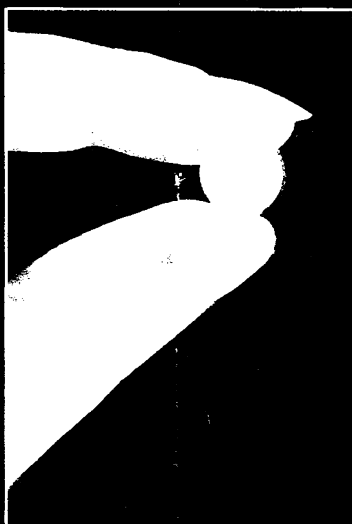


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Prescribing Information

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.

ABC OF POISONING

Part 1·Drugs

JOHN HENRY
GLYN VOLANS

with contributions from others

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 psycho-active 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.

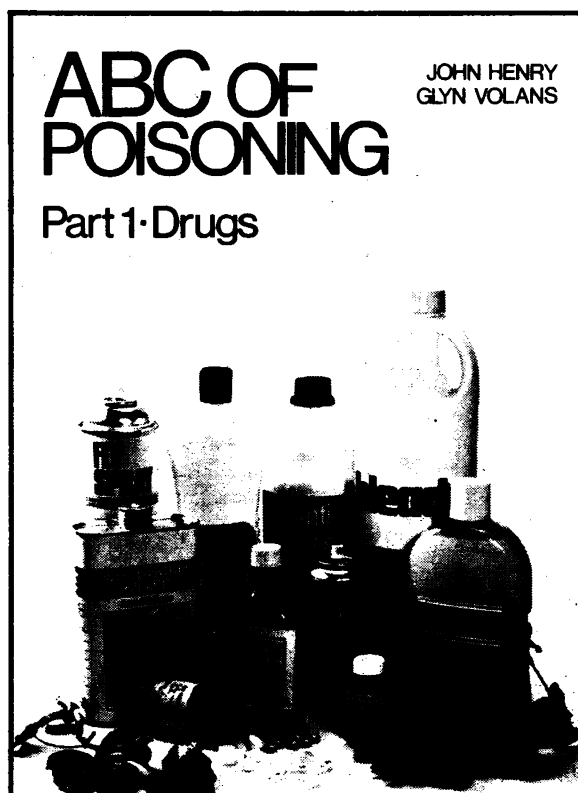
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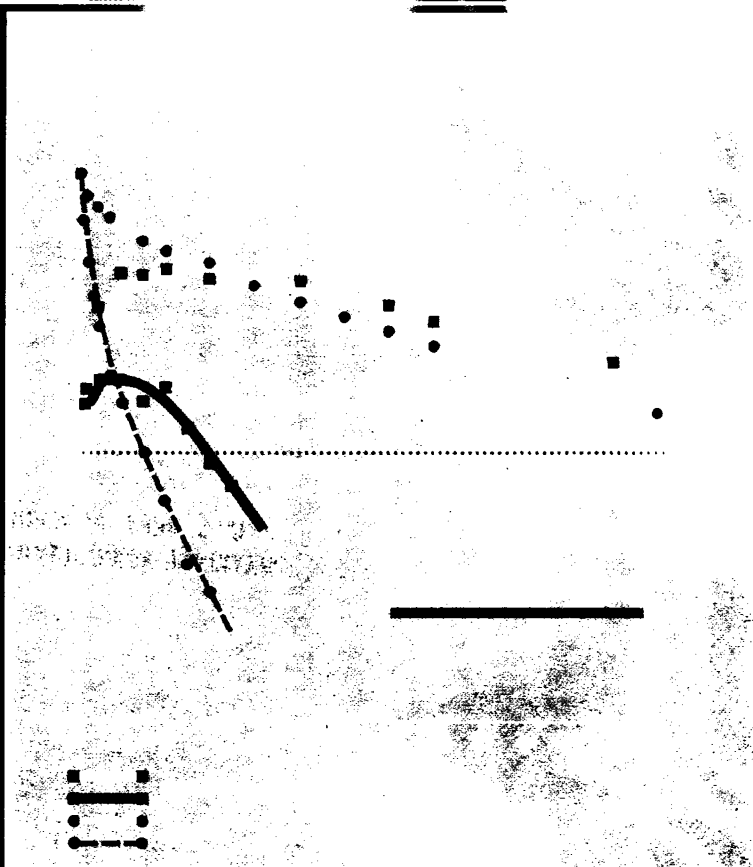
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1. M.: A comparison of the bactericidal activity and tissue penetration of ceftriaxone, a third generation cephalosporin, and cefotaxime. *Eur J Clin Microbiol* 2, 505-508 (1983).



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