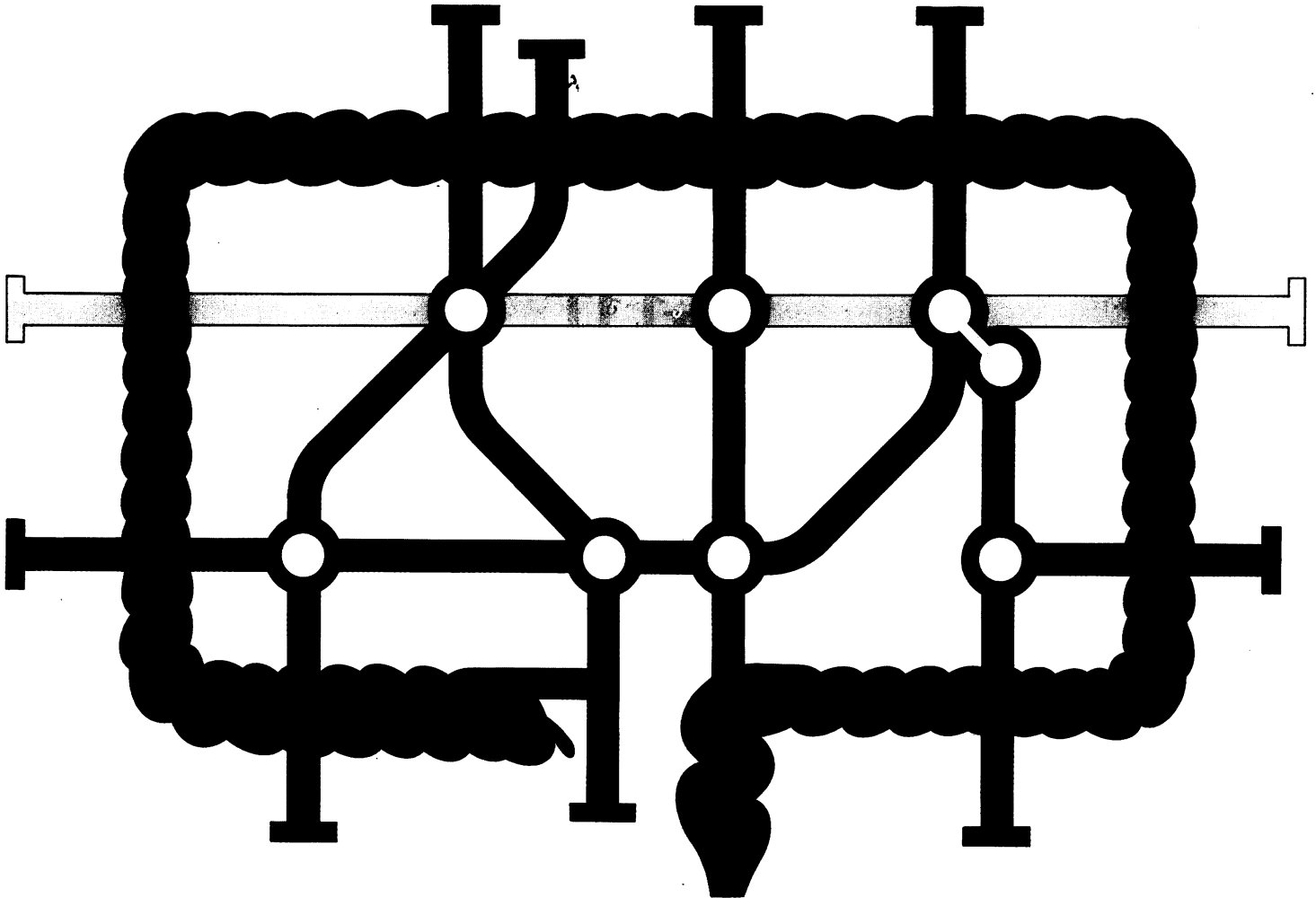


COLIFOAM

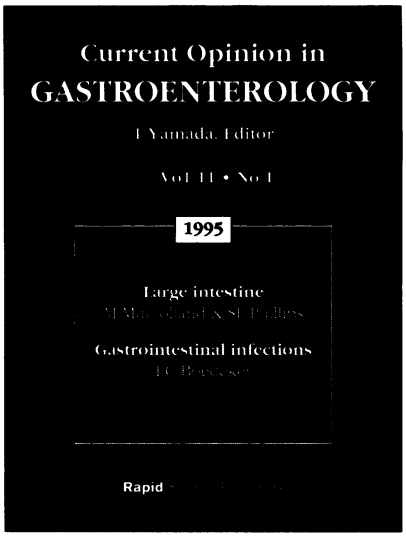
10% hydrocortisone acetate

FIRST CLASS TREATMENT WHICH TRAVELS TO WORK

- Colifoam is highly effective for distal ulcerative colitis.[1]
- The retrograde spread of Colifoam increases with the extent of disease.[2]
- Colifoam is easier to retain than liquid enemas and causes less interference with social, sexual and occupational activities.[1,3]

PRESCRIBED WITH CONFIDENCE FOR OVER 20 YEARS.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10% w/w. **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. Although uncommon at this dosage, local irritation may occur. **Pharmaceutical precautions:** Pressurised container containing flammable propellant. Protect from sunlight and do not expose to temperatures above 50°C. Keep away from sources of ignition. Do not pierce or burn even after use. Do not refrigerate, store below 25°C. Keep out of reach of children. For external use only. **Legal category:** POM. **Package quantity & basic NHS cost:** 20.8g canister plus applicator, £7.07. Provides approximately 14 doses. **Product Licence no:** 0036/0021. **References:** 1. Somerville KW *et al.* BMJ 1985;291:866. 2. Farthing MJG *et al.* BMJ 1979;2:822-824. 3. Ruddell WSJ *et al.* Gut 1980;21:885-889. Further information is available on request from Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Code:** DO2665.



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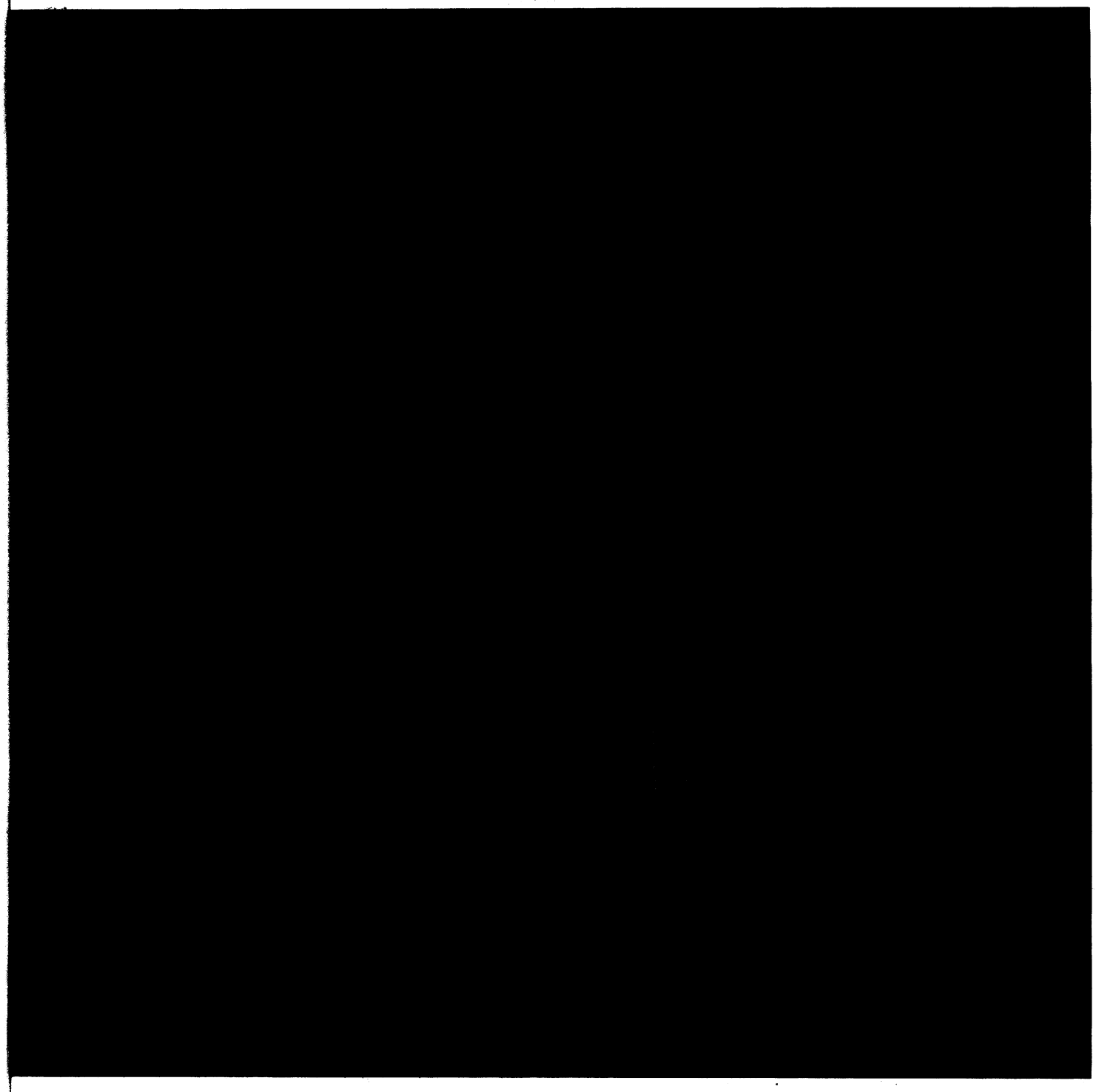
IMMUNOLOGY

KEEP ACID WHERE IT WORKS NOT WHERE IT HURTS

Sometimes it's easy to see the damage that acid can cause. But rather than argue that acid should no longer be produced, why not just stop it getting into the environment?

Gaviscon does this by keeping acid where it works, not where it hurts. It forms a soothing alginate barrier which prevents acid from rising into the oesophagus, bringing rapid relief to 4 out of 5 reflux patients.[1,2,3]

Prescribing Information. Liquid Gaviscon. Active Ingredients: Sodium alginate BP 500mg, sodium bicarbonate Ph.Eur. 267mg and calcium carbonate Ph.Eur. 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:** None known. **Dosage and Administration:** Adults and children over 12: 10-20ml liquid, after meals and at bedtime. Children 6-12: 5-10ml liquid after meals and at bedtime. **Note:** 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** 500ml liquid £2.70. **PL:** 0063/0031 Liquid Gaviscon, 0063/0032 Liquid Gaviscon Peppermint Flavour. **Legal Category:** GSL. (PO). **Gaviscon Tablets. Active Ingredients:** Alginic acid BP 500mg, sodium bicarbonate Ph.Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph.Eur. 25mg per tablet. In a sugar free flavoured base containing calcium carbonate (40mg) and saccharin. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:**



In fact, it's just what you need to put stomach acid in its place.

GAVISCON

liquid: **sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate Ph.Eur.**
tablets: **alginic acid BP, sodium bicarbonate Ph.Eur., aluminium hydroxide BP, magnesium trisilicate Ph. Eur.**

Keeps acid in its natural environment

None known. **Dosage and Administration:** Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children 6-12: 1 tablet after meals and at bedtime. **Note:** 1 tablet contains 2.1mmol sodium. Tablets should be thoroughly chewed. **Basic NHS Cost:** 60 tablets £2.25. **PL:** 0063/0033 Gaviscon Tablets, 0063/0029 Gaviscon Tablets Lemon Flavour. **Legal Category:** GSL. (PO). **Holder of product licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. Gaviscon and the sword and circle symbol are registered trademarks. **Date of preparation:** 27/7/95.

References:

1. Chevrel B. (1980) *J. Int. Med. Res.* **8:** 300.
2. Ward A.E. (1989) *Br. J. Clin. Pract.* **43 (2)** Suppl. 66: 52.
3. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* **7:** 551.

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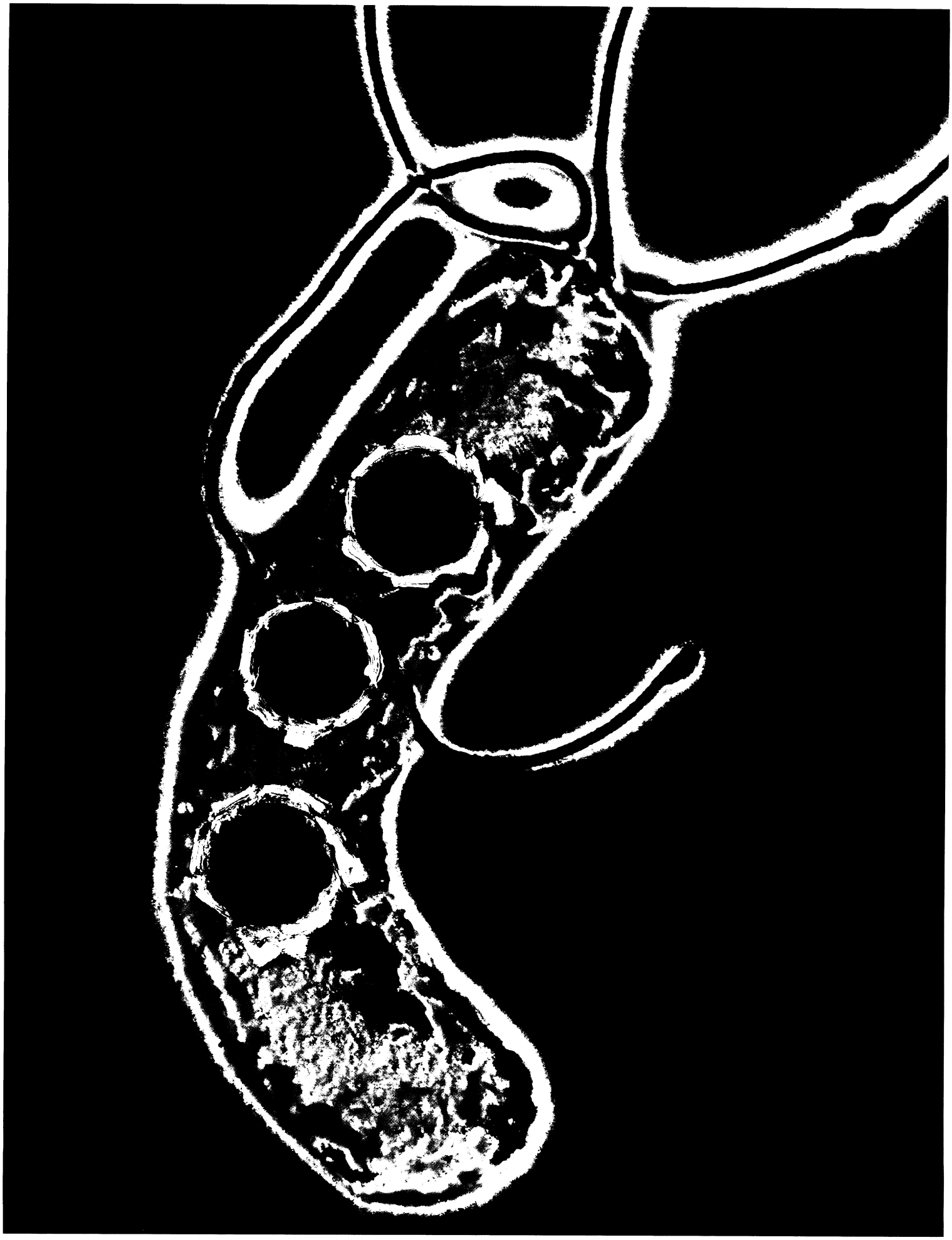

Pylorid Prescribing Information.
Indications Treatment of duodenal and benign gastric ulcer. *H. pylori* eradication and prevention of duodenal ulcer relapse when given with clarithromycin or amoxycillin. **Dosage** *Adults:* duodenal ulcer 400mg twice daily for four weeks. Treatment may be extended for further four weeks. Benign gastric ulcer 400mg twice daily for eight weeks. *H. pylori*-associated duodenal ulcer 400mg twice daily with amoxycillin 500mg four times daily (2g) or clarithromycin 250mg four times daily or 500mg three times daily (1g-1.5g) for first two weeks of treatment then Pylorid 400mg twice daily for further two weeks. *Children:* Not currently recommended. **Contra-indications** Known hypersensitivity to any of the ingredients. **Precautions** In gastric ulcer exclude malignancy before treatment. Plasma levels increased in renal impairment and elderly. Avoid use in extreme renal impairment (see data sheet). Avoid in patients with history of acute porphyria. As contains bismuth not recommended for maintenance use or more than 16 weeks in a year. See prescribing information for amoxycillin or clarithromycin before

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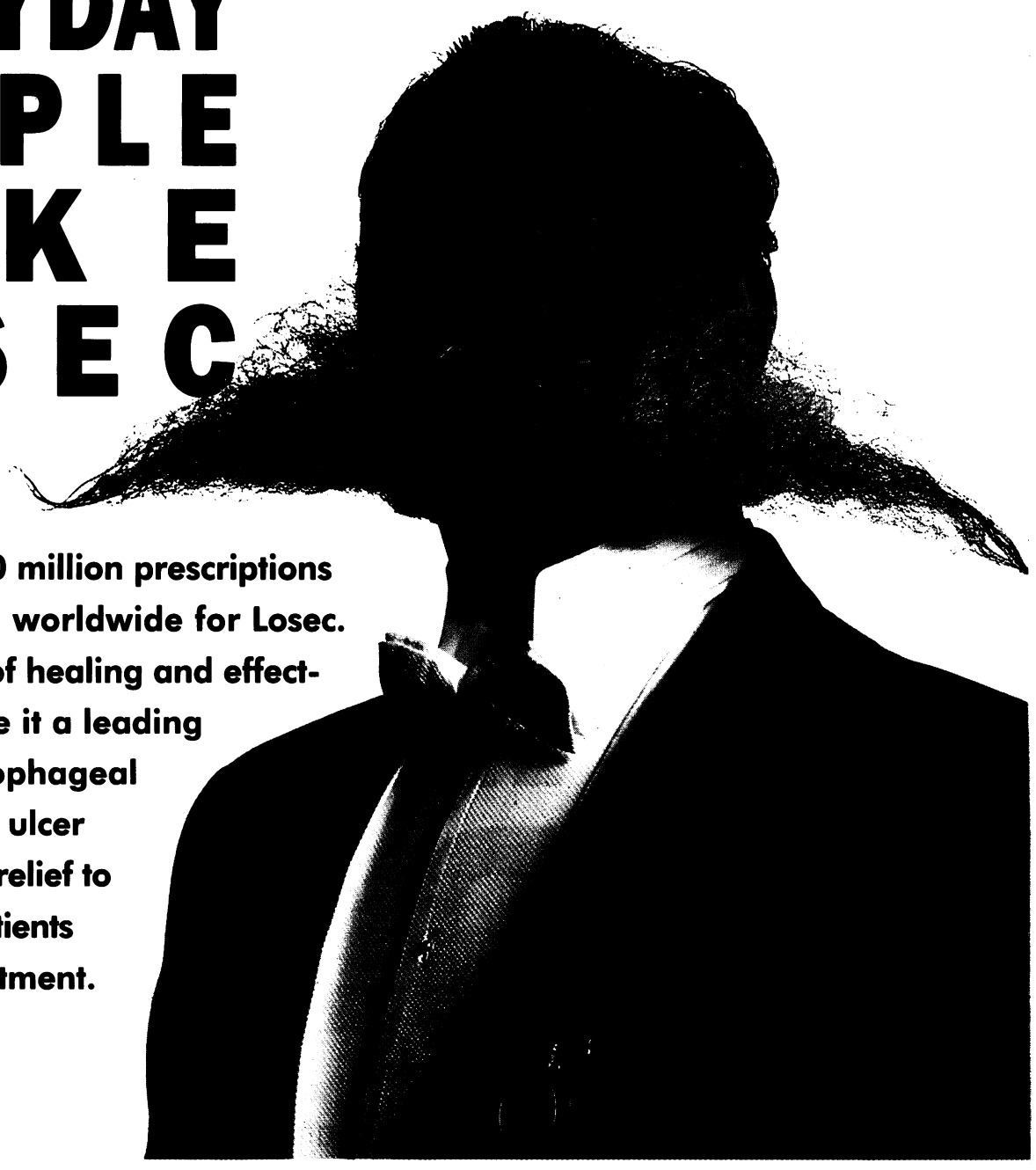
RANITIDINE BISMUTH CITRATE

PRESCRIBE WITH CLARITHROMYCIN

co-prescribing. **Side Effects** Blackening of tongue and stools. Rarely hypersensitivity reactions including pruritus, skin rash, anaphylaxis. Gastrointestinal upsets including diarrhoea, abdominal discomfort, gastric pain. Headache. Transient changes in liver enzymes SGPT (ALT), SGOT (AST). Mild anaemia. Ranitidine-related side-effects (relevance to use of Pylorid unknown): Dizziness. Rarely, reversible mental confusion usually in ill or elderly patients. Occasional hepatitis. Rarely, acute pancreatitis, arthralgia, myalgia. Rare cases of leucopenia, thrombocytopenia, usually reversible. Agranulocytosis and pancytopenia. Rare cases of erythema multiforme. Rare reports of breast symptoms in men. As with other H_2-receptor antagonists rare cases of bradycardia, A-V block and asystole. **Presentations** Pylorid tablets each containing 400mg of ranitidine bismuth citrate. (Product licence number 14213/0001). 28 Tablets £26·00. 56 Tablets £52·00. **Product licence holders** Glaxo Group Ltd, Greenford Road, Greenford UB6 0HE. POM Pylorid is a Glaxo trade mark. Further information is available on request from: Glaxo Pharmaceuticals UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Telephone 0181-990 9444. Date of preparation: August 1995.

EVERYDAY PEOPLE TAKE LOSEC



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LOSEC® 20 mg Capsules

(omeprazole-Astra)

FOR HEALING

In oesophageal reflux disease*, duodenal and benign gastric ulcer.

LOSEC® CAPSULES (omeprazole) ABBREVIATED PRESCRIBING INFORMATION (refer to full data sheet before prescribing) **PRESENTATION:** LOSEC Capsules containing 10mg, 20mg or 40mg omeprazole as enteric coated granules with an aqueous based coating. **USES:** Oesophageal reflux disease. Duodenal and benign gastric ulcers (including NSAID-induced). Duodenal ulcer associated with *Helicobacter pylori*. Prophylaxis of acid aspiration. Zollinger-Ellison syndrome. **DOSAGE & ADMINISTRATION: Adults (including the elderly):** The usual dose in oesophageal reflux disease and peptic ulcer is 20mg once daily, increasing to 40mg once daily in severe or refractory cases, if required. **Oesophageal reflux disease:** Healing: 20mg daily for 4 weeks. Continue for further 4-8 weeks if required. **Maintenance in acid reflux disease:** LOSEC 10mg daily. Increase to 20mg daily if symptoms return. **Duodenal ulcer (DU):** Healing: 20mg daily for 4 weeks. **DU maintenance:** LOSEC 10mg daily increasing to 20mg daily if symptoms return. **DU associated with *Helicobacter pylori*:** Usual dose is LOSEC 40mg daily with amoxycillin 1.5g daily (750mg b.d.) for 2 weeks. Up to 2g/day of amoxycillin has been used in clinical studies. **Benign Gastric Ulcer:** 20mg daily for 8 weeks. **Prophylaxis of acid aspiration:** LOSEC 40mg on the evening before surgery followed by LOSEC 40mg on the morning of surgery. **Zollinger-Ellison Syndrome:** 60mg daily as long as clinically indicated. Individually adjust within range 20-120mg daily. If in excess of 80mg daily give in 2 equal divided doses. **Renal impairment:** No dose adjustment needed. **Hepatic impairment:** Adjust dose (maximum daily dose 20mg). **Children:** No experience of use. **CONTRA-INDICATIONS, WARNINGS, etc:** No known contra-indications. In gastric ulcer, exclude malignancy before starting therapy. Avoid in pregnancy unless no safer alternative. Discontinue breast feeding if LOSEC is considered essential. **Side effects:** LOSEC is well tolerated. Adverse reactions are generally mild and reversible (relationship to LOSEC not established in many cases). They include diarrhoea, headaches, skin disorders and in isolated cases, angioedema, musculoskeletal disorders, fatigue, insomnia, dizziness, blurred vision, vertigo, paraesthesia, liver enzyme and haematological changes. LOSEC can delay the elimination of diazepam, phenytoin and warfarin. Simultaneous treatment with omeprazole and digoxin may increase the bioavailability of digoxin. **PHARMACEUTICAL PRECAUTIONS:** Use within three months of opening. Store below 30°C. Replace cap firmly after use. Dispense in original container. **LEGAL CATEGORY:** POM. **FURTHER INFORMATION:** ***Helicobacter pylori*** (Hp) is associated with acid peptic and ulcer disease, contributing to gastritis and ulcer recurrence. In patients known to be allergic to amoxycillin, clarithromycin may be a useful alternative in dual therapy. Omeprazole 40mg daily, amoxycillin 1500mg daily and metronidazole 1200mg daily for 14 days achieved an overall Hp eradication rate of 89% (96% in metronidazole-sensitive isolates).

PACKAGE QUANTITIES: 10mg: bottles of 7*capsules £4.99, bottles of 28 capsules £19.95. 20mg: bottles of 7*capsules £8.86, bottles of 28 capsules £35.45. 40mg: bottles of 7* capsules £17.72, bottles of 14 capsules £35.45. (*Hospital pack only).

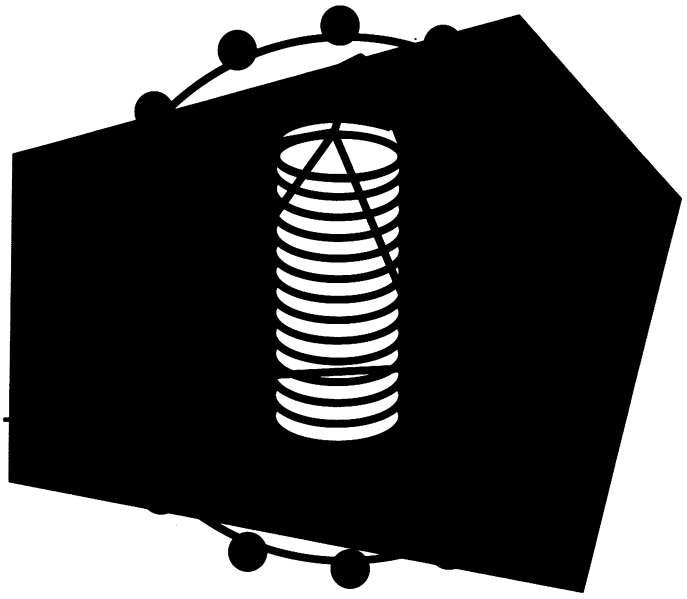
PRODUCT LICENCE NUMBERS:
PL 0017/0337 - LOSEC Capsules 10mg.
PL 0017/0238 - LOSEC Capsules 20mg.
PL 0017/0320 - LOSEC Capsules 40mg.

*Oesophageal reflux disease (GORD) = symptoms and/or tissue damage attributable to reflux. Symptoms vary considerably from one sufferer to another, but the most typical are heartburn and regurgitation.

For further information contact the **PRODUCT LICENCE HOLDER:** Astra Pharmaceuticals Limited, Home Park, Kings Langley, Hertfordshire. WD4 8DH. Telephone: (01923) 266191.

ASTRA
Astra Pharmaceuticals

LOSEC is a registered trademark.
Date of preparation: February 1995 LOS/ADV 345b



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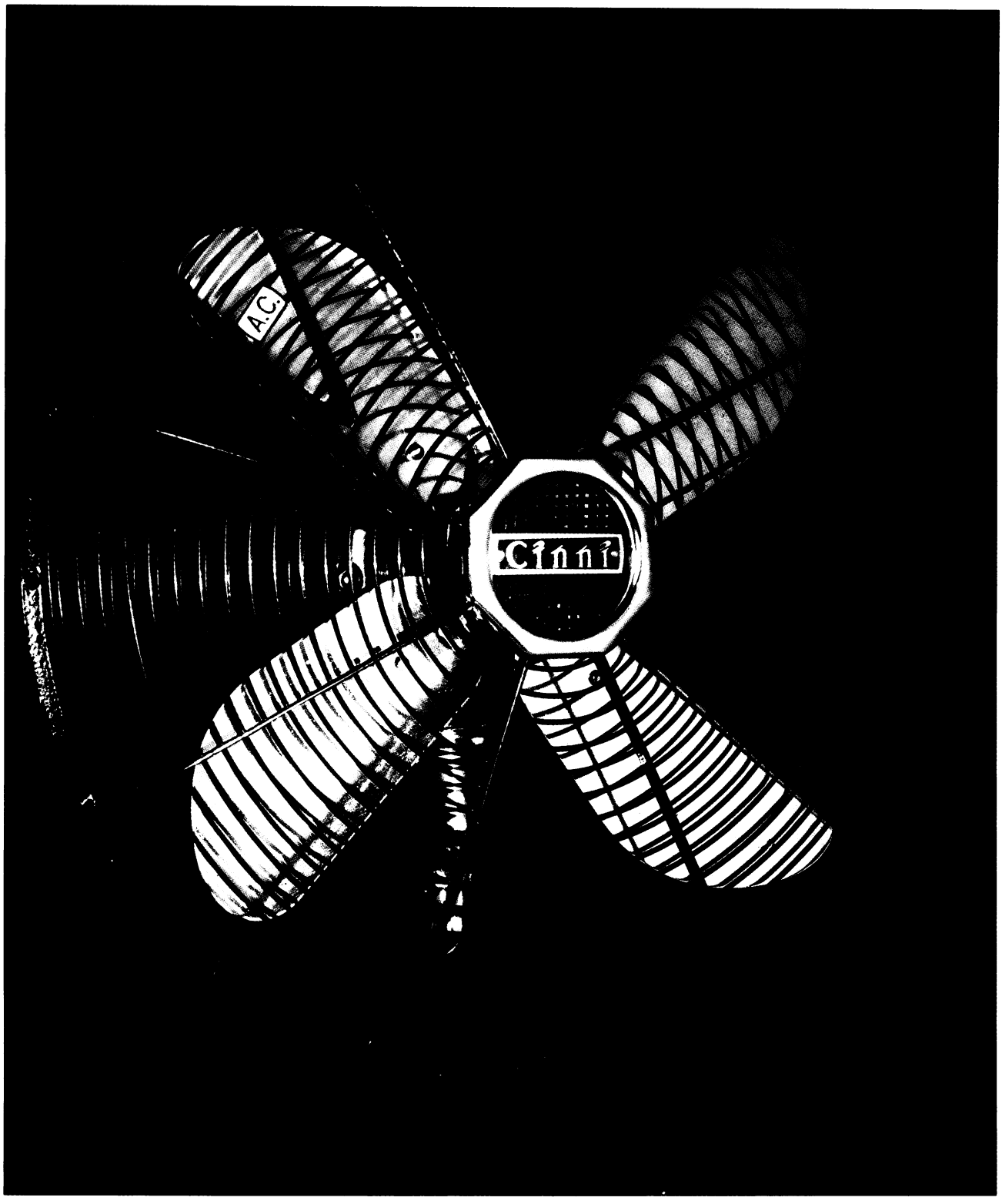

PRESCRIBING INFORMATION:

Indications Duodenal ulcer (including those associated with *H. pylori* infection), benign gastric ulcer, postoperative ulcer, oesophageal reflux disease, Zollinger Ellison Syndrome, prophylaxis of gastrointestinal haemorrhage from stress ulcer, recurrent haemorrhage from bleeding peptic ulcer, acid aspiration (Mendelson's Syndrome). Tablets, Syrup, Effervescent Tablets only, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), prevention of NSAID-associated duodenal ulcer, chronic episodic dyspepsia, severe oesophagitis, long-term management of healed oesophagitis. **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. In duodenal ulcer, 300mg twice daily produces higher healing rates at four weeks. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Duodenal ulcers associated with *H. pylori*, 300mg at bedtime or 150mg twice daily with oral amoxycillin 750mg three times daily and metronidazole 500mg three times daily for 2 weeks. Zantac therapy then continued for a further 2 weeks. Ulcers following 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. Long-term treatment of healed oesophagitis: 150mg twice daily. Obstetric patients at commencement of labour; oral dose of 150mg may be followed by 150mg at six-hourly intervals (see data sheet). Those at risk of acid aspiration syndrome; oral dose of 150mg two hours before induction of general anaesthesia with preferably 150mg the previous evening. Alternatively, Zantac Injection 50mg intramuscularly or by slow intravenous injection 45 to 60 minutes before general anaesthesia. Zantac Injection may be given every six to eight hours either as slow (over a period of at least two minutes) intravenous injection of 50mg, after dilution to a volume of 20ml per 50mg dose, or as intermittent intravenous infusion at a rate of 25mg per hour for two hours; alternatively, as intramuscular injection of 50mg (2ml) every six to eight hours. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration: parenteral administration may be continued until oral feeding commences. If still at risk, Zantac Tablets or Syrup 150mg may be given twice daily. Prophylaxis of haemorrhage from stress ulceration: priming dose of 50mg as a slow intravenous injection followed by continuous intravenous infusion of 0.125 to 0.250mg/kg/hr

tastic

Zantac
RANITIDINE HCl

Over the last 10 years, Zantac* has remained the world's most prescribed anti-ulcerant[1]

may be preferred. *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** Caution when using Effervescent Tablets in sodium-restricted patients. Exclude 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 recommended, especially if elderly. Protects against NSAID-associated ulceration in duodenum and not in stomach. 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. Rapid administration of injection may rarely cause bradycardia; recommended rates of administration should not be exceeded. Like other drugs, use during pregnancy and lactation only if strictly necessary. **Side effects** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia, and with antibiotics, diarrhoea. 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 10949/0042, 60 tablets £27·89); Zantac 300 Tablets each containing 300mg ranitidine HCl (Product licence number 10949/0043, 30 tablets £27·43); Zantac Effervescent Tablets each containing 150mg ranitidine HCl and 14·3mEq sodium, (Product licence number 10949/0137, 60 tablets £27·89); Zantac Effervescent Tablets each containing 300mg ranitidine HCl and 20·8mEq sodium (Product licence number 10949/0138, 30 tablets £27·43); Zantac Syrup each 10ml dose containing 150mg ranitidine HCl (Product licence number 10949/0108, 300ml bottle £22·32); Zantac Injection each 2ml dose containing 50mg ranitidine HCl (product licence number 10949/0109, 5 x 2ml £3·21). **Product licence holders** Glaxo Pharmaceuticals UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. 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 0181-990 9444. Date of preparation: September 1995.

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*As 'Zantac' or other licensed ranitidine brands.

Reference

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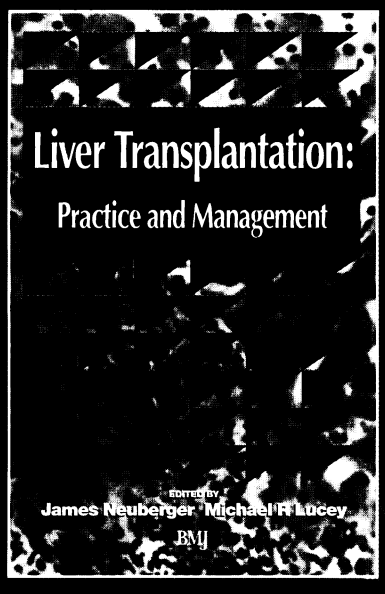

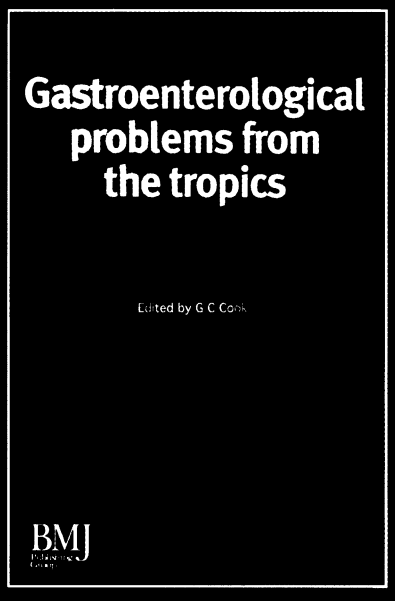

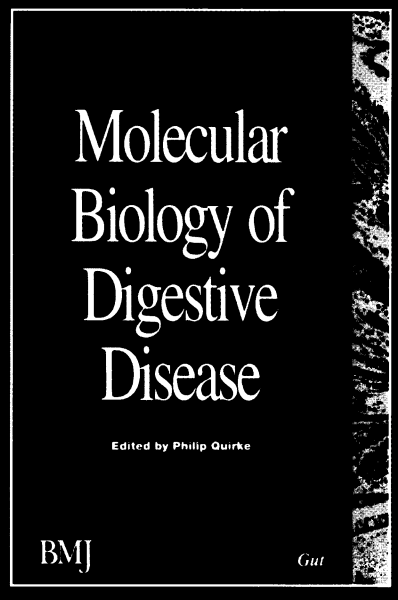

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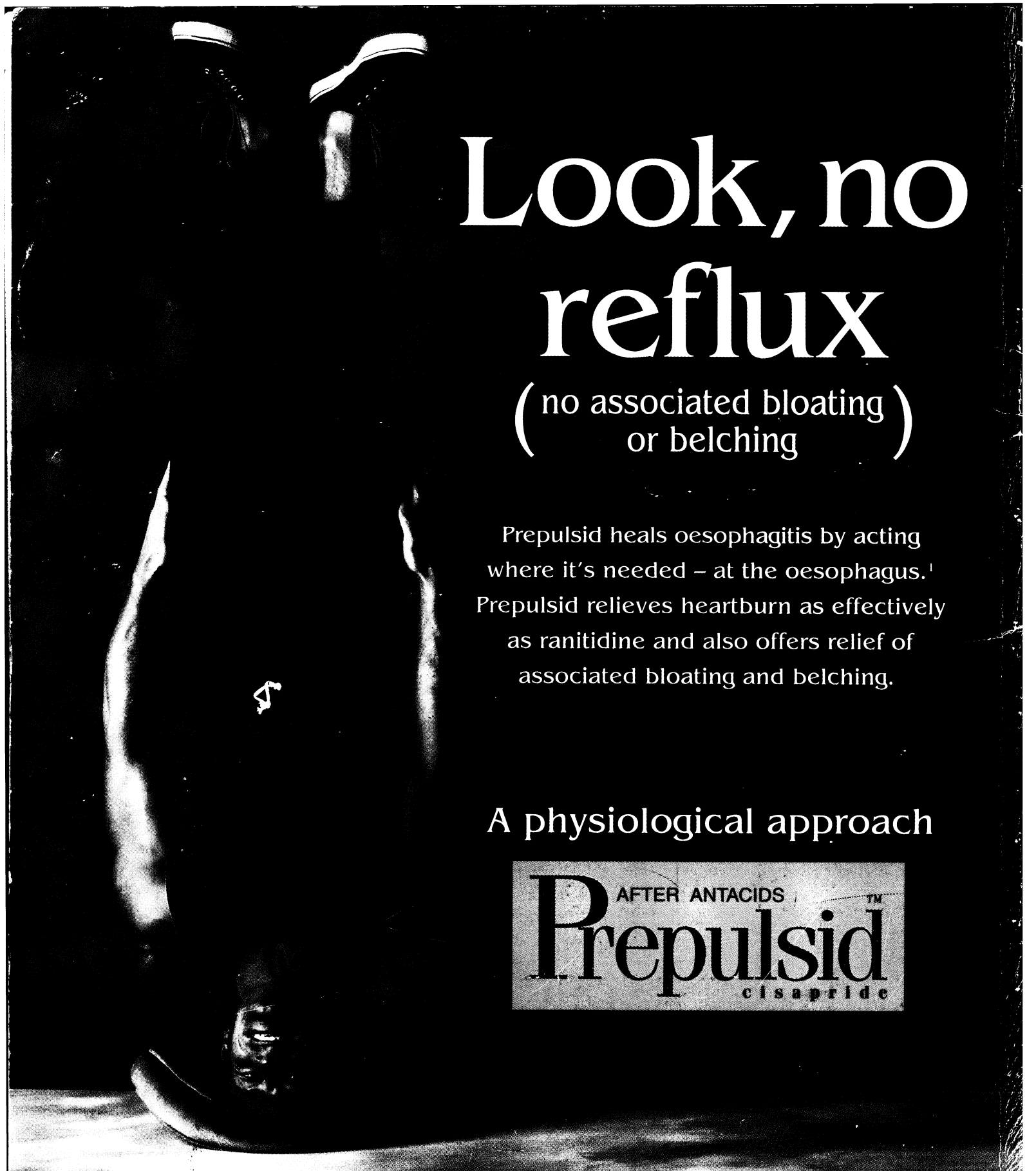

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Prepulsid™

cisapride

PRESCRIBING INFORMATION Indications: GASTRO-OESOPHAGEAL REFLUX DISEASE: Treatment of symptoms and healing of mucosal lesions; maintenance treatment of reflux oesophagitis. DYSPEPSIA: Treatment of symptoms such as epigastric pain, early satiety, bloating and belching where organic disease has been excluded. IMPAIRED GASTRIC EMPTYING: Treatment of symptoms such as epigastric pain, early satiety, anorexia, bloating and belching in patients with gastric stasis employing secondary to systemic sclerosis and autonomic neuropathy of diabetes. **Dosage and Administration:** Adults and children twelve years and over: Take 15 minutes before food with LUX: 20mg Prepulsid bd (before breakfast and at bedtime) or 10mg qds (before meals and at bedtime). Some symptoms can be treated with a fourth 10mg dose at bedtime) for 12 weeks to heal oesophagitis. For long term maintenance therapy, 20mg twice daily (at bedtime) or 10mg twice daily (before breakfast and at bedtime). According to 20mg twice daily in patients whose lesions were severe. DYSPEPSIA: 10mg Prepulsid td. Usual course of treatment is 4 weeks. IMPAIRED GASTRIC EMPTYING: 10mg Prepulsid td or qd. An initial course of 4 weeks is recommended but longer treatment may be required. CHILDREN: Not recommended for children under 12. ELDERLY: As for adults, but monitor response. ABNORMAL RENAL/LIVER FUNCTION: initially dose should be halved. **Contra-indications:** Pregnancy; patients in whom gastrointestinal stimulation might be dangerous; hypersensitivity to Prepulsid. **Warnings:** Not recommended while driving. **Drug Interactions:** Absorption from the stomach of concomitantly administered drugs may be diminished, whereas absorption of drugs from the small intestine may be accelerated. For drugs that require careful individual titration e.g. anticonvulsants, it may be useful to monitor plasma concentrations. In patients receiving anticoagulants, check prothrombin time as it may be increased. The sedative effects of benzodiazepines and alcohol may be accelerated when given with Prepulsid. The effects of Prepulsid are antagonised by anticholinergic drugs. **Side Effects:** Abdominal cramps, borborygmi and loose stools have been reported. Should severe abdominal cramps occur with single administration of 20mg Prepulsid, halve the dose per administration and double the frequency of dosing. Less frequent side-effects include headaches and lightheadedness. Reports of hypersensitivity, convulsions, extrapyramidal effects and increased urinary frequency have been received. Exceptionally, reversible liver function abnormalities have been reported - causal relationship not established. **Overdosage:** Treatment includes activated charcoal, close observation and general supportive measures. **Presentation:** Prepulsid Tablets: packs of 120 tablets each containing 10mg cisapride. Prepulsid Suspension: 500ml bottles containing cisapride 5mg/5ml. **Pharmaceutical Precautions:** Prepulsid Tablets: store at room temperature in a dry place and protect from light. Prepulsid Suspension: store at room temperature (below 25°C). **PL Numbers:** Prepulsid Tablets PL0242/0136. Prepulsid Suspension PL 0242/0157. **PL Holder:** Janssen-Cilag Ltd., Saunderton, High Wycombe, Bucks. HP14 4HJ. **Basic NHS Cost:** 120 tablets - £37.60; 500ml bottle suspension £15.60. **Legal Category:** POM. **References** 1. Janssens J. Effect of cisapride on oesophageal motility. In Johnson A.G. Lux G. Eds. Progress in the treatment of gastrointestinal motility disorders. The role of cisapride. Amsterdam, Excerpta Medica 1988,11-18. 2. Geldof H. et al. Two different dose regimens of cisapride in the treatment of reflux oesophagitis: a double blind comparison with ranitidine. Ailment Pharmacol Ther 1993; 7: 409-415. TM = Trademark. DATE OF PREPARATION: December 1994