following IM or IV injection. These include burning, cellulitis, pain, induration, tenderness, paraesthesia and phlebitis. Other adverse reactions include hypersensitivity reactions (rash, pruritus, fever), gastrointestinal disturbance (diarrhoea, nausea, and vomiting), vaginitis, transient eosinophilia, thrombocytosis. Neutropenia, leucopenia and thrombocytopenia have been reported rarely. Some individuals have developed a positive Coombs' test. Transient elevation in SGOT, SGPT, alkaline phosphatase, BUN and serum creatinine has occasionally been observed.

Use in pregnancy and lactation: There are no data in pregnant women, thus the benefit of using Cefizox in pregnancy should be weighed against the possible hazard. Caution should be exercised if Cefizox is administered to a nursing mother.

Basic NHS costs: 1 x 500mg vial (PL3/0174) £2.76; 1 x 1g vial (PL3/0175) £5.50; 1 x 2g vial (PL3/0175) £11.00.

References: 1. Barry, A.L. *et al* (1982), *J. Antimicrob. Chemother.*, **10**, Suppl. C, 25. 2. Parks, D. *et al* (1982), *ibid.*, 327. 3. Simpson, I.N. *et al* (1982), *J. Antimicrob. Chemother.*, **9**, 357. 4. Gerding, D.N. and Peterson, L.R. (1982), *J. Antimicrob. Chemother.*, **10**, Suppl. C, 105. 5. Neu, H.C. (1982), *ibid.*, 193.

Cefizox is a Trade Mark

Further information is available on request.

Wellcome Medical Division
The Wellcome Foundation Ltd,
Crewe, Cheshire.

Made by Fujisawa Pharmaceutical Co Ltd,
Osaka, Japan, for The Wellcome
Foundation Ltd, London.



ANTI-MALIGNIN ANTIBODY DETERMINATION WITH TARGET (tm) REAGENT Now available to laboratories

Anti-Malignin Antibody (AMA) (tm) is the serum antibody to the structurally defined polypeptide general transformation antigen Malignin (tm) and related cancer Recognins (tm) present in cancer cells⁽¹⁻⁶⁾

DIAGNOSTIC AID

AMA is elevated in 93% of active cancer patients regardless of the cell type⁽¹⁻⁶⁾

The overall incidence of asymptomatic or false positive results in 1,241 controls in four independent blind studies is low (5.2%)⁽¹⁻⁶⁾. AMA therefore can be of value as a diagnostic aid.

MONITORING

The AMA level is quantitatively related to survival⁽²⁻⁶⁾. Also, in successfully treated cancer patients with no further evidence of disease AMA returns to normal levels in 97% of cases⁽⁴⁻⁶⁾. AMA therefore can be useful in monitoring the effect of treatment and patient progress.

Interested laboratories should contact

ONCOLAB LIMITED

93 Harley Street, London W1N 1DF
Tel: 01-935 9880

References:

1. Nat. Cancer Institute Mon. 46, 133-137, 1977.
2. Lancet 1, 987, 1979.
3. Lancet 2, 141-2, 1981.
4. J. Medicine 13, 49-69, 1982.
5. Protides of Biol Fluids (Pergamon) 30: 337-352, 1983.
6. SmithKline Clinical Laboratories Study, Preprint 1984 (available on request).

STATISTICAL SERVICE

Does your research involve collecting data?

If so it is important that your plan is effective — that you take a large enough sample and that you collect appropriate data to answer unambiguously the questions that you have posed. These can be difficult problems.

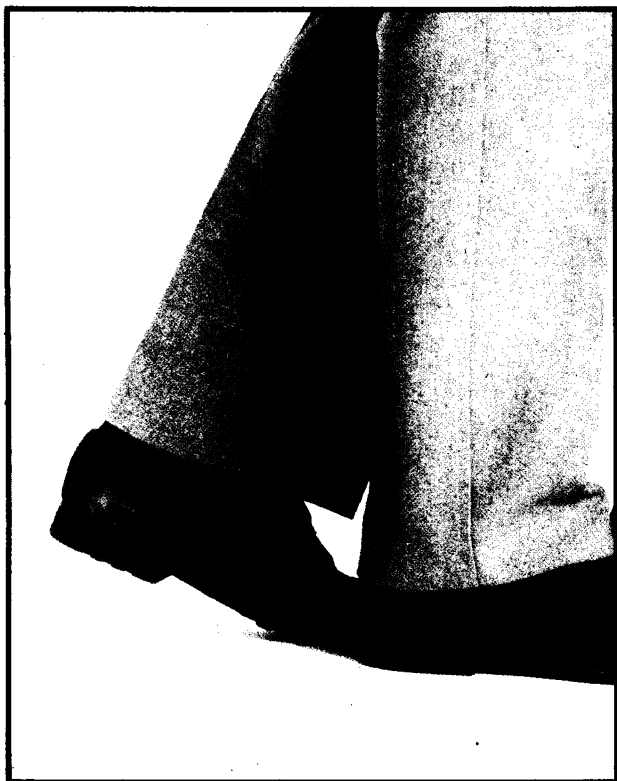
We can help you

It is the business of the Open University Statistical Clinic to deal with difficulties like these. The Clinic offers a range of professional services in data analysis to research workers. These include:

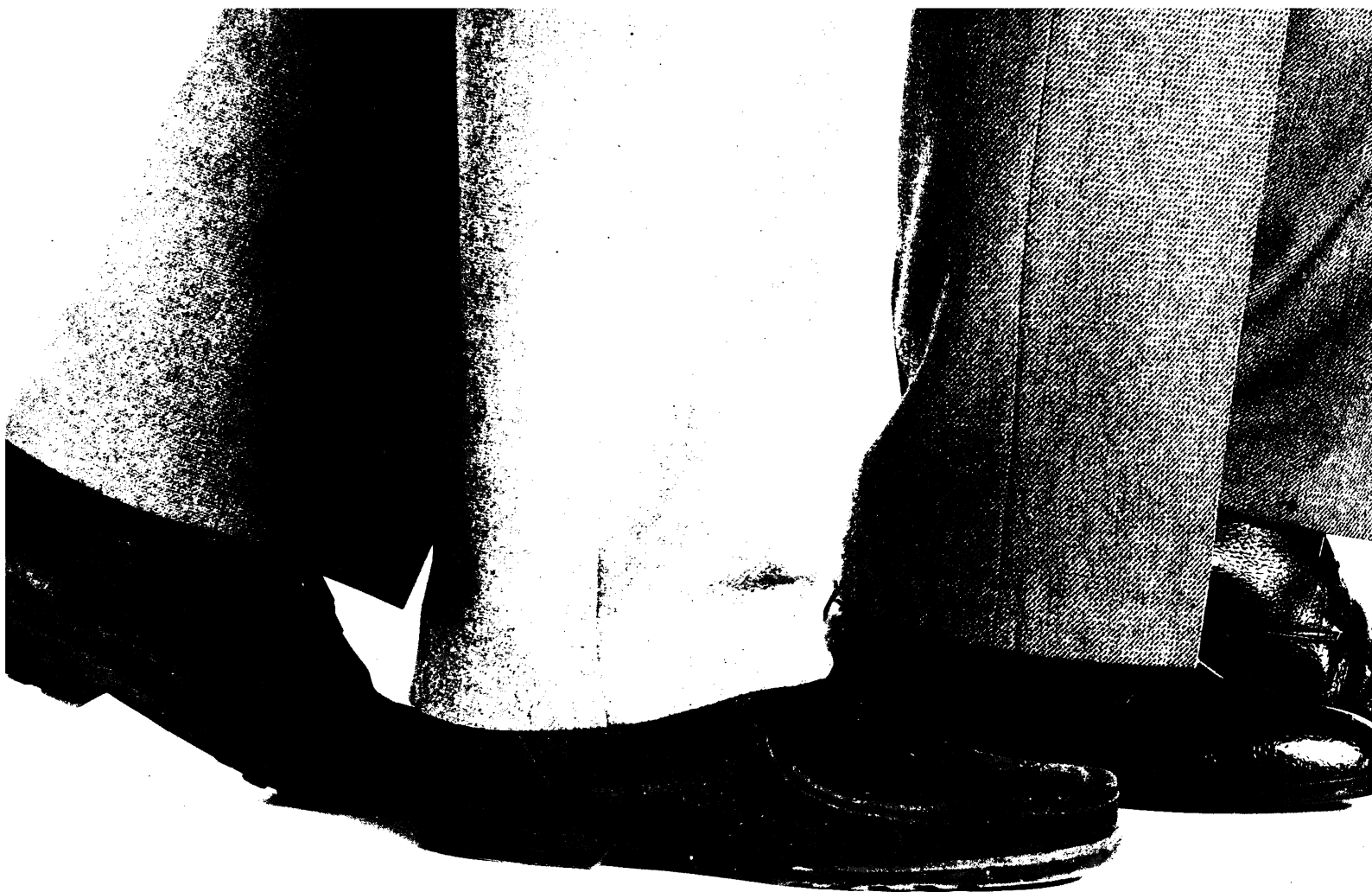
- **DESIGN OF EXPERIMENTS AND SURVEYS**
- **DATA RECORDING FOR A COMPUTER**
- **KEYPUNCHING AND CHECKING**
- **LUCID STATISTICAL ANALYSIS**

Whether you want general advice or assistance with specific technical problems the Clinic can help.

For further information please contact:
Professor Toby Lewis or Jim Paul on 0908-653844,
Statistical Clinic, The Open University,
Walton Hall, Milton Keynes, MK7 6AA.



**IF THE
PRACTICAL BENEFITS OF
ALPHA-BETA BLOCKADE
HAD BEEN APPRECIATED
SEVEN YEARS AGO...**



...THERE WOULD HAVE BEEN PATIENTS WITH COLD HANDS

Patients on beta-blockers may not complain about their cold hands and feet¹ – though 50% of them have been found to suffer from this problem.²

Only Trandate offers beta-blockade with an additional

alpha-blocking action,³ which means fewer problems associated with vasoconstriction or reduced cardiac output.

When therapy is life-long, there is no such thing as a minor problem.

References

1. Vale JA, Jefferys DB. Lancet 1978; 1: 1216.
2. Marshall AJ et al. Br Med J 1976; 1: 1498-1499.
3. Mehta J, Cohn JN. Circulation 1977; 55: 370-375.

Prescribing information

Uses Treatment of all grades of hypertension, including the hypertensions of pregnancy when oral antihypertensive therapy is indicated. Trandate Tablets are also indicated for the treatment of patients with angina pectoris coexisting with hypertension.

Dosage and administration Treatment may start with one 100mg tablet or one 200mg tablet twice daily. In patients already being treated with antihypertensive drugs, the elderly and those of low bodyweight, one 100mg tablet twice daily is more appropriate. If

the blood pressure is not controlled by the initial dosage, increases should be made at intervals of about fourteen days. Many patients have satisfactory blood pressure control on 400mg daily. A twice-daily dosage regimen can be maintained up to a total daily dose of 800mg. However, resistant cases may require higher doses. In these patients it is preferable to administer Trandate three or four times a day to minimise side effects. Trandate Tablets should preferably be taken with food. Trandate therapy is not applicable to children. In hypertensive patients with angina, the dose of Trandate will be that required to control the hypertension.

Contra-indications There are no known contra-indications.

Warnings There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when the treatment was withdrawn. Discontinuation



EEN FAR FEWER DS AND FEET

TWICE DAILY
Trandate

labetalol

Why begin with an ordinary beta-blocker?

of the drug should be considered if any such reaction is not otherwise explicable. Jaundice (both hepatic and cholestatic) has been reported as a rare complication of Trandate therapy. Should it occur, treatment should be stopped since it has been shown to be reversible on stopping the drug.

Precautions Trandate should not be given to patients with uncompensated or digitalis-resistant heart failure or with atrioventricular block. The presence of severe liver disease may necessitate reduced doses of Trandate. Care should be taken in asthmatic patients and others prone to bronchospasm. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

Side effects If the recommended dosage instructions are followed side effects are infrequent and usually transient. Those that have been reported include: headache, tiredness, dizziness, depressed mood and lethargy, difficulty in micturition, epigastric

pain, nausea and vomiting, a tingling sensation in the scalp, and, in a very few patients, a lichenoid rash.

Presentation, Package quantities and Basic NHS cost Trandate Tablets 100mg, Trandate Tablets 200mg and Trandate Tablets 400mg each contain 100mg, 200mg and 400mg labetalol hydrochloride, respectively. In containers of 50 and 250 tablets. Basic NHS cost of 50 Trandate Tablets 100mg is £3.97.

Product licence numbers Trandate Tablets 100mg PL0045/0106, Trandate Tablets 200mg PL0045/0107, Trandate Tablets 400mg PL0045/0109



Further information is available on request from:
Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB

Trandate is a trade mark

PIPRIL

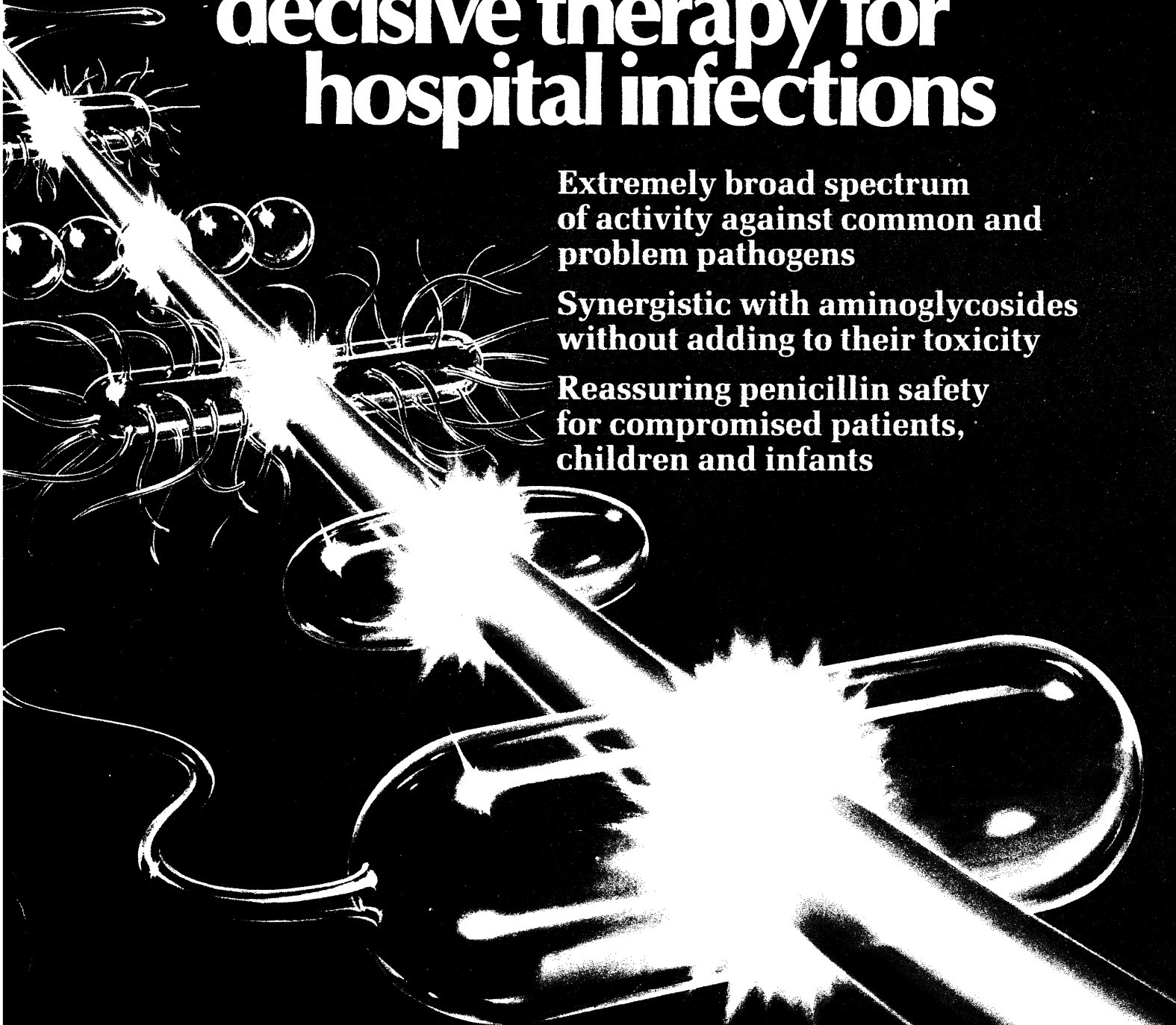
INTRAMUSCULAR/INTRAVENOUS – PIPERACILLIN

decisive therapy for hospital infections

Extremely broad spectrum
of activity against common and
problem pathogens

Synergistic with aminoglycosides
without adding to their toxicity

Reassuring penicillin safety
for compromised patients,
children and infants



Prescribing Information. Indications: Pipril is a broad spectrum bactericidal penicillin for the treatment and peri-operative prophylaxis of systematic or local infections caused by sensitive organisms. **Dosage:** Adult patients with normal renal function should receive 4-8g daily in divided doses for mild or uncomplicated infections. In serious or life-threatening infections 12-16g daily in divided doses. For peri-operative prophylaxis 2g just prior to surgery followed by at least two doses of 2g at four or six hour intervals. Patients with renal insufficiency may need dosage reduction – see Data Sheet. Children 2 months to 12 years of age: 100-300mg/kg daily in three or four divided doses. Neonates and infants under two months of age: 100-300mg/kg daily in two equally divided doses. **Contra-indications:** Penicillin or severe cephalosporin hypersensitivity. **Precautions:** Safety for use in pregnant or lactating women has not yet been established. **Side effects:** Uncommon and typical of injectable penicillins. **Administration:** Pipril is presented as 1g or 2g vials, 4g infusion bottles and 4g infusion packs containing piperacillin as piperacillin sodium. See Data Sheet or package leaflet for full details of preparation and administration. **Product Licence No:** 0095/0073 **Basic NHS Price:** 1g vial £2.63, 2g vial £5.20, 4g vial £10.29, 4g infusion pack £10.96. Further information is available on request.

 **Lederle Laboratories**
Division of Cyanamid of Great Britain Ltd., Fareham Road, Gosport, Hants PO13 0AS (Tel: 0329-236131)

PIPRIL is a trade mark



For today
and tomorrow

Exirel. The selective bronchodilator which^{1,2} relieves the strain on the right heart.

pirbuterol

No matter how effective previous treatment may have been, asthmatics and bronchitics could still progress towards chronic respiratory disease.

Now, even with today's modern management these patients may have a brighter future.

First and foremost, Exirel provides the immediate and sustained relief of bronchospasm asthmatics need. In comparative studies Exirel has also proved to be as effective

as salbutamol,³ and in animal studies has proved to be more selective than salbutamol.⁴ A further benefit of Exirel was seen in patients with disease progression. Recent studies have shown that Exirel reduces the strain on the right heart.^{1,2}

Exirel.
For today's
patient and
tomorrow's.



pirbuterol

* Trade Mark

Prescribing Information. Presentation 1 in metered dose aerosol containing at least 200 inhalations at each actuation delivering 0.2 mg of pirbuterol as the acetate. Exirel capsules containing 10 mg or 15 mg pirbuterol hydrochloride and Exirel syrup containing 1.5 mg/ml pirbuterol hydrochloride are also available. **Indications** Treatment and prophylaxis of bronchial asthma and reversible bronchospasm in bronchitis and emphysema. **Dosage and administration** EXIREL AEROSOL for maintenance and prophylaxis 1 or 2 inhalations (0.2 mg or 0.3 mg) 3 or 4 times daily. Total not to exceed 12 inhalations daily. EXIREL CAPSULES and SYRUP 10 mg or 15 mg administered 3 or 4 times daily. Maximum dosage 60 mg daily for children between the ages of 6 and 12 years, the usual syrup dose is 7.5 mg (5 ml) 4 times daily. **Contraindications** Known sensitivity to sympathomimetic agents. Patients receiving non-specific beta adrenergic blocking agents. **Precautions** As with other sympathomimetic agents. Exirel should be used with caution in patients with thyrotoxicosis, coronary artery disease or cardiac dysrhythmias. Exirel is not recommended in pregnancy and is not presently indicated for children under 6 years of age. **Side effects** Tremors, headaches, nervousness, insomnia, palpitations have been reported infrequently with Exirel usage. **Warnings** If recommended dose fails to maintain effective relief patients should be advised to seek immediate medical attention. **Basic NHS cost** Exirel 200 metered dose aerosol (PL0057/0184) £3.60. Exirel capsules 10 mg (boxed Exirel 10 Pfizer pack of 100) (PL0057/0229) £1.38. Exirel capsules 15 mg (boxed Exirel 15 Pfizer pack of 100) (PL0057/0230) £3.56. Exirel syrup 150 ml (1.5 mg/ml) (PL0057/0208) £1.71. **References** 1 MacNee W. et al (1993) *Brit. Med. J.* 287: 1169-1172. 2 Peacock A. et al (1983) *Brit. Med. J.* 287: 1174-80. 3 Pitts NE. et al (1983) in R.S.M. Int. Congress & Symposium No. 56 London. 4 Moore PF, Constable JW and Barth WE (1978) *J. Pharmacol. Exp. Ther.* 207: 23-410.

Pfizer

Further information is available on request to Pfizer Limited, Sandwich, Kent.

'Fenbid'. Arthritis th

Conventional arthritis therapy can result in large variations in drug serum levels. If the levels fall too low an adequate effect may not be achieved. If they are too high, side effects are more likely.

'Fenbid' is a sustained-release preparation of



PRESCRIBING INFORMATION. **Presentation** — 'Fenbid' Capsules, PL 0002/0111, each containing 300 mg ibuprofen in sustained-release form. 120, £8.40. **Indications** — Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, other seronegative (non-rheumatoid) arthropathies; acute periarticular disorders; relief of mild to moderate pain in sprains, strains, low back pain, dysmenorrhoea; dental and post-operative pain. **Dosage** — Adults and children over 12 years: Start with 2 capsules night and morning. May be increased to 3 capsules b.d. until acute phase is controlled. Maintenance: 1 or 2 b.d. Do not chew or suck capsules or pellets. Capsule may be opened and pellets mixed with soft food. **Contra-indication** — Active peptic ulceration. **Cautions** — Gastrointestinal disease (but may be tolerated in patients with intolerance to other anti-rheumatic drugs); actual, or history of, bronchial asthma. Monitor

therapy on the level.

ibuprofen formulated to reduce these highs and lows.
'Fenbid' provides effective relief of symptoms. And is at least as well tolerated as conventional ibuprofen.

Effective and well tolerated; a dosage that is simple and convenient. Arthritis therapy on the level.



Fenbid

SUSTAINED RELEASE IBUPROFEN



2x300mg caps bid

prothrombin time daily for first few days in patients on anticoagulant therapy. Pregnancy and lactation. **Adverse reactions** — Gastrointestinal upsets, rash, headache, nervousness, tinnitus, oedema. Rarely gastrointestinal haemorrhage. Blurred vision, toxic amblyopia, thrombocytopenia, oliguric renal failure reversed on stopping treatment. **Overdosage** — Treatment: maintain normal blood pressure, correct electrolyte imbalance; consider emesis in children and gastric lavage in adults; symptomatic measures. **Legal category** — POM. 2.11.83. Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. 'Fenbid' is a trade mark. © 1983 Smith Kline & French Laboratories Limited. FN:AD23.

SK&F

Two years ago, Britain couldn't afford to treat children like this.



Matthew is five years old and suffers from a rare muscular disorder. He's connected to a microcomputer. But to him, it's more like a sports coach.

As he tries to control his muscles, it responds. And as he gains control, it encourages him to continue making headway by setting him increasingly higher goals.

With this system, physically handicapped children have overcome the tedium of doing their exercises and actually started to enjoy them.

It was conceived by an imaginative physiotherapist from Huntingdon Health Authority. She knew nothing about computers, but had all the right instincts.

She had an inkling that microcomputers could help children to persevere in their exercises. And she realised that, with the plummeting cost of technology, computers were becoming widely used in primary and secondary schools.

This meant she would be able to treat her young patients during the course of their normal routine. And without any heavy financial burden on the Health Service.

She collaborated with a team of experts. And they focused their thoughts on the BBC Microcomputer.

In their own words, it was the only computer for the job.

For one thing, availability would rarely be a problem. Because the BBC Micro now accounts for over 80% of the computers being ordered under the current D.O.I. scheme to introduce micros to primary schools.

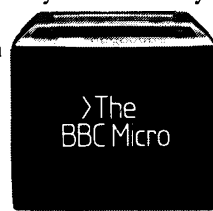
Equally important, it readily accepts specialised and even unorthodox equipment. Indeed, adaptability to fulfil many roles is at the very core of its design.

That is why, besides being used in many homes, it is performing diverse roles in offices, hospitals and research laboratories.

Perhaps what is most encouraging, though, is what the physiotherapist has demonstrated. The BBC Micro is open to ideas from people in all walks of life.

In fact, at £399, no other computer in its price range is at home in so many situations.

(If you have any suggestions for new or unusual applications, you're welcome to write to the External Projects Director at the address below.)



Freedom to lead a more active life

Inhaled four times daily

- * Reduces the frequency of asthmatic attacks.¹

- * Inhibits mast cell mediator release.²

- * Improves baseline respiratory function.³

Thus regular treatment with bronchodilator aerosols provides better control of asthma than symptomatic use alone.¹



Regular Inhaled

Ventolin

(Salbutamol BP)

Mastery of the airways

1. Shepherd GL, Hetzel MR, Clark TJH. Br. J. Dis. Chest 1981; 75:215-7. 2. Butchers PR et al. Br. J. Pharmac. 1979; 67:23-32. 3. Millar AB, Clarke SW. The Physician 1983; 6:21-26.

Prescribing information

Uses

Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exertion to prevent exercise-induced asthma or before exposure to a known unavoidable challenge.

Dosage and administration

As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm.

Using Ventolin Inhaler - **Adults:** 1 or 2 inhalations. **Children:** 1 inhalation increasing to 2 if necessary.

For chronic maintenance or prophylactic therapy

Using Ventolin Inhaler - **Adults:** 2 inhalations three or four times a day.

Children: 1 inhalation three or four times a day increasing to 2 inhalations if necessary.
For optimum results in most patients inhaled Ventolin should be administered regularly.

Contra-indications

Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester

Precautions

If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable.

Side effects

No important side effects have been reported following treatment with inhaled Ventolin.

Presentation and Basic NHS cost

Ventolin Inhaler is a metered-dose aerosol delivering 100 micrograms Salbutamol BP per actuation. Each canister contains 200 inhalations. Basic NHS cost £3.00.

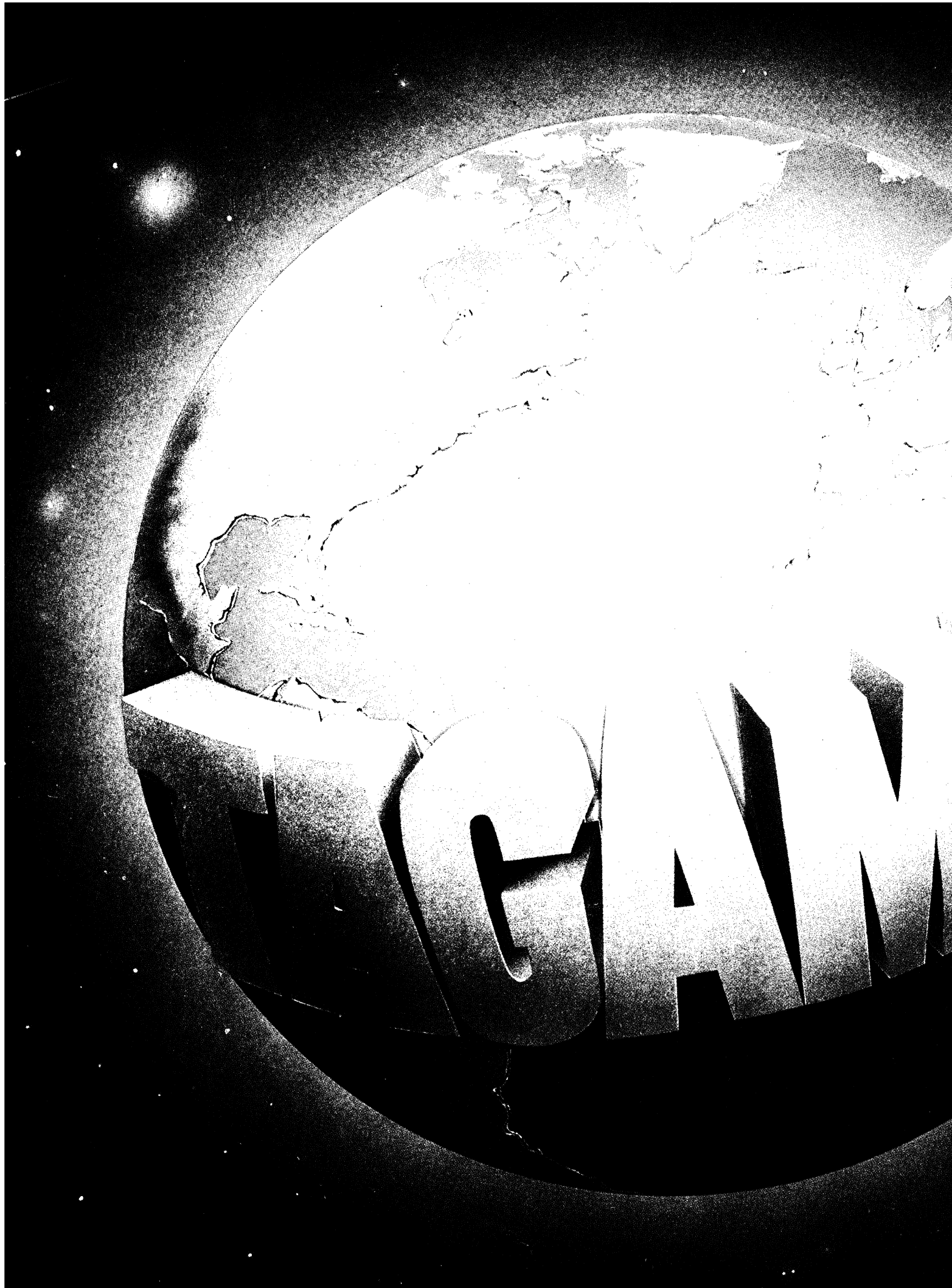
Product licence number

Ventolin Inhaler 0045/5022



Further information is available on request from:

Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB. Ventolin is a trade mark.



Terra firma

Proven effective over several years of widespread clinical experience, 'Tagamet' is a known quantity in peptic ulcer treatment.

With 'Tagamet', 25 million patients ahead of the less experienced newcomers, you're on familiar ground.

Tagamet
cimetidine



THOROUGHLY EXPLORED

puts you in control of gastric acid

Prescribing Information

Presentations Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine. 58, £16.61. Tagamet Tablets, PL 0002/0063, each containing 200 mg cimetidine. 500, £74.15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £8.17.

Indications Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendeleon's) syndrome; malabsorption and fluid loss in short bowel syndrome; Zollinger-Ellison syndrome.

Dosage Usual dosage: Adults. Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks to prevent relapse. 400 mg at bedtime and 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced

gastrointestinal haemorrhage, up to 2 g a day divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup. Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and short bowel syndrome, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day).

N.B. For full dosage instructions see Data Sheet.

Cautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.

Adverse reactions Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pericarditis.

Legal category POM. 21.7.83



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An important additional benefit for Hypovase*



...restoring the plasma lipid ratio.

Already firmly established as a booster therapy in hypertension and in the treatment of congestive heart failure, Hypovase has now been shown to have an additional beneficial property... the restoration of the plasma lipid ratio.¹

This is important because the use of the first line anti-hypertensives such as β -blockers and diuretics has not reduced the incidence of ischaemic heart disease (IHD).²⁻⁵

One possible reason is that their beneficial effects on blood pressure, one risk factor for IHD, have been offset by their

effect on another major risk factor – the plasma lipid ratio (HDL: LDL & VLDL).⁶⁻⁹

Hypovase when added to these first line anti-hypertensives restores the plasma lipid ratio, providing yet another good reason for adding Hypovase to your first line therapy.

Hypovase*

prazosin HCl

a dual role in hypertension,
an important role in congestive
heart failure.

Prescribing Information: Indications Hypertension of varied aetiology and all grades of severity, congestive heart failure of moderate to severe degrees. **Contra-indications** Sensitivity to Hypovase. **Precautions** A low initial dose and gradual titration is recommended. A small percentage of patients may react more rapidly and to a greater extent than the majority. In some cases this has led to sudden loss of consciousness generally lasting a few minutes. Subsequent treatment may be satisfactory. Hypovase is not recommended in pregnancy, during lactation or in children under 12 years of age. **Side Effects** Dizziness, drowsiness and lack of energy are the most common. **Dosage: Congestive Heart Failure** Suggested Initial Daily Dose Range: 0.5mg increasing to 1.0mg t.i.d., or q.i.d. Usual Daily Maintenance Dose:

4.0mg to 20mg in divided doses. **Hypertension** Starting dose 0.5mg two to three hours before retiring; thereafter up to 20mg/day in divided doses. Twice daily dosing is usually adequate. **Basic N.H.S. Cost** 0.5mg tablet (PL57/0149) pack of 100, £4.08; 1mg tablet (PL57/0106) pack of 100, £5.25; 2mg tablet (PL57/0107) pack of 100, £6.98; 5mg tablet (PL57/0108) pack of 100, £15.58. Also available is a b.d. Starter Pack, for hypertension only, containing 8 x 0.5mg and 32 x 1mg Hypovase tablets, £2.70. **REFERENCES:** 1. Leren, P., Eide, I., Foss, O. P., Helgeland, A., Hjermann, I., Holme, I., Kjeldsen, S. E., The Oslo Study, Lancet, July 5th, 1980; 2: 4-6. 2. Medical Research Council Working Party, Lancet 1981, II, 539-543. 3. Veterans Administration Co-operative Study Group,

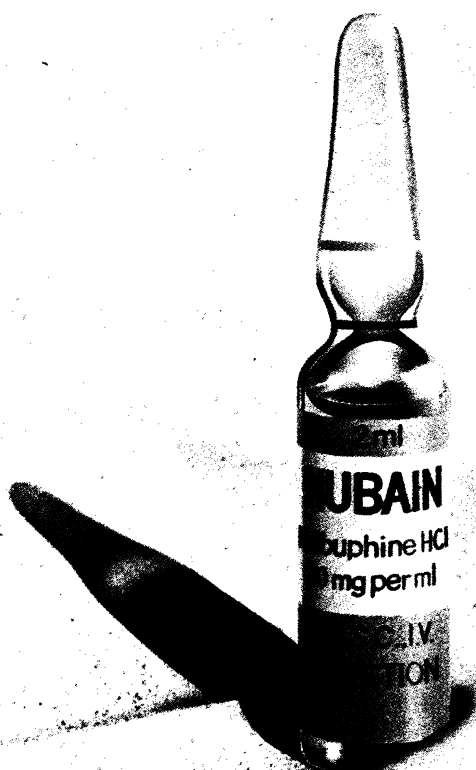
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Full information on request.
Pfizer Ltd., Sandwich, Kent.
*Trade Mark.



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An effective strong analgesic



- ☐ Low incidence of nausea and vomiting^{1,2,3}
- ☐ Demonstrated ceiling effect to respiratory depression⁴
- ☐ No significant adverse clinical effect on the cardiovascular system^{5,6,7}
- ☐ Low incidence of psychotomimetic effects^{2,8,9,10}
- ☐ Not a Controlled Drug

NEW
NUBAIN[®]
nalbuphine hydrochloride

"Thus, nalbuphine appears to offer a useful alternative to morphine in patients with moderate to severe pain."

Estick JF and Hart RC. Nalbuphine. Drug Evaluation. Drugs 1983 26:191-211

* Copies of complete article available from Du Pont Pharmaceuticals
Widgwood Way, Stevenage, Herts SG1 4QH. Tel: Stevenage (0438) 734599



For prescribing information, refer to the package insert.



Prescribing Information

Presentation:

An ampoule containing a clear colourless sterile aqueous solution of 20mg nalbuphine hydrochloride in 2ml.

Uses:

Nubain injection is indicated for the relief of moderate to severe pain. It can also be used for pre- and post-operative analgesia.

Dosage and Administration:

Nubain injection may be administered subcutaneously, intramuscularly or intravenously. The usual recommended dosage is 10mg/20mg for a 70kg individual. The dosage should be adjusted according to the severity of pain, physical status of the patient and other medications the patient may be receiving.

Contra-indications, Warnings and Precautions:

Contra-indications: Nubain should not be administered to patients who are hypersensitive to it.
Warnings: Drug dependence: Nubain has low abuse potential. However, caution should be observed in prescribing it for emotionally unstable patients or for patients with a history of opioid abuse. When Nubain is selected for the control of chronic pain, its suggested prolonged activity may delay the need for larger or more frequent doses. Abrupt discontinuation of Nubain following prolonged use has been followed by symptoms of opioid withdrawal. Use in ambulatory patients: Nubain may impair the mental or physical abilities required for the performance of potentially dangerous tasks such as driving a car or operating machinery. Therefore, Nubain should be administered with caution to ambulatory patients who should be warned to avoid such hazards. Use in children: Because clinical experience in children under the age of 12 is limited, the administration of Nubain in this age group is not recommended. Use in pregnancy: Safe use of Nubain in pregnancy (including labour) has not been established. Although animal studies have not revealed teratogenic or embryotoxic effects, nalbuphine should only be administered to pregnant women when, in the judgement of the physician, the potential benefits outweigh the possible hazards. Nubain should be used to provide analgesia in patients with head injury and increased intracranial pressure only when essential, and then should be administered with extreme caution. Patients receiving an opioid analgesic, general anaesthetic, phenothiazine or other tranquillizer, sedative, hypnotic or other CNS depressant (including alcohol) concomitantly with Nubain may exhibit an additive effect. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Precautions: Caution should be observed in administering the drug to patients with impaired respiration, or with other medications which produce respiratory depression. In the presence of bronchial asthma, uraemia, severe infection, cyanosis or respiratory obstruction, Nubain should be administered with caution and in reduced doses. Safety for use in myocardial infarction has not been established. Nubain should be used with caution and administered in reduced amounts in patients with impaired renal or hepatic function.

Adverse Effects:

The most frequently seen reaction to Nubain is sedation. Less frequent are sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache. Rarely seen are CNS effects such as nervousness, depression, confusion and dysphoria. Also reported have been hyper- and hypotension, bradycardia, tachycardia, dyspepsia, gastrointestinal cramps, itching, urticaria, speech difficulty, blurred vision and flushing.

Management of overdosage. The immediate intravenous administration of Narcan (naloxone hydrochloride) is a specific antidote. Oxygen, intravenous fluids, vasopressors and other supportive measures should be used as indicated.

Pharmaceutical Precautions:

Protect from light. Store at room temperature (15-30°C).

Legal Category: Prescription Only Medicine.

Package Quantities: Nubain ampoules each containing 2ml are supplied in boxes of 10 ampoules.

Further information: Nil.

Product Licence Number: 4524/0003.

Basic NHS Cost: £11.60 per box of 10 x 2ml ampoules.

Date of Preparation: August 1983.

References

1. Fragen R, Caldwell N. Acute intravenous premedication with nalbuphine. *Anesth Analg* 1977;56:808-12.
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3. Data on file, Du Pont Pharmaceuticals (UK) Ltd.
4. Romagnoli A, Keats AS. Ceiling effect for respiratory depression by nalbuphine. *Clin Pharmacol Ther* 1980;27:478-85.
5. Romagnoli A, Keats AS. Comparative haemodynamic effects of nalbuphine and morphine in patients with coronary artery disease. *Bull Tex Heart Inst* 1978;5(1):19-24.
6. Lake C et al. Cardiovascular effects of nalbuphine in patients with coronary or valvular heart disease. *Anesthesiology* 1982;57:498-503.
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10. Tammisto T, Tigerstedt I. Comparison of the Analgesic Effects of Intravenous Nalbuphine and Pentazocine in Patients with Postoperative Pain. *Acta Anaesth Scand* 1977;21:390-394.

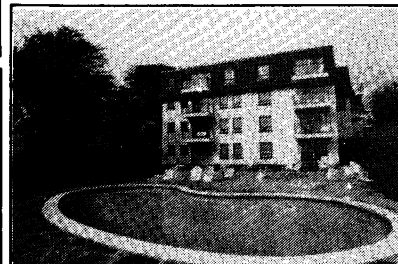
Further information is available on request from the Company.

Du Pont (UK) Ltd, Pharmaceuticals, Wedgwood Way, Stevenage, Herts SG1 4QN.

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PHILIP RHODES

Faced with increasing competition and even the prospect of unemployment young doctors need sound advice on how they should plan their careers. This series of articles by Professor Philip Rhodes, begins with advice to preregistration house officers and then considers the choice open to them after registration. There are sections on study leave, applying for jobs, and interviews, and chapters giving special advice to women and overseas doctors. Examinations, research, teaching, administration, and postgraduate education are also covered.

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In a recent multicentre trial, over 12 weeks, a satisfactory response was obtained in 81% of patients.
Ref: 1 May & Baker Ltd. data from 1625 patients analysed to date (Sept 1983). Prescribing information appears overleaf.

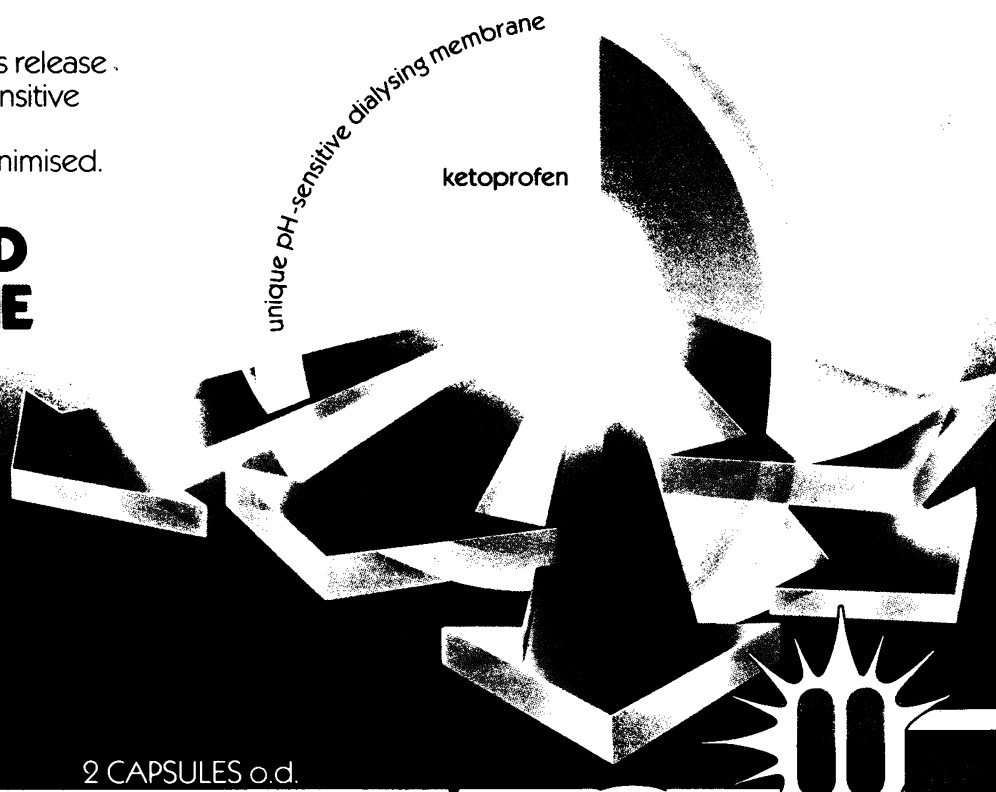
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Oruvail

controlled release ketoprofen

your assurance of success in arthritis

Dosage Orally with food, 100-200mg once daily. **Indications** Rheumatological disorders, including osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, acute musculoskeletal conditions and dysmenorrhoea. **Contra-indications** Peptic ulceration, chronic dyspepsia; use in children; use in patients sensitive to aspirin or other non-steroidal anti-inflammatory drugs known to inhibit prostaglandin



M&B May & Baker

synthetase or with bronchial asthma or allergic disease. **Precautions** Pregnancy, lactation. Concomitant administration of protein-bound drugs. **Side-effects** Occasional gastro-intestinal intolerance, very rare gastro-intestinal haemorrhage/skin rashes. **Presentation** 100mg capsules PL 0012/0143. **Basic NHS Cost** (Aug '83) 100 x 100mg capsules £17.98. Oruvail is a trade mark. Further information is available on request. May & Baker Ltd., Dagenham, Essex RM10 7XS.

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .

- rely on acid reduction alone
- rely on pepsin reduction alone
- rely on mucosal protection alone
- profoundly affect intragastric pH

Gastrozepin DOES . . .

- relieve daytime pain
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- heal peptic ulcers with one 50 mg tablet b.d.

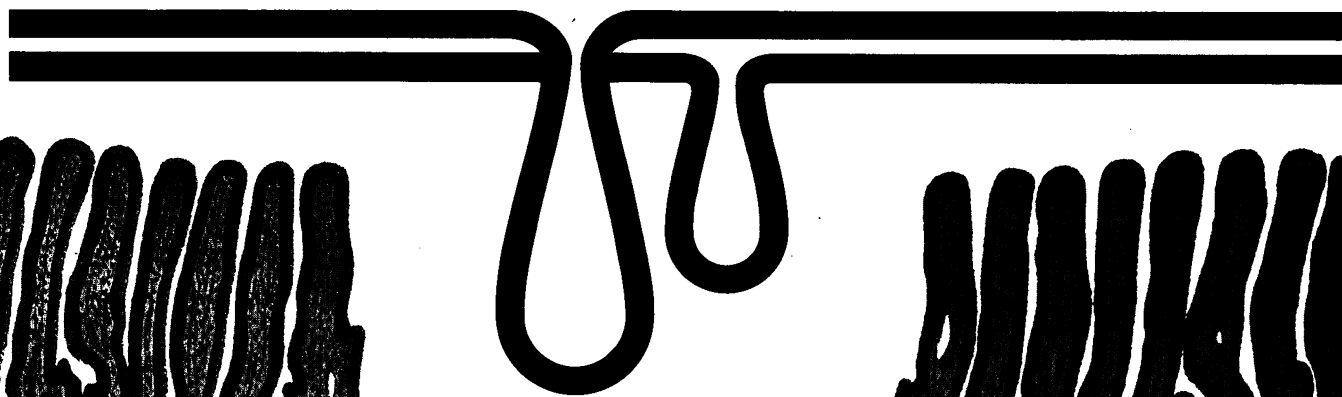
For the treatment of peptic ulcer

Twice daily


GASTRO SELECTIVE

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pirenzepine



The gastro-selective
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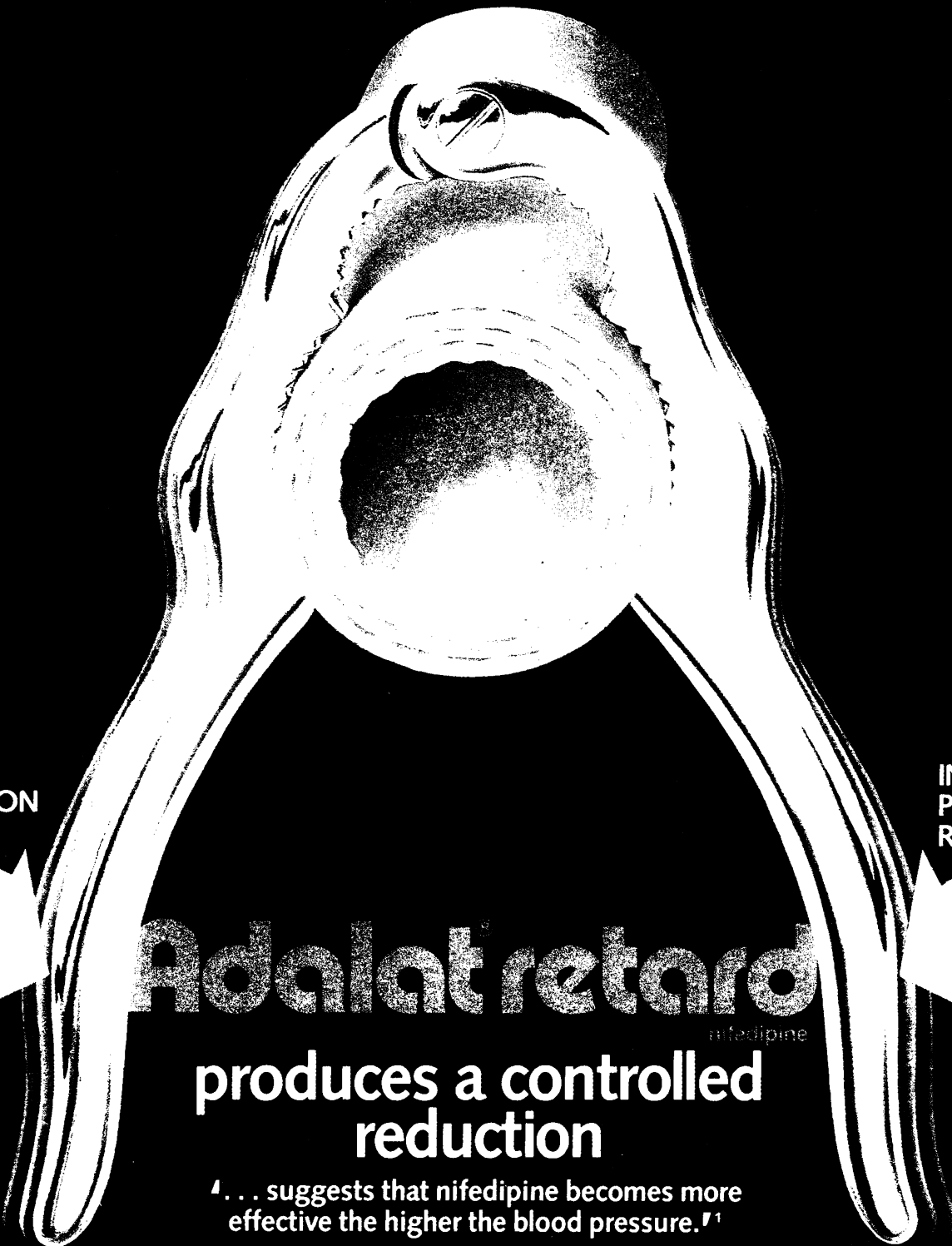
Prescribing Information; Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol . **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal

experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. **Side effects:** occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20.50. **Product Licence No.:** 50 mg tablets, PL0014/0260.

 Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark

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INCREASED
PERIPHERAL
RESISTANCE

Adalat retard
nifedipine

**produces a controlled
reduction**

**'... suggests that nifedipine becomes more
effective the higher the blood pressure.'¹**

Prescribing Information. Presentation: Pink-grey coated tablets each containing 20mg nifedipine. Indications: For the treatment of hypertension. Dosage and Administration: The recommended dose for Adalat Retard is one 20mg tablet twice daily and if necessary a further tablet may be taken according to the patient's response. Treatment may be continued indefinitely. Contra-Indications: Must not be given to women capable of child bearing. Warnings and Precautions: Adalat Retard is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal, any such withdrawal should be by gradual reduction of the dose of beta-blocker, preferably over 8-10 days. Adalat Retard may be used in combination with beta-blocking drugs and other anti-hypertensive agents, but the possibility of an additive effect resulting in postural hypotension should be borne in mind. Adalat Retard will not prevent possible rebound effects after cessation of anti-hypertensive therapy. Adalat Retard should be used with caution in patients whose cardiac reserve is poor. Ischaemic pain has been reported in some patients, commonly within 30 minutes of the introduction of nifedipine therapy. Patients experiencing this effect should discontinue nifedipine. The use of nifedipine in diabetic patients may require adjustment of their control. There is no known drug incompatibility. Side Effects: Adalat Retard is well tolerated. Minor side-effects, usually associated with vasodilatation are mainly headache, flushing and lethargy. These are transient and invariably disappear with continued treatment. Overdosage – standard measures such as atropine and noradrenaline may be used for resultant bradycardia and hypotension. Intravenous calcium gluconate may be of benefit. Pack Quantities: Adalat Retard tablets are available in foil strips of 10 in packs of 100. Daily Treatment Cost: 39p. Product Licence Number: Adalat Retard UK: PL0010/0078.

Further information is available from:

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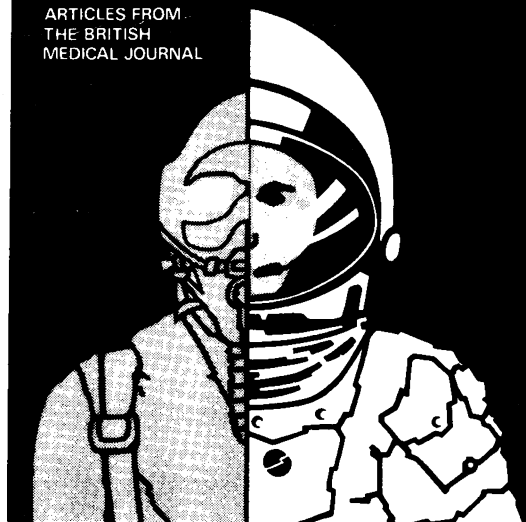
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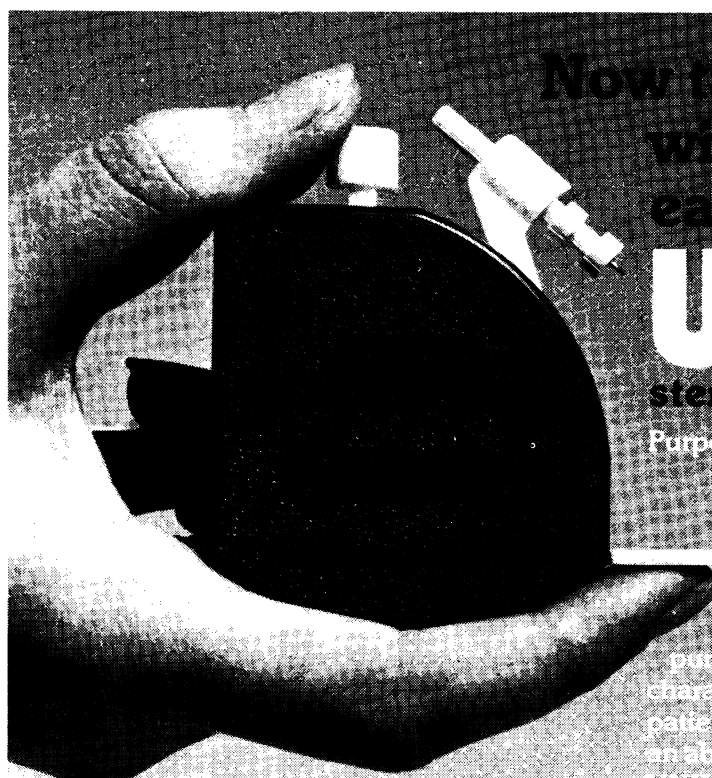
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