

# FIGHT CAN'T HIDE IT 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., *Phycomyces* spp.), *Aspergillus* spp. and various other yeasts and fungi. It is also active against *Leishmania* spp. and *Trypanosoma* spp.

sules (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 manus*: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar *tinea pedis* and palmar *tinea manus*, require 1 capsule (100 mg) daily for 30 days.

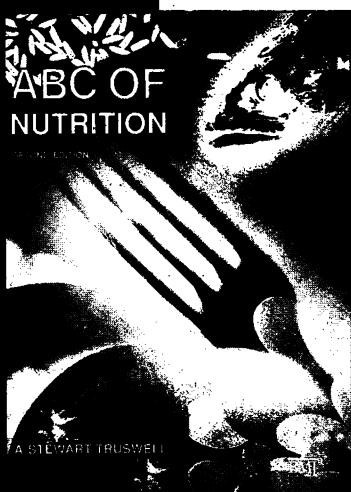
- *Oral candidosis*: 1 capsule (100 mg) daily for 15 days.

- *Fungal keratosis*: 2 capsules (200 mg) once daily for 21 days. **Contraindications:** Hypersensitivity to itraconazole and to other imidazole derivatives.

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 itamponate.

**Full prescribing information available on request.**

# 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.

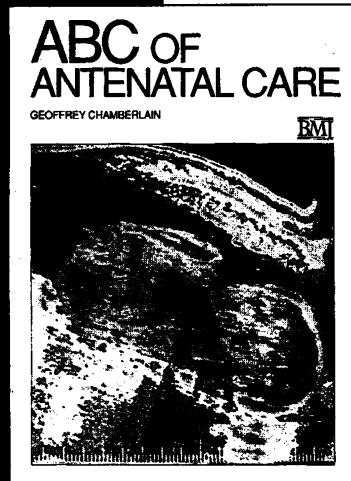
#### *Review of the first edition*

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

*American Journal of Clinical Nutrition*

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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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In association with the British Cardiac Society

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- 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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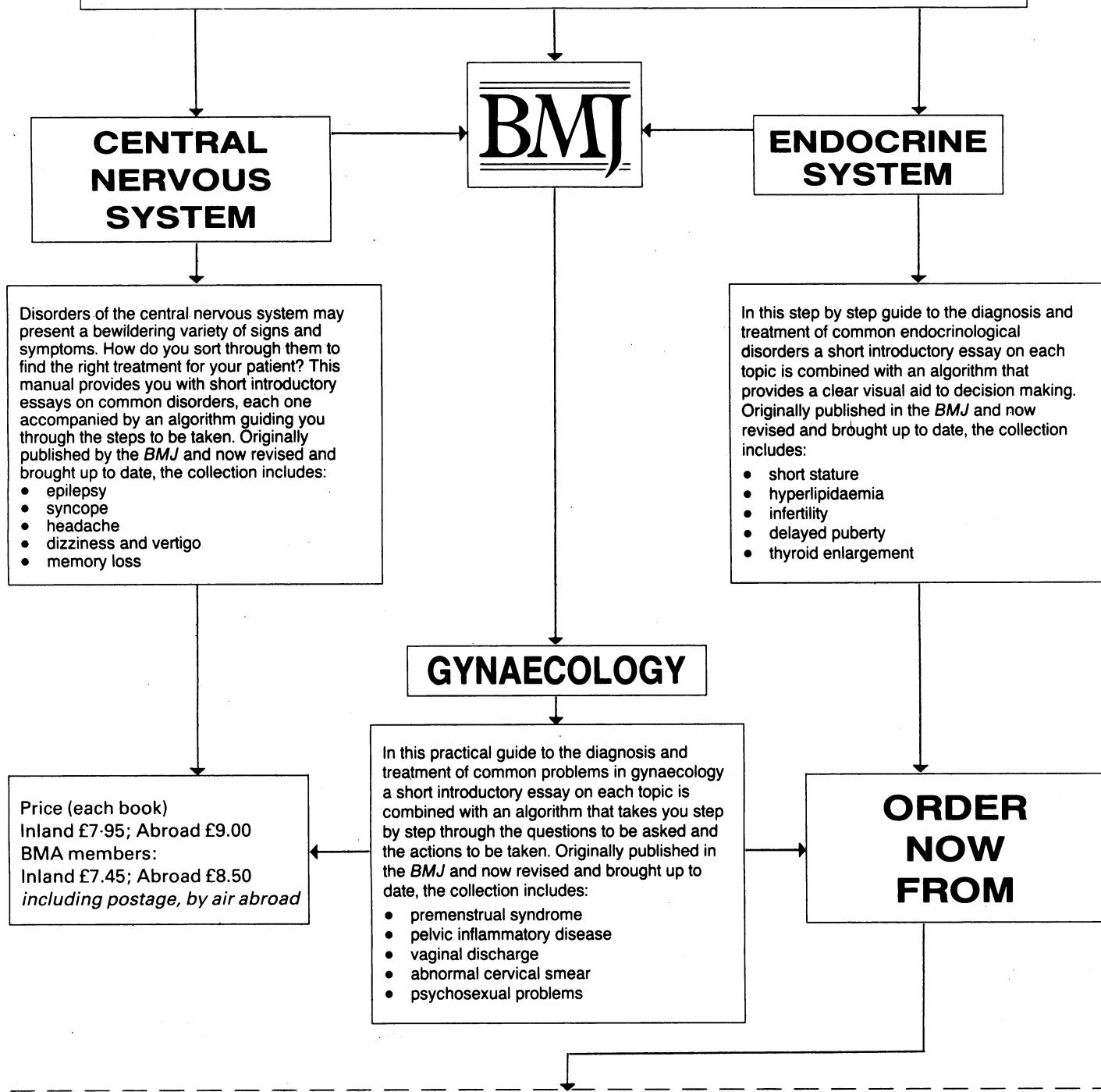
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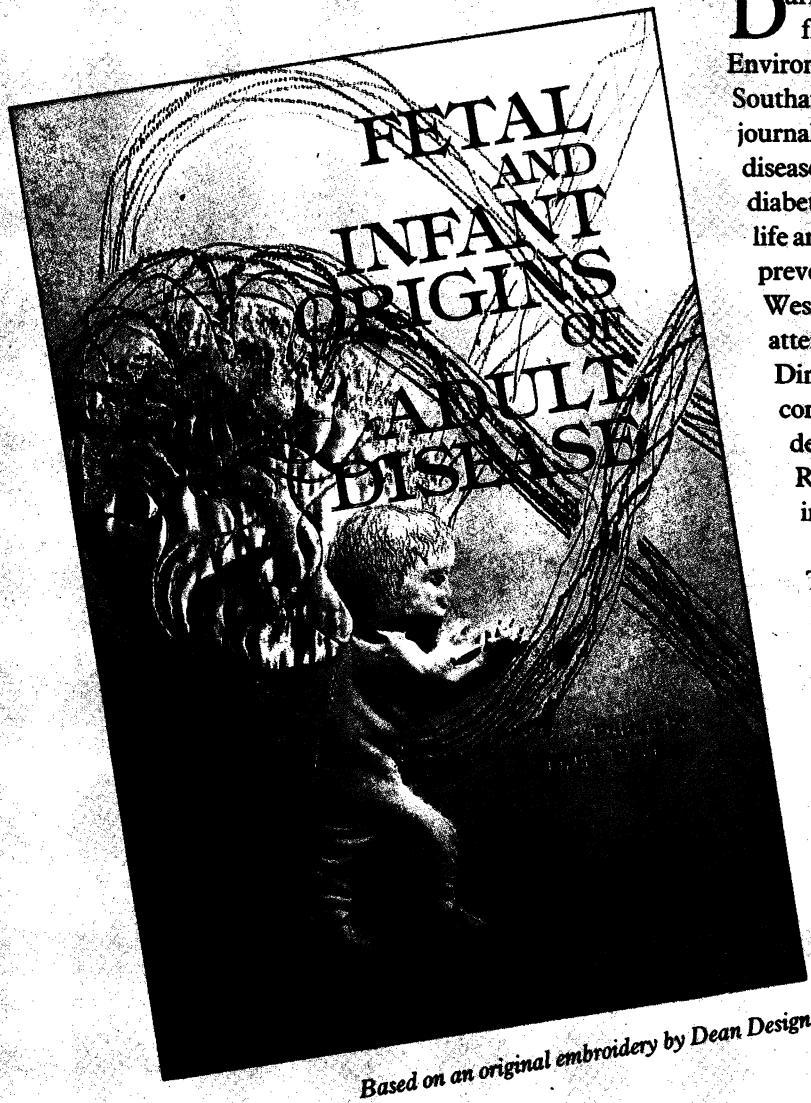
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# *Are the ills of middle and later life rooted in our early development?*



During the past few years a series of articles, mostly from the Medical Research Council's Environmental Epidemiology Unit at the University of Southampton, has been published in leading medical journals. They set out the evidence that certain adult diseases, including coronary heart disease, stroke and diabetes originate in impaired development during fetal life and infancy. Because of the obvious implications for prevention of some of the commonest diseases in Western society, they have attracted international attention. In this book, Professor David Barker, Director of the Unit, has selected 31 articles that he considers seminal and a comprehensive guide to the development of this important topic. Professor Roger Robinson's introduction summarises and interprets the evidence for non-epidemiologists.

The first chapters describe the origins of the hypothesis in geographical studies in England and Wales. These are followed by a series of studies of men and women in middle and late life whose early growth was recorded at the time. In those who have died, cause of death can be related to early growth. Examination of the living has allowed blood pressure, blood lipid and insulin concentrations, and other measurements to be related to different patterns of early growth. Together, the findings show that early development affects the risk of coronary heart disease, stroke, obstructive lung disease and diabetes at least as strongly as obesity, smoking and other aspects of adult life style.

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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<sub>2</sub>-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.

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