

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. **Dose 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 823572-4A/1992-1

**In association with the British Cardiac Society**

EDITOR: **M.J. DAVIES**

**Associate Editors: Kim Fox, Peter Mills**

is a major international journal which concentrates on providing up to date clinical information. Found worldwide in leading libraries, and read by physicians and surgeons with more general interests, as well as by cardiologists, features include concise, readable editorials, written by international experts, which tie in with original research papers published in areas vital to the development of cardiology.

- Recent issues included a review by Professor Swales on the interplay between the beneficial properties of diuretics and  $\beta$  blockers in hypertension and the potentially adverse effect on plasma lipids. The rationale of single lung transplantation in end stage lung disease is discussed by the Newcastle group.
- The Festschrift Issue marking the editorship of Dr D Krikler included a review of the progress in the genetic basis of hypertrophic cardiomyopathy and records the gene defect in an original family from the Teare paper of 1958.

- **Future issues report trial evidence (European Cooperative Study Group) on the effect of early intravenous heparin on coronary patency infarct size and bleeding complications after alteplase therapy.**
- **Future editorials include Coronary Heart Disease in South Asians, Stress Proteins and the Myocardium and the Role of Antiphospholipid Antibodies in Cardiac Disease. An important study from Tom Meade (MRC epidemiology unit Northwick Park) possibly explains the beneficial effect of exercise by showing that it reduces fibrinogen levels.**
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# Health and the future

## AUDIT IN ACTION

From a minority interest to an integral part of good medical practice, audit has come a long way. *Audit in Action* traces this development in a selection of articles originally published in the *BMJ*. Topics range from practical aspects of starting to audit to the wider aspects of achieving quality based on experience in the United States and Europe. The contributors are leaders in or experienced practitioners of audit. Covering audit both in hospitals and in general practice, *Audit in Action* is valuable reading for all those concerned to improve the quality of health care.

March 1992

UK £10.95; Abroad £13.00 (BMA members £9.95 or £12.00)

## 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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## THE FUTURE OF GENERAL PRACTICE

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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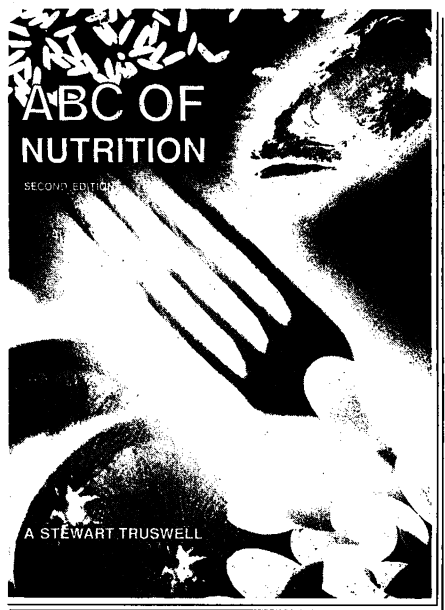
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# ABCs for 1992



"Value judgments about food are being made all the time—they are nearly always subjective and usually wrong." A Stewart-Truswell, Boden professor of human nutrition at the University of Sydney, separates fact from fallacy in the *ABC of Nutrition*. This fully revised and updated edition offers the general medical reader a refreshingly down to earth review of all aspects of nutrition—from anorexia to obesity, infant feeding to dietary guides for the elderly—and will be invaluable for doctors and other medical professionals wishing to advise patients about their eating habits.

## Reviews of the first edition

"Truswell . . . has written *the* introductory textbook for students of nutrition at any level . . . All physicians, medical students, nurses, nursing students, dieticians, dietician students, and those interested in nutrition education should have a copy of this book."

*American Journal of Clinical Nutrition*

"I for one will recommend this excellent book for medical undergraduates and . . . any general practitioner . . ."

*Irish Medical Journal*

## Second edition March 1992

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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.

## Chapters include

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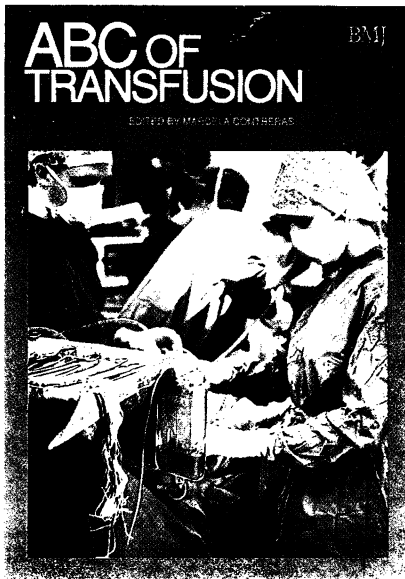
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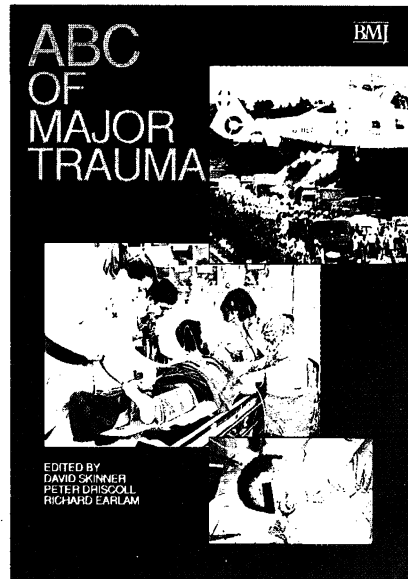
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"... crammed with current information... an excellent book which makes a major contribution to trauma care... authors and editors are to be congratulated."

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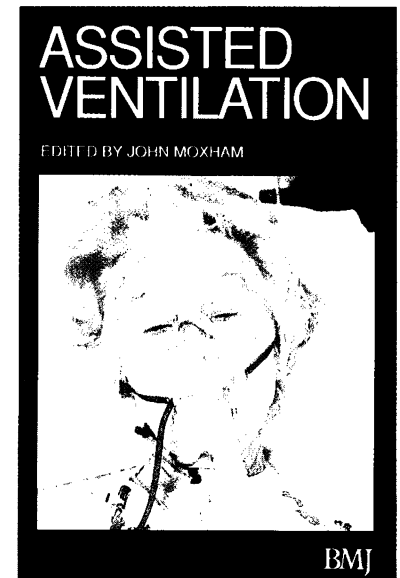
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*SAMJ*

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Many doctors, including those in training, care for patients in the intensive care unit. Too often such doctors do not know the details of ventilation techniques; yet if they are to feel at home on the intensive care unit they must be familiar with all aspects of assisted ventilation.

In this short comprehensive guide to the subject thoracic physicians, intensive care specialists, and anaesthetists take the reader through from the theory, equipment, and techniques to the latest advances in non-invasive and domiciliary ventilation.

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**Prescribing Information:** Prepidol (candesartan) is a vaso-intestinal prokinetic agent. Prescribed enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing spasms and reflux. Therapeutic indications: 1. Gastrospasms. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. **Contraindications:** No absolute contraindications are known. **Precautions:** 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 Prepidol is given during pregnancy, especially during the first trimester. Nursing mothers: Although the excretion of Prepidol in milk is minimal, nursing mothers are advised not to breast feed while taking Prepidol. Driving and machine operation: Driving and machine operation does not induce side effects or drowsiness. Prepidol may, however, accelerate the absorption of central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Prepidol is given to patients with central nervous system depression. **Side effects:** The side effects of Prepidol are mild and transient. The most frequent side effects are: 1. Headache. 2. Nausea. 3. Vomiting. 4. Stomach pain. 5. Diarrhoea. 6. Constipation. 7. Dizziness. 8. Fatigue. 9. Tiredness. 10. Irritability. 11. Anxiety. 12. Depression. 13. Insomnia. 14. Agitation. 15. Irritation of the mouth. 16. Allergic reactions. 17. Skin reactions. 18. Hypertension. 19. Hypotension. 20. Bradycardia. 21. Tachycardia. 22. Arrhythmia. 23. Atrial fibrillation. 24. Atrial flutter. 25. Ventricular tachycardia. 26. Ventricular fibrillation. 27. Myocardial infarction. 28. Stroke. 29. Myocarditis. 30. Pericarditis. 31. 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