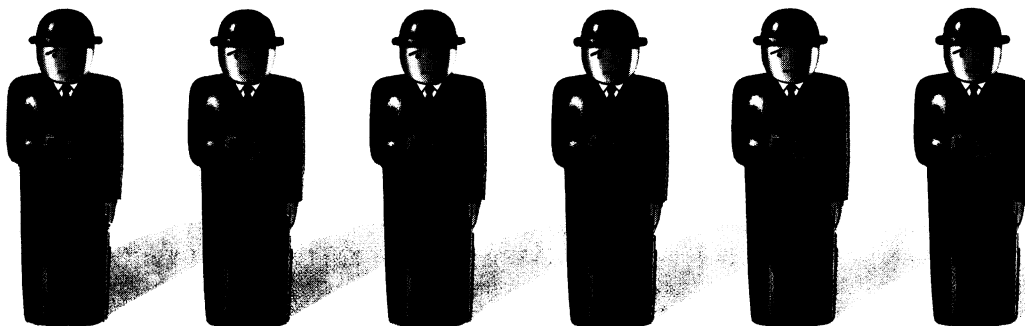
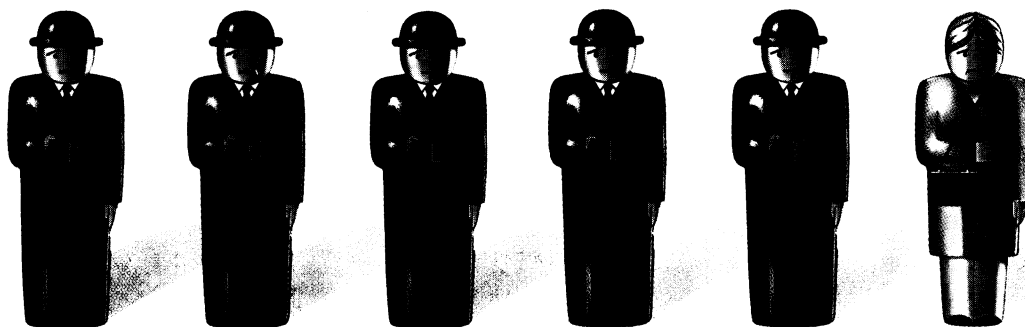


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sucralfate

Cytoprotection in action

- In patients over 55 where hypersecretion is seldom a factor²
- Those whose gastric disturbance is due to external irritants^{3,4}
- Those for whom H₂ antagonists are inadequate¹

Abbreviated Prescribing Information

Refer to data sheet for full prescribing information

Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline,

phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet).

Side-effects: constipation.

Legal Category: POM.

Date of preparation April 1985.

Antepsin is a registered trade mark.

References: 1. Guslandi, M. *et al*, GUT, 1983, 24, 498. 2. Marks, I.N., Gastrointestinal Tract Disorders in the Elderly, Edinburgh, Churchill Livingstone, 1984, 79. 3. Tesler, M.A. *et al*, J. Clin. Gastroenterol., 1981, 3, (suppl.2), 175. 4. Tamawski, A., *et al*, Gastroenterology, 1985, 88 (No5), 1609.

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The International Journal of Pancreatology is a multidisciplinary medium for the publication of original research pertaining to the exocrine and endocrine pancreas, including endocrine-exocrine interactions, in healthy and diseased states. The journal will publish papers in all relevant fields, including: embryology, physiology, endocrinology,

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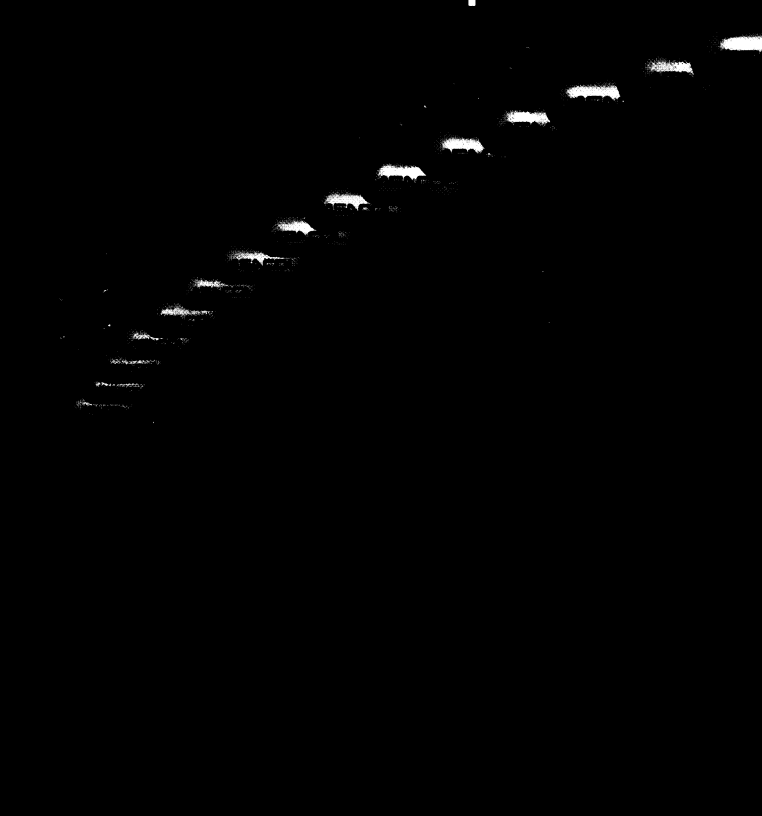
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who cannot tolerate
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Direct Delivery to the Colon

REFERENCES:

1. Dew M.J, Harris A.D, Evans B.K. et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet* 1983; i: 867.
2. Dew M.J, Hughes P.J, Lee M.G. et al. An oral preparation to release drugs in the human colon. *Br J Clin Pharmacol* 1982; 13: 405-408.
3. Dew M.J, Ryder R.E, J. Evans N. et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol* 1983; 16: 185-187.
4. Dew M.J, Hughes P.J, Harris A.D. et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br Med J* 1982; 285: 1012-1013.
5. Dew M.J, Harris A.D, Evans B.K. et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br Med J* 1983; 287: 23-24.

*Mesalazine is the British Approved Name for 5-amino salicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-aminosalicylic acid) coated for release in the human large intestine.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses.

There is no dosage recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Colonic resection, a history of hypersensitivity to salicylates, children under 12 years of age.

Precautions

Renal disorder. Mesalazine is excreted principally by the kidney mainly as 5-ASA. Tablets of 5-aminosalicylic acid in high doses (above 400mg daily) have had adverse effects on renal function and bone marrow. Although no such effects have been reported in patients taking Asacol, these measures should be taken in patients with renal impairment and in patients with low renal function. Patients with a history of blood dyscrasias should be monitored.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side-effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322387

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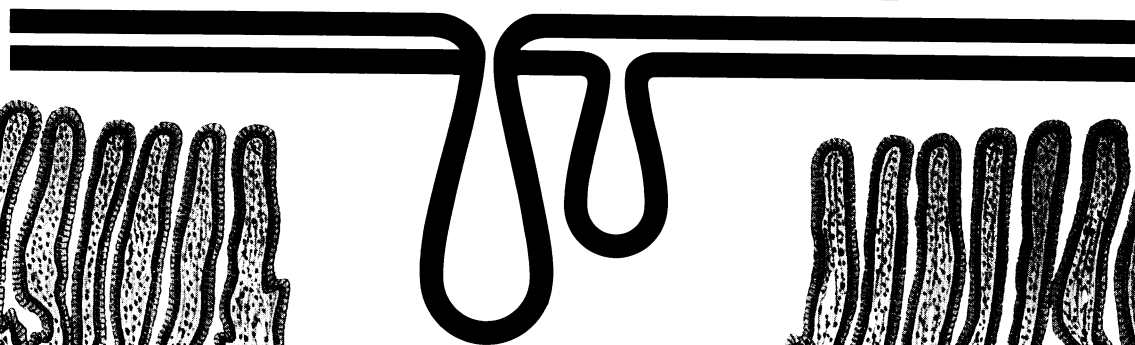
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Twice daily


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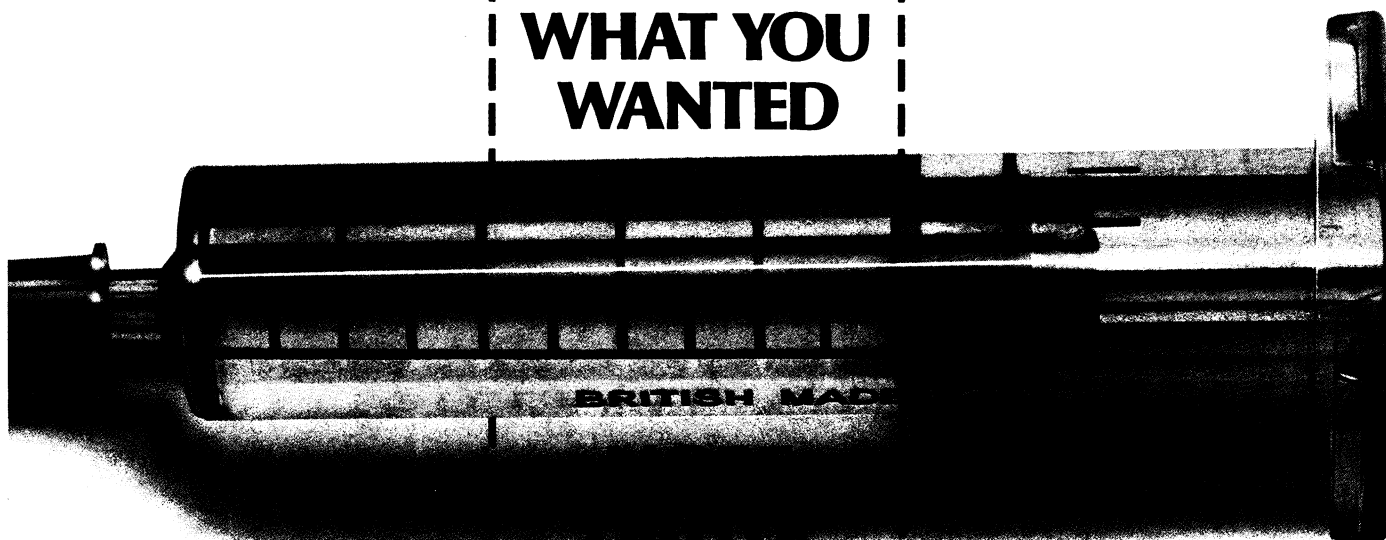
Prescribing information: Presentation: White tablets each containing 50 mg of pirenzepine dinitrochloride scored on one face with 'G' on one side of the score, and '50' on the other. The obverse is impressed with the symbol . **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal

experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. **Side effects:** occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20 50. **Product Licence No.:** 50 mg tablets, PL0014/0260

 Further information is available on request
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CONTROL OF I.V. SEDATION

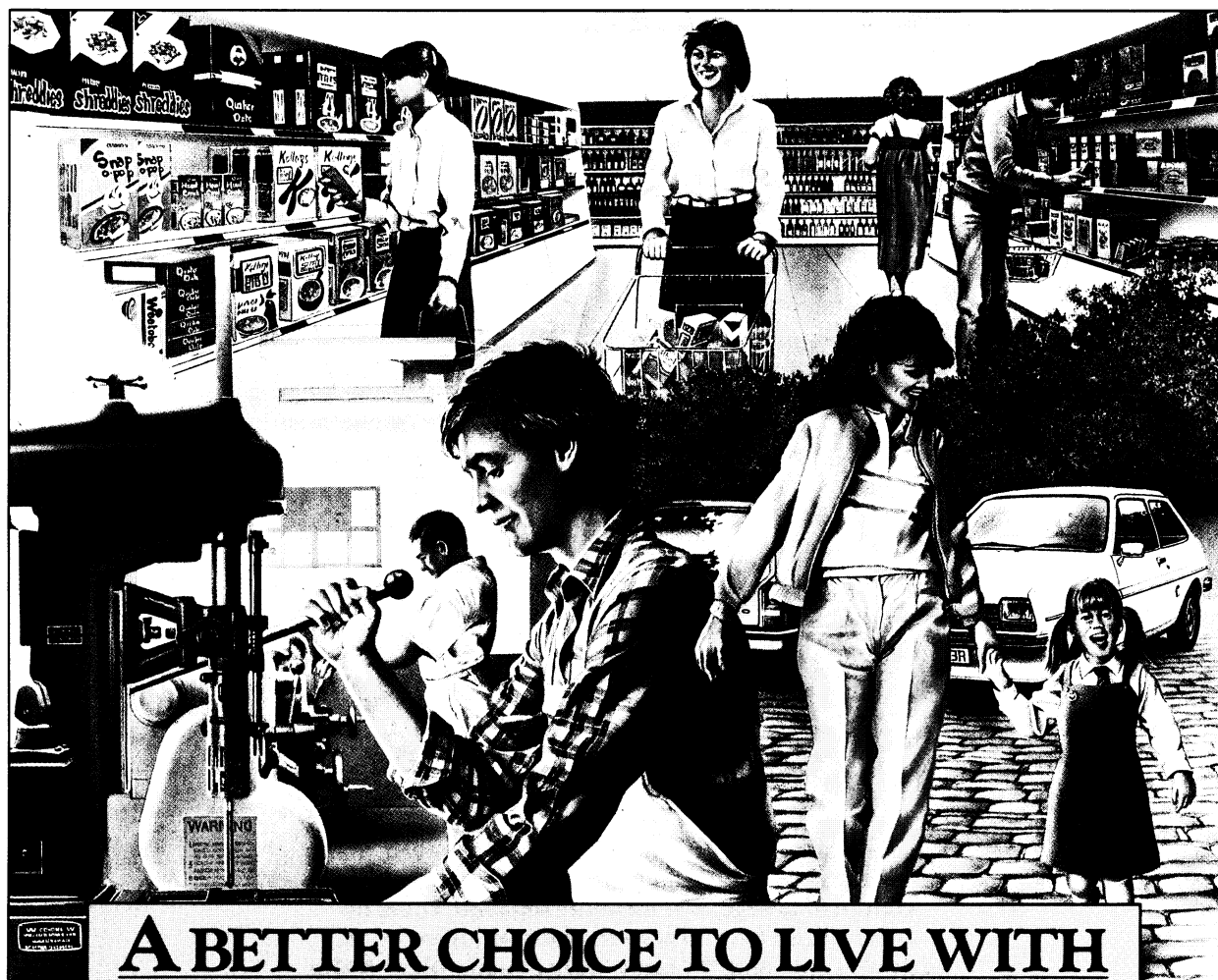
Prescribing Information

Indications Intravenous sedative cover. Alternative intravenous agent for induction of anaesthesia in high-risk patients. Intramuscular premedication. **Dosage and Administration** *Intravenous sedation* Usual total dose 2.5mg to 7.5mg (approx. 0.07mg/kg body-weight). *Intravenous induction of anaesthesia* Unpremedicated patients: 0.3mg/kg body-weight or more. Premedicated patients: 0.2mg/kg body-weight may be adequate. *Intramuscular premedication* (10mg/2ml ampoule only) Usual dose about 5mg (approx. 0.07-0.1mg/kg body-weight). Elderly patients are more sensitive to the effects of Hypnovel and lower doses should be used. Children over the age of seven years may receive Hypnovel for induction of anaesthesia in a dose of 0.15mg/kg body-weight. **Contra-indications** Benzodiazepine sensitivity; acute pulmonary insufficiency; respiratory depression. **Precautions** Use during pregnancy and lactation should be avoided. Patients should not drive or operate machinery for eight hours after administration. Avoid alcohol. Sedative effects of other centrally-acting

drugs may be intensified. For the administration of Hypnovel a second person should always be present and facilities for resuscitation should always be available. **Side-effects** Hypnovel is well tolerated and changes in arterial blood pressure, heart rate and respiration are usually slight. The rapid injection of a high dose can induce soft-tissue airway obstruction or apnoea of short duration. Local effects on veins are infrequent. However, pain on injection and thrombophlebitis may occur. **Presentation** Ampoules containing 10mg midazolam base as the hydrochloride in 5ml or 2ml aqueous solution, in packings of 10. **Basic NHS Cost** 76p per 10mg/5ml ampoule. 64p per 10mg/2ml ampoule. **Product Licence Numbers** 0031/0189 (10mg/5ml), 0031/0126 (10mg/2ml). **Product Licence Holder** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY. **Reference** 1. Anaesthesia, 1982, 37, 1002. Hypnovel is a trade mark.



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In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WSJ et al. Gut 1980;21:885-889. (3) Farthing MGJ et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champignuelle B. Revue Française de Gastroentérologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

Prescribing Information. **Presentation** White odourless aerosol foam containing hydrocortisone acetate PhEur 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 with every pack). Satisfactory response usually occurs within five to seven days. **Contra-indications, warnings etc.** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. 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 disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. **Pharmaceutical precautions** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category** POM. **Package quantities** Aerosol canister containing 25g. (approx. 14 applications) plus a plastic applicator and illustrated leaflet. **Basic NHS cost** 25g plus applicator, £7.25. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg 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. Further information is available on request. **Stafford-Miller Ltd.** Professional Relations Division, Hatfield, Herts. AL10 0NZ.

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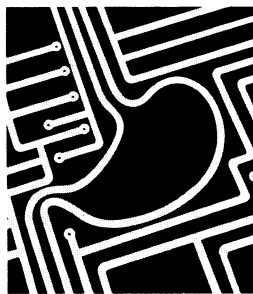
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One tablet at bedtime for four weeks

Reference 1. Lambert R. In: 'Tagamet'. New Dimensions. A Symposium Proceedings. XII Int Cong Gastroenterol, Lisbon, 1984;15-23.

Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £15.78) or 400 mg cimetidine (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £19.20).

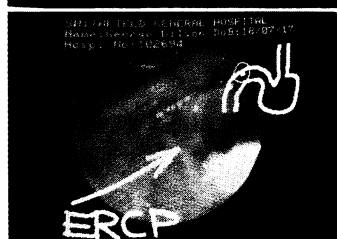
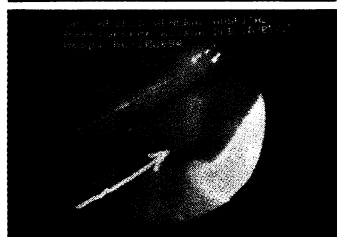
Indication Duodenal ulcer. **Dosage** *Usual dosage: Adults.* Duodenal ulcer, 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. *Elderly:* As above unless markedly impaired renal function. *N.B. For full dosage instructions see Data Sheet.* **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet).



Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 4.3.85. Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1985 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

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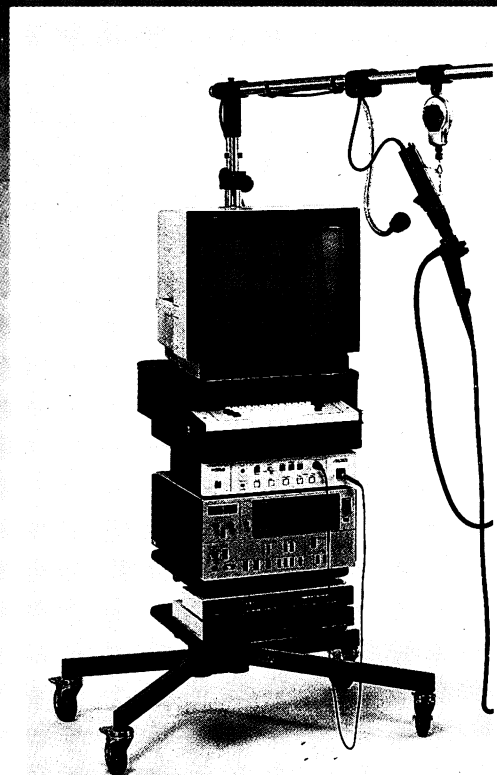


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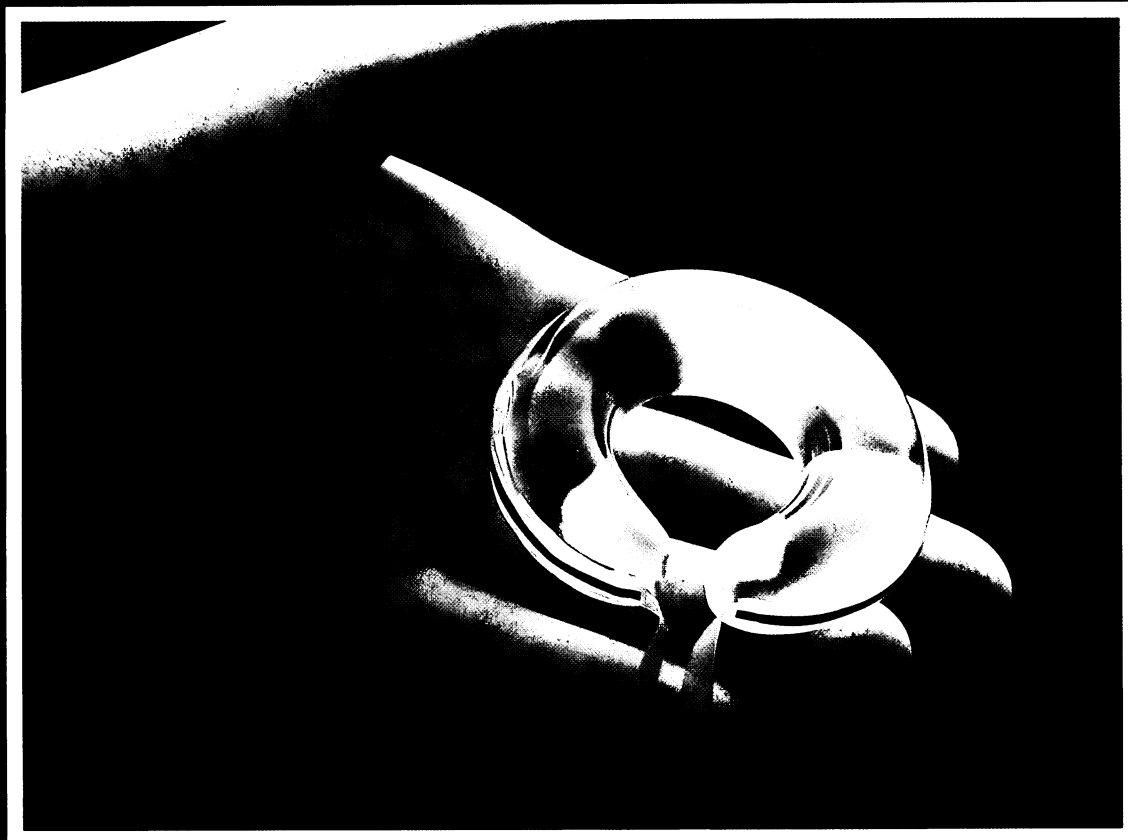
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De-Nol

Prescribing Information De-Noltab and De-Nol

Presentation: De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrate bismuthate (calculated as Bi_2O_3) in each 5ml. **Uses:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. **ADULTS:** One tablet or 5ml dose four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. **CHILDREN:** As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. **SPECIAL PRECAUTIONS:** De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. **SIDE EFFECTS:** Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. **OVERDOSAGE:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P. **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £15.84. De-Nol £10.31. **GMS Price (Ire):** De-Noltab IR£20.99. De-Nol IR£13.66. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De-Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab: 62/22/1. De-Nol: 62/23/1.

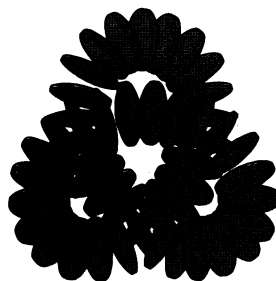
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Nielsen, O.H., Scand. J. Gastroenterol., 1982, 17, 389



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DAY AFTER DAY AFTER YEAR
500mg q.i.d. in ulcerative colitis

PRESCRIBING INFORMATION

Dosage and Administration Pain or EN Tabs: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks give steroids also. Gradually reduce dose after 2-3 weeks to 3-4 tabs/day, given indifferently. Suppositories: Two morning and night reducing dose after 3 weeks with improvement. Enema: One to be given at bedtime. Preparation contains adult dose. Children: Reduce adult dose on basis of bodyweight.

Contra-Indications Sensitivity to salicylates and sulphonamides. Infants under 2 years. Enema: 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. Rare Adverse Reactions: Haematological: haemolytic anaemia, agranulocytosis, aplastic anaemia. Hypersensitivity: eg rash, fever. Gastrointestinal: eg stomatitis, impaired folate uptake. C.N.S.: eg peripheral neuropathy, fertility, eg reversible oligospermia. Renal: eg proteinuria, crystalluria. Also: Stevens-Johnson syndrome and lung complications, eg fibrosing alveolitis.

Precautions Care in porphyria, allergic, renal or hepatic disease. Glucose 6-PD deficiency. Blood checks 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 clerical hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.

Packages and Prices Pain Tablets (0.5g) 100 & 500. ES 70 for 100. EN Tablets (0.5g) 100 & 500. ES 70 for 100. Suppositories (0.5g) 10 & 50. £2.80 for 10. Enemas (3.0g) 7. £12.10 for 7.
Product Licence Numbers Pain Tablets 0009/5006. EN Tablets 0009/5007. Suppositories 0009/5008. Enema 0009/5009.



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- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.¹

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.²

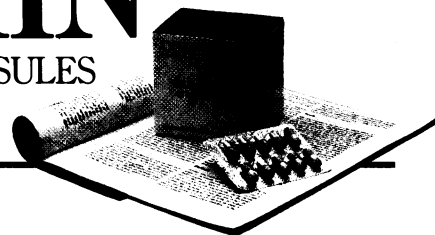
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.³

References:

1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.
2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

COLPERMINTM

(enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin 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:** £10.58 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. **European Patent No.** 0015334. **UK Patent No.** 2006011.

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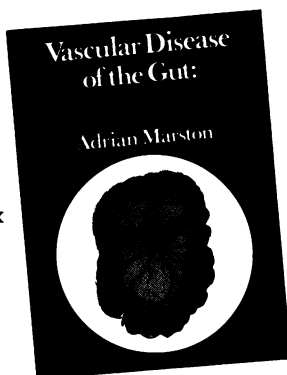


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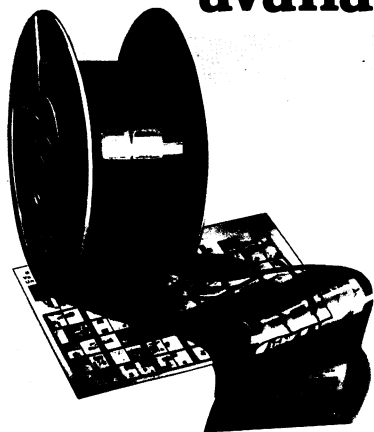
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