

Nizoral

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

a troublesome problem in modern gynaecology

Intact hymen and Candida vaginitis

an intact hymen makes topical therapy impossible or inadequate

Prescribing information

Presentation: white, fit, half scored uncoated tablets marked "Janssen" on one side and K/200 on the reverse. Each tablet contains 200 mg ketoconazole. Uses: Bleasend is an orally active animycost for the treatment in adults of vaginal candidosis, superficial and systemic mycoses including dermatophyte and yeast infections of the skin, half and nalls, yeast infections of the mouth and G.I-tract. Also maintenance treatment of systemic mycoses and chronic mucocutaneous candidost and prophylasis in "at risk" pasients. In individence systemic mycoses and severe local infections where previous topical treatment has failed.

contra-indicated in pregnancy. For maximal absorption Nilmaral should be taken with mesis. The use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids. Hy-blockers) should be avoided and, if indicated, such drugs should be taken not less than two hours after fillmaral. Alwasea, skin rash, headache and pruritus may occasionally be observed. Alwasea, skin rash, headache and pruritus may occasionally be observed. Alwasea, 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 threaty. If a patient develops plundice or any symptomic discontinuation of the rearrainer with tetoconazole, when given together with cyclospori A results in inoreased blood levets of cyclosporin A. it is important that blood levets of cyclosporin A are monitored if the two drugs are given concomitantly. Retoconazole 200 mg once daily produces a transient decrease in plasma levets of testosterone. During long term threaty at this dose, testosterone levets are usually not significantly different from controls. In rare instances, gynaecomastia has been reported.



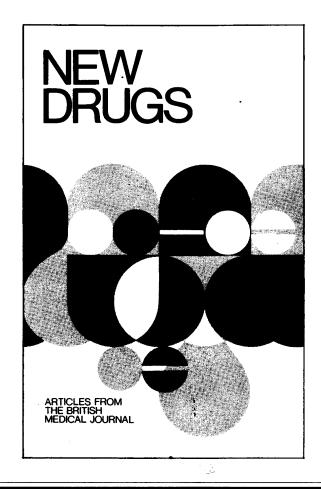
NEW DRUGS

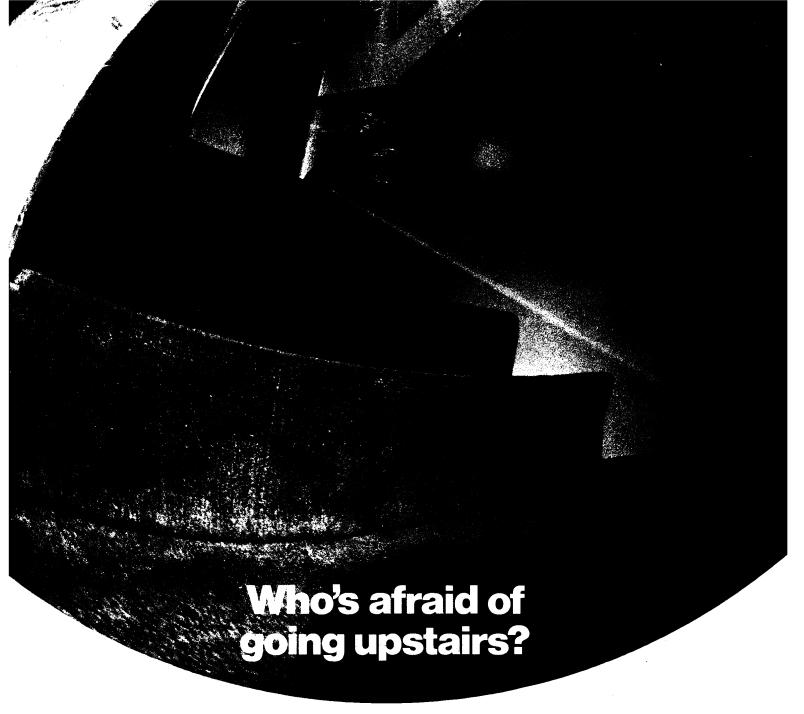
In the past few years the number of important new drugs and our understanding of pharmacology have continued to increase. Reliable and unbiased information on the therapeutic use of these agents is, however, not always readily available. Articles recently published in the BMJ on entirely new groups of drugs – H₂ receptor antagonists, calcium antagonists, captopril – and on new members of groups of drugs already available – beta-blockers, tranquillisers, hypnotics, diuretics – fill this gap and are now collected together in book form. Busy practitioners will find that this comprehensive review allows them to make a more rational choice of treatment.

Price: Inland £6.50; Overseas £7.50/USA\$13.00 (Inland £6.00; Overseas £7.00/USA\$12.00 to BMA members) Despatched by air overseas

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Your angina patients

Transiderm-Nitro

glyceryl trinitrate

One patch a day for the prophylaxis of angina

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 10 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. It acute attacks of angina pectoris occur, rapidly acting nitrate preparations may be required. Side-effects Headache may occur and usually regresses after a few days. Reflex tachycardia can be controlled by concommant treatment with a beta-blocker. Postural hypotension, nausea and dizziness occur rarely. Allergic skin reactions, a local mild litching 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 Pregnancy and lactation; recent myocardial infarction, acute heart failure. As with all anti-anginal nitrate preparations, withdrawal of treatment should be gradual, by replacement with decreasing doses of long-acting oral nitrates. The system should be removed before cardioversion or DC defibrillation is attempted. Contra-indications Hypersensitivity to nitrates, severe hypotension, marked anaemia, increased intraocular or intracranial pressure. Packs 80xe 3.00 packers. Transiderm-Nitro 5.010.00/10/0941 bases.

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Transiderm-Nitro 10mg/24hrs.

Transiderm-Nitro 5mg/24hrs.