

KEY WORDS OF MODERN ANTIFUNGAL THERAPY

SIMPLICITY

FIXED DOSAGE SCHEDULES

Vaginal candidosis 1 DAY

(2 caps. a.m. & p.m.)



Pityriasis versicolor 7 DAYS

(2 caps. once daily)



T. corporis, t. cruris, t. pedis, t. manus 15 DAYS*

(1 caps. daily)



Oral candidosis 15 DAYS

(1 caps. daily)



* Highly keratinized regions, as in *plantar t. pedis* or *palmar t. manus*, may require an additional 15 days' treatment.

When treating fungal infections topically, the medication is usually applied to the visible lesions only. However, the infection may already be subclinically present at other sites of the body, waiting for a chance to start the trouble all over again.

Also, topical treatment must normally be continued until the lesions have completely disappeared. So patients may have to put up with several weeks or even months of inconvenience, often resulting in poor therapy compliance.

Much like antibiotics

Sporanox is distributed, just like an oral antibiotic, via the blood and so reaches all structures of the skin and the mucosa. And because Sporanox remains active in those tissues for a prolonged period of time, treatment can be stopped even before the lesions have clinically disappeared. This is why, in much the same way as antibiotics are being used, also fungal infections can now simply be treated with *short, fixed oral dosage 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

* Trademarks: SPORANOX, SEMPERA, TRISPORAL, SPORAL

Note: This product is not yet available in all countries

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

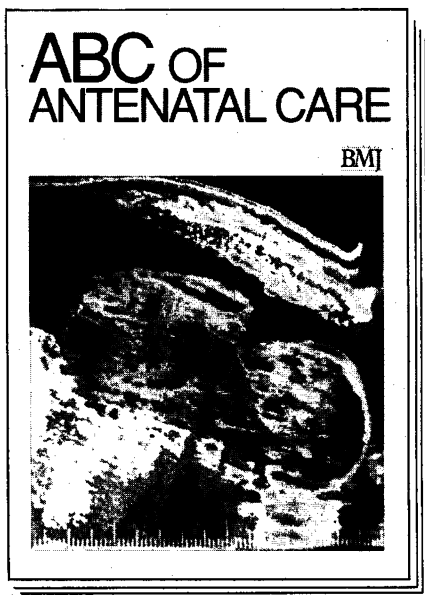
Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for dermatophytoses, pityriasis versicolor, fungal keratitis, oral candidosis and vulvovaginal candidosis. **Dosage and administration:** - Tinea corporis, t. cruris, t. pedis, t. manus: 1 capsule (100 mg) daily for 15 days;

highly keratinized regions, as in *plantar t. pedis* and *palmar t. manus*, require 1 capsule (100 mg) daily for 30 days. - Pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days. - Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. - Oral candidosis: 1 capsule (100 mg) daily for 15 days. - Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day. **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.

INT 92/2372.4/AV9202-1



Healthy women with normal pregnancies need little formal care; those at risk of damage to their own or their baby's health need the best of scientific medicine. The aim of antenatal care is to distinguish between these two groups, giving those who need it the full range of diagnostic and therapeutic measures while avoiding unnecessary intervention in those whose pregnancy proceeds normally. In the *ABC of Antenatal Care* Geoffrey Chamberlain, professor and chairman of the department of obstetrics and gynaecology at St George's Hospital Medical School, London, outlines the practicalities of routine antenatal care and the management of the major medical problems that may arise. Originally published as a series of articles in the *BMJ*, this manual discusses with common sense and humour the background to current practice and indicates how it could be improved in the 1990s.

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January 1992

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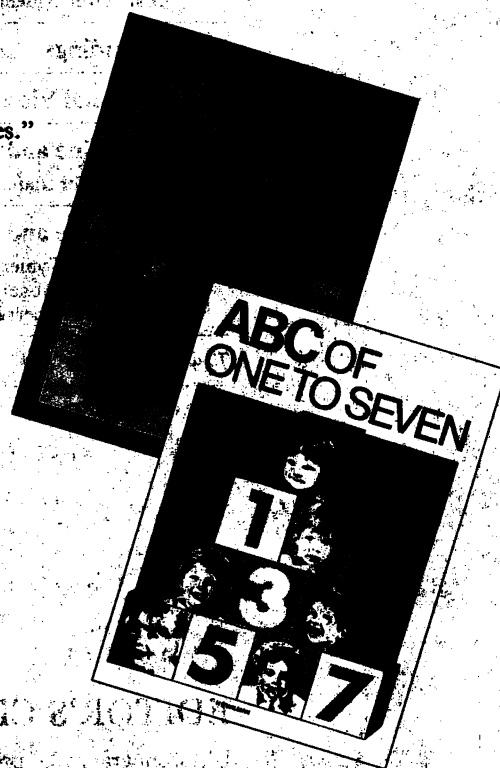
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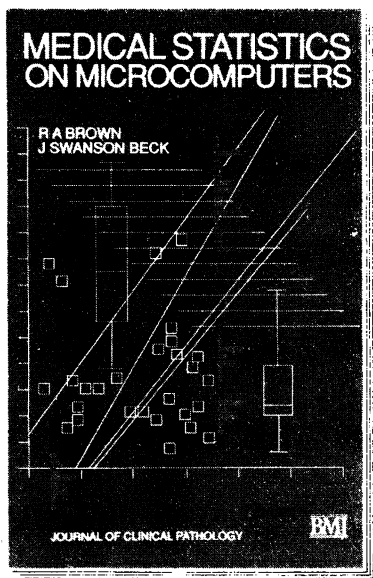
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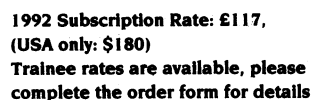
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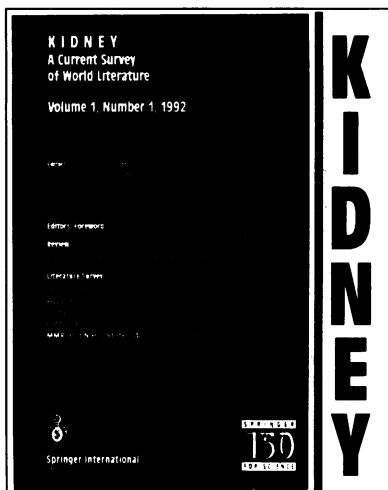
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