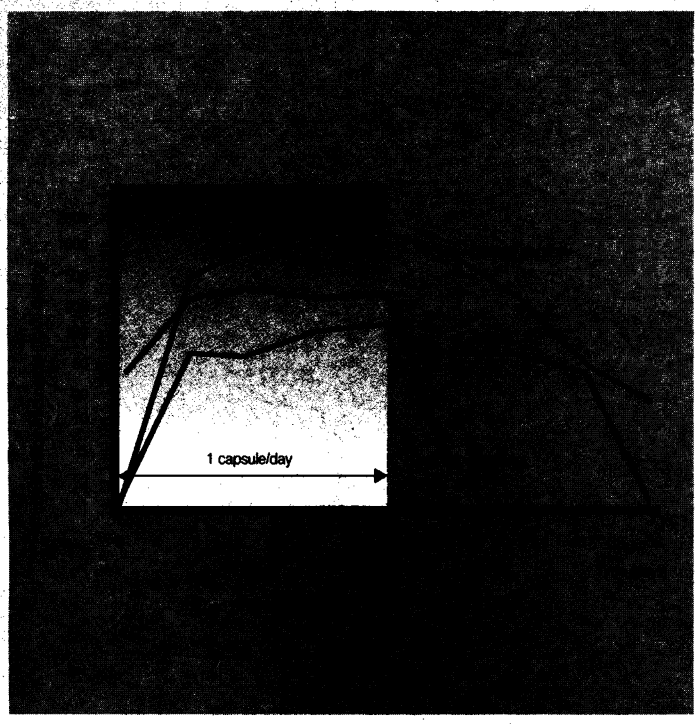
SHORT COURSE ORAL THERAPY

FOR PROLONGED ANTIFUNGAL ACTIVITY



Itraconazole plasma and stratum corneum levels.
Ref.: Fromtling, R.A.: Recent trends in the discovery, development and evaluation of antifungal agents. J.R. Prous Science Publishers (1987)

In the past, fungal infections had to be treated until the lesions had disappeared — and sometimes even longer. Today, with modern oral medication, antifungal therapy may be stopped much earlier.

The explanation is one of pharmacokinetics: because itraconazole is an oral antifungal with a strongly lipophilic profile, it rapidly reaches the lipid-rich tissues, such as those of the skin and the mucosa. From there it is gradually eliminated as the cells desquamate.
Therefore, when treatment is stopped, itraconazole's fungicidal activity continues for up to 4 days in the vaginal tissue and for up to 4 weeks in the skin.

Thus, a conveniently short oral course of itraconazole provides prolonged antifungal activity, allowing treatment to be stopped before the lesions have completely disappeared.

Sporanox*

itraconazole 100 mg

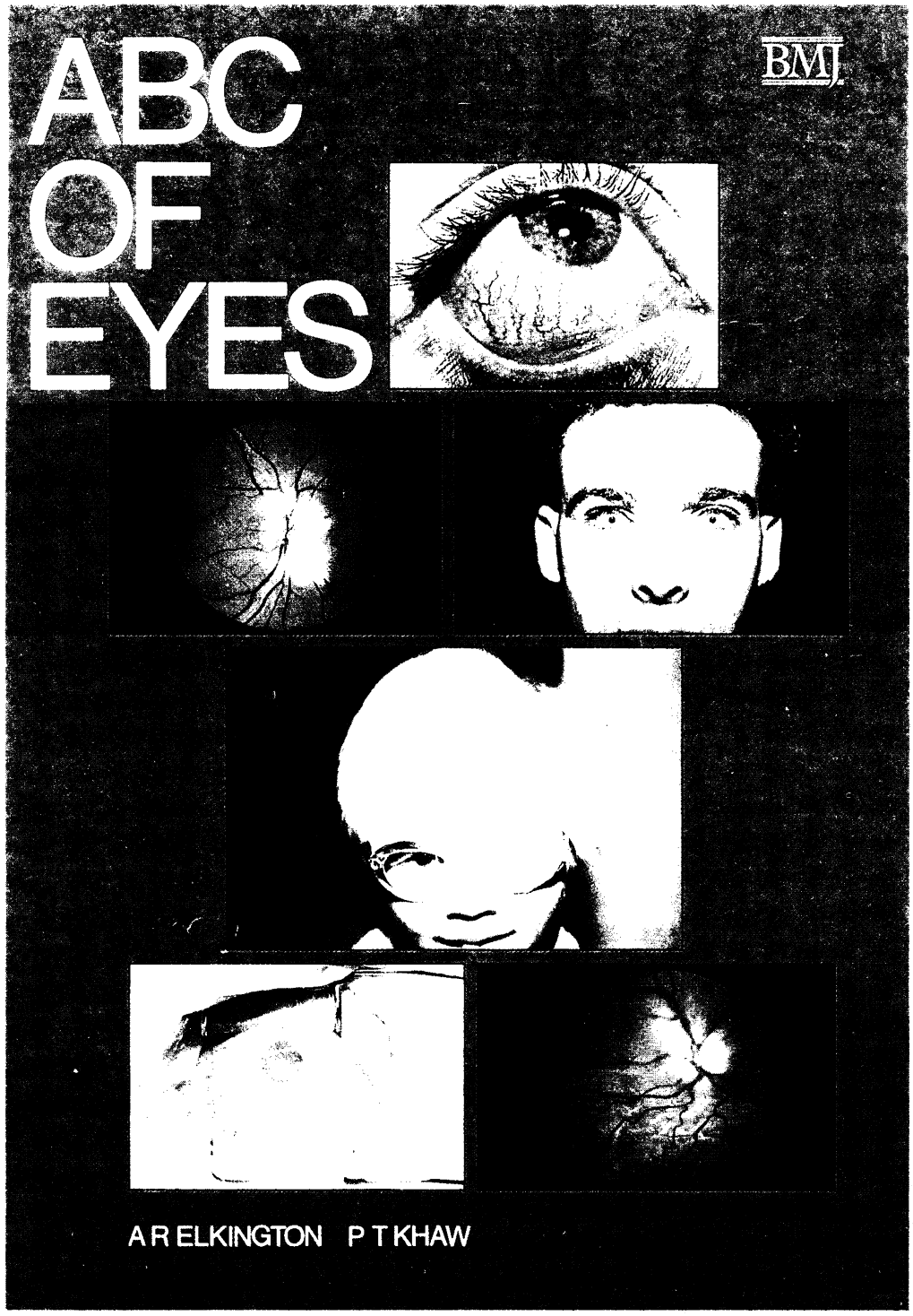
SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)
Basic dose in dermatology: 1 capsule (100 mg) once daily for 15 days
Standard dose in vaginal candidosis: 2 x 2 capsules (200 mg) twice daily

* **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 [illegible] 7 days; tinea corporis, tinea cruris, tinea pedis, tinea [illegible] nus: 1 capsule (100 mg) daily for 15 days; highly [illegible] nized regions, as in plantar tinea pedis and palmar [illegible] manus, require 1 capsule (100 mg) daily for 30 [illegible] Oral candidosis: 1 capsule (100 mg) daily for 15 [illegible] Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. Contra-indications: Sporanox [illegible] is contra-indicated during pregnancy [illegible] precautions: [illegible]



Detailed descriptions of the symptoms and signs of common disorders of the eye together with **over 120 colour illustrations** make the *ABC of Eyes* an invaluable aid to diagnosis. Written by A R Elkington, senior lecturer and consultant ophthalmologist, University of Southampton, and P T Khaw, senior registrar in ophthalmology, Moorfields Eye Hospital, London, the book also provides guidance on when to refer to a specialist, and how urgently.

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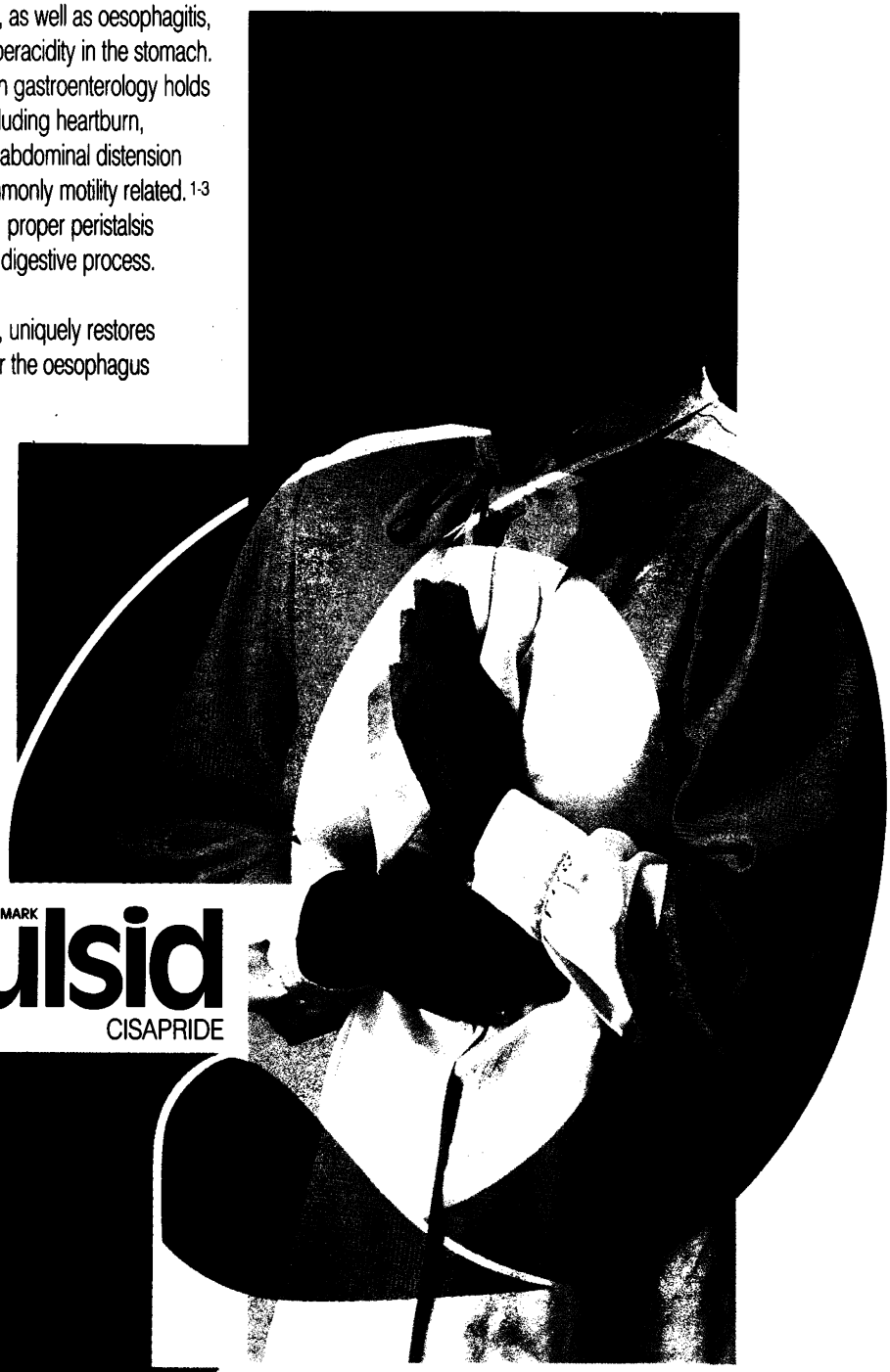
gastric distress & oesophagitis
hyperacidity or dysmotility?

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.[1-3] 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.[4-6]



TRADEMARK
Prepulsid
CISAPRIDE

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

JANSSEN
PHARMACEUTICA
B-2340 Beerse, Belgium

expertise in digestive motility

References: 1. Knuff J.E. et al. Dig Dis Sci 29: 194 (1984) 2. Kamilis J.P. et al. Gastroenterology 91: 897 (1986) 3. Malagelada J.R. et al. Gastroenterol 86: 1223 (1985) 4. Cassarett P. et al. Gut 29: 631 (1988) 5. Collins B.J. et al. Hepato-Gastroenterol 34: 113 (1987) 6. Jian 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. Gastroparesis. 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 Prepulsid is excreted 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 increase 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 stomach may be decreased by anticholinergic drugs, whereas absorption may increase. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adjust the anticoagulant dose if necessary. - The effects of Prepulsid on gastro-intestinal motility are, for the most part, antagonised by anticholinergic drugs. - In hepatic and renal insufficiency, it is recommended to halve the initial daily dose. Subsequently, this dose could be adjusted, 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 co-administered. **Adverse reactions**: In line with the pharmacological activity of Prepulsid, transient abdominal cramping, borborygmi and diarrhoea may occur. Mild and transient headache or lightheadedness have been reported occasionally. When diarrhoea occurs in babies or infants, the dose should be reduced. There have been isolated reports of convulsive seizures without clear cut 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 proven adequate: • less severe conditions (gastroparesis, oesophagitis, refractory constipation): 10 mg t.i.d. to 10 mg q.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.

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

Full prescribing information available on request.