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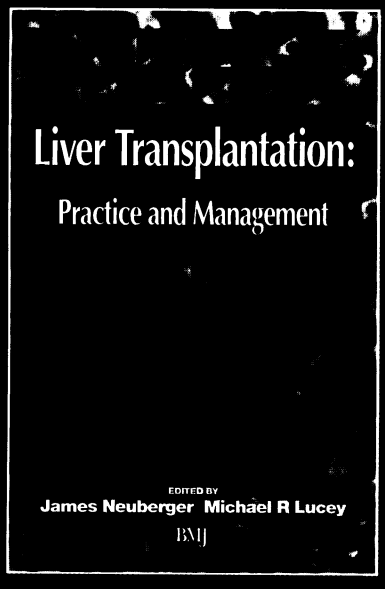

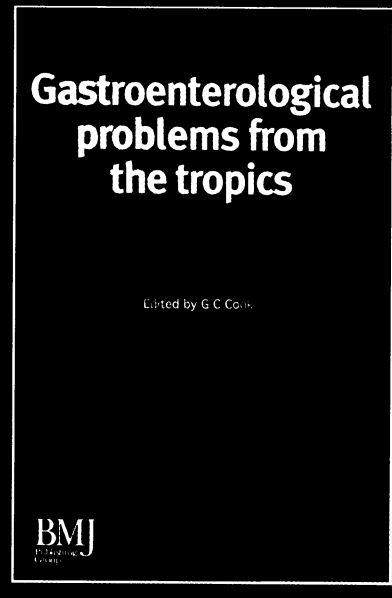

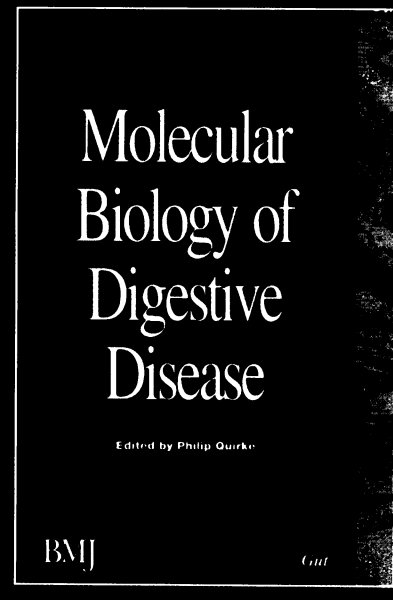

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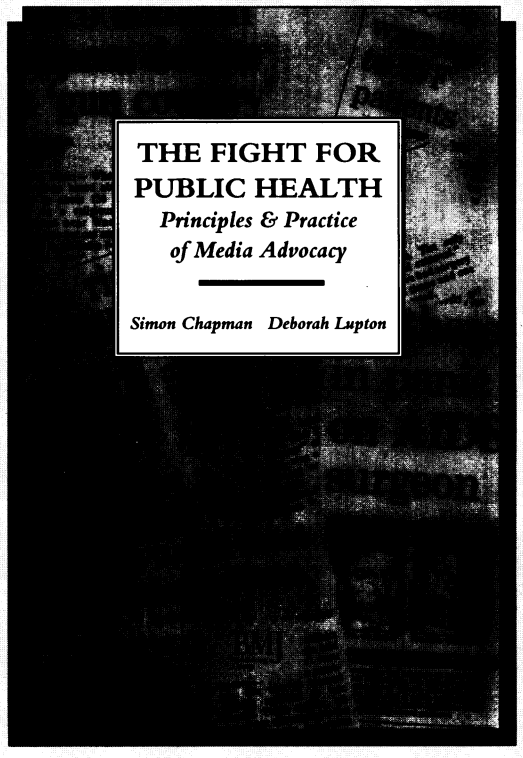

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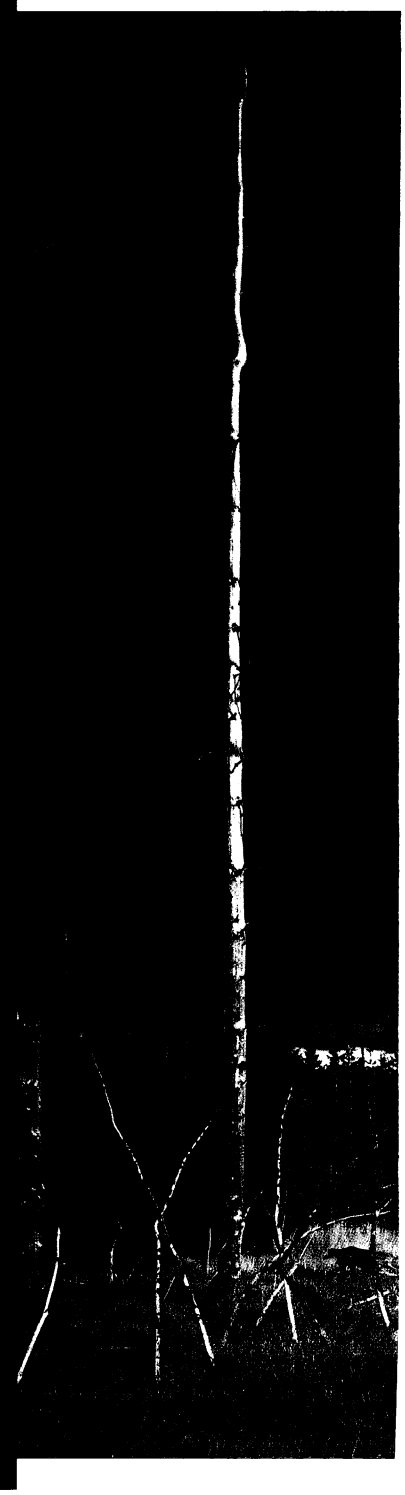

Sometimes it's easy to see the damage that acid can cause. But rather than argue that acid should no longer be produced, why not just stop it getting into the environment?

Gaviscon does this by keeping acid where it works, not where it hurts. It forms a soothing alginate barrier which prevents acid from rising into the oesophagus, bringing rapid relief to 4 out of 5 reflux patients.[1,2,3]

Prescribing Information. Liquid Gaviscon. Active Ingredients: Sodium alginate BP 500mg, sodium bicarbonate Ph.Eur. 267mg and 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 and children over 12: 10-20ml liquid, after meals and at bedtime. Children 6-12: 5-10ml liquid after meals and at bedtime. **Note:** 10ml liquid contains 6.2mmol sodium. **Basic NHS Cost:** 500ml liquid £2.70. **PL:** 0063/0031 Liquid Gaviscon, 0063/0032 Liquid Gaviscon Peppermint Flavour. **Legal Category:** GSL. (PO). **Gaviscon Tablets. Active Ingredients:** Algin acid BP 500mg, sodium bicarbonate Ph.Eur. 170mg, dried aluminium hydroxide gel BP 100m magnesium trisilicate Ph.Eur. 25mg per tablet. In a sugar free flavoured base containing calciu carbonate (40mg) and saccharin. **Indications:** Heartburn, including heartburn of pregnanc dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indication**

In fact, it's just what you need to put stomach acid in its place.

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liquid: **sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate Ph.Eur.**
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Keeps acid in its natural environment

None known. **Dosage and Administration:** Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children 6-12: 1 tablet after meals and at bedtime. **Note:** 1 tablet contains 2.1mmol sodium. Tablets should be thoroughly chewed. **Basic NHS Cost:** 60 tablets £2.25. **PL:** 0063/0033 Gaviscon Tablets, 0063/0029 Gaviscon Tablets Lemon Flavour. **Legal Category:** GSL. (PO). **Holder of product licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. Gaviscon and the sword and circle symbol are registered trademarks. **Date of preparation:** 27/7/95.

References:

1. Chevrel B. (1980) *J. Int. Med. Res.* **8:** 300.
2. Ward A.E. (1989) *Br. J. Clin. Pract.* **43 (2)** Suppl. 66: 52.
3. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* **7:** 551.

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ZOTON*▼Lansoprazole: Abbreviated Prescribing Information. Presentation: Two tone lilac/purple hard gelatin capsule containing 30 mg Lansoprazole as enteric coated granules. **Indications:** Healing of duodenal ulcer, benign gastric ulcer, and reflux oesophagitis. Also benign peptic lesions including reflux oesophagitis unresponsive to H_2 receptor antagonists. **Dosage and Administration:** Lansoprazole should be administered once daily. *Duodenal ulcer:* 30 mg daily for 4 weeks. *Reflux oesophagitis:* 30 mg daily for 4-8 weeks. *Benign gastric ulcer:* 30 mg daily for 8 weeks Do not chew or crush capsules. Swallow whole. No dosage adjustment is necessary in the elderly, or patients with renal or hepatic impairment. There is no experience with Lansoprazole in children. Long term treatment cannot be recommended at this time. **Contra-indications:** No known contra-indications to Lansoprazole. **Warnings and Precautions:** As with other anti-ulcer therapies the possibility of malignancy should be excluded when gastric ulcer is suspected. There is no experience with the use of Lansoprazole in pregnancy, and its use should be avoided. Animal studies indicate Lansoprazole is excreted into breast milk, there is no information on secretion into breast milk in humans. Breast feeding should be discontinued if the use of Lansoprazole is considered essential. **Side effects:** Generally transient and self-limiting, including gastro-intestinal disturbances, headache, dizziness, dry mouth, fatigue, rashes, and increases in liver function tests. Arthralgia, peripheral oedema, and haematological changes have been reported rarely. **Legal Category:** POM. **Package Quantities:** *Original Packs:* Blister packs of 56, 28, 14 and 7 (hospital starter pack) capsules. **Product Licence No:** PL 0095/0264. **Cost:** 7's £9.09 (hospital starter pack), 14's £18.18, 28's £33.36, 56's £66.72. Full prescribing information is available on request.* Trademark of Takeda Chemical Industries Ltd.

REFERENCES: 1. Mee, A.S., *Gut*, 1995, **36** (Supp 1) Abs W8G (102648) 2. Hatlebakk, J.G., *Gastroenterology*, 1992, **102** (4, pt 2), (20224) 3. Castell, D.O., *Gastroenterol*, 1995, Vol 108, No 4, Abs 67 (102912) 4. Petite, J.P., Data on file, Lederle Laboratories (20502) 5. Corallo, J., *Gastroenterology*, 1993, **104** (4), A58 (20683) 6. Rampal, P., *Gastroenterology*, 1995, **108**, (4), A200 (102914) 7. Manufacturers recommended doses from Data Sheets Compendium 1994-5, and MIMS July 1995. 8. Bardhan, K.D., *Gastroenterology*, 1991, **100** (5), A30 (19804) and Data on file (19901) 9. Benhaim, M.C., *Gastroenterology*, 1990, **98** (5), A20 (20164) 10. Robinson, M., *Gastroenterology*, 1992, **102** (4), A153 (20225) 11. Dorsch, E., *Am J Gastroenterol*, 1991, **86** (9), A15 (20009). Date of preparation: July 1995

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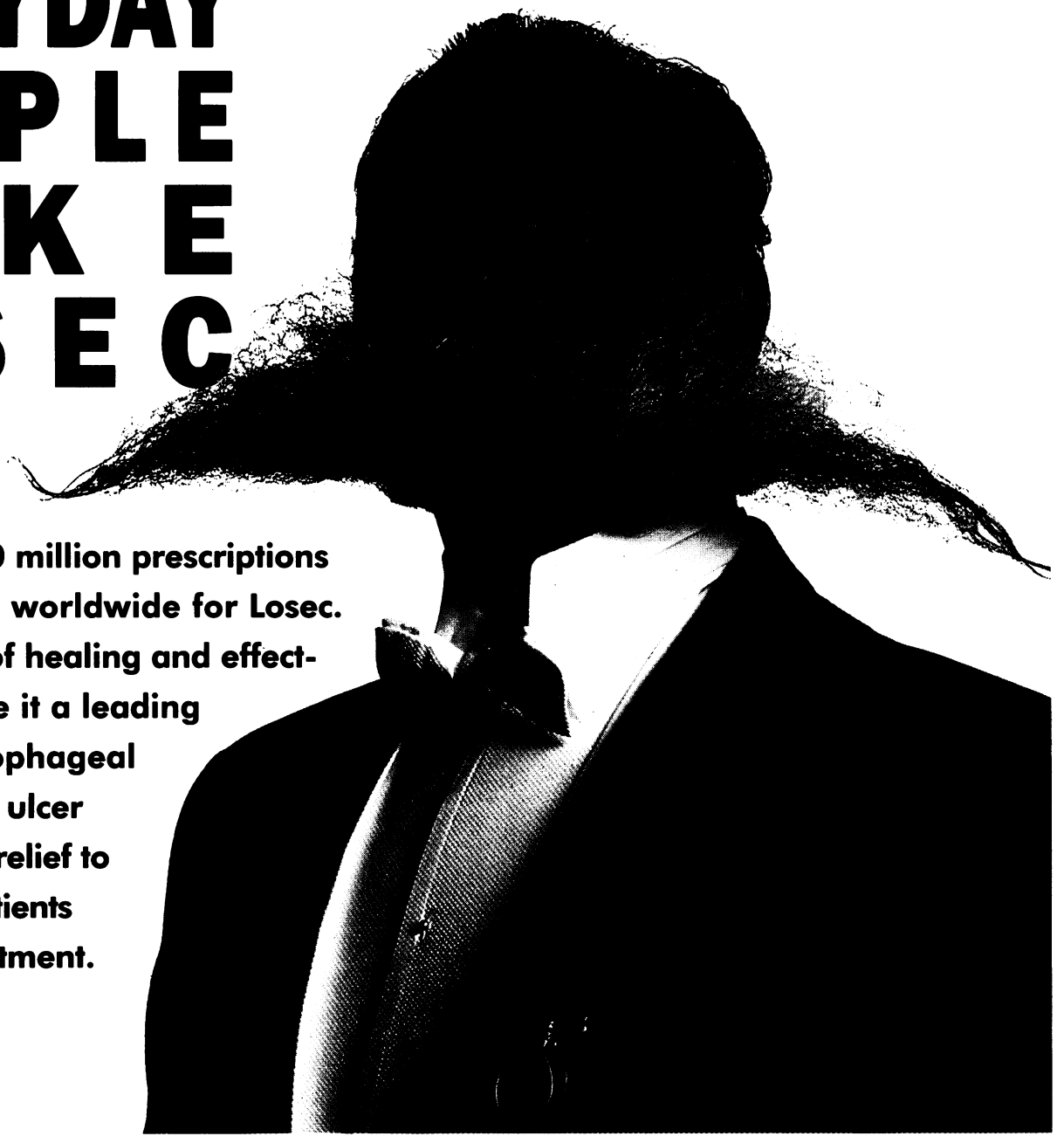

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*Oesophageal reflux disease (GORD) = symptoms and/or tissue damage attributable to reflux. Symptoms vary considerably from one sufferer to another, but the most typical are heartburn and regurgitation.

For further information contact the **PRODUCT LICENCE HOLDER:** Astra Pharmaceuticals Limited, Home Park, Kings Langley, Hertfordshire. WD4 8DH. Telephone: (01923) 266191.

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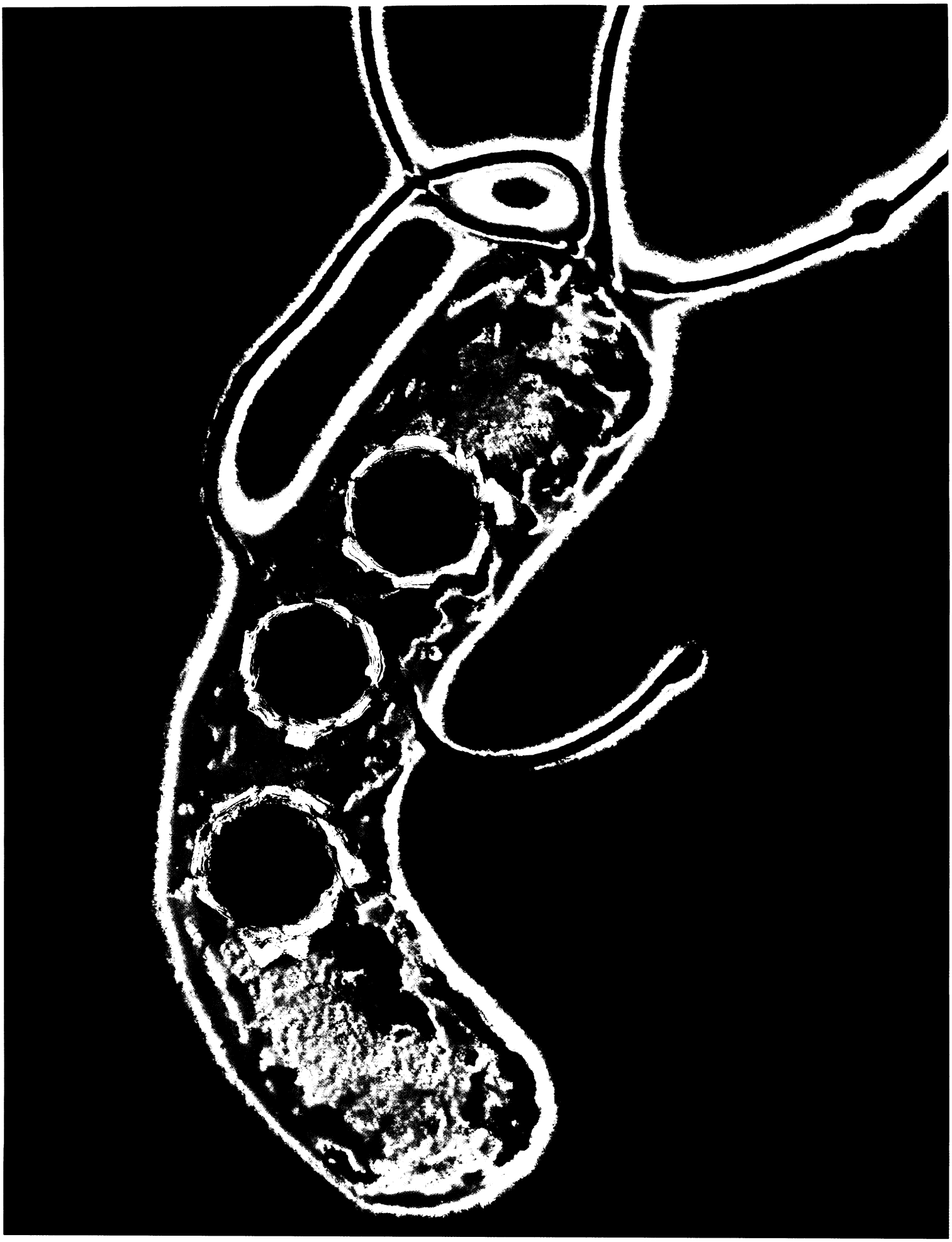

Pylorid Prescribing Information.
Indications Treatment of duodenal and benign gastric ulcer. *H. pylori* eradication and prevention of duodenal ulcer relapse when given with clarithromycin or amoxycillin. **Dosage** *Adults:* duodenal ulcer 400mg twice daily for four weeks. Treatment may be extended for further four weeks. Benign gastric ulcer 400mg twice daily for eight weeks. *H. pylori*-associated duodenal ulcer 400mg twice daily with amoxycillin 500mg four times daily (2g) or clarithromycin 250mg four times daily or 500mg three times daily (1g-1.5g) for first two weeks of treatment then Pylorid 400mg twice daily for further two weeks. *Children:* Not currently recommended. **Contra-indications** Known hypersensitivity to any of the ingredients. **Precautions** In gastric ulcer exclude malignancy before treatment. Plasma levels increased in renal impairment and elderly. Avoid use in extreme renal impairment (see data sheet). Avoid in patients with history of acute porphyria. As contains bismuth not recommended for maintenance use or more than 16 weeks in a year. See prescribing information for amoxycillin or clarithromycin before

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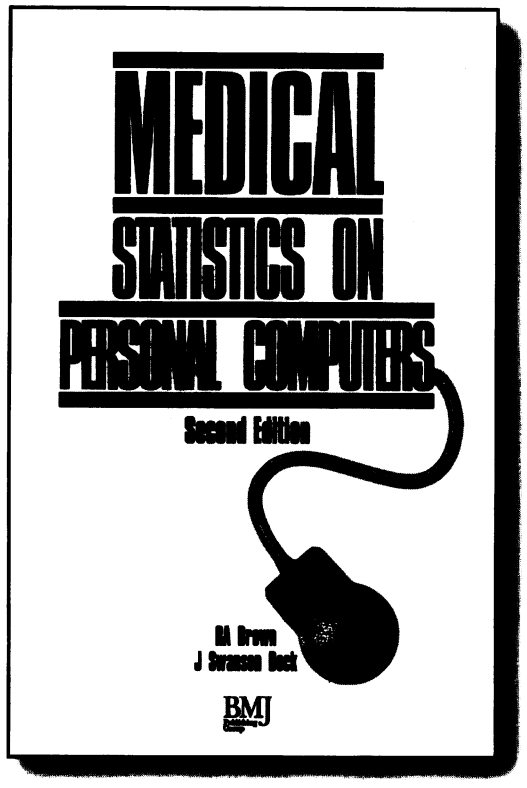

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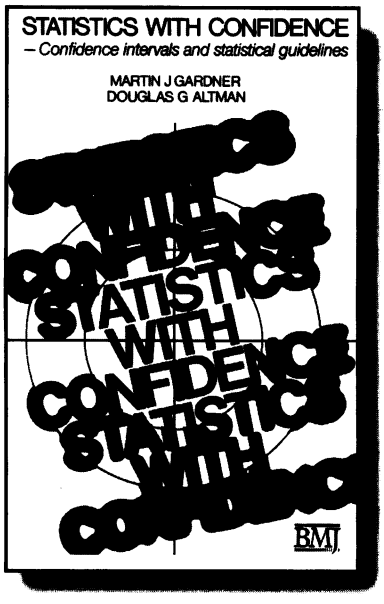

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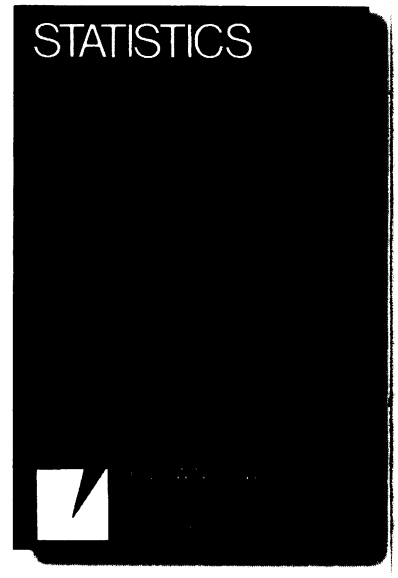

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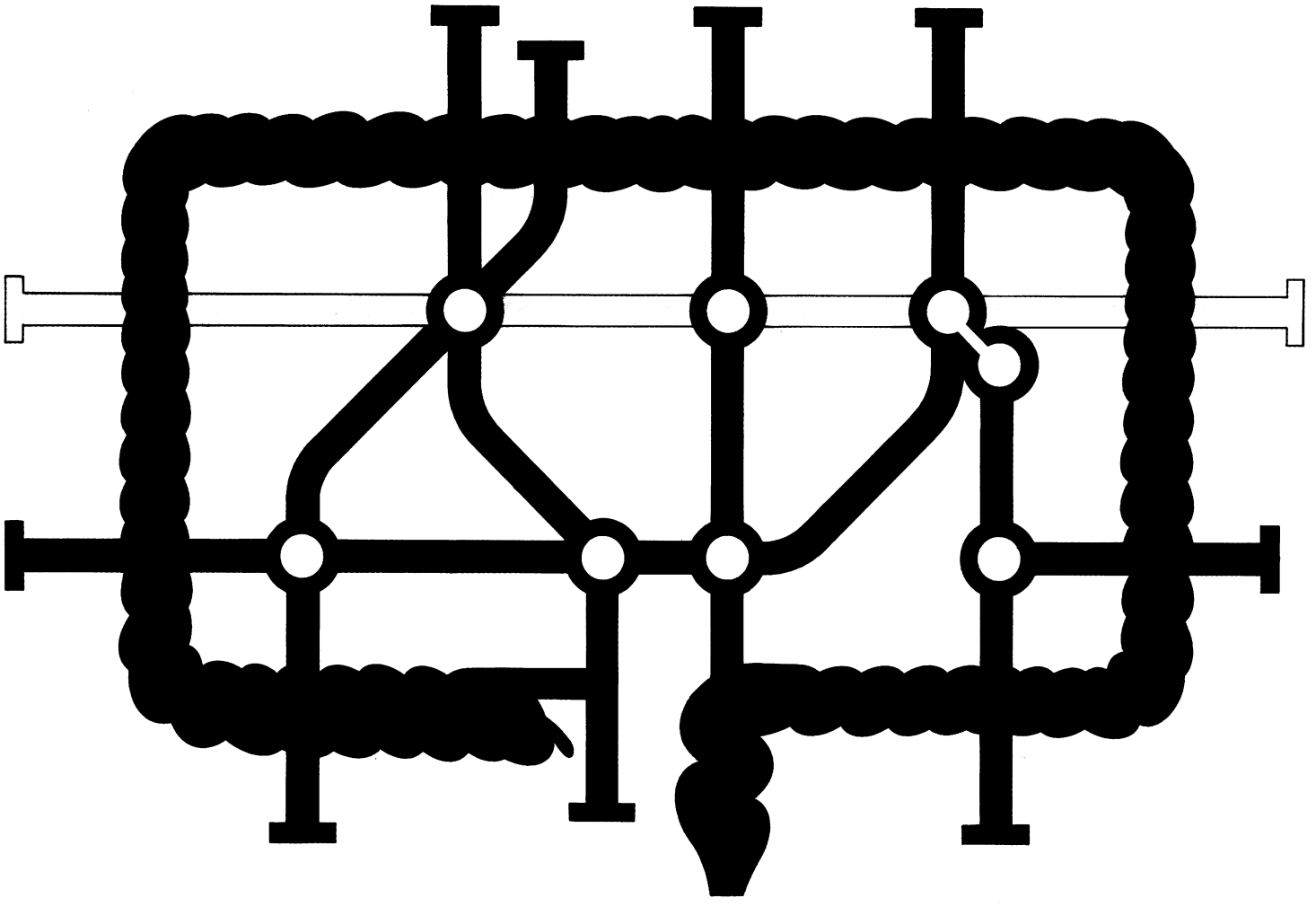

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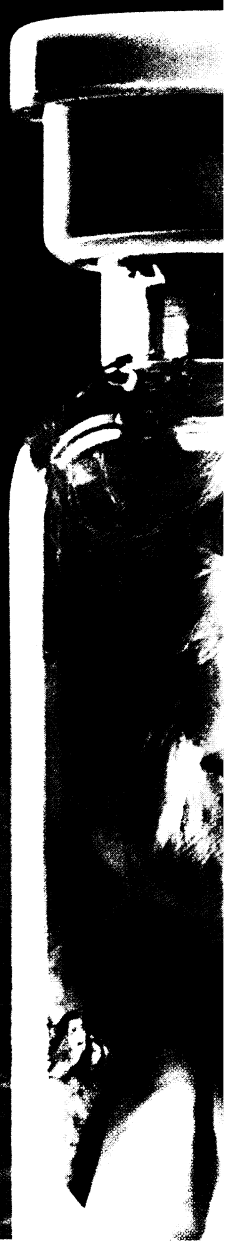

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INDICATIONS: Hairy cell leukaemia; AIDS-related Kaposi's sarcoma without prior opportunistic infection (as single agent); chronic active hepatitis B; Ph' positive chronic myelogenous leukaemia (adults >18 years); recurrent or metastatic renal cell carcinoma; refractory, progressive, cutaneous T-cell lymphoma; chronic hepatitis C.
DOSAGE: Modify dose according to toxicity or pre-existing reduced bone marrow function.
Adults: Hairy cell leukaemia - Induction with 3 million IU daily IM or SC for 16-24 weeks; maintenance with 3 million IU three times per week. *AIDS-related Kaposi's sarcoma* - Escalation from 3 million IU daily, SC or IM, to 18-36 million IU daily over 12 weeks, then maintenance with maximum tolerated dose (to maximum of 36 million IU) three times per week. *Chronic active hepatitis B* - Usually 25-50 million IU/m2 SC for 4-6 months; escalation permitted in absence of response. *Chronic myelogenous leukaemia* - Escalation from 3 million IU daily to 9 million IU daily, SC or IM, over 12 weeks. Continue to complete haematological response, or maximum 18 months treatment, in responders. Complete haematological responders should continue with 9 million IU, daily (if tolerated) or three times per week, to achieve cytogenic response. *Recurrent or metastatic renal cell carcinoma* - Escalation from 3 up to maximum 36 million IU daily, IM, over 10 to 12 weeks (SC administration permitted for doses up to 18 million IU). Maintenance with 18-36 million IU three times per week. *Refractory, progressive, cutaneous T-cell lymphoma* - Escalation from 3 million IU to 18 million IU daily IM or SC for total 12 weeks, then maintenance with maximum tolerated dose (up to 18 MIU) three times per week for at least 8 weeks to determine response, and at least 12 months in responders.
Chronic hepatitis C - Induction with 6 million IU three times weekly IM or SC for 3 months followed by maintenance with 3 million IU three times weekly for three months in responders (normalised ALT)
Elderly: Caution; more susceptible to side-effects. *Children:* Safety and efficacy not established.
ADMINISTRATION: For subcutaneous or deep intramuscular injection (vary site for repeat injections).
CONTRA-INDICATIONS: Hypersensitivity to interferons or ROFERON-A excipients; severe cardiac, renal, hepatic or myeloid disease; epilepsy and/or compromised CNS function. Chronic hepatitis with advanced, decompensated, liver cirrhosis; recent immunosuppressive therapy (excluding short term "steroid withdrawal"); CML immediate candidates for allogeneic bone marrow transplantation. Neonates.
PREGNANCY: Avoid (Use only where potential benefit outweighs risk in females). Contraception to be used in fertile males and females. Avoid in breast feeding. Known abortifacient in primates.
PRECAUTIONS: Use under specialist supervision. Efficacy not shown in hepatitis B with HIV co-infection. Monitor renal, hepatic and myeloid function closely if pre-existing mild to moderate impairment. Neuropsychiatric monitoring; suicidal behaviour has been rarely observed (discontinuation recommended). Extreme caution in severe myelosuppression (monitor complete blood count), and transplant patients on immunosuppressants. Possible impairment of driving, machine operation etc. Recurrence of Kaposi's sarcoma lesions possible on stopping treatment. Auto-antibodies have been reported and autoimmune phenomena such as vasculitis, arthritis, haemolytic anaemia, thyroid dysfunction and lupus erythematosus have been rarely observed.
SPECIAL PRECAUTIONS FOR THE 18MIU/3MI MULTI-DOSE VIAL: Each vial to be used by a single patient, using aseptic technique. A new needle and plastic syringe should be used for each dose, the top of the vial sterilised before each withdrawal.

After opening, the contents are stable for 30 days at 5°C, vials should be dated after withdrawal of the first dose. Single dose vials NOT to be used for multiple dosing.

DRUG INTERACTIONS: CNS active drugs and those metabolised by oxidative enzymes. Additive toxicity with neurotoxic, haemotoxic, or cardiotoxic agents. May reduce clearance of theophylline.

SIDE-EFFECTS AND ADVERSE REACTIONS: *General symptoms:* Influenza-like symptoms (respond to paracetamol); severe anorexia and weight loss; *GI tract:* GI upset and rarely GI bleeds or reactivation of peptic ulcer. *Liver function:* Altered liver function tests; rare reports of hepatitis and liver failure. *CNS symptoms:* Uncommonly, dizziness, vertigo, visual disturbance, forgetfulness, depression, drowsiness, confusion, nervousness and sleep disturbances; rare reports of suicidal behaviour, ischaemic retinopathy, convulsions, severe somnolence and coma. *Peripheral nervous system:* Occasionally sensory and motor neuropathies. *Cardiovascular and pulmonary:* Transient BP fluctuations, oedema, cyanosis, arrhythmias, palpitations and chest pain. Rarely, myocardial infarction, congestive cardiac failure, pulmonary oedema, pneumonia and cardiorespiratory arrest. Rarely coughing, mild dyspnoea. Skin, mucous membranes etc.: Rarely herpes labialis exacerbation, rash, pruritus, dryness, rhinorrhoea and epistaxis; reversible alopecia; rarely exacerbation/provocation of psoriasis. *Renal:* rarely renal impairment; electrolyte disturbances; proteinuria, interstitial nephritis; rare elevations in BUN, serum creatinine and uric acid. *Haematopoietic:* Transient leukopenia; thrombocytopenia; rarely decreased haemoglobin and haematocrit. Severe changes normalise by 7-10 days post-treatment. *Other:* Inconsequential hypocalcaemia; hyperglycaemia; injection site reaction; menstrual irregularities, in animals; development of neutralising antibodies, in patients with hepatitis C a trend for loss of response in responding patients who develop such antibodies has been seen, no other clinical sequelae clearly documented.

LEGAL CATEGORY: POM.

PRESENTATIONS AND BASIC NHS COST:

Single dose vials:

3 million IU interferon alfa-2a (rbe) in 1 ml £16.96

4.5 million IU interferon alfa-2a (rbe) in 1 ml £25.44

6 million IU interferon alfa-2a (rbe) in 1 ml £33.92

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Each presentation includes a disposable syringe for IM or SC injections.

MULTI-DOSE VIAL: 18 million IU interferon alfa-2a (rbe) in 3 ml in packs of 3 vials £305.31

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PL 0031/0404 (18 MIU/3ml multi-dose vial)

PRODUCT LICENCE HOLDER:

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Welwyn Garden City, Herts., AL7 3AY.

Full prescribing information available on request.

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DATE OF PREPARATION: July 1995

J 739281

Roche

Medical Ethics in a Multi-cultural Society

Commonwealth Institute, Kensington High Street, London W8

21 November 1995

Are you ever faced with patients with unfamiliar beliefs? A society like ours, with such a diverse cultural and religious make up, can be a bewildering place to practise ethical medicine. This conference – which will bring together professionals from all parts of the health service – will explore how differing cultural values influence people's views on life, death and medical treatment. There will be ample time for discussion and reflection in all sessions and we anticipate lively and challenging debate.

Conference Cost

The delegate fee will cover conference attendance and includes lunch and refreshments. £147.35 + VAT of £25.79, total £173.14. There may be a small number of bursaries available for students - please apply in writing to the Conference Unit Manager.

Special Offer

Delegates at the conference may take advantage of a special subscription rate of £60.00 to the bimonthly *Journal of Medical Ethics* for one year- (personal subscription rate normally £80.00).

Please return the registration form as soon as possible and no later than **Friday 10 November 1995.**

CME approval (5 credits) and PGEA approval *(5 hours service management) has been granted.*

Programme

0845-0945 hrs	REGISTRATION AND COFFEE
Chair	*To be announced*
0945 hrs	Keynote Address *Onora O'Neill, Principal, Newnham College, Cambridge*
Session 1	**Truthtelling and Kindness in Medicine**
1000 hrs	An Anglican/Reformed Perspective *Kenneth Boyd, Institute of Medical Ethics, Edinburgh University*
1020 hrs	A Jewish Perspective *Daniel Sinclair, Principal, Jews College, London*
1040-1100 hrs	COFFEE
Session 2	**Killing and Letting Die in a Multi-Cultural Society**
1100 hrs	A Muslim Perspective – "Decisions to Withhold Life Sustaining Treatment and Active Euthanasia" *Gamal Serour, Director, International Islamic Centre for Population Studies and Research, Al-Azhar University, Egypt*
1120 hrs	A Roman Catholic Perspective – "When Prolonging Human Life Distorts Its Value" *Dolores Dooley, Lecturer in Philosophy and Medical Ethics, National University of Ireland at Cork*
1140 hrs	A Secular Perspective – "The Incoherence of Cultural Relativism" *John Harris, Professor of Bioethics and Applied Philosophy, University of Manchester*
1200 hrs	Discussion
1230-1345 hrs	LUNCH
Workshop Sessions	
1345-1445 hrs	***Workshop 1*** – Truthtelling *Roger Higgs, King's College School of Medicine and Dentistry, London* ***Workshop 2*** – Genetic Screening *Theresa Marteau, Psychology & Genetics Research Group, UMDS, London* ***Workshop 3*** – Informed Consent *Len Doyal, Reader in Medical Ethics, The London Hospital, London* ***Workshop 4*** – Reproductive Issues (Including Women's Health) *Dora Opoku, Head of Midwifery Department, St Bartholomew and Princess Alexandra & Newham College of Nursing and Midwifery, London* ***Workshop 5*** – Proxy Decisions for Children *Priscilla Alderson, Senior Research Officer, Institute of Education, London* ***Workshop 6*** – End of Life Decisions *Stuart Horner, Chairman, Medical Ethics Committee, BMA (Preston)* ***Workshop 7*** – Organ Donation *Indarjit Singh, London* ***Workshop 8*** – Medical Research and Research Ethics Committees *Claire Foster, Research Fellow, Centre of Medical Law and Ethics, Kings College, London*
1445-1515 hrs	TEA
Chair	*Richard Smith, Editor BMJ*
1515 hrs	Feedback Session on Workshops
1600 hrs	Panel Discussion
1645 hrs	Summing Up *Raanan Gillon, Editor, Journal of Medical Ethics, London*
1700 hrs	Close of conference

Closing date FRIDAY 10 NOVEMBER 1995

Please print throughout (one form per registrant)

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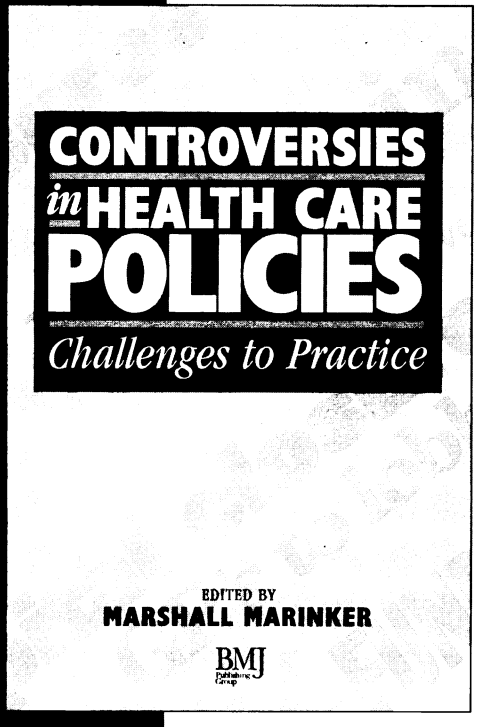

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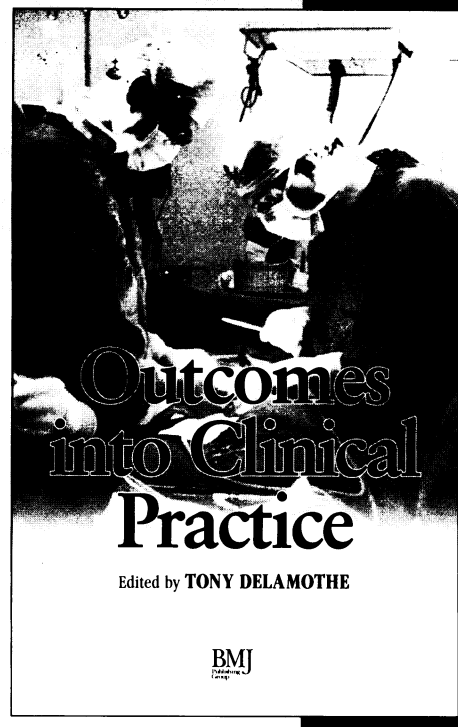

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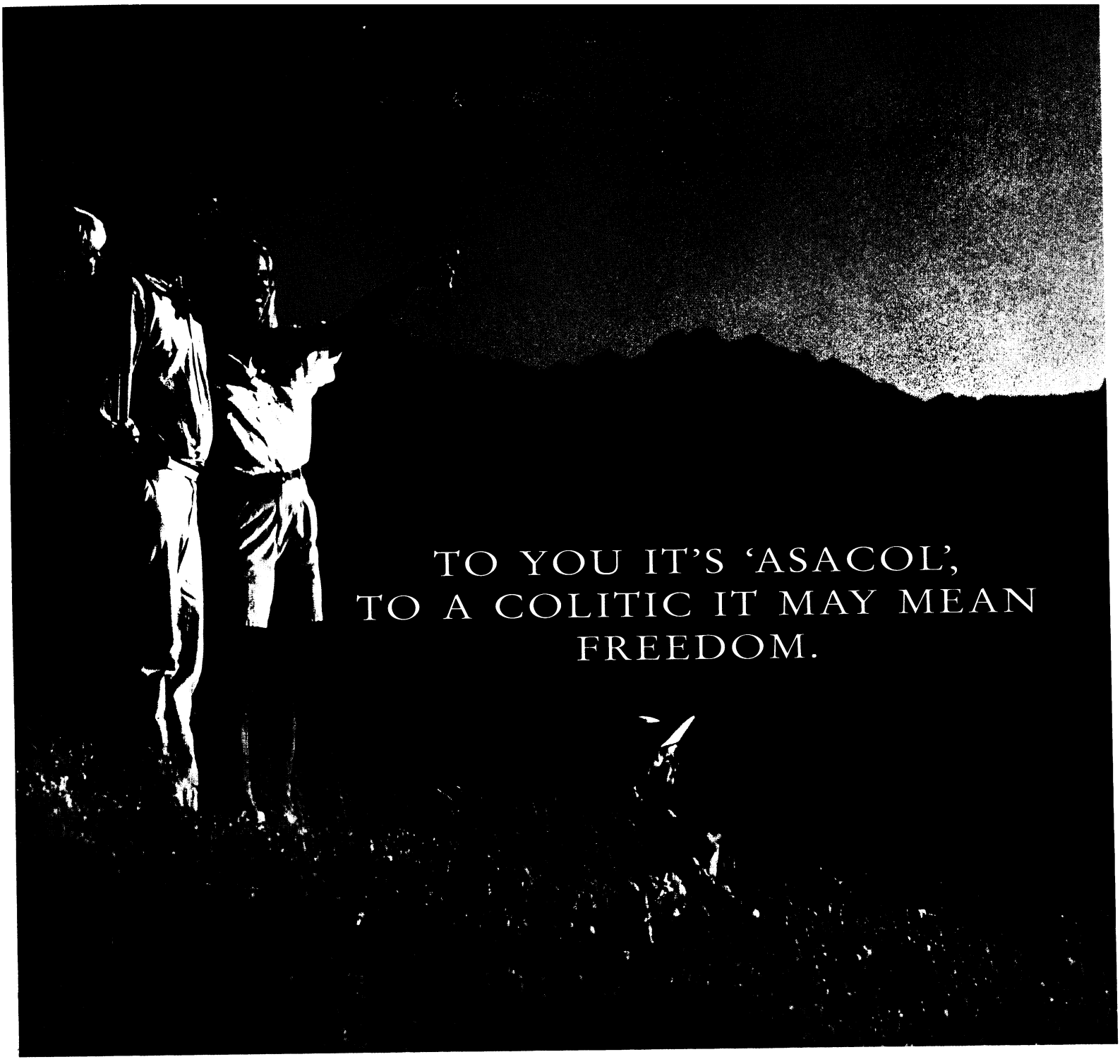

Prescribing information: Presentation: 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. Blister packs of 120 (12 x 10), £39.62. '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. 'Asacol' Foam Enema, PL 0002/0222, 1 g mesalazine per metered dose. Carton containing can of 14 metered doses, 14 disposable applicators and 14 disposable plastic bags. £39.60. **Uses:** For the treatment of mild to moderate acute exacerbations of ulcerative colitis. Tablets and Suppositories for the maintenance of remission of ulcerative colitis. The suppositories and foam enema are particularly appropriate in patients with distal disease. **Dosage and administration: Adults:** ***Tablets:*** *Acute disease:* Six tablets a day in divided doses, with concomitant corticosteroid therapy where clinically indicated. *Maintenance therapy:* Three to six tablets a day in divided doses. ***Suppositories:*** *250 mg suppositories:* Three to six suppositories a day, in divided doses, with the last dose at bedtime. *500 mg suppositories:* A maximum of three suppositories a day, in divided doses, with the last dose at bedtime. ***Foam Enema:*** For disease affecting the rectosigmoid region, one metered dose 1 g a day for 4-6 weeks; for disease involving the descending colon, two metered doses 2 g once a day for 4-6 weeks. **Children:** There is no dosage recommendation. **Contra-indications:** A history of sensitivity to salicylates or renal sensitivity to sulphasalazine. Severe renal impairment (GFR <20 ml/min). Children under 2 years of age. **Precautions:** Renal disorder: mesalazine is excreted rapidly by the kidney, mainly as its metabolite, N-acetyl-5-aminosalicylic acid. In rats, large doses of mesalazine injected intravenously produce tubular and glomerular toxicity. 'Asacol' is best avoided in patients with established renal impairment but, if necessary, it should be used with caution. 'Asacol' Tablets should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine. **Use in pregnancy and lactation:** No information is available with regard to teratogenicity; however, negligible quantities of mesalazine are transferred across the placenta and are excreted in breast milk following sulphasalazine therapy. Use of 'Asacol' during pregnancy should be with caution, and only if, in the opinion of the physician, the potential benefits of treatment are greater than the possible hazards. 'Asacol' should, unless essential, be avoided by nursing mothers. **Elderly:** Use in the elderly should be cautious and subject to patients having a normal renal function (see **Precautions**). **Adverse reactions:** The side effects are predominantly gastrointestinal. Nausea, diarrhoea, abdominal pain and headache have been reported. 'Asacol' may be associated with the exacerbation of the symptoms of colitis in those patients who may have previously had such problems with sulphasalazine. There have been reports of leucopenia, neutropenia, thrombocytopenia aplastic anaemia, pancreatitis, hepatitis, and nephrotic syndrome with oral treatment, usually reversible on withdrawal. Renal failure has been reported. Mesalazine-induced nephrotoxicity should be suspected in patients developing renal dysfunction during treatment. Hypersensitivity reactions to mesalazine have been reported rarely, including interstitial nephritis, allergic myocarditis, lupus-like syndrome, pulmonary symptoms and rash (including urticaria). These reactions are usually reversible on cessation of mesalazine. Other side effects observed with sulphasalazine such as depression of sperm count and function have not been reported with 'Asacol'. **Treatment of overdosage:** Following tablet ingestion, gastric lavage and intravenous transfusion of electrolytes to promote diuresis. There is no specific antidote. **Legal category:** POM. **Further information:** Whilst mesalazine is known to be the active component of sulphasalazine in the treatment of ulcerative colitis, the other component of sulphasalazine, sulphapyridine, is thought to be responsible for the majority of side effects. 11.8.94

Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY. Authorised user of the trade mark 'Asacol' in the UK. © 1995 Smith Kline & French Laboratories. *Mesalazine is the British approved name of 5-aminosalicylic acid.

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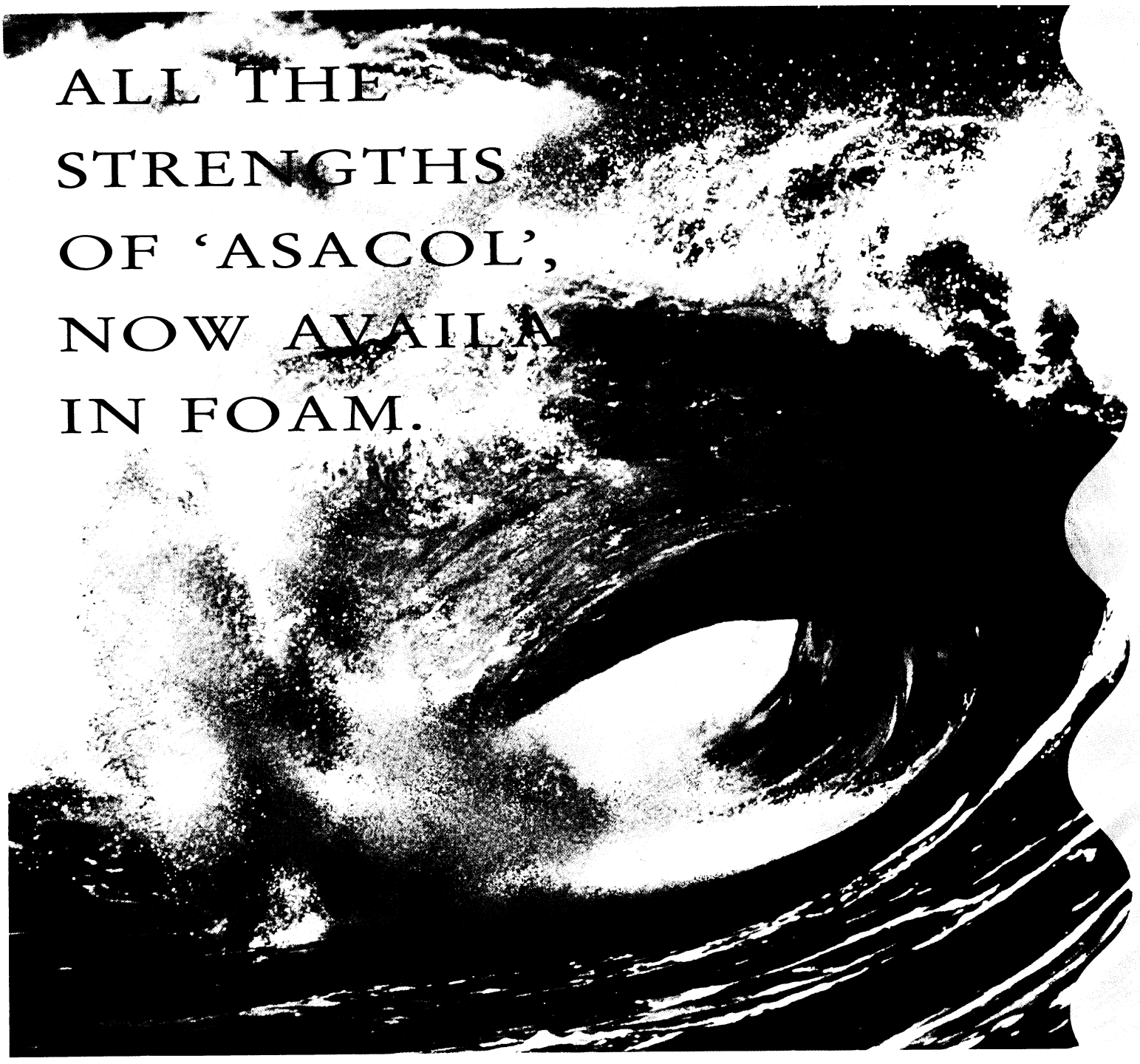

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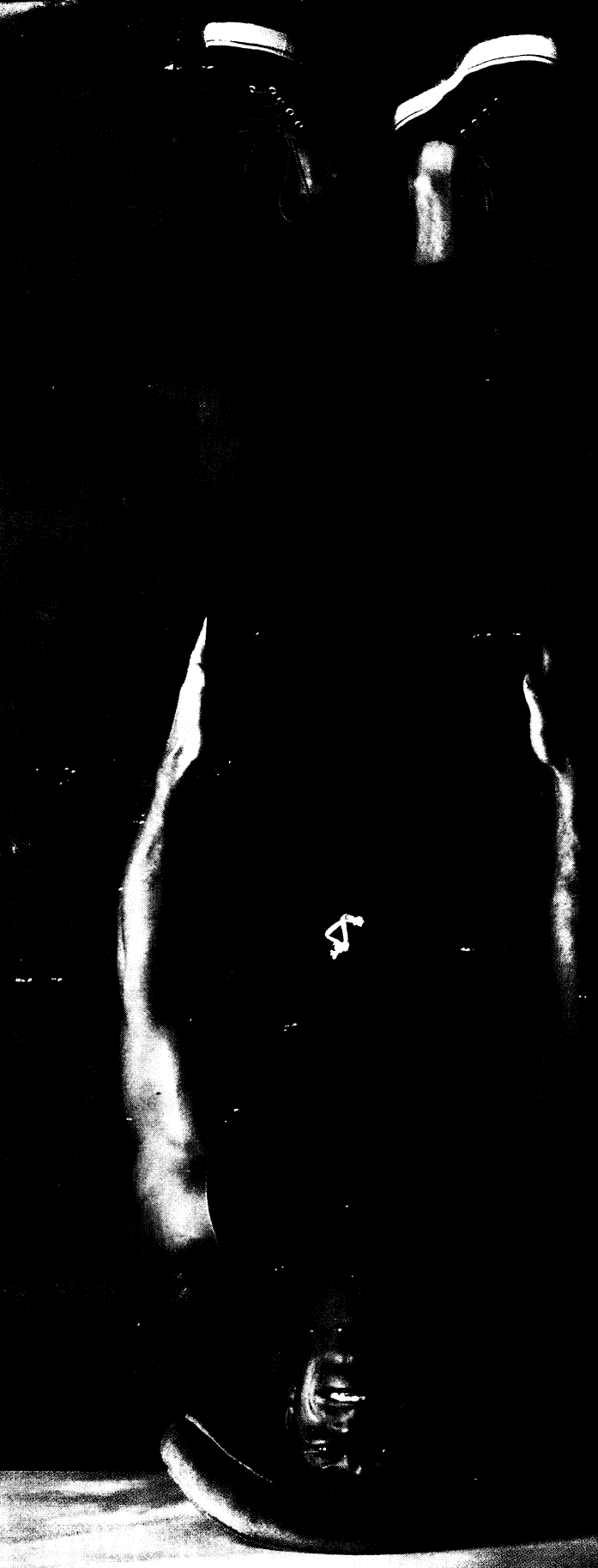

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PRESCRIBING INFORMATION. December 1994