TRADEMARK

Nizoral

(ketoconazole) tablets

over 5 million prescriptions world-wide.

Oral medication in antifungal therapy:

Doctors and patients around the world are discovering the modern simplicity of Nizoral oral therapy. Common but often problematic fungal infections can now be treated effectively *and elegantly.*

Typically, in *Candida* vaginitis, 2 oral tablets once daily for 5 days is all it takes today to effectively cure the problem.

JANSSEN PHARMACEUTICA

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, H_2-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 [illegible] plasma levels of testosterone. During long-term therapy at this dose, testosterone [illegible] usually not significantly different from controls. In rare instances, gynaecomastia has been reported.

NOW THERE'S A ROUTINE TEST FOR EXOCRINE PANCREATIC FUNCTION

Until now, cost and patient discomfort have ruled out the routine investigation of persistent non-specific abdominal symptoms to estimate pancreatic digestive function. The Pancreolauryl Test is a new routine screening test for early exclusion of exocrine pancreatic digestive malfunction as a cause of steatorrhoea, and other abdominal symptoms.

Simple test procedure

The Pancreolauryl Test is based on the hydrolysis of fluorescein dilaurate by pancreatic esterases liberating fluorescein and lauric acid; fluorescein can then be measured spectrophotometrically. Comparison of this value with that obtained after ingestion of unesterified fluorescein (i.e. fluorescein sodium) provides an index of exocrine pancreatic function.

Accuracy confirmed in clinical trials

UK clinical trials have confirmed that the Pancreolauryl Test has sensitivity values ranging from 95-100%, with false negative values less than 0-1%[1,2]

Avoids patient intubation

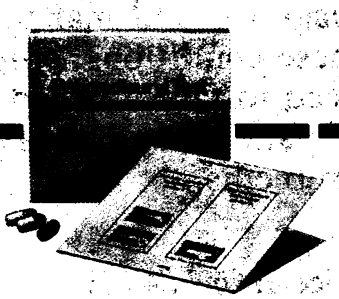
As the Pancreolauryl Test is non-invasive, patient inconvenience is kept to a minimum.

Inexpensive laboratory procedure

No expensive reagents or special equipment are required for laboratory analysis.

The Pancreolauryl Test

"...a simple and acceptable screening test for the exclusion of pancreatic exocrine failure as a cause of steatorrhoea".[1]
The Lancet 1982



Pancreolauryl Test

fluorescein dilaurate and fluorescein sodium
Accuracy without intubation

PRESCRIBING INFORMATION. Pancreolauryl Test ▼ **Presentation:** Two blue capsules each containing 174.25 mg (= 0.25 mmol) fluorescein dilaurate. One red capsule containing 188.14 mg (= 0.50 mmol) Fluorescein Sodium B.P. **Indications:** A screening procedure to detect abnormally low exocrine pancreatic function in patients with symptoms associated with disturbances of pancreatic digestive function e.g. recurrent diarrhoea, increased flatulence, fat intolerance and recurrent upper abdominal pain. **Dosage and Administration.** Adults: The patient can eat and drink as usual on the evening prior to the test, but no medicines containing vitamins or digestive aids should be taken. Test Day No. 1: For 10 hours after the start of the test i.e. administration of 2 blue capsules with the standard meal, all urine is collected including a final emptying of the bladder at exactly 10 hours after the start of the test. Test Day No. 2: The control red capsule can be taken the following day ensuring that the same procedure is followed. **Contraindications.** Acute necrotizing pancreatitis. Pregnancy. Not recommended for children. **Interactions with other drugs.** False negative results may arise if digestive aids or vitamins are taken concomitantly. Sulphasalazine can interfere with photometric measurements. **Pack Quantities:** 1-Test Pack (3 capsules) **Product Licence No.:** PL 232/0039. **Basic NHS Cost** (excl. VAT) £15.00. ▼ Special reporting to the CSM required. Further information available on request from International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants. Date of Preparation 19.2.85. **References:** 1. The Lancet 1982; ii: 742-744. 2. J. Clin. Path. 1982; **35 (11)**: 1240-1243.

For full information on the Pancreolauryl Test, please complete and return this coupon to: International Laboratories Ltd., (Hospital Division), Charwell House, Wilsom Road, Alton, Hants. GU34 2TJ.

Name _____

Title _____

Address _____

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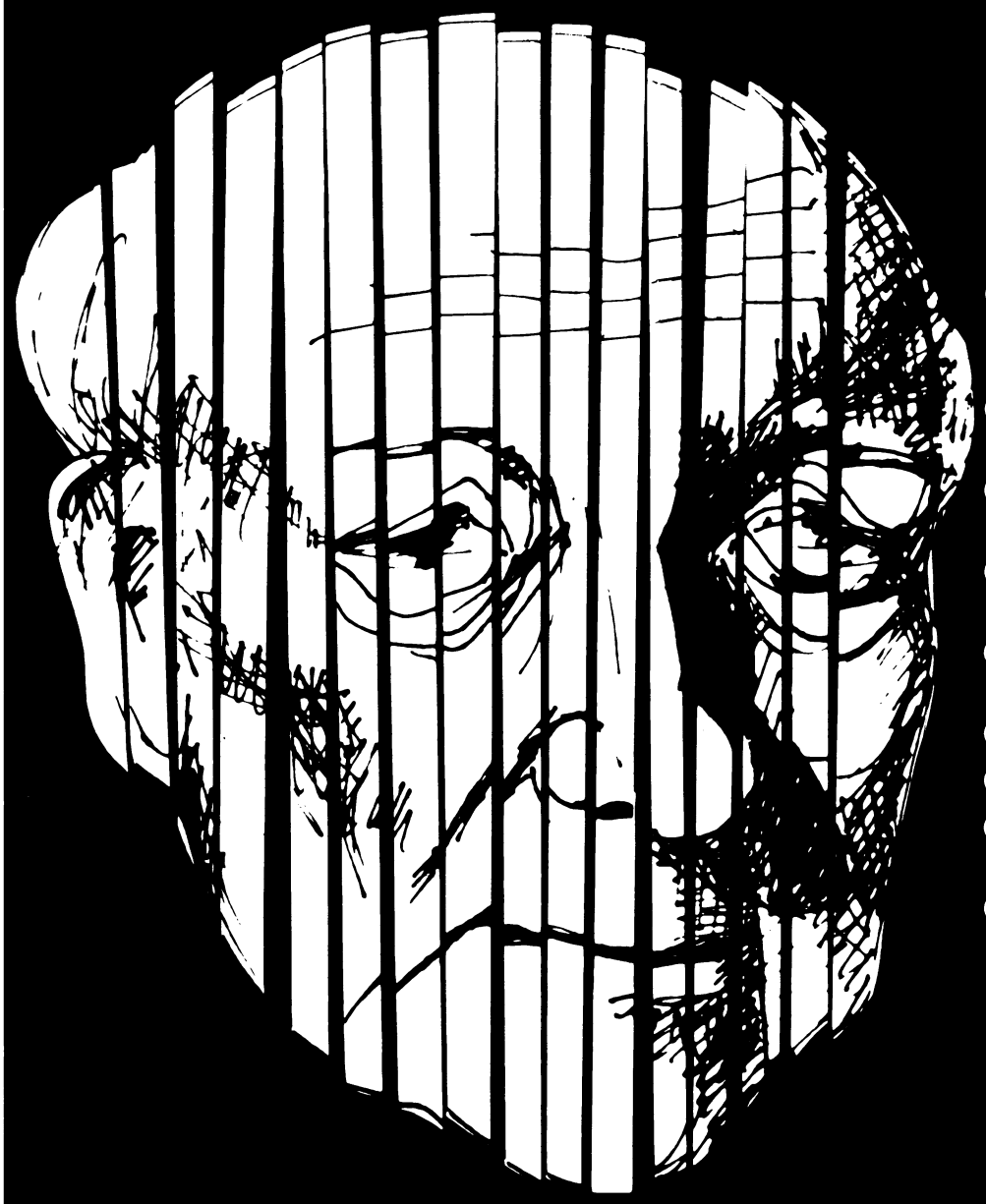
(Block capitals please) BMJ

JUMEX®

Tablets

(Selegilinum hydrochloricum) Selective MAO-B Inhibitor

... A STEP FORWARD IN THE TREATMENT OF PARKINSONISM



JUMEX®

- develops its effect only in conjunction with levodopa preparations
- doses of levedopa can be reduced while maintaining the therapeutic effect
- prolongs the effective period of levodopa
- is applicable in all phases of Parkinsonism
- on-off periods decline in frequency and extent
- improves quality of life by diminishing side-effects
- improves motor activity
- milder end-of-dose akinesia
- simple dosage:
  1-2 tablets (5-10 mg) daily
- composition:
  5 mg Selegilinum hydrochloricum (L-deprenyl) per tablet

Manufacturer
CHINOIN Pharmaceutical and Chemical Works — Budapest

medimpex

Exported by:
MEDIMPEX ▪ HUNGARY
H - 1808 BUDAPEST, PHONE: 183-955, TX: 22-5477

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^{++} concentrations in case of a pathological ion overflow.

E 4/042

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

Composition: **1 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 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.

ADALAT RETARD

ANTIHYPERTENSIVE
WITH CARDIOPROTECTIVE EFFECT

Bayer Germany

BAYER