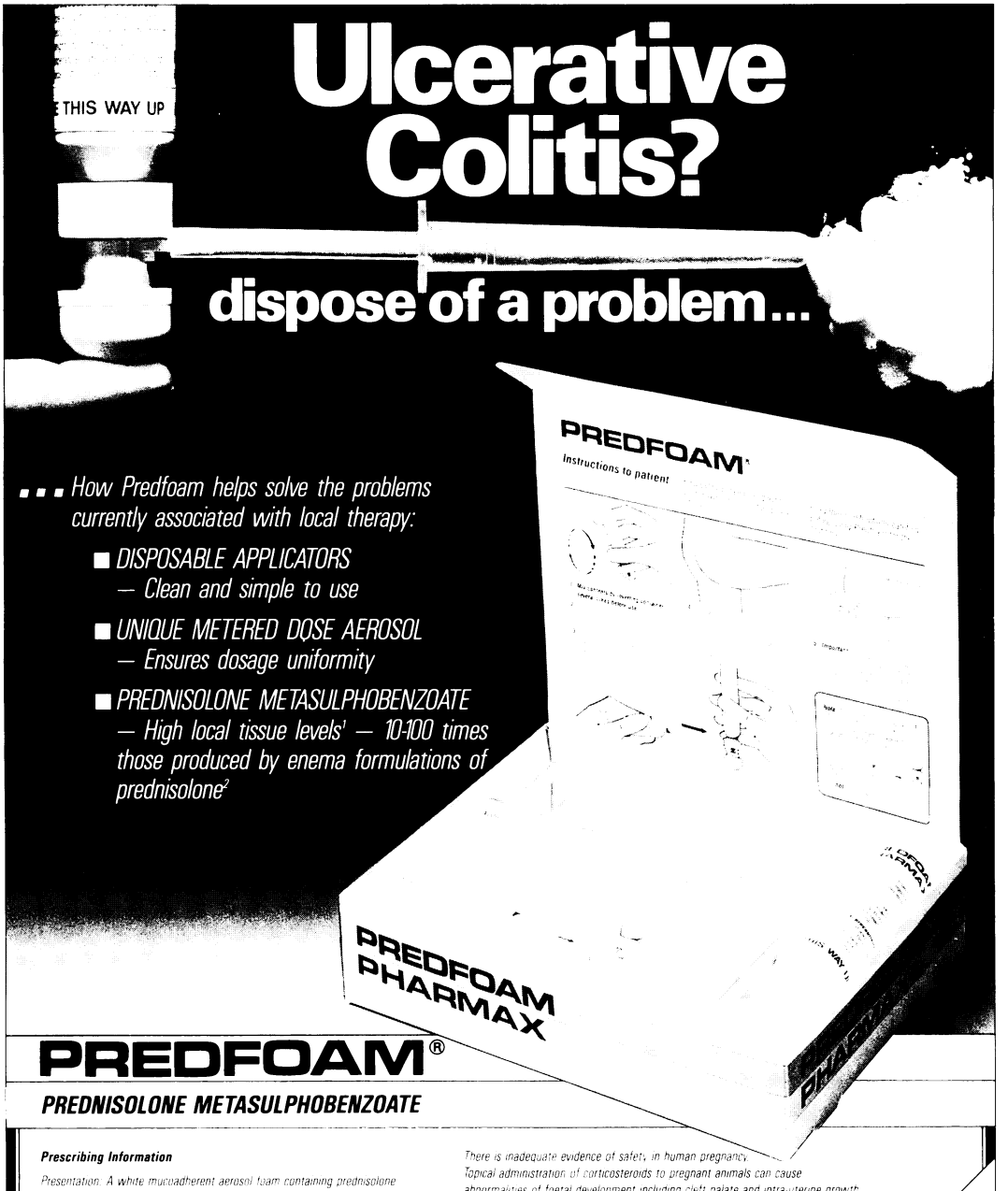

Ulcerative Colitis?

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[2]

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

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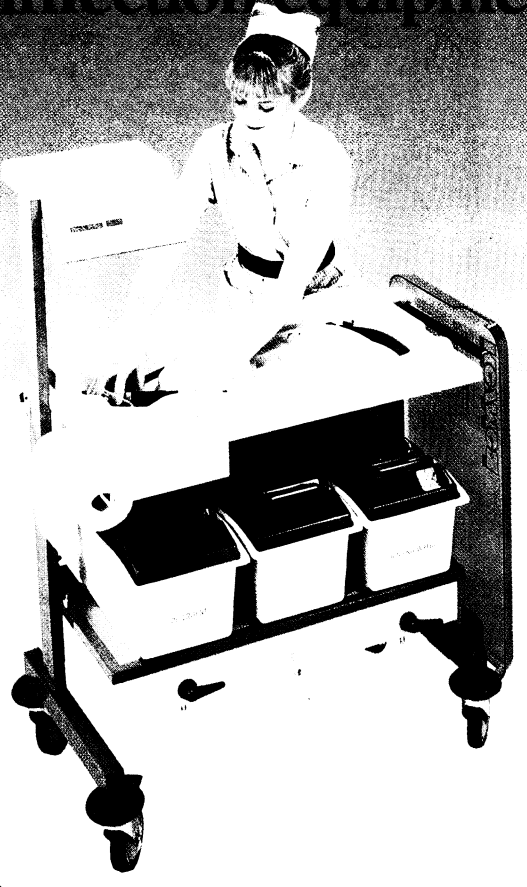
NEW

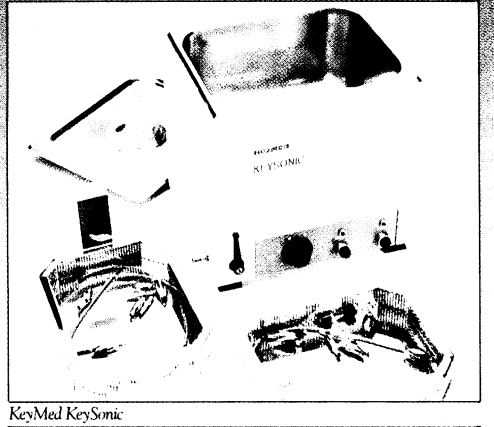
Spoilt for choice

with Olympus-KeyMed cleaning and disinfection equipment

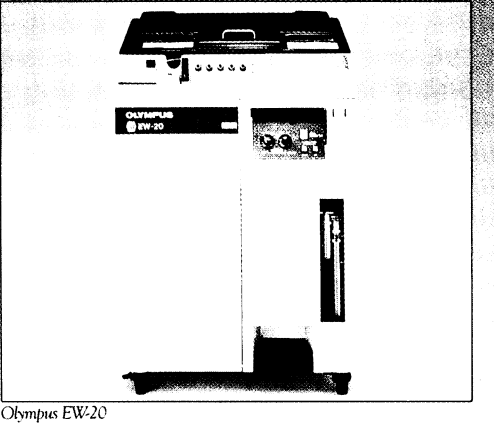


New Auto-Disinfector 2
– Now with a programmable pause

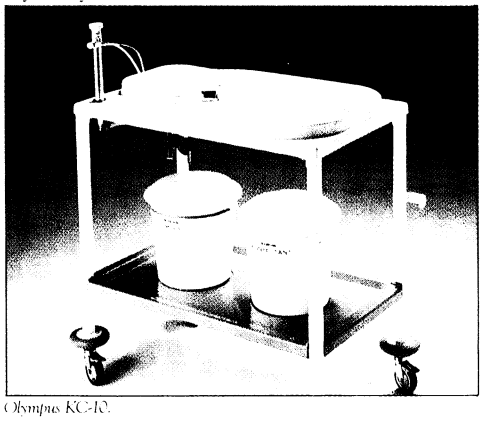
The choice is yours



KeyMed KeySonic



Olympus EW-20



Olympus KC-10.

For further information or a practical demonstration, contact Medical Customer Liaison on 0702 616333.

KeyMed

Specialised Services to Medicine

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Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8. Telephone: 774855

USA: KeyMed Inc., 400 Airport Executive Park, Spring Valley, New York 10977. Telephone: (914) 425-3100

Medical Equipment

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.

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

NEW INDICATION

'Asacol' is now indicated as initial therapy for the maintenance of remission of ulcerative colitis.

'Asacol' delivers 5-ASA direct to the colon, without the sulphapyridine carrier moiety of sulphasalazine.

Your patients no longer have to run the risk of sulphapyridine-associated side effects, before receiving the benefits of 'Asacol'.

ASACOL

MESALAZINE* (5-aminosalicylic acid)

Effective maintenance of remission of ulcerative colitis without the risk of sulphapyridine associated side effects

Prescribing Information

Presentation 'Asacol' Tablets, PL 0002/0173, each containing 400 mg of mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) to ensure release of the active ingredient in the terminal ileum and colon. 100 (10 blister packs of 10 tablets), £21.85. **Uses** For the maintenance of remission of ulcerative colitis. **Dosage and administration** *Adults:* 3 to 6 tablets daily in divided doses. There is no dose recommendation for children. **Contra-indications** A history of sensitivity to salicylates. Children under 2 years of age. **Precautions** Not recommended in patients with renal impairment. Use with caution in patients with a raised blood urea or proteinuria. Avoid during pregnancy. Do not give with lactulose or similar preparations which lower stool pH. **Adverse reactions** Nausea, diarrhoea, abdominal pain and headache. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. **Legal category** POM. 5.5.88

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

*Mesalazine is the British approved name of 5-aminosalicylic acid

SK&F
ASC:AD0558

KEEP ULCERS AWAY

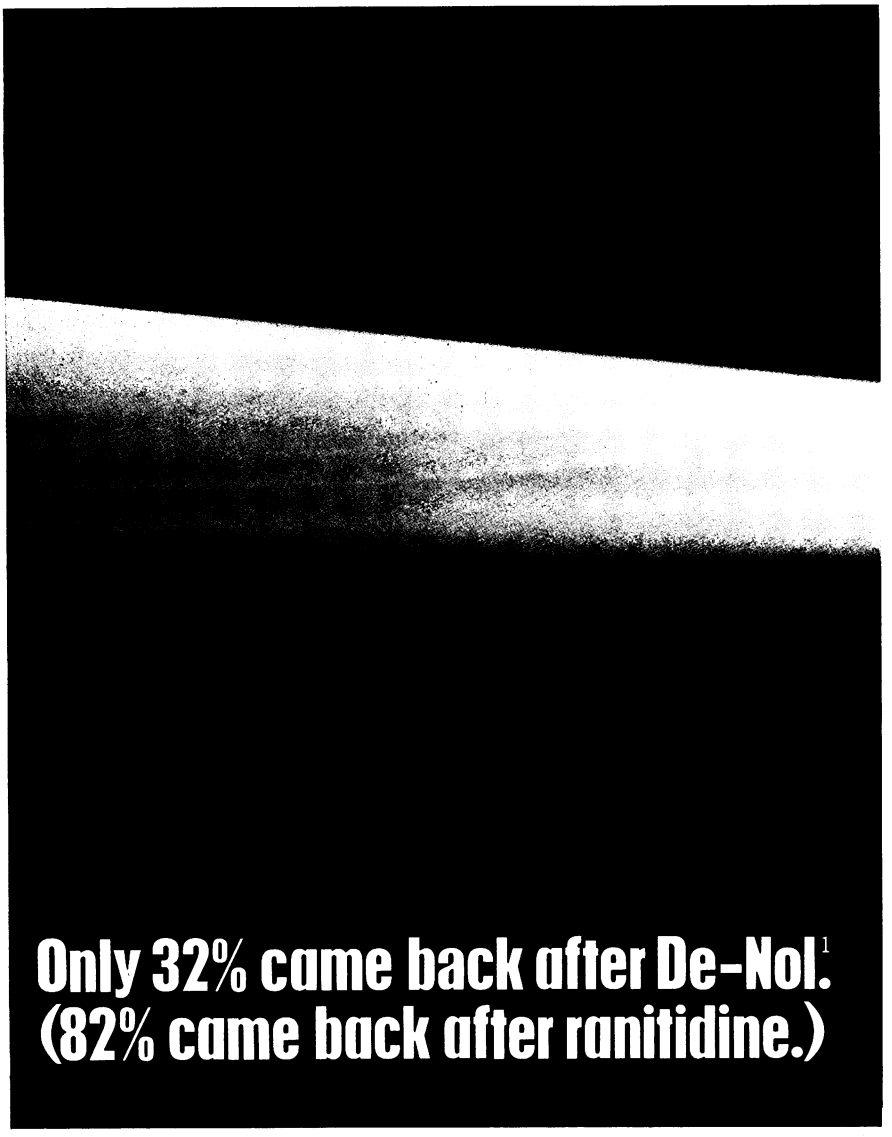
REFERENCE: 1. Smith et al, Gut 1988 Vol. 29, No.5 A711.

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. **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

Gist-brocades

WITH DE-NOL.

NEW RESEARCH FINDINGS



Only 32% came back after De-Nol.[1] (82% came back after ranitidine.)

Preventing ulcer relapse has always been an aim. But now it seems there is a new target.

A particular bacterium has been associated with ulcer relapse. That bacterium is Campylobacter pylori.

In a recent study duodenal ulcer patients were given an initial treatment of ranitidine or De-Nol. After six weeks treatment the healing rates with both drugs were high (79% with ranitidine, 85% with De-Nol.) But 18 months later 82% of the ranitidine healed ulcers had relapsed, compared with only 32% of those healed with De-Nol.

The Campylobacter pylori status was monitored at intervals throughout this clinical trial.

- All the patients who relapsed were Campylobacter pylori positive.
- All those who remained free from Campylobacter pylori remained ulcer free.

Only patients treated with De-Nol became Campylobacter pylori negative. This is not so surprising since De-Nol is the only ulcer healing drug that has been shown to eradicate this bacterium.

So now you know what you are shooting at, how many of your ulcer patients will be coming back?

℞ **De-Noltab 2 b.d.**

DE-NOL®

tri-potassium di-citrato bismuthate

BOTH BARRELS TWICE A DAY

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. **N.H.S PRICES:** De-Noltab: £20.98. De-Nol: £14.65. **PRODUCT LICENCE NUMBERS:** De-Noltab: 0166/0124. De-Nol: 0166/5024.

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

Enteric coated granules for improved enzyme delivery in chronic pancreatitis

...olves in stomach

Granules unaffected by stomach acid

Enzymes released in duodenum

Mimics the normal digestive process

creon®

pancreatin

...dictable release for patients with chronic pancreatitis

...SCRIBING INFORMATION: Presentation: Brown/yellow capsules containing enteric coated granules of pancreatin equivalent to: 2,000 BP units of amylase; 8,000 BP units of lipase; 210 BP units of protease. Available in packs of 100. Basic N.H.S. price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules should be swallowed whole, or in case of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result. **Contra-indications, Warnings, etc.** Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. **Warnings:** Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely, cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number:** 5727/0001. **Name and address of Licence Holder** Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

duphar

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

CYTOTEC®

GIVES 'AT RISK' ARTHRITIC PATIENTS THE PROTECTION TO STOMACH NSAIDs

CO·PRESCRIBE

CYTOTEC®

misoprostol

THE ONLY ANTI-ULCER AGENT LICENSED FOR CO-PRESCRIPTION WITH NSAIDs

CYTOTEC ▼ Abbreviated Prescribing Information
Presentation: Tablet containing misoprostol 200 micrograms. **Uses:** Healing of duodenal and gastric ulcer induced by nonsteroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing NSAID therapy. Prophylaxis of NSAID-induced ulcers. Healing of duodenal and gastric ulcer. **Dosage: Adults including the elderly. Healing of duodenal and gastric ulcer:** 800 micrograms daily in two or four divided doses taken with breakfast and/or each main meal and at bedtime. **Prophylaxis of NSAID-induced ulcer:** 200 micrograms twice daily, three times daily or four times daily. Refer to data sheet for additional information. **Contraindications:** Pregnant women, women of childbearing age, patients allergic to prostaglandins. **Precautions:** Cytotec does not produce hypotension in clinical studies at ulcer-healing doses, nevertheless exercise caution in disease states where hypotension might precipitate severe complications. **Adverse reactions:** Mild and transient diarrhoea may occur. Other adverse events reported included abdominal pain, dyspepsia, flatulence and nausea, although a causal relationship to Cytotec has not been established. **Basic NHS Price:** £26.00 per 112 pack. **Product Licence Number:** 0020/0115.

SEARLE
GOLD CROSS

G. D. Searle & Co. Ltd., P.O. Box 53, Lane End Road, High Wycombe, Bucks. HP12 4HL.
Cytotec, Searle and Gold Cross are registered trade marks. Data Sheet with full prescribing information is available on request.

FOR FURTHER INFORMATION DIAL 100 AND ASK FOR

FREEFONE CYTOTEC

CY: JC108

SUCH A REVOLUTIONARY NEW TREATMENT DESERVES FAR MORE THAN THE USUAL SMALL PRINT

Indications

Cytotec is indicated for the healing of duodenal ulcer and gastric ulcer including those induced by nonsteroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing their NSAID therapy. In addition Cytotec can be used for the prophylaxis of NSAID-induced ulcers.

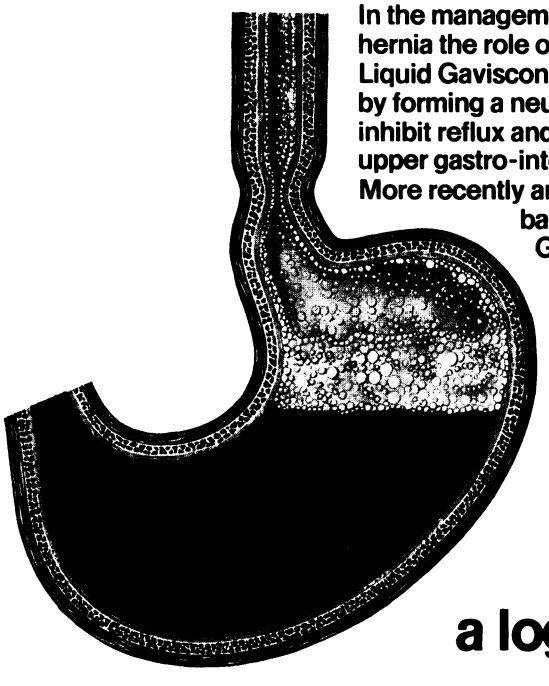
Actions

Cytotec is an analogue of naturally occurring prostaglandin E_1 which promotes peptic ulcer healing and symptomatic relief.

Cytotec protects the gastroduodenal mucosa both by inhibiting basal, stimulated and nocturnal acid secretion and by reducing the volume of gastric secretions, the proteolytic activity of the gastric fluid, and increasing bicarbonate and mucus secretion.

For abbreviated prescribing information see overleaf

STRENGTH AGAINST REFLUX[1]



In the management of reflux oesophagitis and hiatus hernia the role of Liquid Gaviscon is well established. Liquid Gaviscon deals with reflux simply and physically by forming a neutral layer or 'raft' on gastric contents to inhibit reflux and so bring effective relief of reflux-related upper gastro-intestinal symptoms.

More recently an in-vitro comparison[1] using computer-based techniques, has shown that Liquid Gaviscon produces a 'raft' more resistant to upward pressures than any other alginate-containing compound tested.

Liquid Gaviscon®

Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur., Calcium Carbonate Ph.Eur.

a logical choice in reflux

Prescribing Information
Active Ingredients: Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg per 10ml; Calcium Carbonate 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, children over 12: 10-20ml liquid after meals and at bedtime. Infants: not recommended. Children under 12: 5-10ml liquid after meals and at bedtime.

Note: 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** As at Jan. 1988: 500ml liquid £2.88, Irish Price IR £3.72.
PL: 44/0058. **Irish P.A. No.:** 27/12/1.
Reference
1. Washington, N. *et al., Int. J. Pharmaceut.* (1986) **28,** 139-143
Further information is available on request.
Reckitt & Colman Pharmaceutical Division,
Hull HU8 7DS.
®Registered trade mark.

Rapid relief for patients gripped by IBS

Colofac rapidly relieves the symptoms of Irritable Bowel Syndrome by a direct action on colonic smooth muscle.

Colofac eliminates spasm without the anti-cholinergic side effects that can prove troublesome to the patient.

colofac®

mebeverine

loosens the grip of IBS

Prescribing Information
Presentation: White, sugar-coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. Yellow, banana-flavoured sugar-free suspension containing mebeverine pamoate equivalent to 50mg mebeverine hydrochloride per 5ml. Available in bottles of 300ml: Basic NHS price £3.50. **Indications:** 1. Irritable bowel syndrome. 2. Gastrointestinal spasm secondary to organic diseases. **Dosage and Administration:** Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before meals. **Contra-indications, warnings, etc:** Animal experiments have failed to show any teratogenic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. **Product Licence Number:** *Tablets:* 0512/0044: *Suspension:* 0512/0061. Further information is available on request to the Company.

Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Telephone: 0703 472281

duphar

C/Hosp Ad/1/88

Lets ulcers heal by night and the stomach work by day

A single evening dose of Axid suppresses acid production only during the night[1] when mucosal damage may occur.

Because of its short half-life, Axid then produces minimal suppression of daytime gastric acid.

Axid produces effective ulcer healing[2-4] whilst allowing the stomach to work virtually normally during the day.

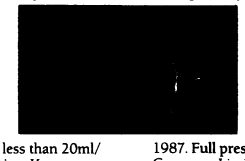
NEW

AXID 300mg

NIZATIDINE

ONCE NIGHTLY H_2 ANTAGONIST

▼ 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 £13.44; 300mg capsules £25.76. **Date of Preparation:** August 1987. **Full prescribing information is available from:** Eli Lilly & Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 2SY. Telephone: (0256) 473241.



References: 1. Dammann HG *et al*, Scand J Gastroenterol 1987; 22: 56. 2. Simon B *et al*, Ibid 61. 3. Naccaratto R *et al*, Ibid 71. 4. Cerulli MA *et al*, Ibid 79. 'AXID' is a Lilly trademark.

Lilly

Think about it

You make a clinical diagnosis. Do you ever consider the thought processes by which you arrived at it? Medical students and practitioners are often concerned with examples of diagnostic logic, but seldom consider them in the context of a general philosophy. Is diagnostic logic out on a limb, or is it based on the same principles as logic in general?

In *Logic in Medicine* doctors and philosophers combine to provide a coherent system of diagnostic logic with a broader view of the science and art of reasoning.

The abstract theory of theories has highly practical applications, and the authors explore the uses of computer technology and artificial intelligence systems as well as "fuzzy logic," "relevant logic," and the logic of economics and ethics. A book for all who wish to clear their minds of cant.

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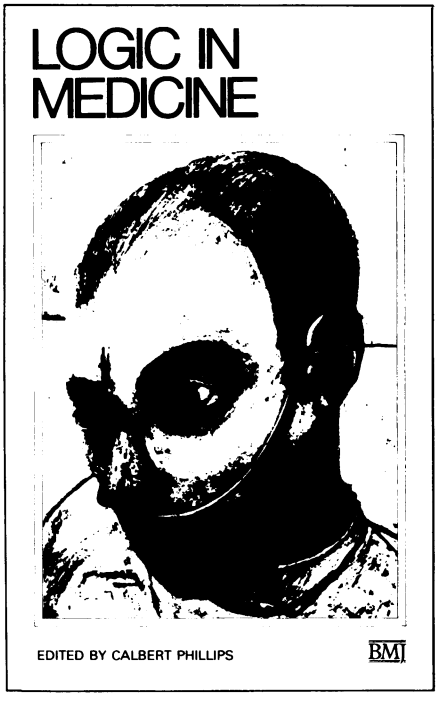

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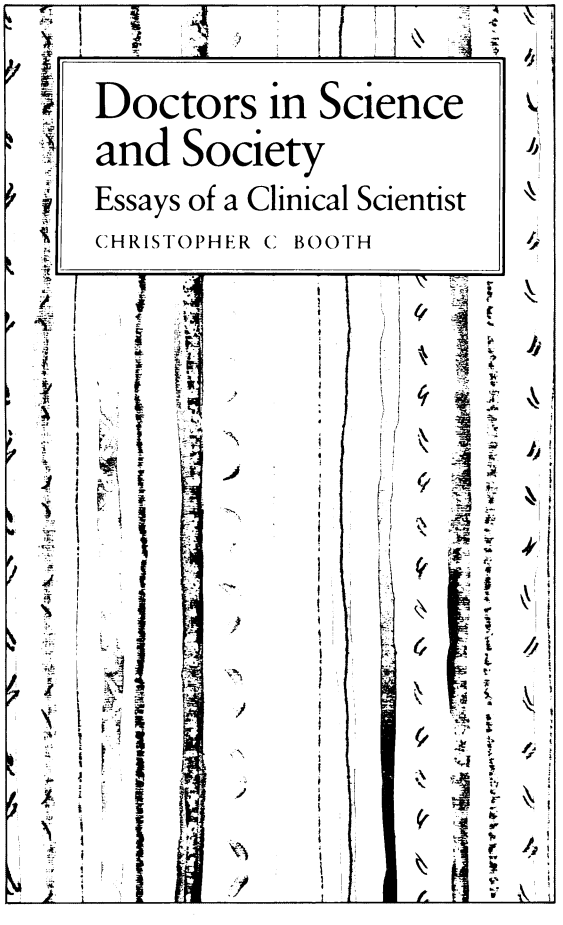
The MEMOIR Club



In *Doctors in Science and Society* Christopher Booth examines the lives and times of some eighteenth century medical scientists, among them Sir Samuel Garth, FRS, physician to the Duke of Marlborough and friend and fellow poet of Alexander Pope; and Dr John Dawson, a country practitioner and largely self taught mathematical genius, twelve of whose pupils went on to become senior wranglers at the University of Cambridge.

Not concerned only with history, *Doctors in Science and Society* also considers the role of modern medical science and its relationship with technology, and the development and function of two major medical institutions, the Medical Research Council and the Royal Postgraduate Medical School. Written with elegance and authority, this fascinating collection is a must for anyone interested in the past and future of medical science.

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The Lancet: October 10 1987

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Journal of the Royal College of Physicians: January 1988

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