

THE REASSURING FACTOR: NO REDISTRIBUTION...

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.

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.

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 (400 mg) for 1 day

Note: This product is not yet available in all countries.

*** Trademarks:** *Sporanox*, *itraconazole*

JANSSEN
PHARMACEUTICA
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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. **Contraindications:** Sporanox (itraconazole) is contraindicated in patients with severe hepatic and/or renal impairment.

not been associated with significant side effects. In patients with mild to moderate hepatic impairment, the plasma half-life of itraconazole is prolonged. In patients with severe hepatic impairment, the plasma half-life of itraconazole is further prolonged. In patients with severe renal impairment, the plasma half-life of itraconazole is not significantly altered.

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

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

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

Please reserve.....places at "Raising Quality in the NHS"
Dr/Mr/Mrs/Ms/other.....
Name.....
Organisation/appointment.....
Address.....
.....
Postcode.....Telephone.....
I enclose a cheque for £.....made payable to the BMA.

Please debit the sum of £.....Access/Mastercard/
Visa/American Express. A/c No.....
expiry date.....
Please send me more information about Quality
in Health Care.....
Please send this form with your cheque to:
Melissa Drayson,
BMA, BMA House, Tavistock Square, London WC1H 9JP.

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