

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.

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 only

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

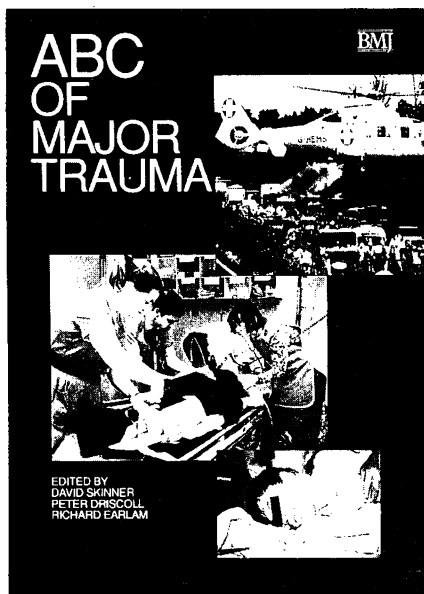
* Trademark of Janssen Pharmaceutica

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 manuum: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmoplantar mycosis, 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 28 days. **Contra-indications:** Concomitant treatment with drugs indicated during treatment with Sporanox.

has been observed. Sporanox should not be administered to patients with liver disease. Not to be used in pregnancy. **Precautions:** Sporanox should be given with caution to patients with liver disease.



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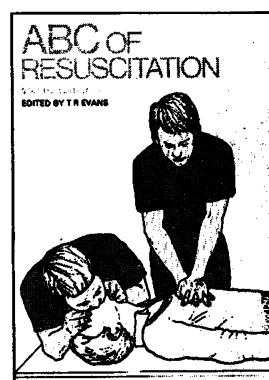
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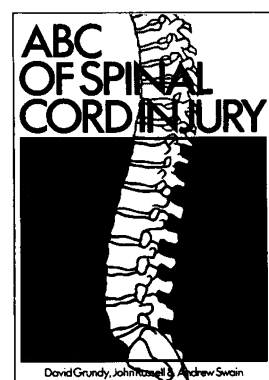
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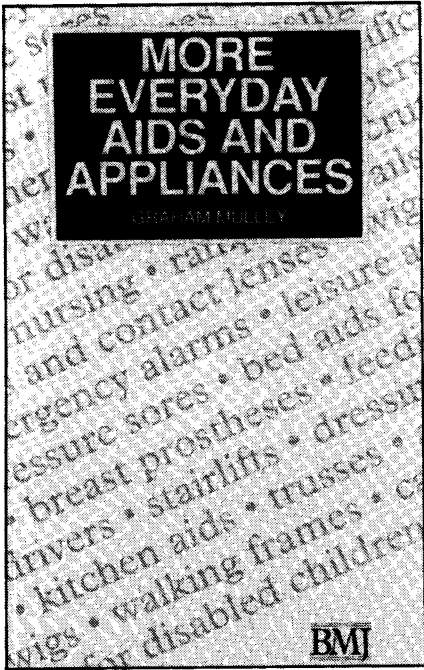
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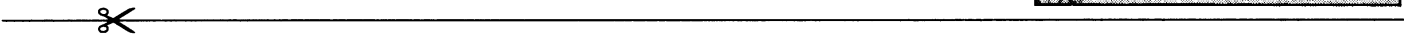
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Health and the future

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March 1992

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THE HEALTH DEBATE LIVE: 45 interviews for *Leading for Health*

When it set out to produce its manifesto for the National Health Service, the BMA sought a wide variety of perspectives. Representatives from hospitals, general practice, the BMA's craft committees, the royal colleges, parliament, regional health authorities, community and public health, education, health research, health economics, and management were interviewed on various issues integral to the health service. The resulting BMA document, *Leading for Health: a BMA Agenda for Health*, encompasses the often contrasting views and presents questions that need answering—a challenge for the association in the coming years. But what did people actually say in their interviews? The “off the top” thoughts of those interviewed can be more telling than formulated responses and carefully worked out positions on health issues, so the *BMJ* asked interviewees for permission to publish transcripts of their original comments. Most of them agreed, and this collection provides a lively and provocative contribution to the debate on the health service.

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General practitioners have recently had to cope with dramatic changes in their working conditions imposed on them by government policy. Like it or not, the pressure of constant change is going on, and general practitioners have to decide whether to influence its direction or simply to be overtaken by it. *The Future of General Practice* discusses what general practice should be and how it should be funded. Authors, who include general practitioners and health policy analysts, discuss topics at the heart of this debate, including research, audit, list sizes, fundholding, and general practitioners' educational needs.

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THE HEALTH OF THE NATION: THE BMJ VIEW

Edited by Richard Smith, Editor, *BMJ*

“... a strategy imposed by the government which takes no heed of the views of those who will have to implement it... is valueless”.

So writes William Waldegrave, Secretary of State for Health, in his introduction to *The Health of the Nation*, the government's consultative document that sets out a strategy for improving the health of the English. Taking Mr Waldegrave at his word on wanting to listen to everybody, the *BMJ* commissioned a series of articles that explain the views of some of those most concerned. Contributors discuss each of the 16 key areas defined in the strategy and suggest other subjects that might qualify as key areas. Furthermore, the articles will be useful beyond the borders of England because most developed countries are now setting strategies to improve health.

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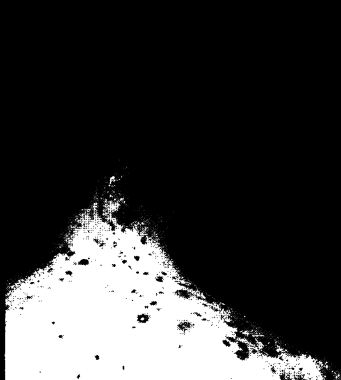
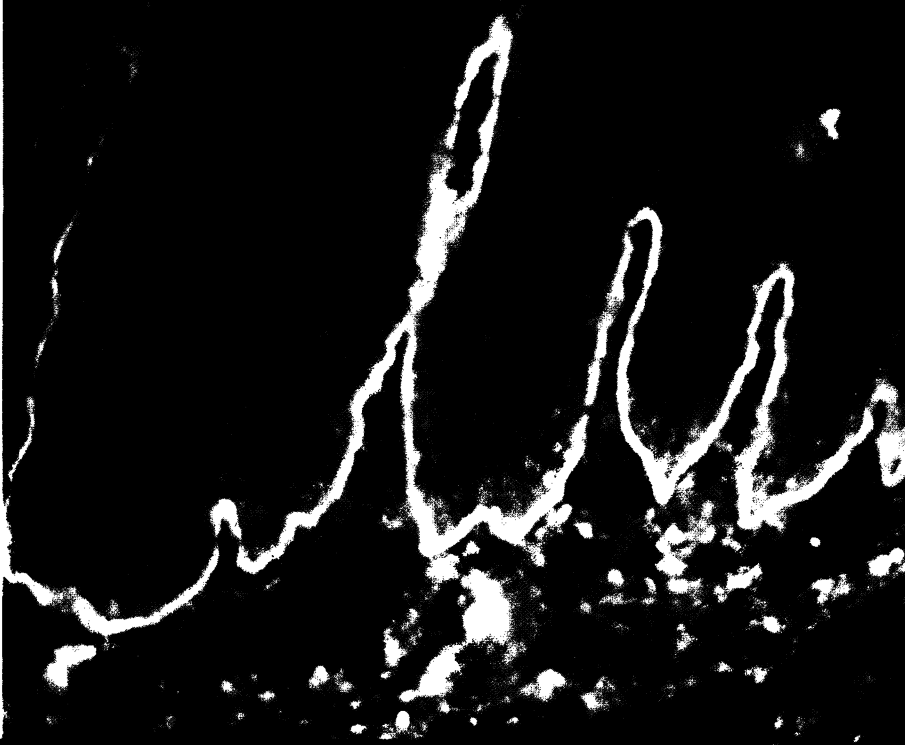
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