ANNOUNCING... THE FIRST PROTON PUMP INHIBITOR

A NEW CLASS OF ACID CONTROL
in erosive oesophagitis

Losec is an entirely new class of acid-suppressing agent, one that works in a fundamentally different way from current therapies.

For example, H_2-antagonists can only inhibit one type of receptor responsible for acid secretion, still leaving others available for stimulation.[1]

Losec, the first proton pump inhibitor, acts on the final step of acid production and therefore controls intragastric acidity irrespective of stimulus.[1]

Clinical studies have consistently shown that once daily Losec is highly effective in the healing of erosive oesophagitis.[2-8]

In just 4 weeks Losec can heal about 30% more patients than conventional doses of ranitidine or cimetidine, also achieving more rapid and effective symptom relief.[2-4]

***NEW* ONCE DAILY**

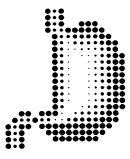
omeprazole, Astra

A superior choice to H_2-antagonists[2-4]

*Conventional healing courses of ranitidine or cimetidine in erosive reflux oesophagitis. (Mims, August 1989)

Abbreviated Prescribing Information. ▼ **SPECIAL REPORTING TO CSM REQUIRED**
Presentation: Losec capsules containing 20mg omeprazole. **Indications**: Healing of erosive reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. Treatment of patients with benign peptic ulcers unresponsive to an adequate dose and duration of conventional therapy. Zollinger-Ellison syndrome. **Dosage and Administration**: Adults (including elderly): For erosive reflux oesophagitis 20mg Losec once daily for 4 weeks. If not fully healed, healing usually occurs during a further 4 weeks' treatment. Losec has also been used in a dose of 40mg once daily in patients with reflux oesophagitis refractory to other therapy. Healing usually occurred within 8 weeks. For duodenal ulcer 20mg Losec once daily for 4 weeks. For gastric ulcer 20mg Losec once daily for 8 weeks. In severe cases increase to 40mg Losec once daily. Long-term maintenance treatment with Losec is not recommended. *Zollinger-Ellison syndrome* The recommended initial dosage is 60mg Losec once daily. Adjust individually and continue as long as clinically indicated. Patients are usually effectively controlled on doses of 20-120mg daily. With doses above 80mg daily, the dose should be divided and given twice daily. *Children*: There is no experience of the use of Losec in children. *Impaired renal or hepatic function* Adjustment is not required. Patients with severe liver disease should not require more than 20mg Losec daily. **Contra-indications, Warnings, etc**: No known contra-indications to the use of Losec. When gastric ulcer is suspected, the possibility of malignancy should be excluded before treatment with Losec is instituted, as treatment may alleviate symptoms and delay diagnosis. Avoid in pregnancy unless there is no safer alternative. Breast feeding should be discontinued if the use of Losec is considered essential. Losec is well tolerated. Nausea, headache, diarrhoea, constipation and flatulence have been reported but are rare. Skin rashes have occurred in a few patients. These events have usually been mild and transient and there has been no consistent relationship with treatment. Losec can delay the elimination of diazepam, phenytoin and warfarin. Monitoring of patients receiving warfarin or phenytoin is recommended and a reduction of warfarin or phenytoin dose may be necessary when omeprazole is added to treatment. No evidence of an interaction with theophylline, propranolol or antacids. *Animal Toxicology*: Gastric ECL-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats. These changes have been related to sustained hypergastrinaemia. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 4 years. **Pharmaceutical Precautions**: Use within one month of opening. Replace cap firmly after use. Dispense in original containers. **Legal Category**: POM. **Package Quantities and Basic NHS Cost**: Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.36. **Product Licence Number**: PL0017 0238. **Product Licence Holder**: Astra Pharmaceuticals Ltd., Home Park Estate, Kings Langley, Herts WD4 8DH.

References
1. Wallmark B et al. IRL Atlas of Science: Pharmacology 1987; 1:158-61. 2. Sandmark S et al. Scand J Gastroenterol 1988; 23:625-32. 3. Zeitoun P et al. Lancet 1987; 11:621-2. 4. Bate CM et al. Gut 1989; 30 (Presented at BSG September 1989). 5. Hetzel D J et al. Gastroenterology 1988; 95:903-12. 6. Havelund T et al. Brit Med J 1988; 296:89-92. 7. Vantrappen G et al. Dig Dis Sci 1988; 33:523-9. 8. Lundell L et al. Gastroenterology 1989; 96 (5 pt 2):A510.

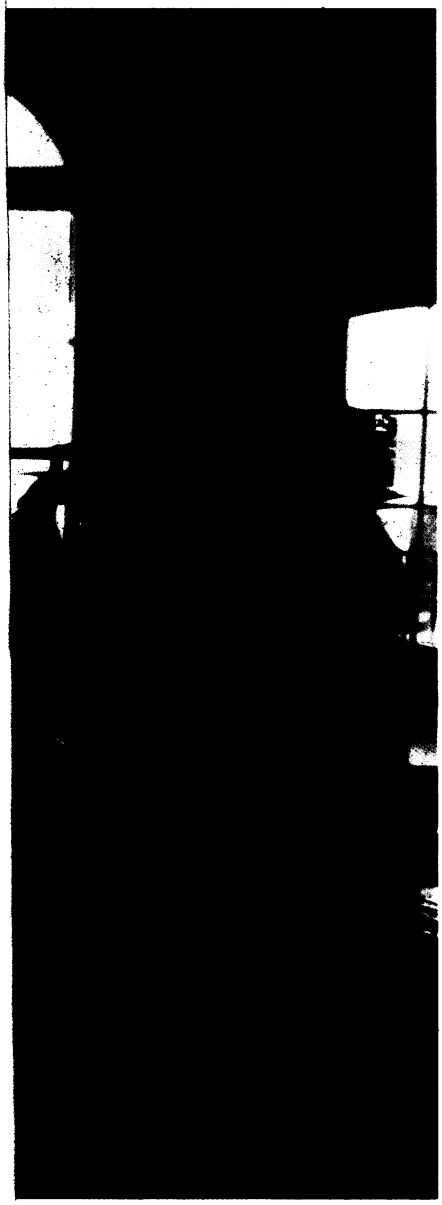


ASTRA

For further information please contact
Astra Pharmaceuticals Ltd
Telephone: (0927) 66191

FAST W

ORKER



'Pepcid' PM,

working fast to relieve

the pain of ulcers,[1] quickly

restoring the well-being

of many patients.

This rapid relief, together

with fast, effective healing,[2]

is achieved in many patients

with a simple dosage of

just one small 40 mg

tablet at night.

PEPCID® PM 40

(famotidine) *mg*

ONE AT NIGHT CAN MAKE THEIR DAY

SPECIFICALLY DEVELOPED FOR THE SUPPRESSION OF NOCTURNAL ACID

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. Issued March 1989.

▼Special reporting to the CSM required.

®denotes registered trademark of Merck & Co., Inc., Rahway, NJ, USA.

References

1. Rohner, H-G., and Gugler, R., *Amer. J. Med.*, 1986, *81* (Suppl. 4B) 13. 2. Dobrilla, G., *et al.*, *Scand. J. Gastroenterol.*, 1987, *22* (Suppl. 34), 21.

03-90 PCD.89.GB.4086.J.

Consider an ulcer extinct at your patient's peril

For the lifetime of the disease

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSAGE:** ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS; INVESTIGATE EARLY RELAPSERS AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL HEPATITIS. RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE, AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN. AS WITH OTHER H_2-RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND A-V BLOCK (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29·76); ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27·43); ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31·25); ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22·32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE

ZANTAC IS A GLAXO TRADE MARK

FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM:
GLAXO LABORATORIES LIMITED
GREENFORD, MIDDLESEX UB6 0HE
TEL: 01-422 3434

Glaxo

NEW INDICATION

ASACOL

Mesalazine* (5-aminosalicylic acid)

IN ACUTE ULCERATIVE COLITIS

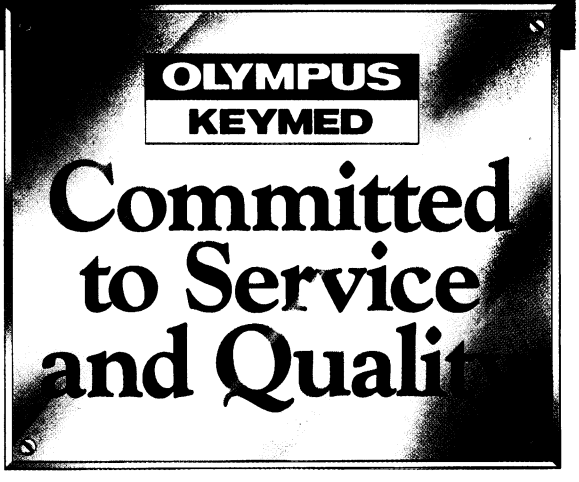
'Asacol' is now indicated for the treatment of mild to moderate acute exacerbations of ulcerative colitis, as well as maintenance of remission.

Prescribing Information: Presentation: 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. 100 (10 blister packs of 10 tablets), £23.82. **Uses:** For the treatment of mild to moderate acute exacerbations of ulcerative colitis. For the maintenance of remission of ulcerative colitis. **Dosage and administration:** *Adults: Acute disease:* 6 tablets a day in divided doses, with concomitant corticosteroid therapy where clinically indicated. *Maintenance therapy:* 3 to 6 tablets a day in divided doses. *Children:* There is no dose recommendation. *Elderly:* Use with caution and only where renal function is normal. **Contra-indications:** A history of sensitivity to salicylates. Severe renal impairment (GFR less than 20 ml/min). Children under 2 years of age. **Precautions:** Not recommended in patients with renal impairment. 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:** Headache, nausea, abdominal pain, diarrhoea. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. **Legal category:** POM. 1. 8.89.

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

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

ASACOL

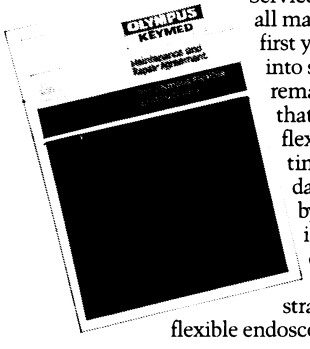


SERVICE

'Committed to service and quality' is not a slogan taken lightly by KeyMed. Such a philosophy determines our dealings with customers, suppliers and employees. Such a commitment requires us to place ourselves in the market as offering the best possible value to our customers rather than the lowest possible price.

There is more to value than simply the initial purchase price. Life expectancy, reliability, quality, repair and service costs, availability of technical and non-technical support, training and education, product development and ongoing commitment to existing customers, are all fundamental points which we believe are important considerations prior to making a purchase. This is our commitment to these areas.

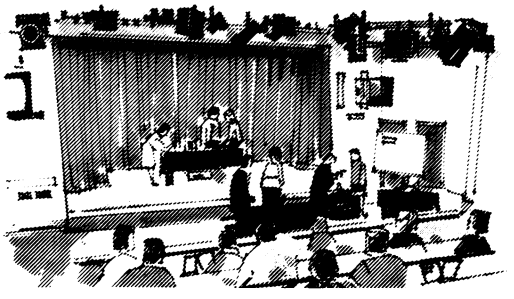
KeyMed offers 12 month unconditional guarantees on all OES fiberscopes and electronic endoscopes. Unconditional means UNCONDITIONAL, there being absolutely no charge during this period for servicing to the instrument and repairs for any reason, including accidental damage. Even the transportation costs are covered. Many electrical items also have their first year's service costs covered by KeyMed's guarantee, including on-site visits by a service engineer.



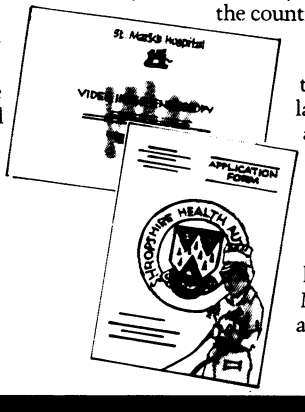
Service Contracts are available on all major equipment to extend the first year's unconditional cover into subsequent years – a truly remarkable offer, considering that even the best cared for flexible endoscopes are at any time vulnerable to accidental damage or even being bitten by a patient. How many other items of hi-tech capital equipment are subject to the contortions and mechanical strain received by many flexible endoscopes?

Fixed Price Service Contracts therefore offer multiple benefits to the Health Service, giving a no-fuss, rapid repair service for the user and a pre-determined cost for the financial authority, allowing more accurate budgeting, with no unexpected bills.

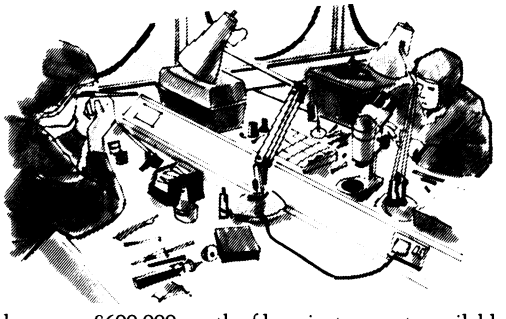
KeyMed has a further commitment to training and after-sales support, with the majority of capital equipment being commissioned on-site, with further staff training available if required. KeyMed has for many years run courses in the care and maintenance of fiberoptic endoscopes in the purpose-built lecture theatre at KeyMed House.



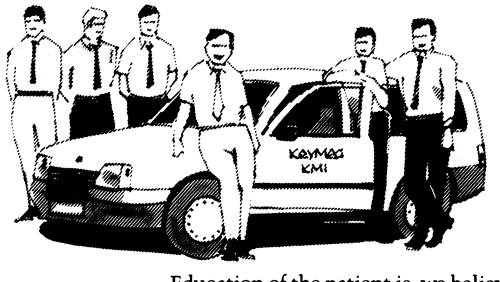
To date, over 2,000 have attended, with over 1,000 on the waiting list. The course remains unique. Support is also provided for advanced teaching meetings for nurses. Additionally, we work closely with many hospitals around the country to run training courses and seminars for doctors to both teach basic endoscopic techniques and show the latest therapeutic procedures and equipment. KeyMed's commitment to service is highlighted by the fact that we have over 50 fully trained technicians working in our specialised repair facilities here at KeyMed House. Minor repairs can be turned around in 48 hours and major

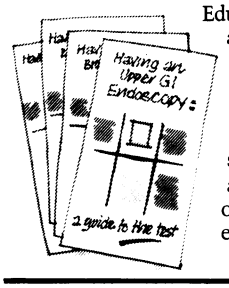


repairs in only five days, or often much quicker. If the repair to your scope is likely to cause disruption to your lists, then



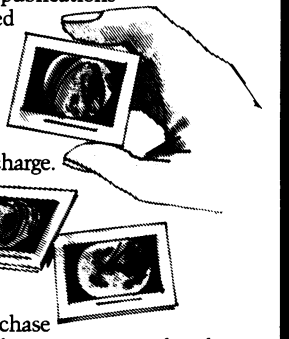
we have over £600,000 worth of loan instruments available on a first come, first served basis – free of charge. There are Electronic Service Engineers to provide in-hospital support for electrical equipment, including large light sources, diagnostic ultrasound machines, closed circuit television, video processors and our range of cleaning and disinfection equipment. Repairs and routine servicing are carried out quickly and efficiently with minimal disruption. This is also supported by colleagues based at KeyMed House.





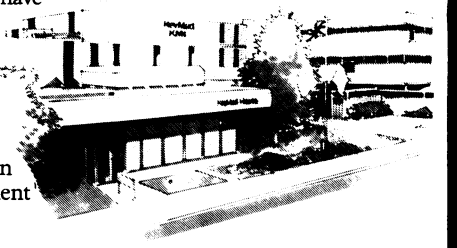
Education of the patient is, we believe, another important facet of total endoscopy support and KeyMed produces, at no charge, a range of patient information leaflets. These are provided as a service to medicine, in order to assist patient understanding of the endoscopic and ultrasound examinations.

Furthermore, we support the medical specialists, by providing a reprint, video and slide library. This contains a wealth of information about new and established procedures, including the latest publications and educational videos, produced in conjunction with leading clinicians, showing the equipment in use. All this material is available on loan free of charge and videos can be purchased at a nominal charge.



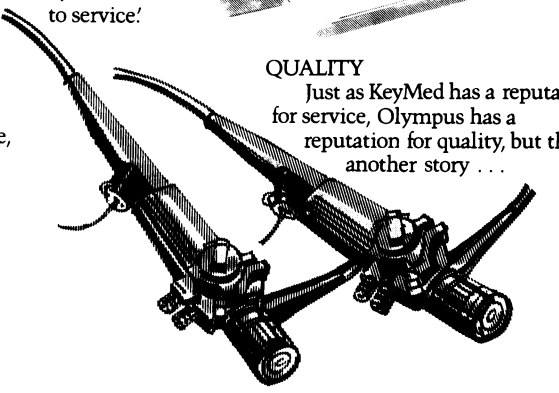
This scale of support represents a significant investment and a total commitment to customer service. Before deciding which company to purchase from, check to see if this level of support, essential to the cost-effective use of the product, is available.

We welcome visitors to our premises at Southend to show you what we have to offer. We believe that this is the best and only way to appreciate what we mean by 'commitment to service.'



QUALITY

Just as KeyMed has a reputation for service, Olympus has a reputation for quality, but that's another story . . .



KeyMed

Specialised Services to Medicine

KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 465677, Telephone: (0702) 616333 (24 lines)

Scotland: KeyMed, Peel House, Ladywell East, Livingston EH54 6AH. Telephone: (0506) 416655

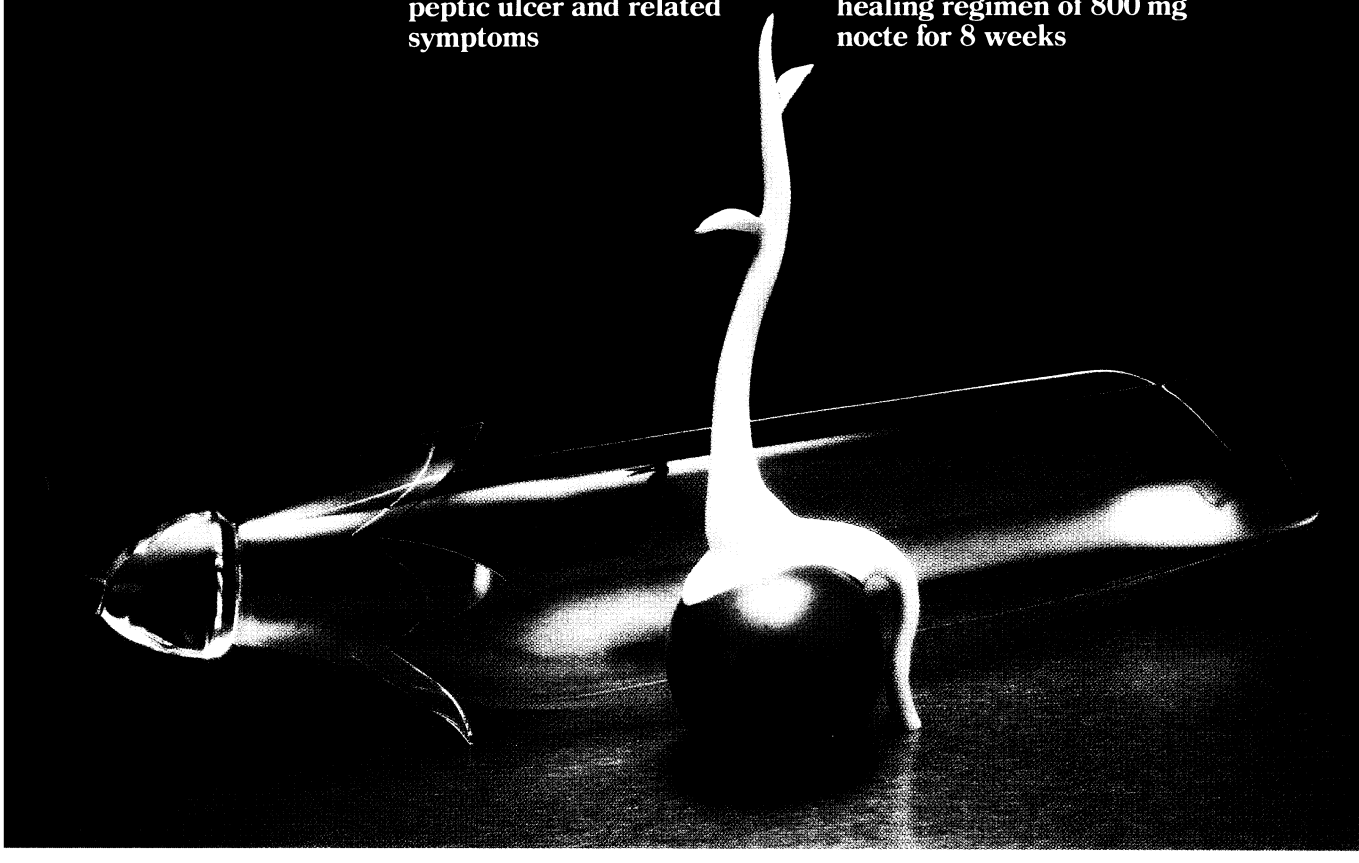
Ireland: KeyMed Ireland Ltd., KeyMed House, Lord Edward Court, Bride Street, Dublin 8, Telephone: 774855

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

A NEW INDICATION

'Tagamet' can now be co-prescribed with NSAIDs* when patients present with peptic ulcer and related symptoms

The NSAID may be continued throughout the recommended 'Tagamet' healing regimen of 800 mg nocte for 8 weeks



*Non-steroidal anti-inflammatory drug

TAGAMET CIMETIDINE 800

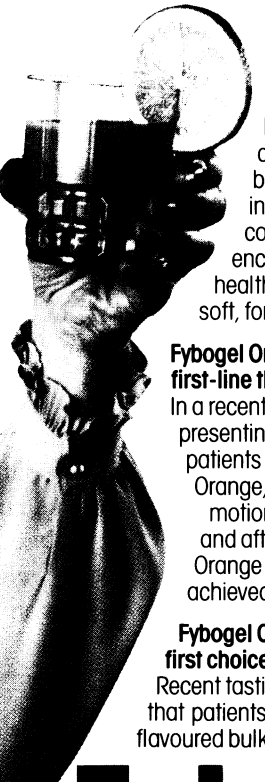
can now be co-prescribed with NSAIDs

Prescribing Information. Presentation 'Tagamet Tiltab' Tablets, PL 0002/0128, each containing 800 mg cimetidine. 30 (2 calendar strips of 15 tablets), £17.76. 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 60 (4 calendar strips of 15 tablets), £18.69. **Uses** Duodenal and benign gastric ulceration, including that associated with NSAIDs. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs. **Dosage and administration** *For full dosage instructions see Data Sheet. Adults:* Duodenal or benign gastric ulceration, 800 mg once a day at bedtime. Otherwise usually 400 mg b.d. with breakfast and at bedtime. If inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer, 8 weeks in ulcer associated with continued NSAIDs). To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. *Children:* Over 1 year: 25-30 mg/kg/day, divided. **Contra-indication** Hypersensitivity to cimetidine. **Precautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anti-coagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients regularly. Potential delay in diagnosis of gastric cancer (see Data Sheet). Regularly observe patients with a history of peptic ulcer and on NSAIDs, especially if elderly. Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, agranulocytosis, headache, myalgia, arthralgia, sinus bradycardia, tachycardia, heart block, aplastic anaemia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 7.3.89.

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

SK&F
TG:AD0309

For Constipation



Fybogel Orange—gentle but effective
Fybogel Orange treats constipation gently but effectively by increasing bulk in the colon and thus encouraging normal, healthy peristalsis with soft, formed stools.[1]

Fybogel Orange—rapid first-line therapy
In a recent study of 224 newly presenting constipation patients treated with Fybogel Orange, 63.1% had a motion within 24 hours – and after 48 hours of Fybogel Orange 89.9% of patients had achieved bowel movement.[2]

Fybogel Orange—the patients' first choice for flavour
Recent tasting research showed that patients prefer orange flavoured bulking agents.[3]

Fybogel Orange

Ispaghula husk BP

gently does it

Active ingredients: Each sachet contains 3.5g Ispaghula husk BP. **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children under 12: One half to one level 5ml spoonful depending on age and size, morning and evening. **Contra-indications, Warnings, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. **Basic NHS Price:** At April '88 60 sachets £4.24, Eire: 60 sachets IR £4.92. **PL No.:** Fybogel Orange 44/0068, Fybogel 44/0041. **Irish P.A. No.:** Fybogel Orange 27/2/2, Fybogel 27/2/1. **References:** 1. Data on file, 1985, Reckitt & Colman Pharmaceutical Division. 2. Data on file, 1988, Reckitt & Colman Pharmaceutical Division. 3. Data on file, 1987, Reckitt & Colman Pharmaceutical Division. Fybogel is a trade mark. Further information is available from Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.

IT MAKES LIFE WORTH LIVING.

Effective control of ulcerative colitis is only half of Colifoam's success story. As thousands of patients previously managed with aqueous enemas have found, its simplicity and ease of retention has transformed their lives.

Colifoam causes little if any disturbance to their daily routine, and enables patients to enjoy their normal social and outdoor activities!

Equally as effective as steroid enemas[1,2] Colifoam is now established as the leading treatment for ulcerative colitis[3] It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.

COLIFOAM
10% Hydrocortisone acetate foam.

The proven choice in ulcerative colitis.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: Ulcerative colitis, proctosigmoiditis and granular proctitis. Dosage and administration: One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed with pack). Contra-indications, warnings etc.: Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Pharmaceutical precautions: Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister plus applicator, £7.25. Further Information: One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. Product Licence No.: 0036/0021. References 1. Somerville KW et al. British Medical Journal 1985; 291:866. 2. Ruddell WSJ et al. Gut 1980; 21:885-889. 3. Independent Research Audit. Data on File. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts. AL10 0NZ.

PROGRESS

In The Control Of Pancreatic Insufficiency

creon®

pancreatin

RIGHT ON TARGET – RIGHT FROM THE START

Prescribing Information – Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS 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 can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result. **Contra-indications, Warnings, etc:** Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with 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 Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

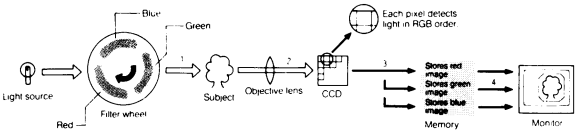
CRAd/PEI/1/89

OLYMPUS
KEYMED

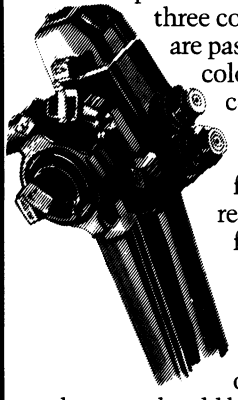
Committed to Quality and Service

OLYMPUS ENDOSCOPIC VIDEO INFORMATION SYSTEM (EVIS)

The relatively recent introduction of electronic endoscopes has created a great deal of interest amongst endoscopists, as these instruments are seen to offer advantages over conventional fiberoptic endoscopes. The principal reason for this is the substitution of the conventional coherent fibre bundle for a charge coupled device (CCD) chip which generates an image on a video monitor considered by many to be the closest to life yet seen with the aid of a flexible endoscope.



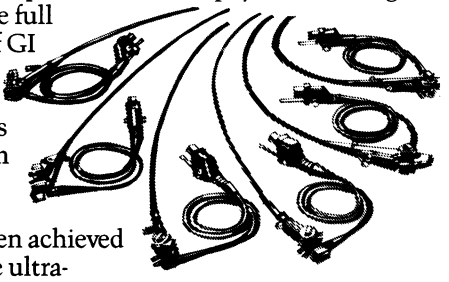
In the Olympus endoscopic video information system (EVIS), the image is generated using an ultra-compact monochrome chip, across which three colours, red, green and blue, are passed. This enables the single colour images to be processed and combined to create a full colour image on the monitor.



Diagnosis is made directly from the screen, and for this reason, the eyepiece, a standard feature of fiberoptic endoscopes, is no longer required.

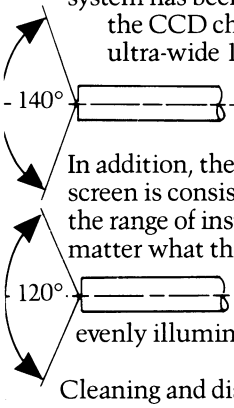
What is, unfortunately, often overlooked is that in all other respects, an electronic endoscope should be exactly the same as a fiberoptic endoscope, requiring the same design attention to insertion characteristics, cleaning and disinfection, durability and routine maintenance. With this in mind, each Olympus EVIS endoscope has an equivalent specification in the OES fiberoptic range and thus benefits from Olympus' long experience in mechanical and illumination system design.

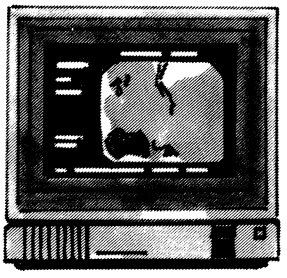
Olympus has developed a complete range of video endoscopes to enable the physician to diagnose and treat the full spectrum of GI disorders, featuring instruments from 9.8mm to 14.2mm diameter. This has been achieved by using the ultra-compact CCD chip mounted face-on to the distal end of the scope, enabling Olympus to produce the widest range of electronic scopes available from one manufacturer.



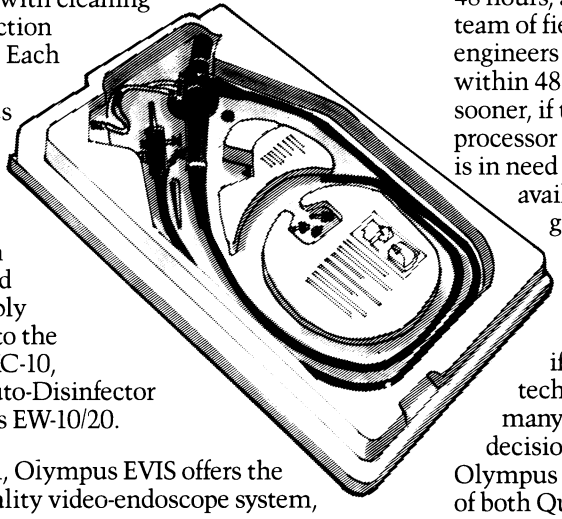
Attention to detailed mechanical design throughout the range has meant that the angulation capabilities and bending radius of each electronic endoscope is equivalent to its fiberoptic counterpart. The importance of such features is often underestimated, although you can be assured that with Olympus electronic endoscopes it will still be possible, for example, to retrovert the colonoscopes for complete examination of the rectum or angulate the gastroscopes to enable complete inspection of the duodenum.

Olympus' wealth of experience in optical design has meant that a sophisticated illumination system has been incorporated to complement the CCD chip and provide an ultra-wide 140° field of view on colonoscopes and 120° on gastroscopes. In addition, the size of image on-screen is consistently large across the range of instruments, no matter what their outer diameter. You can therefore be assured of a large, bright, evenly illuminated image at all times.





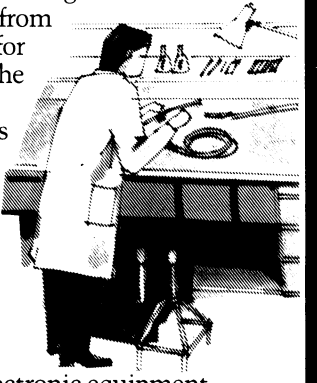
Cleaning and disinfection of electronic instruments is just as important as it is with conventional fiberscopes. Because of the consistency of design of Olympus scopes, no additional staff training is required to ensure familiarity with cleaning and disinfection procedures. Each EVIS scope incorporates the same semi-disposable air/water and suction buttons, and can be simply connected to the Olympus KC-10, KeyMed Auto-Disinfector or Olympus EW-10/20.



Overall, Olympus EVIS offers the highest quality video-endoscope system, based as it is on the combination of well-proven OES mechanical design and fully-developed Olympus image processing technology.

Last, but not least, all Olympus EVIS endoscopes come with a KeyMed unconditional guarantee for the first year after purchase, which means that no revenue costs will be incurred during the guarantee period.

The same high standard of after-sales service is available from KeyMed for EVIS as it is for fiberoptic endoscopes. The optical repair laboratory will deal with the 'scopes themselves, returning them after service or minor repair within 48 hours, and one of the team of field service engineers will be on-site within 48 hours, often sooner, if the video processor or ancillary electronic equipment is in need of repair. These services are also available under contract service schemes, giving full repair cover for a fixed budget.



The final choice of whether to change to electronic endoscopes or stay with fiberoptic instruments is up to you, but if you do decide to investigate this new technology further, there are obviously many points to consider before making your decision. Whichever route you choose, buying Olympus products from KeyMed gives you the best of both Quality and Service.

KeyMed

Specialised Services to Medicine

KeyMed (Medical & Industrial Equipment) Ltd.
KeyMed House, Stock Road, Southend-on-Sea, Essex SS2 5QH.
Telex: 995283, Facsimile: (0702) 465677, Telephone: (0702) 616333 (24 lines).

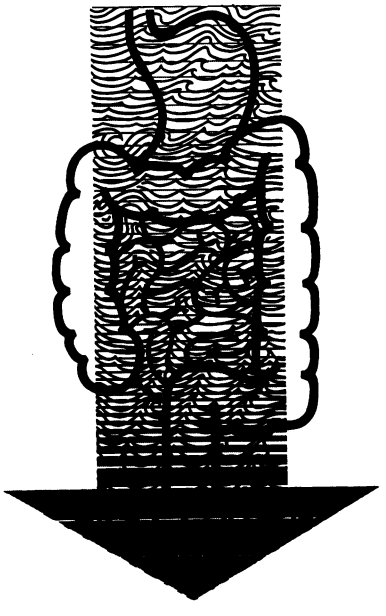
Scotland: KeyMed, Peel House, Ladywell East, Livingston EH54 6AH. Telephone: (0506) 416655

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

THE 4-HOUR PREP

GoLYTELY™



TOTAL ORAL GI LAVAGE FOR COLONOSCOPY, BARIUM ENEMA AND SURGERY IN 4 HOURS WITHOUT DIETARY RESTRICTIONS, ENEMAS OR SUPPOSITORIES.

FAST... administration of GoLYTELY solution can begin just 4 hours prior to examination or surgery, 3 hours for drinking plus an hour to complete evacuation. Home patients can stay active for longer. Length of stay of hospitalized patients is reduced.

EXCELLENT RESULTS... clinical comparison with standard prep regimens has shown that GoLYTELY significantly improves bowel emptying and subsequent visualization.[1,2]

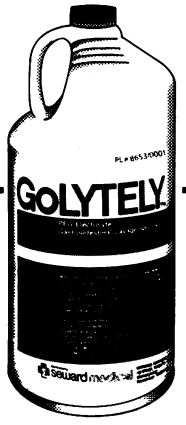
THOROUGH... with a clean bowel, the need for repeat examinations is reduced.

SAFE... because GoLYTELY produces no significant changes in fluid or electrolyte balance, it is well tolerated by virtually all patients including those who are elderly, poorly hydrated, or have impaired cardiac or renal function.

EASY TO USE... premeasured, unit-of-use packaging guarantees accurate reconstitution and guards against incorrect or inadequate usage.

PATIENTS PREFER GoLYTELY because it offers them dietary freedom, short preparation time, a more convenient routine to follow at home and is less distressing.[2,3,4]

SURGERY... GoLYTELY is indicated as a pre-operative bowel preparation for surgery.



GoLYTELY PRESCRIBING INFORMATION

DESCRIPTION: A white powder for reconstitution containg 236g polyethylene glycol 4000 BP, 22.74 g sodium sulphate BP, 6.74 g sodium bicarbonate BP, 5.86 g sodium chloride BP and 2.97 g potassium chloride BP. When dissolved in water to a volume of 4 litres. GoLYTELY is an isosmotic solution having a mildly salty taste. GoLYTELY is administered orally or via nasogastric tube.

CLINICAL PHARMACOLOGY: GoLYTELY induces a diarrhea which rapidly cleanses the bowel, usually within four hours. The osmotic activity of polyethylene glycol 4000 and the electrolyte concentration result in virtually no net absorption or excretion of ions or water. Accordingly, large volumes may be administered without significant changes in fluid or electrolyte balance.

INDICATIONS AND USAGE: GoLYTELY is indicated for bowel cleansing prior to colonoscopy, x-ray examination and surgery.

CONTRAINDICATIONS: GoLYTELY is contraindicated in patients with gastrointestinal obstruction, gastric retention, bowel perforation, toxic colitis, toxic megacolon or ileus.

WARNINGS: No additional ingredients, e.g. flavourings, should be added to the solution. GoLYTELY should be used with caution in patients with severe ulcerative colitis. ***KEEP OUT OF REACH OF CHILDREN.***

PRECAUTIONS:

General: Patients with impaired gag reflex, unconscious, or semiconscious patients, and patients prone to regurgitation or aspiration should be observed during the administration of GoLYTELY, especially if it is administered via nasogastric tube. If a patient experiences severe bloating, distention or abdominal pain, administration should be slowed or temporarily discontinued until the symptoms abate. If gastrointestinal obstruction or perforation is suspected, appropriate studies should be performed to rule out these conditions before administration of GoLYTELY.

Information for patients: GoLYTELY produces a watery stool which cleanes the bowel before examination. Prepare the solution according to the instructions on the bottle. It is more palatable if chilled. For best results, no solid food should be consumed during the 3 to 4 hour period before drinking the solution, but in no case should solid foods be eaten within 2 hours of taking GoLYTELY.

Drink 240ml (8oz) every 10 minutes. Rapid drinking of each portion is better than drinking small amounts continuously. The first bowel movement should occur approximately one hour after the start of GoLYTELY administration. You may experience some abdominal bloating and distention before the bowels start to move. If severe discomfort or distention occur, stop drinking temporarily or drink each portion at longer intervals until these symptoms disappear. Continue drinking until the water stool is clear and free of solid matter. This usually requires at least 3 litres and it is best to drink all of the solution. Any unused portion should be discarded.

Drug Interactions: Oral medication administered within one hour of the start of administration of GoLYTELY may be flushed from the gastrointestinal tract and not absorbed.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenic and reproductive studies with animals have not been performed.

Pregnancy: Animal reproduction studies have not been conducted with GoLYTELY. It is also not known whether GoLYTELY can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. GoLYTELY should be given to a pregnant woman only if clearly needed.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: Nausea, abdominal fullness and bloating are the most common adverse reactions (occurring in up to 50% of patients) to administration of GoLYTELY. Abdominal cramps, vomiting and anal irritation occur less frequently. These adverse reactions are transient and subside rapidly. Isolated cases of urticaria, rhinorrhea and dermatitis have been reported which may represent allergic reactions.

DOSAGE AND ADMINISTRATION: The recommended dose for adults is 4 litres of GoLYTELY solution prior to gastrointestinal examination, as ingestion of this dose produces a satisfactory preparation in over 95% of patients. Ideally the patient should fast for approximately three or four hours prior to GoLYTELY administration, but in no case should solid food be given for at least two hours before the solution is given.

GoLYTELY is usually administered orally, but may be given via nasogastric tube to patients who are unwilling or unable to drink the solution. **Oral administration** is at a rate of 240ml (8oz) every 10 minutes, until 4 litres are consumed or the rectal effluent is clear. Rapid drinking of each portion is preferred to drinking small amounts continuously. **Nasogastric tube administration** is at the rate of 20-30ml per minute (1.2-1.8 litres per hour). The first bowel movement should occur approximately one hour after the start of GoLYTELY administration.

Various regimens have been used. One method is to schedule patients for examination in midmorning or later, allowing the patients three hours for drinking and an additional one hour period for complete bowel evacuation. Another method is to administer GoLYTELY on the evening before the examination, particularly if the patient is to have a barium enema.

Preparation of the solution: GoLYTELY solution is prepared by filling the container to the 4 litre mark with water and shaking vigorously several times to ensure that the ingredients are dissolved. Dissolution is facilitated by using lukewarm water. The solution is more palatable if chilled before administration. The reconstituted solution should be refrigerated and used within 48 hours. Discard any unused portion.

HOW SUPPLIED: In powdered form, for oral administration as a solution following reconstitution. Each disposable jug contains, in powdered form: 236 g polyethylene glycol 4000 BP, 22.74 g sodium sulphate BP, 6.74 g sodium bicarbonate BP, 5.86 g sodium chloride BP, and 2.97 g potassium chloride BP. When made up to 4 litres volume with water, the solution contains PEG 4000 17.6 mmol/L, sodium 125 mmol/L, sulfate 40 mmol/L, chloride 35 mmol/L, bicarbonate 20 mmol/L and potassium 10 mmol/L.

LEGAL CATEGORY: POM.

STORAGE: Store in sealed container at 59°-86°F. When reconstituted keep solution refrigerated. Use within 48 hours. Discard unused portion.

PRODUCT LICENCE NUMBER: 8653/0001

PRODUCT LICENCE HOLDER: Braintree Laboratories Inc, PO Box 361, Braintree, MA 02184, USA.

UNITED KINGDOM DISTRIBUTOR: Seward Medical Limited
131 Great Suffolk Street, London, SE1 1PP
Phone: 01 357 6817 Fax: 01 357 6563

PRICE AVAILABLE ON REQUEST

FURTHER INFORMATION IS AVAILABLE ON REQUEST

References: 1. Ernstoff JJ, et al: A randomized blinded clinical trial of a rapid colonic lavage solution (GoLYTELY) compared with standard preparation for colonoscopy and barium enema. Gastroenterology 1983; 84: 1512-1516. 2. DiPalma JA: Comparison of colon cleansing methods in preparation for colonoscopy. Gastroenterology 1984; 86:856-860. 3. Goldman J, Reichelderfer M: Evaluation of rapid colonoscopy preparation using a new gut lavage solution. Gastrointest Endosc 1982; 28:9-11. 4. Thomas G, Brozinsky S, Isenberg JI: Gastroenterology 1982; 82:435-437.

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Braintree

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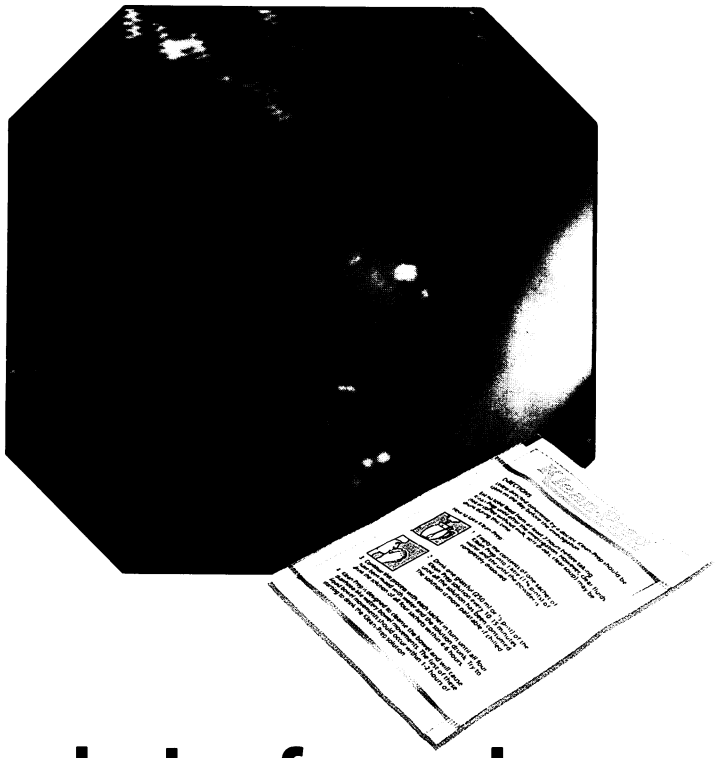
Telephone: 01-357 6817 Fax: 01-357 6563

Klean-Prep*

Polyethylene glycol 3350, sodium sulphate, sodium bicarbonate, sodium chloride, potassium chloride



Today's choice for a clean colon

for colonoscopy, colonic surgery, barium enema

- **Bowel cleansing** Superior bowel cleansing to standard regimens [1,2].
- **Safety** Negligible water and electrolyte disturbance [3].
- **Well tolerated** [1,2,4] Pleasantly flavoured.
- **Economy** Shortens preoperative stay [1,2,4].

Abbreviated Prescribing Information: Presentation: An off-white powder, packed in 4 sachets. Each sachet contains: Polyethylene Glycol 3350 59.00g, Sodium Sulphate 5.685g, Sodium Bicarbonate 1.685g, Sodium Chloride 1.465g, Potassium Chloride 0.7425g. **Uses:** Bowel preparation before colonoscopy, colonic surgery, radiological examination and other related procedures. **Dosage and Administration:** Reconstituted solution for oral administration. *Adults (including the elderly):* The contents of one sachet to be dissolved in 1 litre of water. 250ml to be drunk rapidly every 10-15 minutes until all the solution has been consumed. The procedure to be repeated with all four sachets or until the rectal effluent is clear. The solution from all 4 sachets should be drunk within 4-6 hours. No dosage changes need be made for patients with renal insufficiency. If administered by nasogastric tube the rate of administration should be 20-30ml/minute. *Children:* Not recommended. **Contra-indications, Warnings etc.** *Contra-indications:* Gastro-intestinal obstruction or perforation, ileus, gastric retention, acute intestinal or gastric ulceration, toxic colitis or megacolon. Patients with body weight less than 20kg. *Warnings:* Extra care should be taken in patients with impaired gag reflex, reflux oesophagitis, those with diminished levels of consciousness and in ulcerative colitis. *Interactions:* All oral medications should be given at least 1 hour prior to administration. *Side-effects:* Nausea, abdominal fullness, bloating may be experienced. Abdominal cramps, vomiting and anal irritation occur less frequently. These effects normally subside rapidly. Urticaria and allergic reactions have been reported rarely. Should distension or pain arise the rate of administration may be slowed. *Use in Pregnancy:* Careful consideration should be given before use in pregnancy. **Precautions:** The reconstituted solution should be refrigerated and used within 24 hours. Any unused portion should be discarded. **Package quantity:** Unit dose pack of 4 sachets. **Basic NHS price:** £8.60. PL 5628/0003 Licence holder: Birex Pharmaceuticals Ltd. Further information is available from Norgine Limited. *Klean-Prep is a trademark.

References 1 Fleites RA et al 1985 Surgery 98 4: 708-717; **2** Ernstoff JJ et al 1983 Gastroenterology 84 : 1512-1516; **3** Davis GR et al 1980 Gastroenterology 78 : 991-995; **4** Beck DE et al 1985 Southern Med J 78 : 1414-146.

Distributed by NORGINE.

Norgine Limited
116-120 London Road
Oxford OX3 9BA

For further information on Klean-Prep, please return this coupon to: Norgine Ltd, FREEPOST (OF 676), Oxford OX3 9BR

NAME

ADDRESS

1

Zantac 300

RANITIDINE

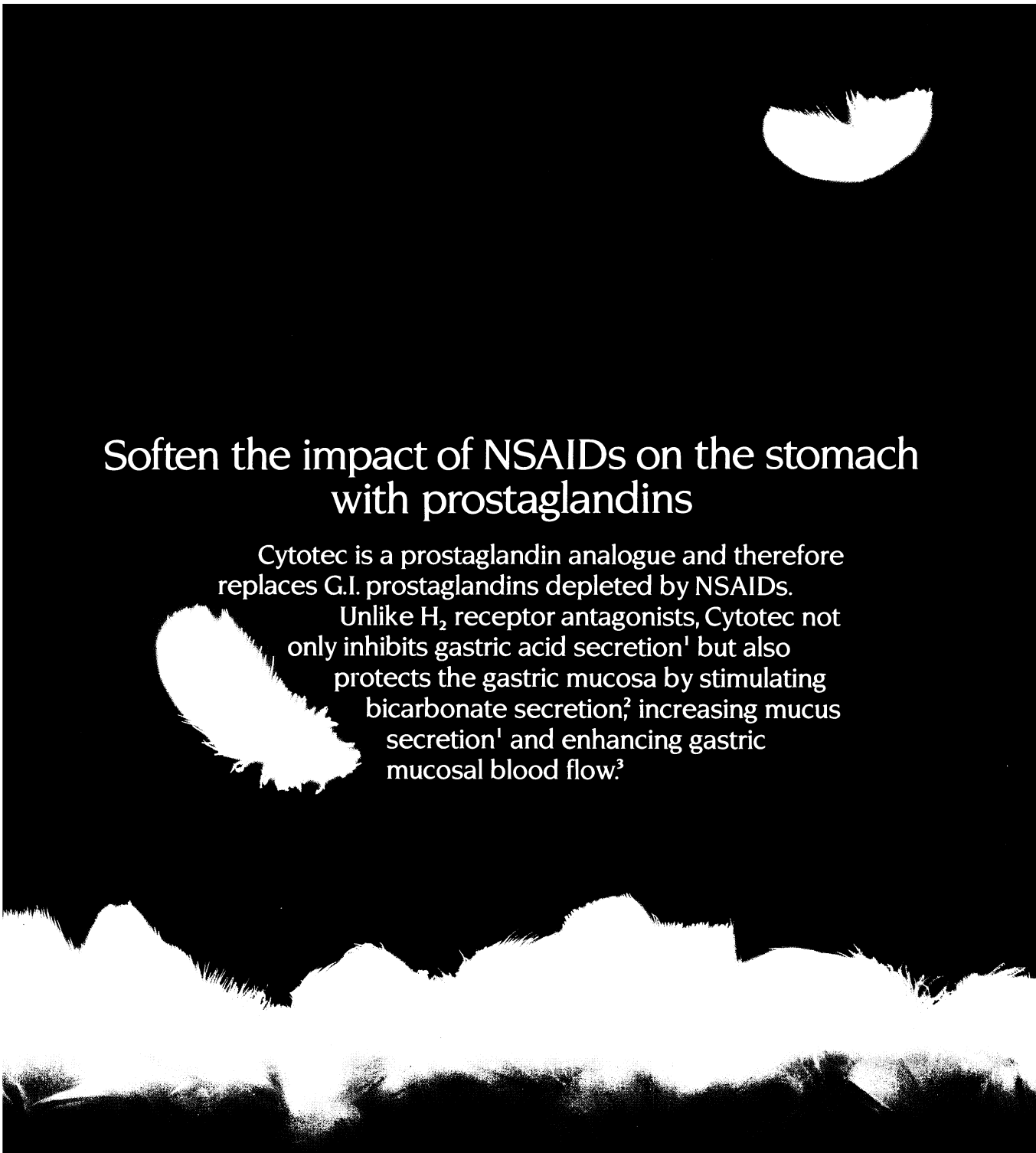
One tablet nightly for healing ulcers.

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSAGE:** ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS. INVESTIGATE EARLY RELAPSERS AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL HEPATITIS. RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE. AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN. AS WITH OTHER H_2-RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND A-V BLOCK (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29·76). ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27·43). ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31·25). ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22·32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE

ZANTAC IS A GLAXO TRADE MARK

FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM:
GLAXO LABORATORIES LIMITED
GREENFORD, MIDDLESEX UB6 0HE
TEL: 01-422 3434

Glaxo



Soften the impact of NSAIDs on the stomach with prostaglandins

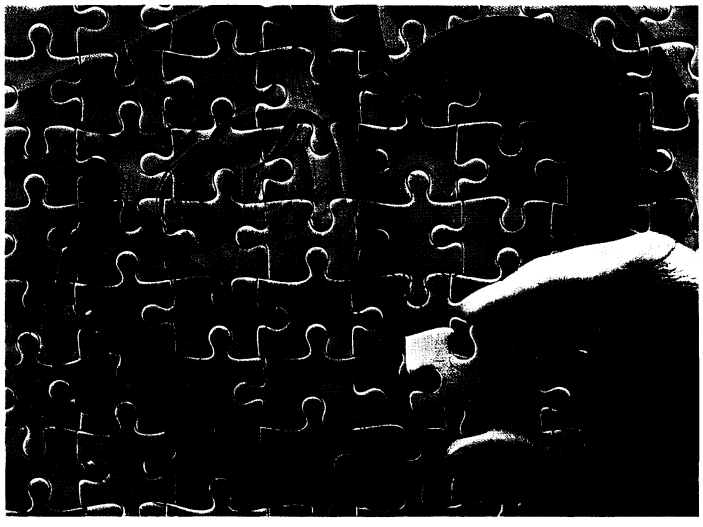
Cytotec is a prostaglandin analogue and therefore replaces G.I. prostaglandins depleted by NSAIDs.

Unlike H_2 receptor antagonists, Cytotec not only inhibits gastric acid secretion[1] but also protects the gastric mucosa by stimulating bicarbonate secretion[2], increasing mucus secretion[1] and enhancing gastric mucosal blood flow.[3]

ONLY

CYTOTEC®
misoprostol

Abbreviated prescribing information can be found overleaf.



Putting back the G.I. prostaglandins NSAIDs take out

- Cytotec replaces mucosal protective prostaglandins.
- Effectively heals and prevents NSAID-induced gastroduodenal injury.[4,5]
- No effect on valuable anti-arthritic activity of NSAIDs.[5]

CYTOTEC®
misoprostol

CYTOTEC ▼ Abbreviated Prescribing Information Presentation: Tablet containing misoprostol 200 micrograms. **Uses:** Healing of duodenal and gastric ulcer induced by non-steroidal 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:** £13.00 per 56 pack. **Product Licence Number:** 0020/0115.

References 1. Wilson DE, Quadros E, Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 37 (suppl): 126s-129s. **2.** Isenberg JL, Hogan DL, Koss MA, Selling JA. Gastroenterology 1986; 91: 370-378. **3.** Sato N, Kawano S, Fukuda M, Tsuji S, Kamada T. Am J Med 1987; 83 (suppl 1A): 15-21. **4.** Graham DY, Agrawal NM, Roth SH. Lancet 1988; ii: 1277-1280. **5.** Agrawal N, Roth S, Mahowald M et al. Am J Gastroenterol 1987; 82: 962.

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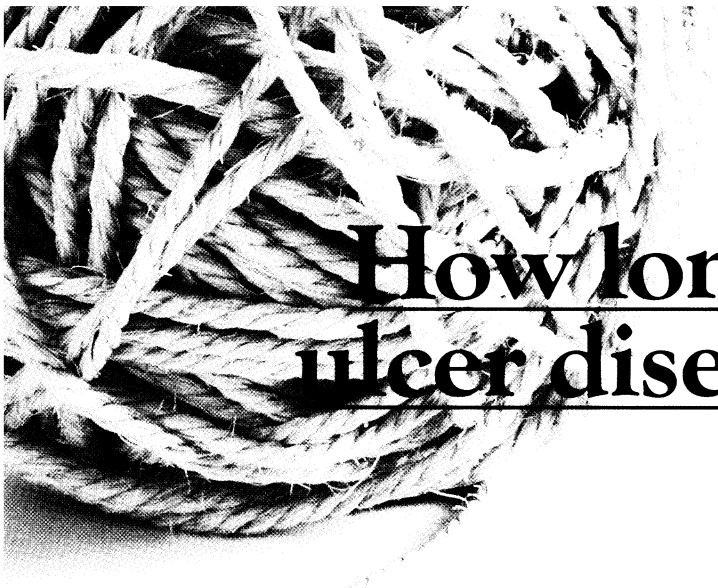
GOLD CROSS
G.D. Searle & Co. Ltd.,
P.O. Box 53, Lane End Road,
High Wycombe, Bucks. HP12 4HL.

Data sheet with full prescribing information is available on request.



How long does ulcer disease last?

How long is a piece of string?

Zantac

RANITIDINE

For the lifetime of the disease

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSAGE:** ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS; INVESTIGATE EARLY RELAPSERS AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL HEPATITIS. RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE, AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN. AS WITH OTHER H_2-RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND AV BLOCK (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29·76); ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27·43); ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31·25); ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22·32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE

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FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM:
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