



a troublesome problem  
in modern gynaecology

# Intact hymen and *Candida* vaginitis

an intact hymen makes topical therapy  
impossible or inadequate

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.

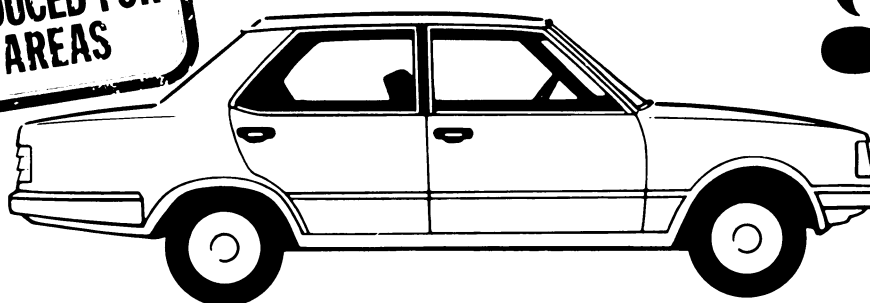
**Side-effects, precautions, contra-indications:** contra-indicated in pregnancy. For maximal absorption *Nizoral* should be taken with meals. The use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H<sub>2</sub>-blockers) should be avoided and, if indicated, such drugs should 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. 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.



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BMJ/84

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# ALCOHOL PROBLEMS

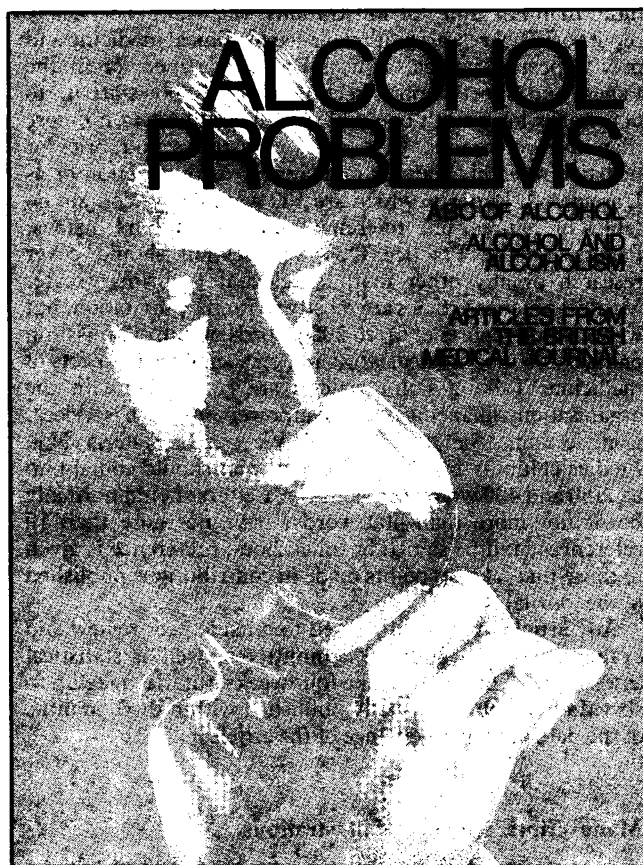
In recent years alcohol problems have increased dramatically and the thinking on them has undergone a revolution. Alcohol Problems brings together two series of articles published in the *BMJ*—the ABC of Alcohol, with its emphasis on straightforward advice for the clinician, and Alcohol and Alcoholism,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

# Tea and sympathy?



Diarrhoea is often a self-limiting affair.  
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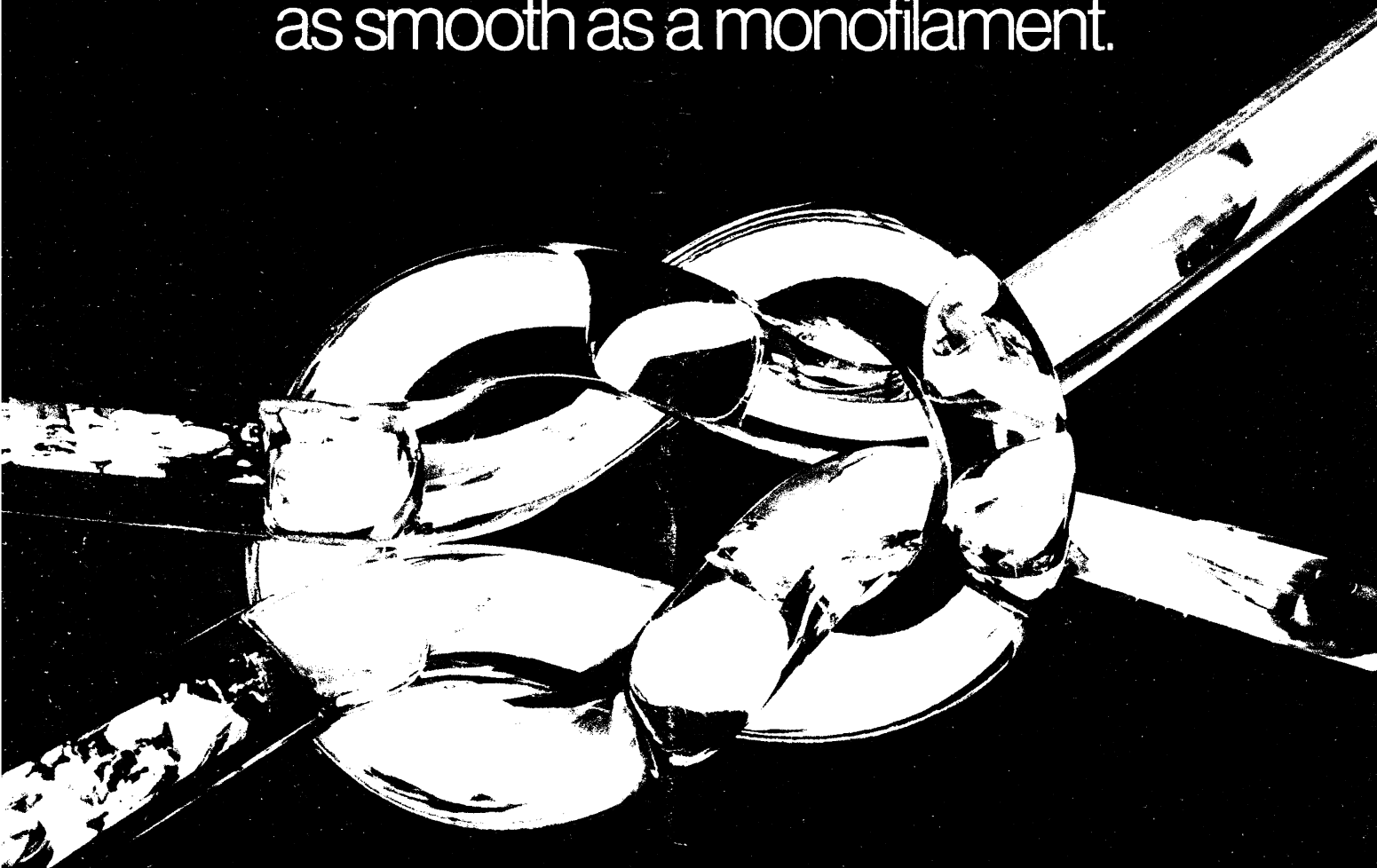
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**composition:** 2 mg loperamide hydrochloride (R 18 553) per capsule and per ml of drops; 0.2 mg loperamide hydrochloride (R 18 553) per ml of oral solution. **properties:** Pharmacological studies have shown Imodium to be a highly potent, long-acting and specific antidiarrhoeal. Imodium inhibits propulsive intestinal peristalsis by its direct peripheral effect on the gastro-intestinal wall. In animal studies central nervous system effects were only observed at doses far above the recommended therapeutic doses for man. However, the naloxone pupil test, which indicates opiate-like effects, was negative in patients treated with a single high dose or after more than two years of therapeutic use of Imodium. Imodium is easily absorbed from the gut, but it is almost completely metabolized in the liver where it is conjugated and excreted via the bile. Imodium is mainly eliminated via the faeces. Plasma and urinary levels are very low, when the liver function is normal. From clinical studies it is evident that Imodium may be used effectively and safely for the treatment of acute and chronic diarrhoea. **indications:** Imodium is indicated for the symptomatic control of acute and chronic diarrhoea. In patients with an ileostomy it can be used to reduce the number and volume of stools and to harden their consistency. **contra-indications:** Imodium must not be used: 1. when inhibition of peristalsis is to be avoided, 2. when the hepatic function, necessary for the drug's metabolism, is defective, which might result in a relative overdose (e.g. in case of severe hepatic disturbances). For the same reason, and as a precaution, it is advised not to administer Imodium to infants (under 12 months). **side-effects:** If one excludes the above-mentioned contra-indications, no side-effects have been observed, apart from a few cases of dry mouth. This is true even after prolonged administration. **measures to be taken in case of overdose:** In case of overdose, the following side-effects may be observed: constipation and neurological symptoms (myosis, muscular hypertonia, somnolence and bradypnoea). If intoxication is suspected Naloxone can be given as an antidote. Since the duration of action of Imodium is longer than that of Naloxone, the patient should be placed under constant observation for at least 48 hours in order to detect a possible depression of the central nervous system. **dosage:** Adults and children over 5 years of age: - acute diarrhoea: the initial dose is 2 capsules for adults and 1 capsule for children, followed by 1 capsule after any subsequent loose stool. - chronic diarrhoea: the initial dose is 2 capsules daily for adults and 1 capsule daily for children, this initial dose will be adjusted until 1-2 solid stools a day are obtained, which is usually achieved with a maintenance dose of 1-6 capsules daily. The maximum dose for acute and chronic diarrhoea is 8 capsules daily. **Children 1 to 5 years of age:** 1 drop per kg bodyweight, 2 or 3 times daily; 1 measuring cap of oral solution (= 5 ml) per 10 kg body weight, 2 or 3 times daily. As soon as normal stools are obtained the dose must be gradually reduced; if constipation occurs the treatment should be stopped. **how supplied:** 6 and 60 capsules each containing 2 mg loperamide hydrochloride; dropper bottle containing 10 ml at 2 mg loperamide hydrochloride per ml, 30 and 100 ml oral solution containing 0.2 mg loperamide hydrochloride per ml. **warning:** Should be kept out of children's reach.

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