



FUNGUS CAN'T HIDE FROM

# Sporanox<sup>\*</sup>

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.

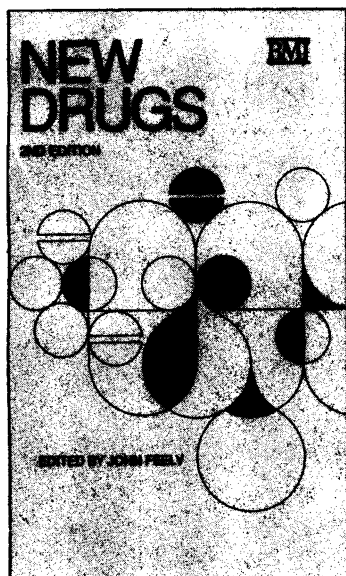
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sules (200 mg) morning and evening for 1 day. Phylase versicolor: 2 capsules (200 mg) once daily for 7 days. These capsules are white, round, and have a score line. Each capsule contains 100 mg of itraconazole. The capsules are marked with the Janssen Pharmaceutica logo.

advisable not to give this drug to patients with a known history of liver disease. Warning: Sporanox is not recommended for use in pregnant women. Sporanox is not recommended for use in nursing mothers. Sporanox is not recommended for use in children. Sporanox is not recommended for use in patients with a known hypersensitivity to itraconazole or any of the excipients.

JANSSEN PHARMACEUTICA

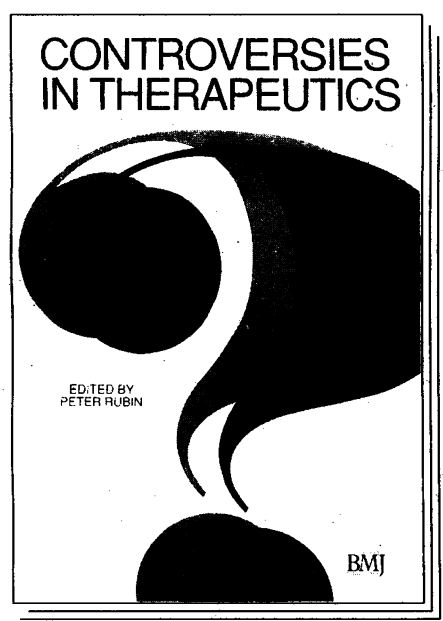
## What's best for patients?



New drugs are continually being developed and knowledge about existing drugs is constantly expanding, so it is essential, but difficult, for doctors to keep up to date with the latest developments. *New Drugs* describes the most important therapeutic advances of the past decade and discusses the drugs that will be in common use in the 1990s. Completely revised and updated, this second edition has been expanded to include 11 additional chapters. Its coverage of practical aspects of drug use, avoidance of adverse reactions and interactions, and prescribing at extremes of age makes it an invaluable guide for busy practitioners who want to get the best out of the new drugs currently available.

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Doctors do not always agree on what is the right treatment even for quite common conditions. Often definitive clinical trials have not been performed and no one knows for sure the best way to treat. *Controversies in Therapeutics* looks at some problems that arise in general practice. For each one it offers two different approaches; and Peter Rubin, professor of therapeutics and consultant physician at the University Hospital of Nottingham, provides an editorial comment on these which summarises the prevailing views and helps you to make up your own mind. Written by academic experts with everyday clinical experience, *Controversies in Therapeutics* is a must for all physicians and general practitioners—both those who think they know it all and those who know they don't.

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# EUROPE MEETS THE VANCOUVER GROUP

14 January 1993

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 9JA.

All editors of medical journals are welcome to attend.

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

## Programme

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

Cost (includes lunch): £80  
Apply (enclosing cheque made payable to BMA) to:  
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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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