

Render unto

# histamine

what histamine deserves



Histamine deserves an antihistamine that can really take it on. For right away allergies that thrive on histamine will respond, including allergic rhinitis, allergic conjunctivitis and various forms of urticaria.

# Hismanal<sup>®</sup>

(astemizole)

JUST ONE TABLET A DAY

Pharmacologically, Hismanal is a very powerful antihistamine. Without hardly any risk of sedation, it blocks most of the peripheral H<sub>1</sub> receptors at its once-a-day dosage.<sup>1</sup>

And it will maintain its effect during the 24-hour dosing interval, so there's little chance of breakthrough problems.<sup>2</sup>

fast and  
24-hour  
symptom control



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*the drug discovery company*

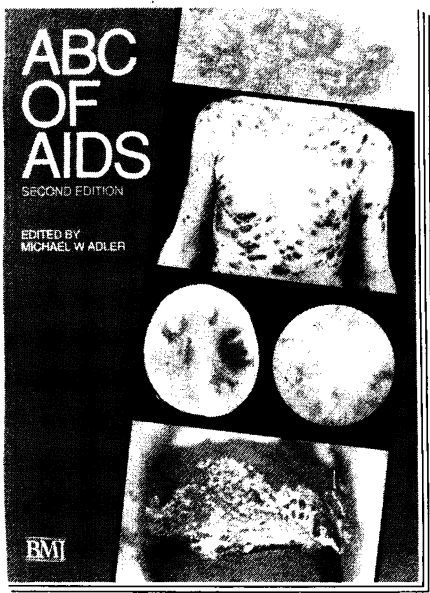
#### References:

1. Awouters, F., *et al.*: *Arzn. Forsch.* 33, 381 (1983). 2. McMillan, J., *et al.*: *J. Allergy Clin. Immunol.* 85, 255 (1990)

#### Prescribing information

**Uses:** Hismanal is an antihistamine lacking in sedative potential which is indicated for allergic rhinitis and conjunctivitis and other conditions normally responsive to antihistamines, including allergic skin reactions (urticaria). **Dosage and Administration:** Children 6-12 years: 5 mg (1/2 tablet or 5 ml) daily. Adults and Children over 12 years: 10 mg (1 tablet or 10 ml) daily. This dose must not be exceeded. **Contra-indications:** Contra-indicated in pregnancy. **Precautions:** Ventricular arrhythmias have occurred at very high doses, see overdosage. No teratogenic effects were observed in animal studies, although like many other histamines, Hismanal has been associated with adverse effects on the maintenance of pregnancy in rats. Adequate contraceptive precautions should be taken in women of childbearing potential during and for several weeks after stopping therapy. No specific studies in the elderly or in children under 6 years have been performed. Should not be used by breastfeeding women. **Side-effects:** No known interaction with diazepam or alcohol. Since sedation has been reported extremely rarely, Hismanal should not interfere with activities requiring mental alertness for example, driving or operating machinery. Nevertheless as with other medications, patients should exert caution when undertaking such activities following the first dose of Hismanal. Weight gain has occasionally been reported. **Overdosage:** Gastric lavage and emesis if appropriate. ECG monitoring should be instituted as serious ventricular tachycardias have occurred infrequently. **Presentation:** White, biconvex, half-scored uncoated tablets marked 'Janssen' on one side and AST/10 on the reverse. Each tablet contains astemizole 10 mg, supplied in packs of 30 tablets. White sugar-free suspension with a fruity flavour containing astemizole 1 mg/ml in 200 ml amber glass bottles. **Product Licence Numbers:** Tablets 0242/0086. Suspension 0242/0111 **Full prescribing information available on request** from Janssen Pharmaceutica Ltd., Grove, Wantage, Oxon, England; or from Janssen Pharmaceutica, B-2340 Beerse, Belgium.

## ***Expert information on important problems***

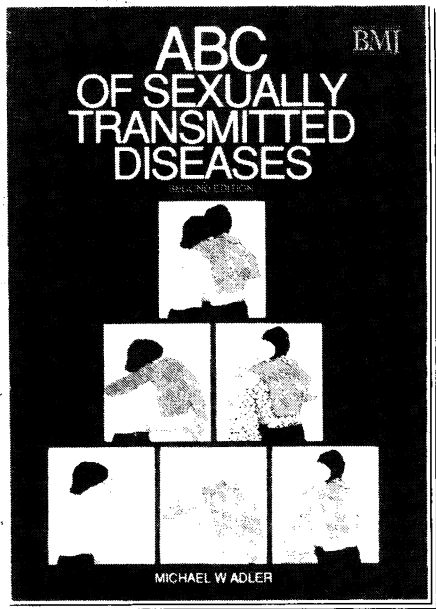


It is vital for all doctors to keep up to date with the facts about AIDS. The second edition of *ABC of AIDS* has been completely revised to give a clear picture of the present state of knowledge about the epidemic and current approaches to treatment. It also includes two new chapters, on HIV infection related to misuse of drugs, and HIV infection in children. Edited by Michael Adler, a leading authority on the topic, the *ABC of AIDS* is a concise, authoritative guide that all medical practitioners should read.

**January 1991**

*UK £10.95; Abroad £13.50*

(BMA members: £9.95 or £12.50)

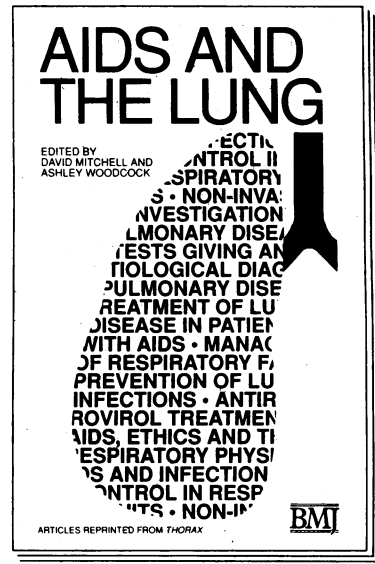


The number and range of sexually transmitted diseases have been increasing steadily in the past few years, and the second, revised edition of the *ABC of Sexually Transmitted Diseases*, includes the most up to date figures as well as new chapters on AIDS and psychosexual problems. Doctors need to be aware that common clinical conditions such as rashes, vaginal discharge, and pelvic pain may have a sexual origin and in the new edition of this invaluable handbook Professor Michael Adler gives expert guidance on the diagnosis and management of these conditions.

## August 1990

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The lung is the organ most affected by the opportunistic infections that occur in patients with AIDS. Pneumocystis pneumonia occurs in up to four fifths of such patients in Europe and North America, while tuberculosis is a major factor in Africa. As the numbers of patients with AIDS increase, respiratory physicians throughout the world are more likely to be concerned in their management. In *AIDS and the Lung* experts review the problems, emphasising practical points and providing up to date information on this rapidly changing subject.

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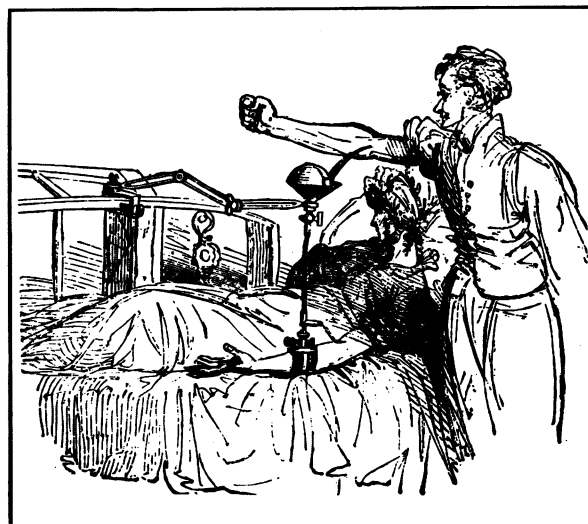


## Expert guidelines from the BMJ

All the practical aspects of blood transfusion are covered in this *ABC*. In a clear, simple format it describes the selection of blood donors, the necessary tests before transfusion, indications for the administration of blood and blood derivatives, complications, and special aspects of transfusion. Edited by Dr Marcela Contreras, director of the North London Transfusion Centre, *the ABC of Transfusion* provides information rarely

given to doctors during their training but which is essential for all those who deal, one way or another, with the transfusion of blood, blood components, or blood products.

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# gastric distress & oesophagitis

## hyperacidity or dysmotility?

Most complaints of gastric distress, as well as oesophagitis, are conventionally attributed to hyperacidity in the stomach. However, the contemporary view in gastroenterology holds that most upper G.I. problems, including heartburn, postprandial fullness, early satiety, abdominal distension and epigastric discomfort, are commonly motility related.<sup>1-3</sup> And this stands to reason. After all, proper peristalsis is a physiological necessity for our digestive process.

Prepulsid, the novel G.I. prokinetic, uniquely restores healthy peristalsis to efficiently clear the oesophagus and empty the stomach.<sup>4-6</sup>

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restores upper G.I. motility like no other agent.

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expertise in digestive motility

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References: 1. Kniff, J.E., et al., Dig. Dis. Sci. 29, 194 (1984); 2. Kahrilas, J.P., et al., Gastroenterology 91, 897 (1986); 3. Malagelada, J.R., et al., Gastroenterol. 88, 1223 (1985); 4. Ceccatelli, P., et al., Gut 29, 631 (1988); 5. Collins, B.J., et al., Hepato-Gastroenterol. 34, 113 (1987); 6. Jan, R., et al., Dig. Dis. Sci. 34, 657 (1989).  
**Prescribing information:** Prepulsid (cisapride) is a gastro-intestinal prokinetic agent. Prepulsid enhances and coordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. **Therapeutic indications:** 1. Gastroaeraxis. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction.  
**Contra-indications:** No absolute contra-indications are known. **Precautions:** Pregnancy. Although, in animals, there is no effect on primary fertility, no primary embryotoxic and no teratogenic effect, the anticipated therapeutic benefits should be weighed against the potential hazards before Prepulsid is given during pregnancy, especially during the first trimester. Nursing mothers. Although the excretion in breast milk is minimal, nursing mothers are advised not to breast feed while taking Prepulsid. **Driving and machine operating ability.** Prepulsid does not affect psychomotor function and does not induce sedation or drowsiness. Prepulsid may, however, accelerate the absorption of drugs from the small intestine. **Interactions:** The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs. The absorption of drugs from the stomach may be diminished, whereas absorption of drugs from the small intestine may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H<sub>2</sub>-blockers). In patients receiving anticoagulants, the coagulation times may be increased. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adapt the anticoagulant dose if necessary. **Effects of Prepulsid on gastro-intestinal motility are:** for the most part, antagonized by anticholinergic drugs. In hepatic and renal insufficiency, it is recommended to halve the initial daily dose. Subsequently, this dose can be adapted, depending on the therapeutic effects or possible side effects. In the elderly, steady state plasma levels are generally higher, due to a moderate prolongation of the elimination half-life. Therapeutic doses, however, are similar to those used in younger patients. In the case of drugs that require individual titration, it may be useful to monitor plasma levels of such drugs when Prepulsid is associated. **Adverse reactions:** to the side effects of Prepulsid (cisapride) are: diarrhoea, flatulence, headache, dizziness, dry mouth, constipation, nausea, vomiting, abdominal pain, bloating, reflux, heartburn, epigastric discomfort, dyspepsia, dysphagia, reflux, oesophagitis, refractory constipation. 10 mg i.d. to 10 mg q.i.d. (before the 3 main meals and before bedtime). In infants and children, on the average 0.2 mg/kg per intake, 3 to 4 times daily. For the suspension makes are indicated on the dosing paper as a function of body weight.  
**Note:** Prepulsid (cisapride) is not yet available in all countries and not all indications have been approved everywhere.