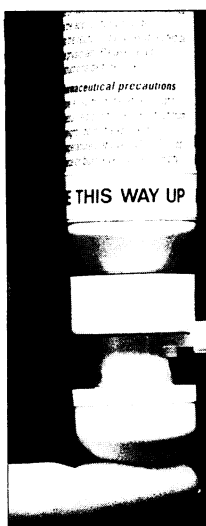
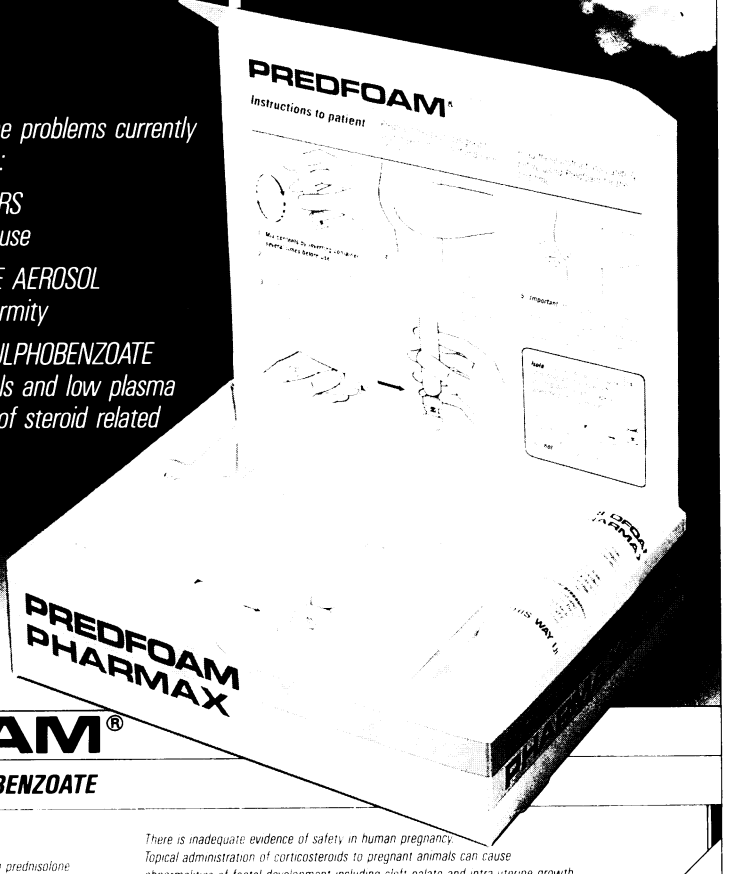
Ulcerative Colitis?

dispose of a problem...





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

- *DISPOSABLE APPLICATORS*
  — Clean and simple to use
- *UNIQUE METERED DOSE AEROSOL*
  — Ensures dosage uniformity
- *PREDNISOLONE METASULPHOBENZOATE*
  — High local tissue levels and low plasma levels[1]: reduced risk of steroid related side effects

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) Data on file (Pharmax)

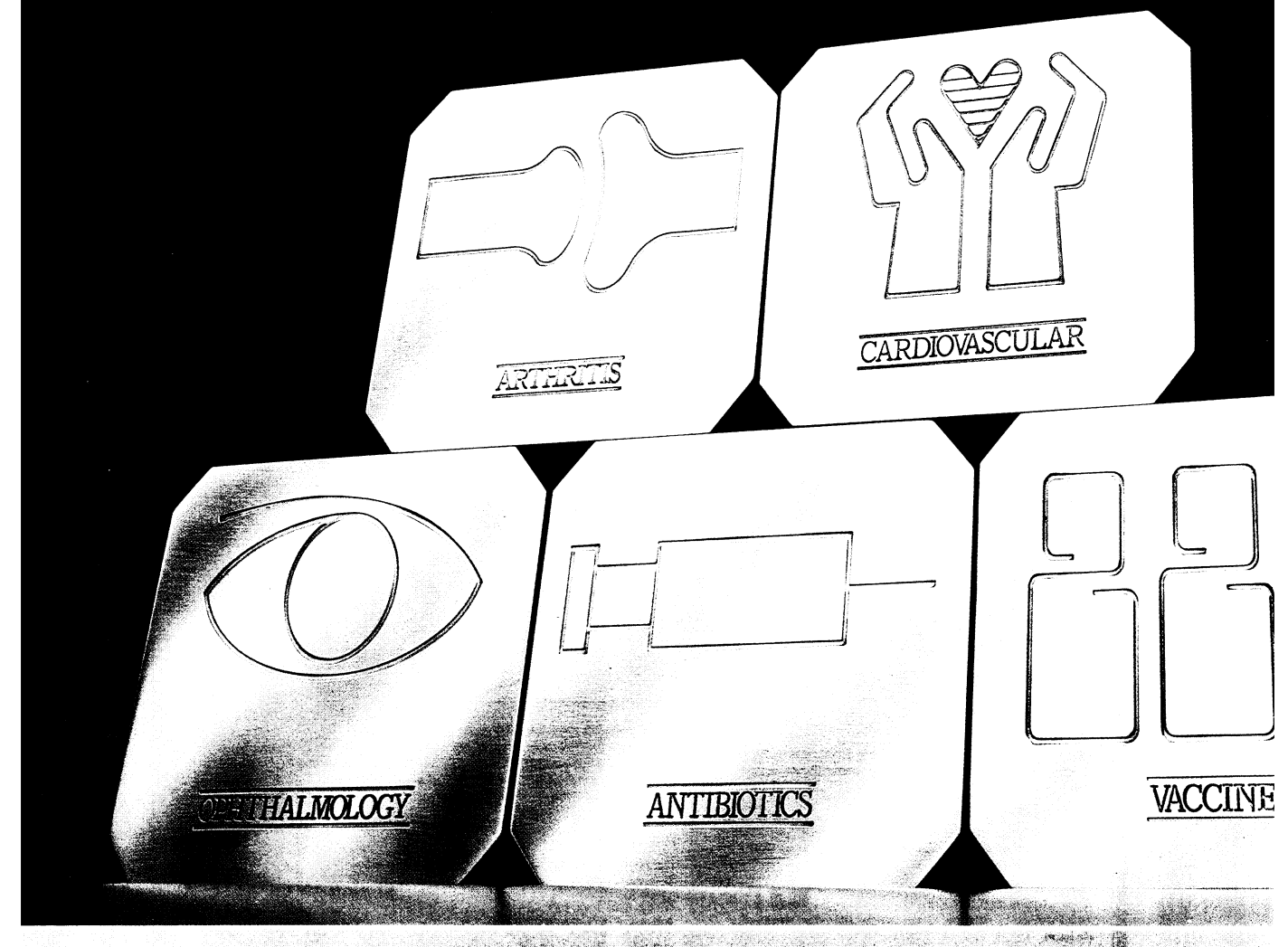
Full information is available on request

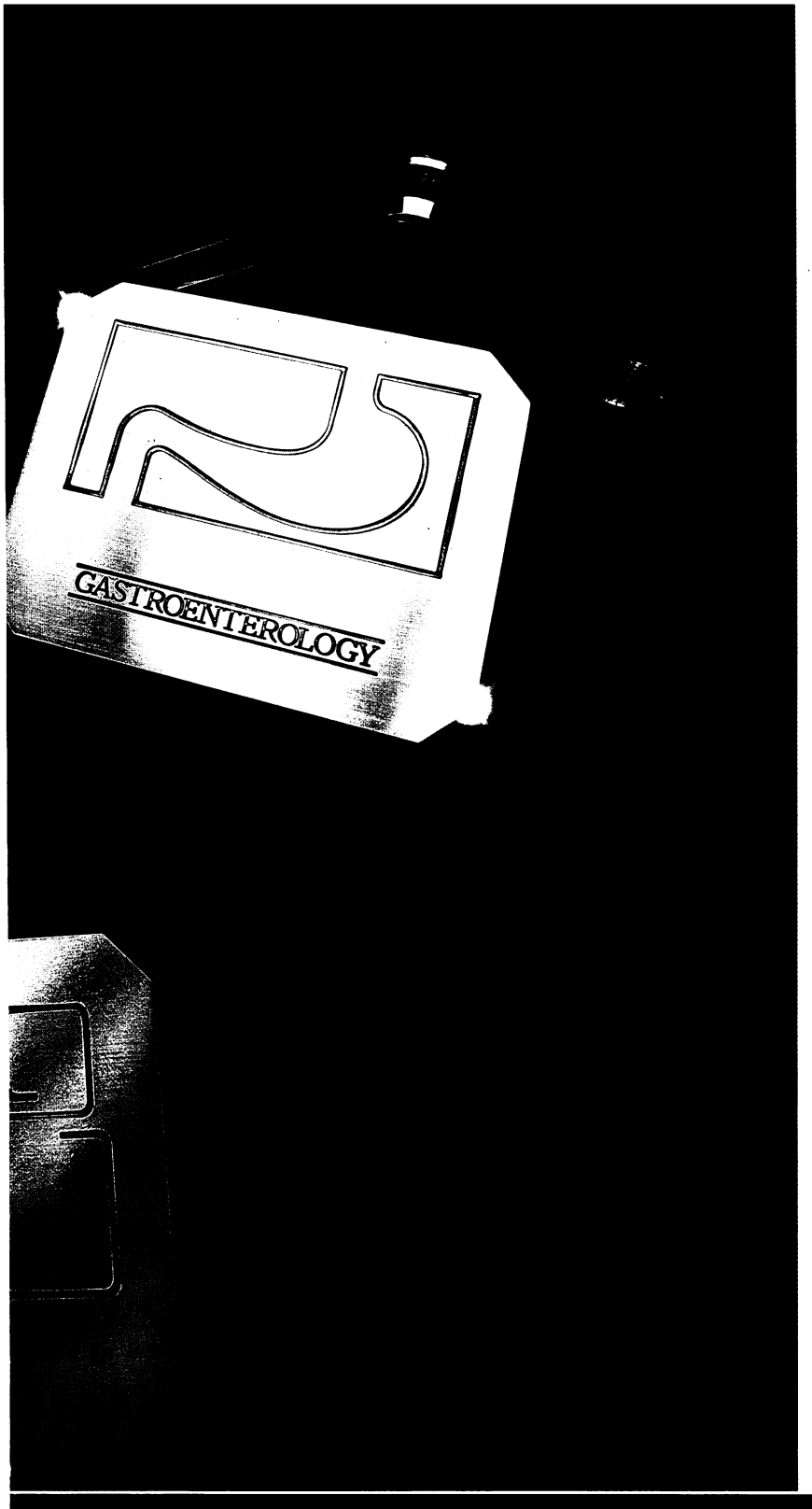
PHARMAX LIMITED
Bourne Road, Bexley, Kent DA5 1NX
Telephone 0322 91321

NEW

THOMAS MORSON PHARMACEUTICALS

BUILDING FOR THE FUTURE





Building on strength
On the strength of our parent company, Merck Sharp & Dohme Limited, one of the largest manufacturers of prescribed medicines in the world.

Building on experience
On the foundations of the extensive history of Thomas Morson Pharmaceuticals, which spans over a century.

Building on research and commitment
On the benefits of sharing over £250 million invested annually by MSD on research, which has helped establish Thomas Morson Pharmaceuticals in a wide range of therapeutic areas, including arthritis and cardiovascular disease.

Building for the future
A future committed to improved patient care through medical advances in all therapeutic areas, notably gastroenterology, and the beneficial implications for the many thousands of sufferers of distressing digestive disorders.

Thomas Morson Pharmaceuticals–new directions, new purposes

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

3-87 GEN.86 GB.1907.J

Colifoam gives your patients much greater personal freedom in their daily lives.[1,2]

So, while steroid enemas may equal Colifoam's effectiveness clinically,[1,2] when it comes to patient preference there's no comparison.

Colifoam is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice. It's a success record that makes Colifoam, more than any other, a prescription of confidence.

COLIFOAM

10% Hydrocortisone acetate foam.

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-aminosalicylic 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 sulphasalazine 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

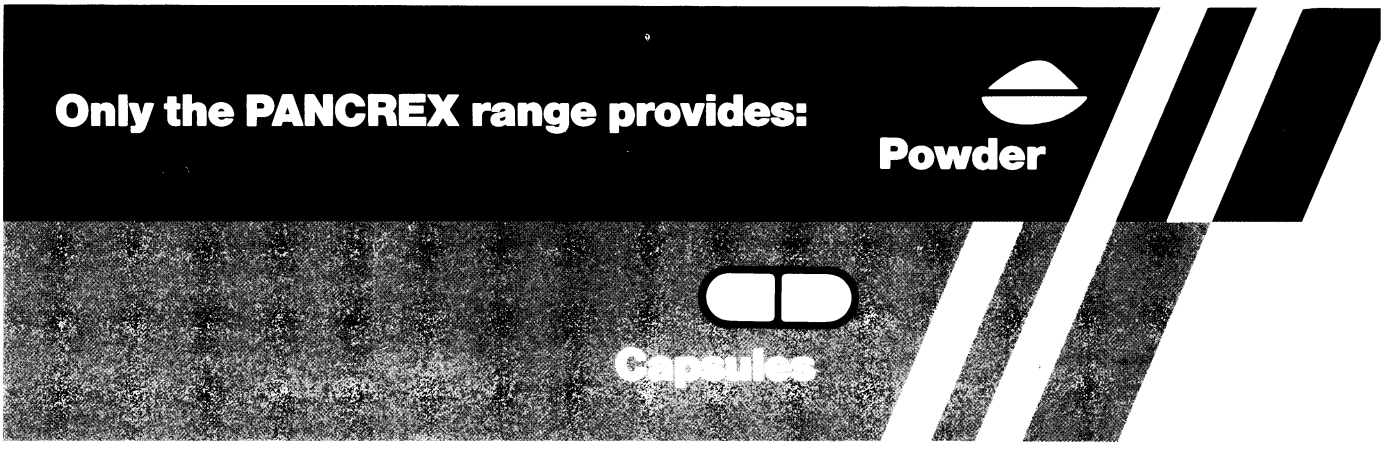
Extend the range...

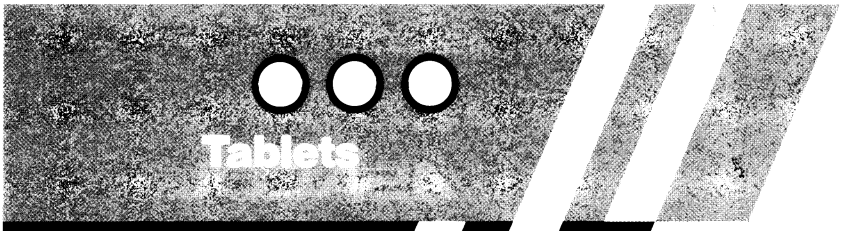
of pancreatic enzyme therapy
with the five flexible forms of

PANCREX®

(pancreatin)

Only the PANCREX range provides:





Forte Tablets

- **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.

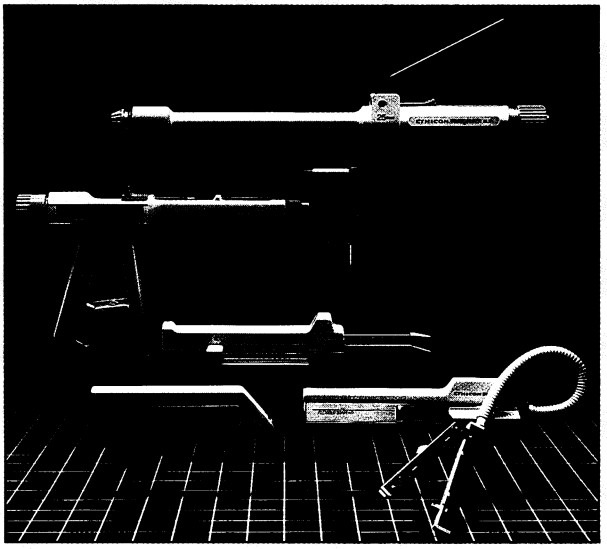
Product Licence Numbers: Pancrex V Powder 0051/5004, Pancrex V Capsules 0051/5043, Pancrex V Capsules '125' 0051/5104, Pancrex Granules 0051/5003, Pancrex V Tablets 0051/5002, Pancrex V Forte Tablets 0051/5000.

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

(pancreatin)

PROXIMATE*
DISPOSABLE STAPLING RANGE

INNOVATION IN SURGICAL STAPLING



Modern wound closure now incorporates many technological advances. ETHICON offer the comprehensive PROXIMATE DISPOSABLE STAPLING RANGE.

The range of PROXIMATE Staplers provides a versatile, reliable, and economic stapling system with application in a wide range of operative procedures.

PROXIMATE Staplers are safe, fast, and efficient to meet the demands of modern surgery. Packaging and distribution are designed to optimise inventory and cost levels.

A full service back up is given to meet the needs of today's Surgeons and Hospital Staff.

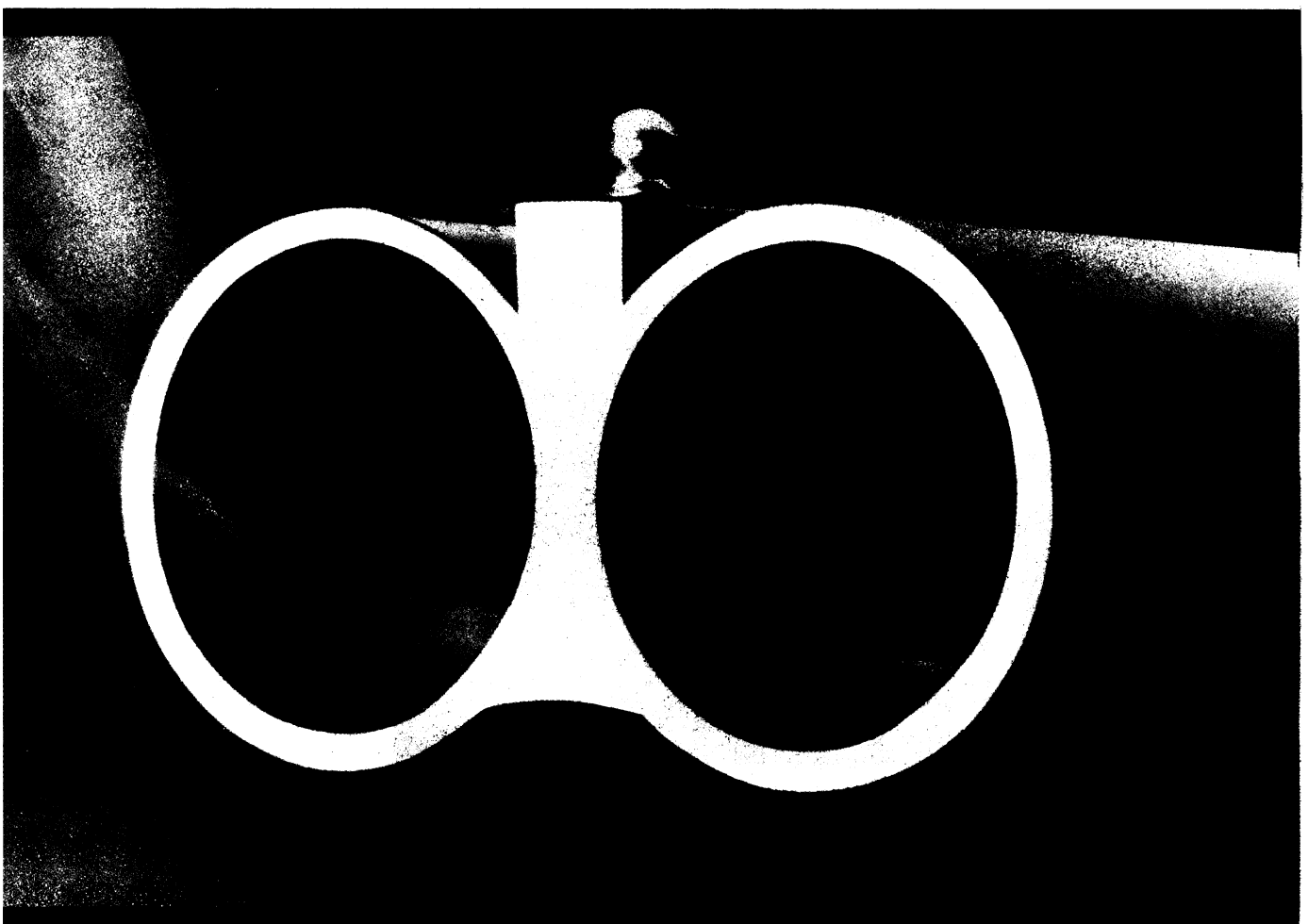
DISPOSABLE MATE* STAPLING RANGE

ETHICON*

a Johnson & Johnson company

ETHICON Ltd., P.O. Box 408, Bankhead Avenue, Edinburgh EH11 4HE, Scotland.

De-Nol gives ulcer



So they tend not t

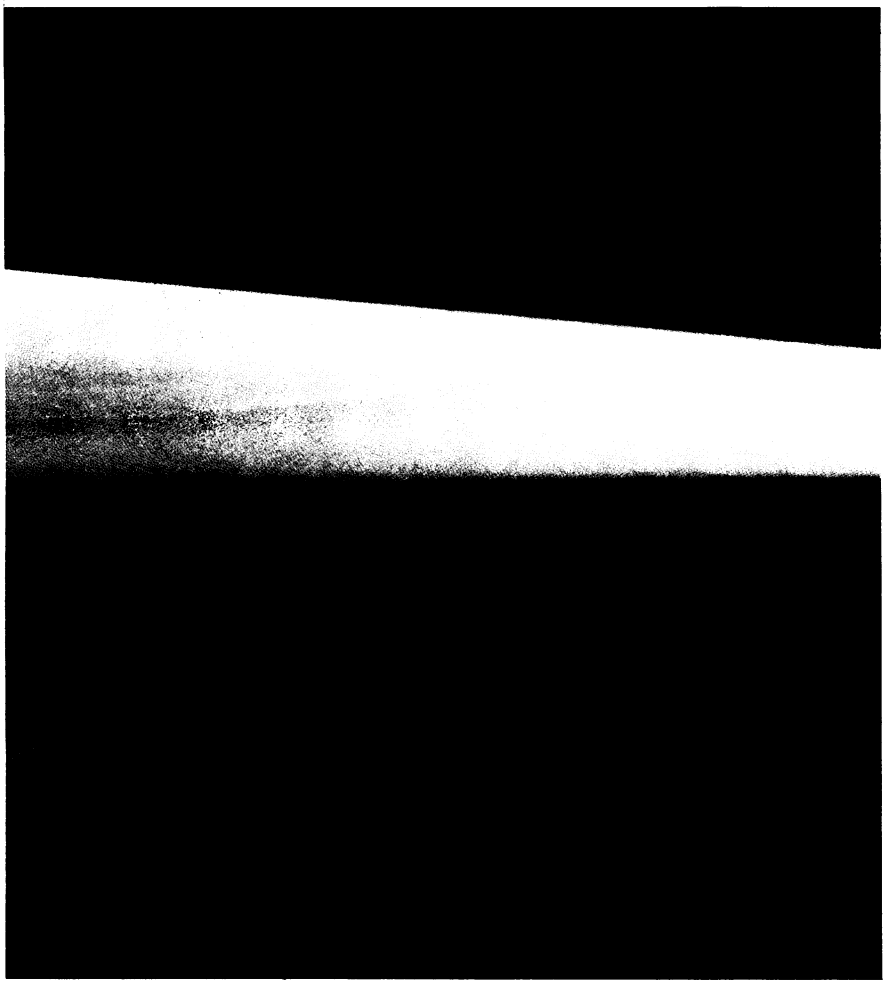
REFERENCES: 1. Ward, M. et al, Digestion, 1986; 34: 173-177. **2.** Bianchi Porro et al, Scand. J. Gastro. 1984, 19: 905-908. **3.** Lee, F. et al, Lancet (1): 1299-1302 (1985). **4.** Cipollini, F. et al, Brit. J. Clin. Pract. Vol 41: 4 (1987). **5.** Martin, D. et al, Lancet (1): 7-10 (1981). **6.** Hamilton, I. et al, Gut 27: 106-110 (1986). **7.** Bianchi Porro et al, Gut 25: A565 (1984). **8.** Konturek, S.J. et al, Gut 28: 201-205 (1987). **9.** Marshall, B. et al, Lancet (1) 1984: 1311-1314. **10.** Rathbone, B.J. et al, Gut 27: 635-641 (1986).

PRESENTATION: Each tablet or 5 ml dose contains 120 mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). **USES:** Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **DOSAGE AND ADMINISTRATION:** By oral administration. **Adults:** The more convenient dosage is two tablets or two 5 ml spoonsful twice daily (half an hour before breakfast and half an hour before the evening meal) for 28 days. If necessary a further month's treatment may be given. Maintenance therapy with De-Nol is not indicated, but treatment may be repeated after an interval of one month. The tablets are to be taken with a draught of water and each 10 ml dose of the liquid diluted with 15 ml of water. **Children:** Not recommended.

Gist-brocades

s both barrels.

NEW FORMULATION, NEW DOSAGE 2 b.d.



o come back.

De-Nol has a clinical benefit which goes beyond merely healing ulcers as effectively as the H_2 antagonists.[1,2,3,4]

Quite simply, an ulcer healed with De-Nol is less likely to come back than one healed with an H_2 antagonist. This remarkable observation was first made in a trial published in the Lancet in 1981[5] and has subsequently been confirmed by further clinical trials.[3,6,7]

The reasons for this benefit appear to be twofold. Firstly, De-Nol is a cytoprotective, enhancing mucosal defence through the stimulation of mucosal prostaglandins.[8] Secondly, De-Nol is antibacterial to Campylobacter pyloridis[9], a bacterium recently shown to be a potential aggressive factor in the development of gastritis and ulcer disease.[10]

Treatment is simple now with the new formulation. As simple as swallowing two tablets, morning and evening.

℞ **De-Noltab 2 b.d.**

De-Nol®

tri-potassium di-citrato bismuthate

REBALANCES THE ULCER EQUATION

CONTRA-INDICATIONS, WARNINGS: De-Nol/De-Noltab should not be administered to patients with renal disorders and, on theoretical grounds, is contra-indicated in pregnancy. **Special precautions:** De-Nol/De-Noltab may inhibit the efficacy of orally administered tetracyclines. **Side effects:** Blackening of the stool usually occurs; nausea and vomiting have been reported. Darkening of the tongue may occur with De-Nol liquid only. **Overdosage:** No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **LEGAL CATEGORY:** P. **PACKAGE QUANTITIES:** De-Noltab: Treatment pack of 112 tablets. De-Nol: Treatment pack of 560 ml. **BASIC N.H.S. PRICE:** De-Noltab: £18.90. De-Nol: £12.74. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

Brocades/Great Britain/Limited, West Byfleet, Surrey.

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.

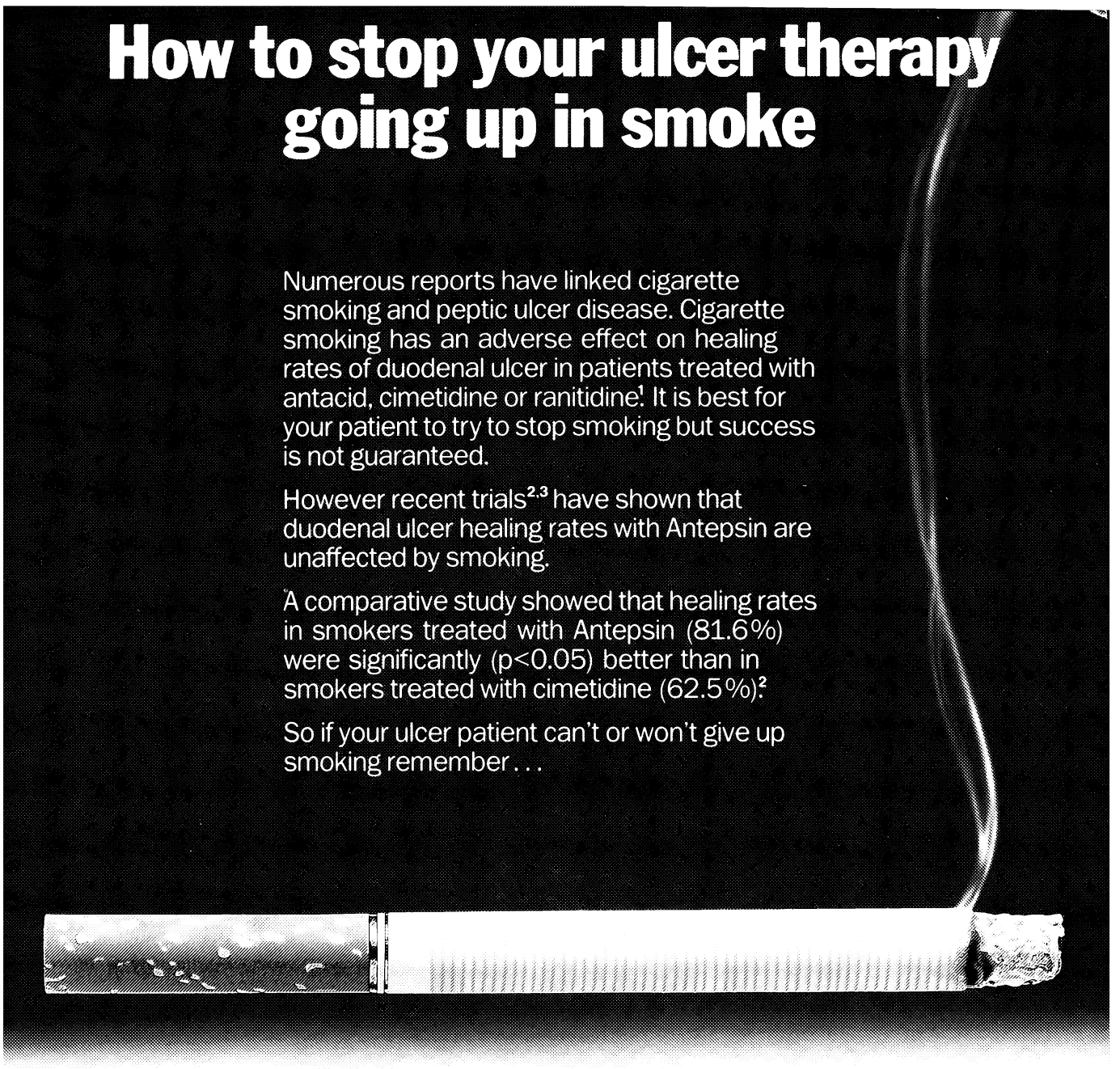
PRESCRIBING INFORMATION

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

How to stop your ulcer therapy going up in smoke



Numerous reports have linked cigarette smoking and peptic ulcer disease. Cigarette smoking has an adverse effect on healing rates of duodenal ulcer in patients treated with antacid, cimetidine or ranitidine[1]. It is best for your patient to try to stop smoking but success is not guaranteed.

However recent trials[2,3] have shown that duodenal ulcer healing rates with Antepsin are unaffected by smoking.

A comparative study showed that healing rates in smokers treated with Antepsin (81.6%) were significantly ($p<0.05$) better than in smokers treated with cimetidine (62.5%)[2].

So if your ulcer patient can't or won't give up smoking remember...

Antepsin®
sucralfate
heals smokers' ulcers

Abbreviated Prescribing Information
Refer to data sheet for full prescribing information.
Presentation: Antepsin tablets contain 1 gram sucralfate, PL0607/0045, PA149/4/2, pack size 100 tablets, £12.50. **Uses:** duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration:** Adults, orally 1 gram 4 times a day to be taken one hour before meals and at bedtime. For ease of administration Antepsin tablets may be dispersed in 10-15ml of water. **Precautions:** renal dysfunction, pregnancy, nursing women (see data sheet). **Drug Interactions:** Antepsin may reduce the bioavailability of certain drugs; tetracycline, phenytoin, cimetidine and digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Warfarin (see data sheet). **Side-effects:** constipation. **Legal Category:** POM.

References
1. Richardson C.T. Am J Med 1985; 78 Suppl 2c: 1-7.
2. Lam S.K. et al Data presented at the World Congress of Gastroenterology, Rouge 1986.
3. Rhodainster G. Am J Med 1985; 78 Suppl 2c: 35-45.

Date of preparation: December 1985.
Antepsin is a registered trade mark. 533-12-86

Ayerst International

Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711
Distributors in Ireland: Ayerst Laboratories Ltd.
765 South Circular Road, Islandbridge, Dublin 8.

Recent clinical evidence..

... strongly supports the role of Guarem for the symptomatic relief of the Dumping Syndrome.

Reduction in Symptoms after Proximal Selective Vagotomy through Increased Dietary Viscosity

E. Harju and J. Mäkelä

Guar gum and glucose tolerance

DIETARY FIBER

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]
- ★ **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.

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 (⅓ 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

For the treatment of irritable bowel syndrome

THIXOTROPIC PASTE FORMULATION FOR SUSTAINED RELIEF

First Line Therapy . . . Naturally

PRESCRIBING INFORMATION

Presentation: Enteric-coated hard gelatin capsule. Each contains 0.2ml standardised peppermint oil B.P., Ph. Eur. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years.

Contra-indications, Precautions, Warnings, etc.: The capsule should not be broken or chewed. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. **Adverse effects:** Heartburn, sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Product Licence** PL 0424/0009. **Basic NHS Cost:** £10.58 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds.

European Patent No. 0015334 **UK Patent No.** 2006011

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Technical Data Overleaf

TECHNICAL DATA

DATA SHEET

PDS* (Polydioxanone) Sterilised Monofilament Synthetic Absorbable Suture

Presentation
PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_3)n$. PDS (Polydioxanone) sutures are coloured by adding either D & C blue No 6 (gauges metric 0.2 and 0.3, 10/0 and 9/0) or D & C violet No 2 (gauges metric 0.4 to 5.0, 8/0 to 2) during polymerisation. These sutures may also be manufactured undyed (clear).

PDS (Polydioxanone) sutures are relatively inert, non-antigenic, non-pyrogenic and elicit only a mild tissue reaction during absorption.

Action
Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second, absorption rate or loss of mass.

Data obtained from implantation studies in rats show that, at two weeks post implantation, approximately 70% of the suture strength is retained whilst at four weeks the strength retention is approximately 50%. At eight weeks approximately 14% of the original strength remains. *This indicates a significantly longer period of wound support than previously available with an absorbable suture.*

The absorption or loss of mass is minimal until about the 90th post implantation day and is essentially complete within six months.

Uses
PDS (Polydioxanone) monofilament sutures are intended for use where an absorbable suture or ligature is indicated. They may have particular application where longer wound support is required. See strength retention data above.

Dosage and Administration
By implantation.

Contra-indications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

As with all monofilament synthetic sutures, care should be taken to ensure proper knot security.

Conjunctival, cuticular and vaginal epithelium sutures could cause localised irritation if left in place for longer than 10 days. Superficial placement of subcuticular sutures may also be associated with erythema and reaction during the course of absorption.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiac tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category P
Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities
The gauge range initially available will be 0.2 metric (10/0) to 5 metric (2). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sale is 12 or 24 packs contained in a film wrapped drawer style carton.

Further Information
No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos 0508/0011 (dyed); 0508/0012 (clear).
Br Pat No 1 540 053.

Date of preparation of Data Sheet—September 1982
Revised 8/1986.

DATA SHEET

Coated VICRYL* (Polyglactin 910) Sterilised Braided Synthetic Absorbable Suture

Presentation
The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)m(C_3H_4O_2)n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

Coated VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Sutures may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action
Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second, absorption rate or loss of mass.

Subcutaneous tissue implantation studies of Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses
Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration
By implantation

Contra-indications, Warnings, etc.
These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 7 days and should be removed as indicated.

At the discretion of the surgeon, appropriate non-absorbable sutures may be used to provide additional wound support when coated VICRYL sutures are used in ophthalmic procedures.

The safety and effectiveness of Coated VICRYL (polyglactin 910) Sutures in neural tissue and in cardiovascular tissue have not been established.

Pharmaceutical Precautions
Do not re-sterilise.

Legal Category
Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities
Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

Further Information
No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence No 0508/0009
Br. Pat. No. 1583390

Date of Preparation of Data Sheet April 1981.
Revised 4/1987.

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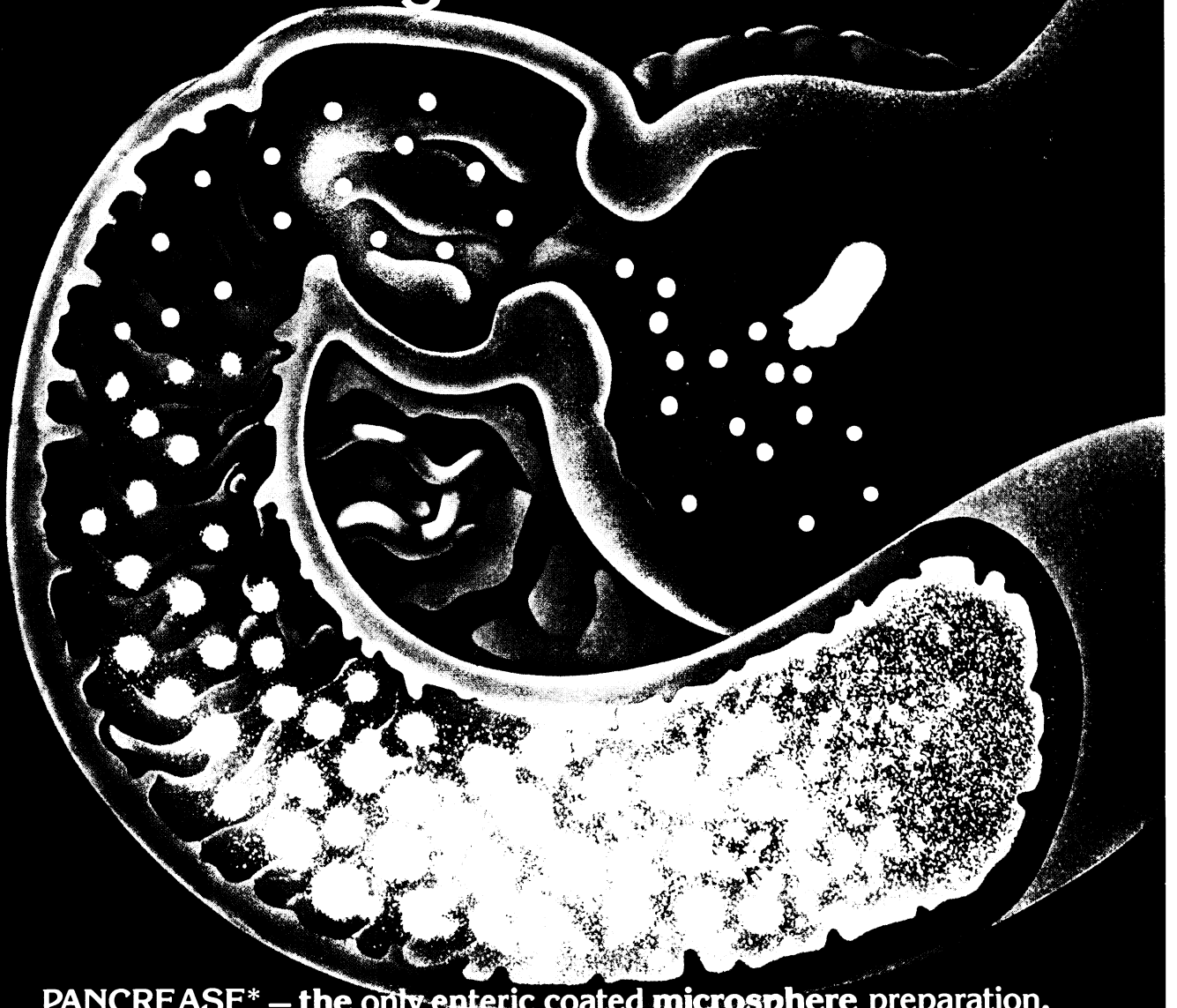

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PRESCRIBING INFORMATION – PANCREASE* Capsules

Presentation: Hard white gelatin capsules containing enteric coated beads of pancreatin BP. Each capsule has a protease activity of not less than 330 BP Units and amylase activity of not less than 2,900 BP Units and lipase activity of not less than 5,000 BP Units. **Uses:** Exocrine pancreatic enzyme deficiency. **Dosage and administration:** For adults and children 1 or 2 capsules during each meal and one capsule with snacks. To protect the enteric coating the beads should not be crushed or chewed. **Contra-indications, warnings, etc.** Hypersensitivity to pork protein. The safety of Pancrease* during pregnancy has not yet been established. Such use is not recommended. The most frequently reported adverse reactions to Pancrease* Capsules are gastrointestinal in nature. Contact of the beads with food having a pH higher than 5.5 can dissolve the protective enteric shell. **Pharmaceutical precautions:** Keep bottle tightly closed. Store at room temperature in a dry place. Do not refrigerate. **Legal category:** P. **Package Quantities:** Containers of 100 capsules. **Basic NHS Cost:** £15.98 (for 100 capsules). **Product Licence Number:** PL 76/129.

ORTHO Cilag

Further information available from:
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So what has Lilly ever done for Britain?

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The Second World War seems as good a place as any. By 1942 around one third of the production capacity of our newly-built Basingstoke factory was devoted to producing medicines for Britain's armed forces.

From foot powders to burn treatment, products manufactured by Lilly played their part in Britain's war effort.

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In 1939 we opened our first manufacturing plant in Britain, at Basingstoke. In those days the town had a population of less than 20,000. Today it is a busy commercial centre of 90,000 people.

As one of Basingstoke's biggest and longest-established employers, we are proud of our role in the town's growth and current success.

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At Speke on Merseyside, our antibiotics processing plant provides much needed jobs for 900.

In fact, our Speke General Manager was recently awarded an OBE for his 'outstanding contribution to alleviating the problems of Merseyside.'

Add in our other UK operations, including our research centre in Surrey, and Lilly Industries Limited employs over 2,000 people throughout Britain.

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Leaving aside our contribution to the economy's well-being, we also do a considerable amount for the nation's health.

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It was Lilly who pioneered the Vinca Alkaloid group of compounds. These are widely used in Britain in the treatment of childhood leukaemia and are described by the Oxford Textbook of Medicine as 'indispensable.'

Thanks in part to this discovery, a condition that once almost always condemned young sufferers to death now has a vastly improved prognosis.

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Lilly Industries Limited ranks among Britain's top exporters. Products manufactured here are distributed around the world, netting millions for Britain's balance of payments each year.

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Our investment in Britain now tops over £140 million. In the last five years alone we have ploughed back £80 million. What is more, with our continued commitment to innovative pharmaceutical fields such as rDNA technology, we'll be spending a lot more in Britain in the next few years.

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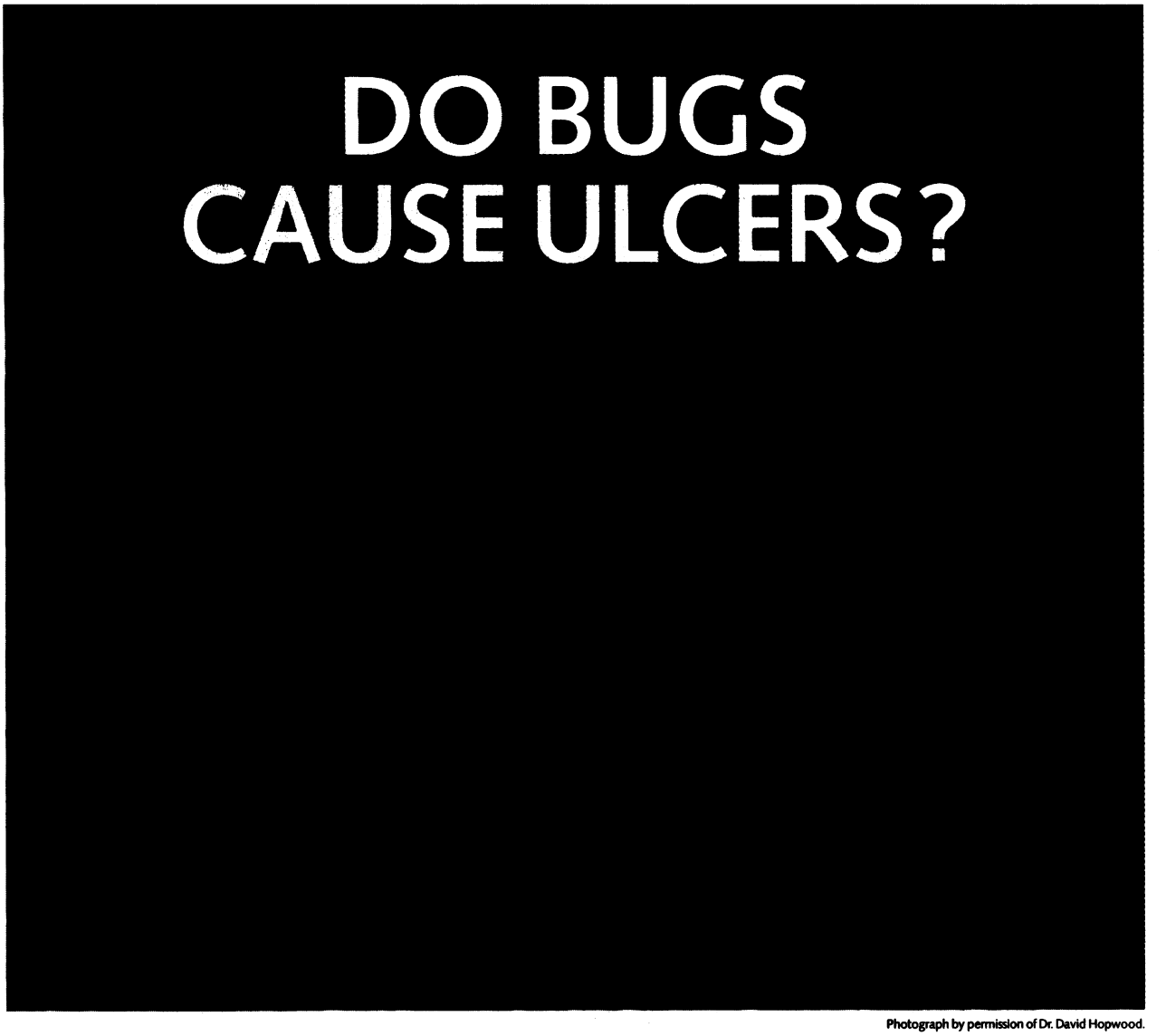
DO BUGS CAUSE ULCERS?



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Recent work has shown that a bacterium, Campylobacter pyloridis, is present on the gastric mucosa of almost all peptic ulcer patients.[1] Its eradication or recolonisation seems to be related to healing and relapse.[2] The evidence is strong but not yet conclusive.

De-Nol is the only peptic ulcer healer which has been shown to be antibacterial to Campylobacter pyloridis.[3] Other agents such as the H_2 antagonists, at best have no effect.[4]

We do know that De-Nol gives healing rates equal to the H_2 antagonists,[5,6] and has been shown to reduce relapse rates without maintenance therapy.[7,8]

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tri-potassium di-citrato bismuthate

REBALANCES THE ULCER EQUATION.

References: 1. Marshall, B.J. et al, Lancet 1 (1984) 1311-1315. 2. Axon, A.T., B.M.J. 293 (1986) 772. 3. Humphries, H. et al, Gastroenterology 90 (1986) 1470. 4. Tytgat, G.N.J. et al, Scand. J. Gastro. 21 (suppl. 122) (1986) 22-29. 5. Hamilton, I. et al, Gut 24 (1983) 1148-1151. 6. Lee, F.I. et al, Lancet (June 8, 1985) 1299-1302. 7. Martin, D. et al Lancet 1 (1981) 7-10. 8. Bianchi Porro, G. et al, B.S.G. April 1984.

Prescribing Information De-Noltab and De-Nol. **Presentation:** De-Noltab is presented as flat round pink tablets, each tablet containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3). De-Nol is presented as a clear red liquid in a 560ml bottle containing 120mg tri-potassium di-citrato bismuthate (calculated as Bi_2O_3) in each 5ml. Uses: Ulcer healing agent. For the treatment of gastric and duodenal ulcers. **Dosage and administration:** By oral administration. Each tablet is to be crushed in the mouth and swallowed with a draught of water. Each dose of the liquid presentation is to be diluted with 15ml of water. ADULTS: One tablet or 5ml dose four times a day on an empty stomach, half an hour before each of the three main meals and two hours after the last meal of the day. The treatment course should be taken for the full 28 day period and it is important that a dose is not missed. If necessary, one further course of therapy may be given. Maintenance therapy with De-Noltab/De-Nol is not indicated. CHILDREN: As for adults. **Contra-indications, Warnings, etc:** De-Noltab and De-Nol should not be administered to patients with renal disorders, and on theoretical grounds the products are contra-indicated in pregnancy. SPECIAL PRECAUTIONS: De-Noltab and De-Nol may inhibit the efficacy of orally administered tetracyclines. SIDE EFFECTS: Blackening of the stool usually occurs. Darkening of the tongue, nausea and vomiting have been reported. OVERDOSAGE: No reports of overdosage have been received; gastric lavage and, if necessary, supportive therapy would be indicated. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling are indicated. **Legal category:** P. **Package quantities:** DE-NOLTAB: Foil treatment packs of 112 tablets. DE-NOL: Treatment packs of 560ml. **Basic N.H.S. Price:** De-Noltab £18.00. De-Nol £12.74. **GMS Price (Eire):** De-Noltab IR£19.03. De-Nol IR£12.38. **Further information:** Some patients with an associated gastritis may experience an initial discomfort whilst taking De-Nol liquid. Milk should not be drunk by itself during the course of treatment as this can prevent the medicine from working properly. Small quantities of milk on a breakfast cereal or in tea or coffee taken with meals are permissible. Antacids should not be taken for half an hour before or half an hour after taking a dose of De-Noltab/De-Nol as these can interfere with the action of the drug. **Product Licence Numbers:** De-Noltab: 0166/0102. De-Nol: 0166/5024. **Product Authorisation Numbers:** De-Noltab 62/22/1. De-Nol 62/23/1.

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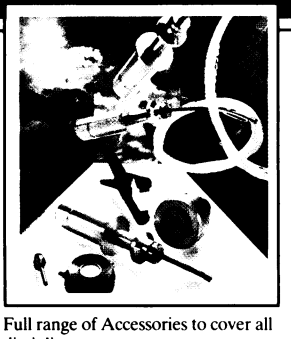

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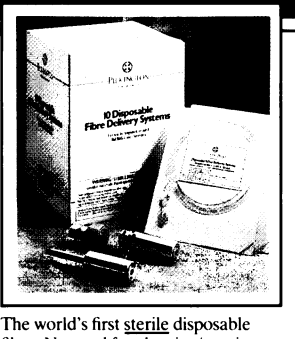

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ISSN 0001.5644

ACTA GASTRO-ENTEROLOGICA BELGICA

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CONTENTS

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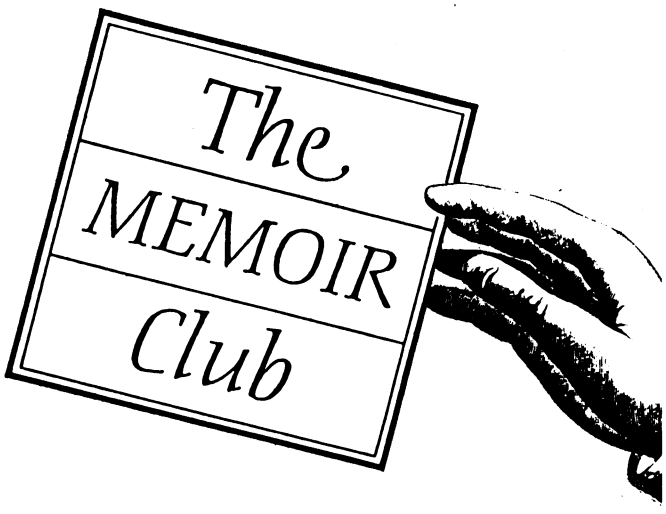

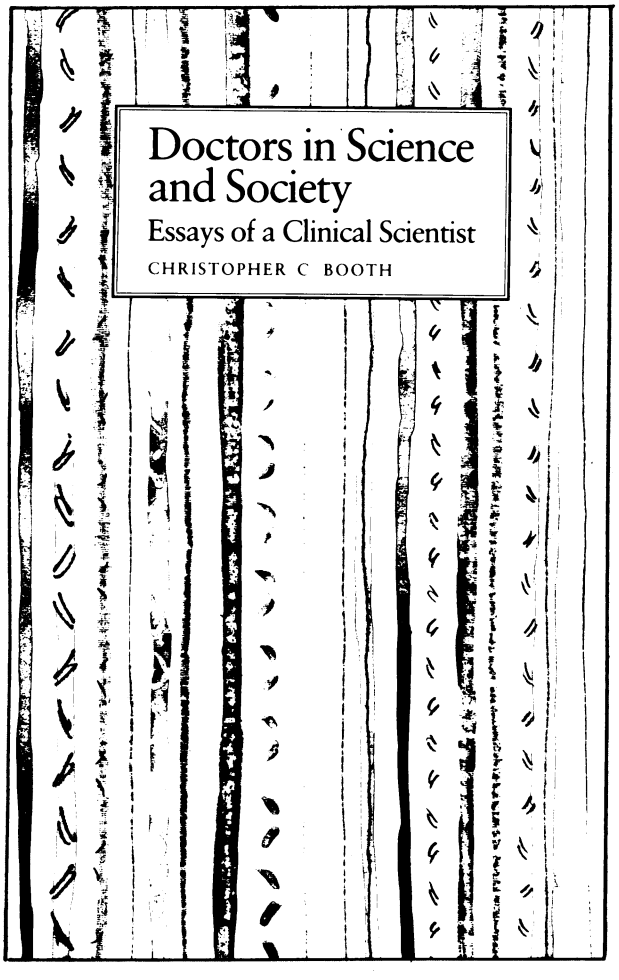

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