

Nizoral

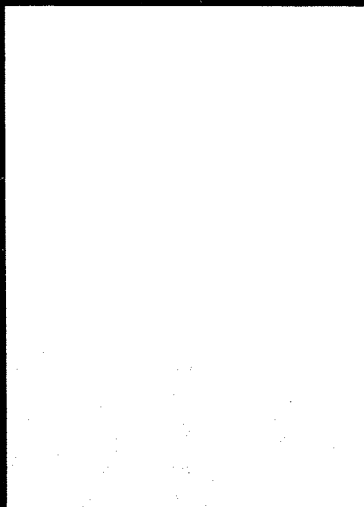
TRADEMARK

(ketoconazole)

(tablets)

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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.

Full prescribing information available on request:

 **JANSSEN**
PHARMACEUTICA

the drug discovery company

B-2340 Beerse, Belgium

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, contraindications: 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.



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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.I.). **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 unchewed 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.

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