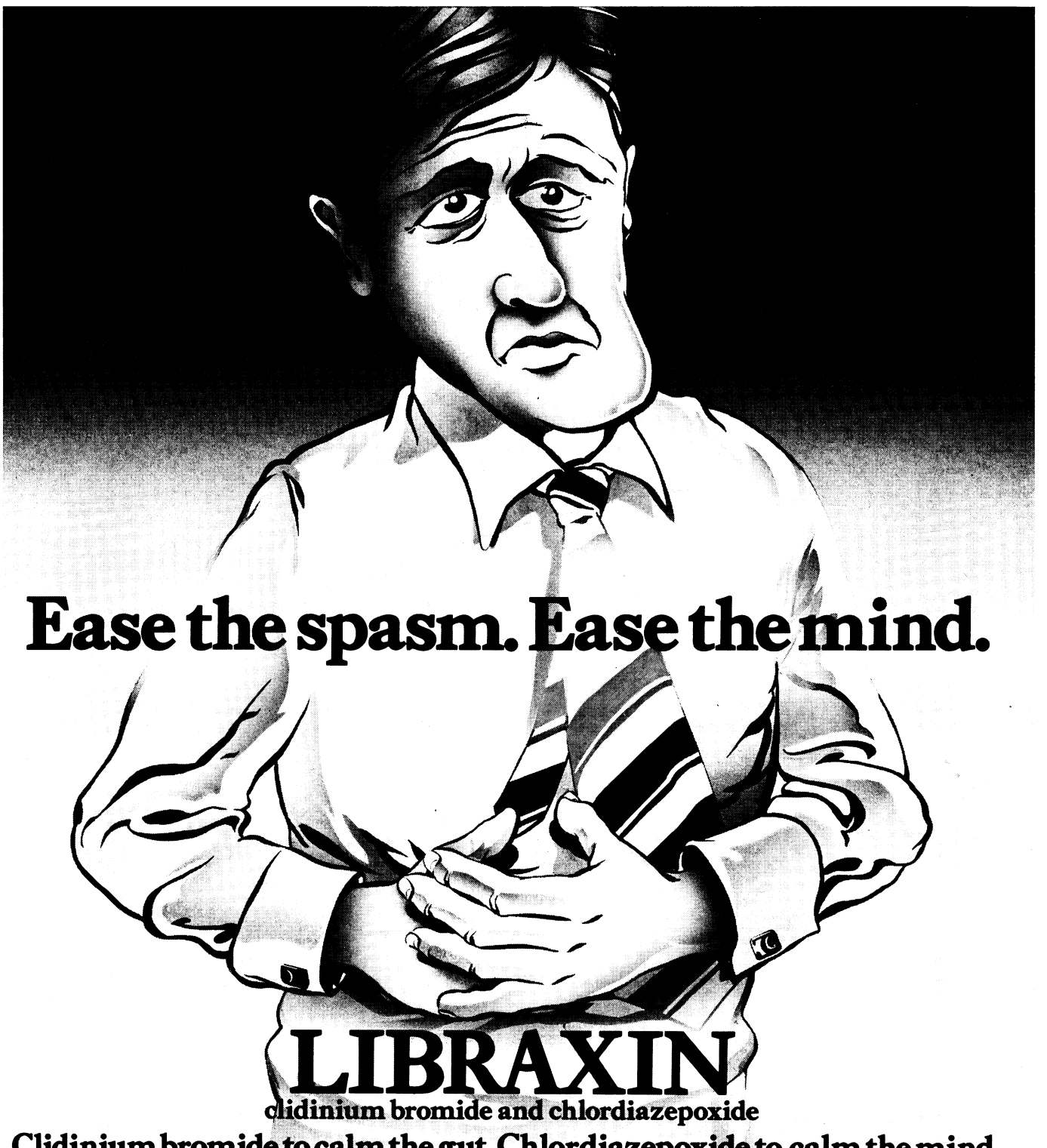


Ease the spasm. Ease the mind.

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.

ROCHE

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

J486041/580

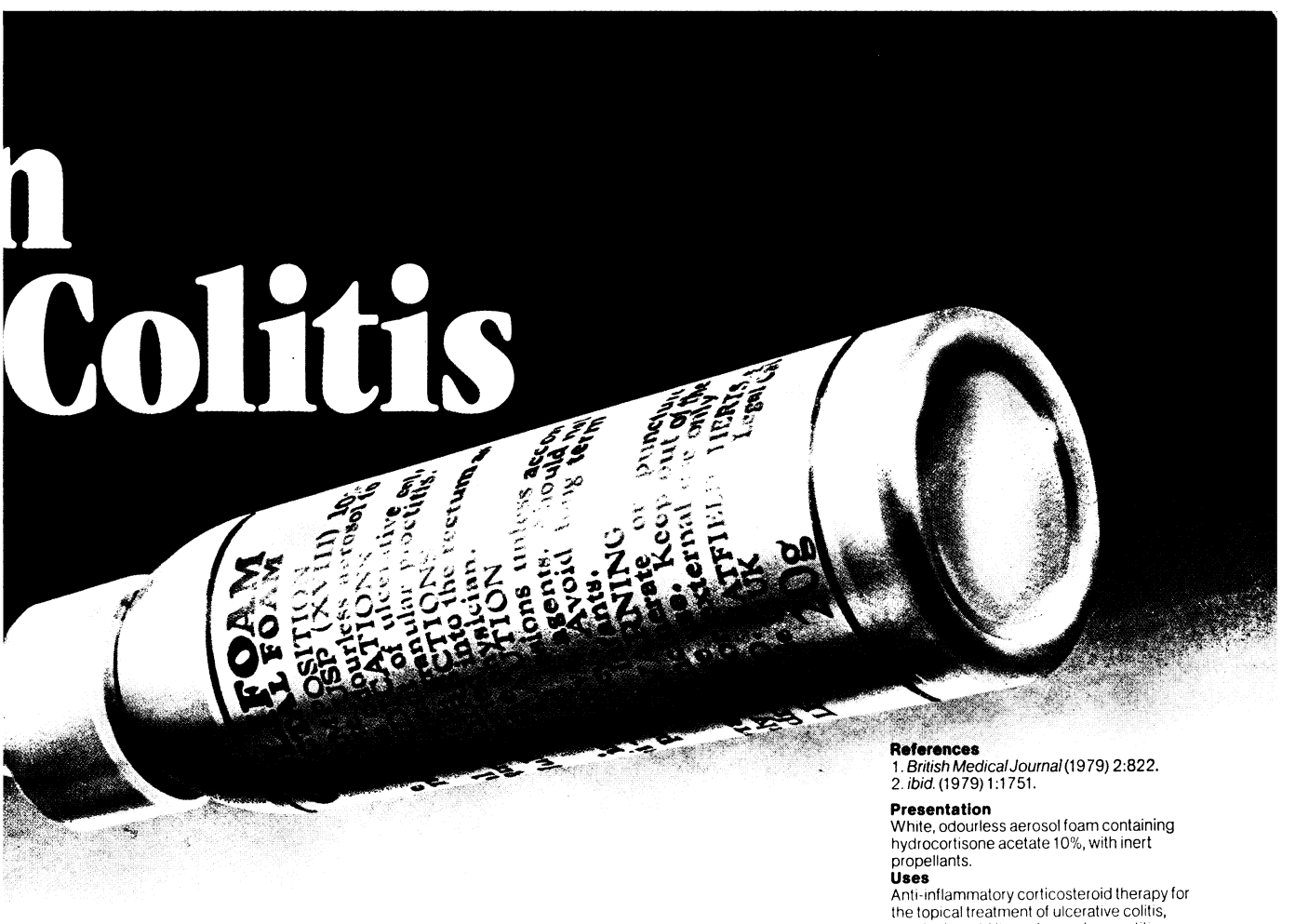
Unique
Ulcerative

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 studies[1] the foam was seen to reach the sigmoid colon in most patients. The second study,[2] using a different protocol which included healthy subjects, did not confirm this finding but the authors concluded:

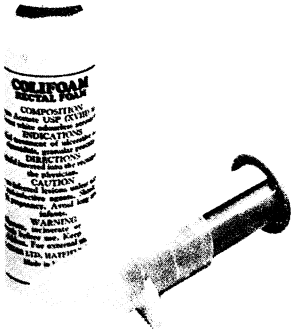
"Unquestionably, however, the foam is more comfortable and easier to retain

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 90-110 mg 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 intrarectal 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.

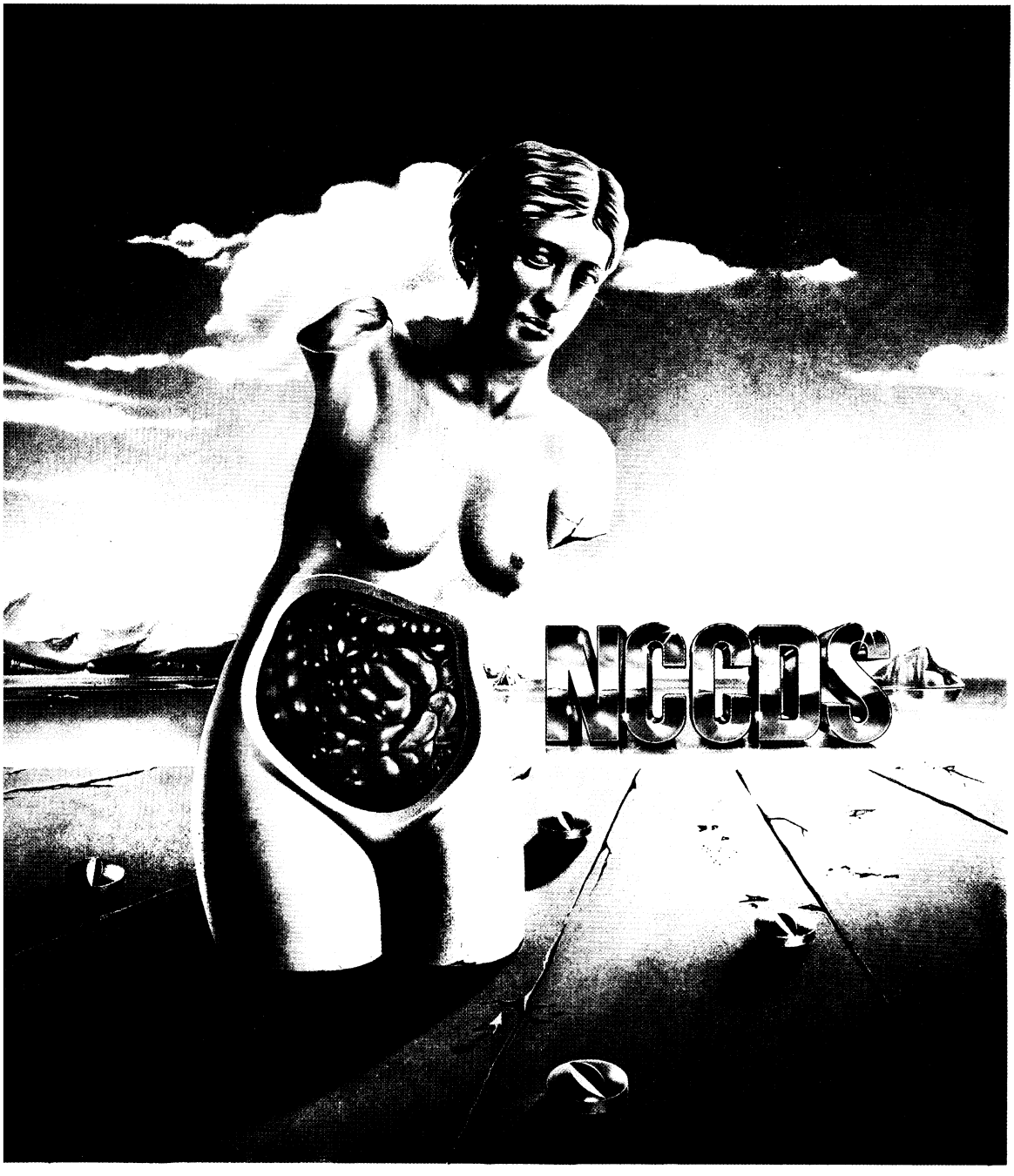
Package Quantities
Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet.

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.

CONCLUSIVE EVIDENCE IN CROHN'S TREATMENT



Prescribing Information
Dosage and Administration
Contra-Indications, Warnings etc
Precautions
Pregnancy
Packages & Prices
Product Licence Numbers
References

Pharmacia

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 efficacy[1] 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

"...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 May 1979)

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.

TRADE MARK

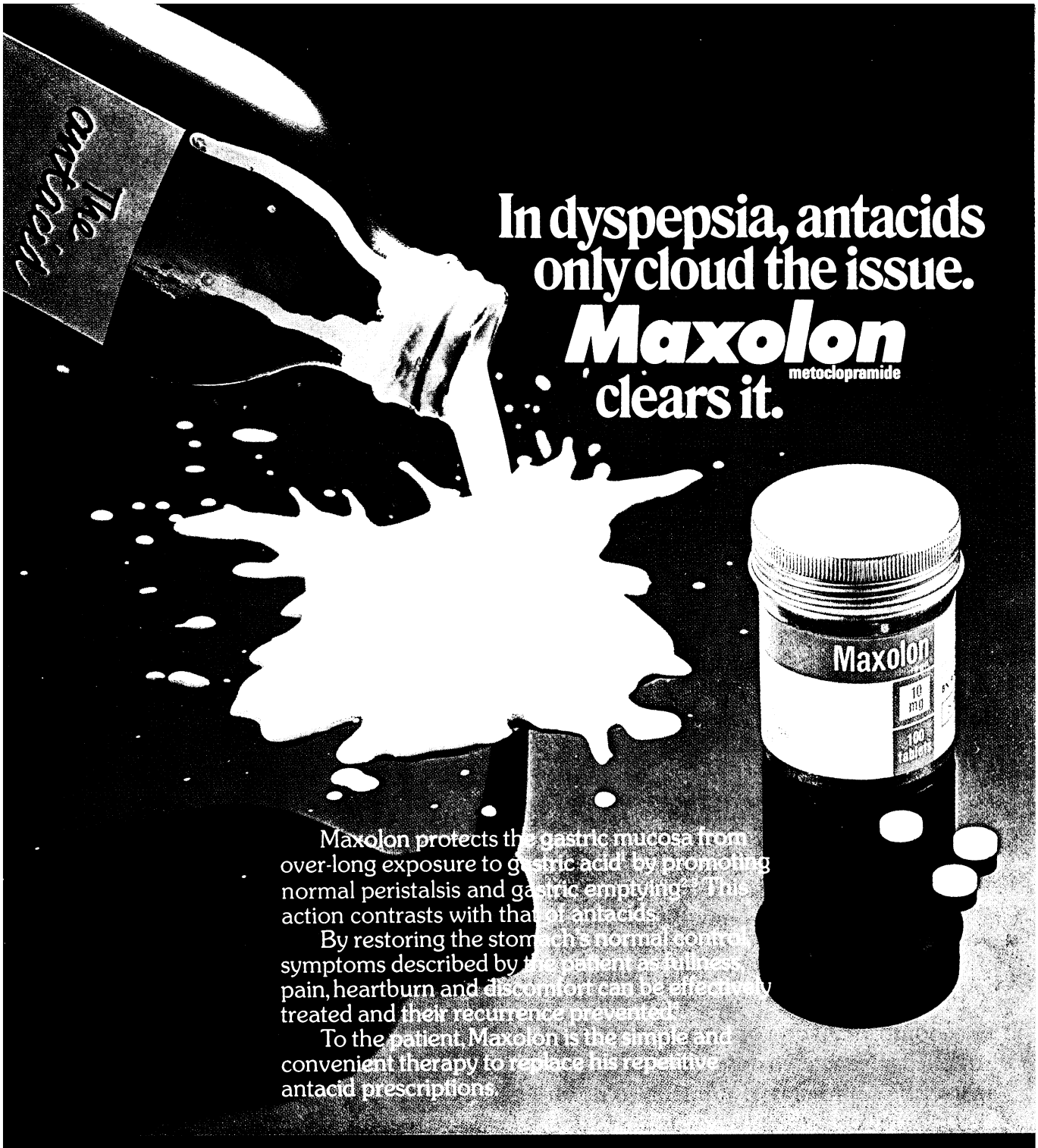
INJECTION

the complete anaerobicide

M&B May & Baker

A member of the Rhône-Poulenc Group of Companies

MA6579



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.

1. Gut. (1969). *10*. 678-680. 2. Postgrad. med. J.. (1973). *49*. (Suppl). 29. 3. Gut. (1974). *15*. 462-467. 4. Brit. med. J.. (1971). *2*. 25.

PL 0038/0095 0098 5040 5041 BRL 4023

NEW OP-SITE SKIN CLOSURE. AN OUTSTANDINGLY SIMPLE, NON-INVASIVE TECHNIQUE.

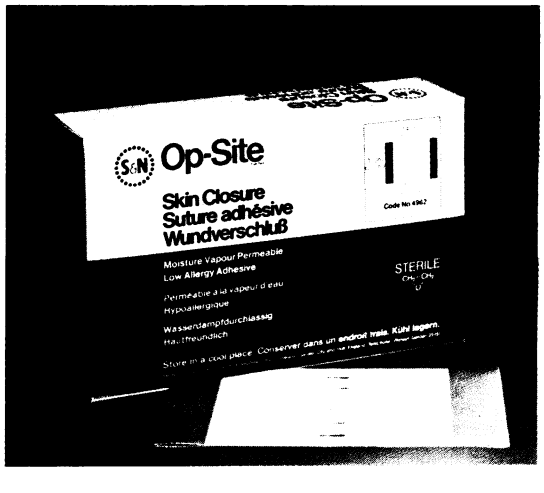
Op-Site Skin Closures represent a major new advance in surgical wound closure and have been designed to produce significant advantages over existing methods.

Being a sutureless technique, they produce no localised tension or ischaemia at the wound edge. They eliminate foreign body reactions and the risk of infection at the puncture site.

Produced from a transparent, adhesive, polyurethane membrane, Op-Site Skin Closures are easy to apply, strong and conform readily to body contours. The fenestrations along their length allow for correct appositioning of the wound.

Op-Site Skin Closures are comfortable and can stay in place for up to 14 days. This, together with with the non-invasive technique employed, greatly enhances the final cosmetic effect.

Removal is painless – relieving patients, particularly children, of the anxiety normally associated with suture removal.



In clinical trials, 94 out of 100 patients were satisfactorily treated[1]. They were infection free and enjoyed a *superior* cosmetic effect.

Contact Smith & Nephew Medical now for more details.

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WELWYN GARDEN CITY, HERTFORDSHIRE
TELEPHONE (07073) 25151

Op-Site is a trademark.

1. S. Westaby BSc., MB., BS., F.R.C.S. "Evaluation of a new product for Sutureless Skin Closure" March 1980, Annals of the Royal College of Surgeons.