




COLIFOAM

10% hydrocortisone acetate

FIRST CLASS TREATMENT WHICH TRAVELS TO WORK

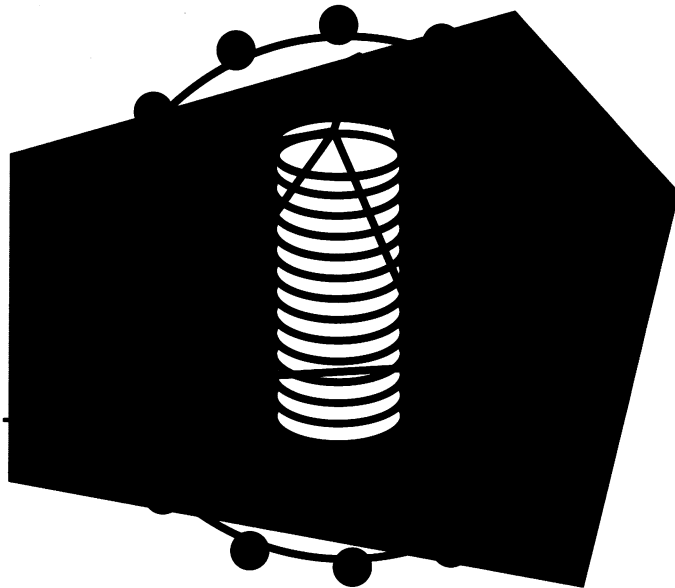
-  Colifoam is highly effective for distal ulcerative colitis.⁽¹⁾
-  The retrograde spread of Colifoam increases with the extent of disease.⁽²⁾
-  Colifoam is easier to retain than liquid enemas and causes less interference with social, sexual and occupational activities.^(1,3)

PRESCRIBED WITH CONFIDENCE FOR OVER 20 YEARS.



PRESCRIBING INFORMATION: **Presentation:** White odourless aerosol containing hydrocortisone acetate PhEur 10% w/w. **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. Although uncommon at this dosage, local irritation may occur. **Pharmaceutical precautions:** Pressurised container containing flammable propellant. Protect from sunlight and do not expose to temperatures above 50°C. Keep away from sources of ignition. Do not pierce or burn even after use. Do not refrigerate, store below 25°C. Keep out of reach of children. For external use only. **Legal category:** POM. **Package quantity & basic NHS cost:** 20.8g canister plus applicator, £7.07. Provides approximately 14 doses. **Product Licence no:** 0036/0021. **References:** 1. Somerville KW *et al.* BMJ 1985;291:866. 2. Farthing MJG *et al.* BMJ 1979;2:822-824. 3. Ruddell WSJ *et al.* Gut 1980;21:885-889. Further information is available on request from Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Code:** DO2665.



“HCV INFECTION: EPIDEMIOLOGY, DIAGNOSIS, AND TREATMENT”

A 1995 International Symposium

May 11-12, 1995 Los Angeles, California

→ **NOW AVAILABLE FROM THE SYMPOSIUM:
A FREE 3-PART CATEGORY 1 ACCREDITED CME KIT:**

▼ **41 MINUTE VIDEOTAPE**

▼ **54 MINUTE AUDIOTAPE**

▼ **32 PAGE MONOGRAPH**

CME Material Sponsored by:

The University of Texas Southwestern Medical Center at Dallas
Office of Continuing Medical Education

Interested Physicians Call 1-800-209-3346

AGA and AASLD members will automatically receive the kit.

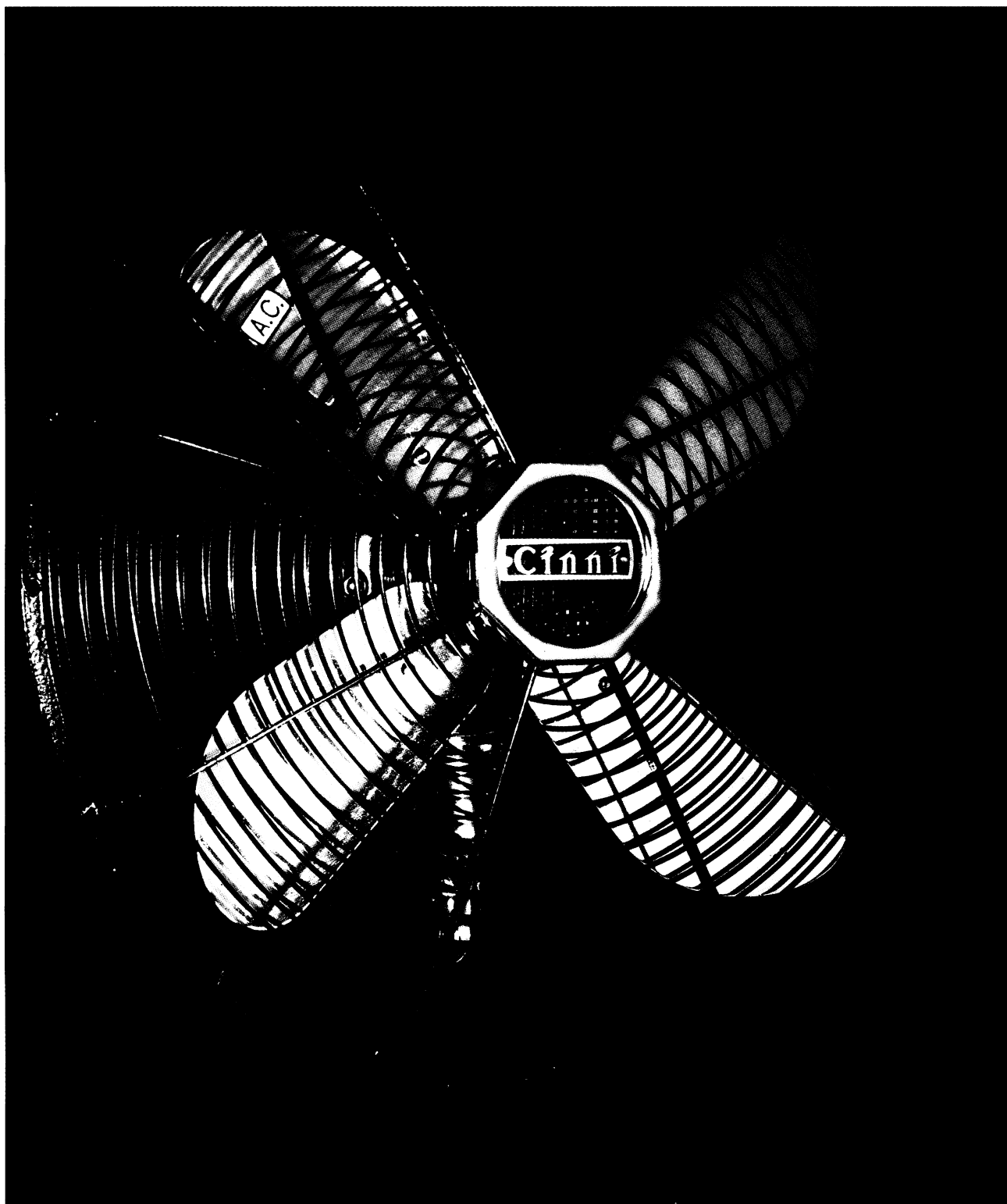
The University of Texas Southwestern Medical Center at Dallas is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The University of Texas Southwestern Medical Center at Dallas designates this continuing medical education activity for 2 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. A fee of \$10.00 will be assessed for those physicians applying for credit.

Supported by an unrestricted educational grant by Schering Corporation Oncology Biotech Division

SOUTHWESTERN

An equal opportunity institution



PRESCRIBING INFORMATION:

Indications Duodenal ulcer (including those associated with *H. pylori* infection), benign gastric ulcer, postoperative ulcer, oesophageal reflux disease, Zollinger Ellison Syndrome, prophylaxis of gastrointestinal haemorrhage from stress ulcer, recurrent haemorrhage from bleeding peptic ulcer, acid aspiration (Mendelson's Syndrome). Tablets, Syrup, Effervescent Tablets only, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), prevention of NSAID-associated duodenal ulcer, chronic episodic dyspepsia, severe oesophagitis, long-term management of healed oesophagitis. **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. In duodenal ulcer, 300mg twice daily produces higher healing rates at four weeks. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Duodenal ulcers associated with *H. pylori*, 300mg at bedtime or 150mg twice daily with oral amoxicillin 750mg three times daily and metronidazole 500mg three times daily for 2 weeks. Zantac therapy then continued for a further 2 weeks. Ulcers following non-steroidal anti-inflammatory drugs: 150mg twice daily for up to eight weeks. Prevention of NSAID-associated duodenal ulcer: 150mg twice daily concomitantly with NSAID therapy. 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. Moderate to severe oesophagitis: 150mg four times daily for up to twelve weeks. Long-term treatment of healed oesophagitis: 150mg twice daily. Obstetric patients at commencement of labour; oral dose of 150mg may be followed by 150mg at six-hourly intervals (see data sheet). Those at risk of acid aspiration syndrome; oral dose of 150mg two hours before induction of general anaesthesia with preferably 150mg the previous evening. Alternatively, Zantac Injection 50mg intramuscularly or by slow intravenous injection 45 to 60 minutes before general anaesthesia. Zantac Injection may be given every six to eight hours either as slow (over a period of at least two minutes) intravenous injection of 50mg, after dilution to a volume of 20ml per 50mg dose, or as intermittent intravenous infusion at a rate of 25mg per hour for two hours; alternatively, as intramuscular injection of 50mg (2ml) every six to eight hours. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration: parenteral administration may be continued until oral feeding commences. If still at risk, Zantac Tablets or Syrup 150mg may be given twice daily. Prophylaxis of haemorrhage from stress ulceration: priming dose of 50mg as a slow intravenous injection followed by continuous intravenous infusion of 0.125 to 0.250mg/kg/hr

tastic

may be preferred. *Children:* Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **Contra-indications** Patients with known hypersensitivity to ranitidine. **Precautions** Caution when using Effervescent Tablets in sodium-restricted patients. Exclude malignancy in gastric ulcer before instituting therapy, especially in middle-aged patients with new or recently changed dyspeptic symptoms. Regular supervision of patients taking NSAIDs concomitantly with Zantac recommended, especially if elderly. Protects against NSAID-associated ulceration in duodenum and not in stomach. Reduce dosage in the presence of severe renal failure (see data sheet). Avoid in patients with history of porphyria. Effervescent Tablets contain aspartame, use with caution in patients with phenylketonuria. Rapid administration of injection may rarely cause bradycardia; recommended rates of administration should not be exceeded. Like other drugs, use during pregnancy and lactation only if strictly necessary. **Side effects** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia, and with antibiotics, diarrhoea. 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 HCl, (Product licence number 10949/0042, 60 tablets £27.89); Zantac 300 Tablets each containing 300mg ranitidine HCl (Product licence number 10949/0043, 30 tablets £27.43); Zantac Effervescent Tablets each containing 150mg ranitidine HCl and 14.3mEq sodium, (Product licence number 10949/0137, 60 tablets £27.89); Zantac Effervescent Tablets each containing 300mg ranitidine HCl and 20.8mEq sodium (Product licence number 10949/0138, 30 tablets £27.43); Zantac Syrup each 10ml dose containing 150mg ranitidine HCl (Product licence number 10949/0108, 300ml bottle £22.32); Zantac Injection each 2ml dose containing 50mg ranitidine HCl (product licence number 10949/0109, 5 x 2ml £3.21). **Product licence holders** Glaxo Pharmaceuticals UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. [POM] Zantac is a Glaxo trade mark. Further information is available on request from Glaxo Laboratories Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Telephone 0181-990 9444. Date of preparation: September 1995.

We acknowledge the fan is part of Cinni.

*As 'Zantac' or other licensed ranitidine brands.

Reference

1. Data on file. I.M.S.

Zantac

RANITIDINE HCl

Over the last 10 years, Zantac
has remained the world's
most prescribed anti-ulcerant¹*

Glaxo

Health care: the way ahead

Controversies in Health Care Policies: Challenges to Practice

Edited by Marshall Marinker

Can health policy ever be completely right?

This book explores how to get it right in six of today's most important issues: rational prescribing; primary care following the GP; public access to medical information; the meaning of aging; medical practice; and risk in medicine.

- Essential reading for all involved in making and implementing health care policies
- Documents the work of six think tanks of clinical experts, GPs, managers, and patient representatives
- Includes input from the Kings Fund, NAHAT, Age Concern, RCGP, National Medical Adviser Support Centre, Social Market Foundation
- Offers innovative and realistic ideas for the way forward

Outcomes into Clinical Practice

Edited by Tony Delamothe

Why do outcomes research?
How should it be done?

These crucial questions are addressed in this ground-breaking book, based on the conference held by the BMJ, BMA, and UK Clearing House for Information on the Assessment of Health Outcomes. In it, experts in the field cover a wide range of topics including acute care; cost effectiveness; death rates; health gains; and general practice.

- Shows how information on outcomes can be used to improve care
- Gives examples of outcomes research at its best
- Looks at the subject from all perspectives in the health service
- Provides an ideal starting point for all members of clinical teams, both in hospitals and general practice, and is invaluable for health care purchasers and clinical audit officers.

CONTROVERSIES in HEALTH CARE POLICIES

Challenges to Practice

ISBN 0 7279 0894 4 144 pages
November 1994
UK £12.95; Overseas £15.00
(BMA members £11.95; £14.00)

ISBN 0 7279 0888 X 184 pages
November 1994
UK £17.95; Overseas £20.00
(BMA members £16.95; £19.00)

Also available

A Manual for Assessing Health Practices and Designing Practice Policies: the explicit approach

By David M Eddy

Published by the American College of Physicians

ISBN 0 943126 18 5 100 pages 1992 UK £19.95; Overseas £21.00 (BMA members £17.95; £19.00)

ORDER FORM

Available from: BMJ Publishing Group, P.O. Box 295, London WC1H 9TE (Tel: 0171 383 6185/6245),
medical booksellers or the BMJ bookshop in BMA House

Please send me the following books

Name _____
(Print Clearly)

Address _____

Postcode _____

BMA Membership No. _____

Cheque enclosed (made payable to British Medical Journal) £ _____
Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No. _____ Exp _____

Signature _____

☐ Please send me a BMJ PUBLISHING GROUP CATALOGUE

BMJ
Publishing
Group

Books on Gastroenterology from the BMJ Publishing Group

Gastroenterological
Problems from
the Tropics

Edited by

Dr. S. K. Ghosh

1993

Also available
ABC of Colorectal Diseases

Edited by Dr. S. K. Ghosh

ISBN 0 7279 6755 7 112 pages 1993

£6.95 (US \$13.95) Overseas £10.00 (BMA members £12.95; \$14.00)

Order Form

Available from: BMJ Publishing Group, P.O. Box 295, London WC1H 9TE, (Tel: 0171 383 6185/6245 Fax: 0171 383 6662),
medical booksellers or the BMJ bookshop in BMA House

BMJ
Publishing
Group

Please send me

- ☐ copy/ies of Gastroenterological Problems from the Tropics
- ☐ copy/ies of Liver Transplantation: Practice and Management
- ☐ copy/ies of Molecular Biology of Digestive Disease
- ☐ copy/ies of ABC of Colorectal Diseases

BMA Membership No. _____

Name _____
(Print Clearly)

Address _____

Postcode _____

Cheque enclosed (made payable to British Medical Journal) £ _____

Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No. _____ Exp _____

Signature _____

☐ Please send me a BMJ PUBLISHING GROUP CATALOGUE

KEEP ACID WHERE IT WORKS NOT WHERE IT HURTS



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. (PC). **Gaviscon Tablets. Active Ingredients:** Alginate acid BP 500mg, sodium bicarbonate Ph.Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph.Eur. 25mg per tablet. In a sugar free flavoured base containing calcium carbonate (40mg) and saccharin. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:**

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

GAVISCON

liquid: sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate Ph.Eur.
tablets: alginic acid BP, sodium bicarbonate Ph.Eur., aluminium hydroxide BP,
magnesium trisilicate Ph. Eur.

**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.

RECKITT & COLMAN
PRODUCTS



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

"ANY LAST REQUESTS H. PYLORI?"

Combine new Pylorid with clarithromycin and you've a powerful weapon against H. pylori. And, when H. pylori is eradicated, duodenal ulcers are unlikely to return.

**WHEN ERADICATING
H. PYLORI**

PYLORIDTM
RANITIDINE BISMUTH CITRATE



PRESCRIBE WITH CLARITHROMYCIN

co-prescribing. **Side Effects** Blackening of tongue and stools. Rarely hypersensitivity reactions including pruritus, skin rash, anaphylaxis. Gastrointestinal upsets including diarrhoea, abdominal discomfort, gastric pain. Headache. Transient changes in liver enzymes SGPT (ALT), SGOT (AST). Mild anaemia. Ranitidine-related side-effects (relevance to use of Pylorid unknown): Dizziness. Rarely, reversible mental confusion usually

in ill or elderly patients. Occasional hepatitis. Rarely, acute pancreatitis, arthralgia, myalgia. Rare cases of leucopenia, thrombocytopenia, usually reversible. Agranulocytosis and pancytopenia. Rare cases of erythema multiforme. Rare reports of breast symptoms in men. As with other H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole. **Presentations** Pylorid tablets each containing 400mg of ranitidine bismuth

citrate. (Product licence number 14213/0001). 28 Tablets £26.00. 56 Tablets £52.00. **Product licence holders** Glaxo Group Ltd, Greenford Road, Greenford UB6 0HE. **POM** Pylorid is a Glaxo trade mark. Further information is available on request from: Glaxo Pharmaceuticals UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Telephone 0181-990 9444. Date of preparation: August 1995.

For Exhibition &
Sponsorship Opportunities
call: 0171 383 6381

BMJ
Publishing
Group



INSTITUTE for
HEALTHCARE
IMPROVEMENT

First European Forum on Quality Improvement in Health Care

The themes of the first
forum are:

- The fundamentals of continuous quality improvement
- Achieving patient orientation
- Leadership and managing organisational change
- Improving quality and reducing costs
- The importance of measurement
- Involving everybody in quality improvement
- Professional education and training
- The politics of quality

QEII Conference Centre, London, 7,8,9 March 1996

Chaired by: Mats Brommels, Helsinki, Finland; Christian Koeck, Vienna, Austria; Martin McNicol, London, UK

Bringing quality improvement to the heart of European health care.

This first European forum will allow the exchange of ideas on quality improvement in health care and provide education.

The forum will consist of plenary lectures, parallel seminars and workshops, panel discussions, and short educational courses. Open to all, the forum is aimed at: Doctors, nurses, other health professionals, health managers, quality managers and government officials responsible for health care.

It will benefit both beginners and those experienced in quality improvement.

The European Forum has been developed from the United States National Forum on Quality Improvement in Health Care, which is now in its seventh year and attracts over 1500 health professionals annually.

The programme committee for the conference is:

Don Berwick (Boston, US), Gayle Capazzalo (Houston, US), Dieter Conen (Aarau, Switzerland), Michael Deighan (Edinburgh, UK), Ulises Ruiz-Ferrandiz (Madrid, Spain), Alexandra Giraud (Paris, France), Richard Grol (Maastricht, Netherlands), Eva Hammershoy (Copenhagen, Denmark), Gill Harvey (Bristol, UK), Egil Haugland (Norway), Fiona Moss (London, UK), John Ovretveit (Gottenberg, Sweden), Paul Quaethoven (Heverlee, Belgium), Richard Smith (London, UK), Christof Veit (Hamburg, Germany), Peter Wilcock (Bournemouth, UK).

For more information, complete the form below:

First European Forum on Quality Improvement in Health Care

7, 8, 9 March 1996

Please send me more information on attending the conference

Name:

Position:

Address:

Postcode:

Tel: Fax:

Please return to Clare Moloney, BMA Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK

Fax: +44(0)171 383 6663 Tel: +44(0)171 383 6478 email: 100632.1404@compuserve.com



TO YOU IT'S 'ASACOL'. TO A COLITIC IT'S FREEDOM.

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. **Contraindications:** 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. Serious blood dyscrasias have been reported very rarely with mesalazine. Haematological investigations should be performed if the patient develops unexplained bleeding, bruising, purpura, anaemia, fever or sore throat. Treatment should be stopped if there is suspicion or

evidence of blood dyscrasia. '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, including nausea, diarrhoea and abdominal pain. Headache has also been reported. Mesalazine may be associated with an exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine. There have been rare reports of leucopenia, neutropenia, agranulocytosis, aplastic anaemia and thrombocytopenia, pancreatitis, hepatitis, allergic lung reactions, lupus erythematosus-like reactions and rash (including urticaria), interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Mesalazine-induced nephrotoxicity should be suspected in patients developing renal dysfunction during treatment. Other side effects observed with sulphasalazine such as depression of sperm count and function, have not been reported with 'Asacol'. **Treatment of overdose:** 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. 24.6.95.

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.

SB SmithKline Beecham
Pharmaceuticals
Healthy Alliance
partnership beyond prescription

ASACOL
MESALAZINE* (5-AMINOSALICYLIC ACID)
FIVE STAR, 5-ASA COLITIS CONTROL



ALL THE STRENGTHS OF 'ASACOL', NOW AVAILABLE IN FOAM

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. Serious blood dyscrasias have been reported very rarely with mesalazine. Haematological investigations should be performed if the patient develops unexplained bleeding, bruising, purpura, anaemia, fever or sore throat. Treatment should be stopped if there is suspicion or evidence of blood dyscrasia. '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, including nausea, diarrhoea and abdominal pain. Headache has also been reported. Mesalazine may be associated with an exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine. There have been rare reports of leucopenia, neutropenia, agranulocytosis, aplastic anaemia and thrombocytopenia, pancreatitis, hepatitis, allergic lung reactions, lupus erythematosus-like reactions and rash (including urticaria), interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Mesalazine-induced nephrotoxicity should be suspected in patients developing renal dysfunction during treatment. Other side effects observed with sulphasalazine such as depression of sperm count and function, have not been reported with 'Asacol'. **Treatment of overdose:** 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. 24.6.95.

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.

ASACOL
MESALAZINE* (5-AMINOSALICYLIC ACID)

FIVE STAR, 5-ASA
COLITIS CONTROL

SB SmithKline Beecham
Pharmaceuticals
Healthy Alliance
partnership beyond prescription

