



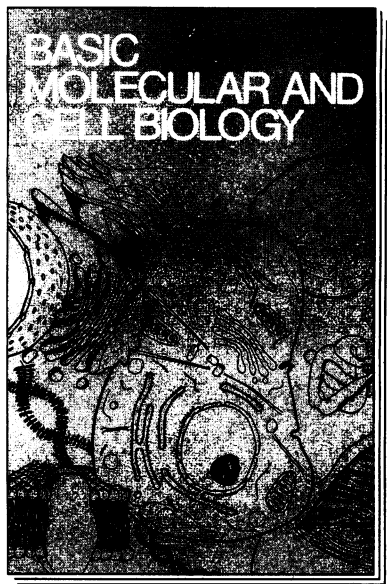
I've got the power

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:** In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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 H_2 -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 Effervescent Tablets each containing 150mg ranitidine and 14.3mEq sodium (Product licence number 0004/0392, 60 tablets £31.25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20.8mEq sodium (Product licence number 0004/0393, 30 tablets £31.25); Zantac Effervescent Granules each containing 150mg ranitidine and 10.2mEq sodium (Product licence number 0004/0394, 30 sachets £15.63); Zantac Effervescent Granules each containing 300mg ranitidine and 20.4mEq sodium (Product licence number 0004/0395, 30 sachets £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, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

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The extraordinary technical developments in molecular biology over the past few years, and the equally rapid advances in understanding of cell biology, will almost certainly result in far reaching changes in medical research and practice. In this collection of articles experts in molecular and cell biology provide the background information to give clinicians an insight into the way in which the medical sciences may be moving over the next few years and into the exciting possibilities opening up for the treatment of genetic disorders, cancer, and the common illnesses of Western society such as degenerative vascular disease and diabetes.

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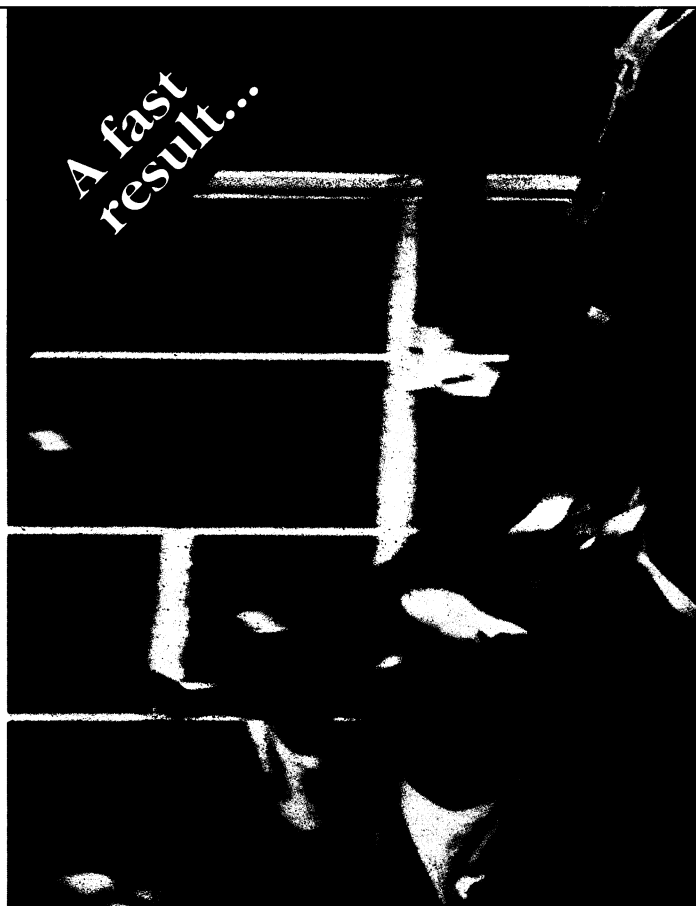
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Prescribing information. Presentation: Losec capsules containing 20mg omeprazole. **Uses:** Treatment of reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. Treatment of duodenal and benign gastric ulcers, including those complicating NSAID therapy. Zollinger-Ellison syndrome. **Dosage and administration: Adults (including elderly):** In reflux oesophagitis: 20mg once daily, given for 4 weeks. For those patients not fully healed after the initial course, healing usually occurs during a further 4-8 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. Patients can be continued at a dosage of 20mg once daily. **Duodenal and benign gastric ulcers:** 20mg once daily. The majority of patients with duodenal ulcer are healed after 4 weeks. The majority of patients with benign gastric ulcer are healed after 8 weeks. In severe cases, the dose may be increased to 40mg Losec once daily. Long-term therapy with Losec in the treatment of gastric and duodenal ulcers is not currently recommended. **Zollinger-Ellison syndrome:** 60mg once daily. The dosage should be adjusted individually and treatment continued as long as clinically indicated. More than 90% of patients with severe disease and inadequate response to other therapies have been effectively controlled on doses of 20 to 120mg daily. With doses above 80mg, 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, precautions & warnings:** **Contra-indications:** 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, metoprolol, lidocaine, quinidine or antacids. **Animal Toxicology:** Gastric ECL-cell hyperplasia and carcinoids have been observed in life-long studies in rats treated with omeprazole or subjected to partial fundectomy. These changes are the result of sustained hypergastrinaemia secondary to acid inhibition and not from a direct effect of any individual drug. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 5 years. **Pharmaceutical precautions:** Use within three months of opening. Replace cap firmly after use. Dispense in original container. **Legal category:** POM **Pack size and basic NHS cost:** Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.36. **Product Licence No:** PL0017/0238 **Product Licence Holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. **Date of preparation:** January 1992 **References** 1. Holt S & Howden CW. Dig Dis & Sci 1991; **36** (4): 385-93. 2. Sandmark S et al. Scand J Gastroenterol 1988; **23**: 625-32. 3. McFarland RJ et al. Gastroenterol 1990; **98**: 278-83. 4. Bate CM et al. Gut 1990; **31**: 968-72.

ASTRA For further information, please contact
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Losec is a registered trademark



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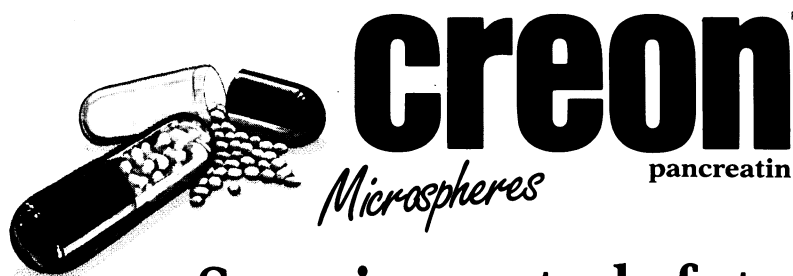
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Enteric-coated microspheres remain protected against gastric acid whilst mixing thoroughly with food ...



Rising pH rapidly releases active pancreatin for thorough digestion and control of steatorrhoea



Superior control of steatorrhoea[†]

[†]Compared with standard enteric-coated tablets in pancreatic insufficiency^{1,2}

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, or 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.

References

1. Stead RJ et al. *Thorax* 1987;42:533-537. 2. Beverley DW et al. *Arch Dis Child* 1987;62:564-568.

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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, Warning, 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 Jan '92 60 sachets £4.24, Eire: 60 sachets IR £4.92. **PLNo.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. **Reference:** 1. Data on file, 394 Patient Study, Reckitt & Colman Products (1989) RME35003/012. Fybogel and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Further information is available on request from Reckitt & Colman Products, Hull HU8 7DS.



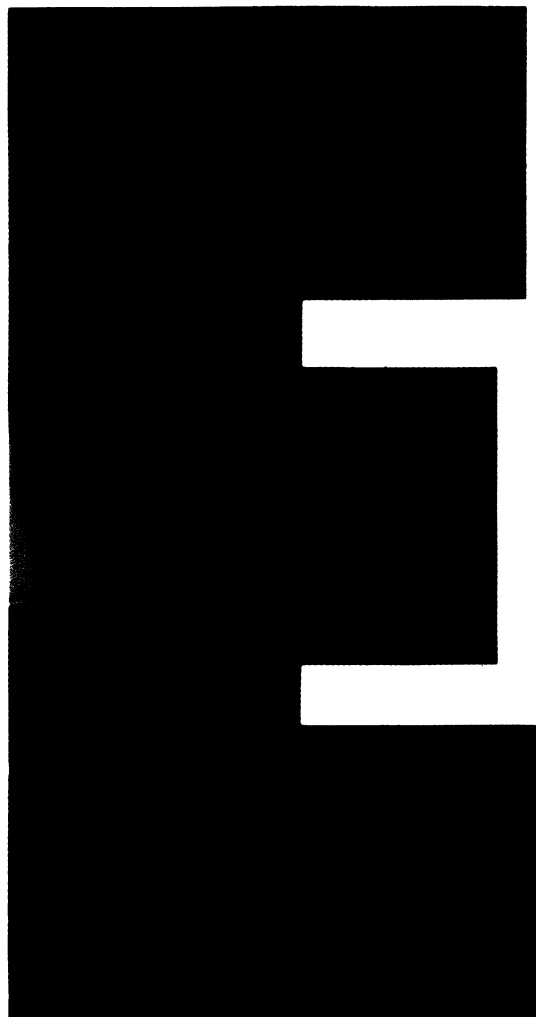
THE BENEFIT OF MOLECULE OF



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 (12 x 10), £34.30 'Asacol' Suppositories 250 mg, PL 0002/0158, each containing 250 mg mesalazine. 20, £6.50. 'Asacol' Suppositories 500 mg, PL 0002/0195, 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** Tablets: *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:* No dosage recommendation. **Suppositories:** *Adults: 250 mg strength:* 3 to 6 a day, in divided doses, with the last dose at bedtime. *500 mg strength:* A maximum of 3 a day, in divided doses, with the last dose at bedtime. *Children:* No dosage recommendation. **Contraindications** A history of sensitivity to salicylates. Severe renal impairment (GFR < 20 ml/min). Children under 2 years of age. **Precautions** Best avoided in patients with established renal impairment but, if necessary, use with caution. 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,

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5-ASA

5-ASA is an effective anti-inflammatory agent used in the treatment of ulcerative colitis. Conventional treatments use combinations of this molecule to avoid its breakdown in the stomach.

This one, however, with its single molecule of 5-ASA, provides release of the active component from the tablet at the site of inflammation.¹

The result? A treatment for ulcerative colitis that's not only effective in both acute² and maintenance therapy,³ but also well tolerated³ without the sulphapyridine^{4,5} or dimer effects⁶ of 5-ASA combinations.

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mesalazine* (5-aminosalicylic acid)

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abdominal pain, headache. Exacerbation of symptoms of colitis. Reports of leucopenia, neutropenia, thrombocytopenia, pancreatitis, hepatitis, interstitial nephritis, nephrotic syndrome, renal failure with oral treatment, usually reversible. Suspect nephrotoxicity in patients developing renal failure. **Legal category** POM 24.4.91

References 1. Dew MJ *et al.* Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol* 1983;16:185-7. 2. Riley SA *et al.* Comparison of delayed release 5-aminosalicylic acid (mesalazine) and sulphasalazine in the treatment of mild to moderate ulcerative colitis relapse. *Gut* 1988;29(5):669-74. 3. Riley SA *et al.* Comparison of delayed-release 5-aminosalicylic acid (mesalazine) and

sulfasalazine as maintenance treatment for patients with ulcerative colitis. *Gastroenterology* 1988;94:1383-9. 4. Birnie GG *et al.* Incidence of sulphasalazine-induced male infertility. *Gut* 1981;22:452-5. 5. Riley SA *et al.* Sulphasalazine induced seminal abnormalities in ulcerative colitis: results of mesalazine substitution. *Gut* 1987;28:1008-12. 6. Robinson M *et al.* Olsalazine in the treatment of mild to moderate ulcerative colitis. *Gastroenterology* 1988;94:A381.

SK&F

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

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Easy to use disposable applicators - clean and convenient for patients at home or at work

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Prescribing Information

Predfoam Prednisolone metasulphobenzoate sodium equivalent to 20mg prednisolone per metered dose.
Uses: Treatment of proctitis and ulcerative colitis. **Dosage and administration:** Adults and elderly patients: One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained. Use should be discontinued at the discretion of the physician once the disease is stable and under control. Children: Not recommended. **Contra-indications, warnings etc.:** Contra-indications: Local conditions where infection might be masked or healing impaired, e.g. peritonitis, fistulae, intestinal obstruction, perforation of the bowel. **Precautions:** The product should be used with extreme caution in the presence of severe ulcerative colitis. The possible occurrence of masking of local or systemic infection should be borne in mind when using this product. For rectal use only. **Side-effects:** The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable. **Use in pregnancy and lactation:** There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development

including cleft palate and intra-uterine growth retardation. There may, therefore, be a very small risk of such effects in the human foetus. **Overdosage:** Overdosage by this route is unlikely. **Pharmaceutical Precautions:** Pressurised container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Shake before use. **Product Licence Number** 0108/0101. **Product Authorisation Number** 100/40/1.

References

1. Data on file, Pharmax. 2. K.W. Somerville, et al (1985) BMJ, 291-866. 3. W.S.J. Ruddell, et al (1980) Gut, 885-889. 4. C. Rodrigues, et al (1987), The Lancet, i, 1497. 5. Data on file, Pharmax.



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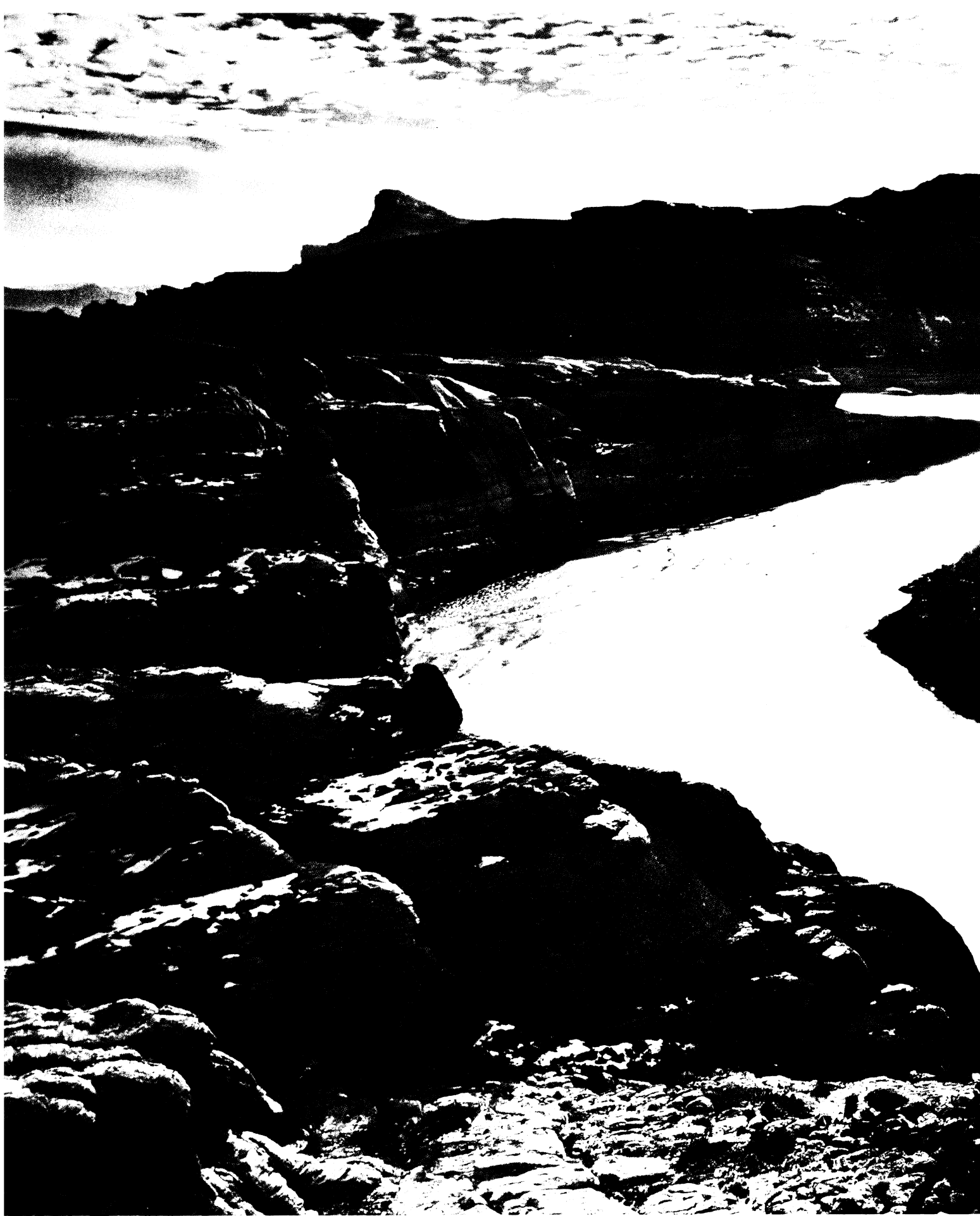
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effective relief of acute nausea and vomiting — whatever the cause

Prescribing information Uses: Adults (including elderly): The acute treatment of nausea and vomiting of any aetiology, and for up to 12 weeks treatment of nausea and vomiting due to L-dopa and bromocriptine. Not recommended for chronic use nor, routinely, for prophylaxis of post-operative vomiting. Children: Only for nausea and vomiting following cancer chemotherapy or irradiation. **Presentation:** Motilium tablets (domperidone 10mg): Cartons of 30 and 100 tablets in blister strips of 10. Basic NHS cost 30 tablets: £2.52, 100 tablets: £8.42. PL0071/0287. Motilium suspension (domperidone 1mg/ml): Bottles of 200ml. Basic NHS cost of 200ml: £1.85. PL0071/0292. Motilium suppositories (domperidone 30mg): Cartons of 10 in blister strips of 5. Basic NHS cost 10 suppositories: £2.72. PL0071/0290. **Dosage:** Route, dose and frequency of dosing should be adjusted according to severity and duration of symptoms. Adults (including elderly): Tablets or suspension: 10-20mg at 4-8 hourly intervals. Suppositories: 1 or 2 at 4-8 hourly intervals. Children: Suspension: 0.2-0.4mg/kg at 4-8 hourly intervals. Suppositories: for children aged 2-12 years, 1-4 daily according to body weight (see Data Sheet). **Contra-indications, Warnings, etc.:** No specific contra-indications. Safety of Motilium in pregnancy has not yet been established, therefore it should be avoided in those who are pregnant. **Side-effects:** In common with other dopamine antagonists Motilium produces a rise in serum prolactin which may be associated with galactorrhoea, and less frequently, gynaecomastia. Domperidone does not readily cross the normally functioning blood-brain barrier. However, acute extrapyramidal dystonic reactions have been reported with Motilium.

References: 1. Moriga M, Roy Soc. Med. Int. Cong. Symp. Ser. 1981; 36: 77-79. 2. De Loose F, Pharmatherapeutica 1979; 2(3): 140-146. 3. Van Ganse W, Curr. Ther. Res. 1978; 23(6): 695-701. 4. Van Outryve M et al., Postgrad. Med. J. 1979; 55 (Suppl. 1): 33-35. 5. Van de Mierop L et al., Digestion 1979; 19: 244-250. 6. Laduron PM & Leysen JE, Biochem. Pharmacol. 1979; 28: 2161-2165. Motilium is a registered trade mark. Further information available from: Sanofi Winthrop Limited, 1 Onslow Street, Guildford, Surrey GU1 4YS.

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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:** In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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.

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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, 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 Effervescent Tablets each containing 150mg ranitidine and 14.3mEq sodium (Product licence number 0004/0392, 60 tablets £31.25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20.8mEq sodium (Product licence number 0004/0393, 30 tablets £31.25); Zantac Effervescent Granules each containing 150mg ranitidine and 10.2mEq sodium (Product licence number 0004/0394, 30 sachets £15.63); Zantac Effervescent Granules each containing 300mg ranitidine and 20.4mEq sodium (Product licence number 0004/0395, 30 sachets £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, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

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mebeverine

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

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IN ULCERATIVE COLITIS

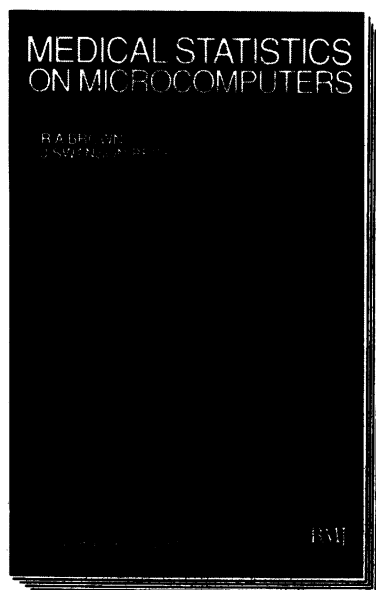
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PRESCRIBING INFORMATION: Dipentum. **Presentation:** Capsules, coloured capsules containing 250mg olsalazine sodium. **Uses:** Oral treatment of acute mild ulcerative colitis and the maintenance of remission. Olsalazine consists of two molecules of 5-aminosalicylic acid (5-ASA) 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 not pH rate 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: Two capsules (500g) twice daily taken with food. **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:** Reproduction studies performed in mice, rats and rabbits have revealed no evidence of impaired fertility, harm to the foetus or teratogenic effects due to olsalazine administration. However, the experience of use in pregnant women is not full. Dipentum should not be used during pregnancy, unless the clinician considers that the potential benefits outweighs the possible risk to the foetus. **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, lethargy and rash. **Treatment of Overdose:** 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. **Product Licence Number:** 0009/0069. **Product Licence Holder:** Pharmacia Biosystems Ltd, Davy Avenue, Knebthorpe, Lincolnshire LN6 6PH. **Distributed by:** Kabi Pharmacia Ltd, Davy Avenue, Knebthorpe, Lincolnshire LN6 6PH. **References:** ¹ Courtney JLG et al (1990). The 3rd World Congress of Gastroenterology, Sydney, Australia. Abstr. PF727. p. 1478-1482.



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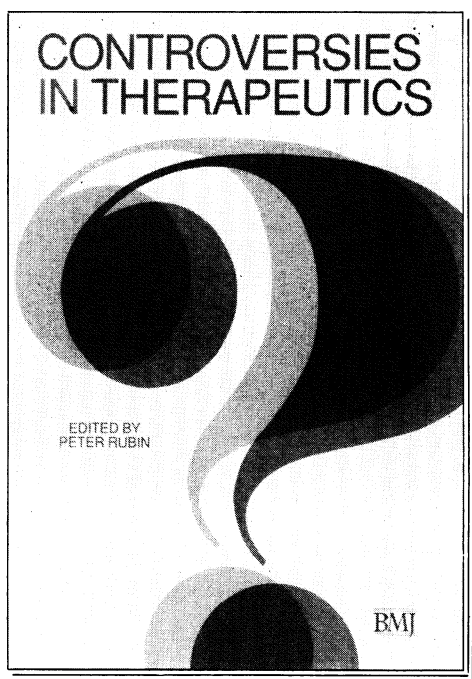
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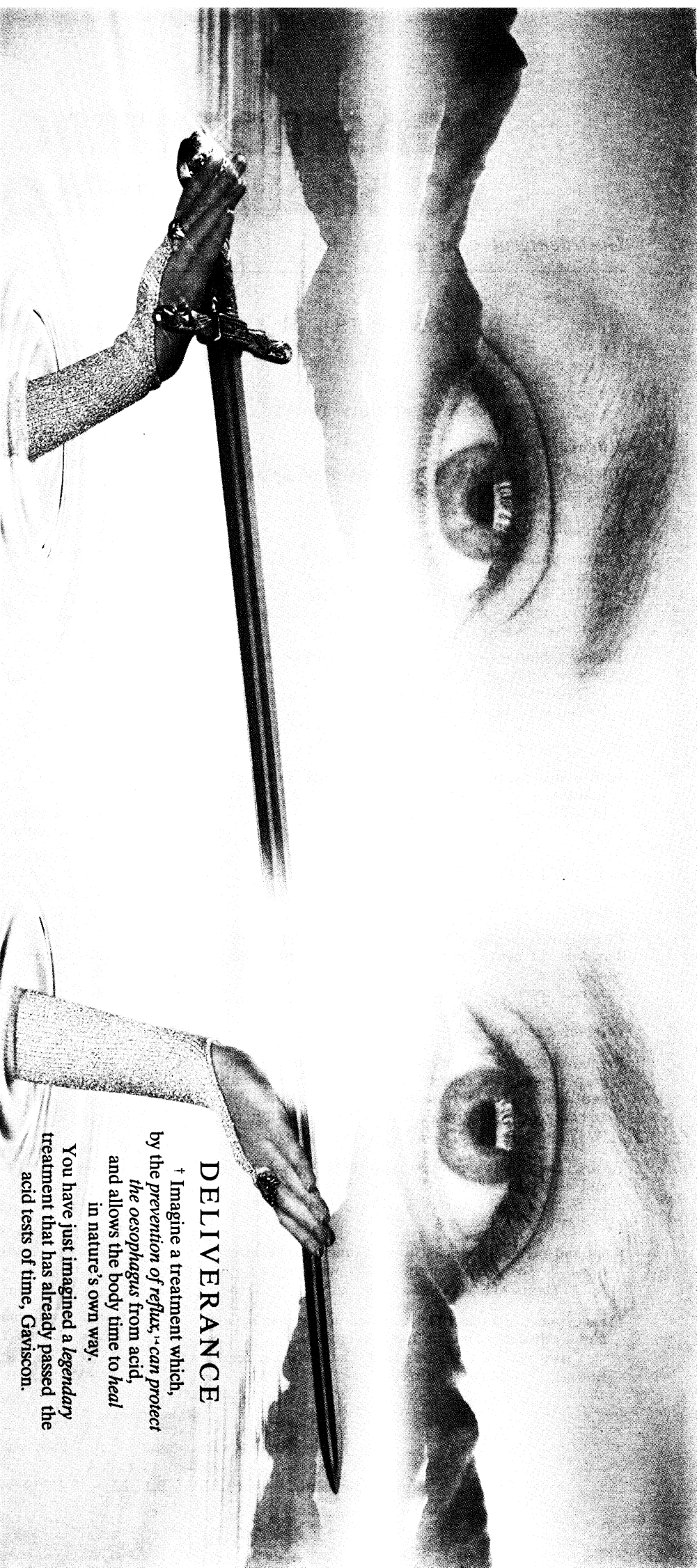
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References :

- 1) Grace RH. Annals Royal College of Surgeons 1988 70:322-323
- 2) McDonagh AJG et al. Br Med J 1989 299:776-777
- 3) De Lacey G et al. Br Med J 1982 286:1021-1022
- 4) Hughes K et al. Clin Radiol 1983 34:75-77
- 5) Boulos PB et al. Colo-Proctology 1984 13:158-160

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