**ABRIDGED PRESCRIBING INFORMATION**
**CIPROXIN® TABLETS**
(Refer to data sheet before prescribing)
**Presentation** White tablets containing the equivalent of either 250mg, 500mg or 750mg ciprofloxacin. **Uses** Ciprofloxacin is indicated for the treatment of single or mixed infections caused by susceptible organisms. Also indicated for prophylaxis against infection in elective upper gastro-intestinal surgery and endoscopy where there is an increased risk of infection. **Dosage and administration** The tablets should be swallowed whole with liquid. ***Adults:*** 250–750mg twice daily. In surgical prophylaxis a single 750mg tablet administered 60–90 minutes before the procedure (but see interactions with oral premedicants). ***Duration of treatment*** For acute infections the usual treatment period is 5 to 10 days, except in cases of acute uncomplicated cystitis where treatment is 250mg twice daily for 3 days. Generally, in acute and chronic infections where sensitivity is proven, treatment should be continued for at least 3 days after the signs and symptoms of infection have disappeared. ***Elderly*** No dose adjustment. **Contra-indications** Hypersensitivity to ciprofloxacin or other quinolones; also in children and growing adolescents except where the benefits of treatment outweigh the risks. **Warnings and precautions** Use with caution in epileptics and patients with a history of CNS disorders. Treatment could result in impairment of ability to drive or operate machinery. Crystalluria has been reported so patients should be well hydrated and excessive urine alkalinity avoided. As haemolytic reactions with ciprofloxacin are possible in patients with latent and actual defects in glucose-6-phosphate dehydrogenase activity, use with caution. **Drug interactions** Increased plasma levels of theophylline have been observed following concurrent administration with ciprofloxacin. The dose of theophylline should be reduced and plasma levels of theophylline monitored. Where monitoring of plasma levels is not possible, avoid the use of ciprofloxacin in patients receiving theophylline. Particular caution is advised in those patients with convulsive disorders. Interactions have also been noted with anticoagulants and cyclosporin. The tablets should not be administered within 4 hours of medications containing magnesium, aluminium or iron salts. High doses of quinolones have shown an interaction with NSAIDs in animals leading to convulsions. Administration of quinolones and glibenclamide simultaneously can potentiate the effect of glibenclamide, resulting in hypoglycaemia. Opiate premedicants or regional anaesthetic agents must not be administered concomitantly with ciprofloxacin when used for surgical prophylaxis. **Use in pregnancy and lactation** Not recommended. **Side-effects** Gastro-intestinal, CNS, hypersensitivity/skin reactions, musculoskeletal and special sense disturbances. Renal and hepatic disturbances. Effects on haematological parameters. Also reported: vasculitis, pseudomembranous colitis, Stevens-Johnson Syndrome, Lyell Syndrome, haemolytic anaemia, granulocytopenia, intracranial hypertension, petechiae, haemorrhagic bullae, tenosynovitis and tachycardia. **Overdosage** Serum levels of ciprofloxacin are reduced by dialysis. **Legal category** POM. **Package quantities** Blister strips of 10 in packs of 10, 20, and 100 tablets. **Product licence numbers** PL0010/0146–0148. **Basic NHS cost** 250mg x 10 tablets £7.50, 500mg x 10 tablets £13.75, 750mg x 10 tablets £20.00. **Date of preparation** July 1993.

Bayer

Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG13 1JA.
Tel: (0635) 39000.


# Now you can reduce your treatment costs

## Introducing the NEW

# 750mg Ciproxin® tablet

**ciprofloxacin**

**Ciproxin 750mg**
**ciprofloxacin**

## Now indicated for upper GI Surgical Prophylaxis

# To reduce portal flow, lower variceal pressure and improve survival rates.


Rx

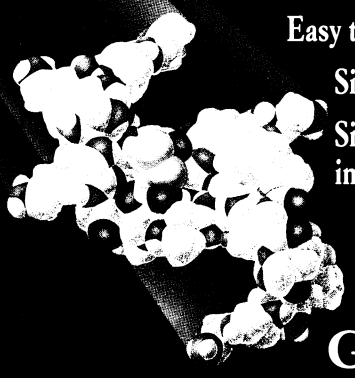
# GLYPRESSIN

**Immediately controls bleeding[1]**

**Easy to use in any emergency department**

**Single iv bolus injection[2]**

**Significant decrease in hospital mortality with improvement in one month survival rates[1]**



## GLYPRESSIN
(terlipressin)

**"The preferred treatment for bleeding oesophageal varices"[1]**

**Abridged Prescribing Information**

**Name of Product:** GLYPRESSIN Terlipressin (INN/BAN) **Presentation:** GLYPRESSIN 1 mg. Freeze dried powder for injection. Supplied with 5ml ampoule of sterile diluent. **Indications:** GLYPRESSIN is indicated in the treatment of bleeding oesophageal varices. **Dosage and Administration:** In acute variceal bleeding, 2mg GLYPRESSIN should be administered by intravenous bolus injection followed by 1 or 2 mg every 4 to 6 hours until bleeding is controlled, up to a maximum of 72 hours. **Contraindications:** Due to its effect on smooth muscle GLYPRESSIN is contraindicated in pregnancy. **Warnings and Precautions:** The pressor and antidiuretic effects of GLYPRESSIN are reduced (compared with lysine or arginine vasopressin) but the product should still be used with great caution in patients with hypertension, advanced atherosclerosis, cardiac dysrhythmias or coronary insufficiency. Constant monitoring of blood pressure, serum sodium, serum potassium and fluid balance are essential. The possibility of immunological sensitisation cannot be excluded. **Side effects:** Because the severity of pressor and antidiuretic activities are reduced, few side effects have been recorded. Infrequent effects include: abdominal cramps, headache, transient blanching, increase in arterial blood pressure. **Pharmaceutical precautions:** Freeze dried powder and the diluent may be stored at room temperature, protected from direct sunlight. Each 1 mg vial of GLYPRESSIN should be reconstituted with 5 ml diluent supplied and used immediately. **Legal category:** Prescription Only Medicine. **Package quantity:** GLYPRESSIN Terlipressin 1 mg freeze dried powder; single use vial. Diluent 5 ml ampoule supplied with each vial. **Product Licence:** UK Product Licence number:3194/0018 **UK Product Licence holder:** Ferring Pharmaceuticals Ltd, Greville House, Hatton Road, FELTHAM, Middlesex. TW14 9PX. **Date of Preparation:** January 1993. GLYPRESSIN is a Trade Mark.

**References:-** **1.** Söderlund C et al Scand. J Gastroenterol 1990; 25: 622-630. **2.** Lin HC et al J Hepatology 1990; 10: 370-374.

**Further Information is available from:-** Ferring AB, Box 30561, S-200 62 MALMÖ, Sweden.

**Losec Capsules Abbreviated Prescribing Information**
**Presentation:** Losec Capsules containing 20mg omeprazole. **Uses:** Treatment of reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. Treatment of duodenal and gastric ulcers, including those complicating NSAID therapy. Zollinger-Ellison syndrome. **Dosage & administration:** *Adults (including elderly):* Reflux oesophagitis: 20mg once daily, given for 4 weeks. For those patients not fully healed after the initial course, healing usually occurs during a further 4-8 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. Patients can be continued at a dosage of 20mg once daily. *Duodenal and benign gastric ulcers:* 20mg once daily. The majority of patients with duodenal ulcer are healed after 4 weeks. The majority of patients with benign gastric ulcer are healed after 8 weeks. In severe cases, the dose may be increased to 40mg Losec once daily. Long-term therapy with Losec in the treatment of gastric and duodenal ulcers is not currently recommended. *Zollinger-Ellison syndrome:* 60mg once daily. The dosage should be adjusted individually and treatment continued as long as clinically indicated. More than 90% of patients with severe disease and inadequate response to other therapies have been effectively controlled on doses of 20 - 120mg daily. With doses above 80mg, give twice daily. *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:** 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. All the following adverse reactions have usually been mild and transient, and there has been no consistent relationship with treatment: Nausea, headache, diarrhoea, constipation, flatulence, skin rashes, urticaria, pruritus, dizziness, somnolence, insomnia, vertigo, malaise, paraesthesia have occurred rarely. In isolated cases the following have been reported: muscular weakness, arthralgia, myalgia, blurred vision, dysgeusia, peripheral oedema, gynaecomastia, leucopenia, thrombocytopenia, GI candidiasis and stomatitis. Reversible mental confusion, agitation, depression and hallucinations have occurred predominantly in severely ill patients. Increases in liver enzymes with or without increases in bilirubin values have been observed. 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, metoprolol, lidocaine, quinidine, amoxycillin or antacids. The absorption of Losec is not affected by alcohol or food. **Animal Toxicology:** Gastric ECL-cell hyperplasia and carcinoids, have been observed in life-long studies in rats treated with omeprazole or subjected to partial fundectomy. These changes are the result of sustained hypergastrinaemia secondary to acid inhibition, and not from a direct effect of any individual drug. No treatment related mucosal changes have been observed in patients treated continuously with omeprazole for periods up to 5 years. **Pharmaceutical precautions:** Use within three months of opening. Replace cap firmly after use. Dispense in original container. **Legal category:** POM **Package quantities:** Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.36 **Product licence no:** PL0017/0238 **Product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

**References**

1. Holt S & Howden CW. Dig Dis & Sci 1991; **36** (4): 385-93. 2. Sandmark S et al. Scand J Gastroenterol 1988; **23**: 625-32. 3. McFarland RJ et al. Gastroenterol 1990; 98: 278-83. 4. Bate CM et al. Gut 1990; **31**: 968-72.

**ASTRA**

For further information contact the product licence holder: Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. Telephone: (0923) 266191.

*Losec compared with conventional starting courses of $H_2$-antagonists in reflux oesophagitis, duodenal and gastric ulcers.



**Date of Preparation:** January 1993

# SETS THE STANDARD

FROM THE START
IN REFLUX OESOPHAGITIS,
DUODENAL AND GASTRIC ULCERS

*One 20mg capsule daily*

**LOSEC®**
omeprazole-Astra

***Rapid relief Accelerated healing****[1-4]

# 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**

**Presentation.** 1. White round sugar-coated tablets with no superficial markings each containing 135mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. 2. 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 (including the elderly) and children ten years and over: one tablet three times a day, preferably 20 minutes before meals. Suspension: Adults (including the elderly) 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 he observed. **Product Licence Number:** Tablets: 0512/0044. Suspension: 0512/0061. **Legal Category:** POM. ® Registered Trade Mark. Further information is available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Tel: 0703 472281. Date of last review January 1993

**duphar**

**A member of the Solvay Group.**

COL/HOSP/JA/JAN 93

# PREDFOAM

Prednisolone Metasulphobenzoate

## Ulcerative colitis management system

**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.

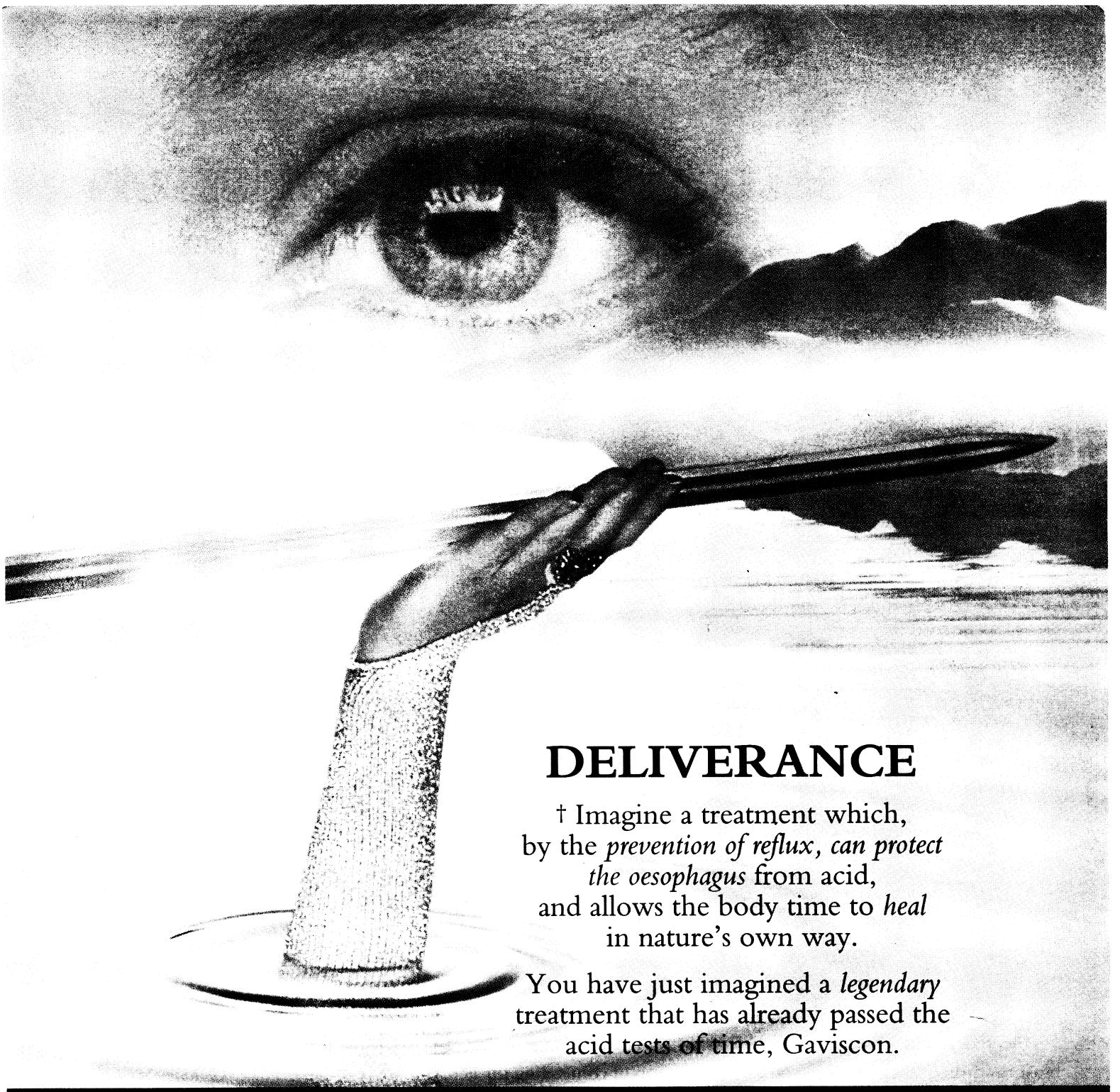
**References**
1. Data on file, Pharmax. 2. K.W. Somerville, et al (1985) BMJ, 291-866. 3. W.S.J. Ruddell, et al (1980) Gut, 885-889. 4. C. Rodrigues, et al (1987), The Lancet, i, 1497. 5. Data on file, Pharmax.

**PHARMAX LIMITED**
Bourne Road, Bexley, Kent DA5 1NX.
Telephone: 0322 550550.

# GAVIS

liquid: **sodium alginate BP, sodium bicarbonate Ph.Eu**
**sodium bicarbonate Ph Eur., aluminiu**

## FIRST AND ALW



# DELIVERANCE

† Imagine a treatment which, by the *prevention of reflux, can protect the oesophagus* from acid, and allows the body time to *heal* in nature's own way.

You have just imagined a *legendary* treatment that has already passed the acid tests of time, Gaviscon.

# SCON®

**lcium carbonate Ph.Eur.** tablets: **alginic acid BP, ydroxide BP, magnesium trisilicate Ph. Eur.**

# AYS IN REFLUX

# Why settle for 54% remission when you can achieve 76%?[1]

Ulcerative colitis can ruin lives with its distressing cycle of relapses. Surely the most rewarding strategy, once you've done the job of controlling the acute phase of this disease, is to maintain remission as effectively as possible.

A recent clinical study indicated a comfortable advantage for Dipentum over coated mesalazine in the maintenance of remission in ulcerative colitis.[2] The findings of this study have been incorporated into a paper published in The Lancet[1], giving Dipentum 22% superiority in 12-month remission rates. But then what would you expect from a 5-ASA treatment that can deliver 99% of an oral dose to the colon?

IN ULCERATIVE COLITIS

**Dipentum®**
**olsalazine sodium**

Because remission means so much

**PRESCRIBING INFORMATION: Dipentum 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-salicyclic 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.* Two capsules (0.5g) twice daily taken with food. **Contra-indications: Warnings etc:** ***Contra-indications:*** Hypersensivity 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:*** Reproduction studies performed in mice, rats and rabbits have revealed no evidence of impaired fertility, harm to the foetus or teratogenic effects due to olsalazine administration. However, the experience of use in pregnant women is limited. Dipentum should not be used during pregnancy unless the clinician considers that the potential benefit outweighs the possible risk to the foetus. ***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 Overdose:** 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. **NHS Price:** 100 capsules £23.90. **Further Information:** Olsalazine has been used concomitantly with glucocorticosteroids. **Product Licence Number:** 0009/0069. **Product Licence Holder:** Pharmacia Biosystems Ltd, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH. **Distributed by:** Kabi Pharmacia Ltd, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH. **References:** 1. Courtney, M.G. et al. (1992) The Lancet; **339**: 1279-1281 2. Courtney, M.G. et al. (1990) The 9th World Congress of Gastroenterology, Sydney, Australia. Abstr. PP727. KV/1421/3/93

Kabi Pharmacia

# "Sorry to bring it up, but I need some Motilium"

**If you are called on to deal with acute nausea and vomiting remember Motilium and avoid a flap. Clinical trials have shown Motilium to be more effective than metoclopramide[1,2] and unlikely to cause central side effects[3,4,5] because it does not readily cross the blood-brain barrier.[6] Motilium: it will be a feather in your cap.**

# Motilium®

**domperidone**

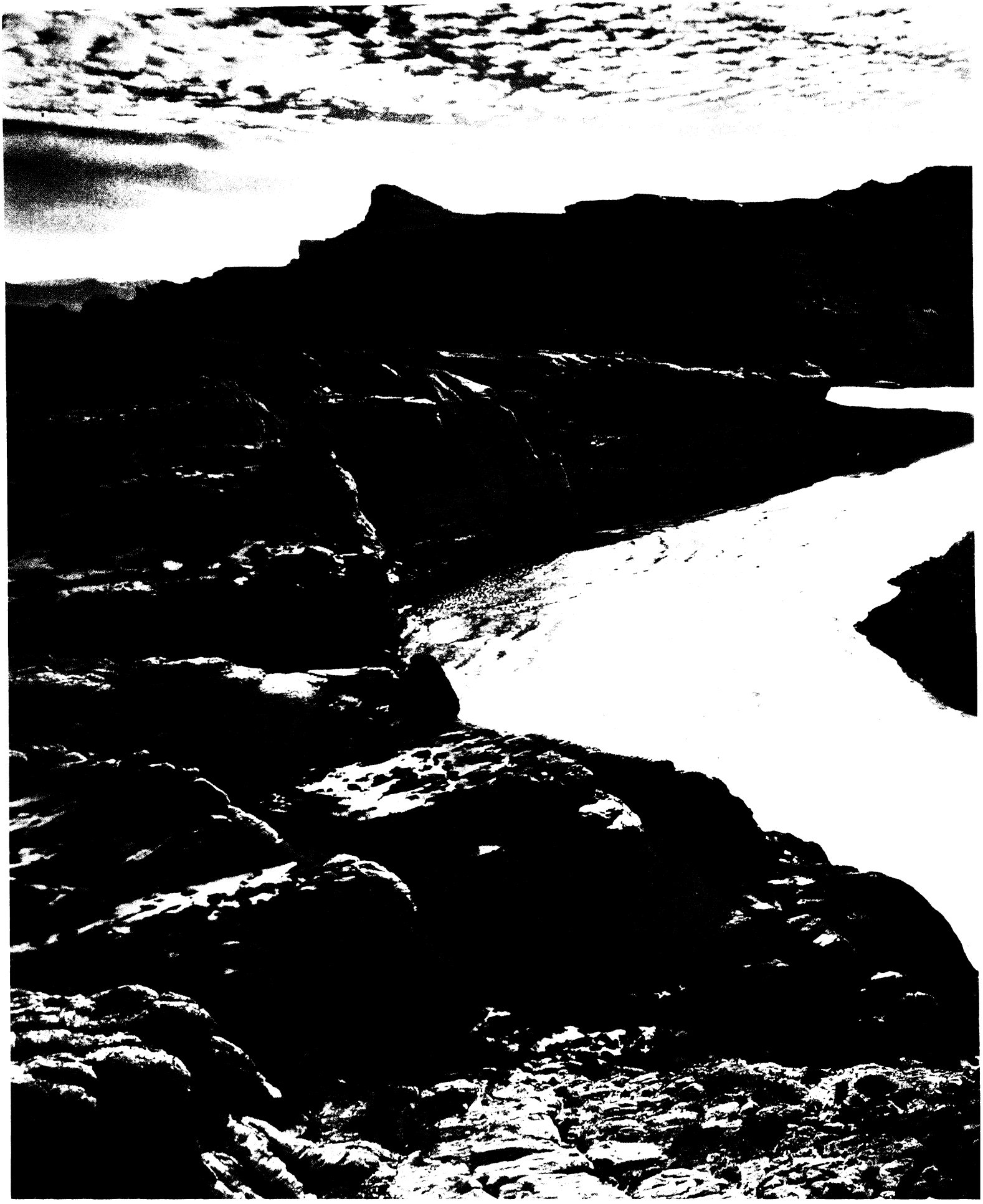
## effective relief of acute nausea and vomiting — whatever the cause

**Prescribing information Uses:** *Adults (including elderly):* The acute treatment of nausea and vomiting of any aetiology, and for up to 12 weeks treatment of nausea and vomiting due to L-dopa and bromocriptine. Not recommended for chronic use nor, routinely, for prophylaxis of postoperative vomiting. *Children:* Only for nausea and vomiting following cancer chemotherapy or irradiation. **Presentation:** *Motilium tablets (domperidone 10mg):* Cartons of 30 and 100 tablets in blister strips of 10. Basic NHS cost 30 tablets: £2.52, 100 tablets: £8.42. PL0071/0287. *Motilium suspension (domperidone 1mg/ml):* Bottles of 200ml. Basic NHS cost of 200ml: £1.85. PL0071/0292. *Motilium suppositories (domperidone 30mg):* Cartons of 10 in blister strips of 5. Basic NHS cost 10 suppositories: £2.72. PL0071/0290. **Dosage:** Route, dose and frequency of dosaging should be adjusted according to severity and duration of symptoms. *Adults (including elderly):* Tablets or suspension: 10-20mg at 4-8 hourly intervals. Suppositories: 1 or 2 at 4-8 hourly intervals. *Children:* Suspension: 0.2-0.4mg/kg at 4-8 hourly intervals. Suppositories: for children aged 2-12 years, 1-4 daily according to body weight (see Data Sheet). **Contra-indications, Warnings, etc.:** No specific contra-indications. Safety of Motilium in pregnancy has not yet been established, therefore it should be avoided in those who are pregnant. **Side effects:** In common with other dopamine antagonists Motilium produces a rise in serum prolactin which may be associated with galactorrhoea, and less frequently, gynaecomastia. Domperidone does not readily cross the normally functioning blood-brain barrier. However, acute extrapyramidal dystonic reactions have been reported with Motilium. **Legal Category:** POM. **Date of preparation:** January 1993.

**References:** 1. Moriga M. *Roy Soc Med Int Cong Symp Ser* 1981; **36**: 77-79. 2. De Loose F. *Pharmatherapeutica* 1979; **2** (3): 140-146. 3. Van Ganse W. *Curr Ther Res* 1978; **23** (6): 695-701. 4. Van Outryve M *et al. Postgrad Med J* 1979; **55** (Suppl. 1): 33-35. 5. Van de Mierop L *et al. Digestion* 1979; **19**: 244-250. 6. Laduron PM & Leysen JE. *Biochem Pharmacol* 1979; **28**: 2161-2165. Motilium is a registered trade mark. Further information is available on request from:
Sanofi Winthrop Limited, One Onslow Street, Guildford, Surrey GU1 4YS.

sanofi WINTHROP

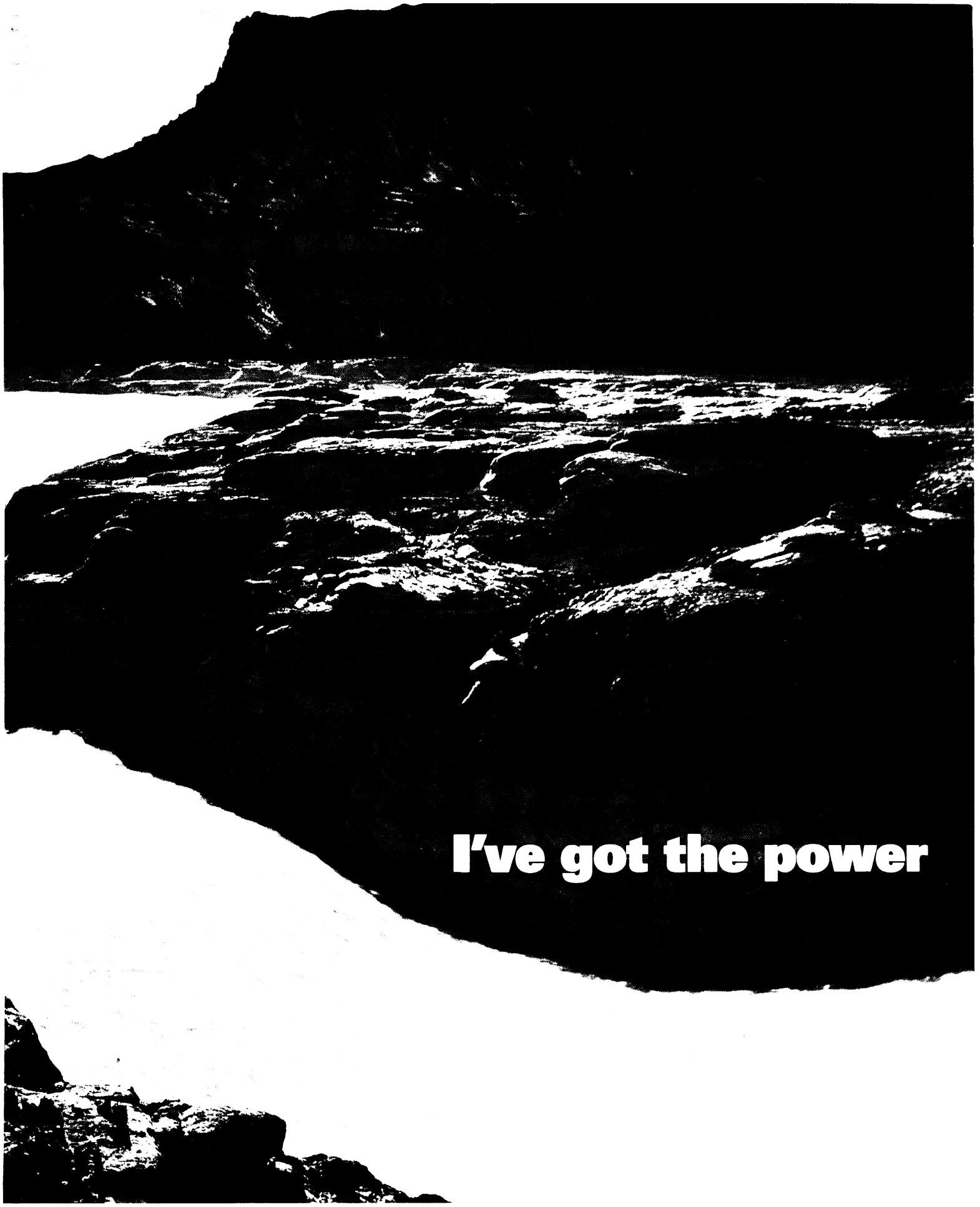
FEBRUARY 1993



**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** ©

*Official sponsors of the British Olympic Team.*




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

# 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 treatment[3] for ulcerative colitis.

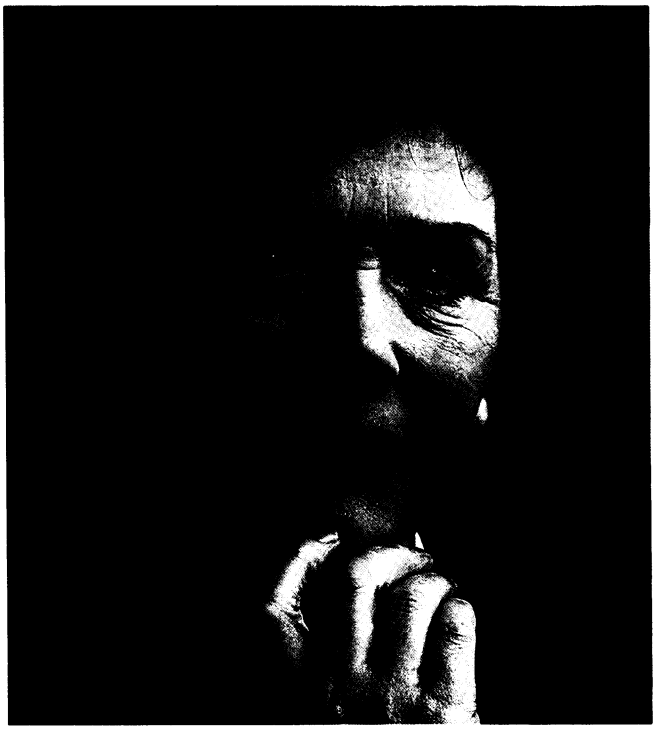
## Confidence

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.

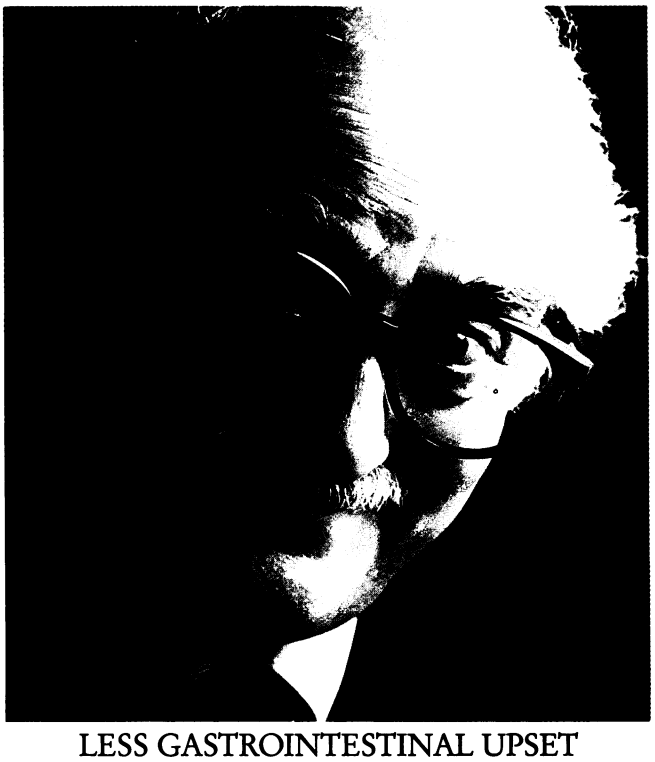
The leading topical treatment for ulcerative colitis.

**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.



LESS HEADACHE THAN SULPHASALAZINE[2]

NO SULPHAPYRIDINE-INDUCED INFERTILITY[3]



LESS GASTROINTESTINAL UPSET THAN SULPHASALAZINE[2]

LESS HAEMATOLOGICAL COMPLICATIONS THAN SULPHASALAZINE[2]

**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 × 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

ISSN 0399-8320

# GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

*Gastroenterol Clin Biol*, t. 17. N° 5 *May 1993*

## CONTENTS



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# WHY THE MAJORITY OF SPECIALISTS USE 'ASACOL' FIRST

A survey of 50 BSG consultant members found that 60% of them would select 'Asacol' Tablets as their first-line maintenance therapy for ulcerative colitis, on the basis of tolerance, efficacy and previous experience.[1]

'Asacol' Tablets are equally as effective as sulphasalazine in maintenance treatment but are significantly better tolerated, and can avoid the side effects associated with sulphapyridine.[2] Because of their superior tolerability, 'Asacol' Tablets can be used in higher doses to gain stabilisation of active disease,[4,5] and have been shown to provide greater symptomatic relief than sulphasalazine.[4]

When patients have been transferred to 'Asacol' Tablets the majority of them have said they prefer them to their previous therapy and would be happy to take 'Asacol' again.[6]

Four very good reasons to use 'Asacol' first.

**ASACOL**

**mesalazine***
**(5-aminosalicylic acid) 400mg**

## COLITIS CONTROL WITHOUT SULPHAPYRIDINE

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.** Cole AT *et al.* Gut 1990;31:A1205. **2.** Riley SA *et al.* Gastroenterology 1988;94:1383-9. **3.** Riley SA *et al.* Gut 1987;28:1008-12. **4.** Riley SA *et al.* Gut 1988;29:669-674. **5.** Sninsky CA *et al.* Ann Intern Med 1991; 115:350-5. **6.** Pera A *et al.* Ital J Gastroenterol 1991;23(9):647.

Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY.  *Mesalazine is the British approved name of 5-aminosalicylic acid.

SK&F

0193AS:AD/2/116

# Panzytrat® 25,000

# MICROPRECISE COMPUTER AIDED DESIGN

## PANZYTRAT 25,000 MICROTABLETS

Computer controlled microtablet press guarantees uniform shape, uniform size and uniform enteric coating.

## 25,000 LIPASE MICROPELLETS

S.E.M. photomicrographs courtesy of Science and Engineering Electron Microscopy Centre, University of Southampton (x12).

**Abbreviated Prescribing Information: Presentation:** Capsules (500 mg) of Panzytrat 25,000 with enteric-coated microtablets of pancreatin equivalent to: Lipase - 25,000 Ph. Eur. units, Amylase - 22,500 Ph. Eur. units, Protease - 1,250 Ph. Eur. units **Indications:** Exocrine pancreatic enzyme insufficiency. **Recommended Dosage and Administration:** Dosage depends on the severity of the pancreatic insufficiency. Unless otherwise prescribed by the physician:- Infants up to 18 months; 2 capsules daily (corresp. to 50,000 lipase units), Children; 4 capsules daily (corresp. to 100,000 lipase units), Adults; 6 capsules daily (corresp. to 150,000 lipase units). The required dose may be considerably greater (e.g. in the presence of cystic fibrosis; 16 capsules daily, corresp. to 400,000 lipase units). Capsules may be swallowed whole or, for ease of administration, they may be opened and the microtablets taken with fluid or soft food, but without chewing. If the microtablets are taken with food it is important that the food is consumed immediately, otherwise dissolution of the microtablet enteric coat may result. Dosage should be adjusted according to clinical response, i.e. minimise steatorrhoea so that the patient thrives. **Contra-indications:** Acute pancreatitis and acute attacks of chronic pancreatitis; allergy to porcine products. **Warnings:** Gastro-intestinal intolerability occurs rarely in patients allergic to porcine products and/or lactose. **Product Licence Number:** 0169/0033. **Legal Category:** P. **Further Information:** ✡ It has been confirmed with the London Beth Din that Panzytrat 25,000 is acceptable for Jewish patients when used as a medicine. **Basic NHS Price:** Panzytrat 25,000 x 100 Capsules £30.42. **Licence Holder:** Knoll Ltd. Fleming House, 71 King Street, Maidenhead, Berkshire SL6 1DU. Tel. 0628 776360 Fax. 0628 776579. **Date of Preparation:** August 1993. Panzytrat is a registered trademark of Knoll AG. **Reference:** 1. MIMS August 1993.

knoll

**BASF** Pharma

# NEW
# Panzytrat® 25,000
## High lipase supplement in microtablets

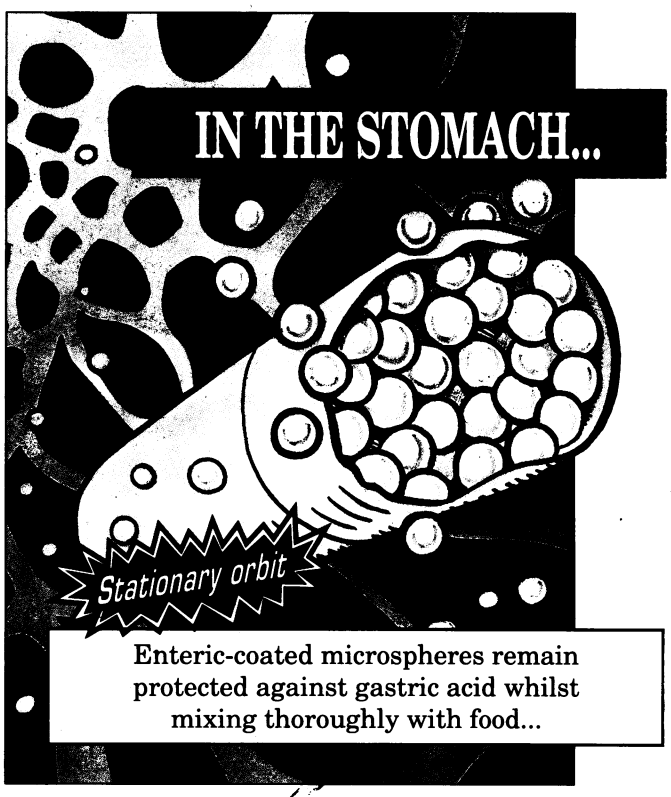
## MICROPRECISE ENZYME ACTION

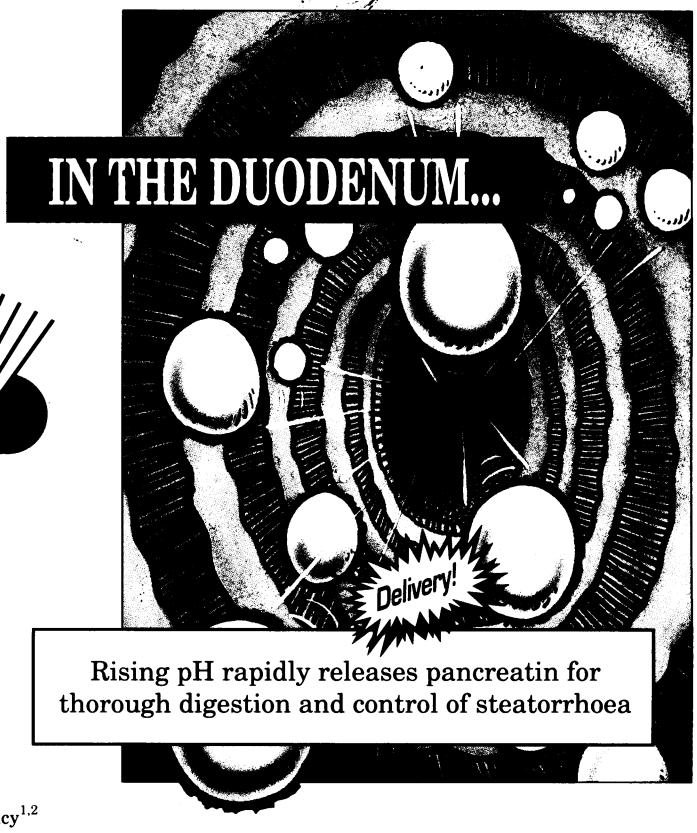
## MicroPrecise Computer Aided Design

## Macro value for money - 20% saving when compared with 25,000 micropellet capsules[1]

For prescribing information and reference see reverse.

# A NEW FORCE IN PANCREATIC EXOCRINE INSUFFICIENCY




New **creon®** pancreatin 25000

**Superior control of steatorrhoea†**

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

**Prescribing Information**
**Presentation:** Opaque orange/yellow hard gelatin capsules containing brownish coloured enteric coated pellets of pancreatin, equivalent to:
25,000 BP units of lipase
18,000 BP units of amylase
467 BP units of protease
Available in packs of 50. Basic NHS price £19.50
**Indication:** Pancreatic exocrine insufficiency.
**Dosage and Administration:** Adults (including elderly) and children: Initially one capsule 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 very high doses of pancreatin.
Overdosage although not experienced until now, could precipitate meconium ileus equivalent. Perianal irritation, and rarely, inflammation, could occur when large doses are used.
**Product Licence Number:** 5727/0006
**Name and Address of Licence Holder**
Kali Chemie Pharma GmbH, Hans-Bockler-Allee 20, 3000, Hannover 1, Germany.

**References**
1. Stead R J et al. *Thorax* 1987; **42**: 533-37
2. Beverley D W et al. *Arch Dis Child* 1987; **62**: 564-68

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