

# KEY WORDS OF MODERN ANTIFUNGAL THERAPY

## THE ADVANTAGE OF BEING

# LIPOPHILIC



Dermatophytosis  
caused by  
*Trichophyton concentricum*

Fungi have a strong affinity for the lipid-rich layers of the skin, the mucosa and other tissues. In addition, fungal cell membranes consist largely of lipids.

Since most antifungal drugs are targeted at the fungal cell membranes, it is advantageous if they too are lipophilic in nature. Its lipophilicity is what helps an oral drug like itraconazole to exert its antifungal effect precisely where it is needed: in the fungal membranes and in the target tissues.

It also helps that itraconazole is decidedly keratinophilic. For this is why it is strongly attracted to the skin's stratum corneum where many fungi find the keratin they need to subsist.

Possessing both properties gives itraconazole the additional advantage that it remains in the epithelial cells for as long as it takes these cells to be desquamated. Its antifungal activity will therefore continue for several days or even weeks after stopping treatment, thus permitting oral dosage schedules to be limited to a short period of time.

In other words, in much the same way as we have become accustomed to using oral antibiotics, we can now also combat fungal infections with **short, fixed oral treatment schedules**.

# Sporanox<sup>\*</sup>

itraconazole 100 mg

## SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)

**Basic dose in dermatomycoses:** 1 capsule (100 mg) once daily for 15 days

**Standard dose in vaginal candidosis:** 2 x 2 capsules (400 mg) for 1 day only

<sup>\*</sup> Trademarks: SPORANOX, SEMPERA, TRISPORAL

**JANSSEN**  
PHARMACEUTICA  
B-2340 Beerse, Belgium  
expertise in  
antimycotic research

**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 associated with hepatic dysfunction, it is advisable not to give this drug to patients with a known history of liver disease. **Nursing mothers:** It is recommended not to breast feed whilst taking Sporanox (itraconazole). **Drug interactions:** Sporanox (itraconazole) should not be given concomitantly with rifampicin.

Full prescribing information is available on request.

# Tropical medicine update 1992

7–13 June 1992, Liverpool

The course will deal with recent advances and the present state of clinical practice, clinical epidemiology and therapeutics of the major tropical diseases. The contributions of recent research development will be considered in the context of clinical management.

The following topics will be covered: imported diseases; protecting the traveller; health problems in refugee camps; diarrhoeal diseases; leishmaniasis; malaria; disease epidemiology; snake bite; meningitis; sleeping sickness; tuberculosis; leprosy; AIDS in the tropics; tropical mycology; entomological issues; disease control in primary health care.

The course will be jointly directed by **Professor Marcel Hommel** of the Department of Tropical Medicine and Infectious Diseases and **Professor Anthony Hart** of the Department of Medical Microbiology, University of Liverpool.

The course is designed for experienced physicians interested in new developments in tropical medicine both in the clinical and research fields and in various imported tropical diseases. There may also be some places available for physicians in training.

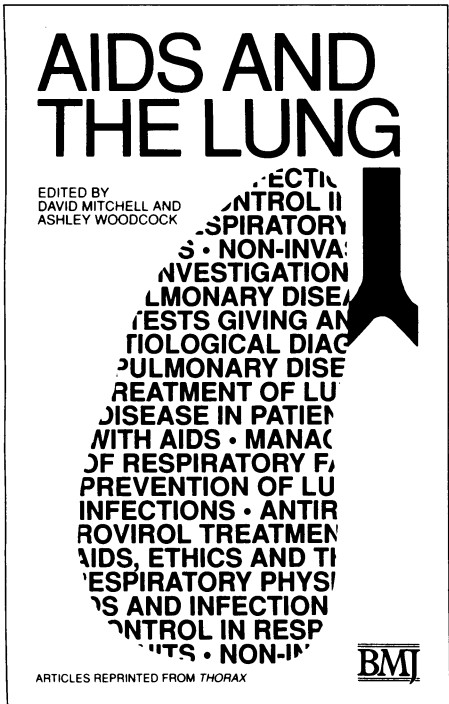
There are vacancies for 40 participants.

Total fee: £895.

The working sessions will take place at the Liverpool School of Tropical Medicine. Resident participants will be accommodated in single bedrooms with private shower or bathroom at a hotel.

 The British Council

Further information and application forms are available from your local British Council office or from Courses Department, The British Council, 10 Spring Gardens, London SW1A 2BN.



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*The Medical Journal of Australia*

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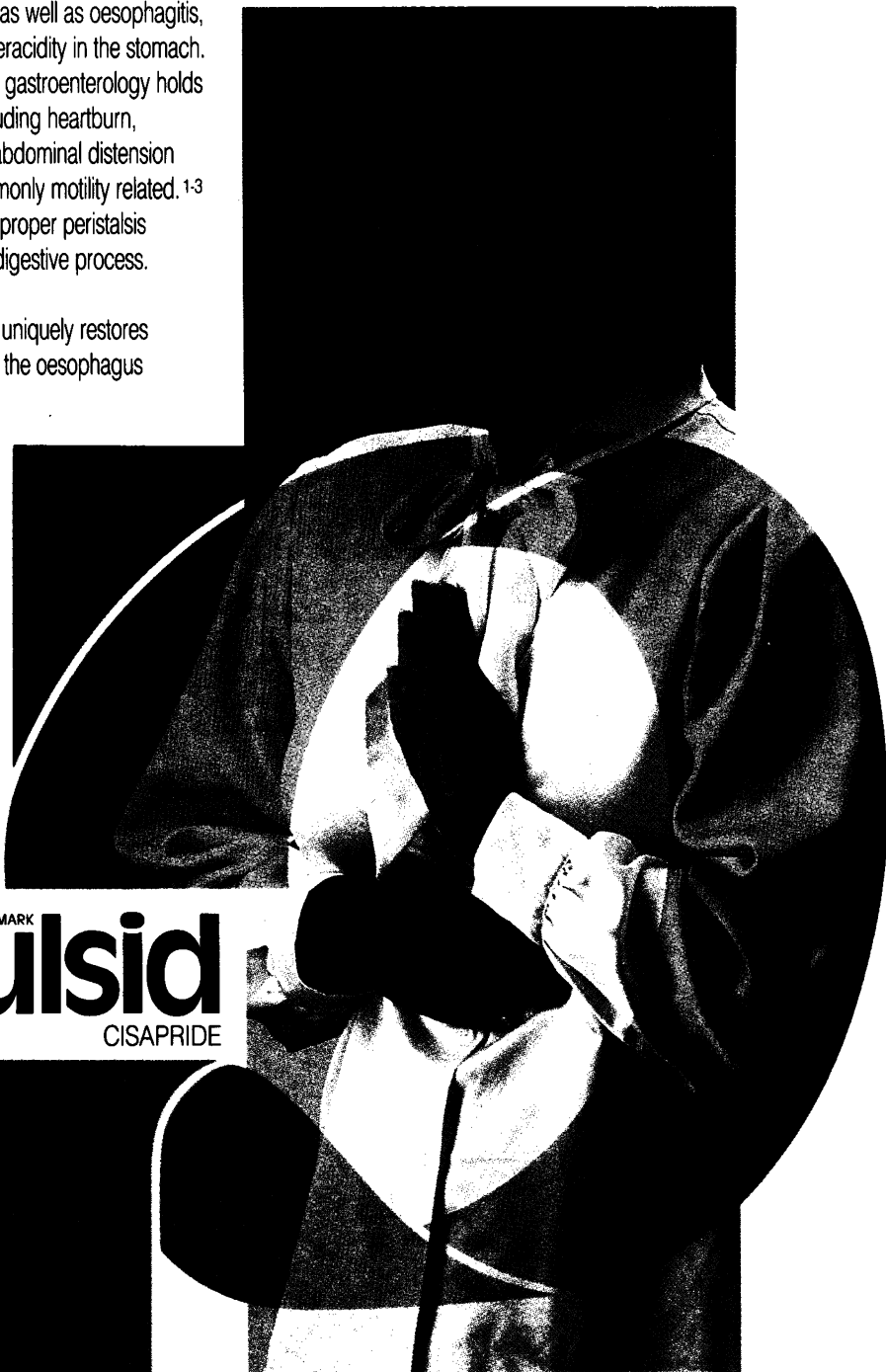
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# gastric distress & oesophagitis hyperacidity or dysmotility?

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

  
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References: 1. Knutti 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. Cecate 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 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. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. 5. Intestinal obstruction. 6. Intestinal obstruction. 7. Intestinal obstruction. 8. Intestinal obstruction. 9. Intestinal obstruction. 10. Intestinal obstruction. 11. Intestinal obstruction. 12. Intestinal obstruction. 13. Intestinal obstruction. 14. Intestinal obstruction. 15. Intestinal obstruction. 16. Intestinal obstruction. 17. Intestinal obstruction. 18. Intestinal obstruction. 19. Intestinal obstruction. 20. Intestinal obstruction. 21. Intestinal obstruction. 22. Intestinal obstruction. 23. Intestinal obstruction. 24. Intestinal obstruction. 25. Intestinal obstruction. 26. Intestinal obstruction. 27. Intestinal obstruction. 28. Intestinal obstruction. 29. Intestinal obstruction. 30. Intestinal obstruction. 31. Intestinal obstruction. 32. Intestinal obstruction. 33. Intestinal obstruction. 34. Intestinal obstruction. 35. Intestinal obstruction. 36. Intestinal obstruction. 37. Intestinal obstruction. 38. Intestinal obstruction. 39. Intestinal obstruction. 40. Intestinal obstruction. 41. Intestinal obstruction. 42. Intestinal obstruction. 43. Intestinal obstruction. 44. Intestinal obstruction. 45. Intestinal obstruction. 46. Intestinal obstruction. 47. Intestinal obstruction. 48. Intestinal obstruction. 49. Intestinal obstruction. 50. Intestinal obstruction. 51. Intestinal obstruction. 52. Intestinal obstruction. 53. Intestinal obstruction. 54. Intestinal obstruction. 55. Intestinal obstruction. 56. Intestinal obstruction. 57. Intestinal obstruction. 58. Intestinal obstruction. 59. Intestinal obstruction. 60. Intestinal obstruction. 61. Intestinal obstruction. 62. Intestinal obstruction. 63. Intestinal obstruction. 64. Intestinal obstruction. 65. Intestinal obstruction. 66. Intestinal obstruction. 67. Intestinal obstruction. 68. Intestinal obstruction. 69. Intestinal obstruction. 70. Intestinal obstruction. 71. Intestinal obstruction. 72. Intestinal obstruction. 73. Intestinal obstruction. 74. Intestinal obstruction. 75. Intestinal obstruction. 76. Intestinal obstruction. 77. Intestinal obstruction. 78. Intestinal obstruction. 79. Intestinal obstruction. 80. Intestinal obstruction. 81. Intestinal obstruction. 82. Intestinal obstruction. 83. Intestinal obstruction. 84. Intestinal obstruction. 85. Intestinal obstruction. 86. Intestinal obstruction. 87. Intestinal obstruction. 88. Intestinal obstruction. 89. Intestinal obstruction. 90. Intestinal obstruction. 91. Intestinal obstruction. 92. Intestinal obstruction. 93. Intestinal obstruction. 94. Intestinal obstruction. 95. Intestinal obstruction. 96. Intestinal obstruction. 97. Intestinal obstruction. 98. Intestinal obstruction. 99. Intestinal obstruction. 100. Intestinal obstruction.

**Contra-indications:** No absolute contra-indications are known. **Precautions:** Pregnancy: Although the excretion in breast milk is minimal, nursing mothers are advised not to breast feed while taking Prepulsid. **Warnings:** Although 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. **Interactions:** The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs. **Adverse reactions:** In line with its prokinetic effect, Prepulsid may cause a transient increase in the rate of absorption of drugs. **Side effects:** The effects of Prepulsid on gastro-intestinal motility are, for the most part, dose-dependent. **Overdose:** In the case of overdosage, the dose should be reduced. There have been isolated reports of convulsive seizures without clearcut relationship to Prepulsid. **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 been reported occasionally: • severe conditions (gastroesophageal reflux, 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 make, 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.**