



FIGHT CAN'T HIDE ITSELF

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 tri-
furanone, is orally active against infections with dermatophy-
tes (*Trichophyton* spp., *Microsporum* spp., *Epidemophyton*
floccosum), yeasts (*Candida* spp., *Pityrosporum*
spp.), *Aspergillus* spp. and various other yeasts and fun-
gi. **Indications:** Sporanox (itraconazole) is indicated for
vulvovaginal candidosis, pityriasis versicolor, dermatophy-
toses, fungal keratitis and oral candidosis. **Contraindica-
tions:** Sporanox (itraconazole) is contraindicated during
pregnancy. **Warnings and Precautions:** Although orally Sporanox (itraconazole)
has not been associated with hepatic dysfunction, it is

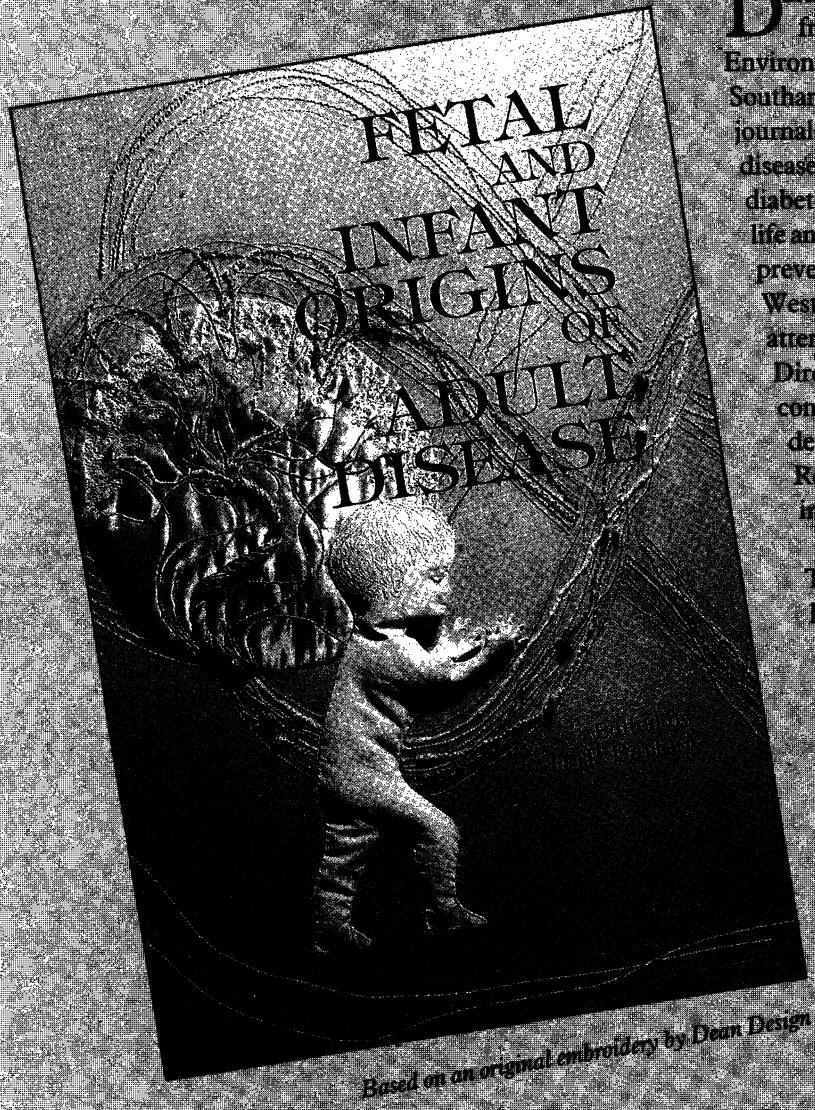
00 mg) morning and evening for 1 day, Pityriasis
versicolor: 2 capsules (200 mg) once daily for 7 days.
Dermatophytoses: 1 capsule (100 mg) daily for 15 days; highly keratinized
regions, as in plantar tinea pedis and palmar tinea
manus, require 1 capsule (100 mg) daily for 30 days.
Oral candidosis: 1 capsule (100 mg) daily for 15 days.
Fungal keratitis: 2 capsules (200 mg) once daily for
21 days. **Contra-Indications:** Sporanox (itraconazole)
is contra-indicated during pregnancy. **Warnings and
Precautions:** Although orally 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 re-
commended 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
2340 Bierse, Belgium
The drug discovery company

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.

Fetal and Infant Origins of Adult Disease brings together in one volume a body of work that cannot be ignored

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EUROPE MEETS THE VANCOUVER GROUP

An invitation to all European medical editors to come and meet members of the International Committee of Medical Journal Editors (the Vancouver Group) and discuss with them key editorial issues.

To coincide with the 1993 meeting of the Vancouver Group (the International Committee of Medical Journal Editors) the BMJ and *The Lancet* are hosting a meeting of the Royal Institution of European medical journal editors and members of the Vancouver Group (including the editors of the *Annals of Internal Medicine*, *The Journal of the American Medical Association*, and the *New England Journal of Medicine*). The aim is to allow editors to meet and learn from each other and to influence the issues that the Vancouver Group considers.

The meeting will be followed by an evening reception at BMA House, Tavistock Square, London WC1H 9JR.

All editors of medical journals are welcome to attend.

14 January 1993

The Royal Institution
21 Albemarle Street, London W1
followed by a reception at
BMA House, Tavistock Square,
London WC1H 9JR

Programme

10.00	Welcome	Richard Smith, editor, <i>BMJ</i> Robin Fox, editor, <i>The Lancet</i>
10.05	Developing a journal —	Speaker to be announced
10.25	Discussion	
10.35	The search for better referees —	Bob and Suzanne Fletcher, editors <i>Annals of Internal Medicine</i>
11.30	Coffee	
12.00	What should be on the Vancouver Group agenda? —	Magne Nulenna, editor, <i>Norwegian Medical Journal</i> George Lundberg, editor <i>JAMA</i>
	Group discussions	
12.15	Lunch	
12.30	Should there be a paper journal? —	Speaker to be announced
12.45	Should European medical editors join together? —	Speakers to be announced
	Group discussions	
1.40	Summing up	Richard Hughes, editor, <i>Journal of Neurology, Neurosurgery, and Psychiatry</i>
6.00 - 8.00	Reception at BMA House, Tavistock Square, London WC1H 9JR	

Cost (includes lunch): £80
Please (enclosing cheque made payable to BMJ) to
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London WC1H 9JR.

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, H₂-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 i.i.d. (dose can be doubled); • severe conditions (gastroparesis, oesophagitis, refractory constipation): 10 mg i.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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