

Nizoral

TRADEMARK

(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.

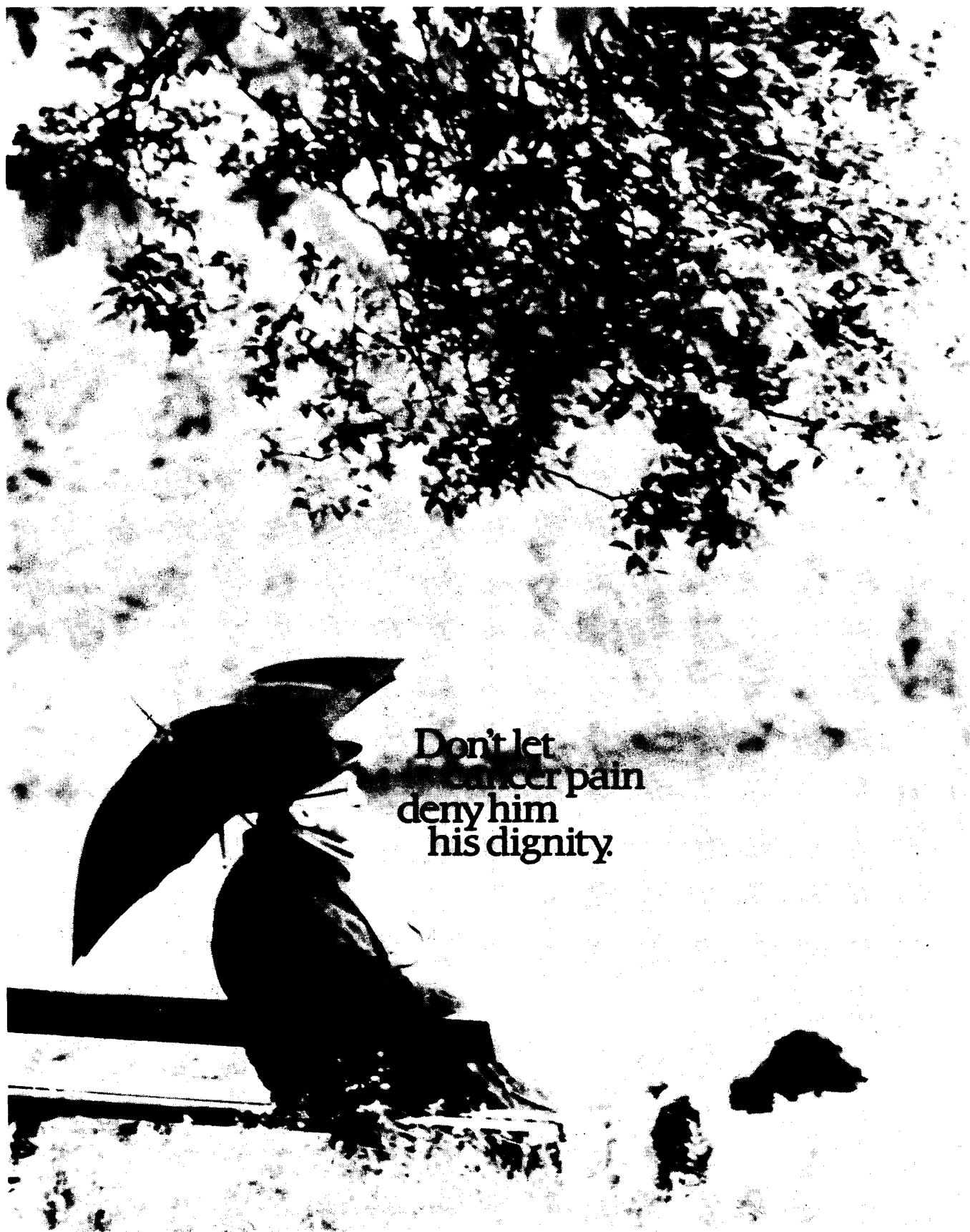


**JANSSEN
PHARMACEUTICA**

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, 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, gynaeomastia has been reported.



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.

MST

Continus® Tablets

Morphine Sulphate BP

Presentation MST Continus tablets are film-coated, bi-convex and contain Morphine Sulphate B.P. incorporated within the patented controlled release system. The tablets are available in four strengths: 10mg (golden brown), 30mg (dark purple), 60mg (orange), 100mg (grey).

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 10mg twice daily. Increasing severity of pain or tolerance to morphine will require increased dosage of MST Continus tablets using 10mg, 30mg, 60mg and 100mg 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 20mg 12 hourly to patients under 70 kilograms. (b) MST Continus tablets 30mg 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 tranquillisers, 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 pinpoint pupils, respiratory depression and hypotension. Circulatory failure and deepening coma may occur in more severe cases. Treatment of morphine overdosage: Administer naloxone 0.4mg intravenously. Repeat at 2-3 minute intervals as necessary, or by an infusion of 2mg in 500ml 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 **Package Quantities** Blister packs of 60 tablets. **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 pack of 60 tablets) 10mg £7.70 PL 0337/0055 30mg £18.49 PL 0337/0059 60mg £36.06 PL 0337/0087 100mg £57.10 PL 0337/0088

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Cambridge CB4 4GW
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Pharmaceutical Group

NAPP

ABC OF ASTHMA

JOHN REES



ABC OF ASTHMA

JOHN REES

Though both common and potentially dangerous – sometimes even fatal – asthma continues to be underdiagnosed and undertreated. Yet, as this *ABC* shows, it can be treated effectively with drugs and patients themselves can learn to monitor and control their own disease with a simple peak flow meter. The *ABC of Asthma* provides a straightforward guide to the recognition, management, and treatment of asthma in adults and children.

Price: Inland £4.00; Overseas £5.25/USA\$8.60
(BMA members: Inland £3.50; Overseas £4.75/USA\$7.60)
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BOOKS FROM THE BMJ

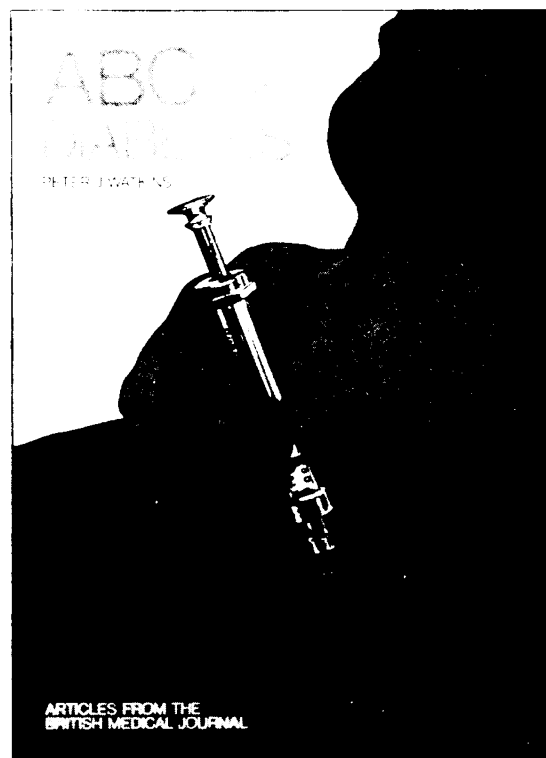
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ABC OF DIABETES

PETER J WATKINS

Innovations in the treatment of diabetes have increased rapidly in the last decade: self measurement of blood glucose, intravenous infusions and intramuscular insulin for diabetic emergencies, continuous subcutaneous insulin infusions, and light coagulation for diabetic retinopathy have all helped to improve the outlook for diabetics.

Dr Peter Watkins' articles sets these advances in their clinical context and provide a practical guide to the management of diabetes for the non-specialist, both doctor and nurse.



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Overseas £6.50/USA\$11.50

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"... there is a wealth of useful information in this book. It should be compulsory reading for all medical and nursing personnel who have any contact with diabetes."

Update 1983; 26: 1868

"This is a very good book of concise common sense concerning the management of diabetes."

Med J Aust 1984; 140: 241

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Order from The Publishing Manager, British Medical Journal, BMA House, Tavistock Square,
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THE FIRST YEAR OF LIFE

Second edition

H B Valman

Bernard Valman's articles on the first year of life, first published in the *BMJ* in 1979 and then reproduced as a book, have proved invaluable to many doctors and others concerned in the care of children.

The second edition of *The First Year of Life* includes numerous small changes to bring the book up to date and incorporates a much fuller section on whooping cough.

The section on contra-indications to immunisation has also been revised to take account of the latest guidance.

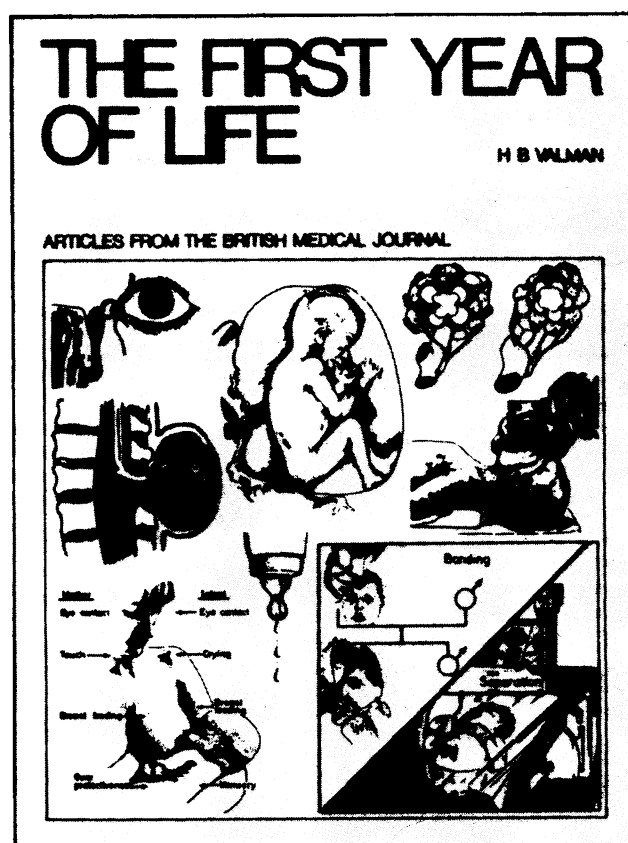
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AUGMENTIN

clavulanate-potentiated amoxycillin

A MAJOR DEVELOPMENT IN ANTIBIOTIC THERAPY

In recent years, the treatment of infection has been complicated by the increasing prevalence of β -lactamase producing strains of bacteria. β -lactamase destroys many oral cephalosporins and penicillins,^{1,2} resulting in treatment failure.

AUGMENTIN is the first antibiotic to utilise Beecham's discovery of the powerful β -lactamase inhibitor, clavulanic acid. This neutralises the bacterial defence, bringing more strains and species within the scope of oral therapy.

- **AUGMENTIN – Broader in spectrum** than oral cephalosporins, co-trimoxazole, ampicillin, tetracycline or erythromycin.
- **AUGMENTIN – Outstanding success** against today's infections.

Adult infections	No. of patients assessed	Clinically cured/improved	Clinical success
Upper respiratory tract ³	146	141	97%
Lower respiratory tract ³	98	89	91%
Urinary tract ³	175	167	95%
Skin & soft tissue ^{3,4}	81	75	93%

Paediatric infections	No. of patients assessed	Clinically cured/improved	Clinical success
Upper respiratory tract ^{5,6}	70	70	100%
Lower respiratory tract ⁷	28	27	96%
Urinary tract ^{6,7,8}	61	57	93%

PRESCRIBING INFORMATION

INDICATIONS: Chest, ear, nose, throat, genito-urinary, skin and soft tissue infections including those caused by β -lactamase producing organisms.

DOSAGE: Adults and children over 12 years one AUGMENTIN tablet (375mg) three times daily. Children 7-12 years 10ml AUGMENTIN syrup (312mg) three times daily. Children 2-7 years 5ml AUGMENTIN syrup (156mg) three times daily. Children 9 months – 2 years 2.5ml AUGMENTIN syrup (78mg) three times daily. In severe infections these dosages may be doubled. Treatment should not be extended beyond 14 days without review.

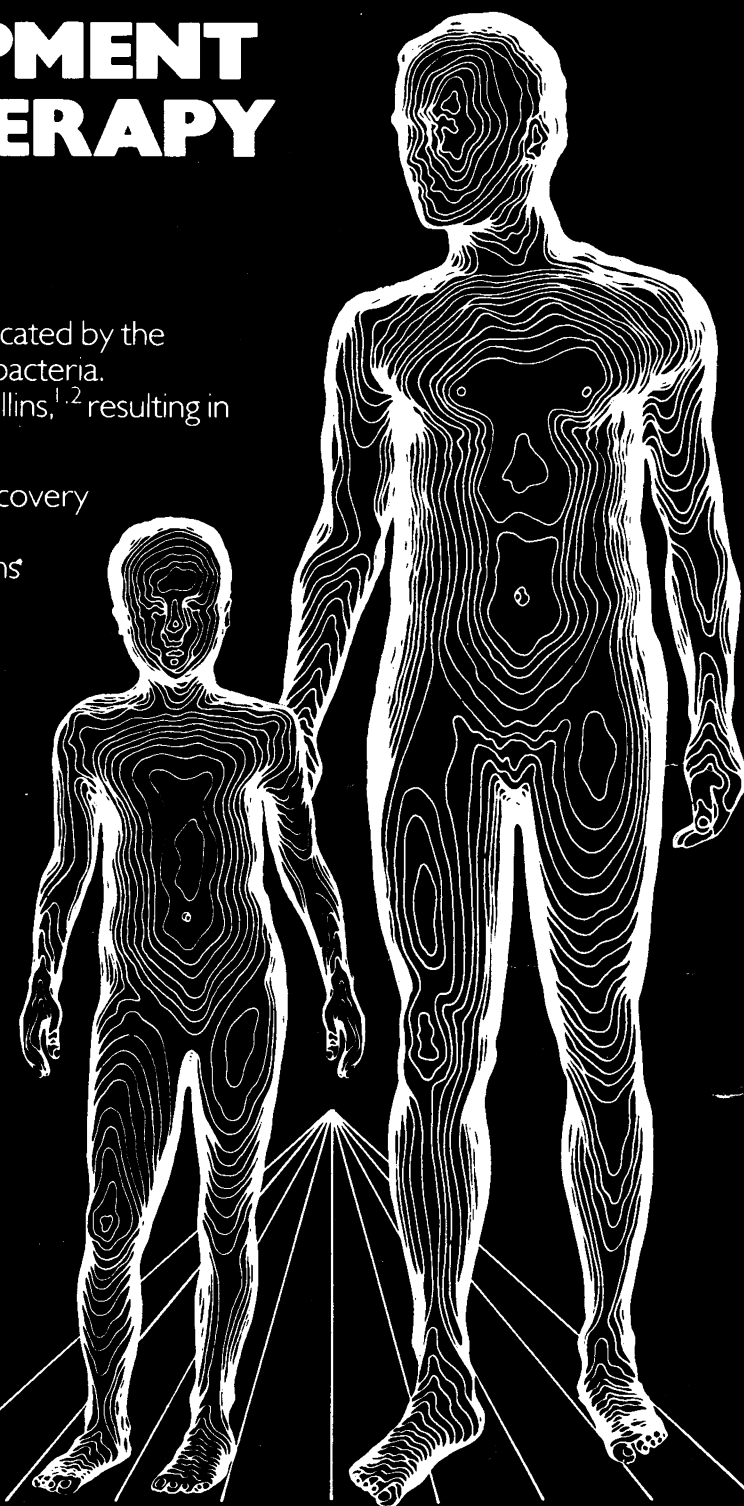
CONTRA-INDICATION: Penicillin hypersensitivity. **PRECAUTIONS:** Safety in human pregnancy is yet to be established. Oral dosage need not be reduced in patients with renal impairment unless dialysis is required. **SIDE-EFFECTS:** Uncommon, mainly mild and transitory, eg diarrhoea, indigestion,

nausea, vomiting, candidiasis, urticarial and morbilliform rashes. If gastrointestinal side-effects do occur they may be reduced by taking AUGMENTIN at the start of meals. **PRESENTATIONS:** 375mg AUGMENTIN tablets each containing 250mg amoxycillin (1) and 125mg Clavulanic acid. (2) 156.25mg AUGMENTIN syrup. Powder for preparing fruit flavoured syrup. When dispensed each 5ml contains 125mg amoxycillin (1) and 31.25mg clavulanic acid. (2) (1) as the trihydrate, (2) as the potassium salt. Not all presentations are available in every country.



Further information is available from:
Beecham Research Laboratories
Brentford, Middlesex, England.
AUGMENTIN and the BRL logo are trademarks.

References 1. Proc. Int. Symp. on AUGMENTIN, Excerpta Med. (1980), ICS 544, 173. 2. Excerpta Med. (1980), ICS 544, 19. 3. Excerpta Med. (1980), ICS 544, 187. 4. Scot. Med. J., (1982), 27, 535. 5. Proc. Europ. Symp. on AUGMENTIN, Excerpta Med. (1982), CCP4, 341. 6. Excerpta Med. (1982), CCP4, 347. 7. Excerpta Med. (1982), CCP4, 325. 8. Excerpta Med. (1982), CCP4, 334.



Trade Mark

daily cephalosporin

«Roceph» — «Longer»

ROCHE

Full details on composition, indications, contraindications, dosage and precautions are available on request.