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1 Healing

Further experience in clinical trials confirms that 4-8 weeks 'Tagamet' treatment achieves remarkable results in duodenal ulcer,^{1,2,3} gastric ulcer,^{2,4,6} and reflux oesophagitis.^{2,5}

Overall Experience	TAGAMET % healed	PLACEBO % healed
Duodenal Ulcer	77% of 803 patients	41% of 252 patients
Gastric Ulcer	74% of 130 patients	45% of 64 patients
Reflux Oesophagitis*	62% of 39 patients	9% of 23 patients

*includes oesophageal ulcers and erosions: complete healing or marked improvement.

In addition to complete healing (proven endoscopically), early and dramatic symptomatic relief is achieved in most patients. With its convenient dosage and low incidence of side effects, 'Tagamet' is well suited to everyday treatment.

2 Recurrence

A group of duodenal ulcer patients was followed for periods of up to 6 months after completing 4-6 weeks 'Tagamet' treatment. Preliminary results show that the incidence of relapse was no greater than in a similar group who had healed their ulcers on placebo.^{2,7}



Artist's impression of H₂ receptor antagonist acting at receptor site in gastric mucosa.

3 Maintenance

377 chronic duodenal ulcer patients, who had healed their ulcers after 4-6 weeks treatment were entered into controlled, double-blind maintenance trials. They were maintained on 'Tagamet' or placebo therapy, at a reduced dosage, for periods of up to 6 months. Results from these ongoing studies have shown that only 5.7% of the 'Tagamet' group relapsed⁷ compared with 42.1% of the group who were maintained on placebo.



References

1. Oral cimetidine in severe duodenal ulceration. (1977) *Lancet*, i, 4.
2. Data on file (March 1977), Smith Kline & French.
3. The effect of cimetidine on duodenal ulceration. (1977). The Second International Symposium on Histamine H₂ Receptor Antagonists. *Excerpta Medica*, p.260.
4. Treatment of gastric ulcer by cimetidine. (1977) *ibid.* p.287.
5. Cimetidine in the treatment of oesophagitis. (1977) *ibid.* p.297.
6. Healing of gastric ulcer during treatment with cimetidine. (1976) *Lancet*, i, 337.
7. Long-term treatment with cimetidine in duodenal ulceration (1977) *Lancet*, i, 900.

'Tagamet' (cimetidine) is available as 200mg film-coated tablets, 200mg/5ml syrup and 200mg/2ml ampoules.

Full prescribing information is available from Smith Kline & French Laboratories Limited, a SmithKline company, Welwyn Garden City, Hertfordshire, AL7 1EY. 'Tagamet' is a trade mark.

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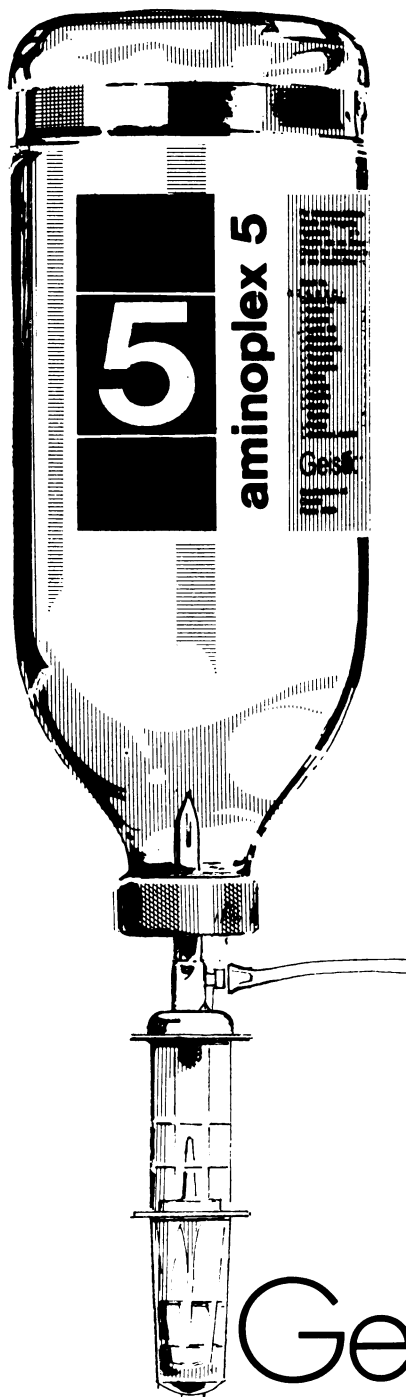


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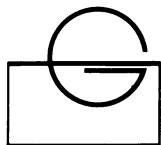
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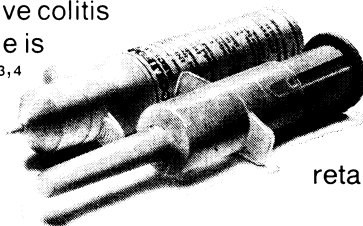
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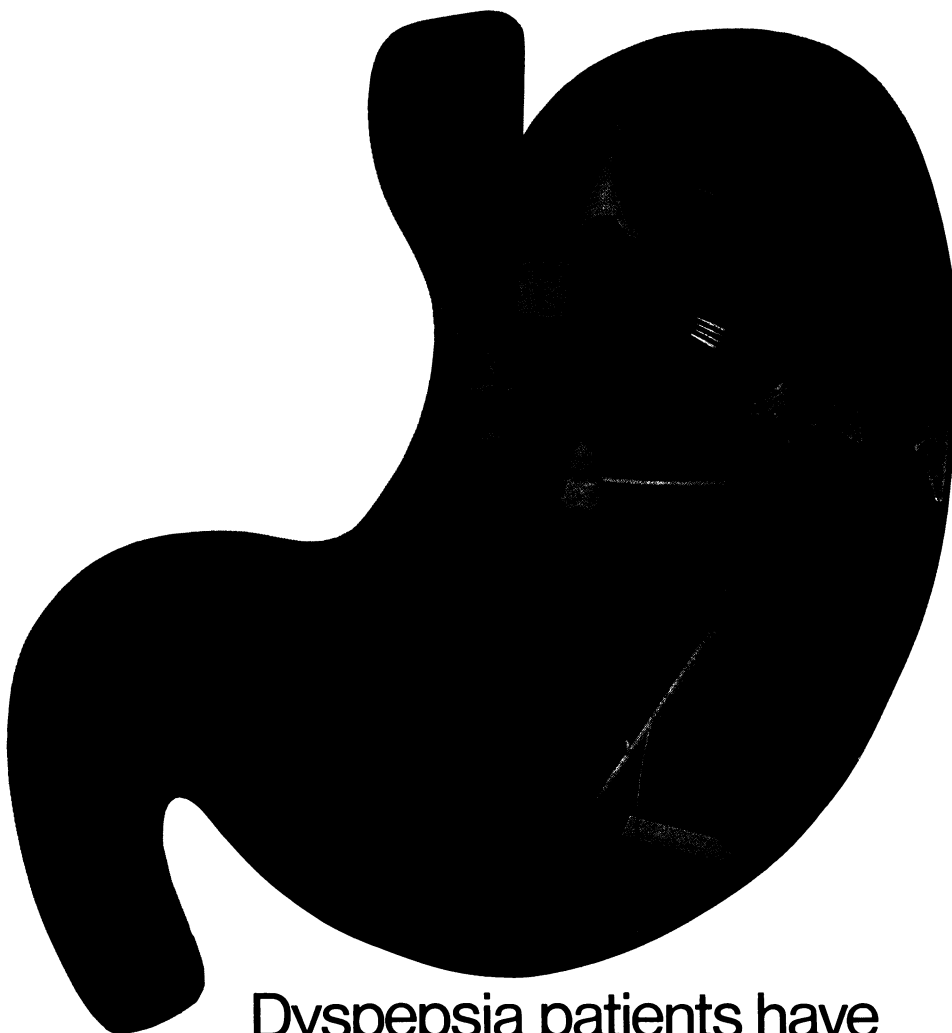
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1. Practitioner, Accepted for publication 2. Rosser, R.G. Treatment of Proctosigmoiditis Scientific Exhibit presented at 121st Annual Convention of the American Medical Association, June 1972 3. Kratzer, G.L. (1970) *Amer.J.clin.Res.* 1, 111 4. Scherl, N.D. and Scherl, B.A. (1973) *Dis.colon.Rectum.* Mar/Apr.



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REFERENCES

1. Tewari, S.N. and Wilson, A.K. (1973: *The Practitioner*, 210, 820.
2. Ivey, K.J. (1971): *Gastroenterology*, 61, 247.
3. Morris, T.J. et al (1974): *Digestion*, 11, 355.

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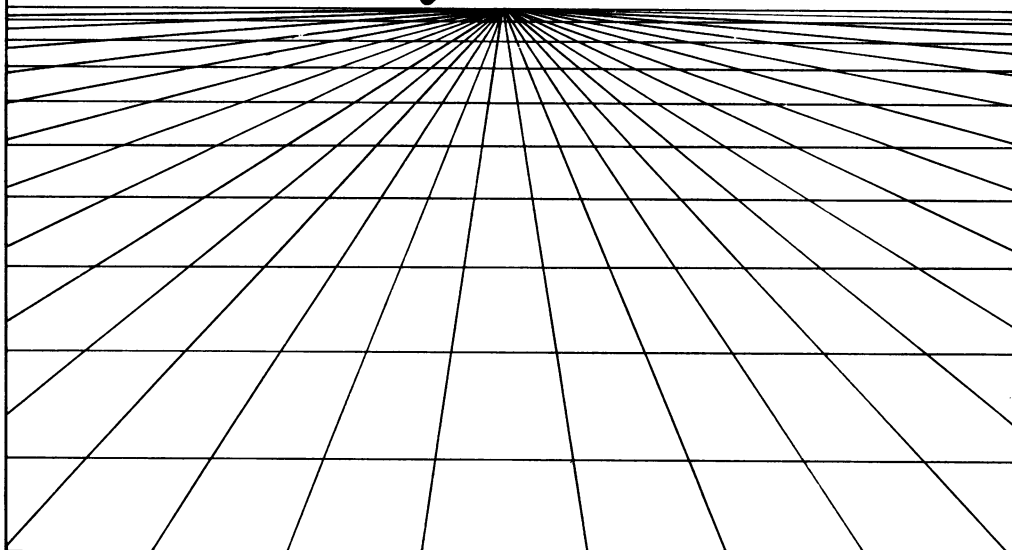
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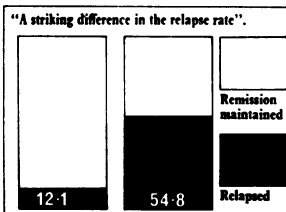
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1. Gut (1973) 14 923 - 926
2. Brit. med. J. (1959) 1 387 - 394
3. Lancet (1965) 1 188 - 189
4. General Practitioner (1972) April 7 p11

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References

1. *Drug and Therapeutic Bulletin*, **14**, 25, 1976
2. Phillips, I. and Sussman, M. p.37 *Infections with Non-Sporing Anaerobes* Published Churchill
3. Study group. *Lancet*, **ii**, 1540, 1974
4. Study group. *J. Antimicrobial Chemotherapy*, **1**, 393-401, 1975
5. Willis, A.T., et al., *Br.Med.J.*, February 7, **i**, 318-321, 1976
6. Ingham, H.R., et al., *Br.Med.J.*, **iv**, 39, 1975
7. Mitre, R.J. & Rotheram, E.B., *J.Amer.Med.Assoc.*, **230**, 1168, 1974
8. Tally, F.P., et al., *Antimicrobial Agents & Chemotherapy*, **7**, 672, 1975

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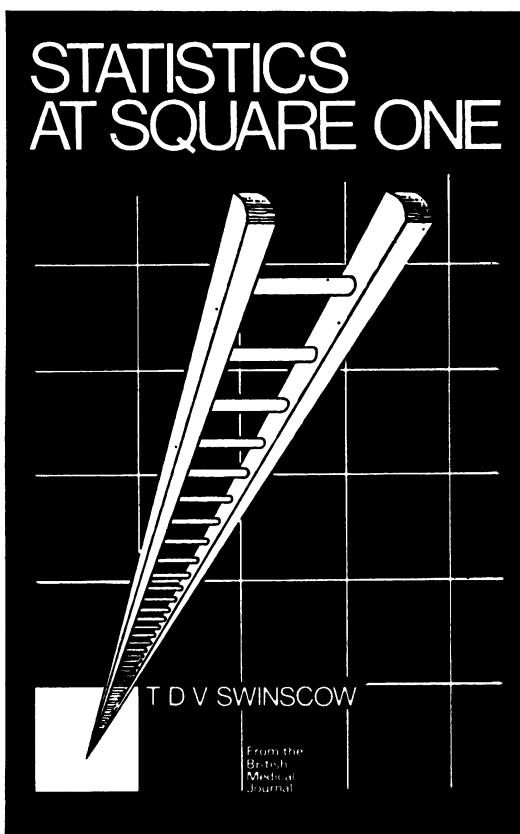
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