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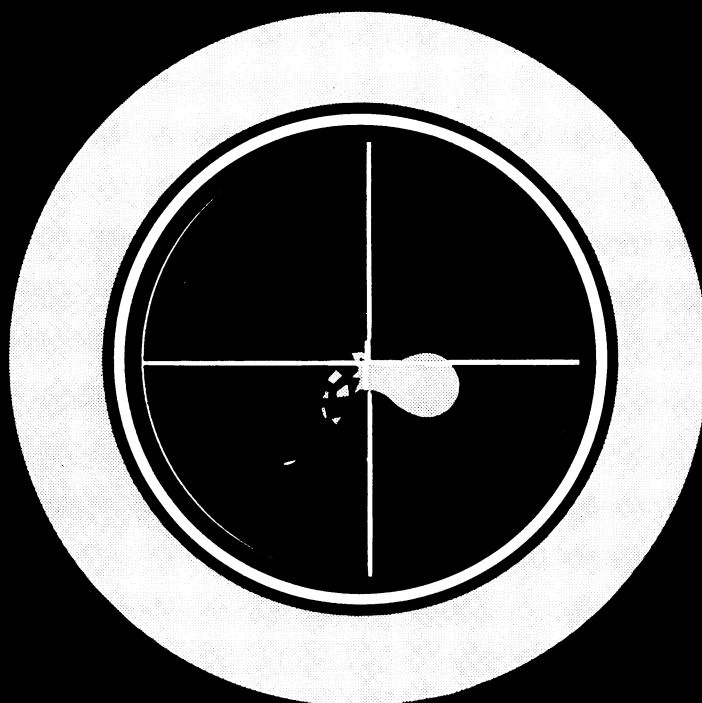


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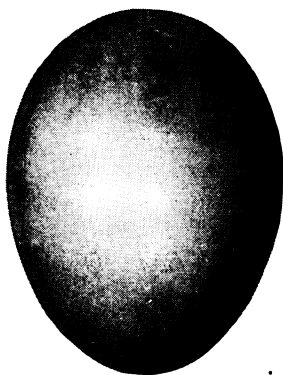
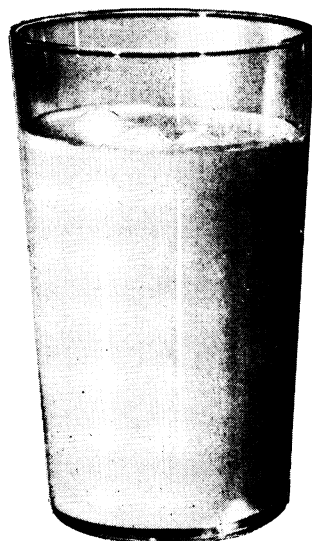
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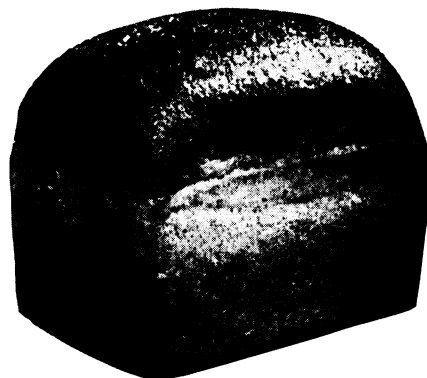
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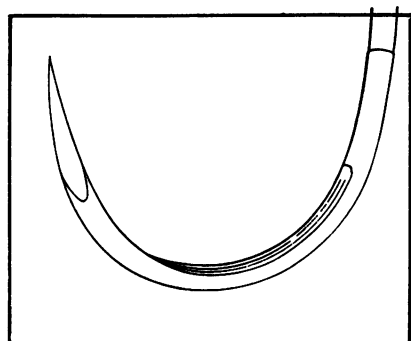
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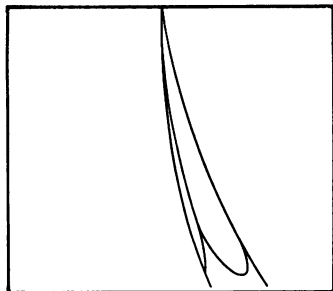
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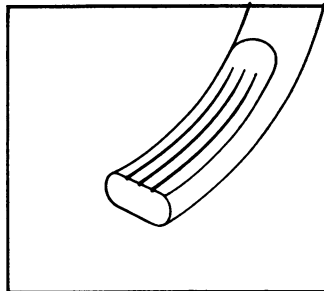
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and better
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designed to reduce distress
or mortality in

ULCERATIVE COLITIS

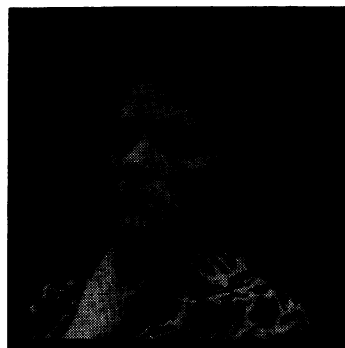
would need to

1. Secure Early Detection.
2. Provide Specific Treatment.
3. Provide Flexible Treatment.
4. Prevent Relapse.

See overleaf for details of
the SALAZOPYRIN campaign
to secure these aims —————→



Early Detection



It is now commonly recognized that the most dangerous period for a patient with ulcerative colitis is the year of his first attack. Early detection is important for another reason as well. With proper management such cases can usually avoid surgery. ¹ In order to obtain early hospital referrals an extensive campaign detailing the condition is being brought to the attention of general practitioners by the originators and manufacturers of Salazopyrin, the drug of proven efficacy and documented safety in the treatment of ulcerative colitis.



Specific Treatment

"Whereas . . . many drugs have been administered with diverse successes, the one accepted drug is (Salazopyrin). . . . most patients tolerate the drug well, and improvement such as reduction of bowel movements and recession of bleeding generally occurs within a week or 10 days." ²

The mode of action of Salazopyrin remains unknown. Its success is undoubtedly due to its specific affinity for connective tissues, particularly the colonic submucosa.

Within two or three days treatment with Salazopyrin, the number of stools decreases, abdominal pains disappear, the fever subsides and the appetite improves. ³

In fulminating ulcerative colitis successful results are reported with the use of Salazopyrin and steroids in combination. However, as steroids are essentially suppressive rather than curative, mild and moderate acute attacks are best treated with Salazopyrin alone.

Dosage for the Acute Attack.

2 to 4 tablets (1 g. to 2 g.) four to six times daily. The dosage should be adjusted according to the patient's needs. This is decreased to the maintenance dose (2 g. daily) as the patient improves. At any indication of a relapse, however, the dosage should be increased to the maximum tolerated level.

1. Postgrad. Med. 1960, 28, 157.

2. "Chronic Ulcerative Colitis" Charles C. Thomas (Publisher), Springfield, Illinois, 1969, p 45.

3. "Gastroenterology" Vol. fi. W. B. Saunders Co. Philadelphia 1964, p 863.

3

Flexible Treatment

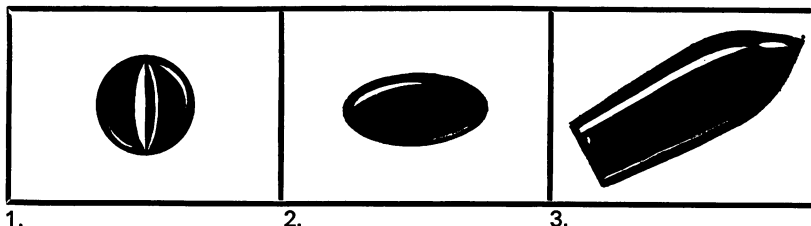
Salazopyrin (sulphasalazine) is available as plain 0.5 g. tablets, as the 0.5 g. EN-tabs and as 0.5 g. suppositories. The EN-tab is enteric coated, and of an ovoid shape for easy swallowing. It has been specifically designed for the patient who may exhibit gastrointestinal intolerance to the plain tablet and who is on long term therapy.

"(Salazopyrin) incorporated into a suppository... has recently been shown by controlled trial to exert a beneficial topical action if inserted nightly in patients with distal proctocolitis, 15 of 18 patients receiving potent suppositories going into clinical remission as compared with 5 of 18 treated by inert suppositories. No side effects were observed."¹

Illustration 1—
plain 0.5g. tablet.

Illustration 2—
0.5g. EN-tab.

Illustration 3—
0.5g. suppository.



Side effects and Precautions:

Side effects may consist of gastrointestinal upset which usually resolves upon change to the enteric-coated tablets. Very rare instances of agranulocytosis have been reported.

It is contraindicated in patients with a history of marked sensitivity to sulphonamides.

Salazopyrin should be administered under constant medical supervision, including periodic blood examinations. The usual precautions for sulphonamide therapy should be exercised. If serious symptoms occur, including leukopenia or sensitization, the drug should be discontinued immediately. There is no specific antidote for Salazopyrin.

4

Prevention of relapse

"As long-term treatment for ulcerative colitis corticosteroids are disappointing."²

"Salazopyrin has been shown to reduce the relapse rate greatly when used in a maintenance dosage of 0.5 g. q.d.s. over the period of 1 year".² As it has been reported that "out of every five patients who respond to medical treatment of a first attack of ulcerative colitis, four have a second attack within 12 months"³, the efficacy of Salazopyrin in the long-term treatment of the ulcerative colitis patient, is clear.

"This is the first demonstration in a formal trial that any treatment reduces the relapse rate in ulcerative colitis... it therefore appears preferable to systemic corticosteroids, for this purpose. 24 (out of 34) patients remained in symptomatic remission for a year while taking 2 g. of Salazopyrin daily whereas only 8 (out of 33) remained symptom free in the placebo group.

22 out of the 24 patients on Salazopyrin who remained in remission at the end of the trial had a non-haemorrhagic mucosa which, in many cases, appeared normal.

... only 3 patients out of 34 had to discontinue treatment because of side-effects. In the patients treated with Salazopyrin, there was no difference in the haemoglobin level before and after treatment; but the mean white-cell count was lower after 6 months or a year than at the start of the treatment, though in no patient was it less than 4500 per c. mm."³

Proven Maintenance Therapy: 2 tablets twice a day.

1. Postgrad. Med. J. 1968, 44, 699.

2. Brit. med. J. 1968, 2, 539, 605.

3. Lancet, 1965, i 185.

SALAZOPYRIN[®]

*Literature and detailed information on
Salazopyrin are available on request.*

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Br. J. Radiol., 1967, **40**: 662

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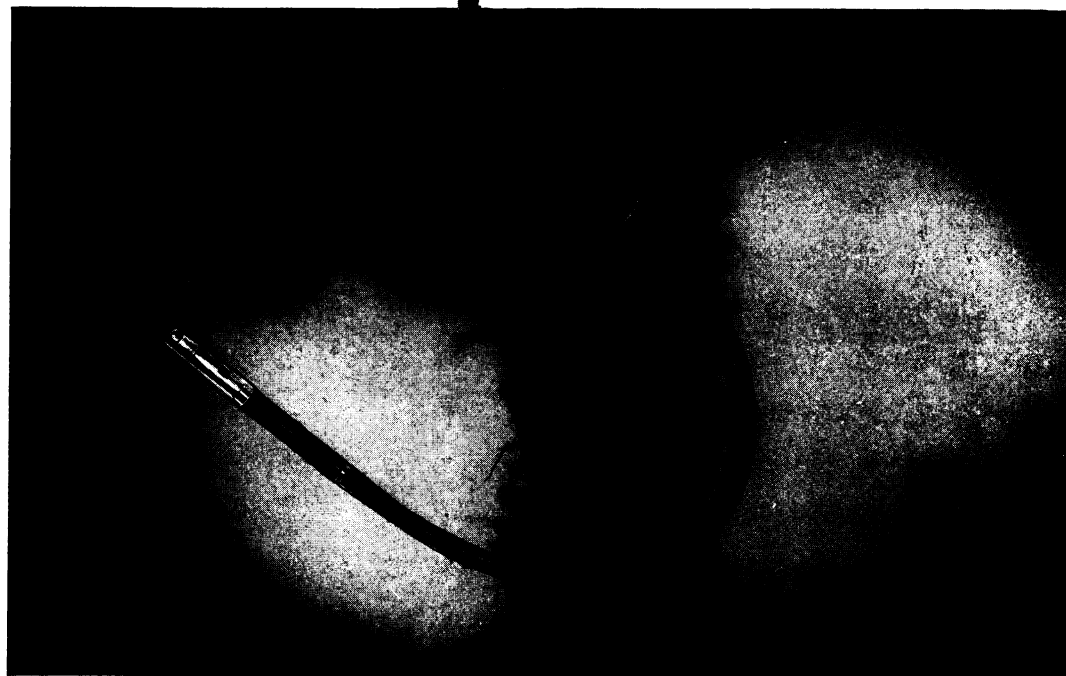
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'Carbenoxolone has a specific effect, facilitating healing of gastric ulcer, and is not merely yet another symptomatic measure'. *Brit med J*, 1965, 2: 1274

Patients remain up and about

'It is the only drug therapy for gastric ulcer which has been demonstrated conclusively to accelerate healing, which can be achieved with patients remaining up and about, often at work, with minimum change in diet'. *Gut*, 1965, 5: 19

conclusively shown to heal gastric ulcers

without bed rest or dietary restrictions

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NEW PRODUCT ANNOUNCEMENT

Duphalac ends the laxative era

"The constant use of purgatives by the lay public to induce a regular daily habit, which is commonly believed necessary for good health, may decrease the sensitivity of the intestinal mucous membranes so that larger doses have to be taken and the bowel fails to respond to normal stimuli. Thus the development of a normal habit is prevented."

Martindale's Extra Pharmacopoeia The Pharmaceutical Press, London 25th Edition (1967) p. 1266

Now there is Duphalac – a non-laxative treatment for habitual constipation. Unlike many traditional laxatives, which goad the bowel musculature into fitful action, non-laxative Duphalac has no direct effect either on the smooth muscle or its innervation. Duphalac changes the environment within the colon to achieve normal bowel movement and a softening of the stool.

How does it work?

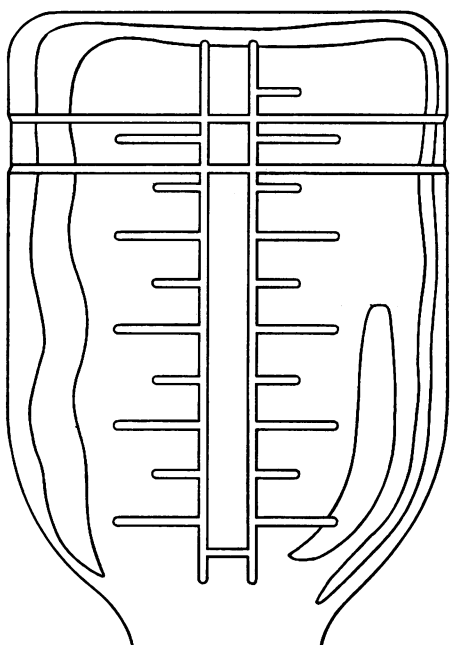
Duphalac is a synthetic disaccharide which is not appreciably absorbed after oral ingestion. It reaches the colon unchanged and serves as a nutrient for saccharolytic bacteria. Their increased activity causes a change of the colonic environment and a lowered pH in the colon. The clinical result is that normal defaecation is restored.

The clinician's verdict

One double-blind comparison of Duphalac with placebo involved 52 "truly constipated" patients. The success rate was 80% for Duphalac against 33% for placebo. "The difference in success rate is highly significant ($P < 0.01$)". The author described Duphalac as "a completely harmless substance" (Gut, 1968, 9:84)

Duphalac is presented as a syrup containing lactulose 50% w/w, lactose 5% w/w, galactose 8% w/w, in bottles of 200 ml. and 2 litres. Further information will be supplied on request.

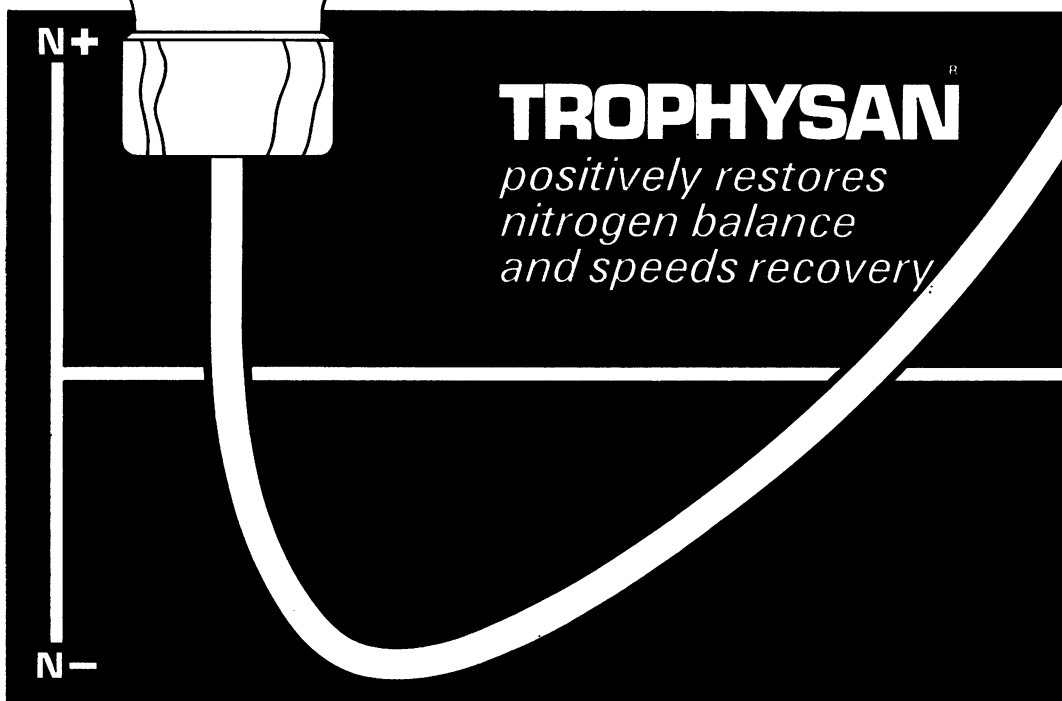
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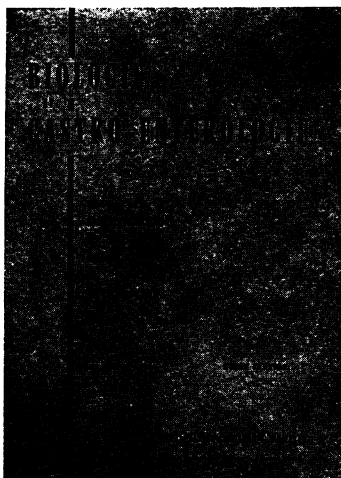
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BIOLOGY AND GASTRO-ENTEROLOGY publishes the results of biological and experimental research on the gastrointestinal tract and associated organs.

Original articles are of two kinds: New reports. Original observations.

In each number the review publishes accounts of contemporary French work in the field of gastro-enterology (research projects, preliminary results, summaries of publications). In this way it hopes to give quickly concise and up-to-date information on the research trends in gastro-enterology.

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