

Confident prescribing demands a solid basis

Your decision to prescribe 'Tagamet' is supported by more than just highly effective therapy. Since its introduction in 1976 'Tagamet' has generated more experience than most other standard therapies.

Your patient is probably not concerned that he is just one of an estimated 15,000,000 who have now been treated with 'Tagamet' worldwide; that the use of 'Tagamet' is being systematically monitored on a scale probably larger than that of any other drug; nor that nearly 4,000 publications reflect the status of 'Tagamet' as one of the

most widely studied drugs in medical history.

All of these facts determine your confidence when you decide to prescribe 'Tagamet'.

Your patient's concern is simply that it works.

Tagamet 
cimetidine

puts you in control of gastric acid

Prescribing Information

Presentation 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 112 (treatment pack), £16.30; 500, £72.75. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £7.86.

Indications Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.

Dosage Duodenal ulcer: Adults, 400 mg b.d., with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime.

(1.0 g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet).

Reflux oesophagitis: Adults, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.

Cautions Impaired renal function: reduce dosage (see Data Sheet).

Potential of oral anticoagulants and phenytoin (see Data Sheet).

Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation.

Adverse reactions Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis, acute pancreatitis.

Legal category POM.

1:2:82.

SK&F
a SmithKline company

Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1982 Smith Kline & French Laboratories Limited
'Tagamet' is a trade mark

TG AD1161/2



Glaxo



PREScribing INFORMATION: DOSAGE AND ADMINISTRATION: ADULTS: TABLETS 150 mg TWICE DAILY FOR FOUR WEEKS FOR DUODENAL ULCER AND BENIGN GASTRIC ULCER. PATIENTS WITH A HISTORY OF RECURRENT ULCER MAY HAVE AN EXTENDED COURSE OF ONE TABLET DAILY. FOR REFLUX OESOPHAGITIS THE RECOMMENDED COURSE IS ONE TABLET TWICE DAILY FOR UP TO EIGHT WEEKS. IN PATIENTS WITH VERY HIGH GASTRIC ACID SECRETION (EG ZOLLINGER-ELLISON SYNDROME) THE STARTING DOSE IS 150 mg THREE

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 THIS 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 H₂-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 innovative 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 H₂ blocker to worry about.

Zantac

RANITIDINE



"WHAT GOES UP MUST COME DOWN"

Presentation White odourless aerosol foam containing hydrocortisone acetate 10%. **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). 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**



WRONG.

Isaac Newton got it wrong. At least as far as COLIFOAM is concerned.

In a comparative trial (Ruddell WSJ et al. Gut 1980; 21:885) involving 30 patients with distal colitis: "Eight patients in the enema group reported difficulty in retaining the treatment, whereas none of the 15 patients receiving the foam [COLIFOAM]

experienced any difficulty..."

COLIFOAM is far more convenient and far more comfortable to administer.

It is also highly effective. In the same

trial, COLIFOAM was shown to provide a slightly better objective improvement. The patients themselves reported an extremely significant preference ($p < 0.05$) for the modern COLIFOAM treatment.

Surprisingly, these superior benefits do not mean that it is more expensive. In fact, COLIFOAM can cost up to 34% less per dose than a standard proprietary enema.*

In terms of sheer convenience, patient comfort, cost and comparative efficacy – there is no better choice of treatment than COLIFOAM.

*based on one application daily.



Colifoam

hydrocortisone acetate foam.

A CHANGE FOR THE BETTER IN DISTAL INFLAMMATORY BOWEL DISEASE.

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 20g (14 applications) plus applicator, £7.58.
Further information is available on request.
Stafford-Miller Ltd.
Professional Relations Division,
Hatfield, Herts. AL10 0NZ.



HEALING OF PEPTIC ULCER

"by restoring gastric
physiology to normal"¹

"Carbenoxolone . . . acts by restoring gastric physiology to normal in strengthening the mucosal barrier, rather than by creating a non-physiological situation of hypochlorhydria, such as antacids and H₂ receptor antagonists produce."¹

1. XI Int. Cong. Gastroenterology,
Hamburg, June 1980.

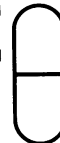
- Increased mucus production
- Reduced epithelial cell loss
- Reduced peptic secretion and activity



BIOGASTRONE
carbenoxolone
for gastric ulcer



DUOGASTRONE
carbenoxolone
for duodenal ulcer



Further information available from Winthrop Laboratories, Surbiton-upon-Thames,
Surrey KT6 4PH. See prescribing data overleaf.

WINTHROP

BIOGASTRONE

carbenoxolone
for gastric ulcer

Carbenoxolone sodium BP 50 mg tablets.
PL 0071/5902. Bottles of 100. Basic NHS cost: 1
week's treatment £2.21 (21 tablets) – £4.42 (42
tablets).

Adult dose: 2 tablets t.i.d. after meals for the first
week then 1 tablet t.i.d. until ulcer is healed
(usually 4-6 weeks).

DUOGASTRONE

carbenoxolone
for duodenal ulcer

Carbenoxolone sodium BP. 50 mg
position-release capsules. Bottles of 28.
PL 0071/5903. Basic NHS cost: 1 day's treatment
(4 capsules) 85p.

Adult dose: 1 capsule swallowed whole and
unbroken with liquid q.i.d., 15-30 minutes before
meals. Patients may continue to take antacids
but anticholinergic drugs should be
discontinued. Treatment should continue for 6-12
weeks.

Safety factors: Biogastrone and Duogastrone

Contra-indications. Severe cardiac, renal or
hepatic failure. Patients on digitalis therapy,
unless serum electrolyte levels are monitored
weekly and measures taken to prevent the
development of hypokalaemia.

Precautions. Special care should be exercised
with patients pre-disposed to sodium and water
retention, potassium loss and hypertension (e.g.
the elderly and those with cardiac, renal or
hepatic disease) since carbenoxolone can
induce similar changes. Regular monitoring of
weight and blood pressure, which should
indicate 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 Biogastrone, Duogastrone or
Pyrogastone for women who may become
pregnant.

Biogastrone and Duogastrone are registered
trade marks.
Made under licence from Biorex Laboratories,
Brit. Pat. No. 1093286.
Further information available from Winthrop
Laboratories, Surbiton-upon-Thames, Surrey
KT6 4PH.

WINTHROP

Sac-Cel*

(second antibody coated-cellulose)

**Solid Phase antibodies
for RIA**

– why settle for less!

Anti-Rabbit
Anti-Sheep/Goat
Anti-Guinea-pig and
Anti-Mouse

* Sac-Cel brings the reliability of double antibody
separation with the simplicity of solid phase
methods to your RIA.

* Sac-Cel brings speed to your RIA with liquid,
ready to use antibody requiring only a 30
minute incubation.

* Sac-Cel brings increased precision to your RIA
with a clearly visible, heavy white precipitate.



Wellcome Diagnostics

A Division of The Wellcome Foundation Limited, Temple Hill, Dartford, England DA1 5AH.

*Trade Mark

Drugs and Disease

The Proceedings of a Symposium
organised by the
Royal College of Pathologists

Edited by
Sheila Worledge

Price: Inland £3.00
Abroad US \$7.50
including postage

The Publishing Manager, JOURNAL OF
CLINICAL PATHOLOGY, BMA House,
Tavistock Square, London WC1H 9JR



**"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
1/2-1 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.
Maxolon and the BRL logo are trade marks.

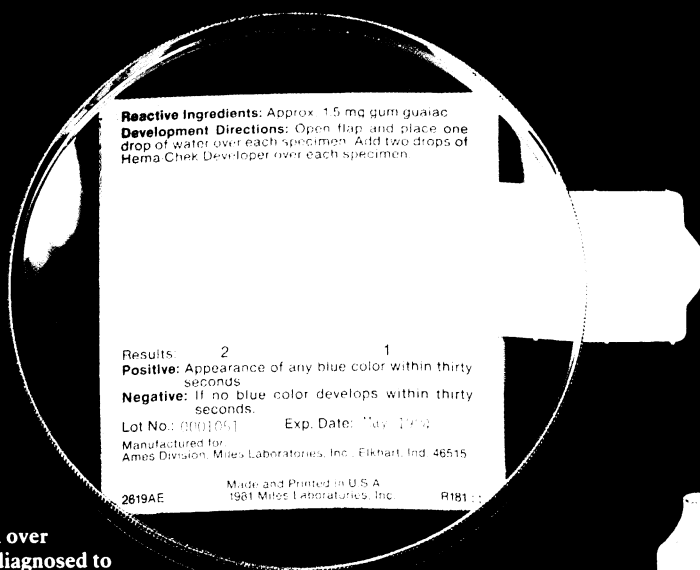
PL 0038/0095 0098 5040 5041.

BRL 4026

NEW

Hema-Chek[®]

could provide the first clue to colorectal cancer



Each year in the UK over 20,000 patients are diagnosed to have colorectal cancer. Early diagnosis has been shown to offer the best chance to increase the survival rate.¹

Now Hema-Chek allows the detection of one of the most important early-warning signs of colorectal cancer, faecal occult blood. Based on the well accepted guaiac principle, the test takes only 30 seconds and can easily be performed in the clinic, laboratory or on the ward.

The wallet is designed to allow convenient sample collection without laborious preparation. Hema-Chek is available in packs of 100 tests containing sample collection wallets, liquid developer and applicator sticks.

Reference 1. Lancet (1981), 1, 1231 *Trademark

Ames
Division

MILES

Miles Laboratories Limited
PO Box 37, Stoke Court, Stoke Poges, Slough SL2 4LY
Telephone Farnham Common 5151



If you would like further information on Hema-Chek for the detection of faecal occult blood, please complete and return the coupon.

Name

Address

Position

Intravenous Valium Roche

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 £2.64
Ampoules 20 mg x 10 £3.90

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 Gastro., 1976, 66, 523
8. Amer J med Sci, 1974, 267, 151
9. Gut, 1976, 17, 975
10. Advanced Medicine, 1978, No 14, p19

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.¹ Intravenous Valium Roche sedation improves patient acceptance without impairing their ability to co-operate. Keeping medication to a minimum is particularly important for out-patients² and avoidance of analgesics leads to faster recovery times.³ 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.⁴ Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.⁵ The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.⁶ 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.⁷ This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.^{8–10} 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

ROCHE

Roche Products Limited
PO Box 8, Welwyn Garden City
Hertfordshire AL7 3AY

Valium is a trade mark
J954232/382



A NEW WAVE IN GALLSTONE TREATMENT

- * 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



Presentation: Plain white tablet containing 150mg ursodeoxycholic acid. **Uses:** DESTOLIT is indicated for the dissolution of radiolucent (ie non-radio opaque) cholesterol gallstones in patients with a functioning gallbladder. **Dosage:** The daily dose for most patients is 3 or 4 tablets of 150mg according to body weight. This dose should be divided into 2 administrations after meals, with one administration always to be taken after the evening meal. A daily dose of about 8 to 10mg/kg will produce cholesterol desaturation of bile in the majority of cases. The duration of treatment required to achieve gallstone dissolution will usually not be extended beyond 2 years and should be monitored by regular cholecystograms. Treatment should be continued for 3-4 months after the radiological disappearance of the gallstones. Any temporary discontinuation of treatment, if prolonged for 3-4 weeks, will allow the bile to return to a state of supersaturation and will extend the total time required for litholysis. **Contra-indications, Warnings etc.:** In common with all drugs, it is advised that ursodeoxycholic acid should not be given during the first trimester of pregnancy. In cases of conception during treatment, therapy should be discontinued. Active gastric or duodenal ulcers are contra-indications, as are hepatic and intestinal conditions interfering with the enterohepatic circulation of bile acids. Excessive dietary intake of calories and cholesterol should be avoided; a low cholesterol diet will probably improve the effectiveness of DESTOLIT tablets. It is also recommended that drugs known to increase cholesterol elimination in bile, such as oestrogenic hormones, oral contraceptive agents and certain blood cholesterol lowering agents should not be prescribed concomitantly. **Side effects:** DESTOLIT is normally well tolerated. Diarrhoea has been found to occur only occasionally. No significant alterations have so far been observed in liver function. **Overdosage:** It is unlikely that overdosage will cause serious adverse effects. **Legal category:** POM. **Package quantities:** Blister packs of 60 tablets. **Basic N.H.S. cost:** £19.40 per 60 tablets (Nov. 1981). **Product licence number:** 0341/0022. **Lepetit Pharmaceuticals Limited**, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY. A subsidiary of The Dow Chemical Company. DESTOLIT* is a trade mark of The Dow Chemical Company. Further information on request.



COLPERMIN CALMS THE IRRITABLE BOWEL

enteric-coated peppermint oil

Now for the first time, the well-proven therapeutic agent peppermint oil, can be delivered direct to the colon.

Colpermin, a newly developed enteric-coated capsule, delivers the oil precisely

where it is needed. This provides an improved, rapid, and highly effective method of relieving spasmodic pain, distension and disturbed bowel habit - the dominant symptoms of the irritable bowel syndrome.

Presentation: Enteric coated gelatine capsule. Each contains 0.2 ml standardised peppermint oil B.P. Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe.

The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years. **Contraindications, Warnings, etc. Precautions:** The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule.

Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.00 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow Beds.

Tillotts
LABORATORIES

Suppose Oral Dilemma

In the treatment of proctitis and proctocolitis the benefit of Salazopyrin Suppositories has long been recognised.^{1,2}

In order to extend the region of the bowel accessible to such topical therapy, the Salazopyrin Enema has been introduced.

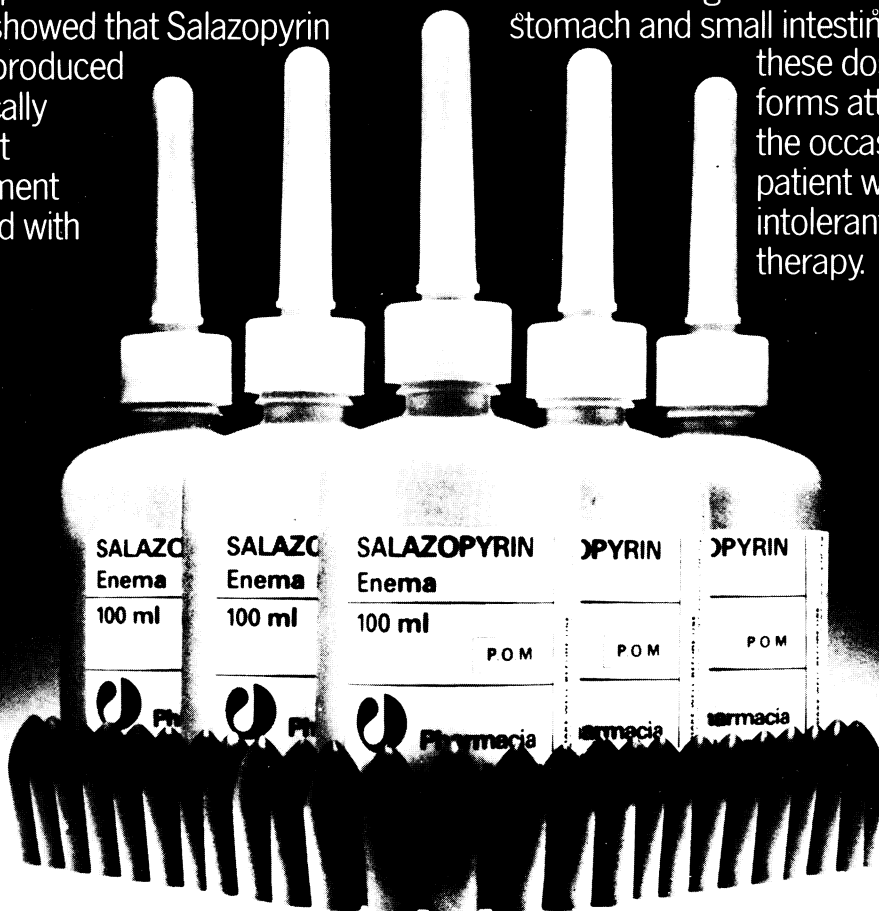
A double blind study over two weeks in patients with acute ulcerative proctitis showed that Salazopyrin enemas produced a statistically significant improvement compared with placebo.

Assessment was by rectoscopic and histological means.³

Since Salazopyrin is effective topically, utilisation of the Enema or Suppositories gives good clinical effect with low circulating levels of the drug, or its metabolites.

This fact, together with the avoidance of drug contact with the stomach and small intestine makes

these dosage forms attractive to the occasional patient who is intolerant of oral therapy.



Salazopyrin per Rectum

Sulphasalazine

Prescribing Information

Dosage and Administration

Pain or I.V. 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 bedtime. 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. £6.10 for 100 EN Tablets (0.5g), 100 & 500. £7.90 for 100 Suppositories (0.5g), 10 & 50. £2.55 for 10 Enemas (3.0g), 7. £10.80 for 7.

Product Licence Numbers:

Plain Tablets 0009, 5006 EN Tablets 0009, 5007 Suppositories 0009, 5008 Enema 0009, 0023

References

1. Hapke P and Schultz U (1971) *Z. Gesamte Inn. Med. Grenzgeb.* **26** Suppl. 261-264.
2. Walsman G. *Trans. R. Soc. Med.* **44** Nov. 1951.
3. Moller C, Kallisto O, Santavirta S, and Holst A. (1978) *Clin. Trials* **15** 149-153.

 **Pharmacia**

Salazopyrin (regd. sulphasalazine) is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow, Middlesex TW3 1NE. Tel. 01-872 7321. Further information is available on request from the Company.



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

ROCHE

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.

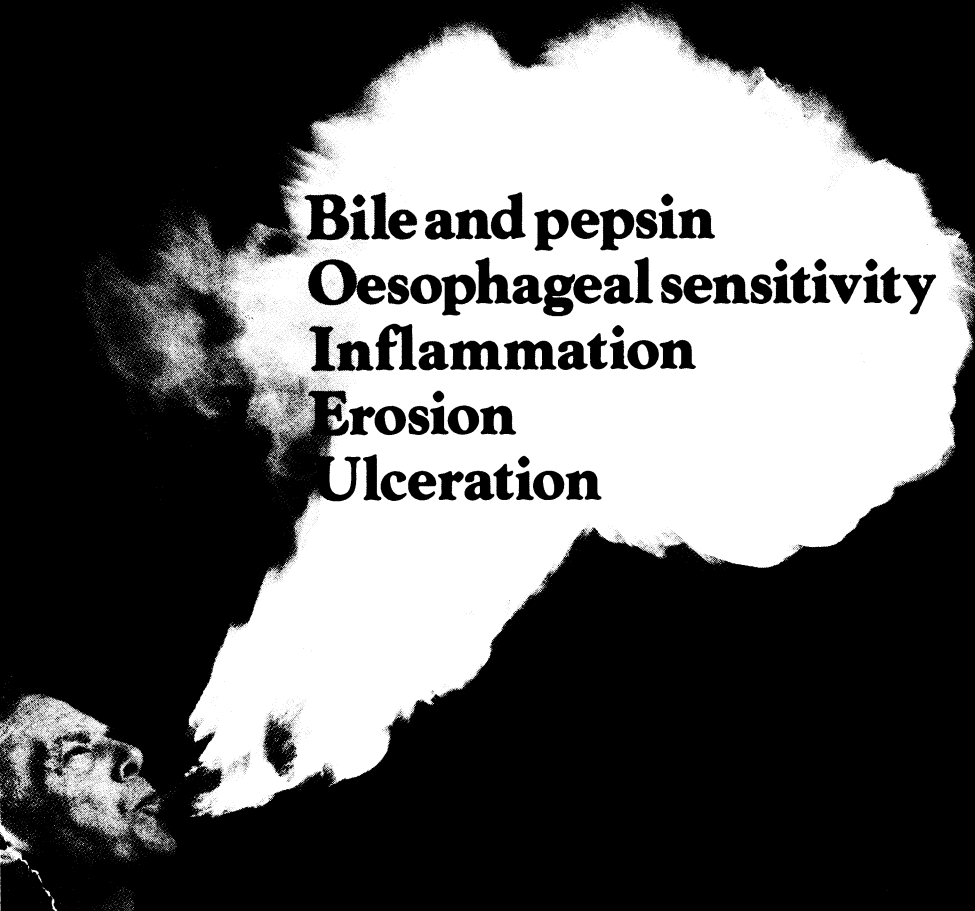
Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

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

Licence Number 0031/5024

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