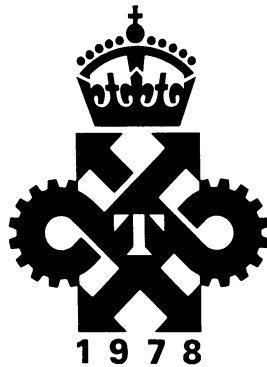


A Mark of Recognition



Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H₂ receptor antagonist research and the development of cimetidine.

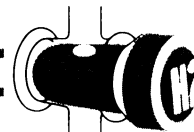
Since it became generally available over three years ago, 'Tagamet', by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as duodenal ulcer, benign

gastric ulcer and reflux oesophagitis, where acid plays a part.

For many patients it has brought a new standard of pain relief and healing. In the United Kingdom alone 'Tagamet' has been prescribed for an estimated one million patients.

Tagamet

cimetidine



PRESCRIBING INFORMATION

Presentations
'Tagamet' Tablets P10002/0061 each containing 200 mg cimetidine. P10112/2/000/284
'Tagamet' Syrup P10002/001/15 containing 200 mg cimetidine per 5 ml syrup. 200 ml. P10/29

Indications

Duodenal ulcer, benign gastric ulcer and reflux oesophagitis.

Dosage

Duodenal ulcer: Adults: 200 mg tds with meals and 400 mg at bedtime. 10 mg/day for at least 4 weeks; for full instructions see Data Sheet. In pregnant: 400 mg at bedtime or 400 mg morning and evening for at least 6 months.

Benign gastric ulcer: Adults: 200 mg tds with meals and 400 mg at bedtime. 10 mg/day for at least 6 weeks; for full instructions see Data Sheet.
Reflux oesophagitis: Adults: 400 mg tds with meals and 400 mg at bedtime. 10 mg/day for 4 to 8 weeks.

Cautions

Impaired renal function: reduce dosage. See Data Sheet. Potentiation of oral anticoagulants: see Data Sheet. Prolonged treatment: advise patient periodically. Malignant gastric ulcer may respond symptomatically. Avoid during pregnancy and lactation.

Adverse reactions

Dizziness, dizziness, rash, tiredness. Rarely, mild, ignares omastia, reversible liver damage, confusion; states usually in the elderly or very ill; interstitial nephritis.

Full prescribing information is available from:

SK&F
a SmithKline company

SmithKline & French Laboratories Limited,
Welwyn Garden City, Hertfordshire AL9 1BY.
Telephone: Welwyn Garden 25333.
'Tagamet' is a trademark.

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Of interest

Volume 27 No. 3
June 1980

Hepato-Gastro- enterology

Journal for Clinical Research and Practice

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A bi-monthly periodical focused on the vast field of gastroenterology and hepatology, presenting the subject matter by original papers, editorials, abstract and critical reviews, with emphasis on subjects which are topical at the time of publication. Most contributions are in English, while a few are in German. A German and English summary accompanies each article. This journal was formerly published as „Acta Hepato-Gastroenterologica“.

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LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual



response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include

drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

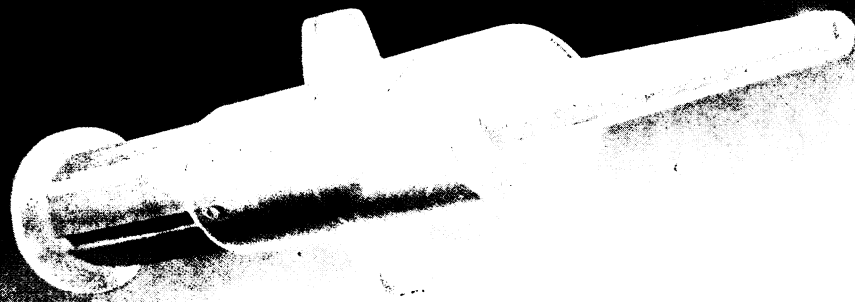
Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

Basic NHS Cost 1 tablet 3 times daily 7.4p/day ex 500 pack.

Licence Number 0031 5024

Licence Holder Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY
Libraxin is a trade mark

Unique Ulcerative

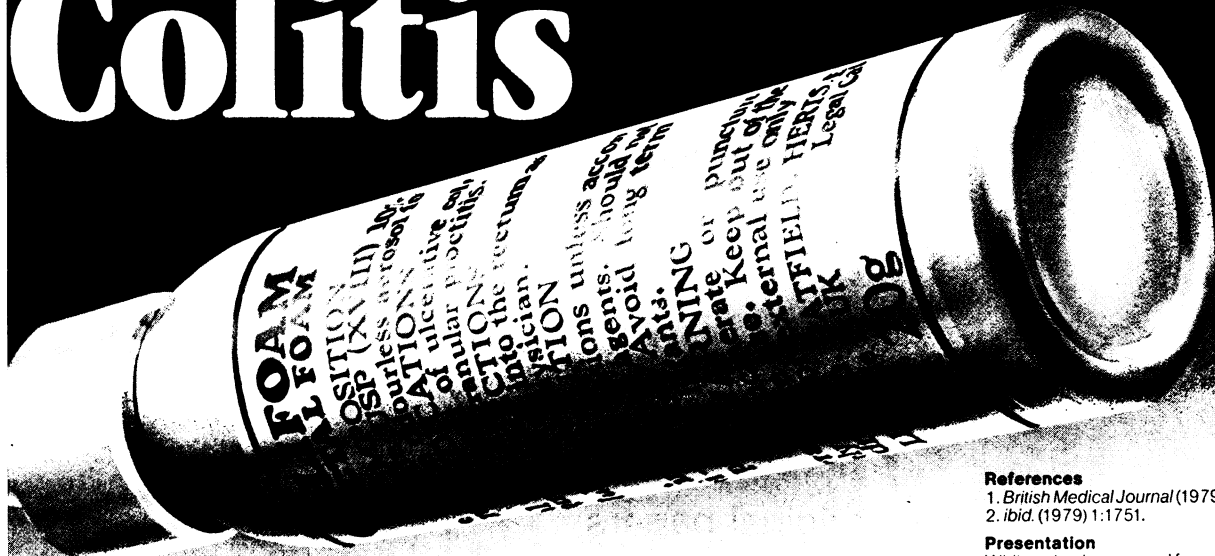


Colifoam is a unique therapy for ulcerative colitis, being a topical anti-inflammatory with exceptional benefits over the rectal enema in terms of simplicity and convenience.

Gamma photography studies^{1,2} have shown that a single dose of Colifoam remains in contact with the rectal mucosa for several hours. In one of these studies¹ the foam was seen to reach the sigmoid colon in most patients. The second study² using a different protocol which included healthy subjects, did not confirm this finding but the authors concluded:

“Unquestionably, however, the foam is more comfortable and easier to retain

n Colitis



than a retention enema, and since the patient need not be immobilised, the foam obviously has a place in outpatient practice for patients with proctitis and distal ulcerative colitis."

Colifoam: hydrocortisone acetate foam supplied in a metered dose dispenser, delivering approximately 5 ml. of Colifoam rectal foam containing 10% hydrocortisone acetate.

Colifoam

hydrocortisone acetate foam

comfort and convenience
in ulcerative colitis



References

1. *British Medical Journal* (1979) 2:822.
2. *ibid.* (1979) 1:1751.

Presentation

White, odourless aerosol foam containing hydrocortisone acetate 10%, with inert propellants.

Uses

Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis.

Dosage and Administration

One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack). One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. Satisfactory response usually occurs within five to seven days.

Contra-indications and Warnings etc.

Local contra-indications to the use of infra-rectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative diseases because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established.

Pharmaceutical Precautions

Do not refrigerate, incinerate or puncture the aerosol can. Shake vigorously before use. Keep out of reach of children.

Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet.

Basic NHS Cost

£6.90.

Product Licence No.

0036/0021

Further information is available on request from:

Stafford-Miller Limited,
Professional Relations Division, Hatfield,
Herts. AL10 0NZ.

GASTROENTEROLOGIE

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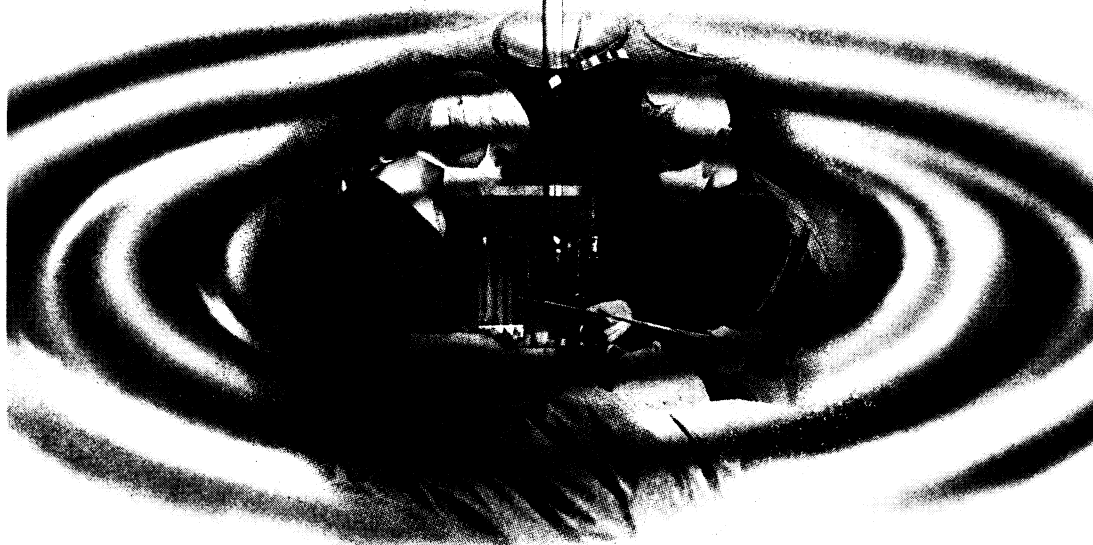
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In dyspepsia, antacids
only cloud the issue.

Maxolon
metoclopramide
clears it.



Maxolon protects the gastric mucosa from over-long exposure to gastric acid¹ by promoting normal peristalsis and gastric emptying^{2,3}. This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.⁴

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.

Prescribing Information

Indications

Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

Adult Dosage (oral)

Adults 10mg

1 tablet or 10ml syrup 3 times a day.

Young adults (15-20 years) 5-10mg

½ 1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body weight.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body weight are administered.

The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug e.g. benapryzine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.

Availability and NHS Prices

Tablets 10mg (£5.84 per 100).

Syrup 5mg/5ml (£2.42 for 200ml).

A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex. 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

Maxolon (metoclopramide) is a product of Beecham Research Laboratories, Brentford, England.

A branch of Beecham Group Limited.

Maxolon, BRL and the Company logo are registered trade marks.

“...the major cause of sepsis after surgery of
the gastrointestinal tract
or female genital
tract”.

Br.Med.J. i, 318, 1976

METRONIDAZOLE
INJECTION

**proves decisive
in anaerobic
infections**

Only with recent
improvements in bacterial culturing
techniques has the pathogenic role of anaerobes
in post-surgical infections been fully recognized.¹⁻³
Now 'Flagyl' Injection offers you a decisive means of treating
these infections—which are often life-threatening and often resistant
to established antimicrobials. The response to 'Flagyl' Injection is rapid and
dependable,² as it is consistently bactericidal to pathogenic anaerobes at tissue
concentrations easily achieved in treatment. Bacterial resistance is not a problem,^{2,4}
and 'Flagyl' is highly acceptable—as eighteen years of use in other indications has established.

Dosage: Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight-hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven-day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance. Drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

seizures in a few patients undergoing intensive, high-dosage metronidazole radiosensitization therapy.

'Flagyl' metronidazole
Tablets 200 mg PL 0012/5256
400 mg PL 0012/0084
Suppositories 500 mg PL 0012/0113
1 gram PL 0012/0114
injection 0.5% w/v PL 0012/0107
Basic NHS (as at September 1980)
Injection for i.v. infusion Bottle of 100 ml £6.40.

References 1. Willis, A.T. (1977) *Scottish Medical Journal*, **22**, 155. 2. Willis, A.T. et al. (1977) *British Medical Journal*, **i**, 607. 3. Finegold, S.M. *Anaerobic Bacteria in Human Disease*, Academic Press Inc. New York, 1977. 4. Willis, A.T. et al. (1975) *Journal of Antimicrobial Chemotherapy*, **1**, 393, 1975.
Further information is available on request.
'Flagyl' is a trade mark.
May & Baker Ltd., Dagenham,
Essex RM10 7XS.



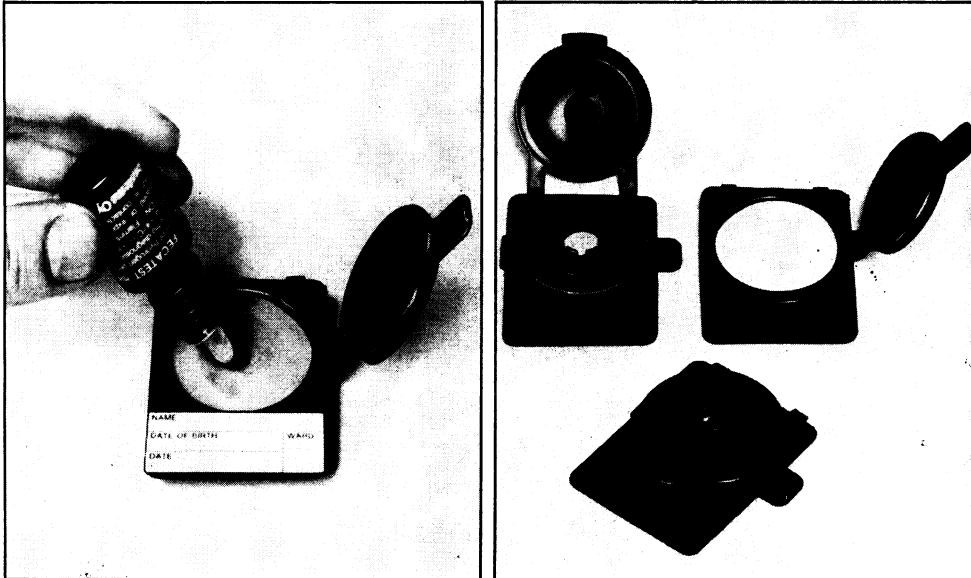
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Indications

Intravenous sedative cover before and during unpleasant surgical and medical procedures.

Dosage

0.2 mg/kg body-weight. The usual adult dose is 10-20 mg but more may be needed on occasions. In elderly patients half the usual adult dose.

Administration

With the patient in the supine position, the injection should be given slowly (0.5 ml Valium Roche ampoule solution per half-minute) into a large vein of the antecubital fossa until the patient becomes drowsy, his speech becomes slurred and there is ptosis. He should still be able to respond to requests.

Provided these conditions for administration are adhered to the rare possibility of hypotension or apnoea occurring will be greatly diminished. A second person should be present and resuscitation facilities should be available.

Precautions and side-effects

Patients should not be allowed to leave the surgery until one hour at least has elapsed from the time of injection and should always be accompanied by a responsible adult, with a warning not to drive or operate machinery for the rest of the day and to avoid alcohol. In patients with organic cerebral changes or with cardiorespiratory insufficiency IV injections of Valium Roche should not be employed unless in an emergency or in hospital if indicated and then should be given slowly and in reduced dosage.

The possibility of intensified sedative effects and severe respiratory and cardiovascular depression should be considered if central depressant drugs are given, particularly by parenteral route, in conjunction with Valium Roche for Injection. Valium Roche should not be given in early pregnancy unless absolutely indicated. Intravenous injection may be associated with local reactions, including thrombophlebitis.

Presentation

Ampoules containing 10 mg diazepam in 2 ml and 20 mg in 4 ml, in packings of 10.

Product Licence Numbers

0031/0068 (ampoules 10 mg)
0031/5128 (ampoules 20 mg)

Basic NHS Cost

Ampoules 10 mg x 10 £2.44
20 mg x 10 £3.61.

References

1. Brit. med. J., 1976, 2, 20
2. Brit. J. Hosp. Med., 1976, 16, 7
3. Scand. J. Gastroent., 1979, 14, 747
4. Scand. J. Gastroent., 1978, 13, 33
5. Gut, 1976, 17, 655
6. Brit. J. Hosp. Med., 1971, 6 (Suppl.), 52
7. Amer. J. Gastroent., 1976, 66, 523
8. Amer. J. med. Sci., 1974, 267, 151
9. Gut, 1976, 17, 975
10. Advanced Medicine, 1978, No. 14, p19

Intravenous Valium Roche



the preferred sedative for gastro-intestinal endoscopy

Vast would be an apt description of the experience with intravenous Valium Roche in gastro-intestinal endoscopy – an experience which covers the range of procedures and patients of all age groups* Endoscopy without premedication is for many patients an unpleasant experience.† Intravenous Valium Roche sedation improves patient acceptance without impairing their ability to co-operate. Keeping medication to a minimum is particularly important for out-patients; and avoidance of analgesics leads to faster recovery times.‡ In certain circumstances where prolonged intubation is required or pain from an operative procedure likely, the addition of a narcotic analgesic such as pethidine may be desirable.‡ Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.‡ The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.‡ The shortness of the amnesic effect is a boon for the operator too when treating out-patients. Age is no barrier to intravenous Valium Roche sedation for gastro-intestinal endoscopy.* Whether the patient is six weeks or 103-years-old favourable results have been obtained.‡ This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.‡, 10) The dosage must, of course, be adjusted to the patient's needs and the necessary precautions observed.

*Annotated bibliography of references available on request.

Intravenous Valium Roche

diazepam

where experience counts



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Carbenoxolone can heal gastric and duodenal ulcer

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H₂-receptor antagonists...”¹

2 IMPORTANT ACTIONS

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS²

2. INCREASES MUCUS PRODUCTION³

2 IMPORTANT PRODUCTS

BIOGASTRONE

carbenoxolone

tablets for gastric ulcer

DUOGASTRONE

carbenoxolone

positioned-release capsules for duodenal ulcer

1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.
3. In 4th Symposium on Carbenoxolone: 1975. London, Butterworths, p. 161.

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Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

CONCLUSIVE EVIDENCE IN CROHN'S TREATMENT



Prescribing Information
Dosage and Administration
 Plain EN Tablets: In mild to moderate attacks 2-4 tablets, 4 times a day; in severe attacks 3 tablets should also be given. After 2-3 weeks the dosage may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.
 Suppositories: Two inserted morning and night the dosage being gradually reduced after 3 weeks as improvement occurs.
Enema: One enema should be given daily preferably at bedtime. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in the pack.
Children: Refer to the adult dose on the basis of body weight.
Contra Indications
Warnings etc
 Contra Indications: Contraindicated in severe sensitivity to salicylates and sulphapyridine, infants under 2 years.
Emergency: Sensitivity to paracetamol.
Adverse Reactions: Subject to continued review, all cases of sulphasalazine sensitivity are uncommonly those of minor losses of appetite and raised temperature which may be relieved on reduction of dosage use of EN Tablets or suppositories. Serious reactions occur if the drug should be discontinued. Rashes, the following adverse reactions have been reported:
Haematological: eg. Methyloban anaemia, haemolytic anaemia, leucopenia, aplastic anaemia and agranulocytosis.
Hypersensitivity: eg. High fever, Gastroenteritis, angioedema, skin rashes, allergic stomatitis.
CNS: eg. Headache, paraesthesia, neuritis.
Renal: eg. Phosphaturia, cystitis.
Auto: Stevens Johnson syndrome and drug eruptions.
Other: eg. Interstitial nephritis.
Precautions
 Care must be taken if patients are given other drugs, especially those given during pregnancy. Blood checks should be made initially and periodically.
Pregnancy
 The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy.
Packages & Prices
 Plain Tablets: 100 & 500
 £5.05 for 500 tablets
 EN Tablets: 100 & 500
 £6.55 for 100 tablets
 Suppositories: 10 & 50
 £2.05 for 10 suppositories
 Enemas: 7 £3.80 for 7 enemas.
Product Licence Numbers
 Plain Tablets 0009/500b
 EN Tablets 0009/5007
 Suppositories 0009/500b
 Enema 0009/0023

References
 1. Gastroenterology (1979) 77, 847-849.
 2. Gastroenterology (1979) 77, 870-882.

Pharmacia
 Salazopyrin (regd) sulphapyridine is a product of Pharmacia (Great Britain) Ltd, Priory Regent Road, Hounslow, Middlesex TW3 3NF, Tel: 01-872-7321. Further information is available on request from the Company.

The use of Salazopyrin in Ulcerative colitis is well established, and for a number of years more positive links for its use in treating active Crohn's disease have emerged.

Recently in the U.S.A. a National Cooperative Crohn's Disease Study (NCCDS) looked at 569 patients from 14 Centres over a period of approximately 5 years. Prednisone, azathioprine and sulphasalazine (Salazopyrin) were selected as the agents most meriting clinical trial.

All three were studied for both suppressive and prophylactic efficacy and toxicity.^{1,2} In terms of efficacy¹ the results of the drug trials showed that "sulphasalazine was significantly superior to placebo in the treatment of active Crohn's disease." Sulphasalazine proved significantly superior in "patients with colon involvement, whether or not the small bowel was involved."

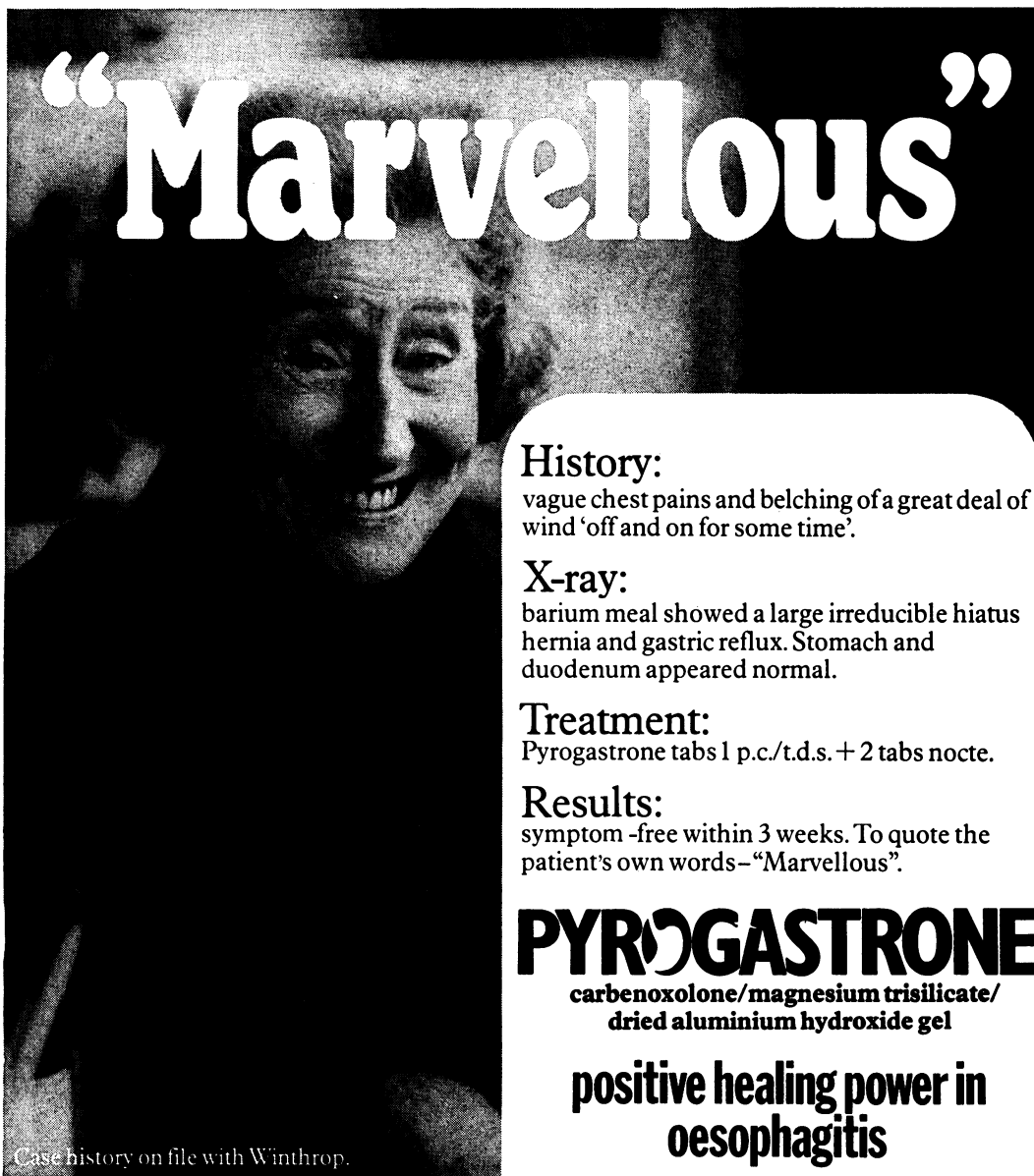
Patients with recent onset of disease who had not received any treatment prior to the study "... did not respond well to any of the drugs except sulphasalazine..."

Adverse reactions and relative toxicity of the three drugs were also mentioned and evaluated.²

"Sulphasalazine was the least toxic of the three drugs used..." while "prednisone and azathioprine showed an approximately equal incidence of toxic reactions."

On balance it was concluded that:-
 "Sulphasalazine proved to be the safest effective suppressive drug for Crohn's disease."

Proven efficacy and acceptability in Crohn's Disease **SALAZOPYRIN**
 sulphasalazine



“Marvellous”

History:
vague chest pains and belching of a great deal of wind 'off and on for some time'.

X-ray:
barium meal showed a large irreducible hiatus hernia and gastric reflux. Stomach and duodenum appeared normal.

Treatment:
Pyrogastrone tabs 1 p.c./t.d.s. + 2 tabs nocte.

Results:
symptom-free within 3 weeks. To quote the patient's own words—"Marvellous".

PYROGASTRONE
carbenoxolone/magnesium trisilicate/
dried aluminium hydroxide gel

**positive healing power in
oesophagitis**

Case history on file with Winthrop.

Pyrogastrone (PL 0071/0138). For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. Each tablet contains: carbenoxolone sodium B.P. 20mg, magnesium trisilicate B.P. 60mg, dried aluminium hydroxide gel B.P. 240mg, in a base containing sodium bicarbonate B.P. 210 mg and alginic acid B.P.C. 600 mg. Cartons of 100. **Adult Dosage.** One to be chewed immediately after meals, three times a day and two to be chewed at bedtime. **Basic N.H.S. Cost:** One day's treatment 56p (5 tablets). **Contraindications:** Severe cardiac, renal or hepatic failure. Patients on digitalis therapy unless serum electrolyte levels are monitored weekly to detect promptly the development of hypokalaemia. **Precautions:** Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce similar changes. Regular monitoring of weight and blood pressure which should indicate the development of such effects is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs. (Spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant. Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories Brit. Pat. No. 1390683. Further information available from:—

Winthrop Laboratories, Surbiton-upon-Thames, Surrey KT6 4PH.

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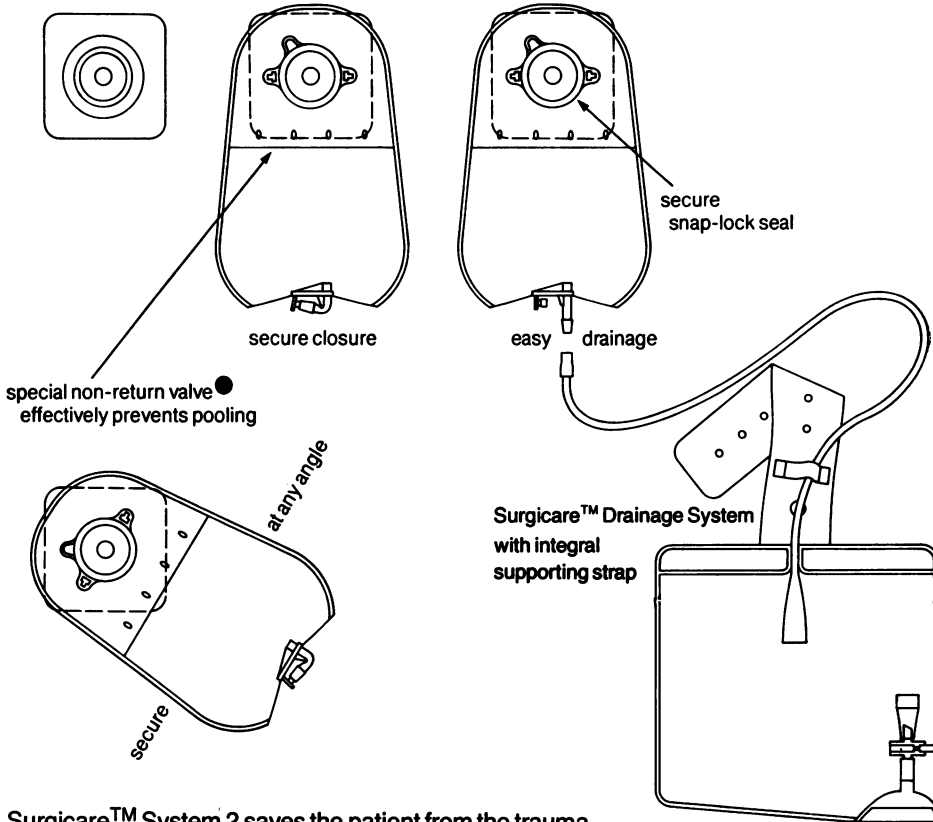
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