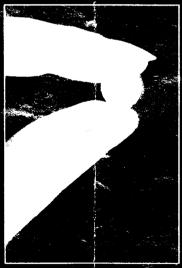
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PRESCRIBING INFORMATION: DOSAGE AND ADMINISTRATION: THE USUAL ADULT DOSE IS ONE 150MG TABLET TWICE DAILY OR A SINGLE DOSE OF 300MG AT NIGHT TIME FOR DUODENAL ULCER. IT IS NOT NECESSARY TO TIME THE DOSE IN RELATION TO MEALS. ZANTAC DISPERSIBLE TABLETS SHOULD BE PLACED IN HALF A GLASS OF WATER (MINIMUM 75ML) AND STIRRED UNTIL DISPERSED BEFORE SWALLOWING. IN MOST CASES OF DUODENAL ULCER AND BENIGN GASTRIC ULCER, HEALING WILL OCCUR IN FOUR WEEKS. PATIENTS WITH A HISTORY OF RECURRENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE 150MG TABLET DAILY AT BEDTIME. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE FOR ADULTS IS ONE 150MG TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. SIDE EFFECTS: HEADACHES, DIZZINESS AND SKIN RASHES HAVE BEEN REPORTED. ANAPHYLACTOID REACTIONS HAVE BEEN SEEN RARELY. PRECAUTIONS: WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED

TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. CONTRA-INDICATIONS: RANTIDINE IS CONTRA-INDICATED FOR PATIENTS KNOWN TO HAVE HYPERSENSITIVITY TO THE DRUG. BASIC NHS COST (EXCLUSIVE OF VAT): 60 X 150MG TABLETS £27-43, 30 X 300MG TABLETS £27-43, 60 X 150MG DISPERSIBLE TABLETS £28-80. PRODUCT LICENCE NUMBERS: 0004/0279 (150MG), 0004/0302 (300MG), 0004/0298 (DISPERSIBLE). ZANTAC IS A GLAXO TRADE MARK.

FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE.



Inhaled steroid strength in severe chronic asthma



Laocoön, priest of Troy, with his two sons struggles against the serpents sent by Apollo. Reproduced by kind permission of BBC Hulton Picture Library.

BECLOFORTE BECOME Dipropionate BPO

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Prescribing information Uses For those asthmatic patients requiring greater than 800 to 1,000 μg beclomethasone dipropionate daily or patients with severe asthmat dependent on systemic corticosteroids. Dosage and administration – Adults: two inhalations (500 μg) twice daily, or one inhalation (250 μg) four times daily. If necessary, dosage may be increased to two inhalations (500 μg) three or four times daily. Contra-indications Hypersensitivity to Becloforte Inhaler. Special care is necessary in patients with active or quiescent pulmonary tuberculosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Precautions Patients on high doses of Becotide may be transferred directly to Becloforte. In most patients, no significant adrenal suppression occurs until daily doses of 1,500 μg are exceeded. Some patients on 2,000 μg daily may exhibit some suppression but maintain their short-term adrenal reserve. The latter risk should be balanced against therapeutic advantages and systemic steroid cover provided in situations of prolonged stress. Patients currently on oral steroids should be stable before adding Becloforte. Gradual withdrawal of oral steroids may be attempted after 7 to 14 days. Adrenocortical function should be monitored in patients previously or currently on prolonged or high dose systemic steroids. Treatment with Becloforte should not be stopped abruptly. Side effects Occasional oropharyngeal candidiasis occurs in some patients. Topical antifungal therapy usually clears the condition without discontinuation of Becloforte. Presentation and Basic NHS cost E21·00. Product licence number 0045/0125.



ABC OF POISONING

JOHN HENRY GLYN VOLANS

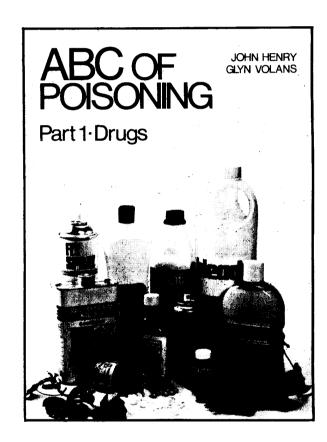
with contributions from others

Part 1. Drugs

Whether accidental or self induced, poisoning raises many problems of diagnosis and management. What immediate first aid should be given – and how should treatment continue thereafter? How can the poison be identified? What are the complications? In this first part of a comprehensive manual John Henry and Glyn Volans, of the National Poisons Information Service, and their colleagues discuss the management of poisoning in general, giving practical information on diagnosis, laboratory tests, and means of elimination.

The main part of the book deals with poisoning from drugs, and describes the features of poisoning with specific types (including cardiac, respiratory, and psychoactive as well as analgesics and sedatives), and the particular problems of poisoning in the elderly and in children. The other side of the coin – drugs that counteract poisons – is shown in the complete up-to-date list of all drugs used in the treatment of poisoning, which has been drawn up by the National Poisons Information Service and replaces the one formerly issued by the DHSS as a health circular. Hospital doctors – especially casualty officers – and general practitioners, will find this book invaluable reading.

Price: Inland £5.50; Abroad £8.50 USA\$11.50 BMA members: Inland £5.00; Abroad £8.00/USA\$10.50 (Please quote membership number) Prices include postage, by air abroad. Payment must be enclosed with order.



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SA Med 7 1985; 68: 828

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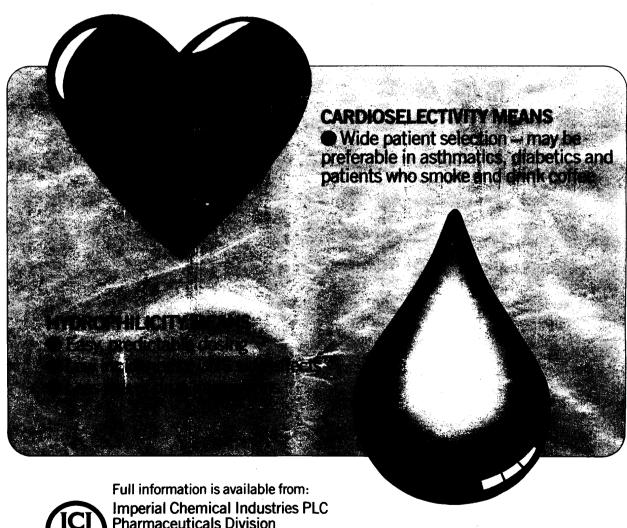
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Prescribing notes Contraindications: Heart block. Co-administration with verapamil. Precautions: Untreated cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Withdrawal of clonidine. Side effects: Coldness of extremities and muscular fatigue may occur. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta-blockers – consider discontinuance if they occur. Withdrawal of beta-blocker should be gradual.