

Campylobacter pylori is often associated with peptic ulcer disease and it is commonly found in the gastric antrum of patients with duodenal ulcers.

The bacterium lives between the mucus layer and the epithelium and is difficult to eradicate with conventional antibiotic regimes.

There is, however, one ulcer healing agent which can eradicate this bacterium: De-Nol.

Patients whose duodenal ulcers have

been healed with De-Nol and in whom Campylobacter pylori has been eradicated are likely to enjoy prolonged remission

tri-potassium di-citrato bismuthate

STOPS ULCERS BUGGING YOU

R De-Noltab 2 b.d.

PRESENTATION: Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrato bismuthate (calculated as Bi₂O₂). USES: Ulcer healing agent. For the treatment of gastric and duodenal ulcers. DOSAGE AND ADMINISTRATION: By oral administration. Adults: The more convenient dosage is two tablets or two 5 ml spoonsful twice daily that fan hour before breakfast and half an hour before beneal for 28 days. Alternatively one tablets or one supposed under the case of the three main meals of the day and two hours after the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Noi is not 15 ml of valer. Children: Not recommended. CONTRA.-INDICATIONS, WARMINGS, ETC. De-Noi Indication to the day and two hours after the evening meal) for 28 days. If necessary a further month is treatment may be given. Maintenance therapy with De-Noi is not 15 ml of valer. Children: Not recommended. CONTRA.-INDICATIONS, WARMINGS, ETC. De-Noi/De-Notable under the control of the stool usually occurs; nause and vomiting have been reported. Darkening of the tongue you cur with De-Noi liquid only Overdosage has rarely been reported; gastric lavage with intestinal evacuation and, inaccessary, supportive therapy would be indicated. PACKAGE QUANTITIES: De-Noilab: Treatment pack of 112 tablets. 20 e-Noilab: 20 e-Noilab: 13 e-Noilab: Treatment pack of 112 tablets. 20 e-Noilab: 20 e-Noilab: 14 68 FORDUCT LICENCE NUMBERS: De-Noilab: 16 6/0124. De-Noi: 14 68 FORDUCT LICENCE NUMBERS: De-Noilab: 16 6/0124. De-Noi: 16 6/0124. De-Noilab: 16 0 e-Noilab: 16 0 e-N

REFERENCES: 1. Coghlan J G et al, Lancet 1987; 2:1109-1111. 2. Smith A C et al, Gut 1988; 29:A711. 3. Marshall B J et al, Lancet 1988; 2:1437-1442. There are now so many publications on Campylobacter pylori and De-Nol that Brocades have compiled a 570 page bibliography on De-Nol. If you would like to receive copies of these please with page bibliography on De-Nol. If you would like to receive copies of these please with

Gist-brocades

Brocades/GB/Limited, Brocades House, West Byfleet, Surrey KT14 6RA





ABRIDGED PRODUCT INFORMATION ▼ Refer to Data Sheet before prescribing.

INDICATIONS Duodenal ulcer: prevention of relapses of duodenal ulceration: benign gastric ulcer: hypersecretory conditions such as Zollinger-Ellison

syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg

at night for four to eight weeks. For prevention of duodenal ulcer recurrence, 20 mg at night. Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

CONTRA-INDICATION Hypersensitivity.



'Pepcid' PM,

working fast to relieve
the pain of ulcers, quickly
restoring the well-being
of many patients.

This rapid relief, together with fast, effective healing,² is achieved in many patients with a simple dosage of just one small 40 mg tablet at night.



ONE AT NIGHT CAN MAKE THEIR DAY



PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM. Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min. 'Pepcid' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue. **BASIC NHS COST** 20 mg tablets. £14.00 for 28-day calendar pack and £25.00 for bottles of 50. 40 mg tablets. £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

Product Licence Numbers: 20 mg tablets, 0025/0215; 40 mg tablets 0025/0216. Issued March 1989.

▼Special reporting to the CSM required.

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Rahway, NJ, USA.

1. Rohner, H-G., and Gugler, R., Amer. J. Med., 1986. 81 (Suppl. 4B) 13. 2. Dobrilla, G., et al., Scand. J. Gastroenterol., 1987, 22 (Suppl. 34), 21.

09-89 PCD.88.GB.3394.J

IT MAKES LIFE WORTH LIVING.



Effective control of ulcerative colitis is only half of Colifoam's success story. As thousands of patients previously managed with aqueous enemas have found, its simplicity and ease of retention has transformed their lives.

Colifoam causes little if any disturbance to their daily routine, and enables patients to enjoy their normal social and outdoor activities!

Equally as effective as steroid enemas, 1,2 Colifoam is now established as the leading treatment for ulcerative colitis. It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.



The proven choice in ulcerative colitis.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. <u>Uses:</u> Ulcerative colitis, proctosigmoiditis and granular proctitis. <u>Dosage and administration:</u> 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 pack). <u>Contra-indications, warnings etc.</u>: 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. <u>Pharmaceutical precautions</u>: 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. Keep out of reach of children. For external use only. <u>Legal category</u>: POM. <u>Package Quantity & Basic NHS cost:</u> Z5g canister plus applicator, £7.25. <u>Further Information:</u> 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. <u>Product Licence No.</u>: 0036/0021. <u>References</u> 1. Somerville KW et al. British Medical Journal 1985; 291:866. 2. Ruddell WSJ et al. Gut 1980; 21:885-889. 3. Independent Research Audit. <u>Data on File. Further information is available on request. Stafford-Miller Ltd.</u>, Professional Relations Division, Hatfield, Herts. AL10 0NZ.

ULCERATIVE COLITIS IS LIKE A LIFE SENTENCE

Help free the ulcerative colitis patient



Effective maintenance of disease remission.
No sulphapyridine side effects.

Prescribing Information: Presentation: 'Asacol' Tablets, PL 0002/0173, each containing 400 mg of mesalazine (5-amino-salicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) to ensure release of the active ingredient in the terminal ileum and colon. 100 (10 blister packs of 10 tablets), £21.85. Uses: For the maintenance of remission of ulcerative colitis. Dosage and administration: Adults: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children. Contra-indications: A history of sensitivity to

salicylates. Severe renal impairment (GFR less than 20 ml/min). Children under 2 years of age. Precautions: Not recommended in patients with renal impairment. Use with caution in patients with a raised blood urea or proteinuria. Avoid during pregnancy. Do not give with lactulose or similar preparations which lower stool pH. Adverse reactions: Nausea, diarrhoea, abdominal pain and headache. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. Legal category: POM. 12.8.88.

*Mesalazine is the British approved name of 5: aminosalicylic acid

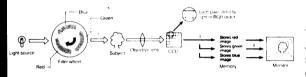
SKSF Smith Kline & French Laboratories Limited

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OLYMPUS ENDOSCOPIC VIDEO INFORMATION SYSTEM (EVIS)

The relatively recent introduction of electronic endoscopes has created a great deal of interest amongst endoscopists, as these instruments are seen to offer advantages over conventional fiberoptic endoscopes. The principal reason for this is the substitution of the conventional coherent fibre bundle for a charge coupled device (CCD) chip which generates an image on a video monitor considered by many to be the closest to life yet seen with the aid of a flexible endoscope.



In the Olympus endoscopic video information system (EVIS), the image is generated using an ultra-compact monochrome chip, across which

three colours, red, green and blue, are passed. This enables the single colour images to be processed and combined to create a full colour image on the monitor.

Diagnosis is made directly from the screen, and for this reason, the eyepiece, a standard feature of fiberoptic endoscopes, is no longer required.

What is, unfortunately, often overlooked is that in all other respects, an electronic

endoscope should be exactly the same as a fiberoptic endoscope, requiring the same design attention to insertion characteristics, cleaning and disinfection, durability and routine maintenance. With this in mind, each Olympus EVIS endoscope has an equivalent specification in the OES fiberoptic range and thus benefits from Olympus' long experience in mechanical and illumination system design.

Committed to Quality and Service

Olympus has developed a complete range of video endoscopes to enable the physician to diagnos

and treat the full spectrum of GI disorders, featuring instruments from 9.8mm to 14.2mm diameter.
This has been achieved by using the ultra-

compact CCD chip mounted face-on to the distal end of the scope, enabling Olympus to produce the widest range of electronic scopes available from one manufacturer.

Attention to detailed mechanical design throughout the range has meant that the angulation capabilities and bending radius of each electronic endoscope is equivalent to its fiberoptic counterpart. The importance of such features is often underestimated, although you can be assured that with Olympus electronic endoscopes it will still

complete examination of the rectum or angulate the gastroscopes to enable complete inspection of the duodenum.

be possible, for example, to

retrovert the colonoscopes for

Olympus' wealth of experience in optical lesign has meant that a sophisticated illumination system has been incorporated to complement

In addition, the size of image onscreen is consistently large across the range of instruments, no matter what their outer diameter.

You can therefore be assured of a large, bright, evenly illuminated image at all times.

Cleaning and disinfection of electronic instruments is just as important as it is with conventional fiberscopes. Because of the consistency of design of Olympus scopes, no additional staff training is required to ensure

additional staff training is familiarity with cleaning and disinfection procedures. Each EVIS scope incorporates the same semi-disposable air/water and suction buttons, and can be simply connected to the

Olympus KC-10,

KeyMed Auto-Disinfector

or Olympus EW-10/20.

140°

Overall, Olympus EVIS offers the highest quality video-endoscope system,

based as it is on the combination of well-proven OES mechanical design and fully-developed Olympus image processing technology.

Last, but not least, all Olympus EVIS endoscopes come with a KeyMed unconditional guarantee for the first year after purchase, which means that no revenue costs will be incurred during the guarantee period.

The same high standard of after-

sales service is available from KeyMed for EVIS as it is for fiberoptic endoscopes. The optical repair laboratory will deal with the 'scopes themselves, returning them after service or minor repair within 48 hours, and one of the team of field service engineers will be on-site within 48 hours, often sooner, if the video

processor or ancillary electronic equipment is in need of repair. These services are also available under contract service schemes, giving full repair cover for a fixed budget.

The final choice of whether to change to electronic endoscopes or stay with fiberoptic instruments is up to you, but if you do decide to investigate this new technology further, there are obviously many points to consider before making your decision. Whichever route you choose, buying Olympus products from KeyMed gives you the best of both Quality and Service.

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Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8, Telephone: 774855

USA: KeyMed Inc., 400 Airport Executive Park, Spring Valley, New York 10977. Telephone: (914) 425-3100



TAGAMET CIMETIDINE 800

Just as peas in a pod are similar but not identical so too are the H_2 antagonists. Although structurally different and with some differing properties, they act via the same mechanism to achieve effective duodenal ulcer healing.
*The price comparison is based on manufacturers' recommended 4-week duodenal ulcer healing course using a one tablet nocte regimen. Prices are taken from MIMS September 1988 and represent the cost of 28 days' treatment.
'Tagamet' 800 mg £16.58, famotidine 40 mg £26.60, nizatidine 300 mg £25.76, ranitidine 300 mg £25.60.
†Based on SK&F estimates of H_2RA prescriptions in the UK from November 1976 to July 1988.

Prescribing Information. Presentations 'Tagamet Tiltab' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 30, 2 calendar strips of 15 tablets, £17.76). 'Tagamet' Tablets, each containing 400 mg cimetidine (PL 0002/0092: 60, 4 calendar strips of 15 tablets, £18.69). 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 600 ml, £23.04. Indication Duodenal ulcer. Dosage For full dosage instructions see Data Sheet. Adults. 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. Treat for at least 4 weeks. To prevent relapse, 400 mg

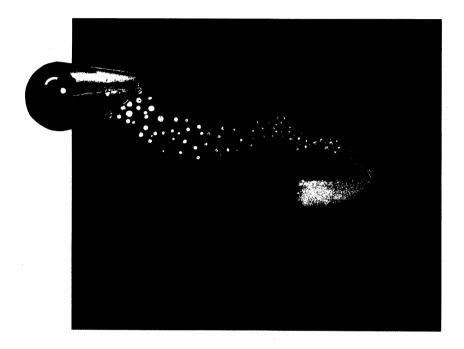
at bedtime or 400 mg morning and at bedtime. Children: Over 1 year: 25-30 mg/kg/day, divided. Cautions Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Potential 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. 10.6.88

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PROGRESS

In The Control Of Pancreatic Insufficiency





RIGHT ON TARGET-RIGHT FROM THE START

Prescribing Information - Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. Indication: Pancreatic exocrine insufficiency. Dosage and administration: Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result. Contra-indications,

Warnings, etc: Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number:** 5727/0001. **Name and address of Licence** Holder: Kali Chemie Pharma GmbH, Postfach 220, D-3000. Hannover 1, West Germany.

For Constipation



Active ingredients: Each sachet contains 3.5g Ispaghula husk BP Indications: Conditions requiring a high-fibre regimen. Dosage and Administration: (10 be taken in water) Adults and children over 12. One sochet morning and evening. Children under 12. One half to one level 5ml spoonful depending on age and size, morning and evening. Children under 12. One half to one level 5ml spoonful depending on age and size, morning and evening. Contro-indications, Warnings, etc.: Fylogel is contro-indicated in case of intestinal obstruction and colorina atlant, Basic NHS Price: Al April 88 60 sochets \$4.4, Eur. 60 sochets 18.4.9. PL No.: Proogel Orange 27/12/2. Fylogel 57/12. References: 1. Data on file, 1985. Reckitt & Colman Pharmaceutical Division. 2. Data on file, 1985, Reckitt & Colman Pharmaceutical Division. 3. Data on file, 1987. Reckitt & Colman Pharmaceutical Division. Fybogel is a trade mark. Further information is available from Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS

Fyboael Orangegentle but effective **Fybogel** Orange treats constipation gently but effectively by increasing bulk in the colon and thus encouraging normal, healthy peristalsis with soft, formed stools.1

Fyboael Orange-rapid first-line therapy

In a recent study of 224 newly presenting constipation patients freated with Fybogel Orange, 63.1% had a motion within 24 hours and after 48 hours of Fybogel Orange 89.9% of patients had achieved bowel movement?

Fybogel Orange—the patients' first choice for flavour Recent tasting research showed

that patients prefer orange flavoured bulking agents³

Fybogel Orange Ispaghula husk BP gently does it

Rapid relief for patients gripped by IBS

Colofac rapidly relieves the symptoms of Irritable Bowel Syndrome by a direct action on colonic smooth muscle.

Colofac eliminates spasm without the anti-cholinergic side effects that can prove troublesome to the patient.



Prescribing Information

Presentation: White, sugar-coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. Yellow, banana-flavoured sugar-free suspension containing mebeverine pamoate equivalent to 50mg mebeverine hydrochloride per 5ml. Available in bottles of 300ml: Basic NHS price £3.50 Indications: 1. Irritable bowel syndrome. 2. Gastro-

intestinal spasm secondary to organic diseases Dosage and Administration: Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before meals. Contra-indications, warnings, etc: Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. Product Licence Number: Tablets: 0512/0044: Suspension: 0512/0061. Further information is available on request to Duphar Laboratories Limited, Gaters Hill, West End, Southampton,

duphar so3 3JD. Telephone: 0703 472281

C/Hosp Ad/1/88

REAK THE STRANGLEHOLD **OF GUT SPASM**

IRRITABLE BOWEL SYNDROME COLPERMIN (enteric - coated peppermint oil) CAPSULES

Delivers effective relief right where it hurts

Presentation: A light blue/dark blue enteric-coated capsule with a green band between cap and body. Each capsule contains 0.2ml peppermint oil B.P. Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. Dosage and Administration: Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food, and taken with a small quantity of water. The capsules should not be taken immediately after food. 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 capsules in children under the age of 15 years. Contra-indications, warnings, etc Precautions:

The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. *Adverse effects: *Heartburn; sensitivity reactions to menthol, which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. *Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight. *Legal category: P. Product Licence: PL 0424/0009 Basic NHS Cost: £12.15 per 100. Date of issue: March 1989. Colpermin is a Trade Mark.

introduction of oduce from Sandource Then

The first long-acting somatostatin analogue

SANDOSTATIN®

subcutaneous injection

Effective symptomatic control of VIPoma, glucagonoma and carcinoid tumour

▼ Prescribing Information

Indications Relief of symptoms of carcinoid tumours, VIPomas and glucagonomas. Presentations Ampoules containing 50, 100 or 500 microgrammes octreotide per ml. Dosage and Administration Initially, 50 microgrammes sc once or twice daily. Increase, if necessary, up to 200 microgrammes sc tds. Allow to reach room temperature before injecting. Contra-indications Hypersensitivity to octreotide. Precautions Sudden escape from symptomatic control can occur. Insulin or oral hypoglycaemic requirements may be reduced in diabetics. The depth and duration of hypoglycaemia may be increased in insulinoma. May interfere with intestinal absorption of cyclosporin and cimetidine. Monitor thyroid function during long-term therapy. Do not use during pregnancy or lactation. Side-Effects Pain, stinging, redness and swelling at injection site.

Anorexia, nausea, vomiting, abdominal pain, bloating, flatulence, diarrhoea and steatorrhoea. Gastrointestinal side-effects may resemble acute intestinal obstruction. Persistent hyperglycaemia and hepatic dysfunction have been reported rarely. **Package Quantities and Basic NHS Cost** 50 microgrammes per ml 5×1 ml: £14.17, 100 microgrammes per ml 5×1 ml: £26.67, 500 microgrammes per ml 5×1 ml: £129.17. **Product Licence Numbers** 50 microgrammes per ml: PL 0101/0212, 100 microgrammes per ml: PL 0101/0213, 500 microgrammes per ml: PL 0101/0214.

Sandostatin is a registered Trade Mark.

Full prescribing information, including product Data Sheet, is available from SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey GU16 5SG.



GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

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A NEW JOURNAL OF GASTROENTEROLOGY

Gastroenterology International (ISSN 0950 - 5911) provides clinically relevant and practical information in gastroenterology. The Journal is intended to be a genuine educational and practical aid to gastroenterologists and the general practitioner rather than a vehicle for publishing new scientific data. It therefore represents a new approach to the dissemination of clinical science.

Specifically, its objectives are:

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 To provide an outlet for consensus reports from groups of internationally known clinicians.

 To carry special articles and information of clinical relevance from major gastroenterology centres. The contents list for the first issue in 1989 (illustrated right) gives an indication of the proposed content.

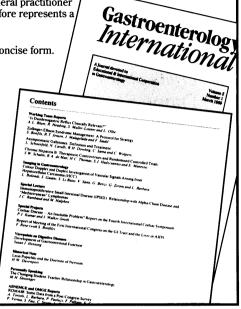
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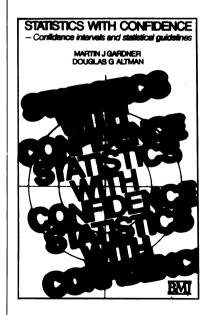
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References: 1. Powell-Tuck J et al, Br Med J, 1986: 292: 599-602. 2. Bondeson S et al, Scand J Gastroenterol, 1984: 19: 677-682. 3. Danish ASA Group, Dig Dis & Sci, 1987: 32: 598-602. 4. Willoughby CP et al, Ital J Gastroenterol, 1986: 18: 15-17. 5. Bianchi-Porro G et al, Paper presented at British Society of Gastroenterology Meeting 14-16 Sept 1988.

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