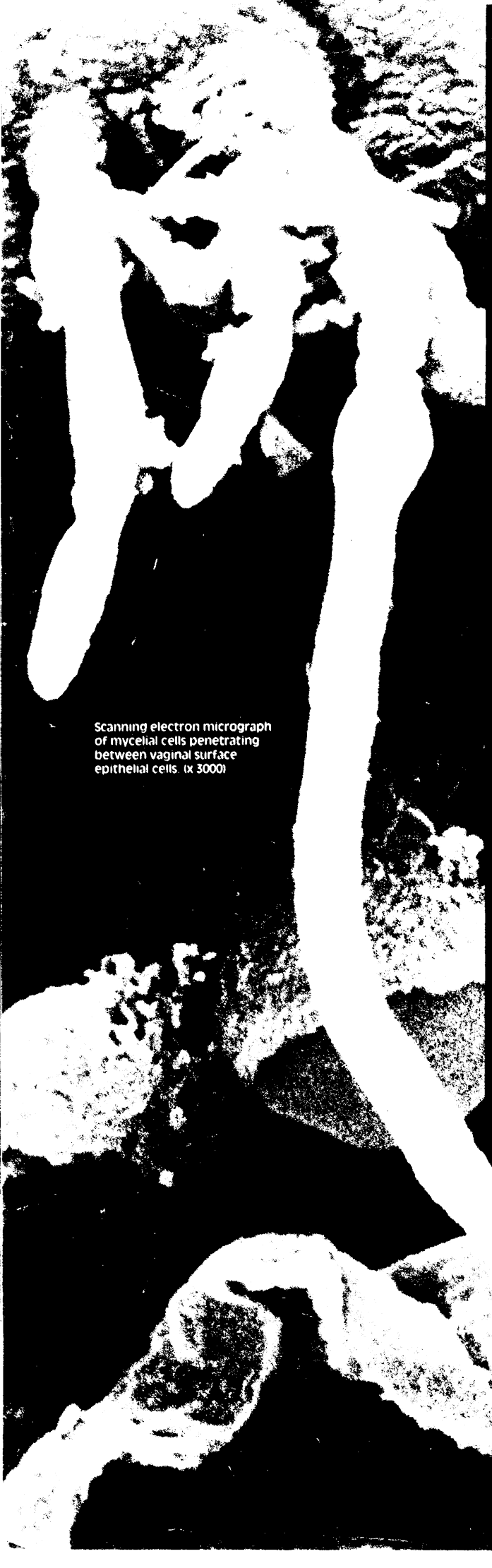


Scanning electron micrograph of mycelial cells penetrating between vaginal surface epithelial cells. (x 3000)

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.

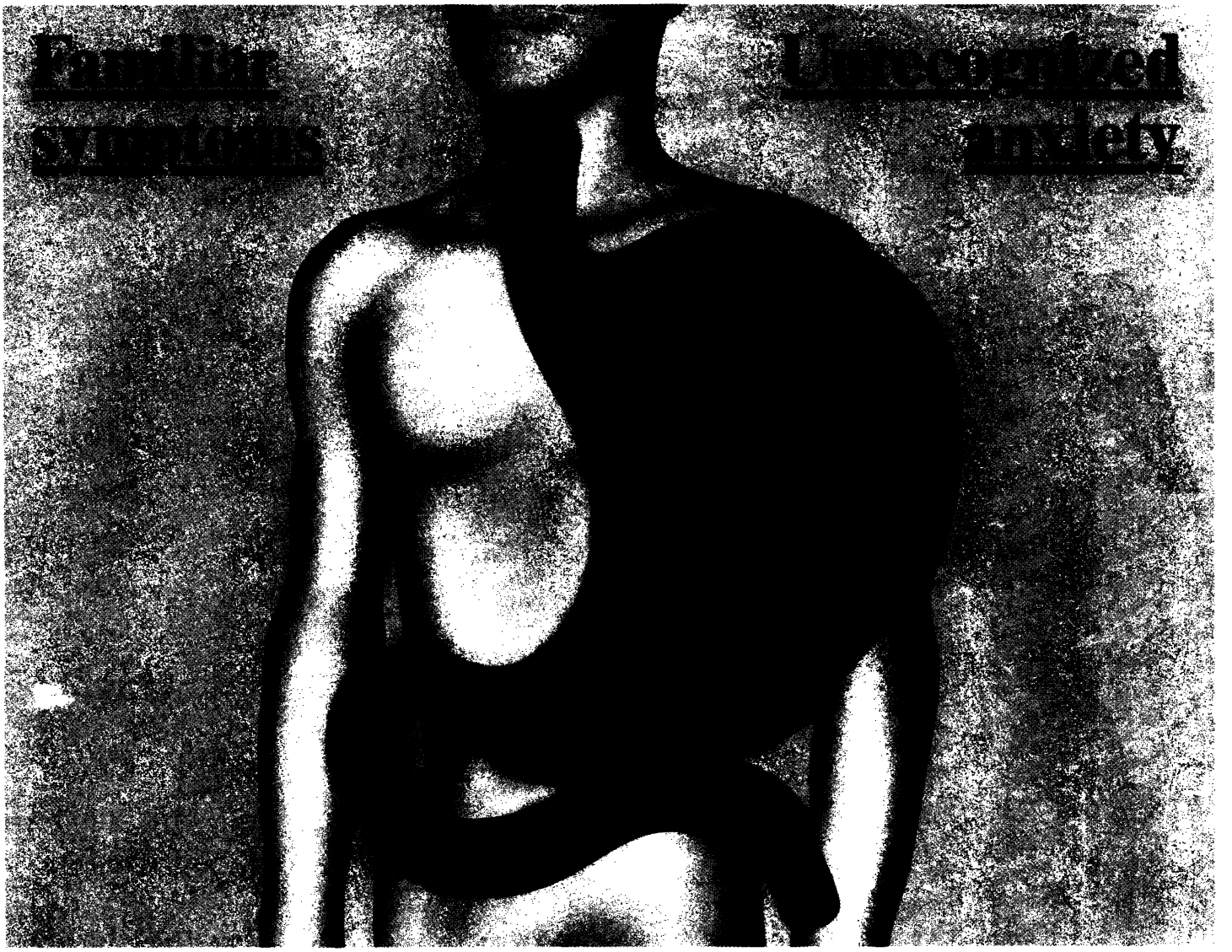
Ref.: Acta Cytol. (Baltimore) **26**, 7 (1982)

JANSSEN

PHARMACEUTICA

Beerse, Belgium

world leader in antimycotic research



Organic complaints are often the perceptible expression of concealed anxiety.

‹Lexotan›
helps pinpoint the cause.

Bridging anxiety

Lexotan

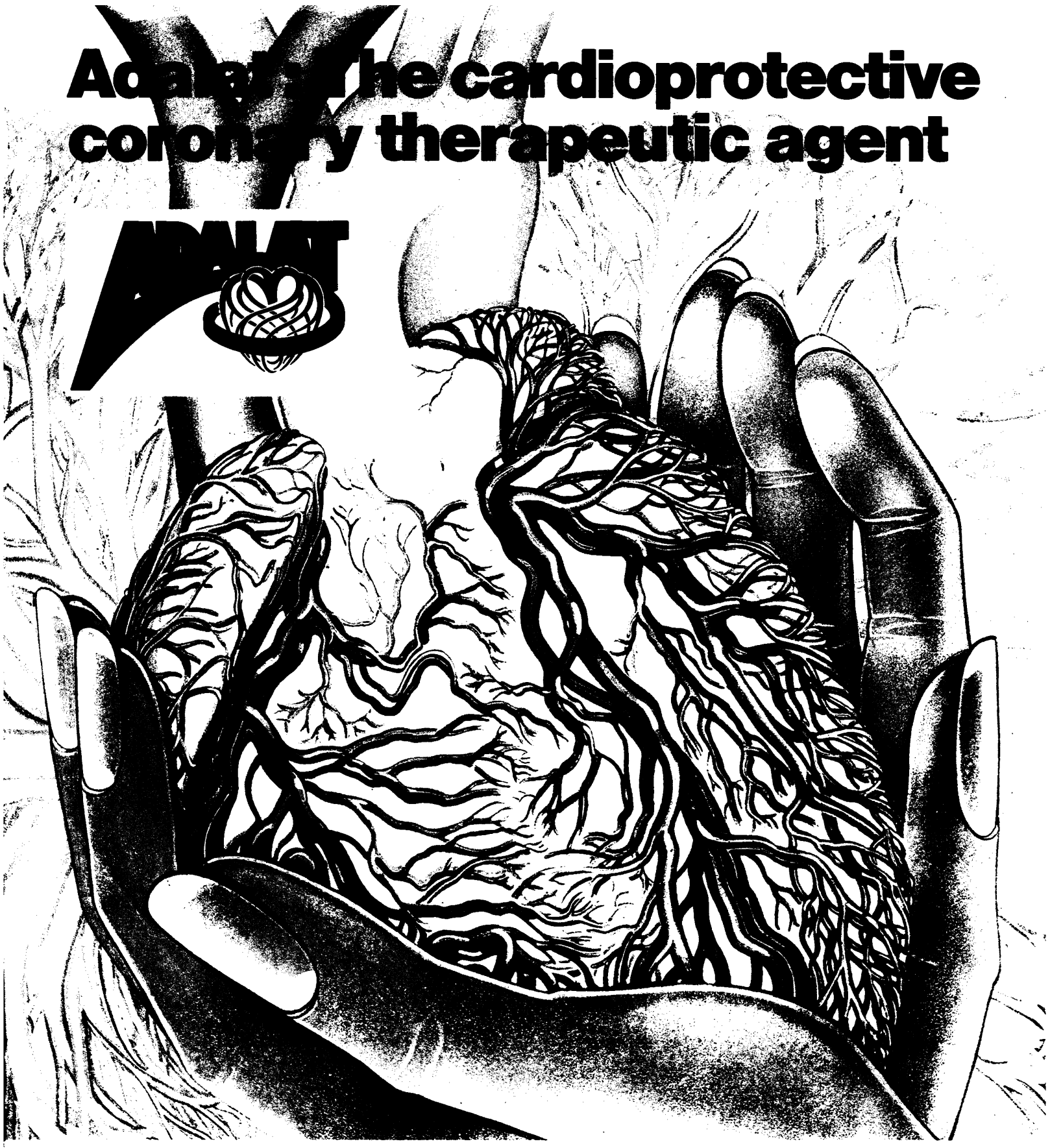
bromazepam

Composition: 7-Bromo-1,3-dihydro-5-(2-pyridyl)-2 H-1,4 benzodiazepin-2-one (bromazepam). **Indications:** Anxiety neurosis as well as tension states and somatic complaints associated with it. **Dosage:** Average dose for ambulant patients: 1,5–3 mg up to three times daily. It is often an advantage to give the total daily dose as a single dose in the evening. Severe cases, especially in hospital: 6–12 mg two or three times daily. **Side effects:** With high dosage, fatigue, drowsiness and, more rarely, muscular weakness may occur. Please consult the package insert for fuller details on indications, contraindications and precautions. ‹Lexotan› is a Trade Mark.

F. Hoffmann-La Roche & Co. Limited Company, Basle, Switzerland

ROCHE

Adalat: the cardioprotective coronary therapeutic agent



Composition: 1 Adalat capsule contains 10 mg nifedipine. **Indications:** 1. Coronary heart disease: Chronic stable angina pectoris, angina at rest, including vasospastic angina (Prinzmetal's angina, variant angina) and unstable angina (crescendo preinfarction angina), angina pectoris following myocardial infarction (except in the first 8 days following acute myocardial infarction). 2. Hypertension. **Contraindications:** Hypersensitivity to Adalat and the whole period of pregnancy. There are no findings on use during lactation. Caution should be exercised in the presence of pronounced low blood pressure (severe hypotension: systolic blood pressure < 90 mmHg). Cardiovascular shock. **Side-effects:** Side-effects generally occur at the start of therapy and are often of a slight and transient nature: facial flush, heat sensation, headache. In isolated cases, particularly at higher doses: nausea, dizziness, tiredness, skin reactions, paraesthesia, hypotensive reaction, palpitations and increased pulse rate. Occasionally leg oedema due to dilatation of the blood vessels. Extremely rare: during long-term therapy, gingival hyperplasia which regresses completely once therapy is discontinued; chest pain (which may be angina pectoris-like pain) – where this occurs and a causal connection with Adalat is suspected, therapy should be discontinued. Caution should be exercised in dialysis patients with malignant hypertension and irreversible renal failure with hypovolaemia, since vasodilatation can result in a reduction in blood pressure. Treatment of hypertension with this drug requires regular medical supervision. Individuals may react differently to this drug and some patients' ability to drive and to operate machinery may be impaired. This applies particularly at the start of treatment, when changing from one preparation to another and if alcohol is consumed. **Mode of action:** Adalat is a calcium antagonist and is classified as a coronary therapeutic agent/antihypertensive agent. **Dosage:** Treatment should be adapted to the individual as much as possible according to the severity of the disease and the patient's response to therapy. **Coronary heart disease:** Long-term therapy, generally with a daily dose of 3 x 1 capsule Adalat. In some cases the dose can be increased in stages to 60 mg (3 x 2 capsules Adalat). For coronary spasms (Prinzmetal's angina, angina at rest) the daily dose can be temporarily increased to between 80 and a maximum of 120 mg (between 4 x 2 and 6 x 2 capsules Adalat) in individual cases. **Hypertension:** Daily dose: 3 x 10 to a maximum of 3 x 20 mg (3 x 1 to 3 x 2 capsules) Adalat. If particularly rapid onset of action is required in cases of acute high blood pressure (hypertensive crisis) or impending angina pectoris attack, the individual dose is 1 – 2 capsules Adalat (10 – 20 mg) administered sublingually (the capsule should be bitten). In exceptional cases up to 3 capsules Adalat (30 mg). **Dosage interval:** Where the individual dose is 20 mg, the capsules should be taken at intervals of not less than 2 hours. **Interactions with other drugs: Adalat/antihypertensive agents:** concomitant administration may enhance the antihypertensive effect of nifedipine. **Adalat/beta receptor blockers:** the patient must be monitored carefully during concomitant administration since severe hypotension may occur; development of heart failure has been reported occasionally. **Adalat/cimetidine:** possible enhancement of antihypertensive effect. **Presentations:** Adalat: packs with 30, 50 and 100 capsules each containing 10 mg nifedipine.

Bayer AG, Leverkusen, West-Germany. Co.-No.: 2 w

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Bayer