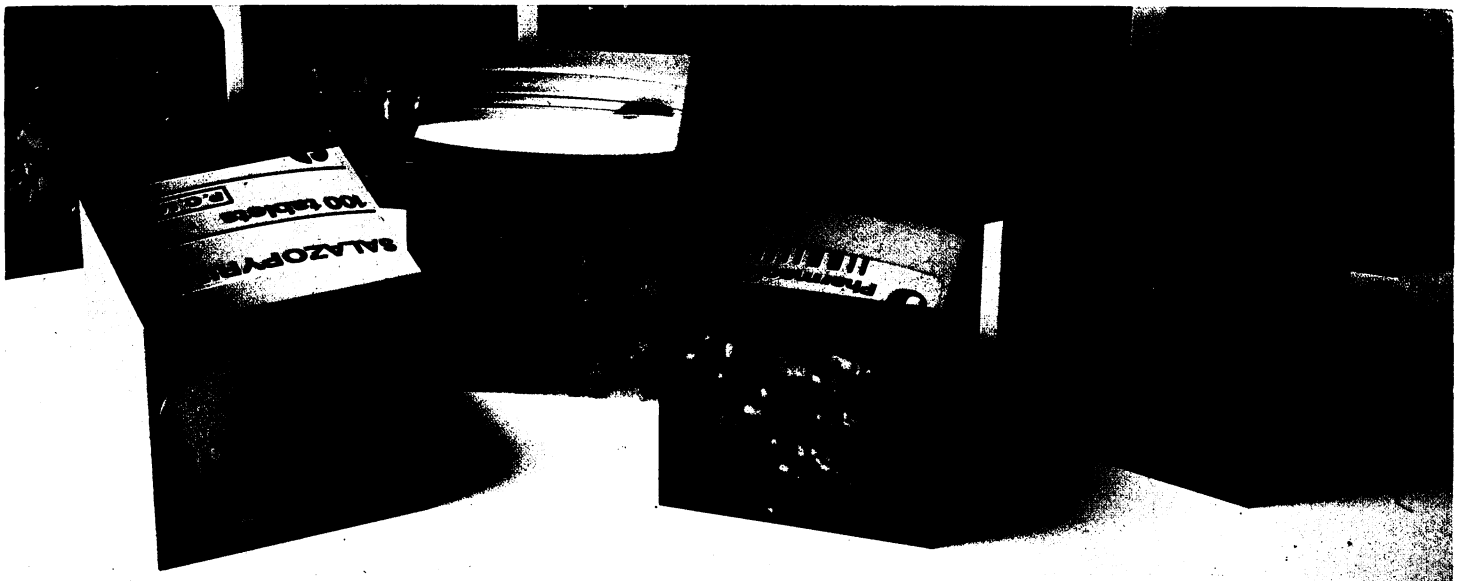


The many faces of Crohn's disease. And one face of its treatment.

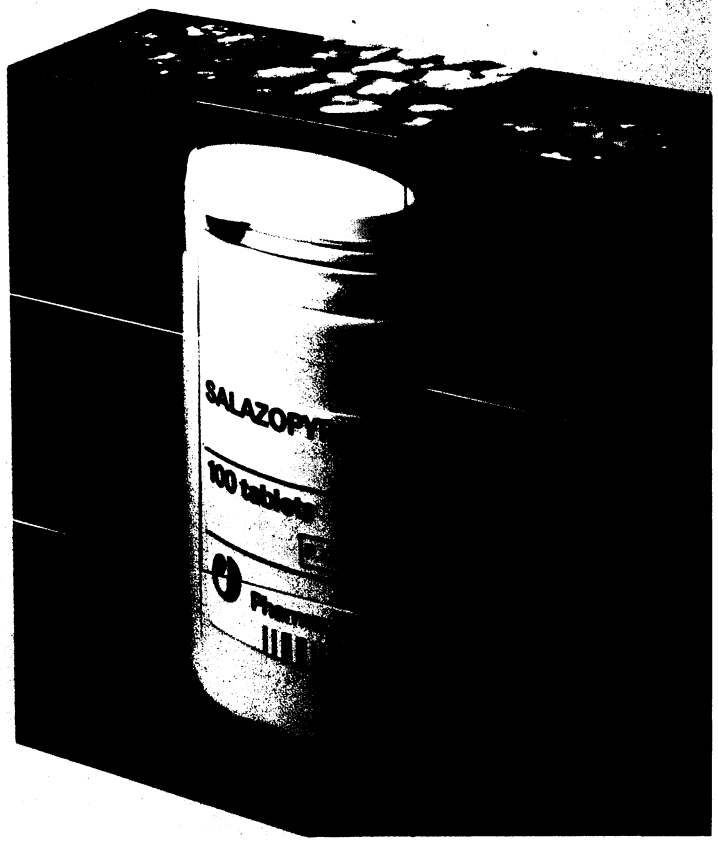
Salazopyrin has long been established as standard treatment for ulcerative colitis and there is now further evidence to support its use as a first-line therapy for active Crohn's disease.

Now a double-blind study[1] has shown that 62% of Salazopyrin-treated patients responded favourably (at least 25% reduction in Crohn's disease activity) compared with only 8% of patients given placebo.

This supports the findings of a major study[2] in the USA, the NCCDS* involving some 569 patients, which compared Salazopyrin with azathioprine and prednisone both as short-term treatments to suppress acute disease and as long-term prophylactics against relapse. For active disease both Salazopyrin and prednisone were superior to placebo and in patients not previously treated with drugs or surgery, only Salazopyrin was superior to placebo.

Salazopyrin was also by far the least toxic of the drugs tested, which "...together with evidence of its usefulness, particularly for control of disease involving the colon, indicates sulphasalazine as the drug of choice for initial therapy of such patients."

*National Cooperative Crohn's Disease Study.



SALAZOPYRIN

sulphasalazine

YOUR BEST STARTING POINT IN ACTIVE CROHN'S DISEASE.

Prescribing Information
Dosage and Administration
Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose 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 dose being gradually reduced after 3 weeks as improvement occurs.
Enema: One enema should be given daily preferably at bed time. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.
Children: Reduce the adult dose on the basis of body weight.
Contra-Indications, warnings etc.
Contra-Indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years.
Enema only: Sensitivity to parabens.

Adverse Reactions: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets, enema or suppositories. If serious reactions occur the drug should be discontinued.
Rarely the following adverse reactions have been reported.
Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.
Hypersensitivity: e.g. Rash, fever.
Gastrointestinal: e.g. Impaired folate uptake, stomatitis.
C.N.S.: e.g. Headache, peripheral neuropathy.
Fertility: Reversible oligospermia.
Renal: e.g. Proteinuria, crystalluria.
Also: Stevens-Johnson syndrome and lung complications e.g. Fibrosing alveolitis.

Precautions:
Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.
Pregnancy and Lactation:
While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.
Packages & Prices:
Plain Tablets (0.5g): 100 & 500: £5.85 for 100.
EN Tablets (0.5g): 100 & 500: £7.60 for 100.
Suppositories (0.5g): 10 & 50: £2.35 for 10.
Enemas (3.0g): 7: £9.80 for 7.

Product Licence Numbers:
Plain Tablets 0009/5006 EN Tablets 0009/5007.
Suppositories 0009/5008 Enema 0009/0023.

1) Gut (1981) 22, 404-409.
2) Gastroenterology (1979) 77, 847 et seq.

Pharmacia

Salazopyrin (regd) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow Middlesex TW3 1NE. Tel: 01-572 7321
Further information is available on request from the Company.

Glaxo

Now Gastric acid

TIMES DAILY AND THIS MAY BE INCREASED, AS NECESSARY, TO WITHIN THE RANGE 600 TO 900 mg PER DAY. INJECTION: ZANTAC MAY BE GIVEN AS A SLOW INTRAVENOUS INJECTION OF 50 mg WHICH MAY BE REPEATED EVERY SIX TO EIGHT HOURS OR AS AN INTRAVENOUS INFUSION AT A RATE OF 25 mg PER HOUR FOR TWO HOURS REPEATABLE AT SIX TO EIGHT HOUR INTERVALS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE OBSERVED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST** (EXCLUSIVE OF VAT) 60 TABLETS £27.43; BOX OF 5 x 5 ml AMPOULES £3.21. PRODUCT LICENCE NUMBERS 150 mg TABLETS 4 0279 50 mg 5 ml AMPOULES 4 0280. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE.

Zantac is the new histamine H_2-antagonist from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac was specially developed for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

In the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

Highly specific action

Due to its innovatory molecular structure, Zantac does not cause problems with endocrine or gonadal function, or adverse effects on the central nervous system – even in elderly patients.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

has a new H_2 blocker to worry about.

Zantac

RANITIDINE

THE NEW WAVE IN GALLSTONE DISSOLUTION.

Destolit – ursodeoxycholic acid – a naturally occurring bile acid.

Indicated for use with cholesterol gallstones, the different chemical structure of Destolit enables you to use an effective therapy that causes no cathartic side effect.

- ✱ For the dissolution of cholesterol stones in a functioning gall bladder.
- ✱ Reported effective in up to 80% of appropriate patients.
- ✱ Diarrhoea is very uncommon.
- ✱ No adverse reports on liver function.
- ✱ Simple dosage aids patient compliance.

Destolit*
URSODEOXYCHOLIC ACID

DISSOLVES GALLSTONE PROBLEMS

Please clip and send to Lepetit Pharmaceuticals Limited for Destolit information package.

Name _____

Address _____

_____

_____

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY

A subsidiary of The Dow Chemical Company

Presentation [illegible] **Uses** [illegible] inflammatory corticosteroid therapy for the topical treatment of [illegible] and granular proctitis **Dosage and administration** [illegible] or twice daily for two or three weeks and every second day thereafter [illegible] use illustrated instructions are enclosed in each pack) Satisfactory response usually [illegible] five to seven days **Contra-indications and Warnings, etc** [illegible]

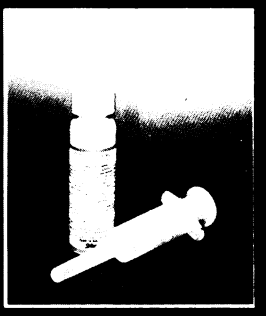
For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering it.

Now there is an alternative to the retention enema – another form of topical therapy, comparable in efficacy but far easier for the patient to use. Colifoam: a unique foam presentation of hydrocortisone which is easily administered using a simple plastic applicator.

More acceptable than steroid enema

Clark* reported on a clinical trial of Colifoam in 20 patients with inflammatory bowel disease. Proctitic symptoms were controlled in 17, and 11 out of 12 patients who had previously been treated with prednisolone enemas, found Colifoam ". . . easier and more convenient to use". Three of these patients found Colifoam the more effective treatment and the others thought there was no difference in efficacy between Colifoam and steroid enemas.

N.B. A dose of Colifoam costs far less than a dose of a proprietary prednisolone retention enema.



Colifoam

hydrocortisone acetate foam

a welcome alternative to the retention enema for distal inflammatory bowel disease

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. One applicatorful of Colifoam provides a dose of approximately 90–110mg of hydrocortisone acetate, similar to that used in a retention enema for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Product Licence No.** 0036/0021 **Basic NHS Cost** £7.58 ★Clark ML Practitioner 1977, 219 103

Further information is available on request
Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ

"I feel I'm so full I could burst! With this overblown stomach I'm cursed." The Doctor smiled sweetly, Then murmured discreetly, "Well, we'd better try Maxolon first."

For relief from heartburn and flatulence

Maxolon

metoclopramide

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 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 (£7.70 for 100).
Syrup 5mg/5ml (£2.78 for 200ml).
A paediatric liquid presentation and ampoules for injection are also available.
Average daily cost of Maxolon tablets 23p.
Prices correct at January 1981.

Further information is available on request to the company.

Beecham Research Laboratories
Brentford, England. A branch of Beecham Group Limited.
Maxolon and the BRL logo are trade marks.

PL 0038/0095 0098 5040 5041.

BRL 4026

TECHNICAL DATA

STERILISED ABSORBABLE SYNTHETIC SUTURE COATED POLYGLACTIN 910 VICRYL*

Presentation The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation.

Contraindications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardio-vascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category P Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

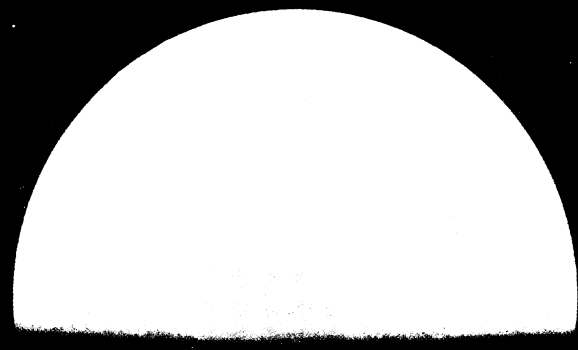
Adverse Reactions No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0001
PL 0508/0009

ETHICON LTD.
PO BOX 408, BANKHEAD AVE
EDINBURGH EH11 4HE

*Trademark

Combines the spectrum of penicillin and aminoglycosides without their restrictions in use



cefotaxime

Claforan

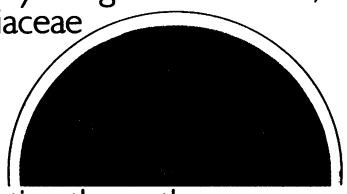
the cephalosporin with a world of difference

Prescribing information overleaf.

The new first line antibiotic

High activity

Claforan is a new highly active injectable antibiotic with exceptional beta-lactamase stability. It is the first beta-lactam antibiotic to have greater activity than gentamicin or tobramycin against coliforms, other Enterobacteriaceae and Proteus spp.



Against most gram negative species, Claforan is 100 times more active than other cephalosporins and ampicillin. And against cephalosporin-resistant species, Claforan is up to 1000 times more active than cefuroxime and cefoxitin.

Safety in renal failure

Seriously ill patients often have deteriorating renal function which poses problems in the dosing of antibiotics. With Claforan, there is no need to reduce dosage, except in very severe renal failure (creatinine clearance GFR < 5) because of increased hepatic elimination when the normal renal route becomes impaired.

Wide spectrum

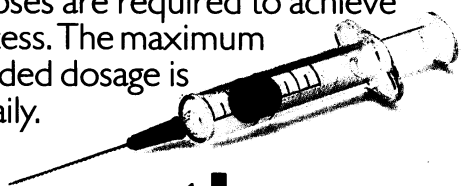
The gram negative spectrum of Claforan is unparalleled. Because of its outstanding activity against Klebsiella spp., E. coli, Haemophilus influenzae, Proteus spp. and Neisseria, the in vitro spectrum has been described as 'unique'.[1] In addition, Claforan is the first cephalosporin to be active against Pseudomonas.

The gram positive spectrum covers Staph. aureus (including penicillin and ampicillin resistant strains) and many streptococci including Strep. pneumoniae.

The combined gram negative and gram positive spectrum of Claforan covers a wide range of clinically important organisms.

Simple dosage

A simple twice daily dosage (1 gram b.d.) is recommended in moderate infections because Claforan's high activity maintains therapeutic concentrations in body tissues and fluids. For serious infections, particularly where Pseudomonas is present or suspected, higher and more frequent doses are required to achieve clinical success. The maximum recommended dosage is 12 grams daily.



the ceph

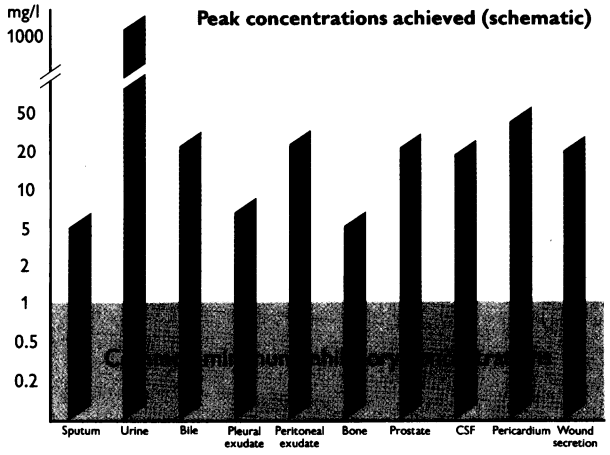
Reference 1. Hamilton-Miller, J. M. T. et al., J. Antimicrob. Chemother., 1978, **4**, 437.

Presentation Vials containing 500 mg, 1 g or 2 g of cefotaxime as cefotaxime sodium. **Indications** Infections before identification of the organism. Infections caused by bacteria of established sensitivity, including chest infections, septicaemia, urinary tract infections, soft tissue infections, obstetric and gynaecological infections, bone and joint infections, meningitis, gonorrhoea. **Dosage** Claforan is administered i.m. or i.v. *Adults* Moderate infections: 1 g 12-hourly. Severe infections: up to 12 g daily in 3 or 4 divided doses. For infections caused by sensitive Pseudomonas spp. doses of more than 6 g daily are usually required. *Children* 100-150 mg/kg/day in 2 to 4 divided doses. Up to 200 mg/kg/day may be given in very severe infections. **Dosage in renal impairment** Reduced dosage is only required in severe renal failure (GFR < 5 ml/min) when, after an initial loading dose of 1 g, the daily dose is halved without change in frequency of dosing. **Contra-indications** Known allergy to cephalosporins. **Precautions** Cephalosporin antibiotics may usually be given safely to patients who are hypersensitive to penicillins. Special care is indicated in patients who have had an anaphylactic

from Roussel

Extensive penetration

Following administration of Claforan, bactericidal levels are maintained for up to 12 hours in body tissues and fluids including serum, urine, sputum, bile, pleural exudate, peritoneal exudate, bone, prostatic tissue, pericardium and cerebrospinal fluid.



Clinical success

Claforan is probably the most widely researched antibiotic prior to introduction, with over 300 published papers, many from the United Kingdom.

Before sensitivity results...

Claforan is ideal for first line treatment because of its wide spectrum combined with high activity and excellent penetration. Life-threatening infections such as septicaemia and meningitis have shown remarkably high response rates to Claforan, even as monotherapy.

In serious gram negative sepsis...

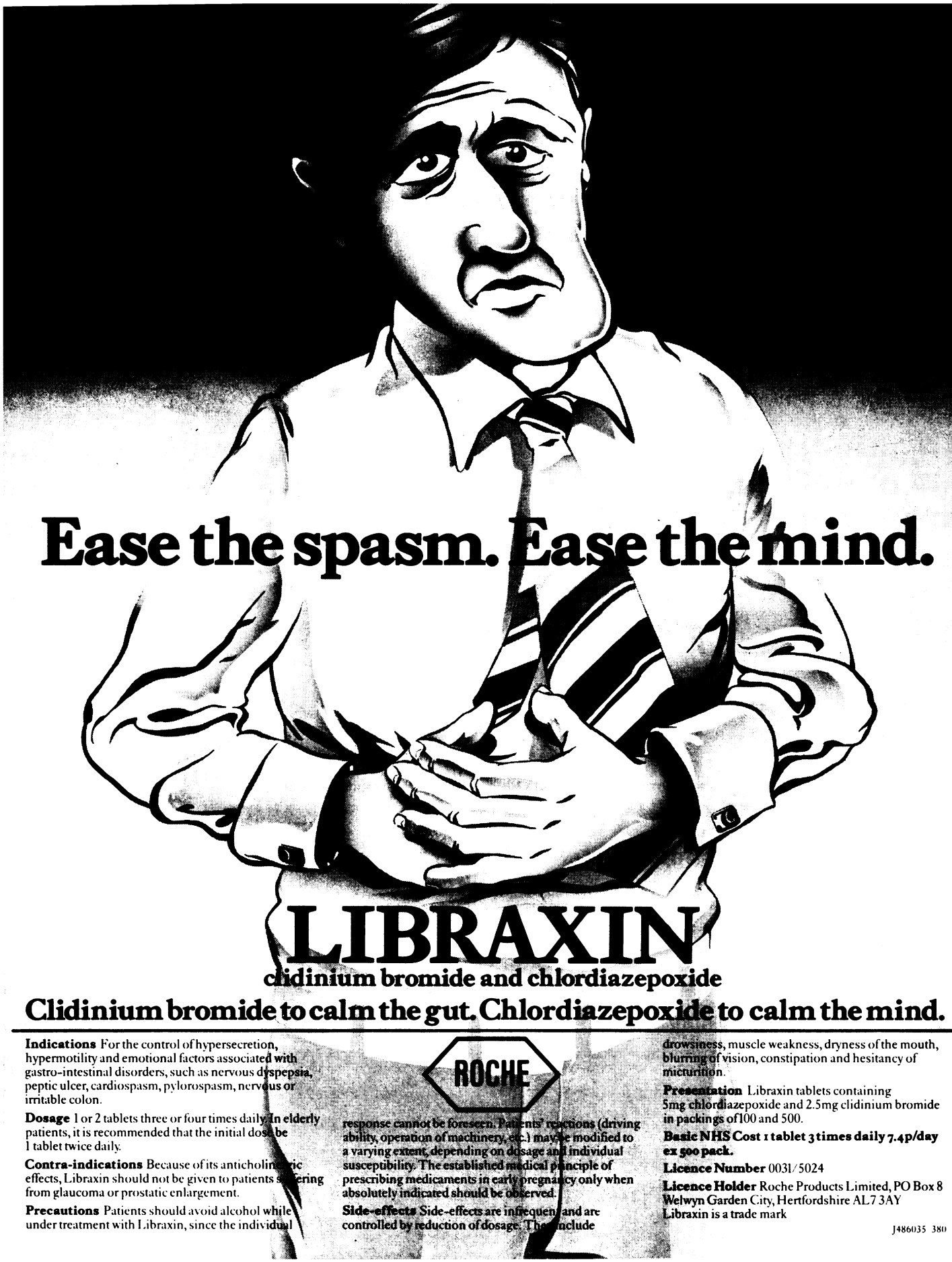
Claforan's remarkable gram negative spectrum rapidly eradicates the causative organisms present in urinary tract, respiratory tract and other sites. Its high antibacterial activity coupled with excellent penetration provide bactericidal fluid and tissue levels over prolonged periods, making Claforan particularly suitable for treatment of gram negative infections.

Claforan cefotaxime

alosporin with a world of difference

response to penicillin. Patients with severe renal dysfunction - see previous. Cephalosporin antibiotics at high dosage should be given with caution to patients receiving aminoglycoside antibiotics or potent diuretics such as frusemide. At recommended doses, enhancement of nephrotoxicity is unlikely with Claforan. A false-positive reaction to glucose may occur with reducing substances. Claforan should not be mixed in the syringe with aminoglycoside antibiotics. The safety of Claforan in human pregnancy has not been established. **Side effects** Adverse reactions are rare and generally mild and transient, but include diarrhoea, candidiasis, rashes, fever, eosinophilia, leukopenia, transient rises in liver transaminase and alkaline phosphatase, transient pain at the site of injection and phlebitis. **Product licence number** 0109/0074▼. **Package quantities and basic N.H.S. price** Vials of 500mg, 1g and 2g in packs of 10. One day's treatment (1g b.d.) £9.00. **Date of preparation** March 1981.

Further information available from: Roussel Laboratories Ltd., Roussel House, Wembley Park, Middlesex HA9 0NF.



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.

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

J486035 380

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Now!

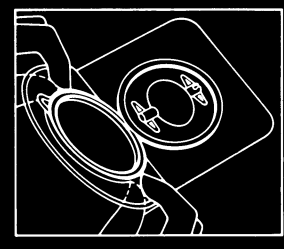
for the big problems of stoma and fistula management

Protect the skin all the time

Remove the pouch for inspection any time

100 mm flange

So practical



Squibb Surgicare Limited
141-149 Staines Road
Hounslow Middlesex TW3 3JB
Telephone 01-572 7422
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Address

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