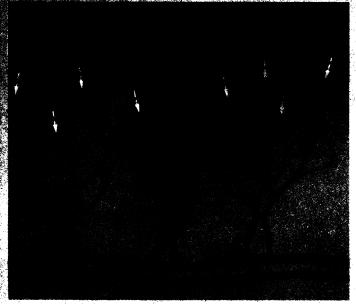
THE REASSURING **FACTOR:** REDISTRIBUTION...



After oral intake, itraconazole is delivered to the skin: 1. by excretion via the sebaceous glands and 2. by passive diffusion from the blood into the keratinocytes in the epidermis. Its antifungal activity in the epidermis continues for a full epidermal cycle (4 weeks) after the end of therapy, as its lipophilic structure prevents redistribution via the bloodstream.

Fungi and yeasts are notorious for their ability to entrench themselves in what may be called the outside: the skin, nails, hair and mucosa.

As for antifungal therapy, an effective way to reach all parts of that outside is via the inside, i.e. by the systemic route.

Ideally, an oral antimycotic should quickly disappear from the bloodstream and firmly establish itself in keratinous and mucosal tissues. And preferably, having reached its destination, it should remain in those tissues and not be released back into the bloodstream.

This is precisely what happens with itraconazole (Sporanox). Because of its lipophilic structure, it is strongly attracted to the epithelial cells, from where it will only be eliminated and only towards the outside — as those cells gradually desquamate. During all that time its antifungal activity continues.

In fact, this strong fixation to — and inside — the outside tissues is what now permits the use of short, fixed, oral antifungal treatment schedules.

Sporanox *

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 (400 mg) to

Note: This product is not yet available in all countries



Properties: Sporanox (traconazole), 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 (traconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. De tration: Vulvovaginal candidosis: 2 cap sules (200 mg) morning and evening for 1 day; play

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 keratirized regions, as in plantar tinea pedis and pa nus, require 1 capsule (100 mg) daily for 30 da candidosis: 1 capsule (100 mg) daily for 15



The British Medical Association The King's Fund Centre, The British Medical Journal and Quality in Health Care

invite you to a conference on

Raising quality in the NHS

WEDNESDAY 18 MARCH 1992 9.00 TO 17.00

at

THE WALDORF HOTEL, ALDWYCH, LONDON WC2

THE CONFERENCE PROGRAMME

09.00 09.30	Registration and coffee SESSION I Continuous quality improvement in medicine	12.15	Stephen Nixon, consultant surgeon, Western General Hospital, Edinburgh and Associate Editor,
	from theory to practice.		Quality in Health Care
	Chair: Arthur Kennedy, president of the	12.25	Discussion
	BMA	12.50	Lunch
09.35	Don Berwick, Harvard Community		SESSION III Setting national standards
	Health Plan, the world's leading		Chair: Robert Maxwell, secretary to the
	expert on continuous quality		King's Fund
	improvement within healthcare	14.00	Kenneth Calman, Chief Medical Officer
10.15	Howard Nattrass, district general		at the Department of Health
	manager, Winchester Health	14.20	Gordon Higginson, Chairman of the
	Authority		Clinical Standards Advisory Group
10.25	Michael Pringle, Nottinghamshire GP	14.40	Howard Davies, Controller of the Audit
10.35	Jennifer Hunt, chief nurse at the Royal		Commission
	Brompton National Heart and	15.00	Discussion
	Lung Hospital	15.30	Tea
10.45	Discussion		SESSION IV Looking to the future
11.15	Coffee		Chair: Richard Smith, editor of the BMJ
	SESSION II Quality in practice	16.00	Martin McNicol, Chairman of the Central
	Chair: Barbara Stocking, director of the		Middlesex NHS Trust
	King's Fund Centre	16.15	Brian Edwards, general manager of Trent
11.45	Fiona Moss, Editor of Quality in Health		Region
	Care	16.30	Anthony Clare, consultant psychiatrist,
11.55	Martin Lawrence, Oxfordshire GP		writer and broadcaster
12.05	Christine Bucknell, Medical Audit	16.45	Discussion
	Division, Glasgow Royal Infirmary	17.00	Close
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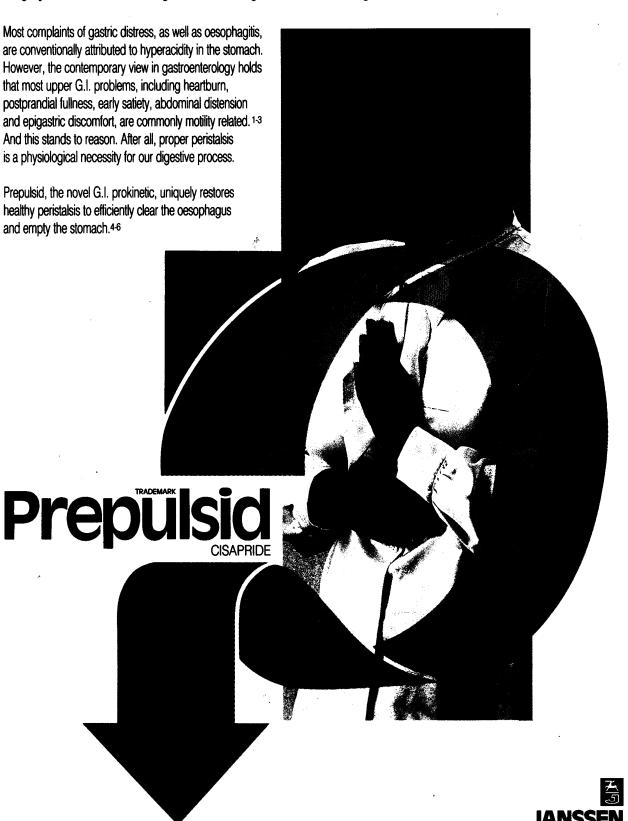
FEES

The conference fee is £85.00. This will cover coffee, lunch and tea and conference materials. The closing date for applications is 7 March 1992. An application for PGEA accreditation has been made.

BOOKING FORM Please complete in block capitals

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