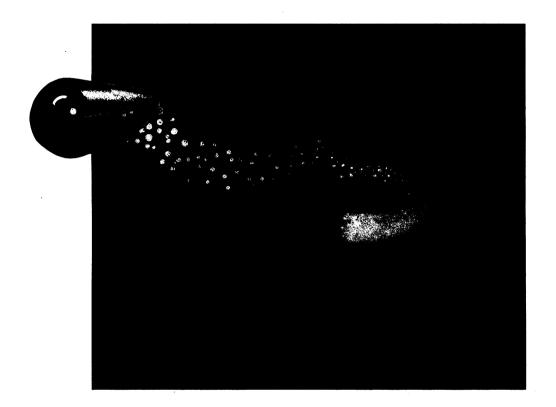
PROGRESS

In The Control Of Pancreatic Insufficiency

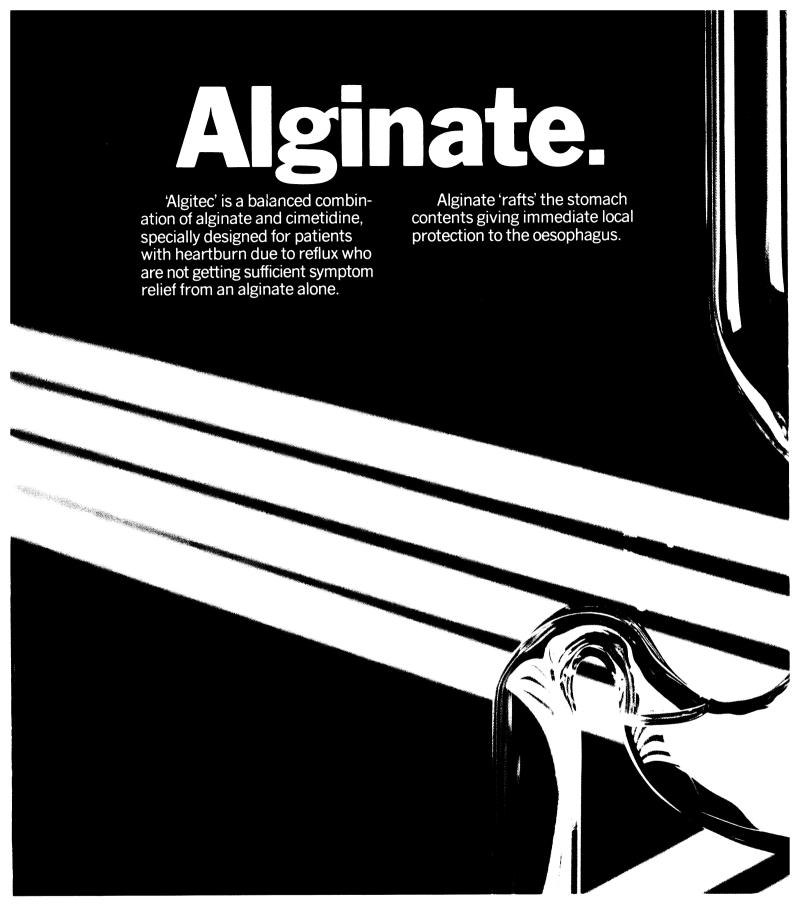




RIGHT ON TARGET - RIGHT FROM THE START

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. Perlanal 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.



Reference: 1. Lennox B, Snell C, Lamb Y. Br J Clin Pract 1988;42:503-5.

Prescribing information. Presentation Algitec' Suspension. PL 0002/0176. containing 500 mg sodium alginate BPC and 200 mg cimetidine in 10 ml. 600 ml. £17.25. 'Algitec' Tablets. PL 0002/0149. each containing 500 mg alginic acid BPC and 200 mg cimetidine. 120 (6 tubes of 20 'Chewtab' tablets) £29.85. Uses Treatment of gastro-oesophageal reflux disease. Dosage and administration Adults only: 10 ml suspension or 1 tablet 4 times a day. after meals and at bedtime for 4 to 8 weeks. If response is inadequate increase to 20 ml suspension or 2 tablets 4 times a day. Chew tablets thoroughly

and follow by a drink of water. Contraindication Hypersensitivity to cimetidine. Precautions Not recommended where renal function impaired. Potentiation of oral anticoagulants, phenytoin and theophylline (see Data Sheet). Prolonged treatment: observe patients periodically. Potential delay in diagnosis of gastric cancer (see Data Sheet). 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. 31.8.89.
Smith Kline & French Laboratories Limited Welwyn Garden City. Hertfordshire AL7 1EY c 1989 Smith Kline & French Laboratories Limited 'Algitec' and 'Chewtab' Tablets are trade marks.

AT:AD0899

Plus.

Cimetidine systemically controls gastric acid secretion providing continued protection from acid reflux.

This combination has been shown to be superior to a commonly prescribed alginate in the relief of heartburn due to reflux!

So, for those patients who need more than an alginate try an alginate plus — 'Algitec.'

In heartburn due to reflux...

...when an alginate is not enough

Additional Additional

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



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 hydrocortissone acetate, similar to that used in a retention enema, for the treatment of ulcerative coliris, sigmoiditis and proceedings and proceeding proceedings are proceeding proceedings. Product Licence No.: 0036/0021. References I. 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*1³ in erosive oesophagitis

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

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)

 $n = 152^1$

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

Abbreviated Prescribing Information
Presentation: Lose capsules containing 20mg omegrazole. Indications: Heading of crossive reflux
oscophagits. Symptom rehet is rapid, and the majority of patients are headed after a weeks. Dosage: Adults
including elderly). 20mg Losey once daily, given for a weeks. For those patients not fully healed after the initial
course, healing usually occurs during a further a weeks. For those patients not fully healed after the initial
course, healing usually occurs during a further a weeks. It readines to see his also been used in a dose of rong
once daily in parients with reflux ossophagins refractory to other therapy. Healing usually occurred within
8 weeks. Long-term maintenance treatment with Loses is not recommended. Children There is no experience
of the use of loses on children. Implaned ronal or bepatic function. Adultstment is not required their so with
severe liver disease should not require more than 20mg Loses daily. Contra-indications. Warnings, etc.
No known contra-indications to the use of Loses. When gastriculeer is suspected, the possibility of malignancy
should be excluded be for treatment with loses is instituted, as treatment may allevate symptoms and delay
diagnosis. Aword in pregnancy unless there is no sater alternative. Breast feeding should be discommend in the
use of Loses is considered essential. Dose is swell tolerated. Xussea, headache, diarrho, ear constitution, 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. Loses can delay
the elimination of diazepana, phenytom and warfarm. Monitoring of patients receiving warfarm or pheniton in
service mild and a reduction of warfarm or pheniton in dose man be necessary when omegazo de is added to
reatment. No evidence of an interaction with the ophy lline, programol of or antaceds. Animal Toxicology. Gastry

Before this perplasa and car months, localised to the own the microst, have been observed in life-long studies in rats. These changes have been related to sustained hypergastimational. No treatment related months as the major have been observed in patients treated continuously for periods up to a years. Pharmaceutical Precautions: I se 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, 26-49, Bottles of 28 capsules, 2,50-59. Product Licence Number: PL0017-0258. Product Licence Holder: Astra Pharmaceunicals Ed. Home Park Estate, Kings Lingley, Herts WD+8DH.



ASTRA

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

SOME THINGS APPEAR TO

1) Marshall BJ et al. Larcet 1988. 2. 1437-1442. 2) Marshall BJ, Warren JR. Lancet 1984. 1. 1311. 1315. 3) Goodwin CS. Lancet 1988. 2. 1467-1469. 4) Smrth AC. et a. Gut. 1988. 29. A711. 5) Raiws FAJ, Titgat GNJ. ISBN. 90. 9002938-9. Amsterdam 1989. 6) Lambert JR, et al. Gastroenterology 1987, 92. 1489. 7) Borody TJ, et al. Gastroenterology 1988, 94. 43 (abstract). 8) Coghlan IG, et al. Lancet 1987, 2. 1109. 1111.

Prescribing information. Presentation Coated tablets and liquid (a chewable tablet is also available in some



Gist-brocades Pharmaceuticals, Division of Royal Gist-brocades NV, Delft, Holland countries. Each tablet on 5 ml dose contains 120 mg tri potass um di citrato bismuthate icalculated as B $_2$ O $_3$ endications Gastric and bisodenia ülcers. Dosage and administration Two tablets (or two 5 midoses) twice dails, 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. It necessary a further morth's treatment may be given. Maintenance therapy with De-Noi is not indicated, but treatment may be repeated after an interval of one month. Contra indications, warnings, etc. De-Noi should not be administered to patients with renal disorders and, on theoretical grounds, is contra indicated in pregnancy. Special precautions De-Noi may inhibit the efficacy of orally administered fetracyclines. Side-effects Blackening of the stool usually occurs, nausea and vointing have been reported. Darkening of the tongue may occur with De-Noi

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. The high rate of ulcer relapse however proved that in most cases it was only temporary healing and not a definite cure.¹⁾

Helicobacter pylori*: the other factor

In 1983 J.R. Warren and B.J. Marshall²⁾ discovered an important factor in the pathogenesis of peptic ulcers: Helicobacter pylori. Since their historic publication in The Lancet more and more proof has been produced, reflected in a continuous stream of publications on the connection between the presence of H. pylori in the gastric mucosa on one hand and histologically proven gastritis and peptic ulcers on the other. There is now no doubt of the association between chronic gastritis, ulcer relapse and H. pylori.³⁾

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

De-Nol® is the only ulcer healer that is active against H. pylori. The relapse rates after treatment with De-Nol are much lower than those with acid-suppressant preparations.⁴⁾ Studies have shown that 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





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

Rapid

relief for

patients gripped

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

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.

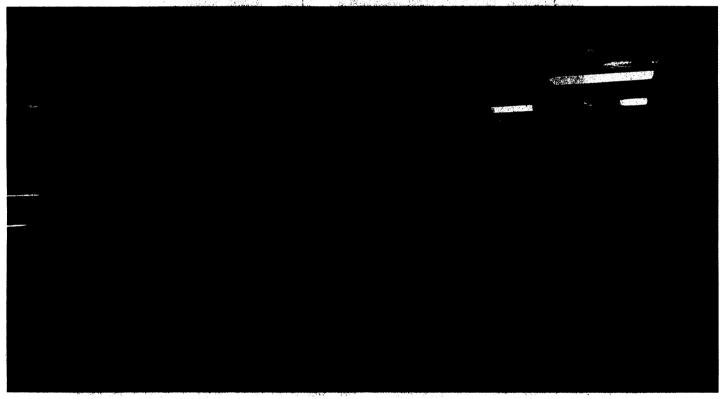
Indications: 1. Irritable bowel syndrome. 2. Gastro-

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 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

C/Hosp Ad/1/88





ONE AT NIGHT CAN MAKE THE

Abridged Product Information

Refer to Data Sheet before prescribing.

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

hypersecretory conditions such as Zollinger-Ellison syndrome.

DOSAGE In duodenal and benign gastric ulcer, 40 mg at night for four to eight weeks. For prevention of duodenal allcer recurrence, 20 mg at night. Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

CONTRA-INDICATION Hypersensitivity.

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM. Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min. 'Pepcid' PM is not recommended in pregnancy, nursing mothers or children. SIDE EFFECTS Rarely, headached dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdommal 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 December 1989

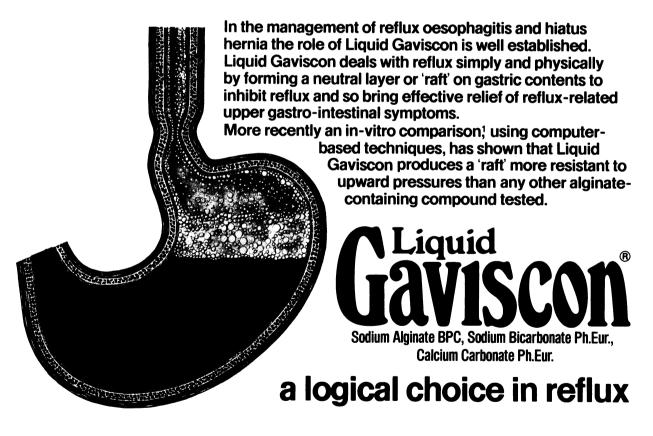
® denotes registered trademark of Merck & Co., Inc., Rahway, NJ, USA



Thomas Morson Pharmaceuticals Division of Merck Sharp & Dohme Limited Hertford Road, Hoddesdon, Herts, EN11 9BU



STRENGTH AGAINST REFLUX

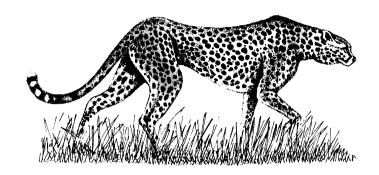


Prescribing Information

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

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.



no compromise

After a thorough development programme and extensive clinical trials, we now have available a non-invasive test for *Helicobacter pylori* – an organism implicated in duodenal ulcer and gastritis.

Based on a well characterised antigen, developed by scientists at the Centre for Applied Microbiology and Research, **HELICO-GTM** is an enzyme immunoassay that will quantify IgG antibodies to *Helicobacter pylori*. 95% of patients diagnosed with *H pylori* were correctly identified by **HELICO-GTM**, proving it to be a consistent, high quality assay.

Convenient, rapid, reliable results, backed up by extensive clinical trial data, give you greater confidence.

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A SERO-DIAGNOSTIC KIT FOR
DETERMINATION OF ANTIBODIES TO
HELICOBACTER PYLORI IN HUMAN SERUM.



Porton Cambridge Ltd, Porton House, Vanwall Road, Maidenhead, Berks SL6 4UB, United Kingdom. Tel. 0628–771417. Fax 0628–770211.

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 NSAIDinduced 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 NSAIDinduced ulcer:

three times daily or four times daily. Refer to data sheet for additional information.

Contraindications: Pregnant women, women planning a pregnancy, patients allergic to prostaglandins.

Warnings: Pre-menopausal women should use effective contraception and be advised of the risks of taking Cytotec if pregnant.

Precautions: Cytotec does not produce hypotension in clinical studies at ulcerhealing doses, nevertheless exercise caution in disease states where hypotension might precipitate severe complications. Cytotec should not be administered during breast feeding.

Adverse effects: Diarrhoea, abdominal pain, dyspepsia, flatulence, nausea, vomiting,

ziness, skin rashes. menorrhagia,



Soften the impact of NSAIDs on the stomach with prostaglandins

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

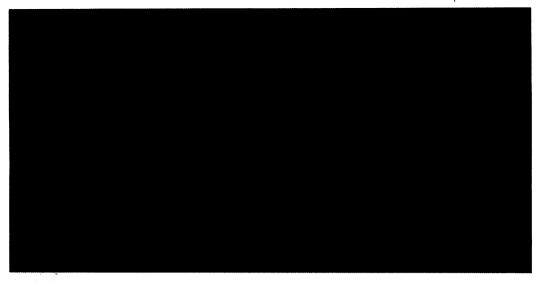
Unlike H₂ receptor antagonists,
Cytotec not only inhibits gastric acid
secretion' but also protects the
gastric mucosa by stimulating
bicarbonate secretion, increasing
mucus secretion and enhancing gastric
mucosal blood flow.

1. Wilson D.—Quadros E. Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 31 (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 IA): 15-21.

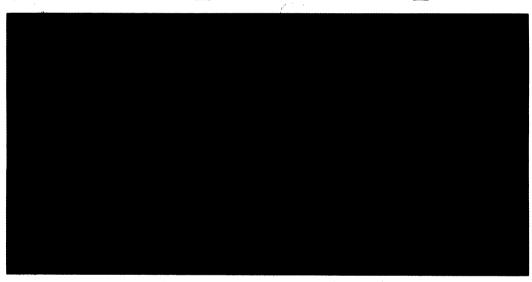
SEARLE %CROSS

G.D. Searle & Co. Ltd., P.O. Box 53, Lane End Road, High Wycombe, Bucks. HPI2 4HL. Cytotec, Gold Cross, and Searle are registered trademarks. **ONLY**





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), 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 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 oesophageits: 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 OHE Tel: 081-422 3434

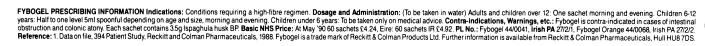


CLOCKWORK ORANGE



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

REGULAR AS CLOCKWORK







Prescribing information

Presentation. Caramel coloured capsules containing 250mg olsalazine sodium. Uses. Oral treatment of acute Uses. Of a 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 acid. SASA, joined through an azo-bond. The systemic absorption of olsalazine is minimal, 99% of an oral dose will reach the colon. Olsalazine is activated in the colon where it is converted into 5-ASA. The release of 5-ASA is neither pH nor time dependent. 5-ASA acts topically write solutions in the old. on the colonic mucosa and local colonic concentrations of 5-ASA

are more than 1000 times that found in the serum.

Dosage and Administration.

Dosage and Administration. Acute Mild Disease, Adults breliading 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 boad. taken with food.

Remission Adults Including the Flderly, 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. Obsalazine is contra-indicated in pregnancy. Lactation. There are no data on the exerction of obsalazine 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 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

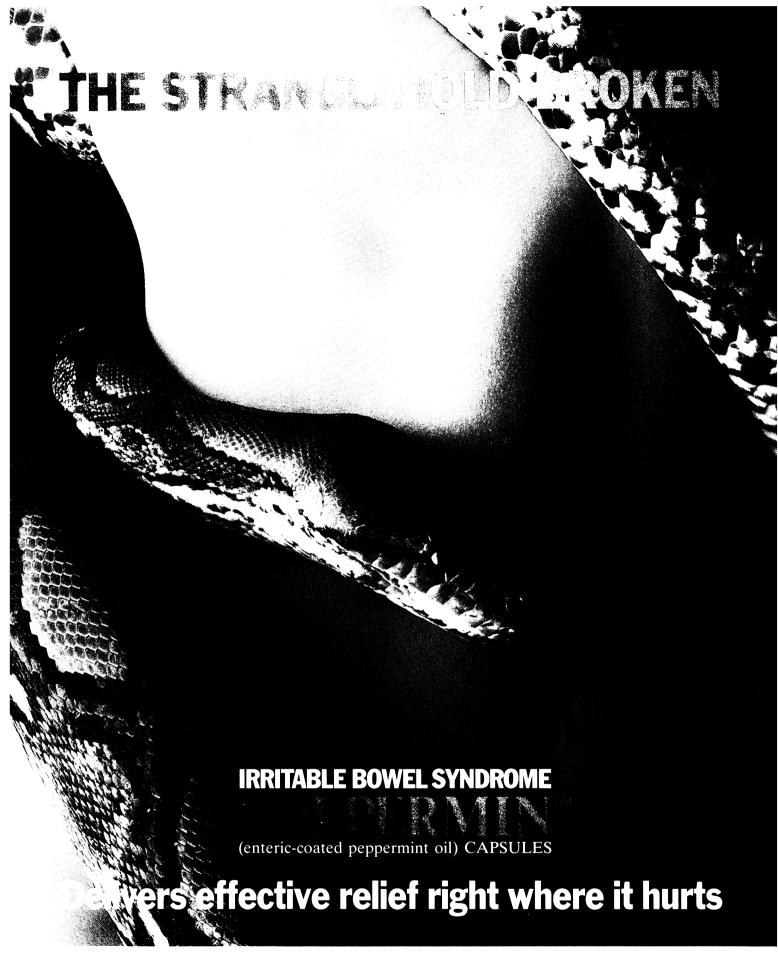
(Ireland): PA 107 14 1

Dipentum is a Trade Mark, Basic NHS Price: 100 Capsules £23,90.

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

Further information available from: Pharmacia I td., Pharmacia I touse, Midsummer Boulevard, Milton Keynes, MK9 3HP





Presentation: Each enteric-coated capsule contains 0.2ml peppermint oil Ph. Eur. Uses: Treatment of symptoms of irritable bowel syndrome. Dosage and Administration: Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food. Not to be taken immediately after food. The capsules should be taken until symptoms resolve, usually within one or two weeks. There is no experience of use in children under the age of 15 years. Contra-indications, warnings, etc. Precautions: Do not break or chew the capsules. 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 crythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight. Legal category: P. Product Licence: PI. 0424/0009. Basic NHS Cost: £12.15 per 100. Date of issue: September 1989. Colpermin is a Trade Mark.

Zeitschrift für

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Index Internacional de Gastroenterologia
Current Awareness in Biological
Sciences – CABS

GASTROENTEROLOGIE

German Journal of Gastroenterology

Offizielles Organ:

Deutsche Gesellschaft für Verdauungs- und Stoffwechselkrankheiten mit Sektion Gastroenterologische Endoskopie

Österreichische Gesellschaft für Gastroenterologie

The highly specialized periodical for gastro-enterologists and internists;

Top level original papers relating to stomach, liver, pancreas and intestines;

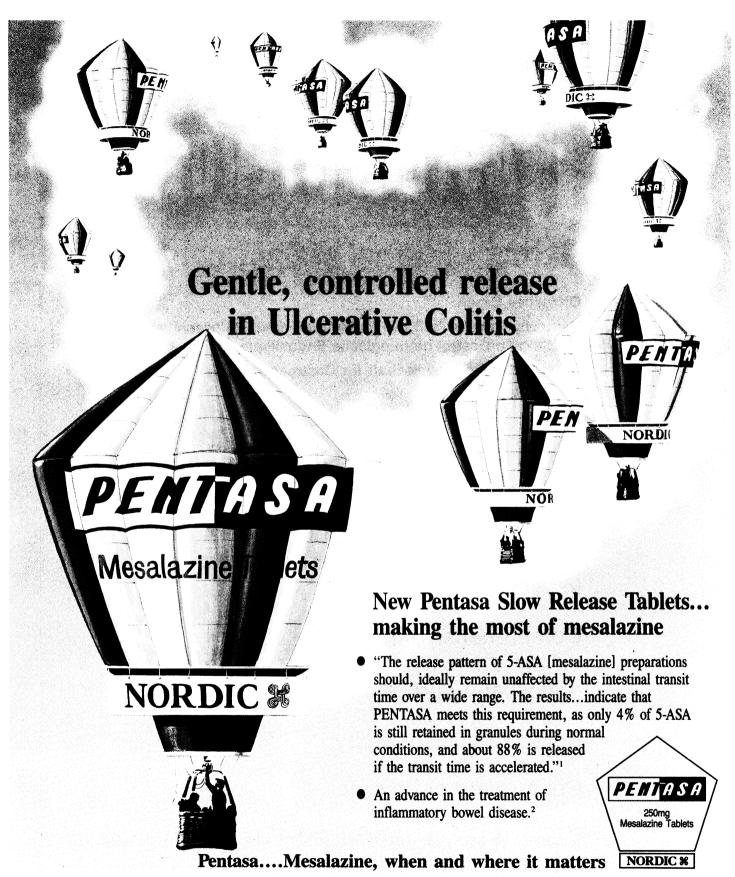
Comprehensive information on the advancements made in morphology, endoscopy and roentgenology;

Extensive bibliography;

Conference papers.

Subscription one year (twelve issues) DM 114,-, postage to be added





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, diarrhoes 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 Ld. Il Mount Road, Feltham, Middlesex. TW13 6JG. Date of preparation: March 1990. Reference: 1. Brit. J. Clin. Pharmac. (1987), 23: 365-369. 2. Ann. Intern. Med. (1988) 106: 911-912. PENTASA is a registered trademark.

GASTROENTÉROLOGIE CLINIQUE ET BIOLOGIQUE

Gastroenterol Clin Biol, t. 14.

N° 3

March 1990

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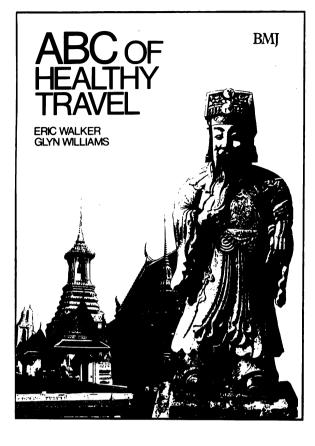
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