FUNGI CAN HIDE FROM

Sporanox*

itraconazole 100 mg

One of the notorious problems with fungal infections of the skin or the vagina is that the organism may penetrate the deeper layers of the epithelium, out of reach of topical medication. And besides, when treating fungal skin lesions locally, the infection is often already subclinically present at other sites of the body, waiting for a chance to start the trouble all over again.

Because Sporanox works **orally**, i.e. "from the inside out", it will destroy even the best hidden fungal cells. All the more so, because Sporanox has a strong affinity for epidermal and mucosal tissues as well as for the fungal cell wall itself where it must exert its fungicidal activity.

SHORT AND SIMPLE ORAL THERAPY

Standard dose in Dermatology: 1 capsule (100 mg) once daily for 15 days
(Sporanox will remain active in the stratum corneum for another 3-4 weeks)
Standard dose in Gynaecology: 2 x 2 capsules (400 mg) for 1 day only
(Sporanox will remain active in the vaginal epithelium for another 3 to 4 days)

This product is not yet available in all countries.

*** Trademarks: SPORANOX, SEMPERA, TRISPORAL, SPORAL.**

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 dimorphic fungi. **Indications:** Sporanox (itraconazole) is indicated for [illegible] **Dosage and administration:** - 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; slightly 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. **Contra-indications:** Sporanox (itraconazole) [illegible] **Warnings:** [illegible] **Pregnancy:** [illegible] 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.

JANSSEN PHARMACEUTICA

Fate of motions referred to 1992 BMA craft conferences

The 1986 representative meeting of the BMA resolved:

"That when a motion is properly submitted for the annual representative meeting agenda but is then deferred to a craft committee conference the relevant minutes of that conference or the fate of that motion, if not debated, should be published in the *BMJ*."

The fate of some of the motions referred to the BMA craft conferences in 1992 was published on 19 September—facing p 687 (Clinical Research); facing p 685 (General Practice); and facing p 697 (other editions). The remaining motions are published below.

Any motions not reached are referred back to the sponsoring constituencies, which are invited to submit a written memorandum requesting that the motion be considered by the appropriate committee.

LMC=LMC conference
S =Senior staffs conference
J =Junior staffs conference
PH =Public health conference
CO =COMAR (conference of academic representatives)
C =Carried
CB =Bracketed with motion carried
L =Lost
F =Fell
W =Withdrawn
NR=Not reached

LIVERPOOL
That this meeting is appalled by the severe damage being caused to academic medicine by the failure of translation of the 1991 DDRB recommendations to clinical medical academic staff and, if an unsatisfactory and permanent resolution of the problem in discussion with the government is not achieved, calls for immediate sanctions to be imposed on posts in this sector. CB (CO)

LOTHIAN
That this meeting requests that in order to increase immunisation uptake, the DoH explore alternative methods instead of using GP target numbers. NR (LMC), L (PH)

MAIDSTONE
That this meeting believes that following the "New Deal," the pay differential between GP trainees in their hospital posts and their trainee year should be reviewed. CB (LMC), NR (J)

MANCHESTER AND SALFORD
That the BMA negotiates with the Department of Health for the usual starting day of junior doctors' contracts to be the first Monday, rather than the first day of a given month. CB (J)

MERTON AND SUTTON
That this ARM recognises that the performance of appropriately controlled and supervised scientific studies upon animals has made enormous contributions to the prevention and treatment of a large variety of diseases in man and animals and urges the BMA to support the continuation of such research. CB (CO)

MID SURREY, KINGSTON AND ESHER
That the GMSC should be funded to provide full time professional negotiators. NR (LMC)
That this meeting considers that consultants in communicable disease control should be the medical officers concerned with enacting section 47 of the National Assistance Act 1948. L (PH)

MILTON KEYNES
That this meeting proposes that the average list size of general practitioners should be reduced to 1500 patients in order to provide better service to patients in view of NHS changes. NR (LMC)
That this meeting insists that further impositions should not be made on consultants' workload in district general hospitals following the deal on junior doctors' hours. C (S), NR (J)

NORTHERN DIVISION (NI)
That this meeting expresses strong concern about the anomaly whereby doctors are set indicative prescribing amounts which do not appear to be indexed adequately for drug costs. NR (LMC)

NORTH WARWICKSHIRE
That this meeting believes that the merit award system should be abolished and replaced by a suitably negotiated performance related pay that is not shrouded in secrecy. F (S)

NORWICH
That this meeting requests the association to negotiate for an item of service fee for the administration of hepatitis B immunisation as this is a matter of public health policy. C (LMC)
That this meeting deplores the balance of capitation and item of service fees, which is to the detriment of patient care. CB (LMC)
That this meeting believes that current national terms and conditions of service and review body recommendations should form a minimum basis for consultant contracts in NHS trusts. NR (S)

OXFORD
That this ARM, noting the findings of the GMSC commissioned survey of GP opinion, resolves to demand renegotiation of the GP contract to ensure that a two tier service does not develop and all practices have the same access for their patients to the resources available. NR (LMC)
That this ARM opposes any suggestion that out of hours visits, daytime visits, or surgery attendances should become chargeable. CB (LMC)

PLYMOUTH
That this meeting urges the review body to review ways in which FHSAs can be evaluated to take account of their efficiency, effectiveness and the trust in which they are held by the medical profession. NR (LMC)
That this meeting declares that the present target systems for reimbursement are inappropriate in medicine and are contrary to good medical practice. NR (LMC)
That this meeting insists that the newly formed clinical directorships should clearly distinguish between clinical and management responsibilities. NR (S)

PORTSMOUTH AND SOUTH EAST HANTS
That this meeting believes that fundholding should remain voluntary. CB (LMC)
That this meeting believes that fundholding regulations should be amended so that buildings funded solely from audited savings remain in public ownership. CB (LMC)
That this meeting urges the Secretary of State for Health to amend the regulations and so prohibit fundholders from forming limited companies for the purpose of selling services to themselves. CB (LMC)
That in view of the directive nature of the bulk of the NHS reforms a reappraisal of the independent contractor status be undertaken immediately. CB (LMC)
That no further health screening nor health promotion nor target payment related activity be introduced until it has been shown to be effective at delivering medical goals. CB (LMC)
That this meeting urges the Secretary of State for Health to waive the current "overpayment" of £2775 per GP and that failure to do so will significantly hinder future discussions on establishing a more work sensitive and equitable system of remuneration. CB (LMC)
That this meeting believes that patients who are repeatedly violent to GPs, their families and their staff should forfeit their right to be guaranteed registration with a GP. CB (LMC)
That this meeting proposes that the time given by GP principals to assist and advise hospital management units and the district health authority should be in protected time and be adequately remunerated. CB (LMC)
That all expenses of GPs brought before and exonerated by service committee hearings including locum expenses incurred preparing for and appearing before such a committee be repaid by the appropriate FHSA. CB (LMC)
That this meeting believes that if primary health care is to continue to develop, then it should provide GPs with a system of practice staff reimbursement which guarantees existing staff reimbursement on a rolling three year programme. NR (LMC)
That this meeting continues to reject the DoH's contention that GPs should serve on FHSA committees in the interests of public service and urges FHSAs to pay GP members of all its committees and not just those GPs who are members of MAAGs. NR (LMC)
That immediate discussions take place with the Department of Health to address the increasing problem of inappropriate use of home visits and out of hours calls by patients. CB (LMC)
That this meeting urges the GMSC to seek to define, every five years, a "core content" of general medical services and that additional services which the DoH wishes GPs to undertake between quinquennial reviews should be remunerated by item of service payments, which fall outside target net remuneration. CB (LMC)

ROCHDALE
That this body believes that target payments should be removed from calculation of average net intended remuneration. CB (LMC)

ST HELENS AND KNOWSLEY
That performance related pay for general practitioners is not compatible with a pool system of remuneration. CB (LMC)
That this meeting deplores the failure of the doctors' and dentists' review body to recognise the extra workload of general practitioners under the new contractual arrangements. NR (LMC)

SOUTH MIDDLESEX
That the new GP contract is detrimental to the health of our patients. NR (LMC)

SOUTHAMPTON AND SW HAMPSHIRE
That this meeting believes that the main criterion for determining merit awards or other bonus payments for consultants should continue to be the overall excellence of professional contributions, rather than simple quantitative measures of clinical turnover. NR(S), NR (PH), NR (CO)

SOUTH TEES
That this meeting welcomes the response by general practitioners to the *Building Your Own Future* survey and requires the full cooperation of council in their implementation. CB (LMC)
That this meeting instructs the BMA to ascertain the extent to which recent changes in postgraduate education allowances have diminished educational opportunities for part time doctors; and to seek appropriate remedies. CB (LMC)

TORBAY
That GPs should be encouraged to offer their out of hours service from a hospital where practicable, and in premises adjacent to the accident or casualty units. GPs would thus be exposed to regular emergency experience. There would be more economical use of equipment. NR (LMC)
That GPs should be invited to man emergency primary care out of hours services adjacent to hospital accident and emergency services, thus relieving hospital staff of much of their workload and leading to patient waiting time being reduced, especially for the more severe trauma patients. NR (LMC), NR (S)

WEST NORFOLK AND WISBECH
That this meeting asks the BMA to push for the abolition of the iniquitous distinction award system. W (S)

WOLVERHAMPTON
That this meeting affirms that by participating in budget holding, doctors are prevented from organising their patients' welfare free from financial constraints. CB (LMC)

TRADEMARK

Prepulsid

Gets stomach and oesophagus back to work.

Prepulsid. The force behind G.I. motility.

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. **Warnings:** Caution should be observed in patients in whom an increase in gastro-intestinal motility could be harmful. **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 sedative effects of benzodiazepines and of alcohol may be accelerated. - 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 are isolated reports of CNS effects, i.e. convulsive seizures and extrapyramidal effects. **Dosage:** - Adults: according to the severity of the condition, 15 to 40 mg daily, to be given in 2 to 4 intakes, 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.

JANSSEN PHARMACEUTICA
B-2340 Beerse, Belgium