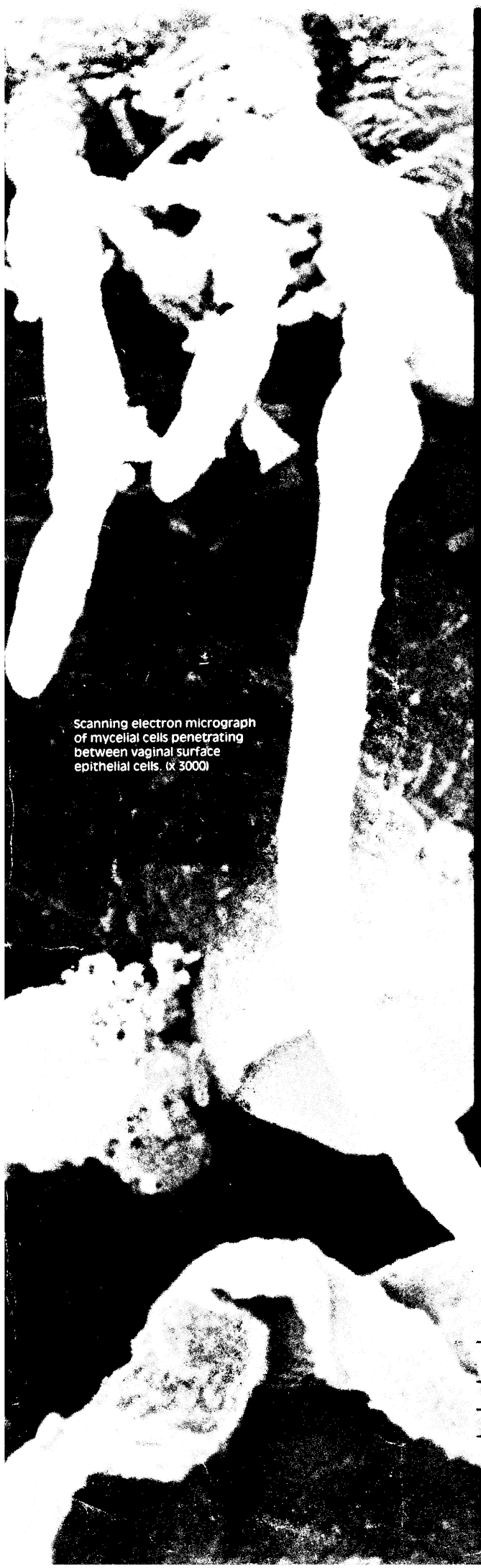

Scanning electron micrograph of mycelial cells penetrating between vaginal surface epithelial cells. (x 3000)

Reducing the chance of relapse in vaginal candidosis

When *Candida* plays hide and seek

Recent microscopy studies have shown that *Candida albicans* appears capable of penetrating the deeper keratinous layers of vaginal epithelial cells. This suggests that the organisms may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are normally shed.

As the deeper layers of the vaginal mucosa are reached more easily by *systemic* than by topical treatment, relapse is likely to be avoided accordingly.

TRADEMARK

Nizoral

ketoconazole

the elegant way to treat an inelegant problem

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, H_2-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.

Ref.: Acta Cytol. (Baltimore) **26**, 7 (1982)

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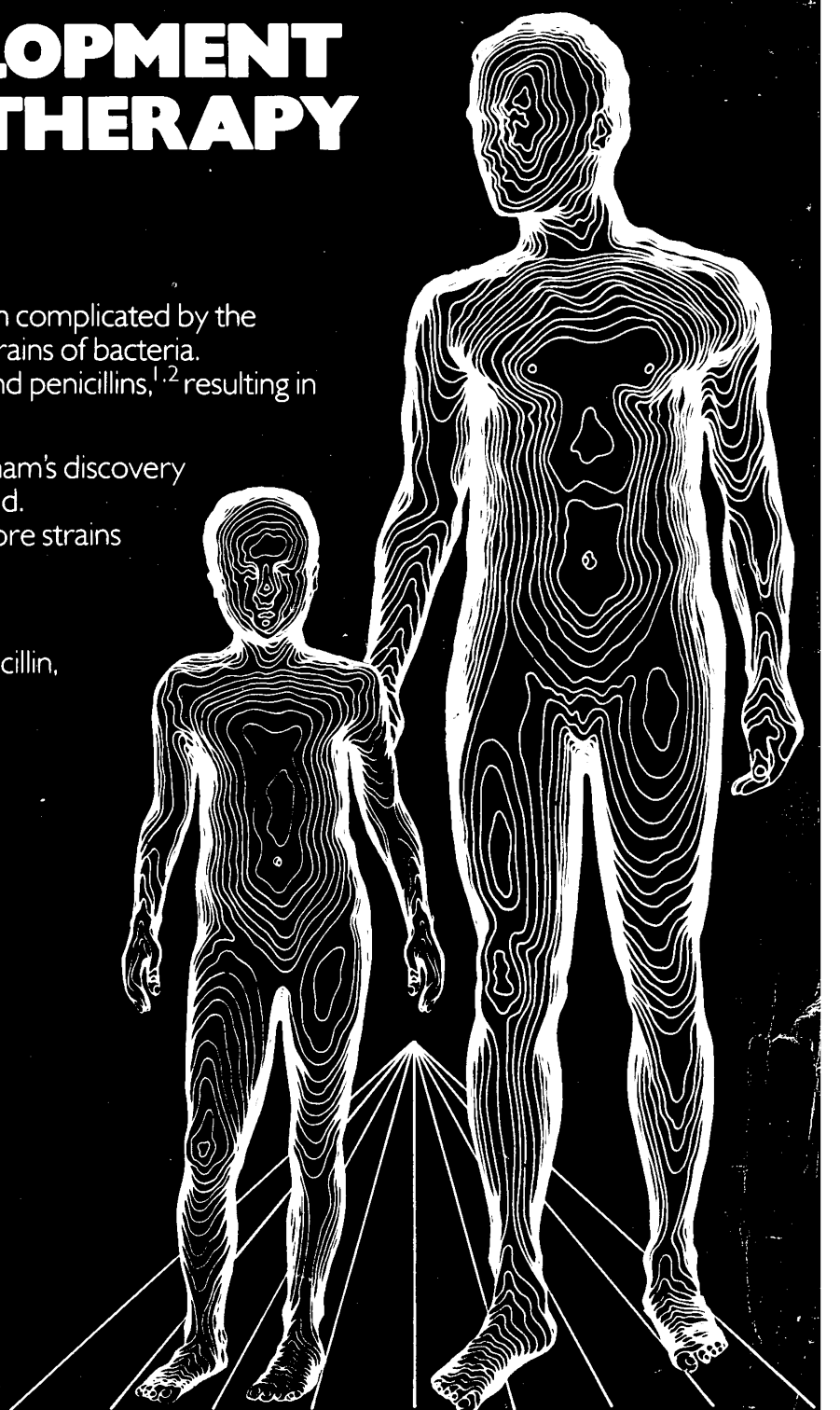
clavulanate-potentiated amoxycillin

A MAJOR DEVELOPMENT IN ANTIBIOTIC THERAPY



In recent years, the treatment of infection has been complicated by the increasing prevalence of ß-lactamase producing strains of bacteria. ß-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 ß-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 ß-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 gastro-intestinal 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
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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.

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