

## itraconazole 100 mg

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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 at 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.

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, *BMJ*  
Robin Fox, editor, *The Lancet*
- 10.05** Developing a journal — Stefano Bombardieri,  
*Clinical and Experimental Rheumatology*
- 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 Nylenna, editor  
*Norwegian Medical Journal*  
George Lundberg, editor *JAMA*
- Group discussions
- 1.15** Lunch
- 2.30** The end of the paper journal? — Karen Hunter, Elsevier
- 3.15** Should European medical editors join together? — Hannu Vuori, WHO Europe
- 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 9JR

Cost (includes lunch): £80  
Apply (enclosing cheque made payable to BMA) to:  
Gaby Shockley,  
BMJ, BMA House,  
Tavistock Square,  
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, 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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