

KEY
WORDS
200,000
SPECIES

200,000 WONDROUS SPECIES

T. rubrum



C. albicans



Aspergillus niger



In the world of bacteria and bacterial infections clinicians feel quite at home. Strangely, this is not usually the case in the world of fungi and fungal infections. With its 200,000 species it seems like a complex domain.

Yet only some 100 of them are pathogenic to man. And clinically they can be classified in three main fields:

I. THE "KERATINOUS" MYCOSES: prototypes are the tinea infections whose battlefield is the keratinous skin and the nails, and whose causative agents belong to the dermatophytes;

II. THE "MOISTENING" MYCOSES: prototypes are vaginal candidosis and oral thrush. These can only develop in moist environments and are invariably caused by yeasts;

III. THE "SYSTEMIC" MYCOSES: these develop in the internal organs when the general or regional immunity is defective; although predominantly caused by yeasts, "modern" pathology increasingly encounters rather more specific fungi... *Aspergillus* — not a yeast but a fungus all on its own — is the dominant example.

Thus a complex world looks a lot simpler. Which can likewise be said of modern antifungal therapy:

Sporanox^{*}

itraconazole

SHORT AND SIMPLE ORAL THERAPY

standard dose in dermatology: 1 capsule (100 mg) once daily for 15 days
standard dose in gynaecology: 2 x 2 capsules (400 mg) for 1 day only

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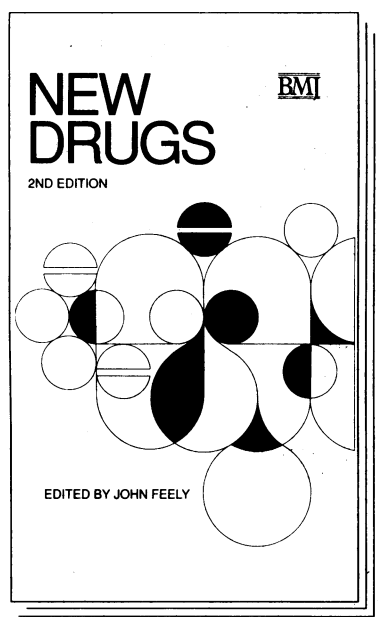
JANSSEN
PHARMACEUTICA
2340 Beerse, Belgium
the drug discovery company

Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day,

Pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days. - Tinea corporis, tinea cruris, tinea pedis, tinea manus: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmar tinea manus, require 1 capsule (100 mg) daily for 30 days. - Oral candidosis: 1 capsule (100 mg) daily for 15 days. - Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically

Sporanox (itraconazole) has not been reported to cause hepatic dysfunction. It is contraindicated in patients with a known history of liver disease. **Mothers:** It is recommended not to breast-feed while taking Sporanox (itraconazole). **Children:** Sporanox (itraconazole) should not be used in children. **Full prescribing information available on request.**

What's best for patients?

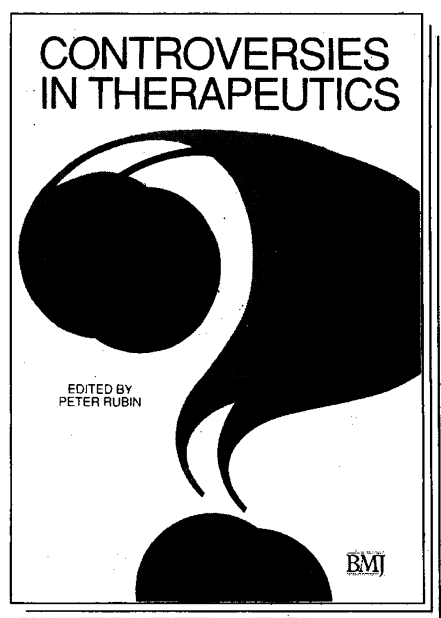


New drugs are continually being developed and knowledge about existing drugs is constantly expanding, so it is essential, but difficult, for doctors to keep up to date with the latest developments. *New Drugs* describes the most important therapeutic advances of the past decade and discusses the drugs that will be in common use in the 1990s. Completely revised and updated, this second edition has been expanded to include 11 additional chapters. Its coverage of practical aspects of drug use, avoidance of adverse reactions and interactions, and prescribing at extremes of age makes it an invaluable guide for busy practitioners who want to get the best out of the new drugs currently available.

Chapters include: Adverse reactions to drugs • Calcium antagonists • Diuretic treatment • Antiarrhythmic drugs • Insulin • Lipid lowering drugs • Antidepressant drugs • Centrally acting drugs • Controlling symptoms in advanced cancer

Second edition April 1991

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Doctors do not always agree on what is the right treatment even for quite common conditions. Often definitive clinical trials have not been performed and no one knows for sure the best way to treat. *Controversies in Therapeutics* looks at some problems that arise in general practice. For each one it offers two different approaches; and Peter Rubin, professor of therapeutics and consultant physician at the University Hospital of Nottingham, provides an editorial comment on these which summarises the prevailing views and helps you to make up your own mind. Written by academic experts with everyday clinical experience, *Controversies in Therapeutics* is a must for all physicians and general practitioners—both those who think they know it all and those who know they don't.

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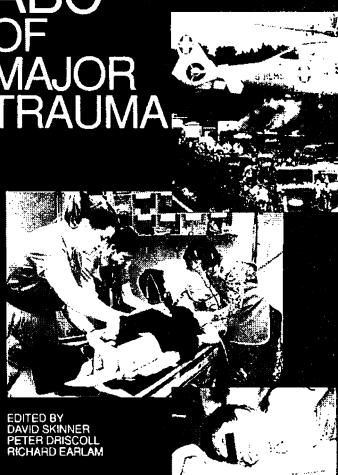
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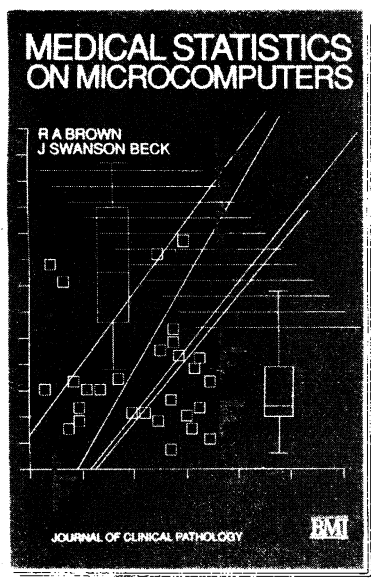
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352 pp., illus., Clarendon Press/BMJ, September 1990

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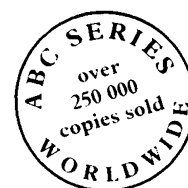
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EDITED BY ROY MEADOW

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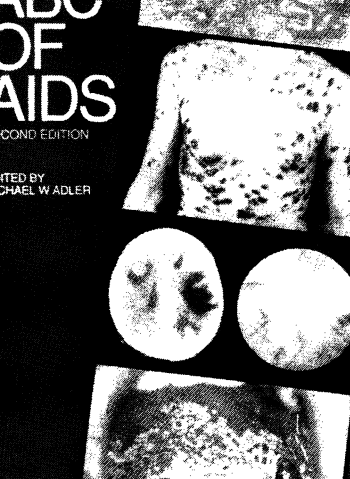
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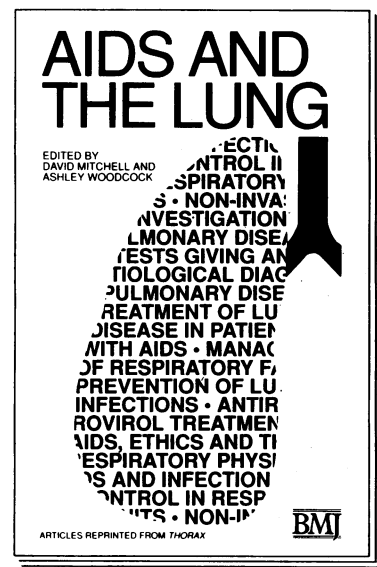
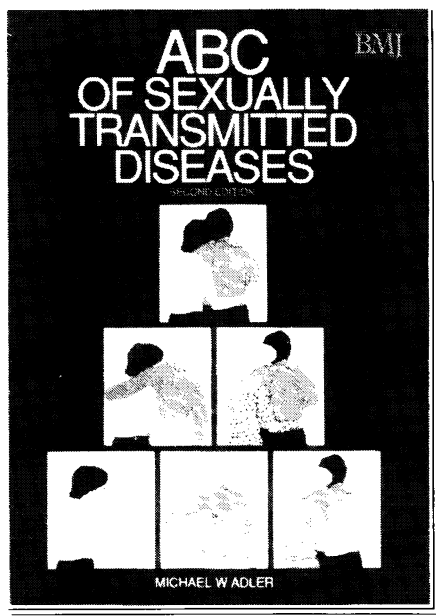
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gastric distress & oesophagitis hyperacidity or dysmotility?

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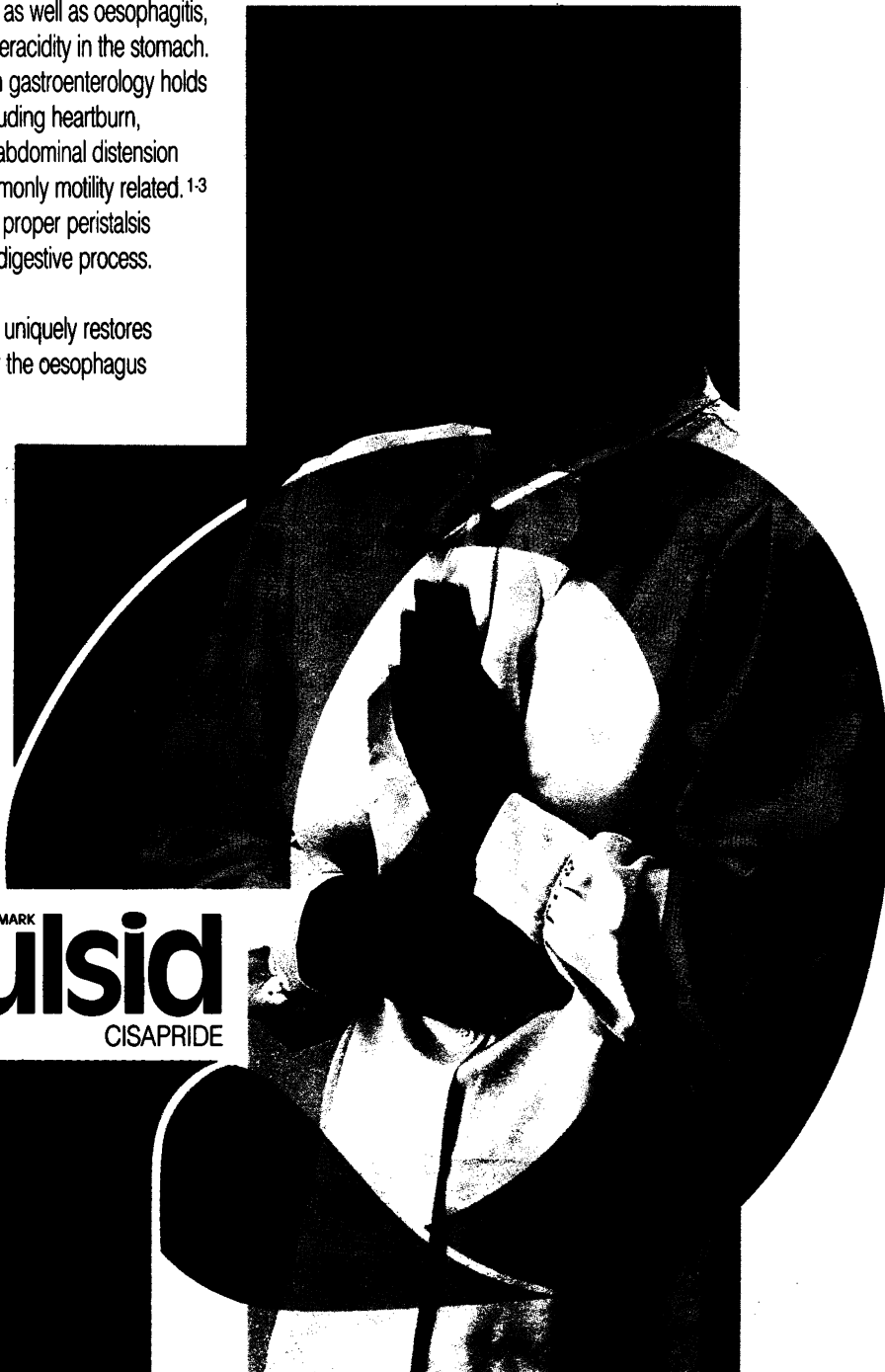
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Prescribing Information - Prepulsid (cisapride) is a gastro-intestinal prokinetic agent. Prepulsid enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. Therapeutic Indications: 1. Gastroesophageal reflux disorders, including oesophagitis. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastroesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. Contraindications: No absolute contraindications are known. Precautions: Pregnancy: Although 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 central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Prepulsid is administered with these drugs. Interactions: The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs: absorption of drugs from the small bowel may be diminished, whereas absorption of drugs from the stomach may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H₂ blockers). In patients receiving anticoagulants, the coagulation times may be somewhat increased. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adapt the anticoagulant dose if necessary. The 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 given. Dosage: Adults: according to the severity of the condition, 5 or 10 mg of Prepulsid, 2 to 4 times daily, to be taken as tablets or as oral suspension (the full plastic 5 ml spoon contains 5 mg). As a rule the following doses have proven adequate: • less severe conditions: 5 mg t.i.d. (dose can be doubled); • severe conditions (gastro paresis, oesophagitis, refractory constipation): 10 mg t.i.d. (before the 3 main meals and before retiring). Infants and children: on the average 0.2 mg/kg per intake, 3 to 4 times daily. For the suspension, intakes are indicated on the dosing pipet as a function of body weight.

Full prescribing information available on request.

Note: Prepulsid (cisapride) is not yet available in all countries and not all indications have been approved everywhere.