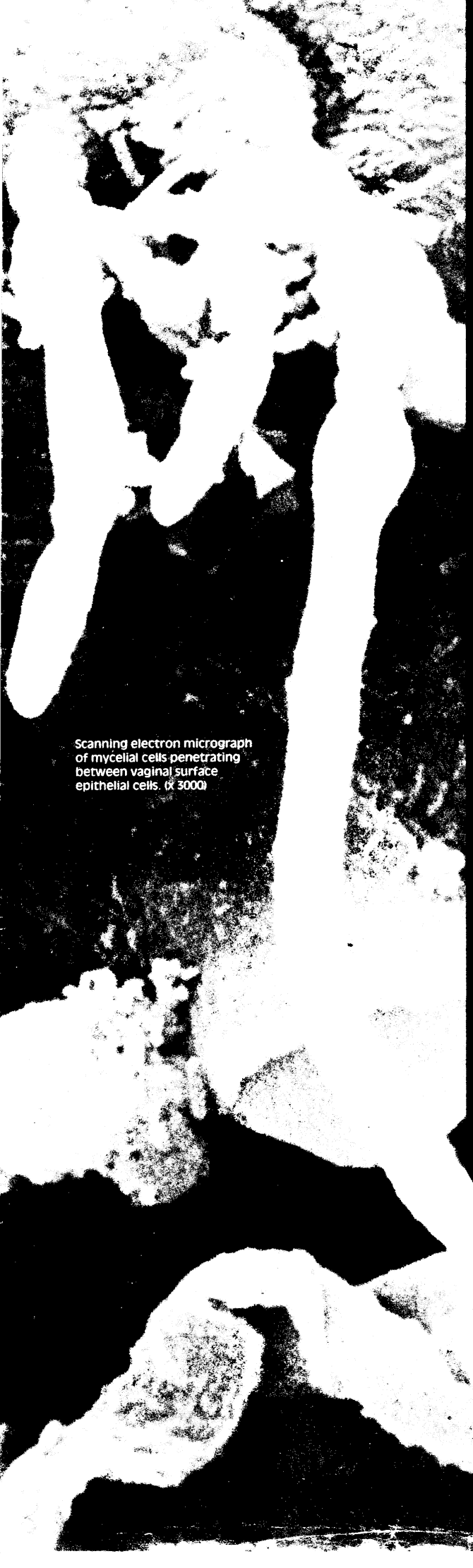


Scanning electron micrograph of mycelial cells penetrating between vaginal surface epithelial cells. (x 3000)

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
B-2340 Beerse, Belgium
world leader in antimycotic research

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.

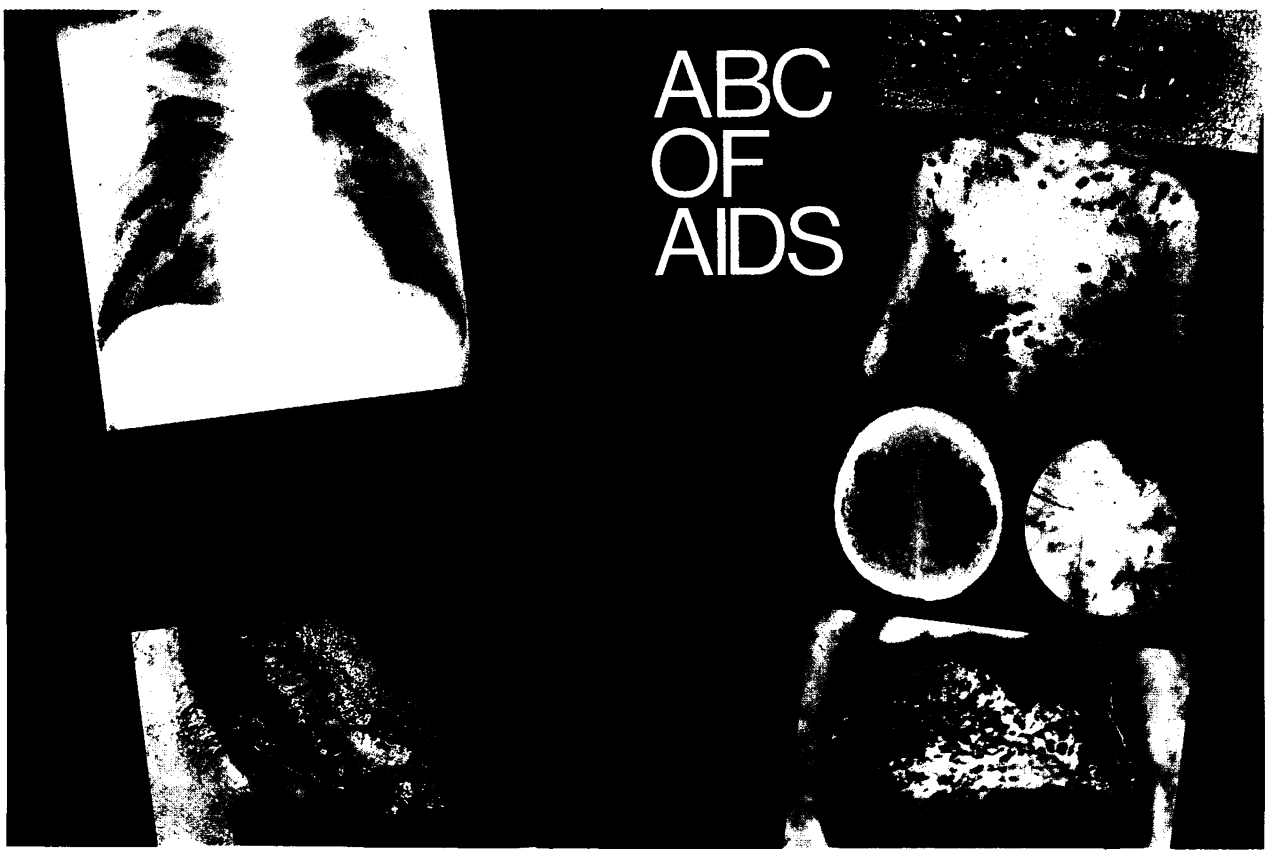
The facts and the future

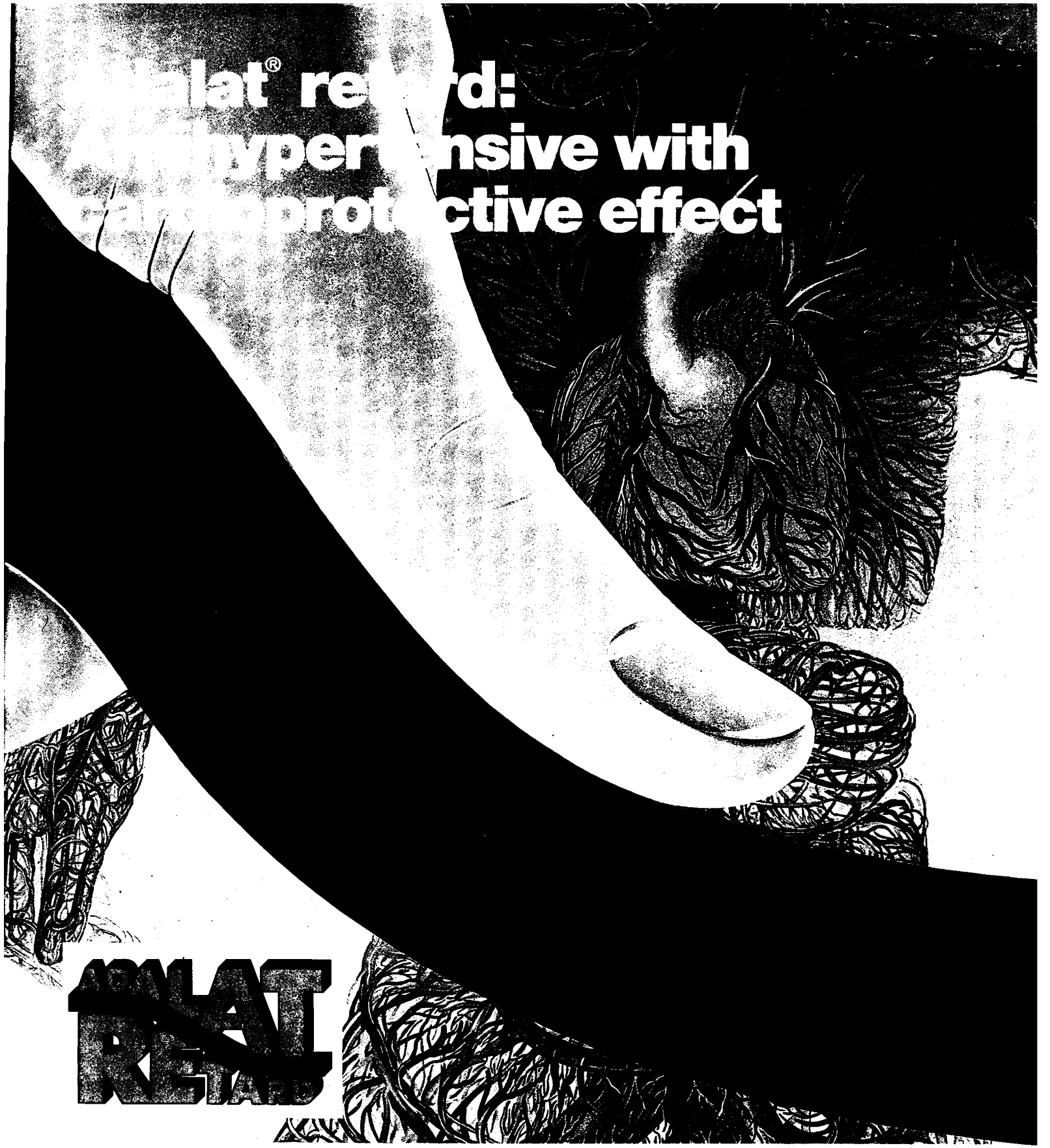
Price: Inland £9.95
Abroad £12.50/USA$21.00
BMA members: Inland £8.95
Abroad £11.50/USA$19.00
including postage, by air abroad

Payment must be enclosed with order

Order from
British Medical Journal
P.O. Box 295
London WC1H 9TE
or any leading bookseller

First impression - **SOLD OUT** ★ *Second impression* — **AVAILABLE NOW**





Adalat® retard: antihypertensive with cardioprotective effect

Composition: **1 sustained release tablet of Adalat retard contains 20 mg nifedipine.** Indications: 1. Coronary heart disease: Chronic stable angina pectoris (exercise angina), angina pectoris following infarction (except in the first 8 days following an acute myocardial infarction). 2. Hypertension. Contraindications: Hypersensitivity to Adalat retard 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 with 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 patient's 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 retard 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. Dosage guidelines for: Coronary heart disease: Chronic stable angina pectoris (exercise angina), angina pectoris following infarction; hypertension: 2 x daily 1 sustained release tablet Adalat retard. In some cases it may be necessary to increase the dose further to 2 x 2 sustained release tablets (2 x 40 mg). If sufficient therapeutic success is not observed in angina pectoris patients after approximately 14 days of therapy, this treatment should be replaced by the fast-acting (10 mg) Adalat capsule where this is advised by the physician. The tablets should be swallowed whole with a small amount of liquid independently of meals. Dosage interval: 12 hours, but in any case not less than 4 hours. Interactions with other drugs: Adalat retard/antihypertensive agents: concomitant administration may enhance the antihypertensive effect of nifedipine. Adalat retard/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 retard/cimetidine: possible enhancement of antihypertensive effect. Note: If a particularly rapid onset of action is required for the treatment of spasms of the coronary vessels (coronary spasm: Prinzmetal's angina, angina at rest) and particularly marked clinical pictures or impending angina pectoris attacks or acute hypertensive crisis, the fast-acting (10 mg) Adalat capsules should be used. Once the situation has improved, an attempt may be made to transfer to Adalat retard tablets. The light-sensitive active substance in the sustained release tablet is protected from light both inside and outside the packaging; nonetheless the tablets should only be removed from the foil immediately before use and should not be broken. Presentations: Adalat retard: packs with 30, 50 and 100 sustained release tablets containing 20 mg nifedipine. Hospital packs.

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

E 7/021

Bayer BAYER