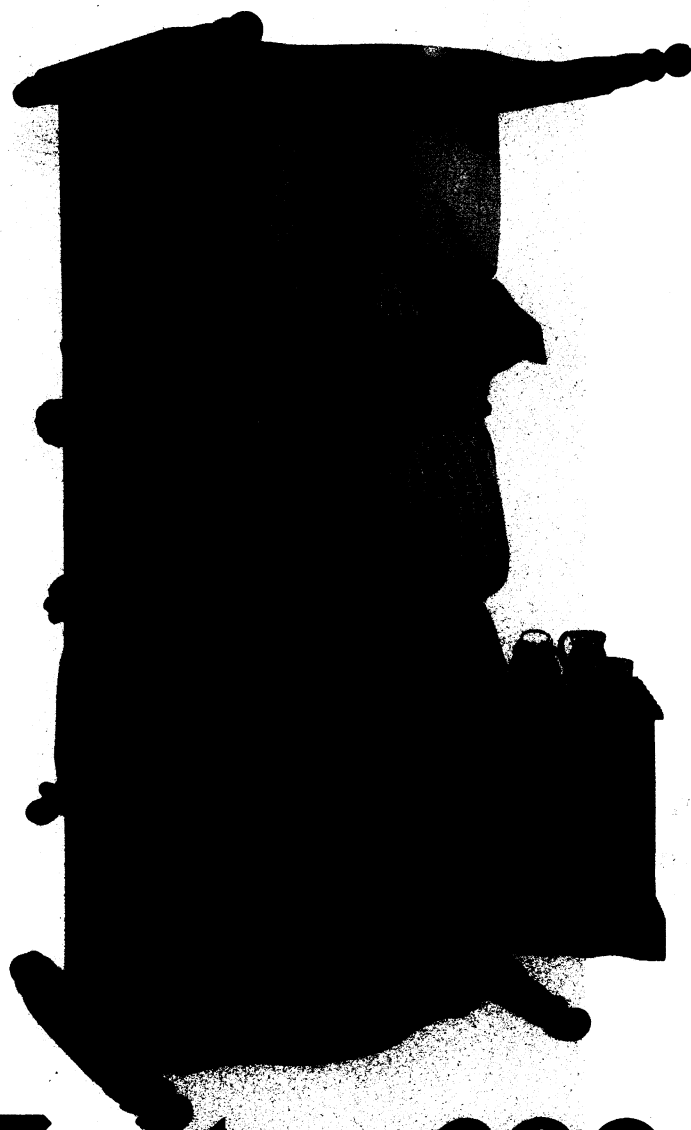


You don't have to go this far to treat acid reflux effectively



Zantac 300

RANITIDINE

The sooner the better

PRESCRIBING INFORMATION: INDICATIONS: Duodenal ulcer, benign gastric ulcer, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), oesophageal reflux disease, severe oesophagitis, chronic episodic dyspepsia. **DOSAGE: Adults:** Duodenal ulceration and gastric ulceration: A single 300mg dose at bedtime or 150mg twice daily in the morning and evening for four weeks. Alternatively, in duodenal ulcers, 300mg in the morning and evening for four weeks to achieve optimal healing. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Ulcers following non-steroidal anti-inflammatory drug therapy or associated with continued non-steroidal anti-inflammatory drugs: 150mg twice daily for up to eight weeks. Chronic episodic dyspepsia: 150mg twice daily for six weeks, investigate early relapsers and non-responders. Oesophageal reflux disease: 300mg at bedtime or 150mg twice daily for up to eight weeks. Severe oesophagitis: 300mg four times daily for up to eight weeks (see data sheet for full dosage instructions). **CONTRA-INDICATIONS:** Patients with known hypersensitivity to ranitidine. **PRECAUTIONS:** Exclude the possibility of malignancy in gastric ulcer before instituting therapy, especially in middle-aged patients with new or recently changed dyspeptic symptoms. Regular supervision of patients with peptic ulcer and on NSAID therapy is recommended especially if elderly. Reduce dosage in the presence of severe renal failure (see

data sheet). Like other drugs, use during pregnancy and lactation only if strictly necessary. **SIDE EFFECTS:** Headache, dizziness, skin rash, occasional hepatitis. Rarely, reversible mental confusion states, usually in very ill or elderly patients. Rare cases of leucopenia and thrombocytopenia, usually reversible, agranulocytosis and pancytopenia. Hypersensitivity reactions, anaphylactic shock. Rare cases of breast symptoms in men. As with other H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole (see data sheet). **PRESENTATIONS:** Zantac 150 Tablets each containing 150mg ranitidine (Product Licence number 0004/0279, 60 tablets £29.76); Zantac 300 Tablets each containing 300mg ranitidine (Product Licence number 0004/0302, 30 tablets £27.43); Zantac Dispersible Tablets each containing 150mg ranitidine (Product Licence number 0004/0298, 60 tablets £31.25); Zantac Syrup each 10ml dose containing 150mg ranitidine (Product Licence number 0004/0310, 300ml bottle £22.32). **PRODUCT LICENCE HOLDER:** Glaxo Operations U.K. Limited, Greenford, Middlesex UB6 0HE.

Zantac is a Glaxo trade mark

Further information is available on request from:
Glaxo Laboratories Limited, Greenford, Middlesex UB6 0HE.
Tel: 081-422 3434

Glaxo

THE QUALITIES OF LEADERSHIP



Experience

Unique among foam treatments, Colifoam has over 12 years of proven efficacy and safety in clinical practice.

Trust

Equally as effective as steroid enemas,^{1,2} Colifoam is well documented and is

the most prescribed topical treatment³ for ulcerative colitis.

Confidence

Colifoam's simplicity and effectiveness has transformed the lives of thousands of patients, enabling them to pursue active social and working lives.¹

COLIFOAM
10% Hydrocortisone acetate foam.

The leading topical treatment for ulcerative colitis.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: 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 pack). 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. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister 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. References 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. Data on File. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

Quite simply
A SUPERIOR CHOICE TO H₂-ANTAGONISTS
in erosive oesophagitis

67%

healed on **LOSEC**
20mg once daily¹
in 4 weeks

31%

healed on ranitidine
150mg bd¹
in 4 weeks

The figures speak for themselves

ONCE DAILY



*Conventional starting courses of ranitidine or cimetidine in erosive reflux oesophagitis (March 1990)

n = 152¹

omeprazole-Astra

1. Sandmark S et al. Scand J Gastroenterol 1988; **23**: 625-32.

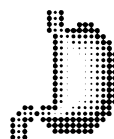
2. Zeitoun P et al. Lancet 1987; **II**: 621-2.

3. Bate CM et al. Gut 1989; **30**: A1493-4.

Abbreviated Prescribing Information

Presentation: Losec capsules containing 20mg omeprazole. **Indications:** Healing of erosive reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. **Dosage:** Adults, including elderly: 20mg Losec once daily, given for 4 weeks. For those patients not fully healed after the initial course, healing usually occurs during a further 4 weeks' treatment. Losec has also been used in a dose of 40mg once daily in patients with reflux oesophagitis refractory to other therapy. Healing usually occurred within 8 weeks. Long-term maintenance treatment with Losec is not recommended. **Children:** There is no experience of the use of Losec in children. **Impaired renal or hepatic function:** Adjustment is not required. Patients with severe liver disease should not require more than 20mg Losec daily. **Contra-indications, Warnings, etc:** No known contra-indications to the use of Losec. When gastric ulcer is suspected, the possibility of malignancy should be excluded before treatment with Losec is instituted, as treatment may alleviate symptoms and delay diagnosis. Avoid in pregnancy unless there is no safer alternative. Breast feeding should be discontinued if the use of Losec is considered essential. Losec is well tolerated. Nausea, headache, diarrhoea, constipation and flatulence have been reported but are rare. Skin rashes have occurred in a few patients. These events have usually been mild and transient and there has been no consistent relationship with treatment. Losec can delay the elimination of diazepam, phenytoin and warfarin. Monitoring of patients receiving warfarin or phenytoin is recommended and a reduction of warfarin or phenytoin dose may be necessary when omeprazole is added to treatment. No evidence of an interaction with theophylline, propranolol or antacids. **Animal Toxicology:** Gastric

ECF-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats. These changes have been related to sustained hypergastrinaemia. No treatment-related mucosal changes have been observed in patients treated continuously for periods up to 4 years. **Pharmaceutical Precautions:** Use within one month of opening. Replace cap firmly after use. Dispense in original containers. **Legal Category:** POM. **Package Quantities and Basic NHS Cost:** Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.30. **Product Licence Number:** PL00170248. **Product Licence Holder:** Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts WD4 8DH.



ASTRA

For further information please contact
Astra Pharmaceuticals Ltd
Telephone: (0923) 266191

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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.



colofac[®] 
mebeverine
loosens the grip of IBS

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 terato-

genic 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 the Company. Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Telephone: 0703 472281

duphar


Consider an ulcer extinct at your patient's peril

Zantac

RANITIDINE

For the lifetime of the disease

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPESIA. **DOSEAGE:** ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPESIA: 150MG TWICE DAILY FOR SIX WEEKS; INVESTIGATE EARLY RELAPSE AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPYPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY.

SIDE EFFECTS: HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL HEPATITIS. RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE, AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN. AS WITH OTHER H_2 -RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND AV BLOCK (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29.76); ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27.43); ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31.25); ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22.32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE. ZANTAC IS A GLAXO TRADE MARK. FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: **Glaxo**  GREENFORD, MIDDLESEX UB6 0HE. TEL: 01-422 3434

CYTOTEC

Abbreviated Prescribing Information

Presentation: Tablet containing misoprostol 200 micrograms.

Uses: Healing of duodenal and gastric ulcer induced by non-steroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing NSAID therapy. Prophylaxis of NSAID-induced ulcers. Healing of duodenal and gastric ulcer.

Dosage: Adults including the elderly. Healing of duodenal and gastric ulcer: 800 micrograms daily in two or four divided doses taken with breakfast and/or each main meal and at bedtime.

Prophylaxis of NSAID-induced ulcer:

200 micrograms twice daily, three times daily or four times daily. Refer to data sheet for additional information.

Contraindications: Pregnant women, women planning a pregnancy, patients allergic to prostaglandins.

Warnings: Pre-menopausal women should use effective contraception and be advised of the risks of taking Cytotec if pregnant.

Precautions: Cytotec does not produce hypotension in clinical studies at ulcer-healing doses, nevertheless exercise caution in disease states where hypotension might precipitate severe complications. Cytotec should not be administered during breast feeding.

Adverse effects: Diarrhoea, abdominal pain, dyspepsia, flatulence, nausea, vomiting, dizziness, skin rashes.

Common side effects: Menstrual bleeding, menorrhagia.

Soften the impact of NSAIDs on the stomach with prostaglandins

Cytotec is a prostaglandin analogue and therefore replaces G.I. prostaglandins depleted by NSAIDs.

Unlike H_2 receptor antagonists, Cytotec not only inhibits gastric acid secretion¹ but also protects the gastric mucosa by stimulating bicarbonate secretion,² increasing mucus secretion¹ and enhancing gastric mucosal blood flow.³

available in the UK.

References

1. Wilson DE, Quadros E, Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 31 (suppl): 126S-129S.
2. Isenberg JL, Hogan DL, Koss MA, Selling JA. Gastroenterology 1986; 91: 370-378.
3. Sato N, Kawano S, Fukuda M, Tsuji S, Kamada T. Am J Med 1987; 83 (suppl 1A): 15-21.

SEARLE
GOLD
CROSS

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registered trademarks.

F. March 1990

ONLY

CYTOTEC®

misoprostol



FAST WORKER



PEPCID[®] PM 40
(famotidine) mg

ONE AT NIGHT CAN MAKE THEIR DAY

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.

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 December 1989

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Thomas Morson Pharmaceuticals
Division of Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Herts, EN11 9BU



**SPECIFICALLY DEVELOPED
FOR THE SUPPRESSION OF
NOCTURNAL ACID**

IN IRRITABLE BOWEL SYNDROME COLPERMIN™

Sustained-release peppermint oil capsules

Break the strangleholds of pain and bloating



COLPERMIN™ DUAL ACTION RELIEF

Prescribing Information

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 or 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. **Product Licence Holder:** Tillotts Laboratories. **Basic NHS Cost:** £12.15 per 100. **Date of issue:** September 1990 Colpermin is a Trade Mark.

Farmitalia Carlo Erba Ltd, St Albans, Herts

9168028.08.90



Dipentum[®]

olsalazine

in Ulcerative Colitis

Delivers
5-ASA
to the
colon...

... not to
the kidneys

Prescribing information

Presentation. Caramel coloured capsules containing 250mg olsalazine sodium.

Uses. Oral treatment of acute mild ulcerative colitis and the maintenance of remission. Olsalazine consists of two molecules of 5-amino-salicylic acid (5-ASA) joined through an azo-bond. The systemic absorption of olsalazine is minimal. 99% of an oral dose will reach the colon. Olsalazine is activated in the colon where it is converted into 5-ASA. The release of 5-ASA is neither pH nor time dependent. 5-ASA acts topically on the colonic mucosa and local colonic concentrations of 5-ASA

are more than 1000 times that found in the serum.

Dosage and Administration.

Acute Mild Disease. Adults Including the Elderly. Commence on 1g daily in divided doses and, depending upon the patient response, titrate the dose upwards to a maximum of 3g daily over 1 week. A single dose should not exceed 1g. Olsalazine should be taken with food.

Remission Adults Including the Elderly. 2 capsules (0.5g) twice daily taken with food.

Contra-Indications, Warnings, etc. Contra-indications. Hypersensitivity to salicylates. There is no experience of the use

of olsalazine in patients with significant renal impairment. Olsalazine is contra-indicated in patients with significant renal impairment. **Pregnancy.** Comprehensive animal reproductive toxicity studies have not been performed. There is no experience with olsalazine treatment during pregnancy.

Olsalazine is contra-indicated in pregnancy. **Lactation.** There are no data on the excretion of olsalazine in breast milk. **Adverse Reactions.** Watery diarrhoea has been recorded in 15% of patients treated. In half of these patients the diarrhoea was either transient or overcome by

dose reduction. In patients who do not respond to dose reduction the drug should be stopped. As with sulphasalazine and mesalazine gastrointestinal side-effects are the most common. The most frequently reported adverse reactions are diarrhoea, abdominal cramps, headache, nausea, dyspepsia, arthralgia and rash.

Treatment of Overdosage. There is no specific antidote to olsalazine. Treatment should be supportive.

Pharmaceutical Precautions. Store at room temperature in a dry place.

Legal Category. POM.

Package Quantities. Containers of 100 capsules.

Further Information. Olsalazine has been used concomitantly with glucocorticosteroids.

UK Product Licence Number.

0009/0069.

Product Authorisation Number

(Ireland):

PA 107/14/1.

Dipentum is a Trade Mark. Basic NHS Price: 100 Capsules £23.90.

Distributed in the Republic of Ireland by:
United Drug Limited,
7, Lower Fitzwilliam Street,
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Further information available from:
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BMJ

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352 pp., illus., Clarendon Press/BMJ,
September 1990



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TAGAMET

CIMETIDINE 800

*A literature search of clinical studies including at least 50 patients per treatment group showed that the mean 4-week healing rates for duodenal ulcers treated with a one tablet nocte healing regimen were similar for all the marketed H_2 antagonists¹⁻²⁰. Prices derived from MIMS, February 1990, based on manufacturers' recommended 4-week one tablet nocte healing regimens.

References: 1. Simon B *et al.* J Clin Gastroenterol 1986; 8:367-70. 2. Lee FI *et al.* Gut 1986;27:1091-5. 3. Granata F. Ital J Gastroenterol 1985;7:208-10. 4. Brackmann HP *et al.* Therapiewoche 1984;34:5232-7. 5. Gibinski K *et al.* Gastroenterol 1985;88:1393. 6. Dobrilla G *et al.* Scand J Gastroenterol 1987;22 (Suppl 134):21-8. 7. Simon B *et al.* Scand J Gastroenterol 1987;22 (Suppl 136):61-70. 8. Bovera E *et al.* Hepato-gastroenterol 1987;34:269-72. 9. Marks IN, Wright JP. S Afr Med J 1987;72:18-20. 10. Rampal P *et al.* Gastroenterol 1988;94:A167. 11. Kogut DG *et al.* Gastroenterol 1988;94:A233. 12. Merki H *et al.* Am J Gastroenterol 1988;83:362-4. 13. Reynolds JC. Gastroenterol 1988;94:A374. 14. Bianchi Porro G *et al.* J Clin Gastroenterol 1987;9 (Suppl 12):14-18. 15. Gitlin N *et al.* Gastroenterol 1987;92:48-53. 16. Mann SG, Cottrell J. Ital J Gastroenterol 1987;19 (Suppl 30):68. 17. Dyck WP *et al.* Scand J Gastroenterol 1987;22 (Suppl 136):47-55. 18. Delattre M *et al.* Curr Ther Res 1985;37:677-84. 19. Kildebo S *et al.* Scand J Gastroenterol 1985;20:47-50. 20. Valenzuela JE *et al.* Postgrad Med 1985; Custom Communications Supplement;35-41.

Prescribing Information. Presentation 'Tagamet Tiltab' Tablets, PL 0002/0128, each containing 800 mg cimetidine. 30 (2 calendar strips of 15 tablets), £17.76. 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 60 (4 calendar strips of 15 tablets), £18.69. **Uses** Duodenal and benign gastric ulceration, including that associated with NSAIDs. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs. **Dosage and administration** For full dosage instructions see Data Sheet. **Adults:** Duodenal or benign gastric ulceration, 800 mg once a day at bedtime. Otherwise usually 400 mg b.d. with breakfast and at bedtime. If inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer, 8 weeks in ulcer associated with continued NSAIDs). To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. **Children:** Over 1 year: 25-30 mg/kg/day, divided.

Contra-indication Hypersensitivity to cimetidine. **Precautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin, theophylline and intravenous lignocaine (see Data Sheet). Prolonged treatment: observe patients regularly. Potential delay in diagnosis of gastric cancer (see Data Sheet). Regularly observe patients with a history of peptic ulcer and on NSAIDs, especially if elderly. 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, agranulocytosis, headache, myalgia, arthralgia, sinus bradycardia, tachycardia, heart block, aplastic anaemia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 5.3.90. Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY © 1990 Smith Kline & French Laboratories Limited 'Tagamet', 'Tiltab' and the appearance of the tablets are trade marks.

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TG:AD1269/1

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United Kingdom.

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revolutionised and a new growth of
interest occurred in the entire
disease area.

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growing. Every day an increasing
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benefits of what 'Tagamet' is and
always will be.

Prescribing Information. Presentation 'Tagamet Tiltab' Tablets, PL 0002/0128, each containing 800 mg cimetidine. 30 (2 calendar strips of 15 tablets), £17.76. 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 60 (4 calendar strips of 15 tablets), £18.69. **Uses** Duodenal and benign gastric ulceration, including that associated with NSAIDs. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial; persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs. **Dosage and administration** For full dosage instructions see Data Sheet. **Adults:** Duodenal or benign gastric ulceration, 800 mg once a day at bedtime. Otherwise usually 400 mg b.d. with breakfast and at bedtime. If inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer, 8 weeks in ulcer associated with continued NSAIDs). To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. **Children:** Over 1 year: 25-30 mg/kg/day, divided. **Contra-indication** Hypersensitivity to cimetidine. **Precautions** Impaired renal function: reduce dosage (see Data

Sheet). Potentiation of oral anticoagulants, phenytoin, theophylline and intravenous lignocaine (see Data Sheet). Prolonged treatment: observe patients regularly. Potential delay in diagnosis of gastric cancer (see Data Sheet). Regularly observe patients with a history of peptic ulcer and on NSAIDs, especially if elderly. 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, agranulocytosis, headache, myalgia, arthralgia, sinus bradycardia, tachycardia, heart block, aplastic anaemia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 5.3.90. Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY. © 1990 Smith Kline & French Laboratories. 'Tagamet', 'Tiltab' and the appearance of the tablets are trade marks.

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