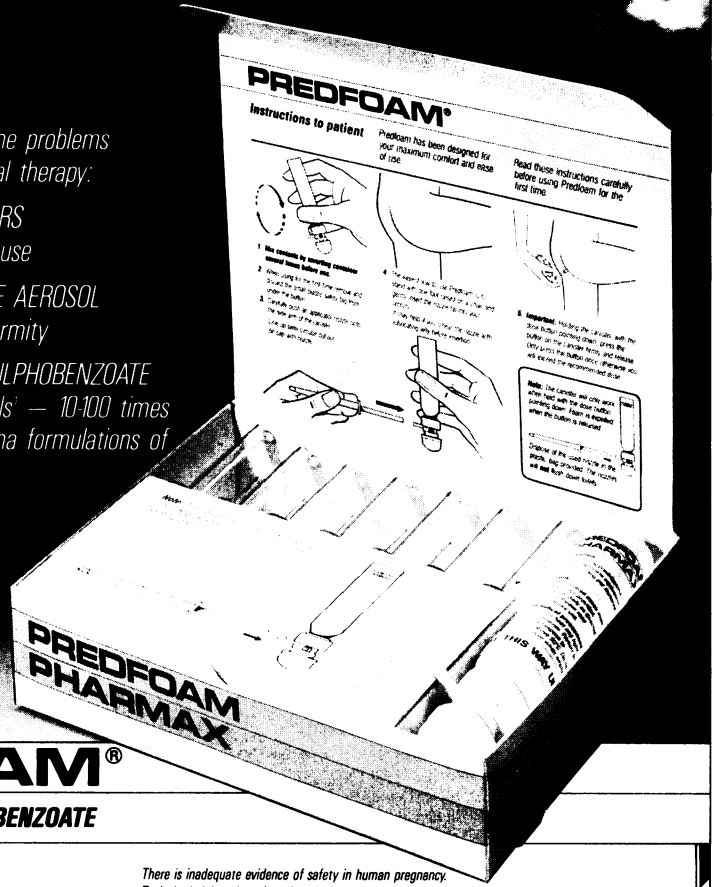
Ulcerative Colitis?

dispose of a problem...



... How Predfoam helps solve the problems currently associated with local therapy:

- *DISPOSABLE APPLICATORS*
  — Clean and simple to use
- *UNIQUE METERED DOSE AEROSOL*
  — Ensures dosage uniformity
- *PREDNISOLONE METASULPHOBENZOATE*
  — High local tissue levels[1] — 10-100 times those produced by enema formulations of prednisolone

PREDFOAM®

PREDNISOLONE METASULPHOBENZOATE

Prescribing Information

Presentation: A white mucoadherent aerosol foam containing prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered dose.

Uses: Treatment of proctitis and ulcerative colitis.

Dosage and Administration: 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.

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.

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.

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 by this route is unlikely.

Legal Category : POM
PL 0108/0101

Pack and basic NHS price : Box containing 1 fourteen-dose canister, 14 disposable nozzles and 14 plastic bags £7.00

® *Registered Trade Mark*

*References: (1) McIntyre, P.B. et al. (1985) GUT **26** 822-824*
(2) Rodrigues, C. et al. (1987) Lancet, June 27th, 1497.

Full information is available on request

PHARMAX LIMITED
Bourne Road, Bexley, Kent. DA5 1NX
Telephone 0322 91321

NEW

ANNOUNCING THE FIRST SPECIFICALLY DEVELOPED

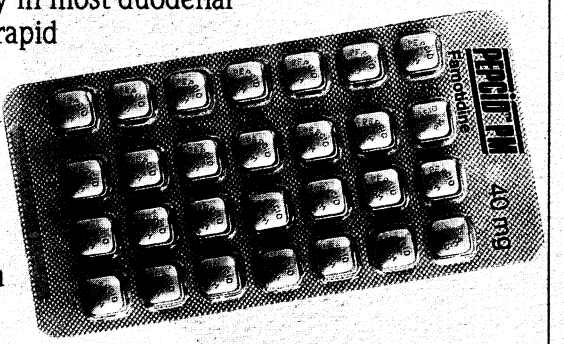
THE IMPORTANCE OF NIGHT-TIME COVER

Leading gastroenterologists say that the inhibition of nocturnal acid is the key to successful peptic ulcer therapy.[1,2]

During the day, normal gastric acid is required for natural digestion and as protection against unwanted ingested bacteria.

'PEPCID' PM, the first H_2-receptor antagonist specifically developed for night-time use, inhibits acid production when it's not needed.

'PEPCID' PM, when administered at night, effectively controls nocturnal acidity in most duodenal ulcer patients, providing rapid healing and swift relief of pain. 'PEPCID' PM has been shown to achieve a 90.5% healing of duodenal ulcers within four weeks[4] and up to 81% of gastric ulcers within eight weeks.[5]



That's 'PEPCID' PM, a simple, once-nightly 40 mg tablet, supplied in a convenient 28-day calendar pack to help maximise compliance.

ABRIDGED PRODUCT INFORMATION ▼

Full prescribing information is available and should be consulted before prescribing.

INDICATIONS Duodenal ulcer; prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks.

For prevention of duodenal ulcer recurrence, 20 mg at night.

Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. Maximum 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'PEPCID' PM.

Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min.

'PEPCID' PM is not recommended in pregnancy, nursing mothers or children.

SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue.

BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50.

40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.

PRODUCT LICENCE NUMBERS: 20 mg tablets, 0025/0215; 40 mg tablets, 0025/0216.

▼ Special reporting to the CSM required.

Issued September 1987.

TM denotes trademark

References

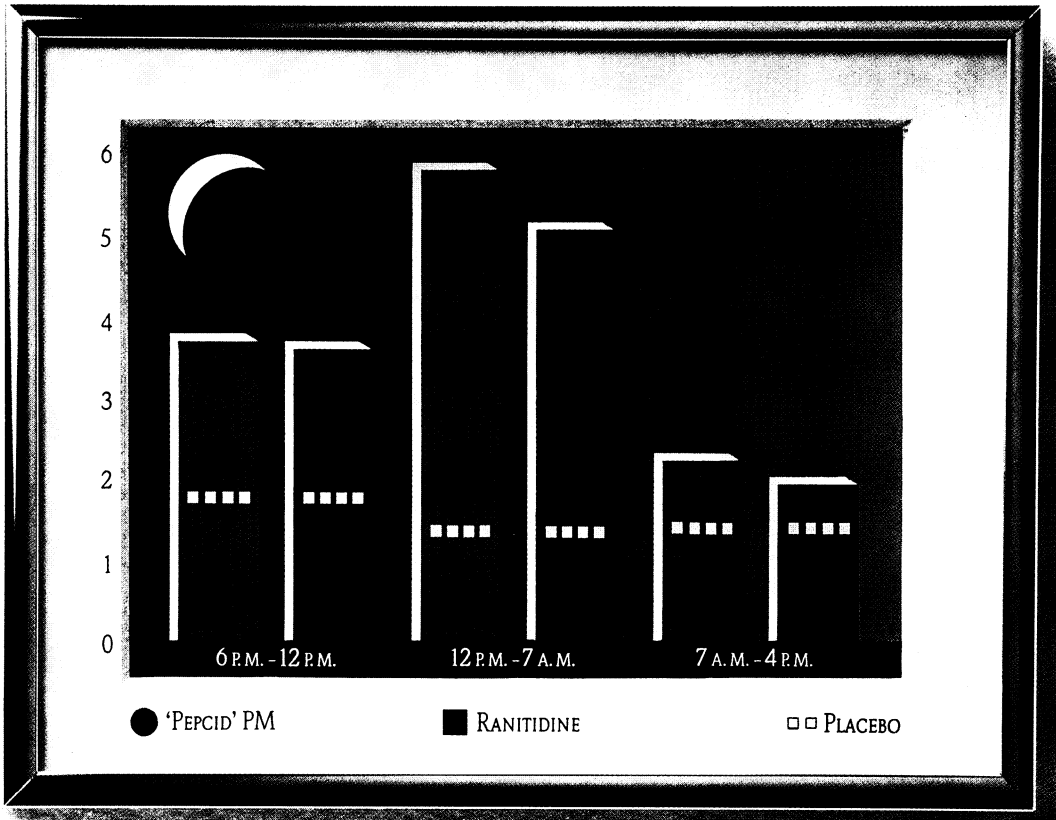
1. Gledhill, T., *et al., Gut*, 1983, 24, 904.
2. Ireland, A., *et al., Lancet*, 1984, ii 274.
3. Bauerfeind, P., *et al., Gastroenterology*, 1986, 90(5), 1340.
4. Mann, S. G., Cottrell, J., *Ital. J. Gastroenterol.*, 1987, 19 (Suppl. 3), 68.
5. Data on file, Merck Sharp & Dohme Research Laboratories.

Thomas Morson Pharmaceuticals
Hertford Road, Hoddesdon, Hertfordshire
Division of Merck Sharp & Dohme Limited

8-88 PCD.67.GB.1231.J.

H_2-RECEPTOR ANTAGONIST FOR ONCE-NIGHTLY USE

NIGHT-TIME COVER FROM A SINGLE DOSE[3]



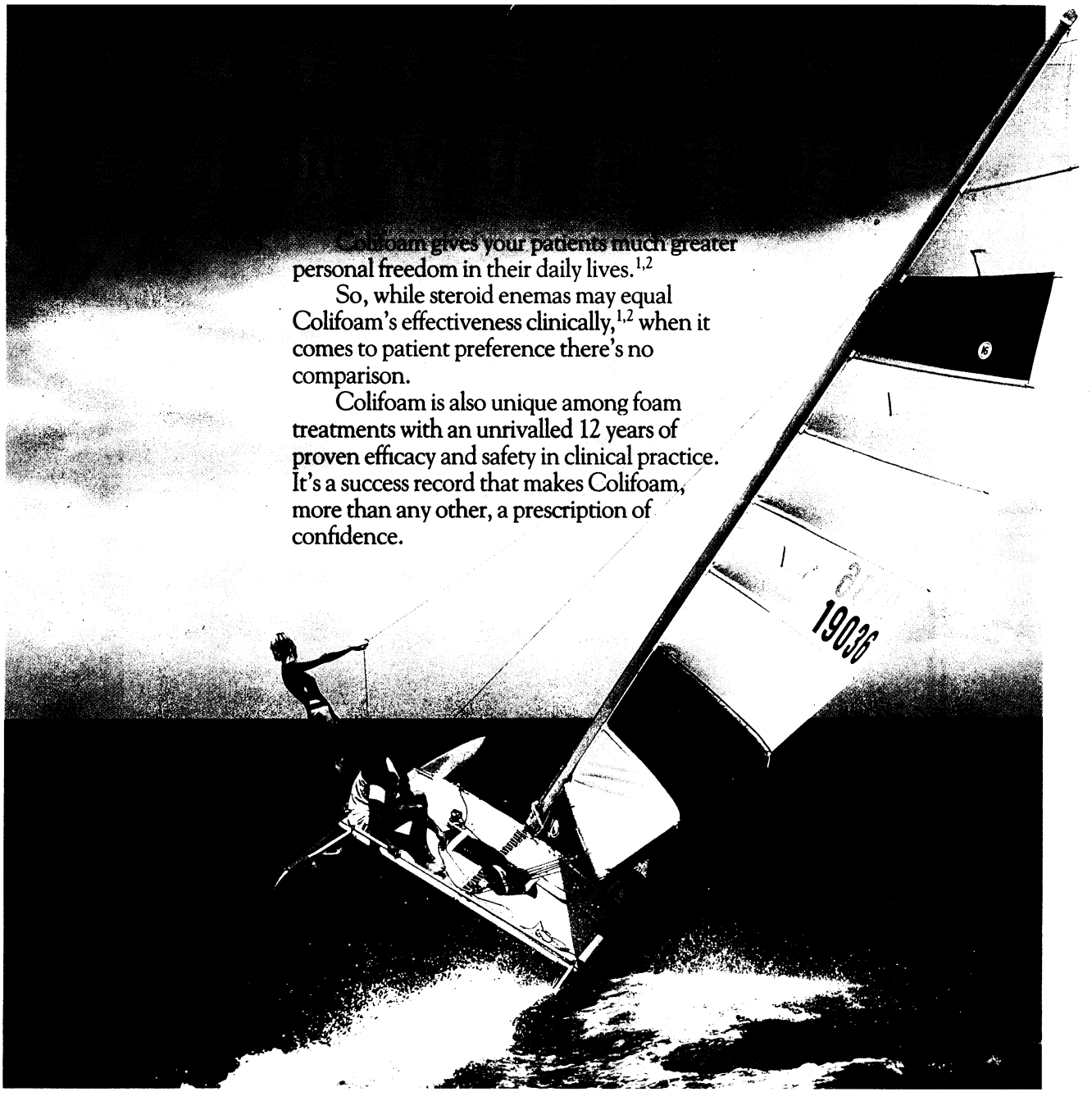
Efficacy of 'PEPCID' PM and ranitidine after intake at 6 p.m.
Median pH values for evening, night and day.[3]

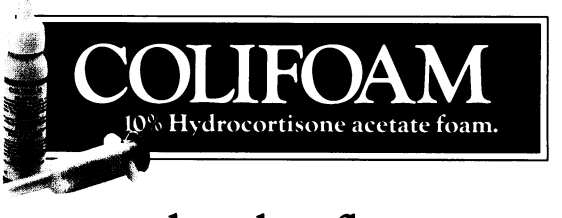
Adapted from Reference 3.

PEPCID™ PM

40mg

One at night can make their day





The proven choice in distal inflammatory bowel disease

1. Ruddell WSJ et al. Gut 1980; 21: 885-889 2. Somerville KW et al. British Medical Journal 1985; 291: 866

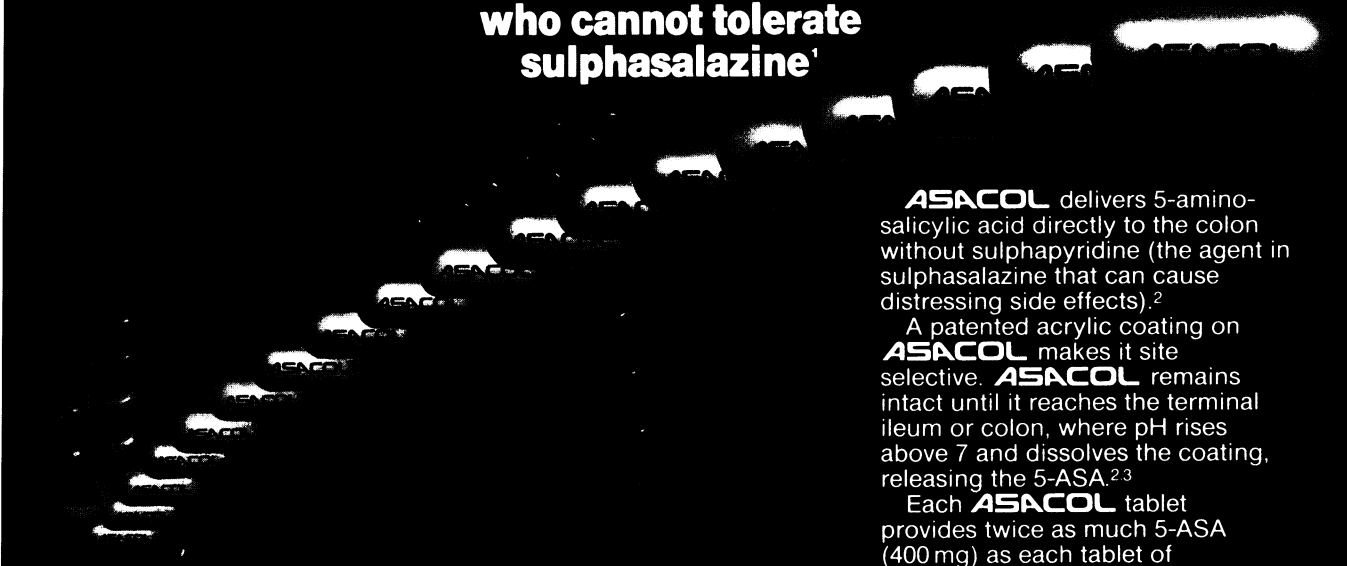
PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: Ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration: One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second 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. Further information is available on request.
Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

ASACOL

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients who cannot tolerate sulphasalazine[1]



ASACOL delivers 5-amino-salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).[2]

A patented acrylic coating on **ASACOL** makes it site selective. **ASACOL** remains intact until it reaches the terminal ileum or colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.[2,3]

Each **ASACOL** tablet provides twice as much 5-ASA (400 mg) as each tablet of sulphasalazine (200 mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** offers efficacy comparable to that of sulpha-salazine in maintaining the remission of ulcerative colitis.[4]

ASACOL

Direct Delivery to the Colon

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Red tablets containing 400 mg of mesalazine (5-aminosalicylic acid) coated for release in the terminal ileum and colon.

USES

For the maintenance of remission of ulcerative colitis in patients who cannot tolerate sulphasalazine.

DOSAGE AND ADMINISTRATION

Adults: 3 to 6 tablets daily in divided doses. There is no dose recommendation for children.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Contra-indications: a history of sensitivity to salicylates. Children under 2 years of age.

Precautions

Renal disorder. Mesalazine is excreted rapidly by the kidney mainly as its metabolite, N-acetyl 5-aminosalicylic acid. In rats large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. Although no renal toxicity has been reported in patients taking 'Asacol', it is not recommended in patients with renal impairment and caution should be exercised in patients with a raised blood urea or proteinuria.

'Asacol' should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Use during pregnancy

Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are generally greater than the possible hazards.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. 'Asacol' may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow and of sperm count and function, have not been reported with 'Asacol'.

LEGAL CATEGORY: POM. **PL:** 0424/0032.

Daily treatment cost: 66p-£1.31.

Licence Holder:
Tillotts Laboratories, Henlow Trading Estate, Henlow, Bedfordshire SG16 6DS.

Supplier:
Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY.

U.K. Patent No. 8322387 7 4 87

REFERENCES:

1. Dew M.J., Harries A.D., Evans B.K., et al. Treatment of ulcerative colitis with oral 5-aminosalicylic acid in patients unable to take sulphasalazine. *Lancet*, 1983, ii 801.

2. Dew M.J., Hughes P.J., Lee M.G., et al. An oral preparation to release drugs in the human colon. *Br. J. Clin. Pharmacol.*, 1982, 14 405-408.

3. Dew M.J., Ryder R.E.J., Evans N., et al. Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br. J. Clin. Pharmacol.*, 1983, 16 185-187.

4. Dew M.J., Hughes P.J., Harries A.D., et al. Maintenance of remission in ulcerative colitis with oral preparation of 5-aminosalicylic acid. *Br. Med. J.*, 1982, 285 1012.

5. Dew M.J., Harries A.D., Evans N., et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in high doses by mouth. *Br. Med. J.*, 1983, 287 23-24.

***Mesalazine is the British Approved name for 5-aminosalicylic acid.**

SK&F Smith Kline & French Laboratories Limited
A SMITHKLINE BECKMAN COMPANY
Welwyn Garden City, Hertfordshire AL7 1EY

TABLETS

New Evoxin

domperidone

activates the static stomach

for relief of nausea and vomiting

A move in the right direction

SRL

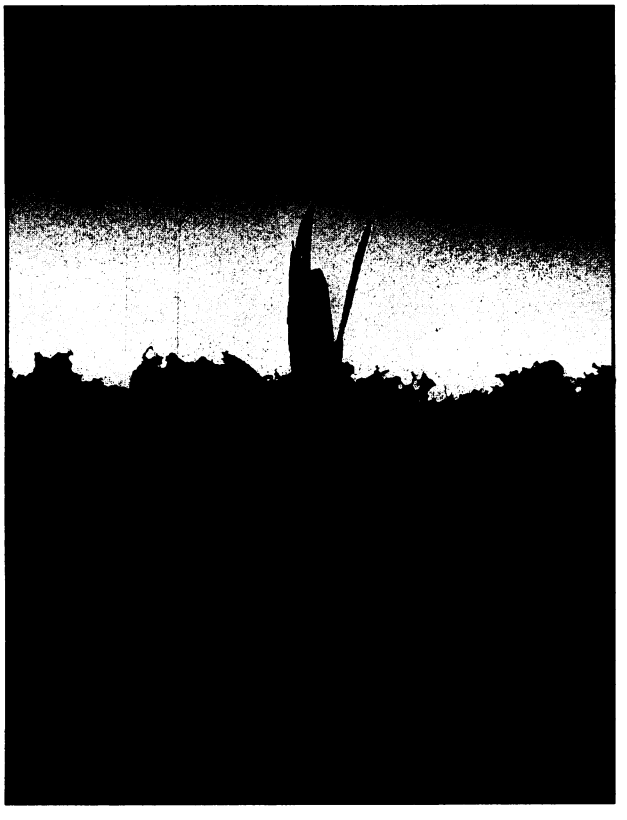
Evoxin is a trade mark. Full information available from Sterling Research Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.

(SRL0521)587

INTRODUCING

NEW AXID

NIZATIDINE



The new H_2 antagonist that starts life with a once-daily dosage.

PRESCRIBING INFORMATION APPEARS 3 PAGES FORWARD

Axid
Acid control by night

A single Axid capsule in the evening suppresses acid production only during the night when mucosal damage may occur.

Axid produces a high degree of efficacy in both pain relief and healing of duodenal and gastric ulcers,[1-3] together with a minimal suppression of daytime gastric acid.[4]

Axid causes minimal interference with other body systems; daytime serum gastrin levels are unaffected,[5] anti-androgenic effects are rare[6] and Axid does not bind to the P450 cytochrome system in the liver.[7]

Axid has been shown to have a favourable side effects profile in trials with over 3,800 patients.[8]

Axid has simple dosage parameters. A half-life of 1½ hours[9] (1.9 hours in patients over 65 years of age) means that dosage

Lilly

Minimal suppression of daytime gastric acid

adjustment is only necessary in patients with moderate to severe renal impairment, (creatinine clearance <50ml/min). Axid has not been shown to interact with a number of commonly administered drugs.[8]

A one-capsule, once-daily dosage and calendar pack presentation make patient compliance with Axid very easy.

NEW

AXID

NIZATIDINE

ONCE A DAY H_2 ANTAGONIST

PRESCRIBING INFORMATION APPEARS OVERLEAF

NEW

AXID

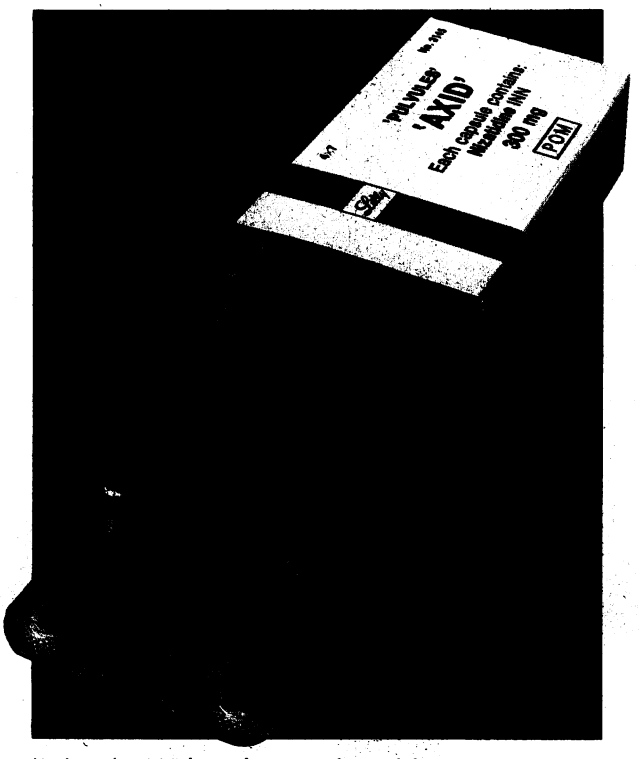
NIZATIDINE

One capsule in the evening

300mg in the evening for ulcer healing

150mg in the evening for maintenance therapy

- A highly effective H_2 antagonist[1-3]
- A favourable side effects profile[8]
- Once daily dosage
- Minimal suppression of daytime gastric acid[4]



▼ ABBREVIATED PRESCRIBING INFORMATION

Presentation: Capsules containing 150mg or 300mg nizatidine INN. **Uses:** For the treatment of duodenal and benign gastric ulcer, and prevention of duodenal ulcer recurrence. **Dosage and Administration:** (For full information, see data sheet). Axid is administered orally. *Adults:* For duodenal and benign gastric ulcer, the recommended daily dose is 300mg in the evening for 4 or, if necessary, 8 weeks. For prevention of duodenal ulcer recurrence, the recommended daily dose is 150mg in the evening. *The elderly:* Normally dosage modification is not required except in patients who have moderate to severe renal impairment. *Children:* Not recommended. *Patients with impaired renal function:* Moderate renal impairment (creatinine clearance less than 50ml/min), the dose should be reduced by 50% to 150mg in the evening. Severe renal impairment (creatinine clearance less than 20ml/min), the dose should be reduced by 75%, to 150mg on alternate days. Prevention of duodenal ulcer recurrence in moderate renal impairment (creatinine clearance less than 50ml/min), the dose may be reduced to 150mg on alternate days. Severe renal impairment (creatinine clearance less than 20ml/min), the dose may be reduced to 150mg every third day. **Contra-indication:** Known hypersensitivity to H_2-receptor antagonists. **Warnings:** Usage in pregnancy: The safety of nizatidine for use during pregnancy has not been established. *Usage in lactation:* Administer to nursing mothers only if considered absolutely necessary. *Drug interactions:* No interaction has been observed between nizatidine and aminophylline, theophylline, chlordiazepoxide, diazepam, metoprolol, warfarin or lorazepam. Nizatidine does not inhibit the hepatic cytochrome P450-linked drug metabolising enzyme system. **Precautions:** Patients with impaired liver or kidney function should be treated with caution (see data sheet). **Side-effects:** Possible side-effects include headache, asthenia, chest pain, myalgia, abnormal dreams, somnolence, rhinitis, pharyngitis, cough, pruritus, sweating and reversible, asymptomatic elevations of transaminases. *Overdosage:* There is no experience of overdose in humans. Tested at very high doses in animals, nizatidine has been shown to be relatively non-toxic. *Treatment:* Symptomatic and supportive therapy is recommended. Activated charcoal may reduce nizatidine absorption and haemodialysis may remove absorbed nizatidine. **Legal Category:** POM. **Product Licence Numbers:** Capsules 150mg 0006/0230. Capsules 300mg 0006/0231 **Basic NHS Cost:** Per 28-day calendar pack – 150mg capsules £11.52; 300 mg capsules £23.04. **Date of Preparation:** August 1987

▼ Special reporting to the CSM required. Full prescribing information is available from:

Eli Lilly & Company Limited
Kingsclere Road
Basingstoke,
Hampshire RG21 2XA
Telephone: (0256) 473241

References
1. Simon B et al, Scand J Gastroenterol 1987; 22: 61
2. Naccaratto R et al, Ibid 71.
3. Cerulli MA et al, Ibid 79.
4. Dammann HG et al, Ibid 56.
5. Kovacs TOG et al, Ibid 41.
6. Van Thiel DH et al, Ibid 24.
7. Klotz U, Ibid 18.
8. Cloud ML, Ibid 29.
9. Callaghan JT et al, Ibid 9.

'AXID' is a Lilly trade mark.

Lilly

WHERE RESEARCH BECOMES REALITY

AX.04

INFLAMMATORY BOWEL DISEASE

TREATMENT

AD·INFINITUM NOT AD·NAUSEAM

Salazopyrin EN-tabs®

enteric coated sulphasalazine

Salazopyrin EN-tabs 'ad infinitum' may mean therapy for life, but it may also mean a 4-fold reduction in relapse rate.[1]

Success depends on continued compliance,[2] – compliance on tolerability.

That is why Salazopyrin EN-tabs are enteric-coated to reduce local gastric effects,[3] like dyspepsia and nausea.

To encourage your patients to continue therapy even when they are in remission, prescribe Salazopyrin EN-tabs.

It's therapy 'ad infinitum' rather than 'ad nauseam'.

References 1. Dissanayake AS, Truelove SC, Gut, 1973;14:923-96 · **2.** Van Hees PAM, J.Clin.Gastroenterol, 1982;4:333-36 · **3.** Nielsen OH, Scand J.Gastroenterol, 1982;17:389-93.

PRESCRIBING INFORMATION

Presentation Orange elliptical convex film-coated tablets containing 0.5g sulphasalazine (USP) with Pharmacia logo on one side. **Uses** · **1** Induction and maintenance of remission of Ulcerative Colitis. **2** The treatment of active Crohn's disease. **Dosage and Administration** · Salazopyrin EN-tabs should not be broken or crushed. *A ULCERATIVE COLITIS Adults* Severe: 2-4 tablets four times a day given in conjunction with steroids as part of an intensive management regime. The night-time interval between doses should not exceed eight hours. In severe disease rapid passage of the tablets may reduce the effect of the drug. *Mild-moderate*: 2-4 tablets four times a day given in conjunction with steroids. *Maintenance*: With induction of remission reduce the dose gradually to four tablets per day in divided doses. This dosage should be continued indefinitely, since discontinuance even several years after an acute attack has been shown to be associated with a four fold increase in the risk of relapse. *Children*: The dose is reduced in proportion to body weight. Severe: 40-60mg/kg per day. Mild-Moderate: 40-60mg/kg per day · Maintenance: 20-30mg/kg per day. *B CROHN'S DISEASE* In active Crohn's disease, Salazopyrin EN-tabs should be administered as for severe ulcerative colitis. **Contra-indications** Sensitivity to sulphonamides and salicylates. Infants under 2 years of age. **Precautions** Blood checks and LFTs should be carried out monthly for 3 months. Care in renal or hepatic disease, in glucose-6-phosphate deficiency and porphyria. **Adverse Effects** The most commonly encountered reactions are nausea, headache, rash, loss of appetite and raised temperature. The following adverse reactions have been reported. Haematological: Heinz body anaemia, methaemoglobulinaemia, hypoprothrombinaemia, haemolytic anaemia, leucopenia, agranulocytosis, aplastic anaemia, megaloblastic anaemia, thrombocytopenia. Hypersensitivity reactions: Generalised skin eruptions. Stevens-Johnson syndrome, exfoliative dermatitis, epidermal necrolysis, pruritus, urticaria, photosensitisation, anaphylaxis, serum sickness, drug fever, periorbital oedema, conjunctival and scleral injection, arthralgia, allergic myocarditis, polyarteritis nodosa, LE-phenomenon and lung complications with dyspnoea, fever, cough, eosinophilia, fibrosing alveolitis. Gastro-intestinal reactions: Stomatitis, parotitis, pancreatitis, hepatitis. CNS reactions: Vertigo, tinnitus, peripheral neuropathy, ataxia, convulsions, insomnia, mental depression and hallucinations. Fertility: Oligospermia, reversible on discontinuance of drug. Renal reactions: Crystalluria, haematuria, proteinuria and nephrotic syndrome. **Pregnancy and Lactation** Long term clinical usage and experimental studies have failed to reveal any teratogenic or icteric hazards. Amounts of drug in milk should not present a risk to a healthy infant. **Presentation and Legal Status** POM · PL0009/5007R. EN-tabs 125 (special pack for the disabled) £11.94 · EN-tabs 500 £42.58.

Further information available from Pharmacia Ltd., Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP. Salazopyrin and EN-tabs are registered trade marks. 1 March 1987.

Pharmacia

NEW

For the relief of symptoms of

DUMPING SYNDROME

"The favourable effect of the addition of guar gum to the meals of patients suffering from the dumping syndrome is based on the normalization (i.e. slowing down) of the passage of food from the stomach to the duodenum and jejenum, and hence the slowing down of the absorption of nutrients, especially monosaccharides, and the prevention of a rapid postprandial increase in intraluminal osmolarity in the duodenum[6]."

- ★ **slows gastric emptying[1–3]**
- ★ **binds bile acid[8]**
- ★ **reduces hyperglycaemia and hyperinsulinaemia[4–5]**
- ★ **helps improve patient comfort, food tolerance and nutritional status[6–7]**

Guarem®

Guar 5g

References 1. Jenkins et al **Br.Med.J.** 1978. 1, 1392 2. Blackburn et al **Clin.Sc.** 1984. **66,** 329. 3. Leeds et al **Lancet** 1981, 1, 1075. 4. Jenkins **Proc.Soc.Exp.Biol.** 1985. **180,** 422 5. Fuessl et al **Pract.Diab.** 1986. **3,** 258. 6. Harju & Larmi **J.Parent.Ent.Nutr.** 1983. **7,** 470. 7. Harju & Makela **Amer.J.Gastroent.** 1984. **79,** 861. 8. Hanson et al **Hepato-Gastroent.** 1983. **30,** 161

Clinical Information

Action. Guar gum which is derived from natural sources is a high molecular weight polysaccharide, galactomannan. In solution it (i) increases gastric transit time and (ii) slows the rate of absorption of other carbohydrates leading to a reduction in post-prandial hyperglycaemia and insulin secretion. Guar gum is not absorbed and remains chemically unchanged until it reaches the colon where it is broken down before excretion. **Indication.** The relief of the symptoms of the 'dumping syndrome'. **Dosage & Administration.** Adults One 5g sachet to be taken with each main meal. The contents of a sachet are preferably sprinkled evenly over a meal on the plate or stirred into suitable foods (e.g. tomato juice, yoghurt, muesli, etc), in which case the food should be accompanied by a drink of 150ml (¼ tumbler). **Contra-Indications, Warnings, etc.** To avoid any risk of oesophageal obstruction or rupture, this product should not be given to patients with a history of oesophageal disease or difficulty in swallowing. While Guarem may be expected to reduce malabsorption, usual monitoring of nutritional status should be continued. Guarem should not be ingested as dry granules. **Side-Effects.** Gastro-intestinal symptoms (flatulence, diarrhoea) are quite common at the commencement of treatment. These can be reduced or avoided by initiating treatment gradually, in accordance with advice on the pack. **Presentation.** Sachets, each containing guar gum granules 5 grams. The fine pale cream granules are tasteless and readily water-miscible. Cartons of 100 sachets. **Product Licence Numbers.** PL0237/0023 & 0026. PA 3/6/1. Further information available from Rybar Laboratories Ltd., Amersham, Bucks, UK.

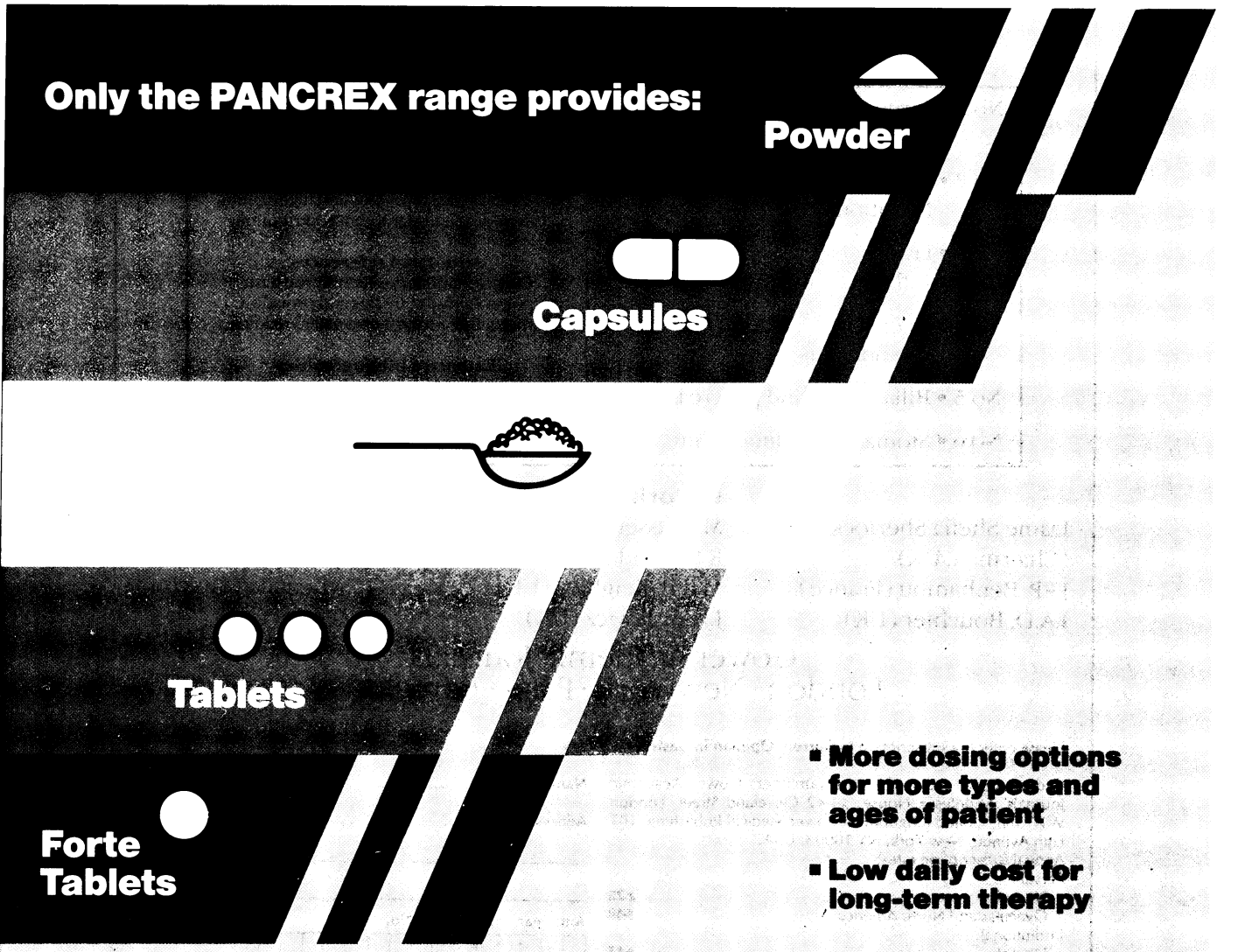
Rybar

Extend the range...

of pancreatic enzyme therapy
with the five flexible forms of

PANCREX®

(pancreatin)



- **More dosing options for more types and ages of patient**
- **Low daily cost for long-term therapy**

ABRIDGED PRODUCT INFORMATION
Full prescribing information is available and should be consulted before prescribing.

Indications: Fibrocystic disease of the pancreas (cystic fibrosis), chronic pancreatitis and pancreatic steatorrhoea following pancreatectomy. May also be indicated following gastrectomy as an aid to digestion.

Minimum activity in BP Units:

PREPARATION	PROTEASE	LIPASE	AMYLASE
PANCREX V POWDER	1400/g	25,000/g	30,000/g
PANCREX GRANULES	300/g	5,000/g	4,000/g
PANCREX V CAPSULES	430	8,000	9,000
PANCREX V CAPSULES '125'	160	2,950	3,300
PANCREX V TABLETS	110	1,900	1,700
PANCREX V FORTE TABLETS	330	5,600	5,000

PABYRN

Dosage:
PANCREX V POWDER: 1/2-2g swallowed dry or mixed with water or milk, 4 times daily with meals.
PANCREX GRANULES: 5-10g swallowed dry or mixed with water or milk, 4 times daily before meals.
PANCREX V CAPSULES: Infants – contents of 1-2 capsules mixed with feeds. Older children/adults – 2-6 capsules, 4 times daily with meals.
PANCREX V CAPSULES '125': Neonates 1-2 capsules with feeds
PANCREX V TABLETS: 5-15 tablets, 4 times daily before meals
PANCREX V FORTE TABLETS: 6-10 tablets, 4 times daily before meals.

Main Contra-indications/Warnings:
If Pancrex V is mixed with feeds or liquids, the mixture should be consumed within one hour.
In the case of newborn infants high dosage of Pancrex V may result in irritation around the mouth and anus. Barrier creams will prevent such local irritations.
Rare cases of hyperuricosuria have been reported after taking extremely high doses of Pancreatin.

Basic NHS Cost: Pancrex V Powder 100g £6.53, 250g £13.90. Pancrex V Capsules 100 £3.71, 500 £14.37. Pancrex V Capsules '125' 500 £10.89. Pancrex Granules 100g £4.79, 500g £19.16. Pancrex V Tablets 100 £1.79, 500 £4.79. Pancrex V Forte Tablets 100 £3.23, 500 £12.46.

Product Licence Numbers: Pancrex V Powder 0051/5004, Pancrex V Capsules 0051/5043, Pancrex V Capsules '125' 0051/5104, Pancrex Granules 0051/5003, Pancrex V Tablets 0051/5002, Pancrex V Forte Tablets 0051/5000.

Paines & Byrne Limited
Bilton Road, Greenford, Middlesex UB6 7HG

(pancreatin)

ISSN 0399-8320

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 11. N° 8-9 *August-September 1987*

CONTENTS

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