

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.

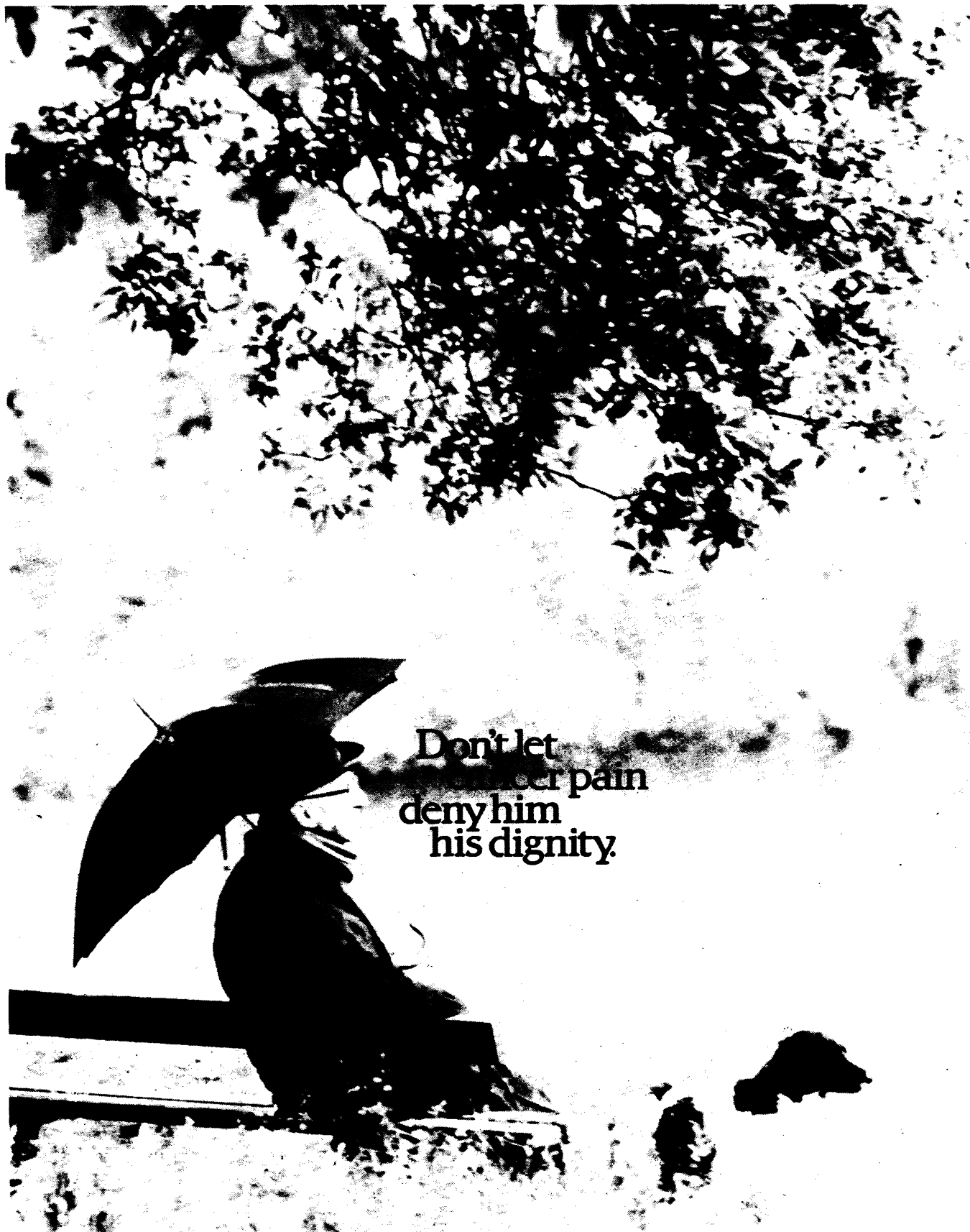


JANSSEN
PHARMACEUTICA

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, gynaecomastia has been reported.



MSTTM SOONER RATHER THAN LATER
Morphine Sulphate B.P. ContinusTM Tablets

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) 10 mg £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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NAPP

SYMPOSIUM ANNOUNCEMENT

Skin Allergy Symposium

21st November 1986

Cafe Royal, Piccadilly, London

Chairmen:

Professor M W Greaves (London)
Professor J A Hunter (Edinburgh)

Speakers:

Professor S T Holgate (Southampton), Professor N Sotor (New York), Professor S Shuster (Newcastle), Dr A Kobza-Black (London), Dr R Champion (Cambridge), Dr J V Griffiths (Janssen UK), Dr R St C Barnetson (Edinburgh), Dr J I Harper (London), Professor R K Chandra (Canada), Dr A Ive (Newcastle).

Topics

Urticaria: the mast cell; mediators in the pathogenesis of urticaria; pharmacological agents and wealing reactions in the skin; the physical urticarias; clinical aspects of urticaria; astemizole in histamine-mediated skin conditions.

Atopic eczema: Immunology; aetiology and management of atopic eczema in children; exclusion diets in pregnant women and incidence of atopic eczema in offspring; management of adult atopic eczema.

This symposium will be of interest to dermatologists, allergists and physicians with an interest in allergic skin diseases.

Would readers please note that Dr J I Harper will be speaking on 'The Management of Atopic Eczema in Children.' We apologise for the omission of his name from the first announcement of this symposium.

Further information from Dr Jane Griffiths,
Janssen Pharmaceutical Limited,
Grove, Wantage, Oxon OX12 0DQ
Telephone (02357) 2966

EPIDEMIOLOGY FOR THE UNINITIATED

GEOFFREY ROSE, D J P BARKER SECOND EDITION

Get a working knowledge of epidemiology

No one would expect to understand a disease without knowledge of its clinical findings and pathology, but a surprising number of doctors remain ignorant of another important aspect – the study of disease in relation to populations. Epidemiology has its own techniques of data collection and interpretation and its necessary jargon of technical terms, and in *Epidemiology for the Uninitiated* Professors Geoffrey Rose and David Barker guide the novice expertly through the theory and practical pitfalls. The second edition of this popular *BMJ* handbook has been revised to include further details of epidemiological methods and some of their more dramatic applications, such as the investigations on the Spanish cooking oil epidemic, and AIDS.

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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.

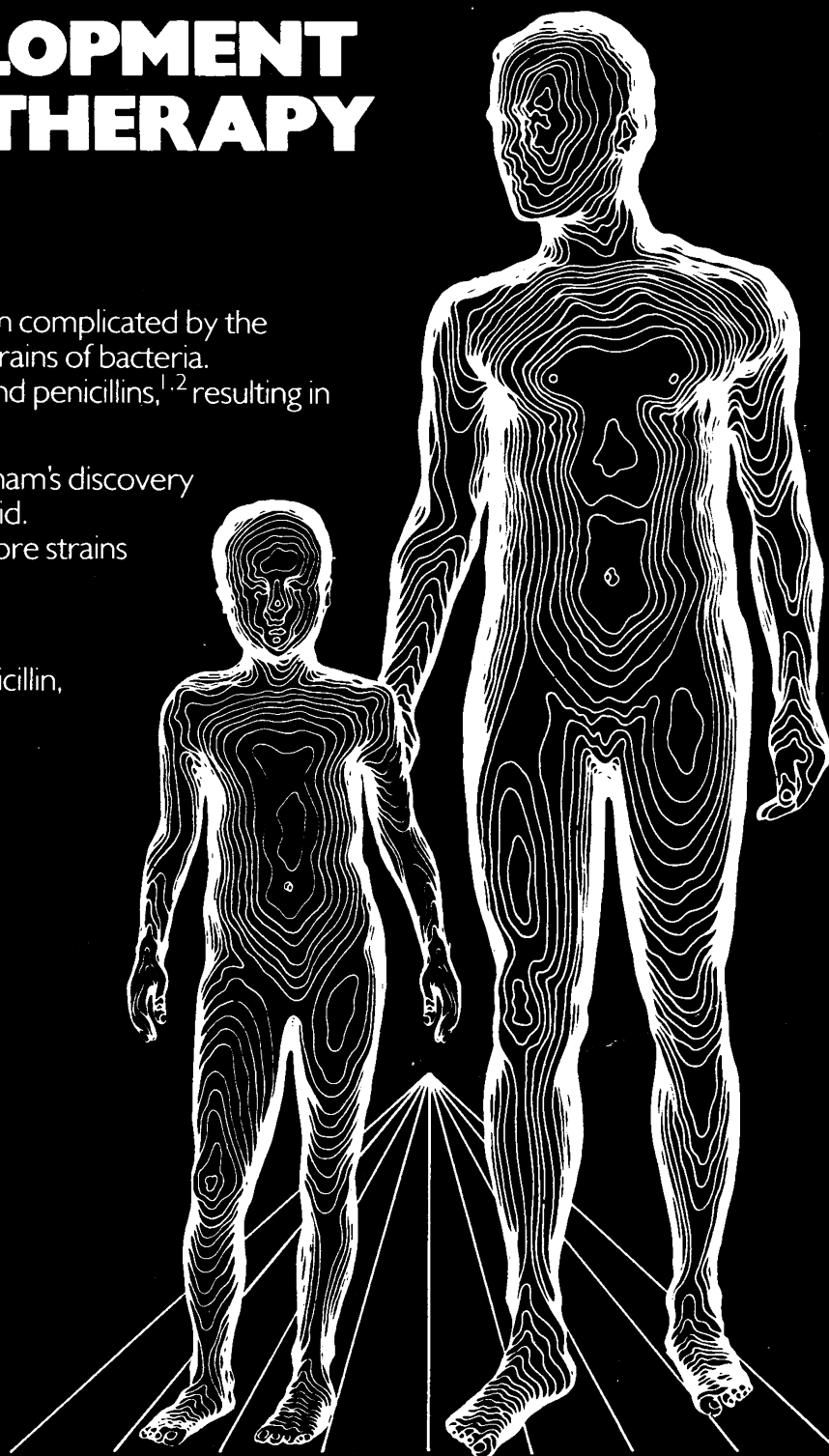
CONTRA-INDICATION: Penicillin hypersensitivity. **PRECAUTIONS:** Safety in human pregnancy is yet to be established. Oral dosage need not be reduced in patients with renal impairment unless dialysis is required. **SIDE-EFFECTS:** Uncommon, mainly mild and transitory, eg diarrhoea, indigestion,

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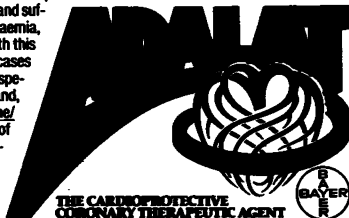
References 1. Proc. Int. Symp. on AUGMENTIN, Excerpta Med. (1980), ICS 544, 173. 2. Excerpta Med. (1980), ICS 544, 19. 3. Excerpta Med. (1980), ICS 544, 187. 4. Scot. Med. J., (1982), 27, 535. 5. Proc. Europ. Symp. on AUGMENTIN, Excerpta Med. (1982), CCP4, 341. 6. Excerpta Med. (1982), CCP4, 347. 7.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



THE CARDIOPROTECTIVE CORONARY THERAPEUTIC AGENT ADALAT®

THE MODERN COMPREHENSIVE DRUG THERAPY OF CORONARY HEART DISEASE.

Composition: 1 capsule of Adalat contains 10 mg of nifedipine. **Indications:** 1. Coronary heart disease: Chronic stable angina pectoris, angina at rest, including vasospastic angina pectoris (Prinzmetal's angina, variant angina) and unstable angina (crescendo pre-infarction angina), post-infarction angina (except for the first 8 days following the acute event). 2. Hypertension. **Contraindications:** Adalat must not be used at any time during pregnancy. No findings are as yet available as regards its use during the nursing period. Caution should be exercised if blood pressure is extremely low (severe hypotension: SBP < 90 mmHg). Cardiovascular shock. **Side effects:** Adverse reactions occur predominantly at the beginning of treatment and are often mild and transient: facial flush, heat sensation, headache. In isolated cases after high doses: nausea, dizziness, fatigue, skin reactions, paraesthesia. hypotensive reaction, palpitations and rise in pulse rate. Occasionally leg oedemas may occur as a result of vasodilatation. Very rare: Gingival hyperplasia may develop during prolonged treatment, however, this is completely reversible after medication has been stopped; chest pain (possibly angina pectoris-like symptoms), in this case nifedipine should be discontinued, if a causal relationship is suspected. Caution must be exercised in patients who have to undergo regular dialysis and suffer from malignant hypertension and in irreversible renal failure associated with hypovolaemia, since blood pressure may fall as a result of vasodilatation. Antihypertensive treatment with this drug requires regular medical check-ups. The response to drug intake may in individual cases be such that the ability to drive or operate machinery is impaired. These reactions are especially pronounced at the start of treatment and in the case of a change in medication and, moreover, if alcohol is consumed at the same time. **Interactions with other drugs:** Nifedipine/antihypertensives: Concomitant use may intensify the blood pressure-lowering effect of nifedipine. Nifedipine/beta-receptor blockers: Concomitant use requires careful monitoring of the patient, since the hypotensive effect may be enhanced; moreover, the development of heart failure has occasionally been reported. Nifedipine/cimetidine: The blood pressure-lowering effect may be intensified. **Presentation:** Adalat: Packages containing 30, 50 and 100 capsules of 10 mg of nifedipine. Co-No.: 1a. Bayer, Germany.



Bayer