

a troublesome problem
in modern gynaecology

Candida vaginitis during menstruation

menstruation creates favourable conditions
for *Candida albicans*

The modern approach:

Nizoral TRADEMARK

ketoconazole

**just 2 oral tablets daily
with a meal
for 5 days.**

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. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment. Ketoconazole, when given together with cyclosporin A results in increased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly. Ketoconazole 200 mg once daily produces a transient decrease in plasma levels of testosterone. During long term therapy at this dose, testosterone levels are usually not significantly different from controls. In rare instances, gynaecomastia has been reported.



ALCOHOL PROBLEMS

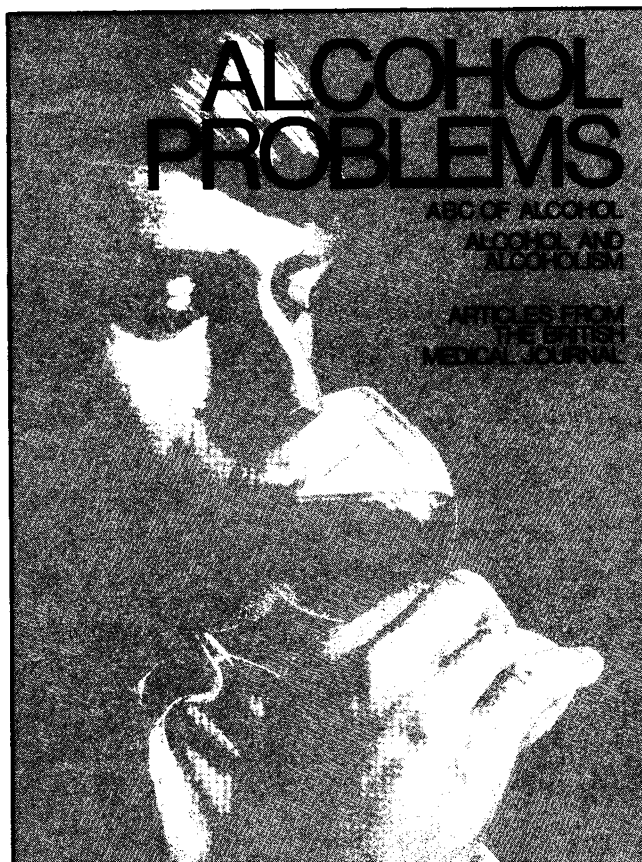
In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism, 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 £5.50
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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



Who's afraid of
going upstairs?

Your angina patients

Transiderm[®]-Nitro

glyceryl trinitrate

One patch a day for the prophylaxis
of angina attacks

Prescribing Notes: **Presentation** Transiderm-Nitro 5 and 10 are transdermal drug delivery systems, comprising respectively 10cm² and 20cm² self-adhesive, pink-coloured patches, containing a drug reservoir of glyceryl trinitrate. **Indication** Prophylactic treatment of attacks of angina pectoris, as monotherapy or in combination with other anti-anginal agents. **Dosage** One Transiderm-Nitro 5 patch is to be applied every 24 hours. If a higher dose is required a Transiderm-Nitro 10 patch may be substituted. 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, rapidly 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** Hypersensitivity to nitrates, severe hypotension, marked anaemia, increased intraocular or intracranial pressure. **Packs** Boxes of 30 patches. Transiderm-Nitro 5 (PL0001/0094), basic NHS price 64.4p per day. Transiderm-Nitro 10 (PL0001/0095), basic NHS price 70.9p per day * denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

Geigy

