

When gut spasm has 'em

Even if your patients persist with the diet you recommend, it may not be enough to control the pain and spasm of irritable bowel syndrome.

If that is the case, it's a good case for new Merbentyl 20.

A 28-day t.d.s. course of this new presentation of an established antispasmodic should resolve the problem.

So when diet alone just won't do, remember to get it right by writing Merbentyl 20.

PRESCRIBING INFORMATION

PRESENTATION: White, biconvex, oval tablets, stamped Merbentyl 20 containing Dicyclomine Hydrochloride BP 20 mg.

USES: Merbentyl is a smooth muscle antispasmodic primarily indicated for the treatment of functional conditions involving smooth muscle spasm of the gastro-intestinal tract.

DOSAGE & ADMINISTRATION: Adults and children over 12 years: One tablet (20 mg) three times daily before or after meals.

CONTRA-INDICATIONS, WARNINGS, ETC: Known idiosyncrasy to Dicyclomine Hydrochloride BP.

PRECAUTIONS: Products containing dicyclomine hydrochloride should be used with caution in any patient with or suspected of having glaucoma or prostatic hypertrophy. Use with care in patients with hiatus hernia associated with reflux oesophagitis because anticholinergic drugs may aggravate the condition. Since the risk of teratogenicity cannot be excluded with absolute certainty for any product, the drug should be used during pregnancy only if clearly needed.

It is not known whether dicyclomine is secreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when dicyclomine is administered to a nursing woman.

SIDE-EFFECTS: Side-effects seldom occur with Merbentyl. However, in susceptible individuals, dry mouth, thirst and dizziness may occur. On rare occasions, fatigue, sedation, blurred vision, rash, constipation, anorexia, nausea and vomiting, headache and dysuria have also been reported.

PHARMACEUTICAL PRECAUTIONS: None. **LEGAL CATEGORY:**

[POM] PACKAGE QUANTITIES: Packs of 84 tablets. **FURTHER INFORMATION:** Nil. **PRODUCT LICENCE NUMBERS:** PL 4425/0081, PA 41/5/1. **BASIC NHS PRICE:** 84 tablets £4.89 (Oct. 1986). **NAME AND ADDRESS OF LICENCE HOLDER:** Merrell Dow Pharmaceuticals Limited, Stana Place, Fairfield Avenue, Staines, Middlesex TW18 4SX. **TRADEMARKS:** Merrell, Dow, Merbentyl.

Merrell® Dow



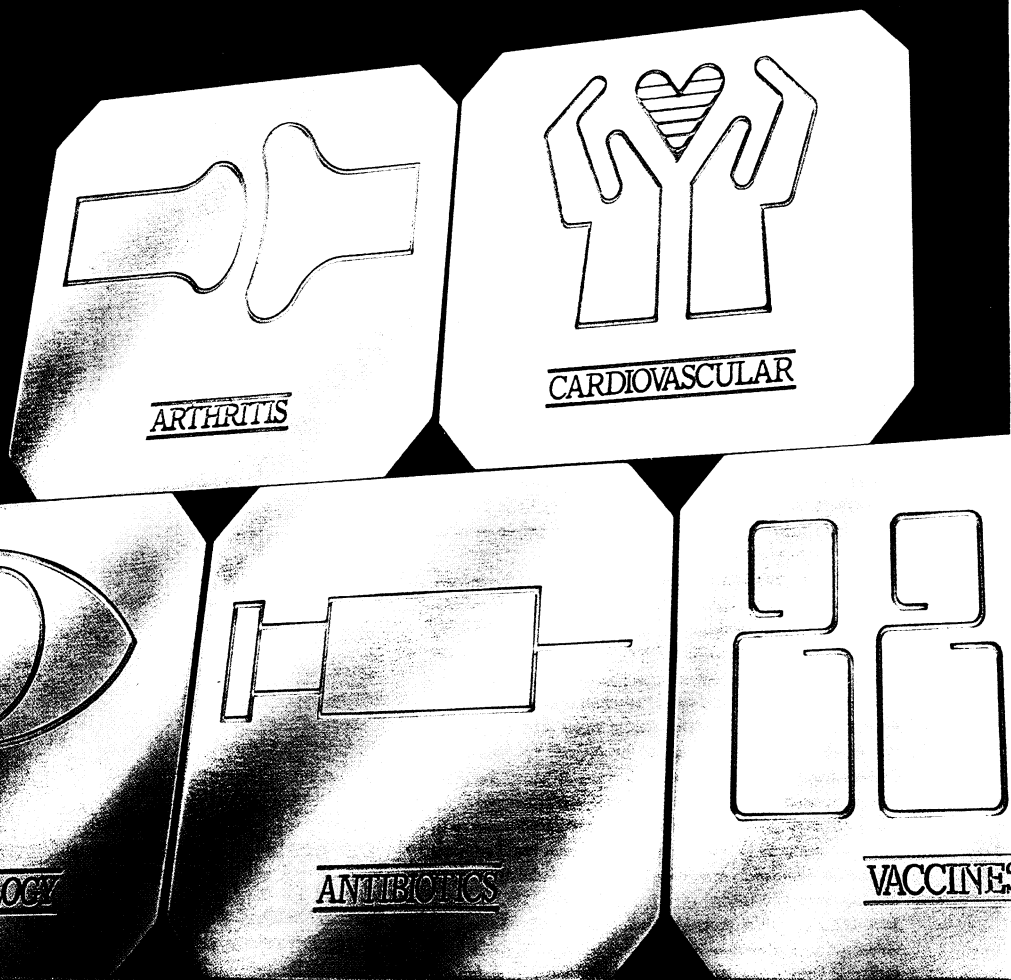
Three times daily
and the right diet

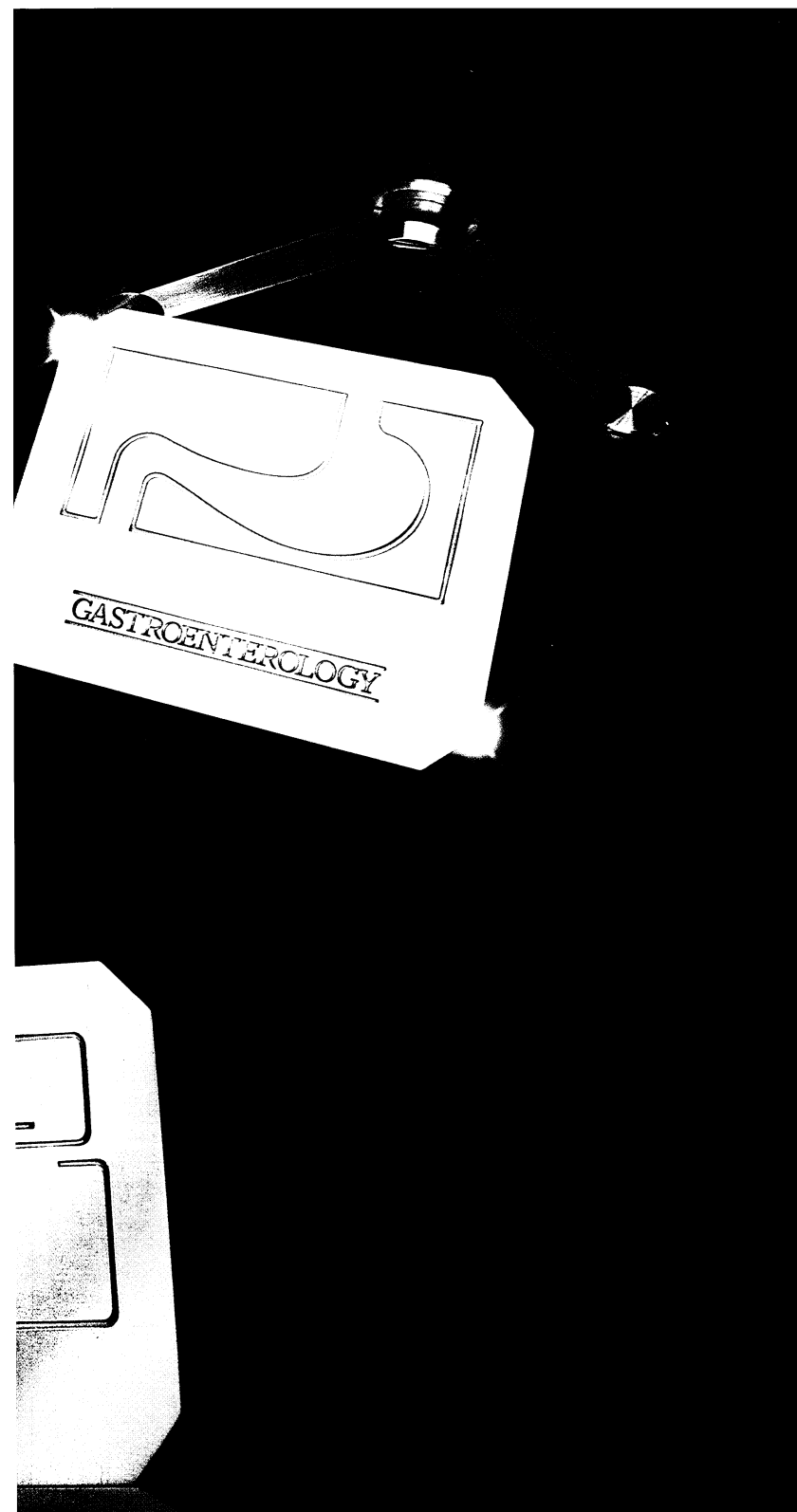
NEW

MERBENTYL

20 mg Dicyclomine Hydrochloride BP antispasmodic

THOMAS MORSON PHARMACEUTICALS BUILDING FOR THE FUTURE





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On the strength of our parent company, Merck Sharp & Dohme Limited, one of the largest manufacturers of prescribed medicines in the world.

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On the foundations of the extensive history of Thomas Morson Pharmaceuticals, which spans over a century.

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On the benefits of sharing over £250 million invested annually by MSD on research, which has helped establish Thomas Morson Pharmaceuticals in a wide range of therapeutic areas, including arthritis and cardiovascular disease.

Building for the future

A future committed to improved patient care through medical advances in all therapeutic areas, notably gastroenterology, and the beneficial implications for the many thousands of sufferers of distressing digestive disorders.

Thomas Morson Pharmaceuticals—
new directions, new purposes



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Hertford Road, Hoddesdon, Hertfordshire
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Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .

- rely on acid reduction alone
- rely on pepsin reduction alone
- rely on mucosal protection alone
- profoundly affect intragastric pH

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- relieve daytime pain
- relieve night-time pain
- reduce antacid intake
- heal peptic ulcers with one 50 mg tablet b.d.

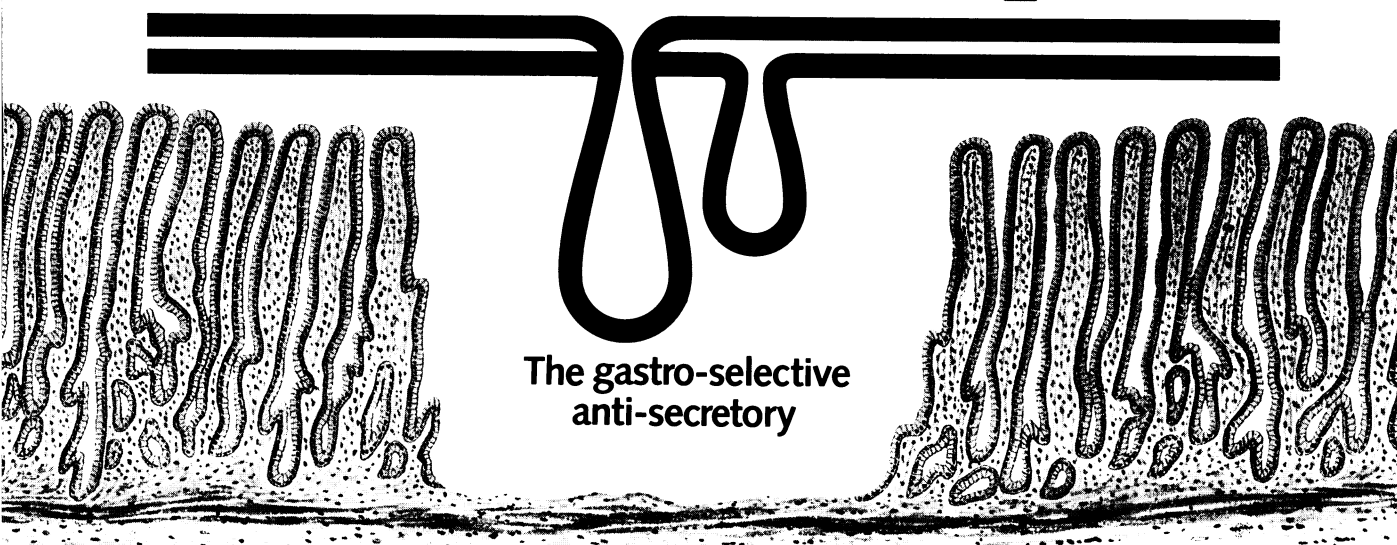
For the treatment of peptic ulcer

Twice daily


GASTRO SELECTIVE

Gastrozepin[®]


pirenzepine



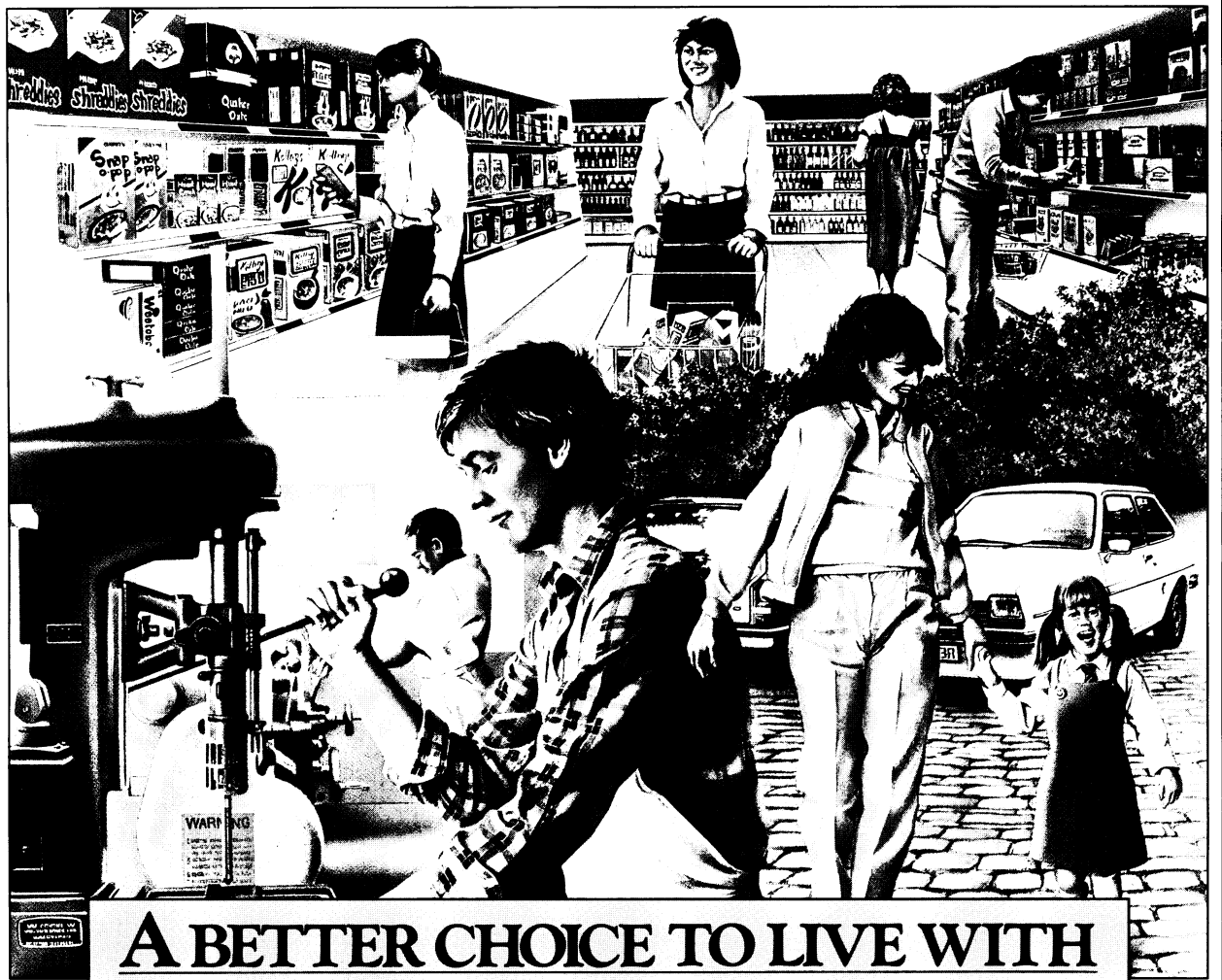
The gastro-selective
anti-secretory

Prescribing Information: **Presentation:** White tablets each containing 50 mg of pirenzepine dihydrochloride 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: PL0074/0260.

 Further information is available on request
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark



A BETTER CHOICE TO LIVE WITH THROUGH THE DAY

A new trial⁽¹⁾ has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

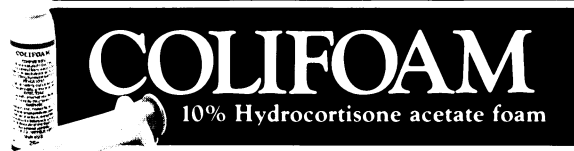
Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas⁽¹⁾ and hydrocortisone enemas⁽²⁾. Retrograde spread increases with the extent of the disease⁽³⁾ and COLIFOAM can

reach well into the descending colon⁽⁴⁾.

Acceptability. COLIFOAM causes less interference with your patients' daily lives^(1,2,5). COLIFOAM is far easier for your patients to retain^(1,2,5).

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption⁽⁶⁾, lower than prednisolone enemas⁽⁷⁾.

Economy. COLIFOAM costs less per dose than standard proprietary enemas⁽⁸⁾.



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) Earthing 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 Champagnuelle 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 colourless 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 52°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-Muller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ**

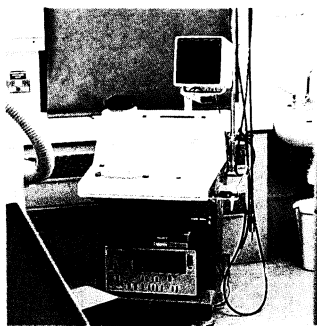
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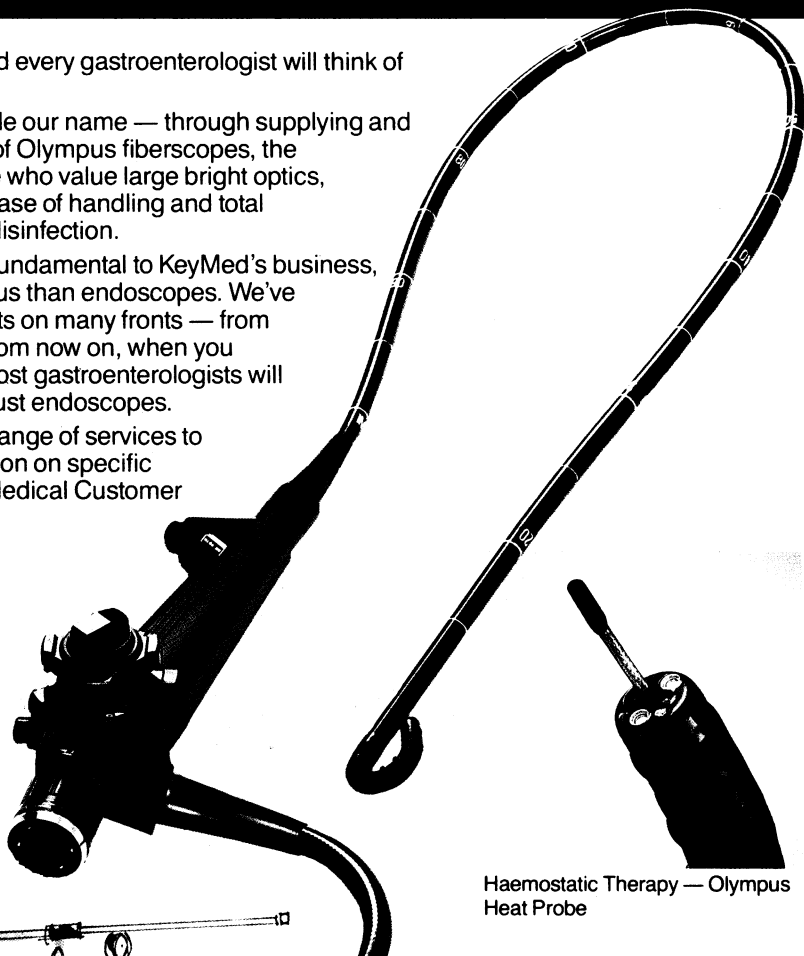
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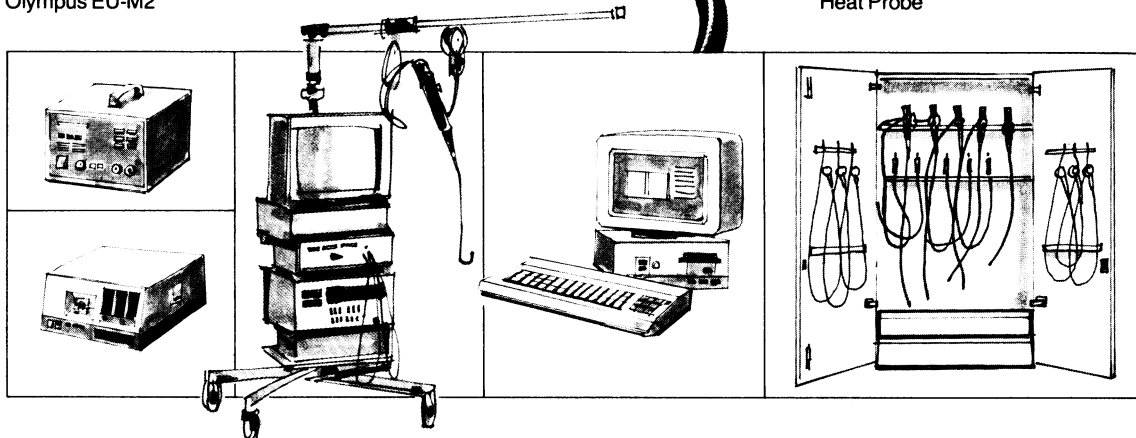
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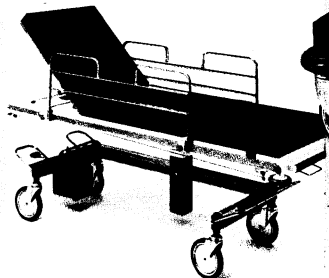
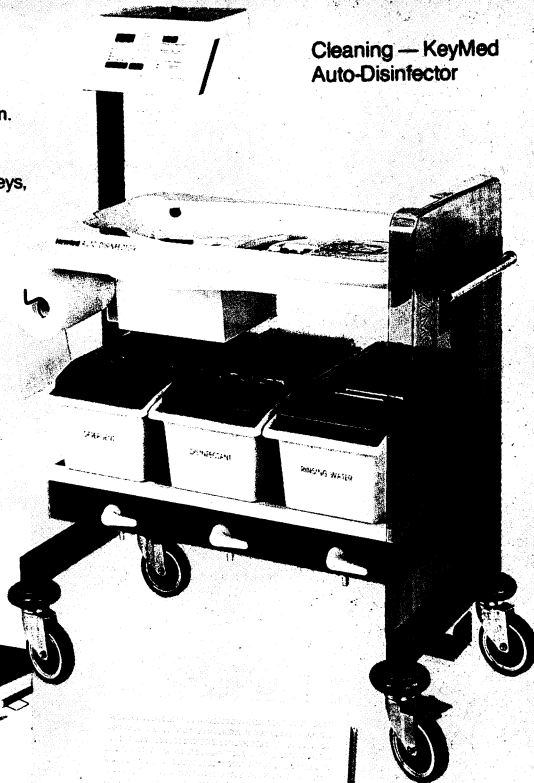
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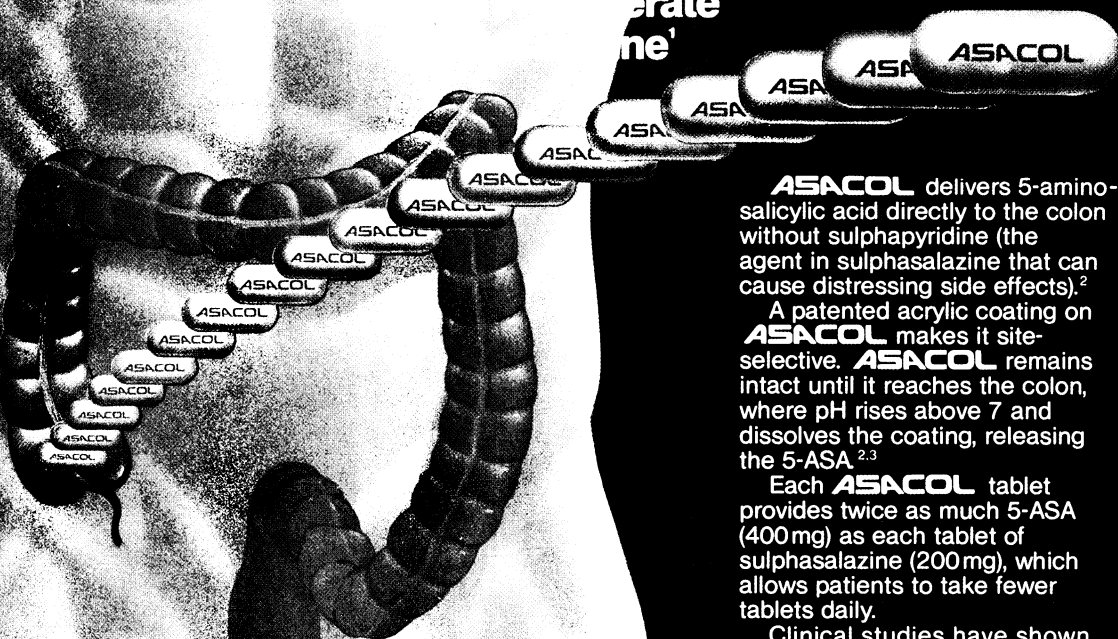
OLYMPUS ENDOSCOPY SYSTEM

ASACOL™

(5-aminosalicylic acid)

Direct Delivery to the Colon

for patients who cannot tolerate sulphasalazine¹



ASACOL delivers 5-aminosalicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).²

A patented acrylic coating on **ASACOL** makes it site-selective. **ASACOL** remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.^{2,3}

Each **ASACOL** tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulphasalazine in maintaining the remission of ulcerative colitis.^{4,5}

ASACOL™

Direct Delivery to the Colon

REFERENCES:

- 1 Dew M.J. Harries A.D. Evans B.K. et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983; ii 801.
- 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; 14 405-408.
- 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. Harries A.D. et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br. Med. J.*, 1982; 285 1012-1014.
- 5 Dew M.J. Harries A.D. Evans N. 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-aminosalicylic acid.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

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 dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney mainly as its metabolite, N-acetyl 5-aminosalicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking Asacol, it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

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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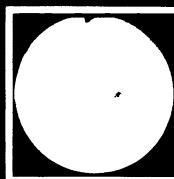
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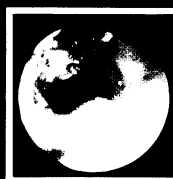
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After 1 application



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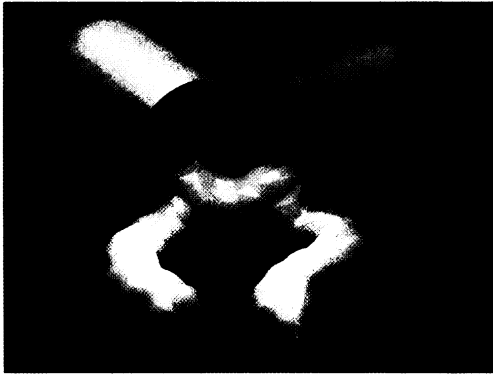
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For relief of irritable bowel and abdominal pain



The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

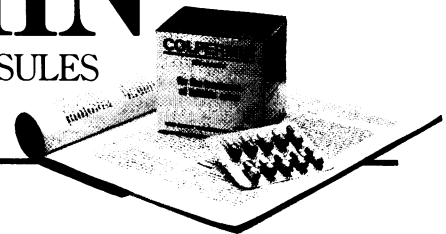
- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.¹
- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised 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.

Henlow Trading Estate, Henlow, Beds. SG16 6DS

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 10.

N° 8-9

August-September 1986

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HOW TO DO IT

SECOND EDITION

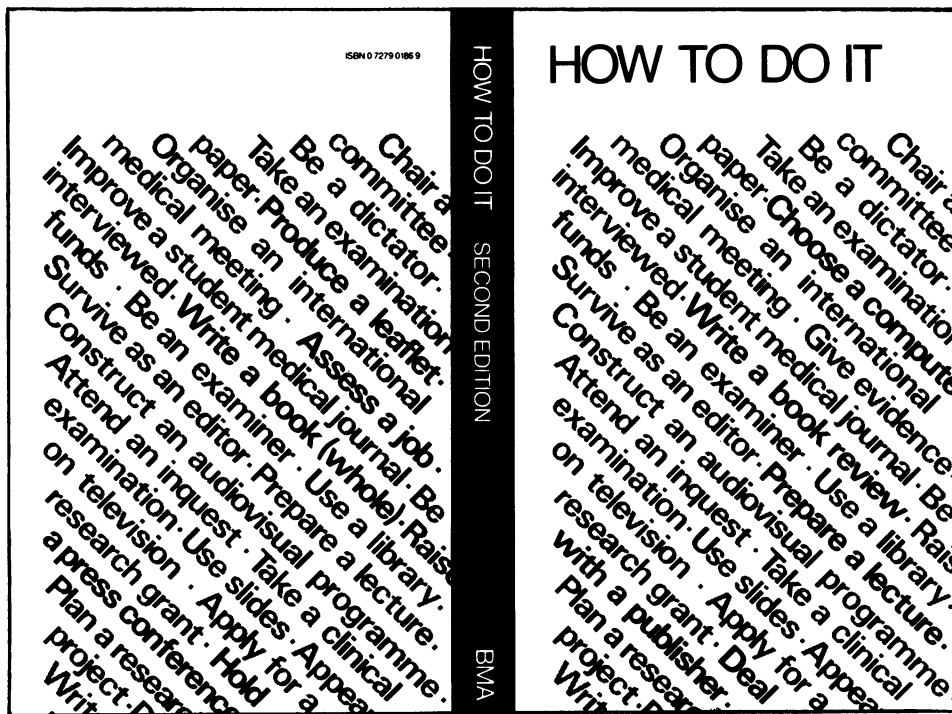
The first edition of HOW TO DO IT proved a useful and popular guide to those things a doctor needs to know but is rarely taught: how to take an examination, how to interview and be interviewed, how to plan and write up research, how to behave at an inquest. In the second edition the original chapters have been expanded and updated, and there are several more chapters on new challenges—choosing a computer, flying, holding a press conference—and on some older ones not included in the first edition—assessing a job, dealing with a publisher.

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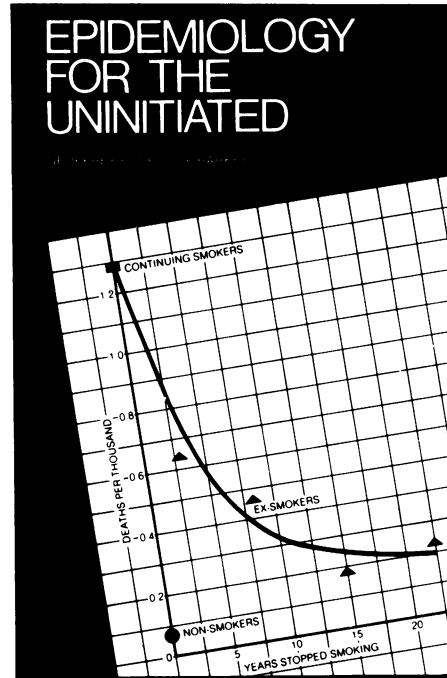
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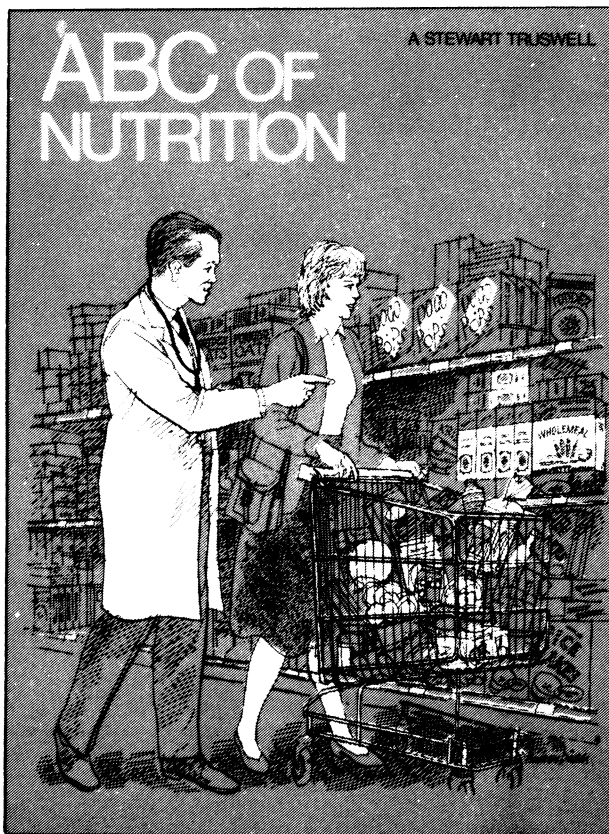
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