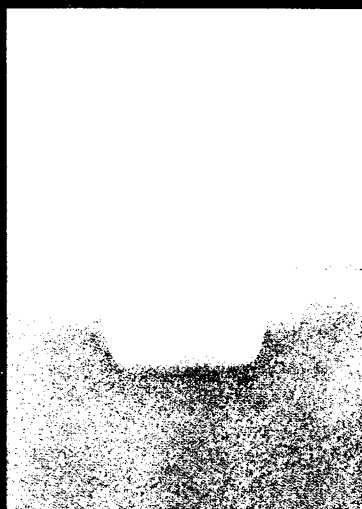


Nizoral^{TRADEMARK}

(ketoconazole) (tablets)

over 3 million
prescriptions
world-wide:

the new beginning
in antifungal therapy.



Doctors and patients around the world are discovering the modern simplicity of Nizoral oral therapy. Common but problematic fungal infections

can now be treated effectively and conveniently. Typically, in recurrent *Candida* vaginitis, 2 oral tablets once daily for 5 days is all it takes today to effectively cure the problem.



the drug discovery company

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.

Oxford Textbook of Public Health

Edited by Walter W. Holland, Roger Detels, and George Knox

This is a major new international reference textbook for postgraduate students and all those concerned with the formulation and execution of public health policy.

Vol 1: 0 19 261369 3, 292 pp.

Vol 2: 0 19 261447 9, 224 pp.

Vol 3: 0 19 261448 7, 516 pp., forthcoming June 1985

Vol 4: 0 19 261449 5, 483 pp., forthcoming June 1985

£25 each (available separately)

Brain's Clinical Neurology

Sixth edition

Sir Roger Bannister

This widely acclaimed and highly readable textbook has been fully updated and revised—particularly the sections on dementia, cerebrovascular disease, assessment of coma, and brain death. Exciting new developments in the field are covered.

0 19 261455 X, £30, 576 pp., illus. (inc. 8 pages colour plates)

0 19 261454 1, £12.50, Paperback

Oxford Textbook of Clinical Pharmacology and Drug Therapy

D. G. Grahame-Smith and J. K. Aronson

This practical and stimulating approach to drug therapy provides a novel framework for interrelating the pharmacokinetics of a drug, its pharmacological actions, and its therapeutic effects in patients in the treatment of disease.

0 19 261492 4, £25, 816 pp., illus.

0 19 261172 0, £12.50, Paperback

Oxford Handbook of Clinical Medicine

R. A. Hope and J. M. Longmore

A practical compendium on all aspects of medicine which fits neatly into the pocket. Each topic is on a separate page for quick and easy reference, and alternate pages are left blank for addition of notes. It is fully cross-referenced to *OTM*.

0 19 261392 8, £6.95 + VAT (£7.99), 724 pp., illus.

Concise Medical Dictionary

Second edition

FORTHCOMING

Gives clear explanations of nearly 10,000 terms and concepts in all the major medical and surgical specialities, with much new material on mental health, dentistry, and clinical diagnostic procedures. Community medicine is fully covered.

0 19 261513 0, £10.95, 688 pp., illus., June 1985

Transplantation Immunology

Clinical and experimental

Edited by R. Y. Calne

Written by a pioneering team of clinicians and immunologists, this book covers both clinical work and *in vitro* experimental results.

0 19 261414 2, £40, 615 pp., illus.

Medical Genetics

Eighth edition

FORTHCOMING

J. A. Fraser Roberts and M. E. Pembrey

This major revision of this important text takes in the substantial recent advances in the field, and more fully covers molecular genetics. Many sections are new, and others have been largely rewritten, and there are many new illustrations.

0 19 261409 6, approx. £12.50, 385 pp., illus., May 1985

New books of general interest . . .

Childbirth for Men

FORTHCOMING

H. A. Brant

Written especially with fathers-to-be in mind, this book explains clearly and simply the essential background information needed to understand modern medical care of women during pregnancy and labour, and includes chapters on caring for the newborn baby.

0 19 261450 9, £4.95, 208 pp., illus., June 1985

Born Too Early

Special care for your preterm baby

M. E. Redshaw, R. P. A. Rivers, and D. B. Rosenblatt

This book brings together up-to-date knowledge and experience of paediatricians and psychologists to provide a valuable guide for parents of premature babies on all aspects of their care.

0 19 261542 4, £12, 272 pp., illus.

0 19 261427 4, £6.95, Paperback

The Youngest Science

Notes of a medicine watcher

Lewis Thomas

'an enthrallingly interesting history of modern medicine.'

Peter Medawar, Sunday Times

'the best account available of the present state of medicine.' Times Literary Supplement

0 19 286063 1, £3.95, Oxford Paperbacks, 288 pp.

The Limits of Science

Peter Medawar

'a most salutary book that debunks much silly prejudice. It ought to be required reading at those universities dominated by too many professors of "humane arts" . . .' Daily Telegraph

0 19 217744 3, £7.50, 122 pp.

Howard Florey

Penicillin and after

Trevor I. Williams

This book critically evaluates the contribution of Florey and his co-workers to the discovery and development of penicillin, and gives an account of the scientific and other achievements of Florey's later life.

0 19 858173 4, £17.50, 424 pp., illus.

52GM/BM.II

Don't let cancer pain deny him his dignity



MSTTM
Morphine Sulphate B.P. Continus* Tablets

SOONER RATHER THAN LATER

For full prescribing information see overleaf.

Colour Atlas of Surgical Exposure of the Limbs

N RUSHTON, R A GREATORREX AND N S BROUGHTON

A comprehensive visual guide to the surgical anatomy of the limbs, which deals with the main surgical approaches in the upper and lower limbs. Each exposure is covered by a series of colour photographs supported by specially prepared colour diagrams and clear and concise text.

ISBN 0 7131 4440 8 boards 228 pages
160 colour illustrations £19.50 net

Alcoholic Liver Disease

Pathobiology, Epidemiology and Clinical Aspects

EDITED BY PAULINE HALL WITH 21 CONTRIBUTORS

Alcoholic associated diseases are now almost universal. This multi-author book is a comprehensive review of the spectrum of alcohol-related liver disease, including coverage of pathology, pathogenic mechanisms and clinical aspects.

ISBN 0 7131 4454 8 boards 320 pages
illustrated £28.00 net

Practical Comprehensive Treatment of Anorexia Nervosa and Bulimia

A ANDERSEN

A comprehensive treatment programme for anorexia nervosa and bulimia for both in-patients and out-patients. The book provides an overview of the

disorders themselves and then focuses on their treatment.

ISBN 0 7131 4467 X boards 224 pages approx
line illustrations £30.00 net

The Management of Malignant Disease Series

Bone Tumours and Soft-Tissue Sarcomas

EDITED BY G J D'ANGIO AND A E EVANS
WITH 15 CONTRIBUTORS

The editors of this volume have brought together information regarding the epidemiology and aetiology of bone and soft-tissue sarcomas, the pathology of the several subtypes, their treatment and the complex interactions between therapy and its consequences.

ISBN 0 7131 4377 0 boards 208 pages
illustrated £22.50 net

Molecular Genetics of Common Metabolic Disease

D J GALTON WITH 7 CONTRIBUTORS

This book provides advanced undergraduate and postgraduate medical students, clinicians and pathologists with the basics of the 'new' genetics as it applies to their work. Included are such topics as gene cloning and genetic polymorphisms as applied to common metabolic disease.

ISBN 0 7131 4464 5 paper 152 pages
50 line illustrations £9.95 net

**New books from
Edward Arnold**



Edward Arnold

4, Bedford Way, London, WC1E 6BN

MSTTM
Morphine Sulphate B.P. Continus[®] Tablets

Prescribing information

Presentation MST Continus tablets 10 mg are golden brown, film-coated and bi-convex. Each tablet contains 10 mg of Morphine Sulphate B.P. incorporated within the patented controlled release system. The tablets are marked (MST) on one side and 10 mg on the other side. MST Continus tablets 30 mg are dark purple, film-coated and bi-convex. Each tablet contains 30 mg of Morphine Sulphate B.P. incorporated within the patented controlled release system. The tablets are marked (MST) on one side and 30 mg on the other side. MST Continus tablets 60 mg are orange, film-coated and bi-convex. Each tablet contains 60 mg of Morphine Sulphate B.P. incorporated within the patented controlled release system. The tablets are marked (MST) on one side and 60 mg on the other side. MST Continus tablets 100 mg are grey, film-coated and bi-convex. Each tablet contains 100 mg of Morphine Sulphate B.P. incorporated within the patented controlled release system. The tablets are marked (MST) on one side and 100 mg on the other side. **Uses** MST Continus tablets are indicated for the prolonged relief of severe pain. **Dosage and Administration** MST Continus tablets must be swallowed whole and not chewed. MST Continus tablets should be used twice daily, at 12 hourly intervals. The dosage is dependent upon the severity of the pain and the patient's previous history of analgesic requirements. A patient presenting with severe pain should normally be started on a dosage of one or two MST Continus tablets 10 mg twice daily. Increasing severity of pain or tolerance to morphine will require increased dosage of MST Continus tablets using 10 mg, 30 mg, 60 mg and 100 mg tablets alone or in combination to achieve the desired relief. A patient transferred from other oral morphine preparations should normally receive the same total twenty-four hour morphine dosage divided between morning and evening administration. Patients receiving MST Continus tablets in place of parenteral morphine should be given a sufficiently increased dosage to compensate for any reduction in analgesic effects associated with oral administration. Usually such increased requirement is of the order of 50% to 100%. In such patients individual dose adjustments are required.

Post-operative Pain MST Continus tablets are not recommended in the first 24 hours post-operatively; thereafter it is suggested that the following dosage schedule be observed at the physician's discretion: (a) MST Continus tablets 20 mg 12 hourly to patients under 70 kilograms. (b) MST Continus tablets 30 mg 12 hourly to patients over 70 kilograms. Supplemental parenteral morphine may be given if required but with careful attention to the total dosage of morphine, and bearing in mind the prolonged effects of morphine in the MST Continus formulation. As with all oral morphine preparations, MST Continus tablets should be used with caution post-operatively, and particularly in "acute abdomen" and following abdominal surgery. **Contra-Indications, Warnings etc.** Respiratory depression, obstructive airways disease, known morphine sensitivity, acute hepatic disease, concurrent administration of monoamine oxidase inhibitors or within two weeks of discontinuation of their use.

MST Continus tablets are not recommended for paediatric use or in pregnancy. Pre-operative administration of MST Continus tablets is not recommended and is not an approved indication. **Precautions** As with all narcotics a reduction in dosage may be advisable in the elderly, in hypothyroidism, in renal and chronic hepatic disease.

Warnings and Adverse Effects MST Continus tablets should not be used where there is a possibility of paralytic ileus occurring. Should paralytic ileus be suspected or occur during use, MST Continus tablets should be discontinued immediately. As with all morphine preparations, patients who are to undergo cordotomy or other pain relieving surgical procedures should not receive MST Continus tablets for 24 hours prior to surgery. If further treatment with MST Continus tablets is then indicated the dosage should be adjusted to the new post-operative requirement. Tolerance and dependence may occur. When nausea and vomiting are troublesome, MST Continus tablets can be readily combined with phenothiazine antiemetics. It should be noted however, that morphine potentiates the effects of tranquilisers, anaesthetics, hypnotics and sedatives. As with all morphine preparations, constipation may occur, which may be treated with appropriate laxatives. **Overdosage Signs of morphine toxicity and overdosage:** These are likely to consist of pin-point pupils, respiratory depression and hypotension. Circulatory failure and deepening coma may occur in more severe cases. **Treatment of morphine overdosage:** Administer naloxone 0.4 mg intravenously. Repeat at 2-3 minute intervals as necessary, or by an infusion of 2 mg in 500 ml of normal saline or 5% dextrose (0.004 mg/ml). The infusion should be run at a rate related to the previous bolus doses administered and should be in accordance with the patient's response. Empty the stomach. A 0.02% aqueous solution of potassium permanganate may be used for lavage. Assist respiration if necessary. Maintain fluid and electrolyte levels. In the case of MST Continus tablets, the physician should be aware that tablets remaining in the intestine will continue to release morphine sulphate for a period of hours.

Pharmaceutical Precautions MST Continus tablets should be stored in a cool, dry place protected from light. **Legal Category** POM/MDA. **Further information** Morphine Sulphate B.P. is readily absorbed from the gastrointestinal tract following oral administration. The patented controlled release system maintains plasma levels of morphine over a period of up to twelve hours and reduces the likelihood of morphine associated side-effects. **Basic NHS Cost** (per blisterpack of 60 tablets): 10 mg £7.70 PL 0337/0055; 30 mg £18.49 PL 0337/0059; 60 mg £36.06 PL 0337/0087; 100 mg £57.10 PL 0337/0088.

TM MST is a trademark.
® Continus is a registered trademark.
© Napp Laboratories Limited 1985
Napp Laboratories Limited, The Science Park,
Cambridge CB4 4BH
Member of Napp Pharmaceutical Group

NAPP

ADALAT® RETARD:

ANTIHYPERTENSIVE

WITH CARDIOPROTECTIVE EFFECT

Long term therapy with Adalat retard

- reduction in peripheral vascular resistance
- reduction in high blood pressure (reliable reduction in pathologically high blood pressure)

- permanent relief of the heart
- improvement of the myocardial oxygen balance
- protection of cell against unphysiological noxious Ca^{2+} concentrations in case of a pathological ion overflow.

E 4/042

THE MODERN COMPREHENSIVE DRUG THERAPY OF CARDIOVASCULAR DISEASE: ADALAT RETARD.



Composition: Tablet Adalat® retard contains 20 mg nifedipine. **Indications:** Coronary heart disease: Early and long-term treatment of coronary heart disease (in particular coronary insufficiency, angina pectoris, post-infarction syndrome). All forms of hypertension. **Contraindication:** Pregnancy. **Side effects:** Side effects occur only rarely and, if at all, at the beginning of treatment; they are usually mild and transient. Occasional symptoms may be headache, facial flush and heat sensation, leg oedema, nausea, dizziness, tiredness and skin reactions. As is the case with other vasoactive substances, chest pain may very occasionally occur after administration. In this event Adalat should be discontinued if the pains are considered to have been caused by the medication. **Interactions:** Adalat can be administered together with antihypertensive agents, however, the additive effect should be taken into account. Treatment with cardiac glycosides can be begun or continued during nifedipine treatment. A combination treatment of Adalat retard with beta blockers or a saluretic is possible (see S.M.L.). **Dosage:** Treatment should be adjusted individually to the degree of severity of the disease and to the patient's responsiveness. A daily dose of 2 x 1 tablet of Adalat retard (2 x 20 mg) is recommended. In individual cases an increase in the daily dose to 2 x 2 tablets of Adalat retard (2 x 40 mg) may be necessary. The recommended interval between tablet intake is about 12 hours and should not be shorter than 4 hours. Generally, the tablet is swallowed unchanged with a little liquid, independent of meals. **Note:** In the presence of coronary spasms (Prinzmetal angina, angina at rest) and particularly severe forms of coronary heart disease or in the case of impending anginal attack or acute hypertensive crisis which all require a quick onset of effect, Adalat capsules which are marked by rapid action should be taken chewed. When the patient's condition has improved, a change-over to Adalat retard tablets may be attempted. **Presentation:** Tablets of 20 mg Nifedipine. Box of 30 tablets, box of 50 tablets, box of 100 tablets, hospital-size pack.

ADALAT

RETARD

ANTIHYPERTENSIVE
WITH CARDIOPROTECTIVE EFFECT

Bayer Germany

