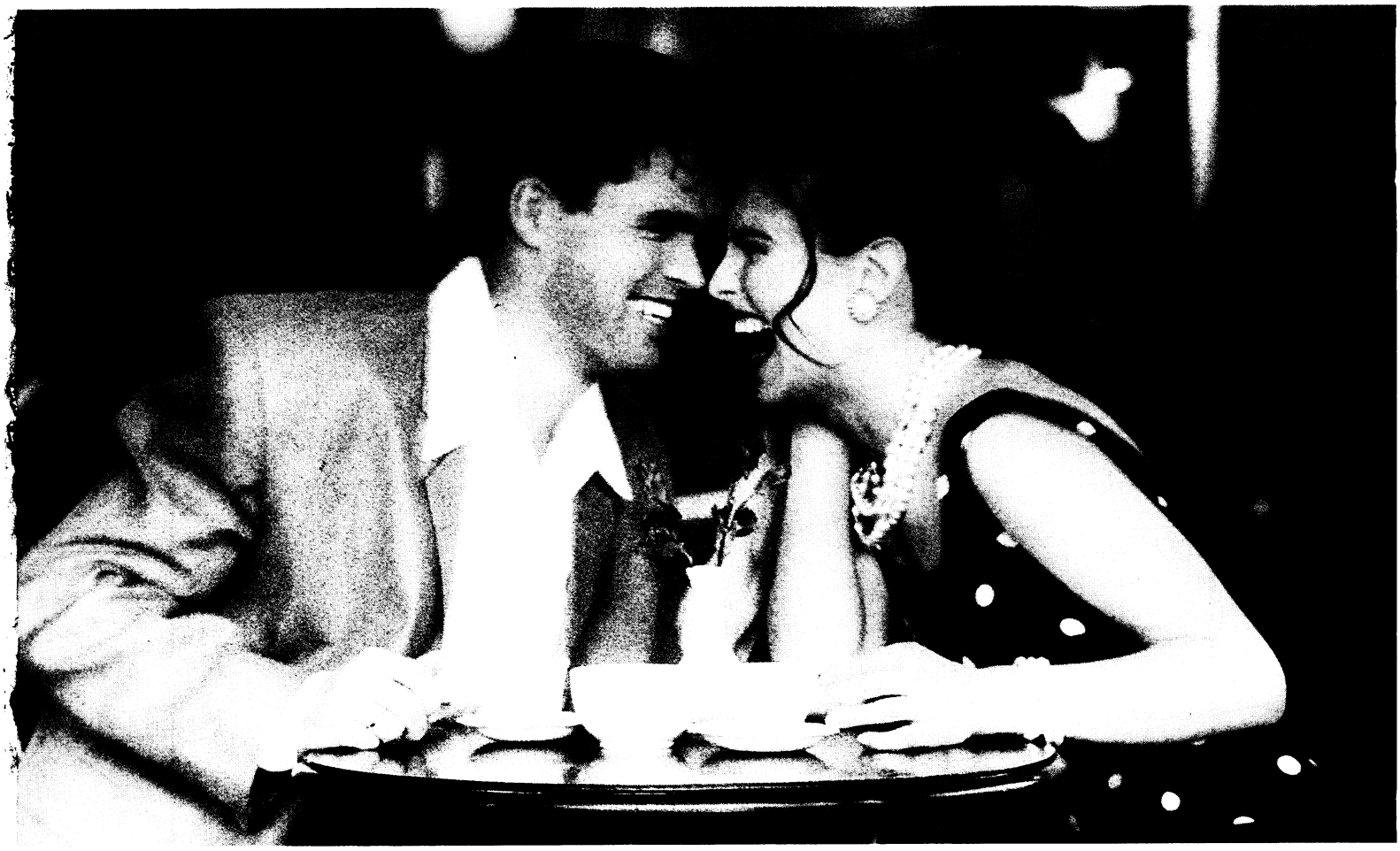
Why settle for 54% remission when you can achieve 76%?[1]



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

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.

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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

Losec Abbreviated Prescribing Information

Presentation: Losec Capsules containing 20mg or 40mg omeprazole. **Uses:** Treatment of oesophageal reflux disease. In reflux oesophagitis the majority of patients are healed after 4 weeks. Symptom relief is rapid. 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 function:* Adjustment is not required. *Impaired hepatic function:* As bioavailability and half life can increase in patients with impaired hepatic function, the dose requires adjustment with a maximum daily dose of 20mg. **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 and adverse reactions have generally been mild and reversible. The following have been reported as adverse events in clinical trials or reported from routine use but in many cases a relationship to treatment with omeprazole has not been established. Skin rash, urticaria and pruritus have been reported, usually resolving after discontinuation of treatment. In addition photosensitivity, bullous eruption, erythema multiforme, angioedema and alopecia have been reported in isolated cases. Diarrhoea and headache have been reported and may be severe enough to require discontinuation of therapy in a small number of patients. In the majority of cases the symptoms resolved after discontinuation of therapy. Other gastrointestinal reactions have included constipation, nausea/vomiting, flatulence and abdominal pain. Stomatitis and candidiasis have been reported as isolated cases. Paraesthesia has been reported. Dizziness, light-headedness and feeling faint have been associated with treatment, but all usually resolve on cessation of therapy. Also reported are somnolence, insomnia and vertigo. Reversible mental confusion, agitation, depression and hallucinations have occurred predominantly in severely ill patients. Arthritic and myalgic symptoms have been reported and have usually resolved when therapy is stopped. In isolated cases, the following have been reported: blurred vision, taste disturbance, peripheral oedema, increased sweating, gynaecomastia, leucopenia, thrombocytopenia, malaise, fever, bronchospasm, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice, rarely interstitial nephritis and hepatic failure. Increases in liver enzymes 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. The bioavailability of digoxin may be increased. There is 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 3 months of opening. Replace cap firmly after use. Dispense in original container. **Legal category:** POM. **Package quantities:** 20mg: bottles of 7 capsules, £8.86, bottles of 28 capsules, £36.36; 40mg: bottles of 7 capsules, £17.72, bottles of 14 capsules, £36.36. **Product licence no:** PL0017/0238 - Losec Capsules 20mg. PL0017/0320 - Losec Capsules 40mg. **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
Astra Pharmaceuticals

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: October, 1993.

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IN REFLUX OESOPHAGITIS,
DUODENAL AND GASTRIC ULCERS

One 20mg capsule daily

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

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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.

THE UNACCEPTABLE FACE OF SCIENCE

Fraud exists, both in academic medical research and in drug trials in general practice. This important new book sets out the evidence, reviewing events since 1975 when the first notorious case of fraud became public knowledge.

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- The Danish scene
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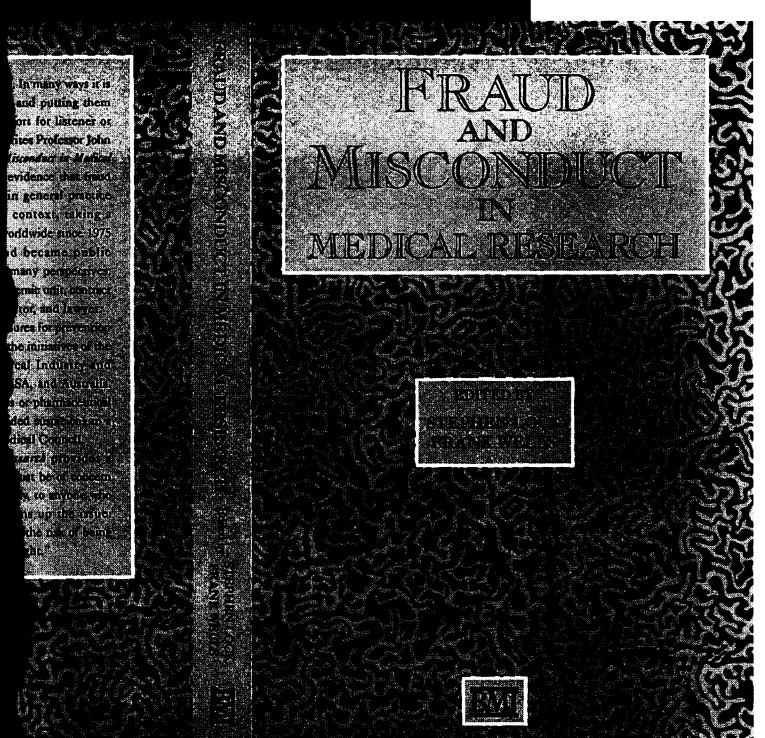
- Fraud and the editor



Fraud and Misconduct in Medical Research is a valuable practical text for all researchers – and ultimately anyone who practises medicine.

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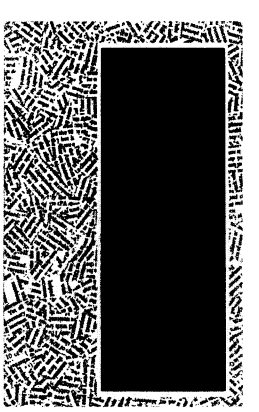

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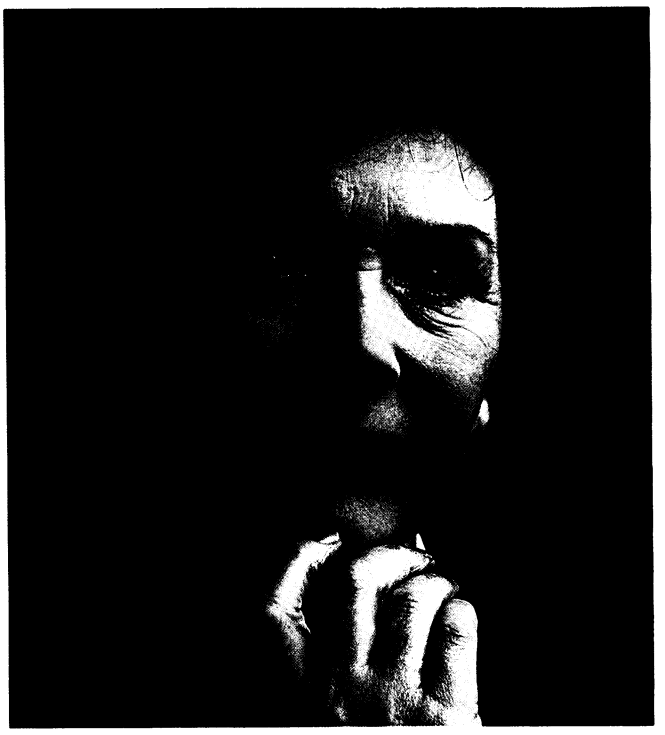
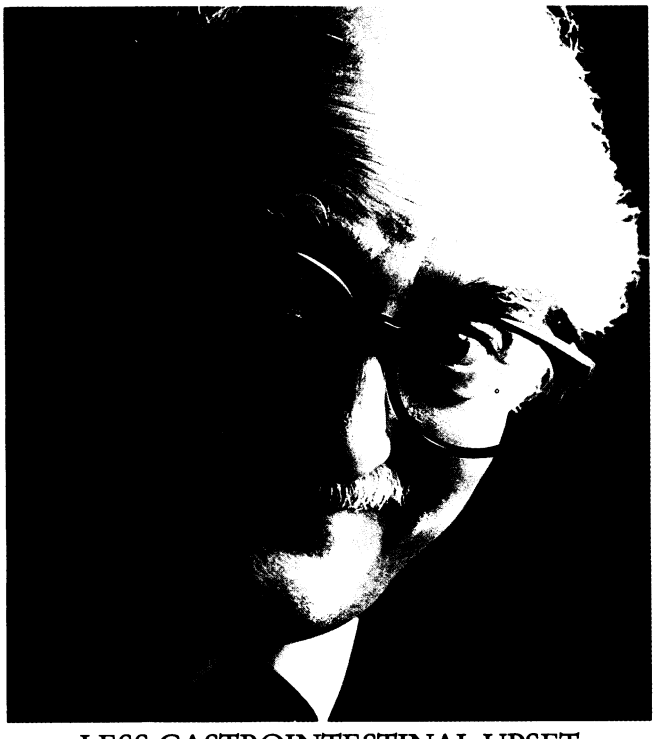
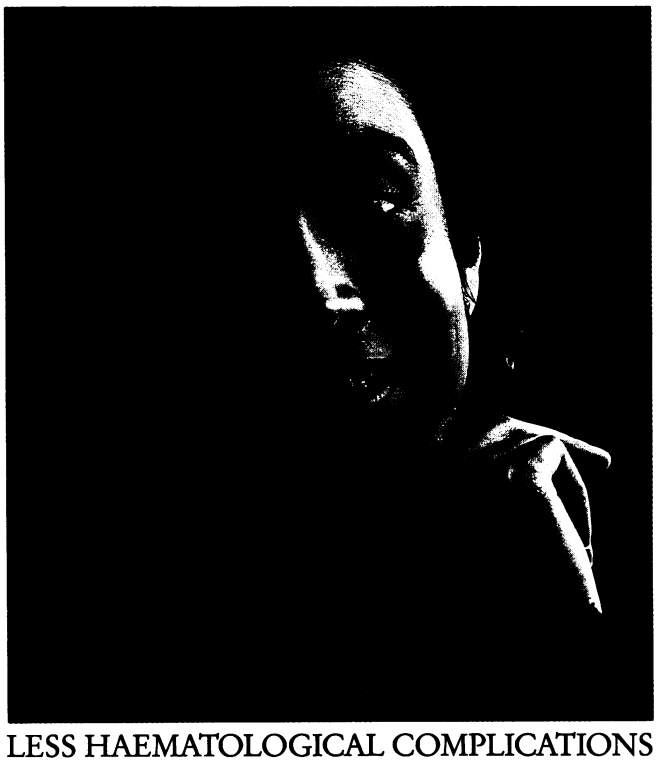


LESS HEADACHE THAN SULPHASALAZINE[2]

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

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]

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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

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.

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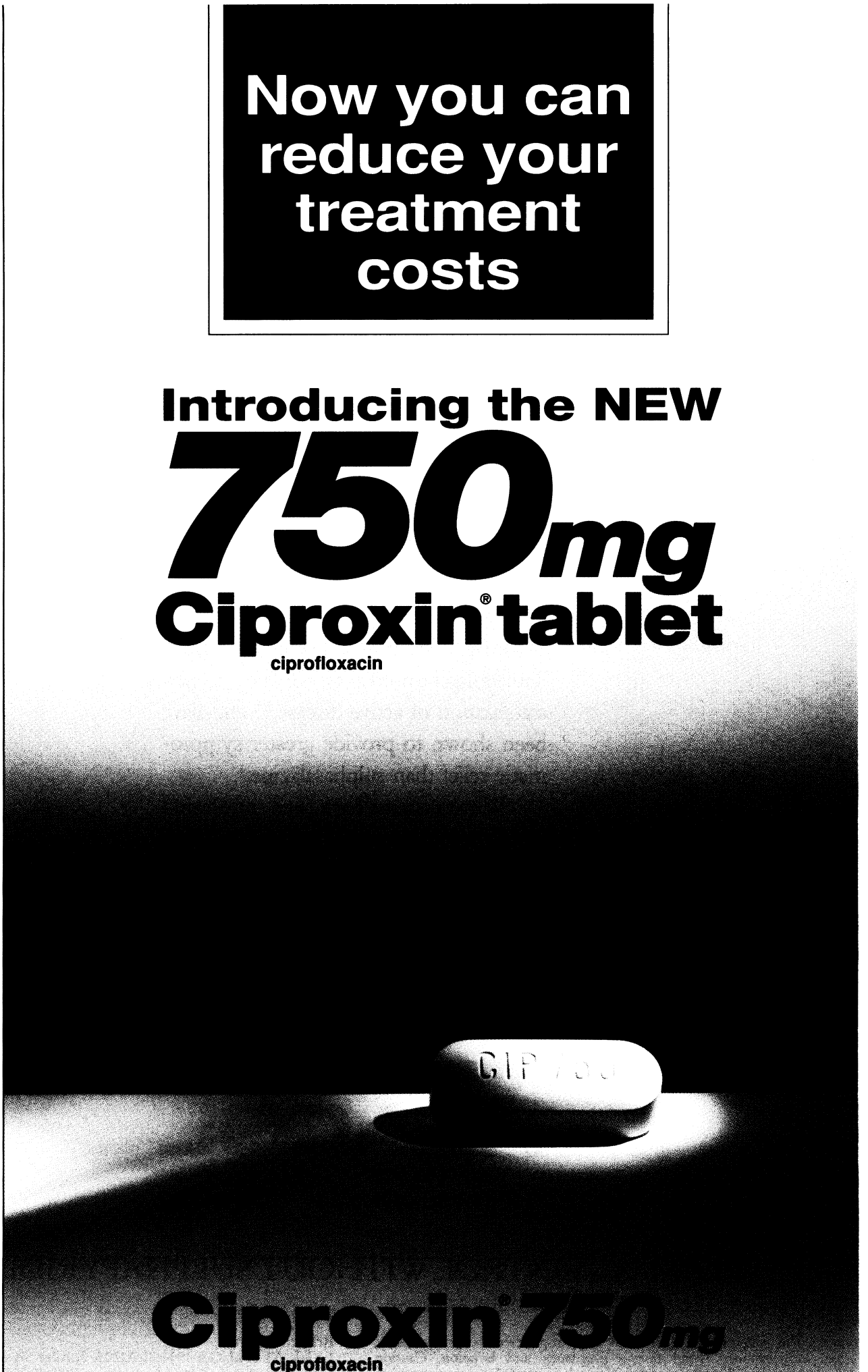

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Now indicated for upper GI Surgical Prophylaxis

PRESCRIBING INFORMATION:

INDICATIONS Duodenal ulcer, benign gastric ulcer, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), prevention of NSAID-associated duodenal ulcer, 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. Prevention of NSAID-associated duodenal ulcer: 150mg twice daily concomitantly with NSAID therapy. 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. Moderate to severe oesophagitis: 150mg four times daily for up to twelve weeks (see data sheet for full dosage instructions). *Children:* Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **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. 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 taking NSAIDs concomitantly with Zantac is recommended, especially if elderly. Reduce dosage in the presence of severe renal failure (see data sheet). Avoid in patients with history of porphyria. Effervescent Tablets contain aspartame, use with caution in patients with phenylketonuria. Like other drugs, use during pregnancy and lactation only if strictly necessary. **SIDE EFFECTS** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia. 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 HCl, (Product licence number 0004/0279, 60 tablets £29·76); Zantac 300 Tablets each containing 300mg ranitidine HCl (Product licence number 0004/0302, 30 tablets £27·43); Zantac Effervescent Tablets each containing 150mg ranitidine HCl and 14·3mEq sodium, (Product licence number 0004/0392, 60 tablets £31·25); Zantac Effervescent Tablets each containing 300mg ranitidine HCl and 20·8mEq sodium (Product licence number 0004/0393, 30 tablets £31·25); Zantac Syrup each 10ml dose containing 150mg ranitidine HCl (Product licence number 0004/0310, 300ml bottle £22·32). **PRODUCT LICENCE HOLDER** Glaxo Operations UK Limited, Greenford, Middlesex UB6 0HE.

POM Zantac is a Glaxo trade mark.

Further information is available on request from: Glaxo Laboratories Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Telephone: 081-990 9444. September 1993.

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British Society of Gastroenterology

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The winner will give a 20 minute presentation (+10 minutes questions) during the Endoscopy section session on the Friday morning of the Spring Meeting.

The Hopkin's Prize is not necessarily the preserve of acknowledged or senior endoscopists. The Endoscopy Committee is keen that, if possible, the Prize should go to a young and promising entrant.

The most likely submission to succeed is an entry which combines several related projects into a theme, rather than an expanded abstract from a single project.

DETAILS OF ENTRY

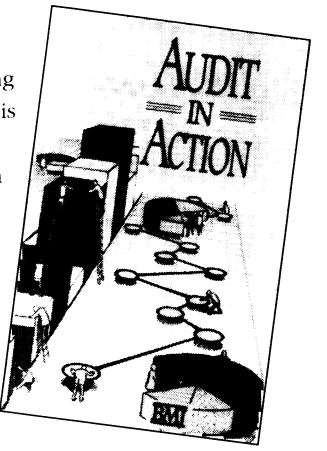
The Prize entry should be summarised on two sides of A4, but tables and references can be on additional pages. The entry can be multi-author and contain work previously presented or published (give details). The first author will present and receive the Prize, and the cover note should detail the post held by this person.

SEND TO:

Hopkin's Prize Entry,
University Department of Surgery,
Manchester Royal Infirmary, Oxford Road,
Manchester M13 9WL

CLOSING DATE: 7th January 1994

AUDIT IN ACTION



From a minority interest to an integral part of good medical practice, audit has come a long way. *Audit in Action* traces this development in a selection of articles originally published in the *BMJ*. Topics range from practical aspects of starting to audit to the wider aspects of achieving quality based on experience in the United States and Europe. The contributors are leaders in or experienced practitioners of audit. Covering audit both in hospitals and in general practice, *Audit in Action* is valuable reading for all those concerned to improve the quality of health care.

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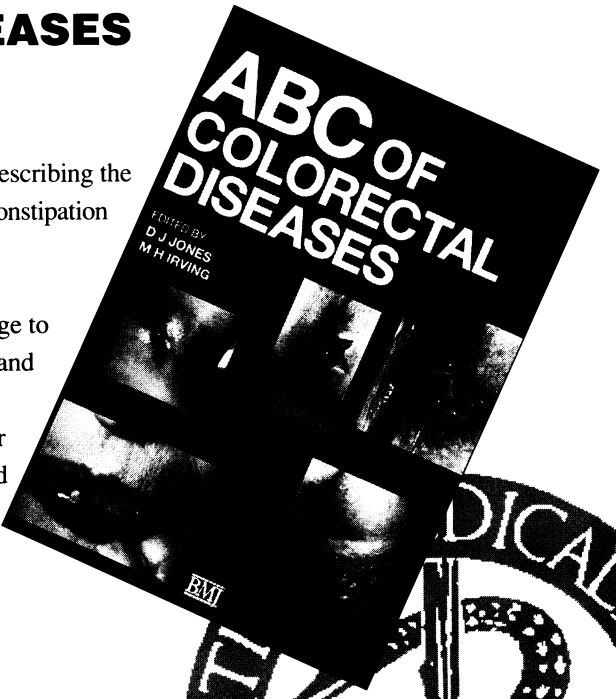
ABC OF COLORECTAL DISEASES

Edited by D J Jones, M H Irving



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BRITISH MEDICAL ASSOCIATION

For prescribing information see reverse

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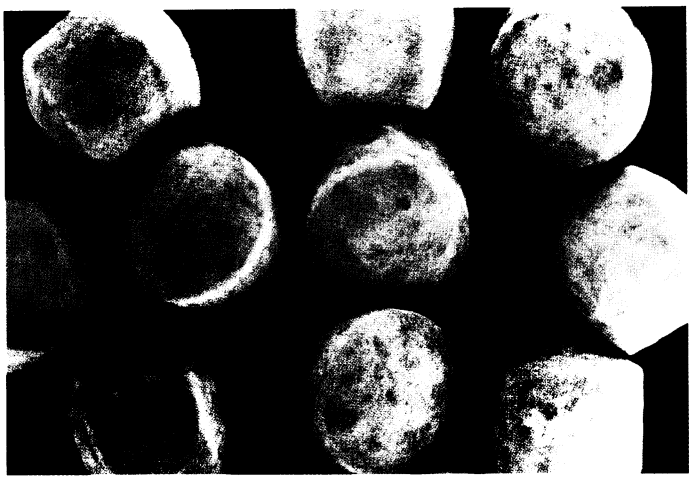

Computer controlled microtablet press guarantees uniform shape, uniform size and uniform enteric coating.

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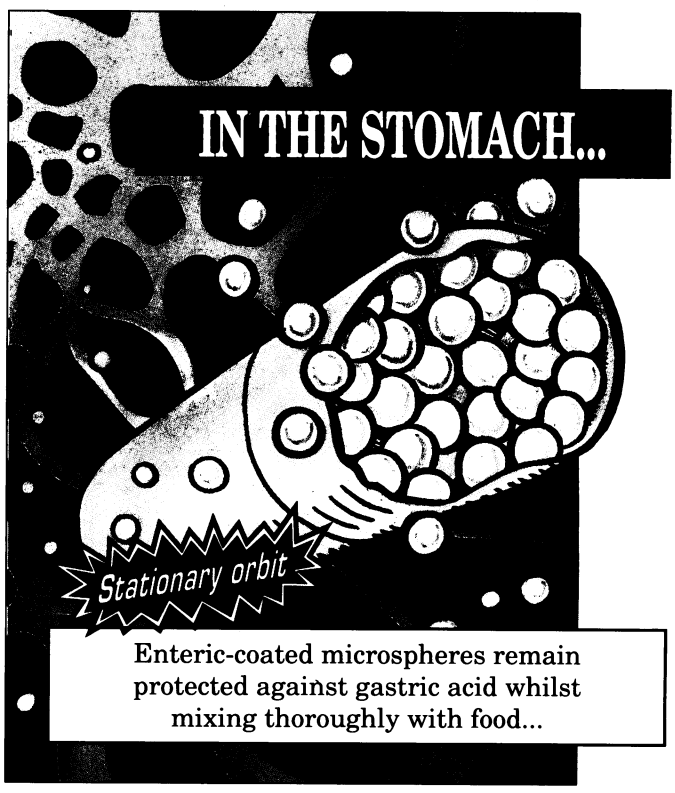

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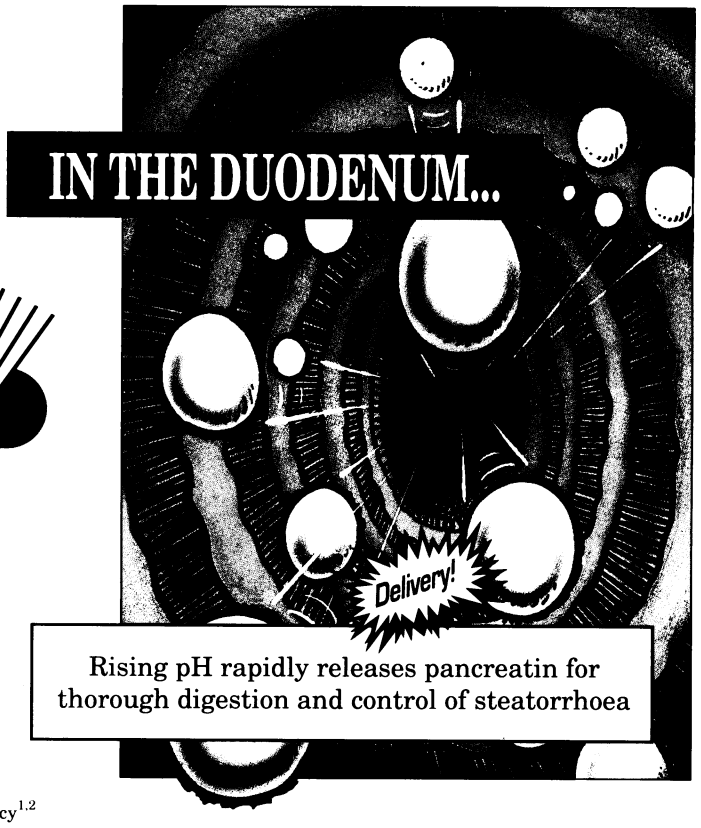

Rising pH rapidly releases pancreatin for thorough digestion and control of steatorrhoea

New **creon®** pancreatin 25000

Superior control of steatorrhoea†

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

Prescribing Information

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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

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