



# 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.

Scanning electron micrograph  
of mycelial cells penetrating  
between vaginal surface  
epithelial cells. X 3000.

TRADEMARK  
**Nizoral**  
ketoconazole

*the elegant way  
to treat an inelegant problem*

**Presentation:** white, flat, half-scored uncoated tablets marked "Janssen" on one side and K200 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<sub>2</sub>-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)



**JANSSEN**

PHARMACEUTICA

2340 Beerse, Belgium

World leader in antimycotic research

PUBLICATION DATE 30 SEPTEMBER 1987

# ABC OF AIDS

EDITED BY MICHAEL W ADLER

Today's most widely known and perhaps most generally feared disease, AIDS presents particular problems for non-specialist doctors. So far treatment of patients with AIDS has been largely confined to specialist centres so that, although the disease will inevitably spread, few doctors have had much experience of managing it. The *ABC of AIDS* provides essential details on the development of the epidemic, management of early HIV infection, tumours, and the respiratory, neurological, and gastrointestinal manifestations. It discusses the treatment of infections and the prospects for vaccines and prevention as well as outlining programmes for counselling, nursing, and the control of infection. Edited by Michael Adler, a leading authority on the topic, the *ABC of AIDS* is a vital guide that no medical practitioner can afford to be without.

## The facts and the future

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London WC1H 9TE  
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## ABC OF SEXUALLY TRANSMITTED DISEASES

MICHAEL W ADLER

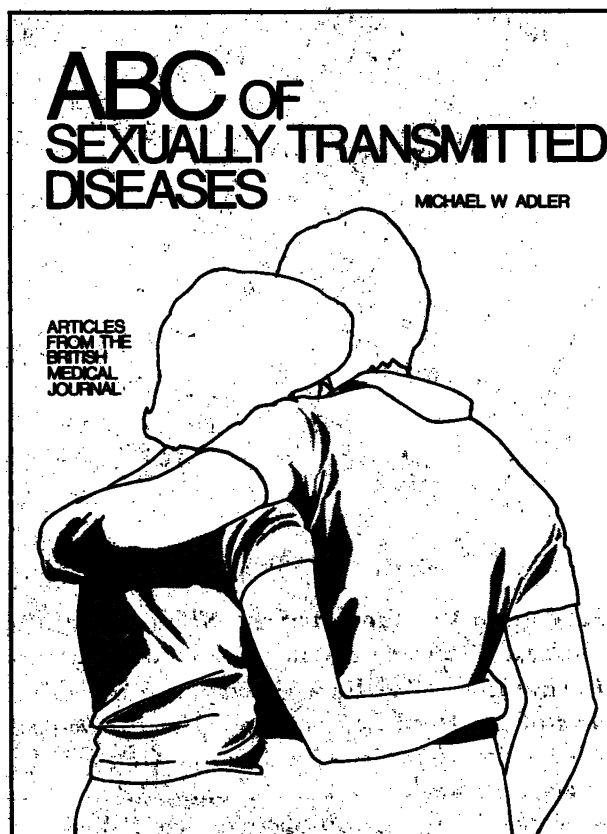
AIDS and genital herpes are only the more dramatic signs of a general increase in the number and range of sexually transmitted diseases. Yet these conditions are not seen only in sexually transmitted disease clinics and doctors need to be aware that common clinical problems such as vaginal discharge, rashes, and pelvic pain may have a sexual origin.

Professor Michael Adler's ABC describes the presentation, diagnosis, and management of these conditions, emphasising the need to take a broad clinical view of patients and their problems.

Price: Inland £4.95; Overseas £6.50/USA \$10.50  
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
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
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# no power to relieve arthritis

## **PRESCRIBING INFORMATION:**

**PRESENTATION:** White, convex tablets, 11mm in diameter marked SURGAM 300 on one side and  on the reverse. Each tablet contains 300mg tiaprofenic acid.

White, convex tablets, 10mm in diameter, marked SURGAM 200 on one side and  on the reverse. Each tablet contains 200mg tiaprofenic acid. Sachets containing 300mg tiaprofenic acid.

**Uses Properties:** Surgam is a non-steroidal anti-inflammatory agent with marked analgesic properties.

**Indications:** Rheumatoid arthritis; osteoarthritis; ankylosing spondylitis; low back pain; musculo-skeletal disorders such as fibrositis, capsulitis, epicondylitis and other soft-tissue inflammatory conditions: sprains and strains, post-operative inflammation and pain, and other soft-tissue injuries.

**Dosage and administration Adults:** 600mg daily in divided doses. 300mg twice daily. Alternatively, 200mg three times daily.

**Elderly:** 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.

**Children:** There are insufficient data to recommend use of Surgam in children.

**Contra-indications, warnings etc. Contra-indications:** Active peptic ulceration, history of peptic ulceration, hypersensitivity to the drug. **Precautions:** Surgam should be used with care in patients with a history of severe renal or hepatic insufficiency, asthma or previous sensitivity to aspirin or other non-steroidal anti-inflammatory agents. Non-steroidal anti-inflammatory drugs may cause some sodium and fluid retention. This should be borne in mind in patients with incipient or actual congestive heart failure. Since Surgam is highly protein-bound, it may be necessary to modify the dosage of other highly protein-bound drugs, e.g. anticoagulants, sulphonamides, hypoglycaemic agents, phenytoin and certain potent diuretics when these are administered concurrently.

**Pregnancy:** Although animal studies have not revealed evidence of teratogenicity safety in human pregnancy and lactation cannot be assumed and, in common with other non-steroidal anti-inflammatory agents, administration during the first trimester should be avoided.

**Lactation:** There are no data on the passage of Surgam into the breast milk.

**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. In common with other non-steroidal anti-inflammatory agents, 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, pruritis, angio-oedema and alopecia.

**Treatment of overdose:** In the event of an overdose with Surgam, supportive and symptomatic therapy is indicated.

**Pharmaceutical precautions** Store in a cold place and protect from light.

**Legal category** Prescription Only Medicine.

**Package quantities** 300mg tablets in bottles of 60. 200mg tablets in bottles of 100. 300mg sachets in packets of 60.

**Basic NHS prices and Product licence numbers** Surgam 300mg £15.44 per pack of 60 0109/0109 Surgam 200mg £16.39 per pack of 100 0109/0108 Surgam 300mg sachets £15.44 per pack of 60. 0109/0127

**Further information** Nil. **Date of preparation** March 1987.

ROUSSEL 

tiaprofenic acid

# SURGAM 300

bd

Roussel Laboratories Ltd,  
Broadwater Park, North Orbital Road,  
Uxbridge, Middlesex UB9 5HP.

# Rocephin

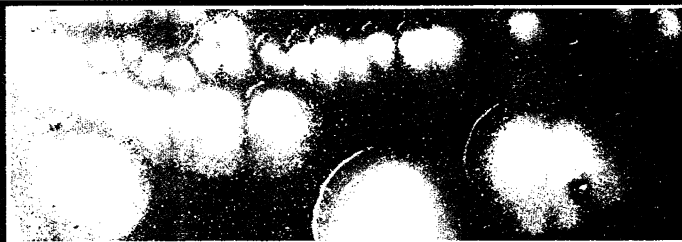
ceftriaxone Trade Mark

## 24-hour bactericidal power

Once daily  
parenteral cephalosporin

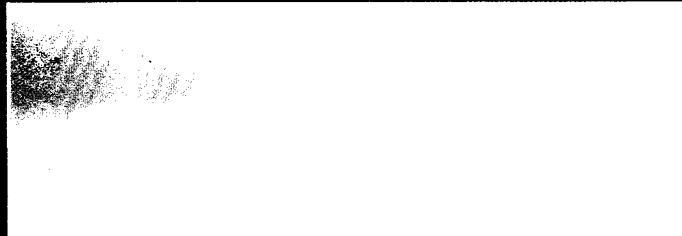
### Highly effective in a broad range of pathogens

*Neisseria meningitidis*  
(human blood agar)



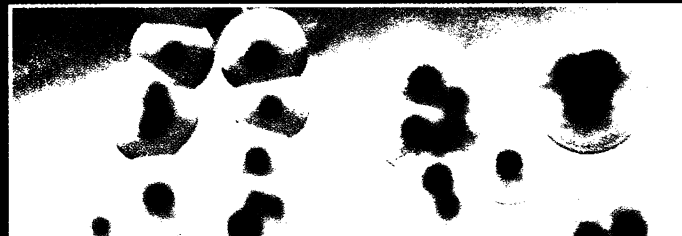
MIC<sub>50</sub>: ≤ 0.008 µg/ml  
MIC<sub>90</sub>: ≤ 0.008 µg/ml

*Proteus mirabilis*  
(maltose agar)



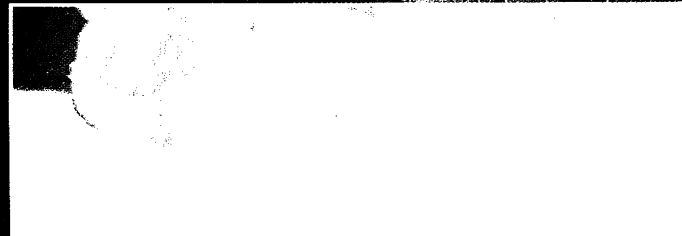
MIC<sub>50</sub>: 0.008 µg/ml  
MIC<sub>90</sub>: 0.025 µg/ml

*Salmonella typhimuricum*  
(S.S. agar)



MIC<sub>50</sub>: 0.007 µg/ml  
MIC<sub>90</sub>: 0.125 µg/ml

*Klebsiella pneumoniae*  
(endo agar)



MIC<sub>50</sub>: 0.05 µg/ml  
MIC<sub>90</sub>: 0.1 µg/ml

*Escherichia coli*  
(Levine EMB agar)



MIC<sub>50</sub>: 0  
MIC<sub>90</sub>: 0

sensitive: ≤ 8 µg/ml; intermediate: 16-32 µg/ml

#### Reference

1. Data on file.  
F. Hoffmann-La Roche & Co. Limited Company,  
Basle, Switzerland.



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For further information, please contact your local representative or write to Roche, Basle, Switzerland.