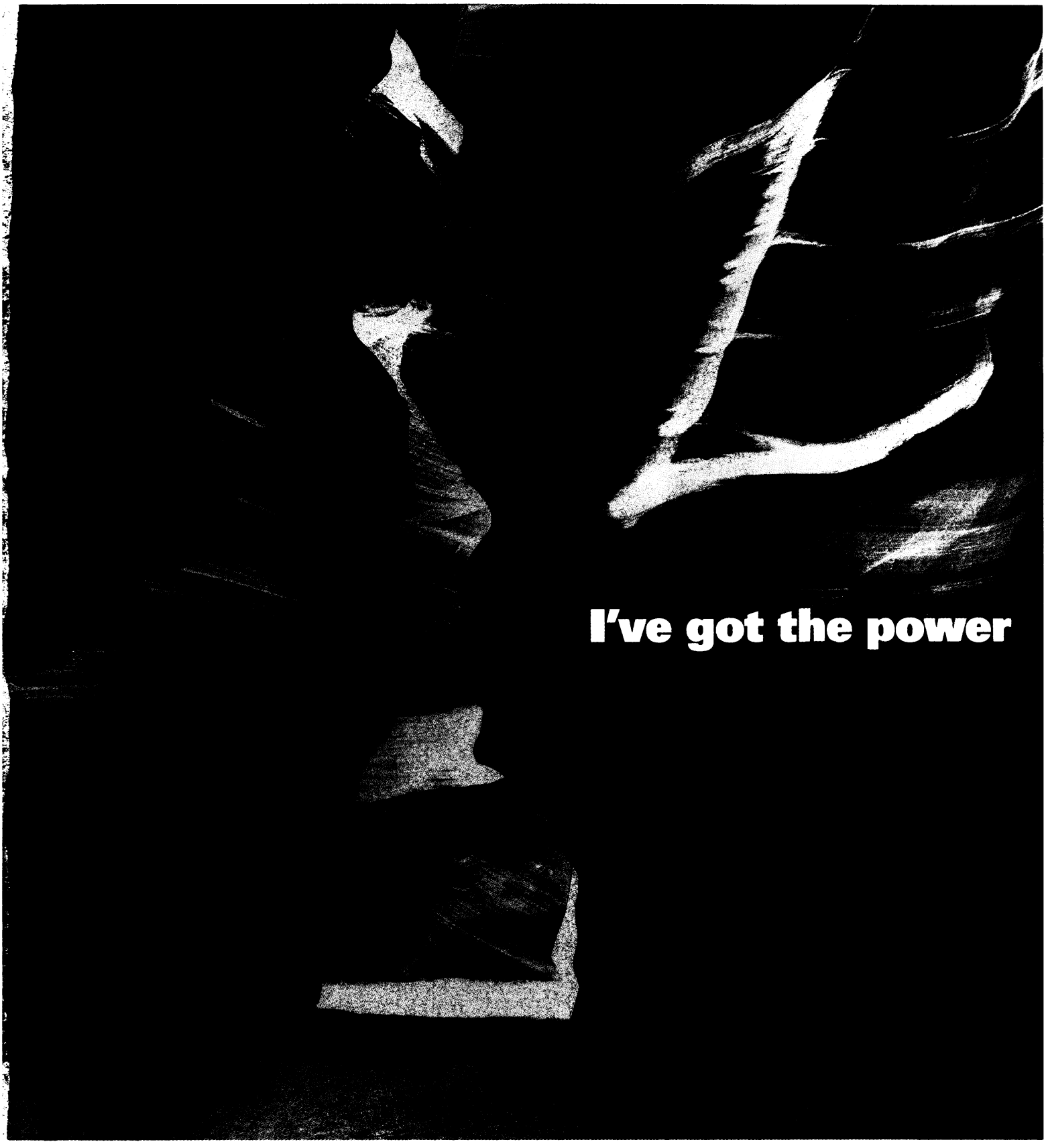
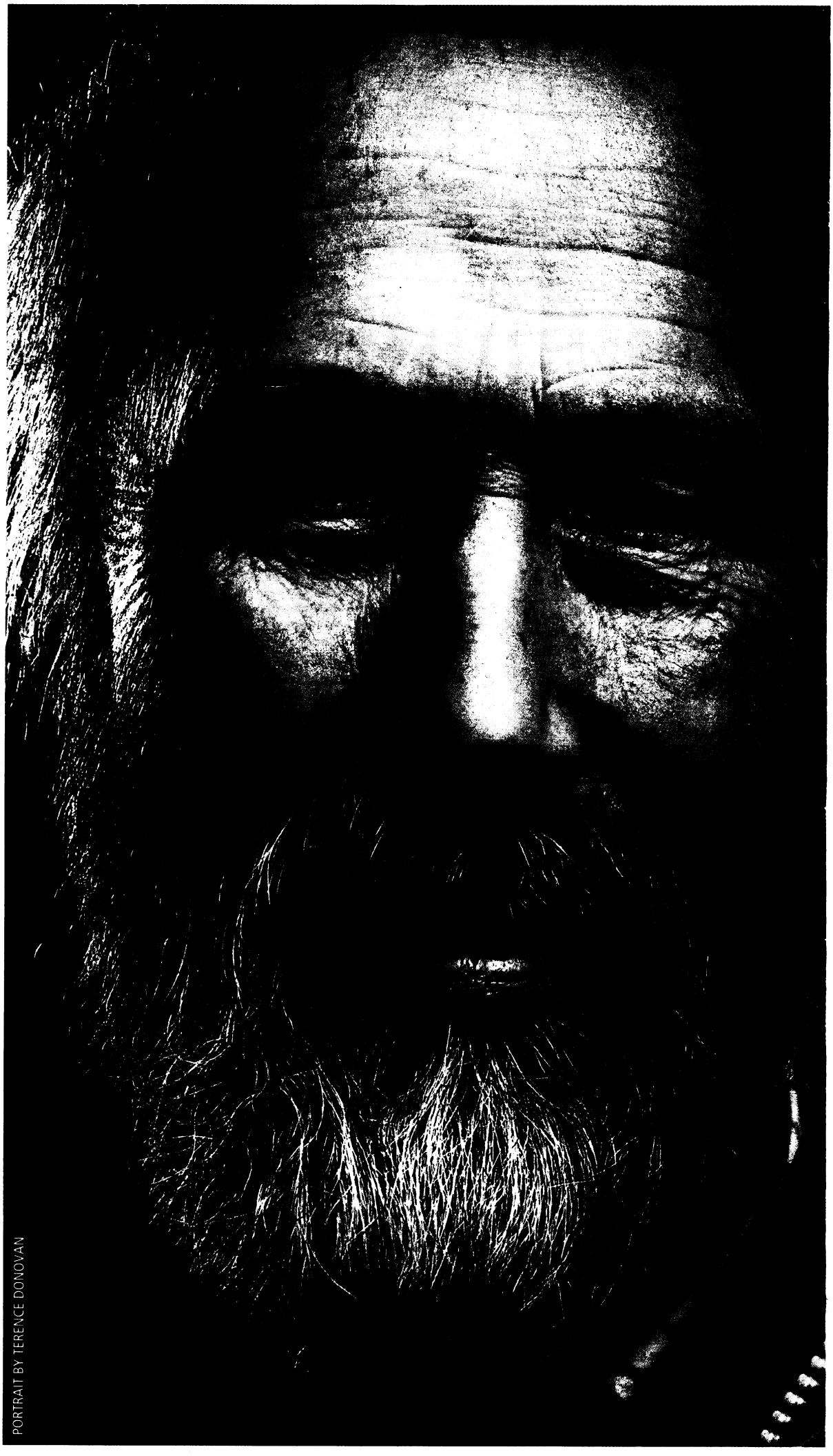


PRESCRIBING INFORMATION: INDICATIONS: Duodenal ulcer, benign gastric ulcer, ulcers associated with non-steroidal anti-inflammatory drugs (**NSAIDs**), oesophageal reflux disease, severe oesophagitis, chronic episodic dyspepsia. **DOSAGE:** Adults: Duodenal ulceration and gastric ulceration: A single 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:** In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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. Hyper-sensitivity reactions, anaphylactic shock. Rare cases of breast symptoms in men. As with other H_2-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 Effervescent Tablets each containing 150mg ranitidine and 14·3mEq sodium (Product licence number 0004/0392, 60 tablets £31·25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20·8mEq sodium (Product licence number 0004/0393, 30 tablets £31·25); Zantac Effervescent Granules each containing 150mg ranitidine and 10·2mEq sodium (Product licence number 0004/0394, 30 sachets £15·63); Zantac Effervescent Granules each containing 300mg ranitidine and 20·4mEq sodium (Product licence number 0004/0395, 30 sachets £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, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

Glaxo

Zantac
RANITIDINE

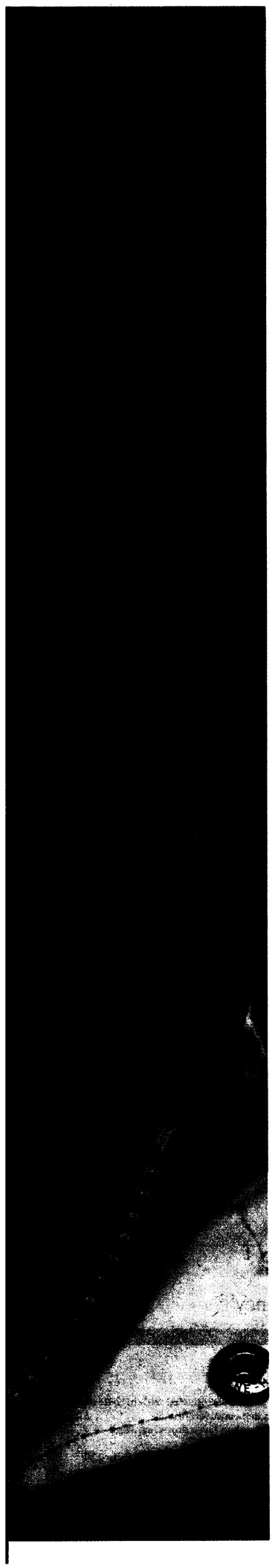


PORTRAIT BY TERENCE DONOVAN

References 1. Difference in cost between once-nightly four week courses of 'Tagamet' and the least expensive alternative H_2-antagonist brand if 90% of patients currently receiving other brands were prescribed 'Tagamet' (prices from MIMS, January 1991). **2.** Medicalfocus (1990). Produced by Taylor Nelson Healthcare using data derived from the VAMP Research Bank. **3.** Data on File Smith Kline & French Laboratories. **4.** Scriptcount: MAT 21.12.90.

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. 'Tagamet Tiltab' Tablets, PL 0002/0063R, each containing 200 mg cimetidine. 120 (4 blister strips of 30 tablets), £17.80. 'Tagamet' Effervescent Tablets, PL 0002/0206, each containing 400 mg cimetidine. 60 (3 tubes of 20 tablets) £18.69. 'Tagamet' Syrup, PL 0002/0073R, containing 200 mg cimetidine per 5 ml. 600 ml, £25.90. **Uses** Duodenal and benign gastric ulceration, including that associated with NSAIDs, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs; prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome; malabsorption and fluid loss in short bowel syndrome; to reduce degradation of pancreatic enzyme supplements; Zollinger-Ellison syndrome. **Dosage** Usual maximum, 2.4 g/day. *For full dosage instructions see Data Sheet. Adults: Oral:* In *duodenal ulcer or benign gastric ulcer,* 800 mg once a day at bedtime. Otherwise usual dosage, 400 mg b.d. with breakfast and at bedtime. Alternatively 200 mg t.d.s with meals and 400 mg at bedtime (1.0 g/day) or 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). For continued treatment, 400 mg at bedtime or else 400 mg morning and at bedtime. To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. *Oesophageal reflux disease:* 400 mg q.d.s. with meals and at bedtime (1.6 g/day) for 4 to 8 weeks. *Prophylaxis of stress-induced gastrointestinal haemorrhage,* 200-400 mg every 4-6 hours. *Prophylaxis of acid aspiration syndrome,* 400 mg 90-120 minutes before induction of general anaesthesia or at start of labour; up to 400 mg repeated (parenterally if appropriate) at 4-hourly intervals while risk persists. Do not use 'Tagamet' Syrup. *Zollinger-Ellison syndrome,* 400 mg q.d.s. or more a day. *To reduce degradation of pancreatic enzyme supplements,* 800-1600 mg in 4 divided doses one to one and a half hours before meals. Dissolve effervescent tablets in a glass of water. *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. 8.2.91 Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY 'Tagamet', 'Tiltab' and the appearance of the tablets are trade marks. TG:AD/1/003

SK&F



"I USED TO THINK ULCERS WERE CAUSED BY CITY LIFE, THEN I TRIED CLIMBING EVEREST – THE HARD WAY"

It would be hard to find a mountaineer who could outperform Chris Bonington.

And it would be hard to find an H_2-antagonist that could outperform 'Tagamet' in clinical use.

Today, 'Tagamet' continues to produce a great performance for your patients, and for your practice.

With rapid healing of duodenal ulcer and lasting protection from ulcer relapse, 'Tagamet' puts patients back on their feet fast, and then helps keep them ulcer-free.

What's more, 'Tagamet' can add real value to your practice. By using 'Tagamet' as your first-choice H_2-antagonist, a General Practitioner with a list of 2,000 patients could retain over £1,000 extra each year within the practice budget.[1,2]

Added to this, 'Tagamet' is backed by the evidence of 16,000 publications and the experience of over 2 million patient years in the UK alone.[3]

Plus the trust and confidence of more than 5,000 prescriptions dispensed in the UK every day.[4]

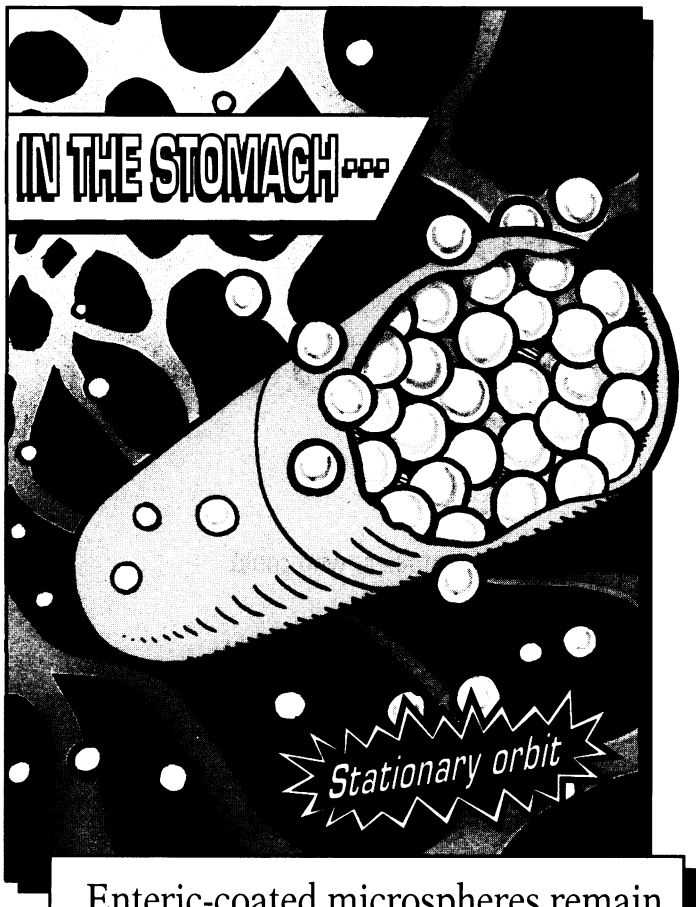
And that's quite a performance, isn't it?

TAGAMET

CIMETIDINE

GREAT BRITISH PERFORMER

Creon arrives rather than travelling in hope



Enteric-coated microspheres remain protected against gastric acid whilst mixing thoroughly with food ...

Rising pH rapidly releases active pancreatin for thorough digestion and control of steatorrhoea

creon® pancreatin *Microspheres*

Superior control of steatorrhoea†

†Compared with standard enteric-coated tablets in pancreatic insufficiency[1,2]

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, or 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.
References
1. Stead RJ et al. *Thorax* 1987;**42**:533-537. 2. Beverley DW et al. *Arch Dis Child* 1987;**62**:564-568.

duphar

Further information is available from:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: (0703) 472281.

CRE/PI/Ad/91

WHEN PATIENTS NEED MESALAZINE...

to maintain quality of life when suffering from ulcerative colitis

and where the aim is to sustain normal life with full working capacity.

THEY REALLY NEED PENTASA.

- CONTROLLED SLOW RELEASE OF MESALAZINE THROUGHOUT THE GI TRACT [1]
- LOW PLASMA LEVELS MEAN MINIMAL POTENTIAL FOR KIDNEY DAMAGE [2]

PENTASA

Slow Release Tablets
Mesalazine 250 mg

- RELIABLE MESALAZINE DELIVERY EVEN IN DIARRHOEAL STATES [3]
- QUALITY OF LIFE MAINTAINED OVER MEASURABLE PARAMETERS [4,5]

FOR MAINTENANCE OF REMISSION IN MILD TO MODERATE ULCERATIVE COLITIS

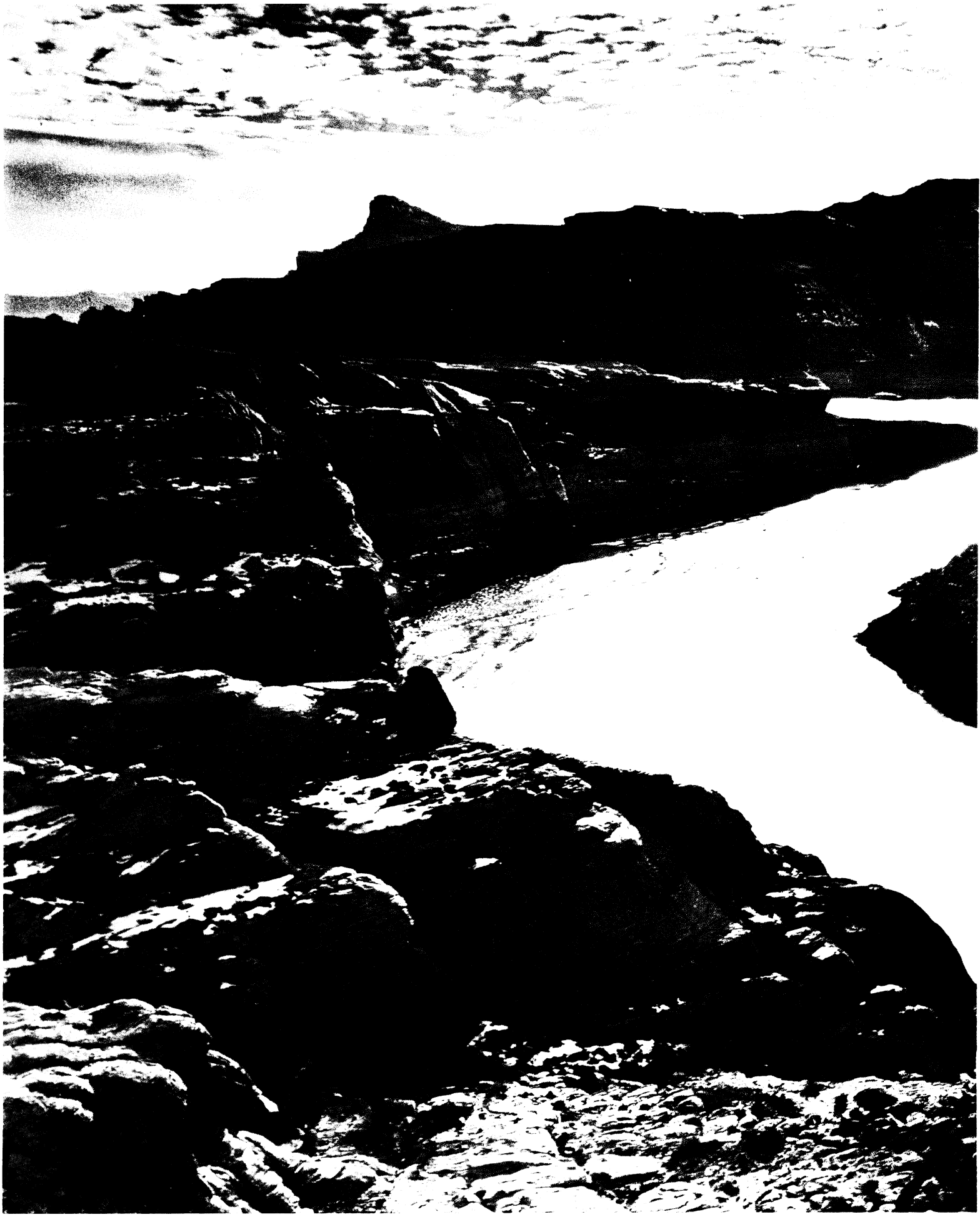
References: 1) Christensen LA et al (1990) Aliment. Pharmacol. Therap 4:523-533 2) Fallingborg J et al (1988) Falk Symposium No 49 3) Rijk MCM et al (1990) Abstract - Spring Meeting of Dutch Gastroenterologists 4) Terpstra IJ (1989) Inflammatory Bowel Diseases Bologna pp 28-29 5) Zelissen PMJ (1987) Inflammatory Bowel Diseases Bologna pp 14-16

Abridged Prescribing Information

Name of Product: PENTASA Slow Release Tablets. Presentation: Round, white to light grey mottled tablets with a break line on one side. Each tablet contains 250mg mesalazine in a slow release presentation. Uses: For the maintenance of remission in mild to moderate ulcerative colitis. **Dosage and administration:** Adults: The usual dose is two tablets, three times daily. **Contra-indications:** Children under the age of 15 years. Known sensitivity to salicylates. **Precautions, warnings etc:** PENTASA is not recommended in patients with renal impairment. Patients with raised blood urea or proteinuria should be treated with caution. PENTASA should be used with caution during pregnancy and lactation. Headache, diarrhoea and dyspepsia may occur in a small proportion of patients. Exacerbation of the symptoms of colitis may arise in patients who have previously had this problem with sulphasalazine. **Package quantity:** Bottles containing 200 tablets. **Product Licence:** PL 3194/0043 **Basic NHS Price:** 200 x 250mg tablets £32.28. **Product Licence Holder:** Ferring Pharmaceuticals Ltd. 11 Mount Road, Feltham, Middlesex TW13 6AR. **Date of preparation:** April 1991. PENTASA is a registered trademark.

Further information is available from:
Ferring Pharmaceuticals Ltd., 11 Mount Road, FELTHAM, Middlesex. TW13 6AR

FERRING
PHARMACEUTICALS



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**: In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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.

Glaxo

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, 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 Effervescent Tablets each containing 150mg ranitidine and 14·3mEq sodium (Product licence number 0004/0392, 60 tablets £31·25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20·8mEq sodium (Product licence number 0004/0393, 30 tablets £31·25); Zantac Effervescent Granules each containing 150mg ranitidine and 10·2mEq sodium (Product licence number 0004/0394, 30 sachets £15·63); Zantac Effervescent Granules each containing 300mg ranitidine and 20·4mEq sodium (Product licence number 0004/0395, 30 sachets £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*, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

Zantac
RANITIDINE

Unlike H_2-antagonists, Cytotec puts back the G.I. prostaglandins NSAIDs take out.

NSAIDs cause ulcers by depleting mucosal protective prostaglandins.

Cytotec, a prostaglandin analogue, restores this protection.

Unlike H_2-antagonists[1], Cytotec not only inhibits acid secretion, but also stimulates bicarbonate secretion[2], increases mucus secretion[1] and enhances gastric mucosal blood flow[3].

Consequently Cytotec prevents ulceration in the majority of patients taking NSAIDs.[4,5]

CYTOTEC®
misoprostol

...impact of NSAIDs on the stomach

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 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. In women – menorrhagia, intermenstrual bleeding, vaginal bleeding. **Basic NHS Price:** £13.56 tablets. **Product Licence Number:** 0020/0115.

References: 1. Wilson DE, Quadros E, Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 37 (suppl 1): 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. **4.** Graham DY, Agrawal NM, Roth SH. Lancet 1988; ii: 1277-1280. **5.** Searle Data on file.

SEARLE GOLD CROSS

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Data sheet with full prescribing information is available on request.

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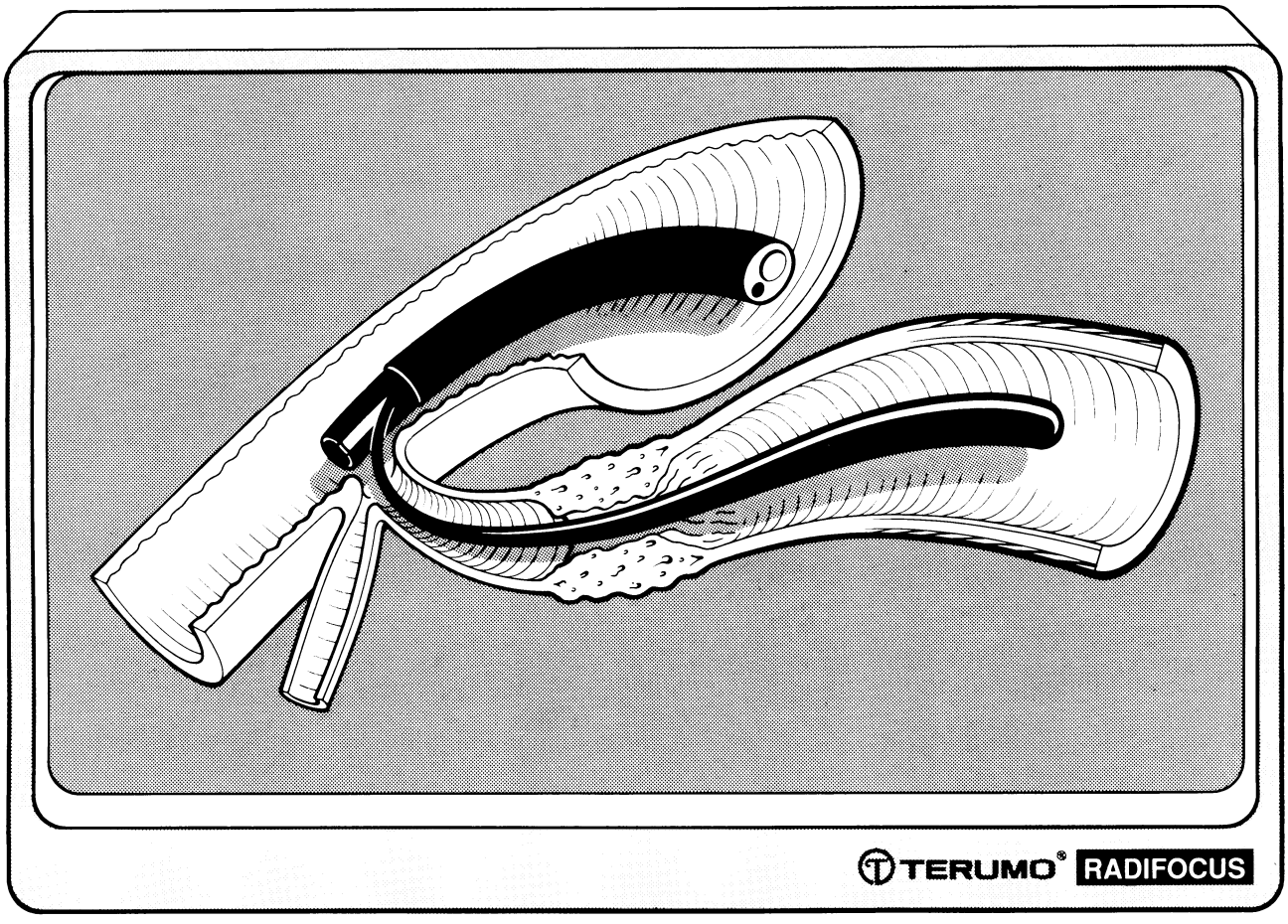

. . . it reaches places other wires cannot reach . . .

Super-elastic Alloy Core

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- to glide across lesions
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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. Gastrointestinal 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 the Company.

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

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Unique metered dose aerosol – providing dosage uniformity[1]

Foam formulation – easier to retain than liquid preparations and preferred by patients[2,3]

Proven clinical efficacy[4,5]

Easy to use disposable applicators – clean and convenient for patients at home or at work

A complete local management system for maximum patient compliance

Prescribing Information
Predfoam Prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered dose. **Uses:** Treatment of proctitis and ulcerative colitis. **Dosage and administration:** Adults and elderly patients: One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained. Use should be discontinued at the discretion of the physician once the disease is stable and under control. Children: Not recommended. **Contra-indications, warnings etc.:** Contra-indications: Local conditions where infection might be masked or healing impaired, e.g. peritonitis, fistulae, intestinal obstruction, perforation of the bowel. **Precautions:** The product should be used with extreme caution in the presence of severe ulcerative colitis. The possible occurrence of masking of local or systemic infection should be borne in mind when using this product. For rectal use only. **Side-effects:** The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable. **Use in pregnancy and lactation:** There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra-uterine growth retardation. There may, therefore, be a very small risk of such effects in the human foetus. **Overdosage:** Overdosage by this route is unlikely. **Pharmaceutical Precautions:** Pressurised container. Protect from sunlight and do not expose to temperatures above 50°C Do not pierce or burn even after use. Shake before use. **Product Licence Number** 0108/0101. **Product Authorisation Number** 100/40/1.

References
1. Data on file, Pharmax. 2. K.W. Somerville, et al (1985) BMJ, 291-866. 3. W.S.J. Ruddell, et al (1980) Gut, 885-889. 4. C. Rodrigues, et al (1987), The Lancet, i, 1497. 5. Data on file, Pharmax.

PHARMAX LIMITED
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Telephone: 0322 550550.

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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 treatment[3] 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.

SCANDINAVIAN JOURNAL OF Gastroenterology

VOLUME 26, NO. 10, OCTOBER 1991

CONTENTS

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Chinese edition distributed by The Shanghai Institute of Digestive Diseases

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THE BENEFITS OF ONE MOLECULE OF 5-ASA

5-ASA is an effective anti-inflammatory agent used in the treatment of ulcerative colitis. Conventional treatments use combinations of this molecule to avoid its breakdown in the stomach.

This one, however, with its single molecule of 5-ASA, provides release of the active component from the tablet at the site of inflammation.[1]

The result? A treatment for ulcerative colitis that's not only effective in both acute[2] and maintenance therapy,[3] but also well tolerated[3] without the sulphapyridine[4,5] or dimer effects[6] of 5-ASA combinations.

So, when treating ulcerative colitis, it's clear that 'one' is what you need. 'Asacol'.

ASACOL

mesalazine* (5 aminosalicylic acid)

LEADING THE WAY IN ULCERATIVE COLITIS

Prescribing Information Presentation 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. Blister packs of 120 (12 x 10), £34.30 'Asacol' Suppositories 250 mg, PL 0002/0158, each containing 250 mg mesalazine. 20, £6.50. 'Asacol' Suppositories 500 mg, PL 0002/0195, each containing 500 mg mesalazine. 10, £6.50. **Uses** Treatment of mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis. Suppositories particularly appropriate for distal disease. **Dosage and administration Tablets:** *Adults: Acute disease:* 6 tablets a day, in divided doses, with concomitant corticosteroid therapy where clinically indicated. *Maintenance therapy:* 3 to 6 tablets a day, in divided doses. *Children:* No dosage recommendation. **Suppositories:** *Adults: 250 mg strength:* 3 to 6 a day, in divided doses, with the last dose at bedtime. *500 mg strength:* A maximum of 3 a day, in divided doses, with the last dose at bedtime. *Children:* No dosage recommendation. **Contra-indications** A history of sensitivity to salicylates. Severe renal impairment (GFR<20 ml/min). Children under 2 years of age. **Precautions** Best avoided in patients with established renal impairment but, if necessary, use with caution. Avoid during pregnancy and lactation. Caution in elderly and only where renal function is normal. Do not give tablets with lactulose or similar preparations which lower stool pH. **Adverse reactions** Nausea, diarrhoea, abdominal pain, headache. Exacerbation of symptoms of colitis. Reports of leucopenia, neutropenia, thrombocytopenia, pancreatitis, hepatitis, interstitial nephritis, nephrotic syndrome, renal failure with oral treatment, usually reversible. Suspect nephrotoxicity in patients developing renal failure. **Legal category** POM 24.4.91

References

1. Dew MJ *et al.* Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. Br J Clin Pharmacol 1983;16:185-7. 2. Riley SA *et al.* Comparison of delayed release 5-aminosalicylic acid (mesalazine) and sulphasalazine in the treatment of mild to moderate ulcerative colitis relapse. Gut 1988;29(5):669-74. 3. Riley SA *et al.* Comparison of delayed-release 5-aminosalicylic acid (mesalazine) and sulfasalazine as maintenance treatment for patients with ulcerative colitis. Gastroenterology 1988;94:1383-9. 4. Birnie GG *et al.* Incidence of sulphasalazine-induced male infertility. Gut 1981;22:452-5. 5. Riley SA *et al.* Sulphasalazine induced seminal abnormalities in ulcerative colitis: results of mesalazine substitution. Gut 1987;28:1008-12. 6. Robinson M *et al.* Olsalazine in the treatment of mild to moderate ulcerative colitis. Abstract May 1988.

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Authorised User of the trade mark 'Asacol' in the UK

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

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