

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)



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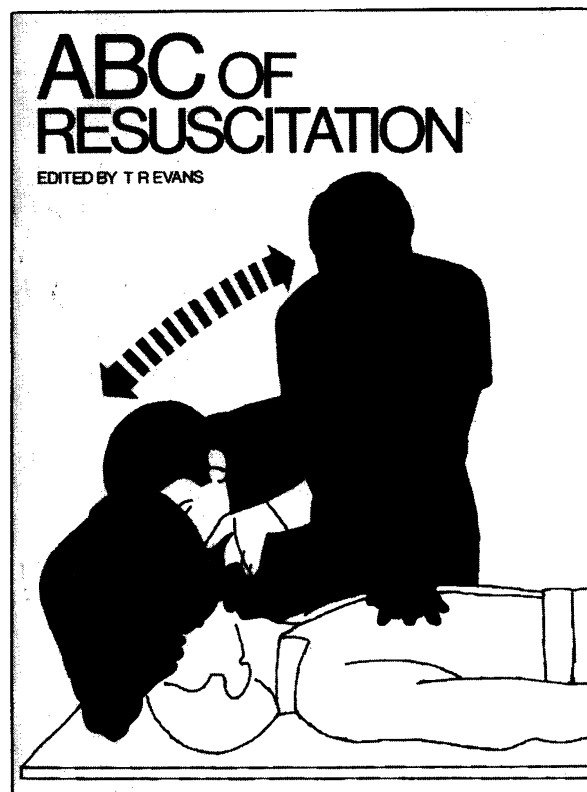
ABC OF RESUSCITATION

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



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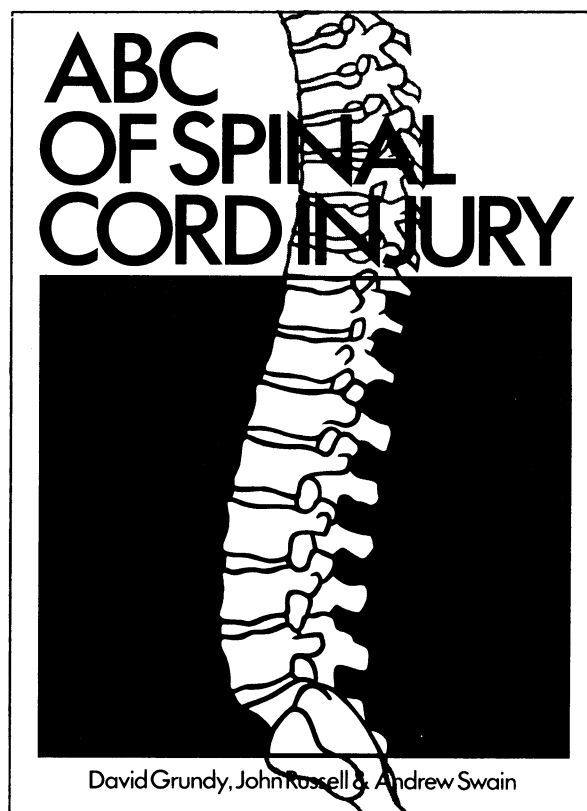
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DAVID GRUNDY
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ABC OF ASTHMA

JOHN REES

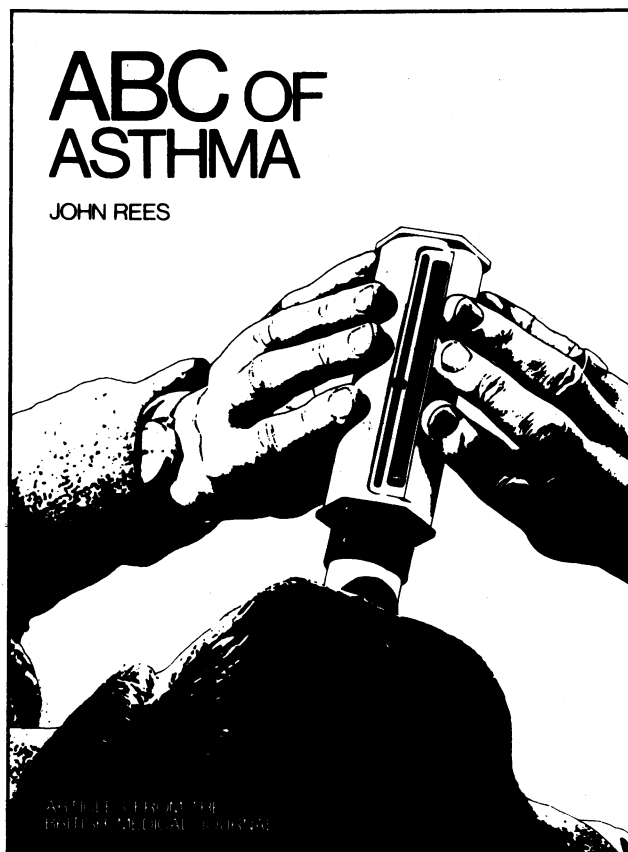
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Med J Aust 1984; 141: 756

"This is a very useful and commonsense guide to a condition whose management sometimes leaves much to be desired."

South African Journal of Continuing Medical Education
1984; 2: 155

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DOSAGE: Adults only: 600mg daily in divided doses. Current research suggests that it is not necessary to modify the dosage of Surgam in the elderly or in cases of mild to moderate renal impairment. In severe renal impairment, it is suggested that the dosage should be reduced to 200mg twice daily.
CONTRA-INDICATIONS: Active peptic ulceration, history of peptic ulceration, hypersensitivity.
PRECAUTIONS: Use with care in patients with a history of severe renal or hepatic insufficiency, asthma, sensitivity to aspirin or other non-steroidal anti-inflammatory agents (NSAIs), incipient or actual congestive heart failure. Modification of dosage

may be necessary in concurrent therapy with highly protein-bound drugs, e.g. anticoagulants, sulphonamides and hypoglycaemic agents. Safety in pregnancy and lactation has not been established and, in common with other NSAIs, administration during the first trimester should be avoided.
SIDE-EFFECTS: Surgam is generally well tolerated. Gastro-intestinal reactions which have been reported include dyspepsia, nausea, abdominal pain, vomiting, anorexia, indigestion, heartburn, stomatitis, constipation, gastritis, flatulence or diarrhoea. Peptic ulcers, gastro-intestinal bleeding and perforation have occasionally been reported and in exceptional cases may have been associated with fatalities. Headache and drowsiness have occasionally been reported, as have skin reactions which include rash, photosensitivity, urticaria, pruritus,

angio-oedema and alopecia.
OVERDOSAGE: Supportive and symptomatic therapy.
PRESENTATION AND PACKAGING: Surgam 300mg tablets and sachets in packs of 60. Surgam 200mg tablets in bottles of 100.
LEGAL CATEGORY: POM.
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DATE OF PREPARATION: November 1986.

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