

CLOCKWORK ORANGE



Fybogel Orange contains natural fibre
and can be trusted to relieve constipation quickly
and maintain regularity.¹

Ispaghula Husk BP
REGULAR AS CLOCKWORK

FYBOGEL PRESCRIBING INFORMATION 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 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warnings, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **Basic NHS Price:** At May '90 60 sachets £4.24. **Eire:** 60 sachets IR £4.92. **PL No.:** Fybogel 44/0041, Irish PA 27/2/1, Fybogel Orange 44/0068, Irish PA 27/2/2. **Reference:** 1. Data on file, 394 Patient Study, Reckitt and Colman Pharmaceuticals, 1988. Fybogel is a trade mark of Reckitt & Colman Products Ltd. Further information is available from Reckitt & Colman Pharmaceuticals, Hull HU8 7DS.



THE QUALITIES OF LEADERSHIP



Experience

Unique among foam treatments, Colifoam has over 12 years of proven efficacy and safety in clinical practice.

Trust

Equally as effective as steroid enemas,^{1,2} Colifoam is well documented and is

the most prescribed topical treatment³ for ulcerative colitis.

Confidence

Colifoam's simplicity and effectiveness has transformed the lives of thousands of patients, enabling them to pursue active social and working lives.¹

COLIFOAM
10% Hydrocortisone acetate foam.

The leading topical treatment for 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, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

Quite simply
A SUPERIOR CHOICE TO H₂-ANTAGONISTS*¹⁻³
in erosive oesophagitis

67%

healed on **LOSEC**
20mg once daily¹
in 4 weeks

31%

healed on ranitidine
150mg bd¹
in 4 weeks

The figures speak for themselves

ONCE DAILY

*Conventional starting courses of ranitidine or cimetidine in erosive reflux oesophagitis (March 1990)

n = 152¹

omeprazole-Astra

1. Sandmark S et al. Scand J Gastroenterol 1988; **23**: 625-32.

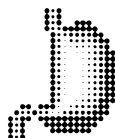
2. Zeitoun P et al. Lancet 1987; **II**: 621-2.

3. Bate CM et al. Gut 1989; **30**: A1493-4.

Abbreviated Prescribing Information

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. **Dosage:** Adults (including elderly): 20mg Losec once daily, given for 4 weeks. For those patients not fully healed after the initial course, 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. Long-term maintenance treatment with Losec is not recommended. **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 antiacids. **Animal Toxicology:** Gastric

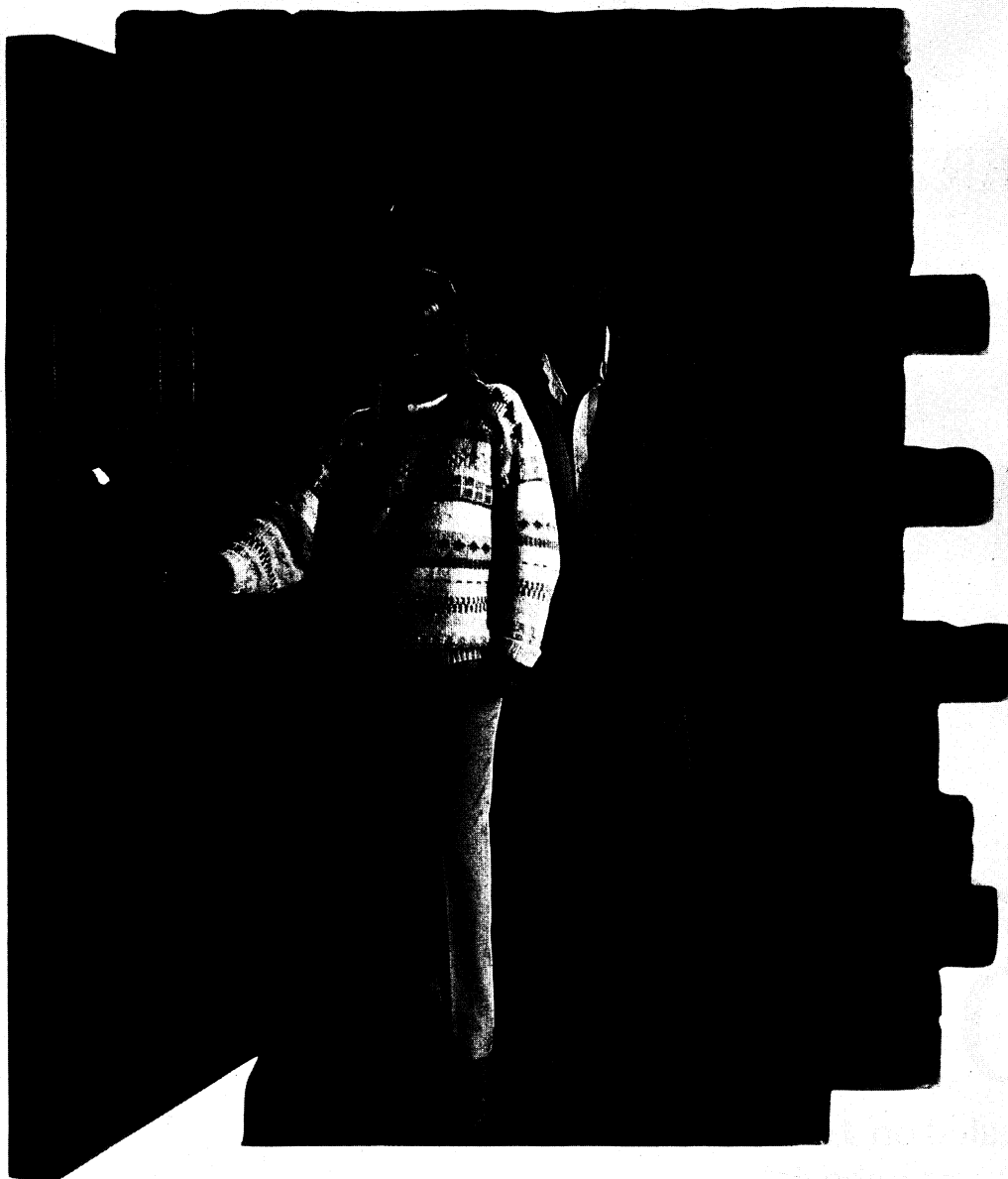
EC1-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats. These changes have been related to sustained hypergastrinaemia. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 4 years. **Pharmaceutical 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:** PL00170258. **Product Licence Holder:** Astra Pharmaceuticals Ltd, Home Park Estate, Kings Langley, Herts WD4 8DH.



ASTRA

For further information please contact
Astra Pharmaceuticals Ltd
Telephone: (0923) 266191

Losec is a registered trade mark



The future for your ulcerative colitis patients

- Effective acute and maintenance therapy¹⁻⁴ ■ Available as tablets and suppositories
- Free from sulphapyridine-associated side effects

ASACOL

Mesalazine* (5-aminosalicylic acid)

Helps free your ulcerative colitis patients

Prescribing Information: **Presentation:** 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. Blister packs of 120 (6x20), £28.58. 'Asacol' Suppositories 250 mg, PL0002/0158, each containing 250 mg mesalazine. 20, £6.50. 'Asacol' Suppositories 500 mg, PL0002/0195, each containing 500 mg mesalazine. 10, £6.50. **Uses:** Treatment of mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis. Suppositories particularly appropriate for distal disease. **Dosage and administration:** Adults: Tablets: 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. 250 mg suppositories: 3 to 6 a day, in divided doses, with the last dose at bedtime. 500 mg suppositories: A maximum of 3 a day, in divided doses, with the last dose at bedtime. Children: No dose recommendation. **Contra-indications:** A history of sensitivity to salicylates. Severe

renal impairment (GFR < 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 and lactation. Caution in elderly and only where renal function is normal. Do not give tablets with lactulose or similar preparations which lower stool pH. **Adverse reactions:** Nausea, diarrhoea, abdominal pain, headache. Exacerbation of symptoms of colitis. Rarely, reversible pancreatitis. **Legal category:** POM. 20.4.90.

- References:** 1. Riley SA et al. Gut 1988;29:669-74.
2. Campieri M et al. Scand J Gastroenterol 1990;25:663-8.
3. Riley SA et al. Gastroenterology 1988;94:1383-9.
4. Williams CN et al. Digestive Diseases and Sciences 1987;32 (Suppl):71S-75S.

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

SK&F

Smith Kline & French Laboratories
Welwyn Garden City, Hertfordshire AL7 1EY

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You don't have to go this far to treat acid reflux effectively



Zantac 300

RANITIDINE

The sooner the better

PRESCRIBING INFORMATION: INDICATIONS: Duodenal ulcer, benign gastric ulcer, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), oesophageal reflux disease, severe oesophagitis, chronic episodic dyspepsia. **DOSAGE: Adults:** Duodenal ulceration and gastric ulceration: A single 300mg dose at bedtime or 150mg twice daily in the morning and evening for four weeks. Alternatively, in duodenal ulcers, 300mg in the morning and evening for four weeks to achieve optimal healing. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Ulcers following non-steroidal anti-inflammatory drug therapy or associated with continued non-steroidal anti-inflammatory drugs: 150mg twice daily for up to eight weeks. Chronic episodic dyspepsia: 150mg twice daily for six weeks, investigate early relapsers and non-responders. Oesophageal reflux disease: 300mg at bedtime or 150mg twice daily for up to eight weeks. Severe oesophagitis: 300mg four times daily for up to eight weeks (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 new or recently changed dyspeptic symptoms. Regular supervision of patients with peptic ulcer 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 H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole (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: 081-422 3434

Glaxo

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. Gastro-

intestinal 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 terato-

genic 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

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

C/Hosp Ad/1/88



Dipentum[®]

olsalazine

in Ulcerative Colitis

Delivers
5-ASA
to the
colon...

... not to
the kidneys

Prescribing information

Presentation. Caramel coloured capsules containing 250mg olsalazine sodium.
Uses. Oral treatment of acute mild ulcerative colitis and the maintenance of remission. Olsalazine consists of two molecules of 5-amino salicylic acid (5-ASA) joined through an azo-bond. The systemic absorption of olsalazine is minimal, 99% of an oral dose will reach the colon where it is converted into 5-ASA. The release of 5-ASA is neither pH nor time dependent. 5-ASA acts topically on the colonic mucosa and local colonic concentrations of 5-ASA

are more than 1000 times that found in the serum.
Dosage and Administration.
Acute Mild Disease. Adults Including the Elderly. Commence on 1g daily in divided doses and, depending upon the patient response, titrate the dose upwards to a maximum of 3g daily over 1 week. A single dose should not exceed 1g. Olsalazine should be taken with food.
Remission. Adults Including the Elderly. 2 capsules (0.5g) twice daily taken with food.
Contra-Indications, Warnings, etc. *Contra-indications.* Hypersensitivity to salicylates. There is no experience of the use

of olsalazine in patients with significant renal impairment. Olsalazine is contra-indicated in patients with significant renal impairment. *Pregnancy.* Comprehensive animal reproductive toxicity studies have not been performed. There is no experience with olsalazine treatment during pregnancy. Olsalazine is contra-indicated in pregnancy. *Lactation.* There are no data on the excretion of olsalazine in breast milk. **Adverse Reactions.** Watery diarrhoea has been recorded in 15% of patients treated. In half of these patients the diarrhoea was either transient or overcome by

dose reduction. In patients who do not respond to dose reduction the drug should be stopped. As with sulphasalazine and mesalazine gastrointestinal side-effects are the most common. The most frequently reported adverse reactions are diarrhoea, abdominal cramps, headache, nausea, dyspepsia, arthralgia and rash.
Treatment of Overdosage. There is no specific antidote to olsalazine. Treatment should be supportive.
Pharmaceutical Precautions. Store at room temperature in a dry place.
Legal Category. POM.

Package Quantities. Containers of 100 capsules.
Further Information. Olsalazine has been used concomitantly with glucocorticosteroids.
UK Product Licence Number. 0009/0069.
Product Authorisation Number (Ireland). PA 107/14-1.
Dipentum is a Trade Mark. Basic NHS Price: 100 Capsules £23.90.

Distributed in the Republic of Ireland by:
United Drug Limited,
7, Lower Fitzwilliam Street,
Dublin.

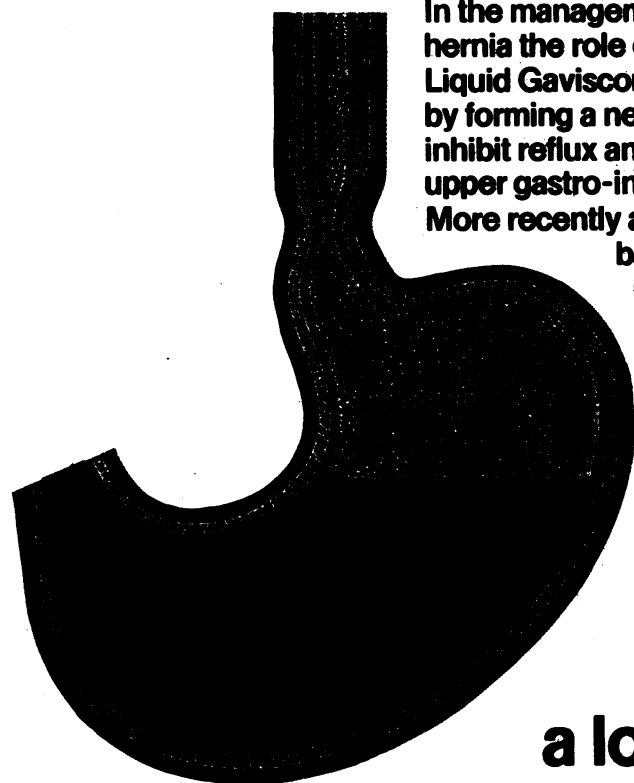
Further information available from:
Pharmacia Ltd.,
Pharmacia House,
Midsummer Boulevard,
Milton Keynes, MK9 3HP



Pharmacia

Advancing The New Biology

STRENGTH AGAINST REFLUX¹



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 comparison¹ 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, Calcium Carbonate Ph.Eur. 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-indications:** None known. **Dosage and Administration:** Adults, children over 12: 10-20ml liquid after meals and at bedtime. Children under 12: 5-10ml liquid after meals and at bedtime. Infants: not recommended.

Note: 10ml liquid contains 6.2mmol sodium. **Basis NHS Cost:** As at Jan. 1989: 500ml liquid £2.88. **PL:** 44/0058.

Irish Price IR £3.72. **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.





Consider an alternative
to your painkillers

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. **DOSEAGE:** ADULTS: THE USUAL DOSEAGE 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 RELAPSES AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSEAGE 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 DOSEAGE 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 H₂-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. 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 

IN IRRITABLE BOWEL SYNDROME COLPERMINTM

(enteric-coated peppermint oil) CAPSULES

Break the strangleholds of pain and bloating






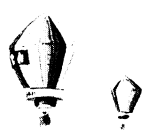
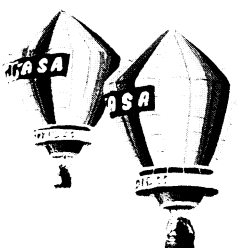
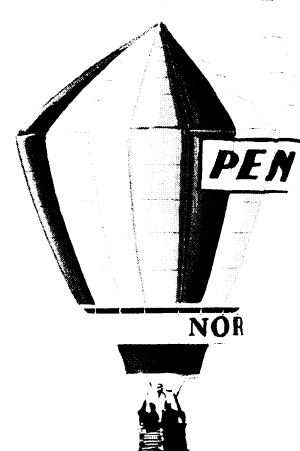
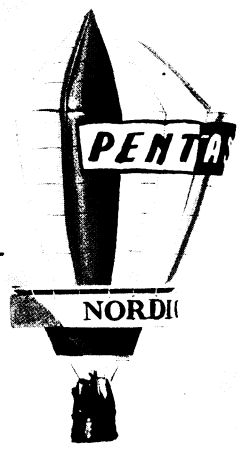
COLPERMINTM DUAL ACTION RELIEF

Prescribing Information

Presentation: A light blue/dark blue enteric-coated capsule with a green band between cap and body. Each Capsule contains 0.2ml peppermint oil B.P. **Uses:** For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. **Dosage and Administration:** Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food, and taken with a small quantity of water. The capsules should not be taken immediately after food. 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 capsules in children under the age of 15 years. **Contra-indications,**

warnings, etc Precautions: The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. Adverse effects: Heartburn; sensitivity reactions to menthol, which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight. **Legal Category:** P. **Product Licence:** PL 0424/0009. **Product Licence Holder:** Tillotts Laboratories. **Basic NHS Cost:** £12.15 per 100. **Date of issue:** September 1990 Colpermin is a Trade Mark.

In Ulcerative Colitis New Pentasa Slow Release Tablets Predictable Release in Unpredictable Conditions

- Predictable Release in Unpredictable Intestinal Transit ^{1,2}
- Predictable Release in Unpredictable Intestinal pH²
- Predictable Release in Unpredictable Patients



Pentasa....Mesalazine, when and where it matters

Abridged Prescribing Information

Name of Product: PENTASA Slow Release Tablets. **Presentation:** Round, white to light grey mottled tablets with a break line on one side. Each tablet contains 250mg mesalazine in a slow release presentation. **Uses:** For the maintenance of remission in mild to moderate ulcerative colitis. **Dosage and administration:** Adults: The usual dose is two tablets, three times daily. **Contra-indications:** Children under the age of 15 years. Known sensitivity to salicylates. **Precautions, warnings etc:** PENTASA is not recommended in patients with renal impairment. Patients with raised blood urea or proteinuria should be treated with caution. PENTASA should be used with caution during pregnancy and lactation. Headache, diarrhoea and dyspepsia may occur in a small proportion of patients. Exacerbation of the symptoms of colitis may arise in patients who have previously had this problem with sulphasalazine. **Packing quantity:** Bottles containing 200 tablets. **Product Licence:** PL 3194/0043 Basic NHS Price: 200 x 250 mg tablets £32.28. **Product Licence Holder:** Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex. TW13 6JG. **Date of preparation:** March 1990. **Reference:** 1. Brit. J. Clin. Pharmac. (1987), 23: 365-369. 2. Gastroenterol. Int. (1988); 1/Suppl.1: A859. PENTASA is a registered trademark.

Further information is available from: Nordic Pharmaceuticals, 11 Mount Road, FELTHAM, Middlesex. TW13 6JG.

NORDIC

SOME THINGS APPEAR TO BE SLIGHTLY DIFFERENT

Take for example peptic ulcers. For years people were convinced that the pathophysiology was related to gastric acid; healing no longer seemed to be a major problem, except for the high relapse rates.¹⁾

In 1983 J.R. Warren and B.J. Marshall²⁾ unearthed another pathological factor: *Helicobacter pylori**. Since their historic rediscovery, evidence of the connection between *H. pylori* in the gastric mucosa on one hand and histologically proven gastritis and peptic ulcers on the other has become stronger and stronger. Chronic gastritis and ulcer relapse are highly associated with *H. pylori*.³⁾

De-Nol® is the only ulcer healer that is active against *H. pylori*.

Therefore the relapse rates after termination of therapy are much lower than with acid-suppressant preparations.⁴⁾ What is more: among patients in whom *H. pylori* was eradicated and who remained *H. pylori* negative in the year of follow-up, the relapse rate of peptic ulcers was only 0-10%.^{4, 5, 6, 7, 8)}

The pathogenesis and cure of peptic ulcers therefore appear to be slightly different from what was assumed for years.

* formerly known as
Campylobacter pylori

1) Marshall RJ, et al. Lancet 1988; 2: 1437-1442. 2) Marshall BJ, Warren JR. Lancet 1984; 1: 1311-1315. 3) Goodwin CS. Lancet 1988; 2: 1467-1469. 4) Smith AC, et al. Gut 1988; 29: A711. 5) Rauws EAJ. Tytgat GNJ. ISBN 90-9002938-9. Amsterdam 1989. 6) Lambert JR, et al. Gastroenterology 1987; 92: 1489. 7) Burdy TJ, et al. Gastroenterology 1988; 94: 43 (abstract). 8) Coghlan JG, et al. Lancet 1987; 2: 1109-1111.

Prescribing information: Presentation Coated tablets and liquid (a chewable tablet is also available in some countries). Each tablet (or 5 ml dose) contains 120 mg tri-potassium di-citrate bismuthate (equivalent to 80 mg bismuth). Indications Gastric and duodenal ulcers. Dosage and administration Two tablets (or two 5 ml doses) twice daily, half an hour before breakfast and half an hour before the evening meal, or alternatively one tablet (or one 5 ml dose) four times a day, half an hour before each of the three main meals and two hours before going to bed, 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. Contraindications, warnings, etc. De-Nol should not be administered to patients with renal disorders and, on theoretical grounds, is contraindicated in pregnancy. Special precautions De-Nol 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 Overdosage has rarely been reported; gastric lavage with intestinal evacuation and, if necessary, supportive therapy would be indicated. Package quantities Treatment pack of 112 tablets or 560 ml liquid. Basic NHS price Tablets £ 20.98 Liquid £ 14.65 Product licence numbers Tablet 0566 0124 Liquid 0166 5024 GMS prices De-Nol tab. IR £ 20.65 De-Nol liq. IR £ 16.37 Product authorization numbers De-Nol tab. 62 22 2 De-Nol liq. 62 23 1 Product licence authorization holder Brocades, Great Britain Ltd. Brocades Heeze, West Byfleet, Surrey KT14 6RA. Telephone (0932) 41 45546. Product information can differ from country to country. Please consult Gist-brocades NV, The Netherlands for specific country information (UK 8912).

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 14.

N° 8-9

August-September 1990

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DIGESTIVE TRACT AND PANCREAS

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Annual subscription — 10 issues/year

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