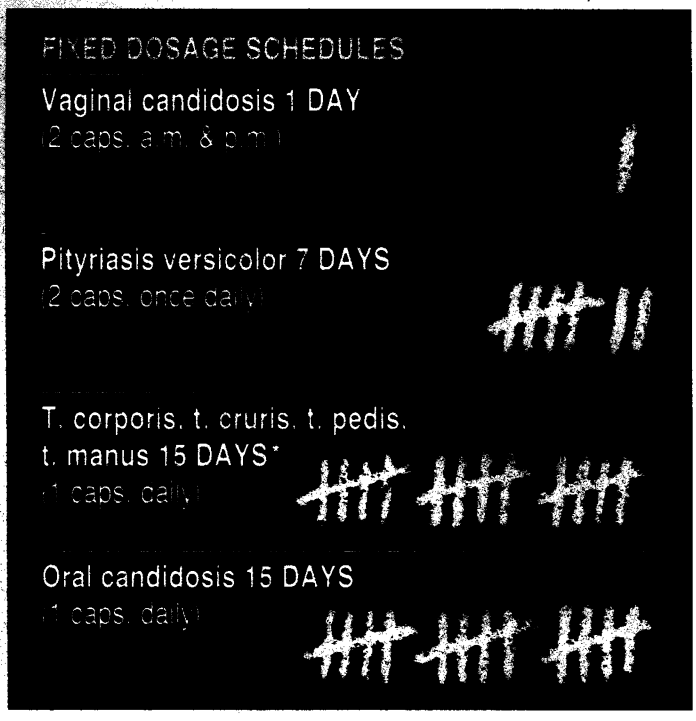
KEY WORDS OF MODERN ANTIFUNGAL THERAPY

SIMPLICITY



* 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

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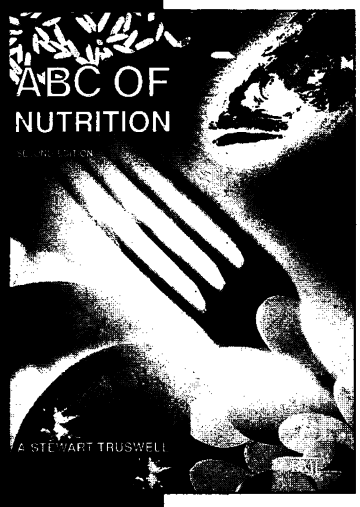
Note: This product is not yet available in all countries

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 history of liver disease. **Nursing mothers:** It is recommended not to breast feed whilst taking Sporanox. **Drug interactions:** Sporanox should not be given concomitantly with [illegible]

Full prescribing information is [illegible]

ABC FROM THE BMJ '92



"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.

Review of the first edition

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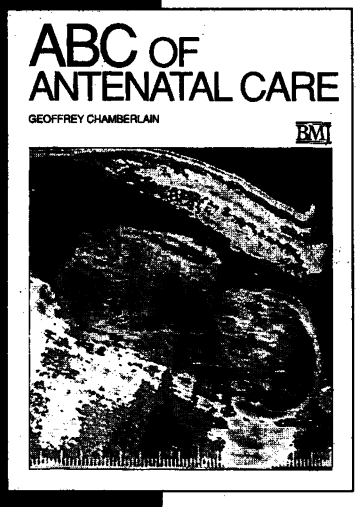

Healthy women with normal pregnancies need little formal care; those at risk of damage to their own or their baby's health need the best of scientific medicine. The aim of antenatal care is to distinguish between these two groups, giving those who need it the full range of diagnostic and therapeutic 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.

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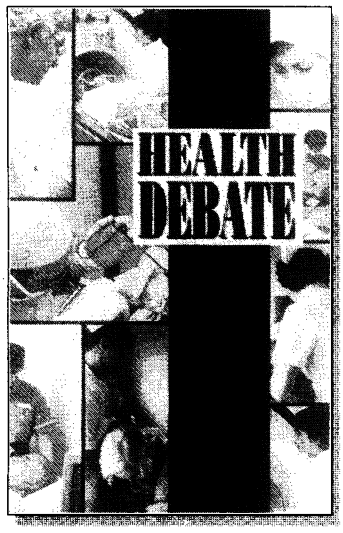

The BMA's document *Leading for Health: a BMA Agenda for Health*, encompasses often contrasting views and presents questions that need answering. What did people actually say in their interviews? With the interviewees permission, the BMJ has published the transcripts of their original comments. This collection provides a lively and provocative contribution to the health service debate.

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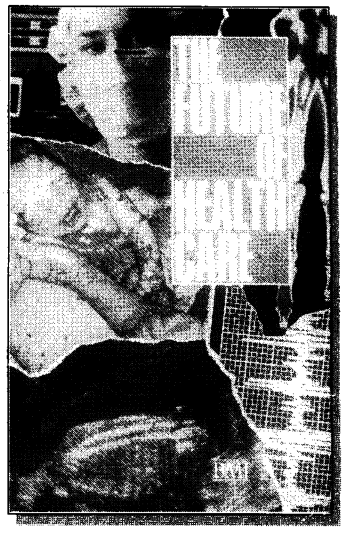

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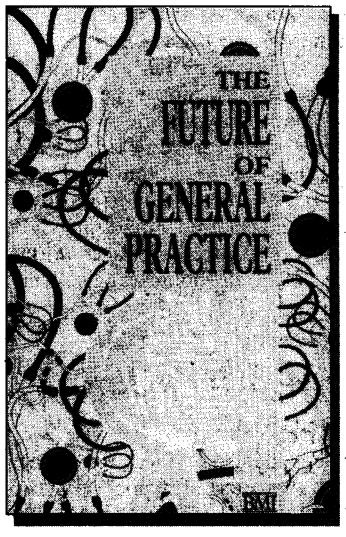

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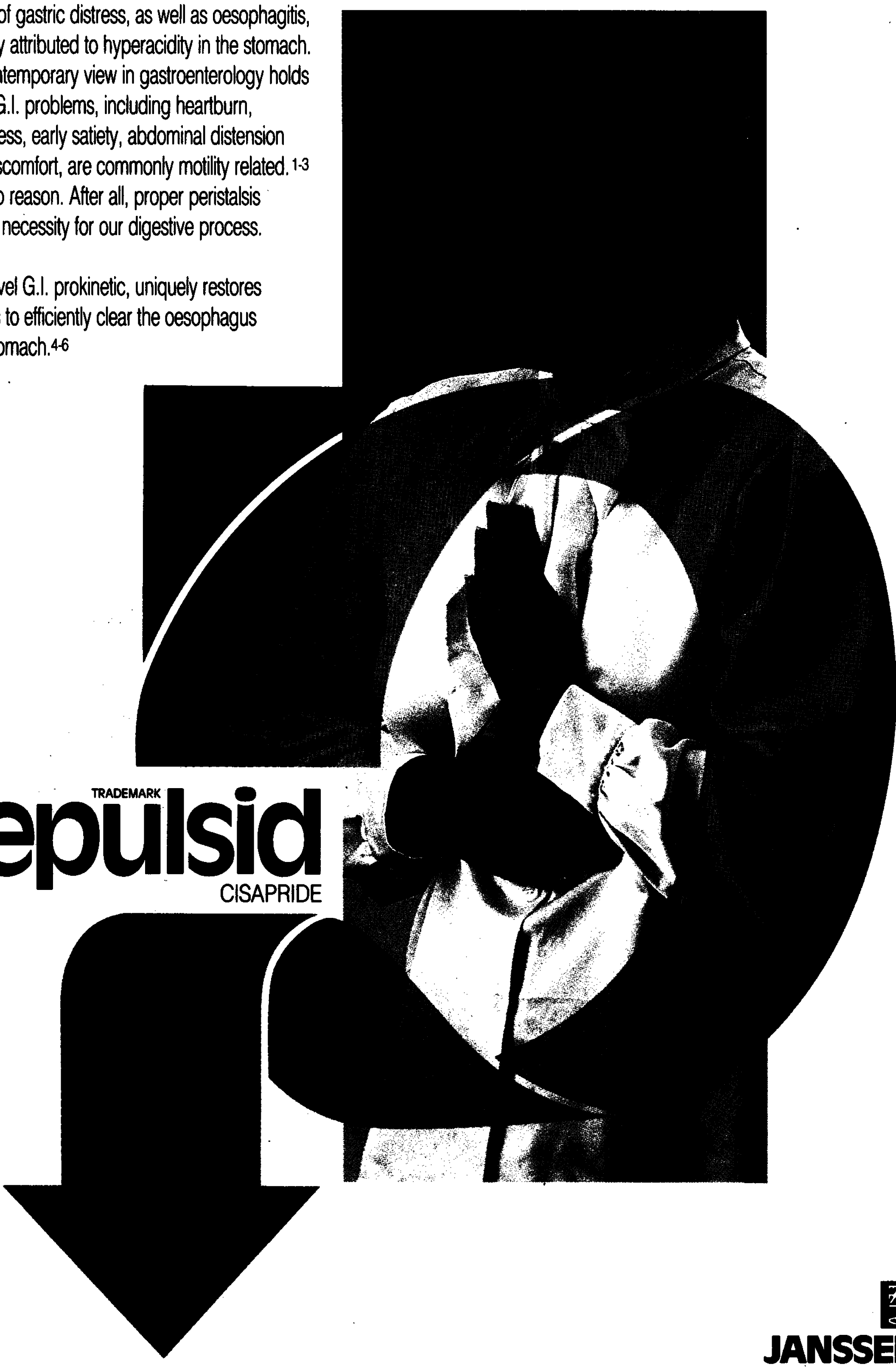

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Prescribing information - Prepulsid (cisapride) is a gastro-intestinal prokinetic agent. Prepulsid enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. **Therapeutic indications**: 1. Gastroparesis. 2. Symptoms of X-ray or endoscopy negative upper digestive discomfort. 3. Gastro-oesophageal reflux disorders, including oesophagitis. 4. Intestinal pseudo-obstruction. **Contra-indications**: No absolute contra-indications are known. **Precautions**: *Pregnancy:* 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 Prepulsid is given during pregnancy, especially during the first trimester. *Nursing mothers:* Although the excretion in breast milk is minimal, nursing mothers are advised not to breast feed while taking Prepulsid. *Driving and machine-operating ability:* Prepulsid does not affect psychomotor function and does not induce sedation or drowsiness. Prepulsid may, however, accelerate the absorption of central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Prepulsid is administered with these drugs. **Interactions**: - The acceleration by Prepulsid of gastric emptying may affect the rate of absorption of drugs: absorption of drugs from the stomach may be diminished, whereas absorption of drugs from the small bowel may be accelerated (e.g. benzodiazepines, anticoagulants, paracetamol, H_2-blockers). - In patients receiving anticoagulants, the coagulation times may somewhat increase. It is advisable to check the coagulation time one week after the start of Prepulsid treatment to adapt the anticoagulant dose if necessary. - The effects of Prepulsid on gastro-intestinal motility are, for the most part, antagonized by anticholinergic drugs. - In hepatic and renal insufficiency, it is recommended to halve the initial daily dose. Subsequently, this dose can be adapted, depending on the therapeutic effects or possible side-effects. - In the elderly, steady-state plasma levels are generally higher, due to a moderate prolongation of the elimination half-life. Therapeutic doses, however, are similar to those used in younger patients. - In the case of drugs that require individual titration, it may be useful to monitor plasma levels of such drugs when Prepulsid is associated. **Adverse reactions**: In line with the pharmacological activity of Prepulsid, transient abdominal cramping, borborygmi and diarrhoea may occur. Mild and transient headache or lightheadedness have been reported occasionally. When diarrhoea occurs in babies or infants, the dose should be reduced. There have been isolated reports of convulsive seizures without clearcut relationship to Prepulsid. **Dosage**: - Adults: according to the severity of the condition, 5 or 10 mg of Prepulsid, 2 to 4 times daily, to be taken as tablets or as oral suspension (the full plastic 5-ml spoon contains 5 mg). As a rule the following doses have proven adequate: • less severe conditions: 5 mg t.i.d. (dose can be doubled); • severe conditions (gastroparesis, oesophagitis, refractory constipation): 10 mg t.i.d. to 10 mg q.i.d. (before the 3 main meals and before retiring). - Infants and children: on the average 0.2 mg/kg per intake, 3 to 4 times daily. For the suspension, intakes are indicated on the dosing pipet as a function of body weight.
Full prescribing information available on request.

Note: Prepulsid (cisapride) is not yet available in all countries and not all indications have been approved everywhere.