

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.



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, gynaecomastia has been reported.

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.

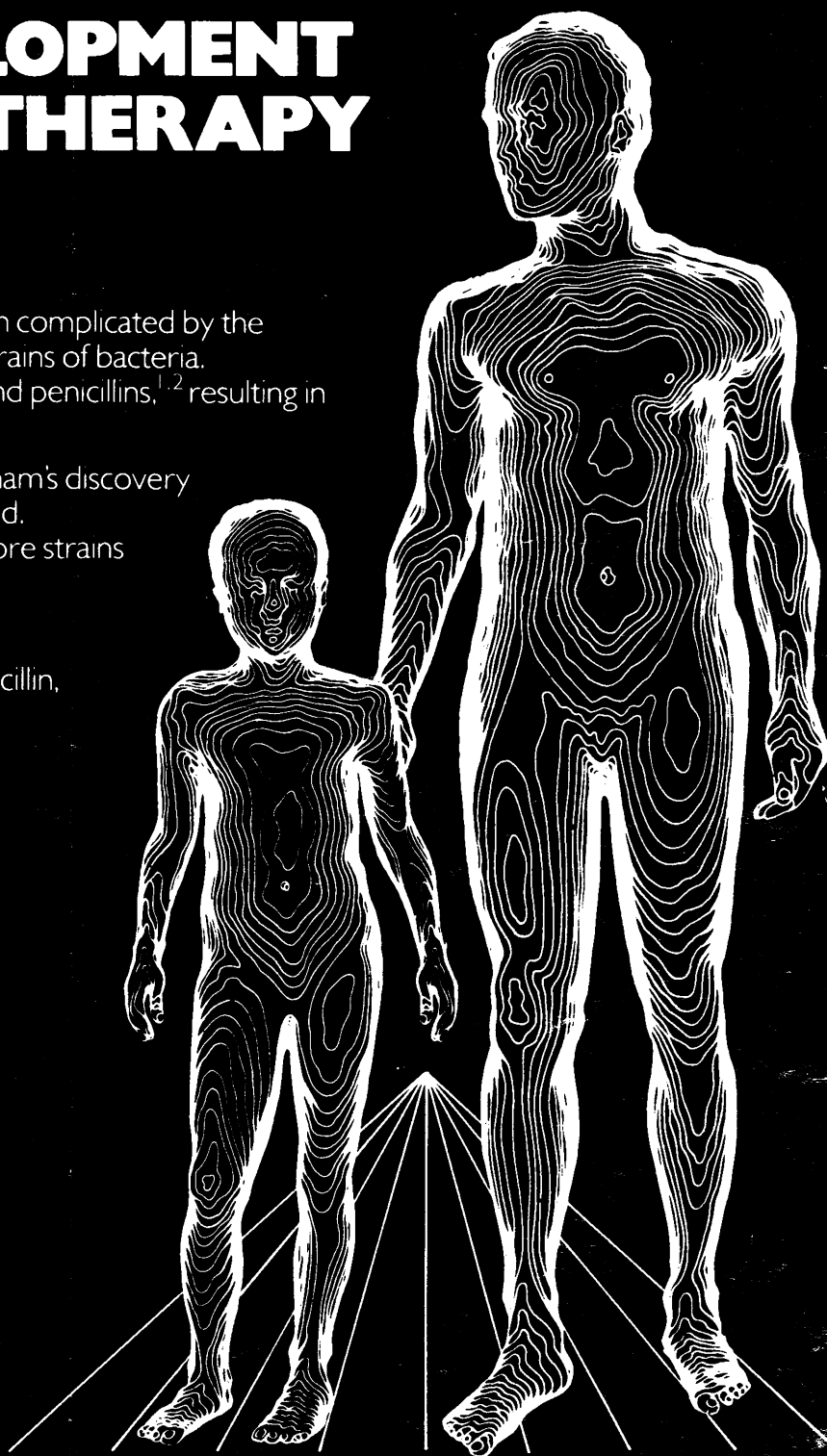
CONTRA-INDICATION: Penicillin hypersensitivity. **PRECAUTIONS:** Safety in human pregnancy is yet to be established. Oral dosage need not be reduced in patients with renal impairment unless dialysis is required. **SIDE-EFFECTS:** Uncommon, mainly mild and transitory, eg diarrhoea, indigestion,

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.



ceftriaxone

Trade Mark

daily cephalosporin

Figure 1 is a semi-logarithmic plot showing the dependence of the rate of polymerization (R_p) on the concentration of the initiator (I_0) for the polymerization of styrene in benzene at 60°C. The y-axis is R_p (mole/l·hr) on a log scale from 0.1 to 100. The x-axis is I_0 (mole/l) on a linear scale from 0 to 20. Four curves are shown: (a) solid line with open circles, (b) solid line with solid circles, (c) dashed line with open squares, and (d) dotted line with solid circles. All curves show an initial increase in R_p with I_0 , followed by a decrease at higher concentrations. Curve (a) is the highest, followed by (c), (b), and (d).

«Roceph» longer



ROCHE

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