

In vaginal candidosis:

TRADEMARK
Nizoral

ketoconazole

*the elegant way
to treat an inelegant problem*



**2 oral tablets
once daily
for 5 days
is all it takes
today
to effectively
cure
the problem**

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Remember:

oral convenience improves patient compliance and so reduces the chance of relapse.

Presentation: white, flat, half-scored uncoated tablets marked Janssen on one side and K 200 on the reverse. Each tablet contains 200 mg ketoconazole. Dosage (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal absorption Nizoral should be taken with meals. Nizoral is contra-indicated in pregnancy. Precautions: 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 2 hours after Nizoral. 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. Side-effects: 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. Full prescribing information available on request.

References:

Tooley, et al.: The Practitioner 229, 655 (1985)
Benussi, et al.: Curr. Ther. Res. 31(4), 511 (1982)



JANSSEN

PHARMACEUTICA

B-2340 Beerse, Belgium

world leader in antimycotic research



ABC of RESUSCITATION

Edited by T R EVANS

The emergency treatment of any condition in which the brain fails to receive enough oxygen is literally a matter of life and death; the sooner it can be started the greater the chance of survival. Prompt action by witnesses of a cardiac arrest or at the scene of an accident can save lives by saving time, but hospital staff often do not possess the skills even in basic resuscitation that might be expected. In this authoritative guide members of the Resuscitation Council (UK) and other invited experts explain the techniques and consider some of the problems that surround this vital aspect of health care.

Chapters include

- Recognising a cardiac arrest and providing basic life support
- Advanced life support in general practice
- Resuscitation by ambulance crews
- Training and retention of skills
- Resuscitation of infants and children
- Drowning and near drowning
- Ethics of resuscitation

Price: Inland £4.95; Overseas £6.50/USA\$10.50
(Inland £4.45; Overseas £6.00/USA\$9.50 to BMA members)
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London WC1H 9JR or any leading bookseller

International Medical Course

Neonatal Surgery

12-21 July 1987 in Edinburgh

This seminar is designed to provide an up-to-date review of current practice in neonatal surgery. Aetiology, pathology, diagnosis and treatment of individual conditions demanding urgent surgery in the first few days of life will be considered in detail.

The seminar is timed so that participants from overseas will be able, if they wish, to attend the Annual International Congress of the British Association of Paediatric Surgeons which will take place in Dublin starting on 22 July. Individuals are reminded that they will need to make their own separate arrangements for the Congress.

The seminar will be under the direction of **Professor James Lister** who is at present head of the Department of Paediatric Surgery, University of Liverpool. The seminar is intended for Surgeons at or near consultant level with a major interest in neonatal surgery. Senior experienced surgeons wishing to expand their knowledge and expertise will also be welcome.

There will be vacancies for 30 participants.

Fee: £1020 (residential) £670 (non-residential).

The working sessions will be held at the Royal College of Surgeons of Edinburgh. Resident participants will be accommodated at an hotel.

Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

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International Medical Course

Neonatal medicine

29 June — 9 July 1987
Nottingham

The aim of this seminar is to bring together senior doctors who are responsible for the running of neonatal intensive care units, in order to look critically at neonatal care as it is currently practised in Britain. Short talks will be given by experts aiming to stimulate discussion rather than provide didactic information. Participants will be expected to present case histories of babies who had difficult diagnostic or management problems.

The seminar will be directed by **Professor David Hull** and **Professor Antony Milner** of the Department of Child Health, University Hospital, Queen's Medical Centre, Nottingham.

It is intended that those taking part in the seminar will be paediatricians actively involved in neonatal intensive care. Every applicant should be prepared to make a significant contribution to discussions.

There are vacancies for 30 participants.

Fee: £860 residential, £560 non-residential.

Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

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THE CARDIOPROTECTIVE CORONARY THERAPEUTIC AGENT ADALAT:

THE MODERN COMPREHENSIVE DRUG THERAPY OF CORONARY HEART DISEASE.



Indications: Treatment and prophylaxis of acute and chronic coronary insufficiency (especially angina pectoris, postinfarction syndrome). **Side effects:** Adalat is well tolerated. Side effects occur rarely. They are more common at the beginning of treatment, usually transient, and, in most cases, mild. Occasionally there can be headache, facial flush, heat sensation, dizziness, nausea and tiredness. Extensive biochemical studies did not reveal any abnormal values which could have been ascribed to the drug. **Contra-indication:** Pregnancy. **Precaution:** Adalat can enhance or supplement the action of hypotensive preparations and β -blocking agents. Therapy with cardiac glycosides can be initiated or continued in association with Adalat treatment. Incompatibility with other drugs has not been found. **Dosage and administration:** In longterm treatment the capsule is usually swallowed whole with a little liquid. The average daily dose is 3 x 1 capsule, in special cases up to 3 x 2 capsules. In these patients the interval between the individual doses should not be less than two hours. In case of imminent anginal attack, a rapid onset of action is achieved by biting the capsule. **Composition:** One capsule contains 10 mg 1,4-dihydro-2,6-dimethyl-4-(o-nitrophenyl)-pyridine-3,5-dicarboxylic acid dimethyl ester (nifedipine). **Presentation:** Box of 30 or 50 capsules.

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THE CARDIOPROTECTIVE CORONARY THERAPEUTIC AGENT



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