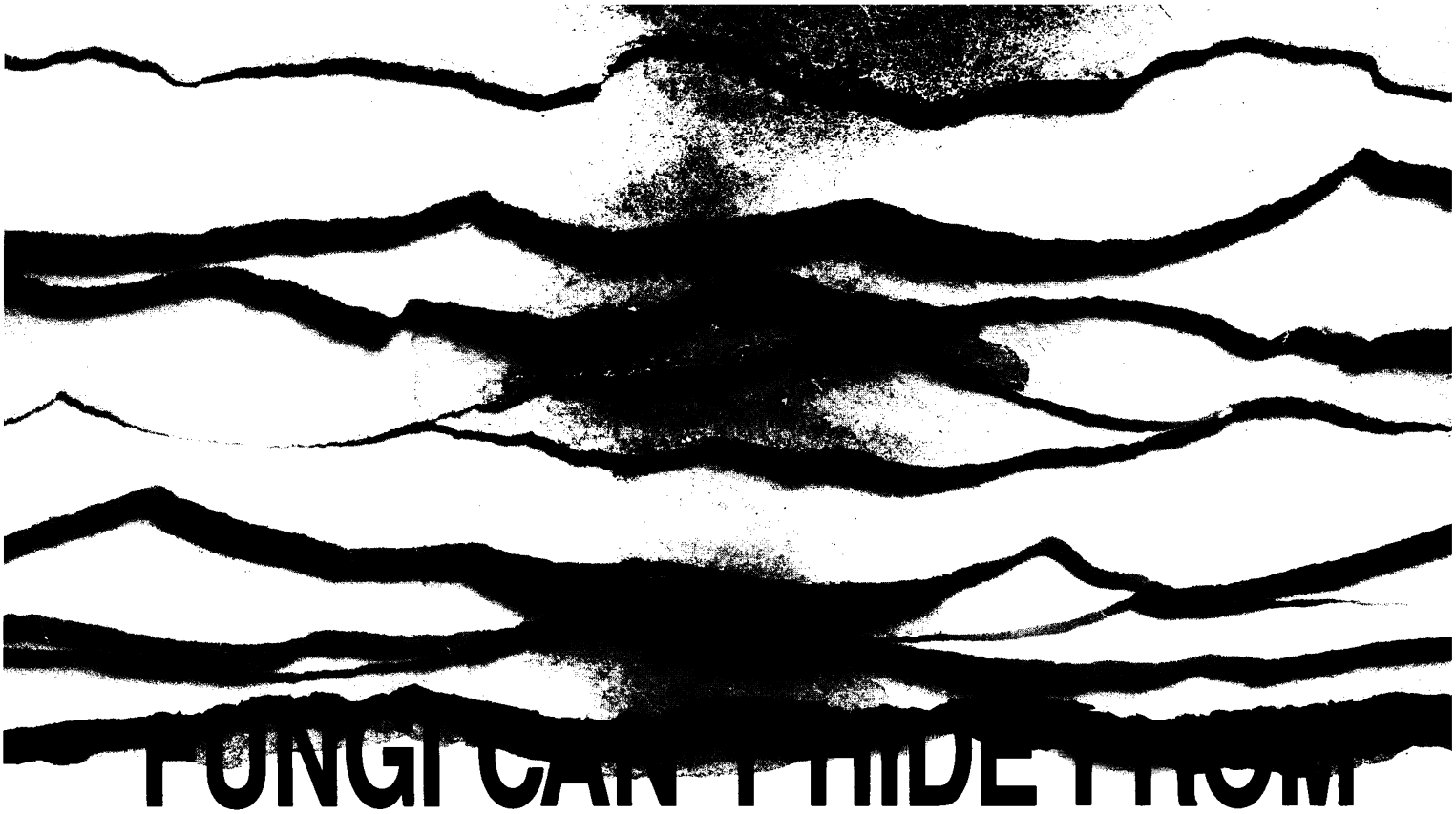

# FUNGI CAN'T HIDE FROM

# 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.**

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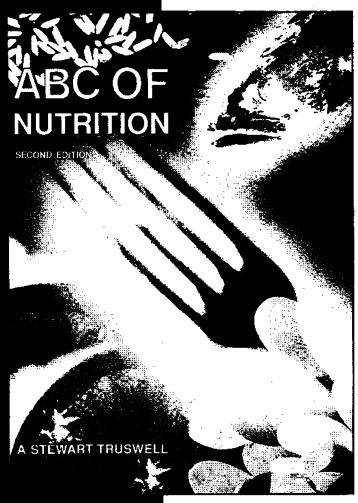
*** Trademarks: SPORANOX, SEMPERA, TRISPORAL, SPORAL.**

**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 other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (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 keratitis: 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically 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 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**
**2340 Beerse, Belgium**
*the drug discovery company*

# ABCs 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, dietician students, and those interested in nutrition education should have a copy of this book."

*American Journal of Clinical Nutrition*

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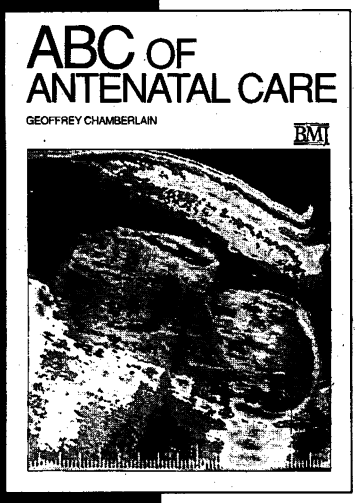


Healthy women with normal pregnancies need little formal care; those at risk of damage to their own or their baby's health need the best of scientific medicine. The aim of antenatal care is to distinguish between these two groups, giving those who need it the full range of diagnostic and therapeutic 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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**A ONE DAY MEETING AT THE QUEEN ELIZABETH CONFERENCE CENTRE, LONDON**

**11 March 1993**

# PRIORITY SETTING IN THE HEALTH SERVICE

The BMA, the BMJ, the King's Fund, and the Patients Association are holding a joint meeting on setting priorities in the NHS.

The meeting is open to all, and we hope that doctors from all parts of the profession, other health professionals, politicians, managers, patients, policy makers, and anybody interested will come to develop the debate no this vital subject facing the NHS and all other health systems.

The meeting will be preceded on the evening of 10 March by a debate on the motion: "This house believes that rationing in health care is inevitable."

## PROGRAMME

### Session A: Priority Setting in Action

Chair Jeremy Lee-Potter, chairman of the council, BMA

Keynote address
The Oregon experience— John Kitzhaber, physician and president of the Oregon Senate

The Dutch experience— A J Dunning, professor of cardiology, Amsterdam

Reports from six health authorities —Chris Ham, professor of health management, Birmingham

Discussion

Tea

### Session B: The Theory of Priority Setting

Chair Chris Heginbotham, King's Fund College

Dimensions of rationing: who should do what? - Rudolf Klein, professor of social administration, Bath

Priority setting and justice— Ruth Chadwick, philosopher, Cardiff

The economics of priority setting— Cam Donaldson, health economist, Aberdeen

Discussion

Lunch

### Session C: Priority Setting: The People and the Practitioners

Chair Linda Lamont, secretary of the Patients Association

"Surely you're not going to ration me"— Katherine Whitehorn, journalist, Observer

"This patient or that patient?— John Grimley-Evans, professor of geriatric medicine, Oxford

"You're all my patients"— Brian Goss, general practitioner, Suffolk

"We have to set priorities"— Geoff Carroll, director of public health, North Essex Health Consortium

Discussion

Tea

### Session D: Priority Setting : Edging Forward

Chair Tessa Jowell, MP

Feedback on result from surveys of the public and doctors— Chris Heginbotham, King's Fund College

Consulting the public— Toby Harris, chairman of the Association of Community Health Councils

Summary: moving forward— Richard Smith, editor, BMJ

---

**Cost: Including lunch and attendance at the debate on 10 March is £85.***
**Some bursaries are available for patients unable to afford the full fee.**
***Accommodation not included.**

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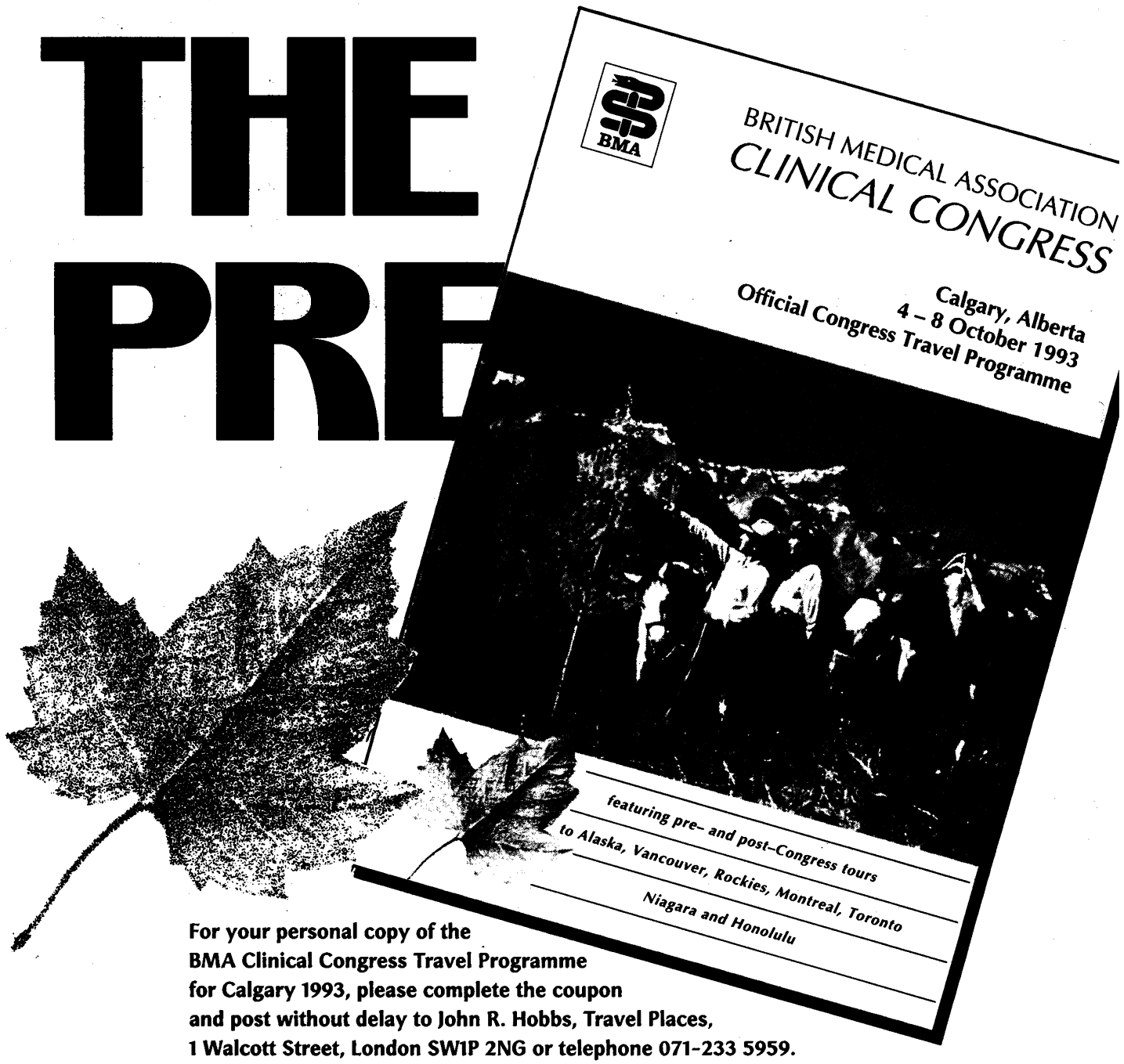


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# EUROPE MEETS THE VANCOUVER GROUP

**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 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.

## 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, *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
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BMJ, BMA House,
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London WC1H 9JR.

TRADEMARK

# Prepulsid

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## 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.**

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