



DUODENAL ULCERATION. WHAT COMES NATURALLY?

'Tagamet' has been shown to be unequalled in the short-term treatment of duodenal ulceration, inducing early and dramatic symptomatic relief, rapid healing and subsequent remission.^{1,2}

In addition, 'Tagamet' has been shown to prevent relapse during longer-term maintenance therapy;³⁻⁵ the only drug so far proven to have this property.

However, experience to date tends to suggest that for many patients the natural history of the disease remains unaltered despite medical intervention⁶ and the question inevitably arises - will patients with a severe condition require medical treatment for the rest of their lives?

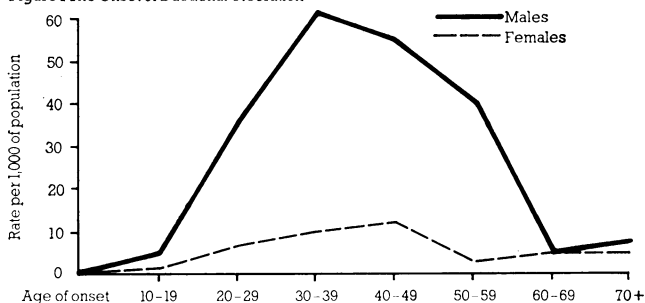
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,⁷ some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.⁸ In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity

Figure 1 The Onset of Duodenal Ulceration⁹

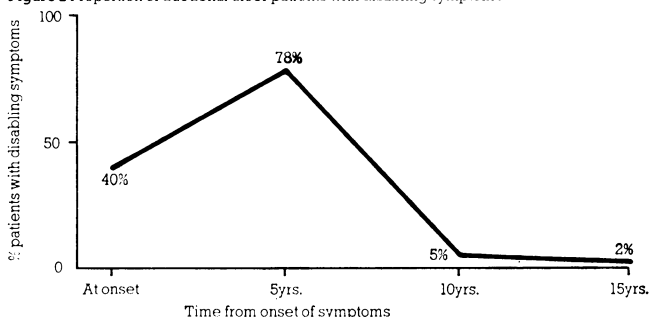


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.⁹

The workers concluded that most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.⁹

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms⁹



Prescribing Information

Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.

'Tagamet' Syrup PL0002/0073 containing 200mg cimetidine per 5ml syrup. 200ml, £6.29.

Indication
Duodenal ulcer.

Dosage
Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).

To prevent relapse, 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions
Impaired renal function: reduce dosage (see Data Sheet).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment: observe patients periodically.
Avoid during pregnancy and lactation.

Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

References

1. Oral cimetidine in severe duodenal ulceration. (1977) *Lancet*, i, 4.
2. Cimetidine in the treatment of active duodenal and prepyloric ulcers. (1976) *Lancet*, ii, 161.
3. Maintenance treatment of recurrent peptic ulcer by cimetidine. (1978) *Lancet*, ii, 403.
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5. Cimetidine treatment in the management of chronic duodenal ulcer disease. (1978) *Topics in Gastroenterology*. (In Press).
6. Cimetidine for duodenal ulcer. (1978) *Lancet*, ii, 1237.
7. The natural history of duodenal ulcer disease. (1976) *Surg. Clin. N. Amer.*, 56, 1235.
8. Peptic ulcer: a profile. (1964) *Brit. med. J.*, 2, 809.
9. Long-term prognosis of duodenal ulcer: follow up study and survey of doctors' estimates. (1977) *Brit. med. J.*, 2, 1572.

Full prescribing information is available from

SK&F
a SmithKline company

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Tagamet

cimetidine

H₂ Unique control of gastric acid secretion

New for Urostomy!

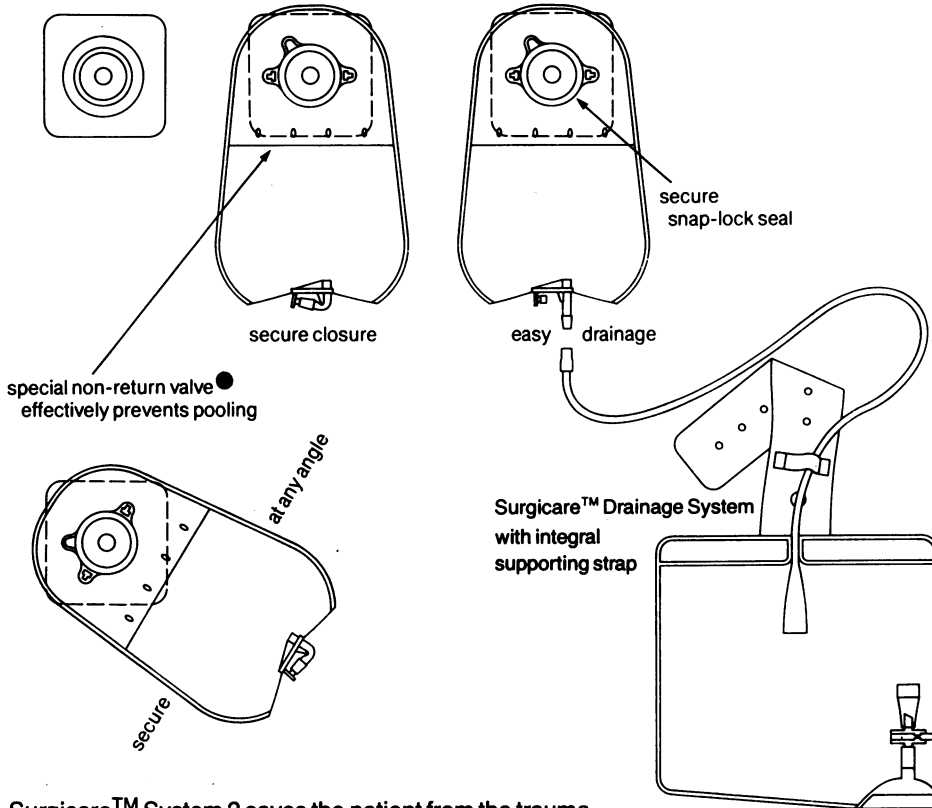
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SURGICARE System 2

Trademark

Stomahesive™ Flange
the best in skin care

Urostomy pouches simply snap onto the Stomahesive™ Flange



Surgicare™ System 2 saves the patient from the trauma of peeling off adhesive bags. The Stomahesive™ Flange can be left on the skin undisturbed for several days whilst the pouches are replaced as often as necessary. It makes possible a leak-free attachment of appliances to the skin thereby providing a unique degree of comfort free of irritation and soreness often associated with ordinary adhesives. Surgicare™ System 2 takes full advantage of these benefits which are particularly evident in the management of urostomies.

● The non-return valve permits easy access of urine to the lower part of the pouch and efficiently prevents the return of urine to pool in the area of the stoma thus the Stomahesive™ wafer is protected from the breakdown effects of urine and remains secure and leak-free for several days.

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Regal House
Twickenham TW1 3QT
Telephone 01-892 0164
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Please send me your illustrated brochure on Surgicare™ System 2 Urostomy management
Address your envelope to Squibb Surgicare Limited, Freepost TK 245, Twickenham TW1 1BR

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Carbenoxolone can heal gastric and duodenal ulcer

“Carbenoxolone...acts, in healing these ulcers, by restoring the gastric physiology to normal – rather than by creating a non-physiological artifice, such as that produced by antacids and H₂-receptor antagonists...”¹

2 IMPORTANT ACTIONS

1. EXTENDS LIFE-SPAN OF EPITHELIAL CELLS²

2. INCREASES MUCUS PRODUCTION³

2 IMPORTANT PRODUCTS

BIOGASTRONE

carbenoxolone

tablets for gastric ulcer

DUOGASTRONE

carbenoxolone

positioned-release capsules for duodenal ulcer

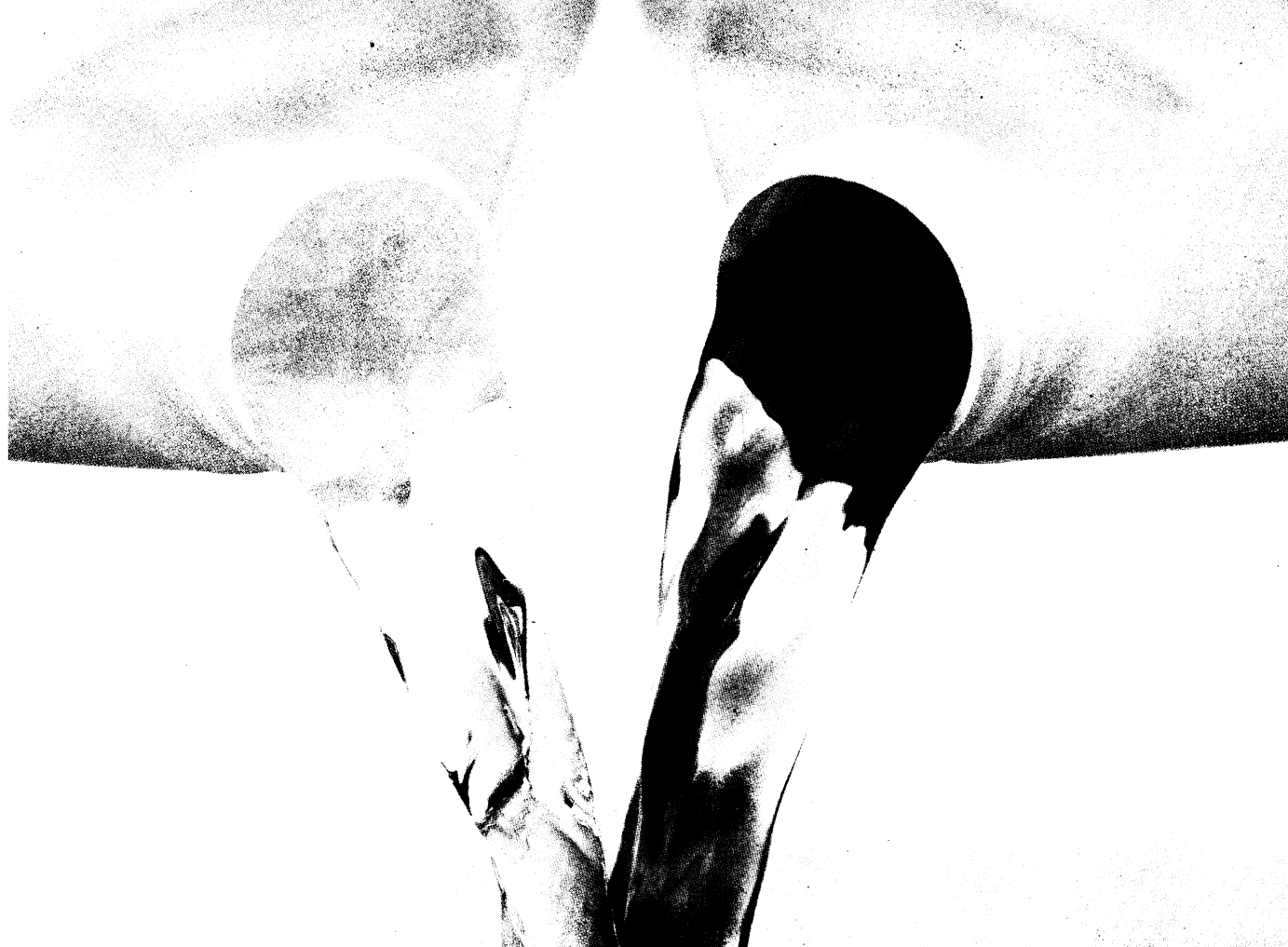
1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.

3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

Biogastrone and Duogastrone are registered trade marks.

Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1093286.
Further information available from Winthrop Laboratories, Surbiton-upon-Thames, Surrey.

WINTHROP



The Cidex solution.

It has long been recognised that different hospitals have different disinfection and sterilization requirements.

These differences, of course, arise from the degree of contamination present, the type of equipment and rate of throughput, and the cleaning/drying procedures used.

What hasn't been recognised sufficiently up till now is that these factors combine to have a cumulative effect on the use-life of cold disinfectant solutions—creating a need for solutions with different use-lives.

To meet this need there are now two solutions.

—CIDEX* Activated Glutaraldehyde Solution with a use-life of up to 14 days.

—CIDEX* Long-Life Activated Glutaraldehyde Solution with a use-life of up to 28 days.

New CIDEX* Long-Life Solution has all the trusted and well-proven benefits of 14 day CIDEX* Solution but has an effective life of 28 days where usage factors permit.

A fresh peppermint odour and blue colour differentiate CIDEX* Long-Life from green 14 day CIDEX* Solution.

WHICH CIDEX* SOLUTION TO USE

While the effects of dilution and gross protein contamination are always present, these can be minimal due to low throughput.

Under these circumstances, new CIDEX* Long-Life Solution is much more convenient and can offer substantial cost savings.

In a busy unit, however, where pressures generally do not permit drying, protein contamination and dilution can build up over a period—particularly with

bulky items, such as anaesthetic tubing, which have a high carry-over of water.

In situations such as this, 14 day CIDEX* Solution offers complete assurance of its efficacy, assurance which has been confirmed repeatedly all over the world.

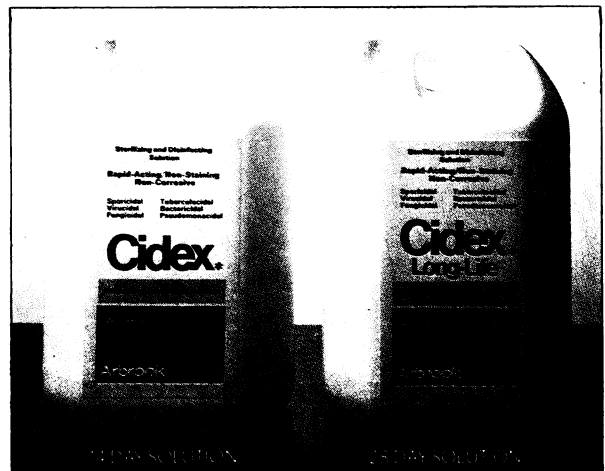
CIDEX* SOLUTIONS. NOT ONLY A CHOICE BUT A BETTER CHOICE

Both solutions have the complete range of cidal activity which has made CIDEX* Solution the prime agent of choice for disinfection and sterilization of heat sensitive and delicate equipment.

Both have the remarkable non-corrosive properties which in laboratory tests have proven them to be less corrosive than deionised water.

14 day CIDEX* Solution in the green container. 28 day CIDEX* Long-Life Solution in the blue container.

Whatever your choice, you can be confident that CIDEX* is the safest, most cost-effective solution to your disinfecting or sterilizing problem.



A choice of CIDEX* solutions from Arbrook – now you can choose wisely.

Arbrook*

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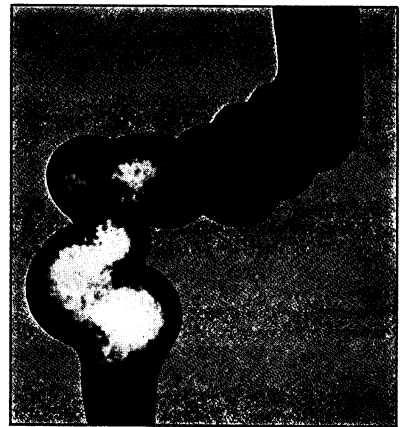
Colifoam

hydrocortisone acetate foam

A remarkable new study¹ carried out in the gastroenterology department of St. Bartholomew's Hospital now provides firm evidence of the extent to which 'Colifoam' penetrates into the colon – and how long it remains in situ.

The study involved 14 patients with ulcerative colitis. 'Colifoam' labelled with a radioactive marker was administered in the normal recommended dosage, and its penetration recorded by gamma photography.

In all of the patients with active disease the foam reached the mid-sigmoid colon, and in 78% the foam reached the proximal sigmoid colon.



These photographs illustrate results in a typical case:

1. Immediately after instillation.

There is already good penetration through the rectum.

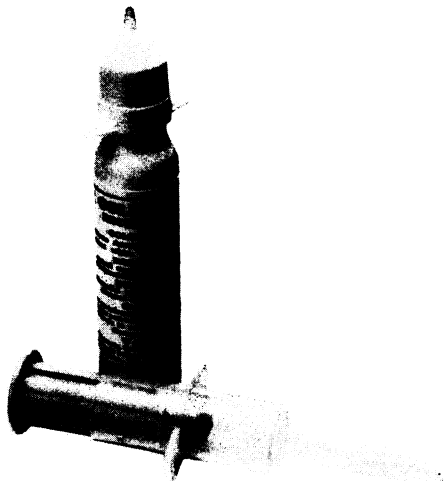
2. After 1 hour. 'Colifoam' has now reached the sigmoid colon.

3. After 6 hours. 'Colifoam' is present in high concentration throughout the sigmoid colon, including the proximal segment.

This study confirms the relevance of 'Colifoam' therapy in patients with ulcerative colitis throughout the sigmoid colon: that means a high proportion of new cases, and a significant proportion of all ulcerative colitis sufferers. Indeed, it is noteworthy that retrograde spread of the foam was greatest in patients with more extensive disease.

'Colifoam' offers these patients the benefits of anti-inflammatory therapy

Delivery



in a form that is much more acceptable than the outmoded retention enema.

"Of the twenty patients, 19 found Colifoam easy to use and more comfortable to insert than a steroid enema..."²

References

1. Paper presented at Meeting of British Society of Gastro-enterology, Hull, 1979, March 29-30.
2. Practitioner (1977); 219: 103

In ulcerative colitis

Colifoam

gets to the point

Presentation

White odourless aerosol foam containing hydrocortisone acetate 10% with inert propellants.

Uses

Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis.

Dosage and Administration

One applicatorful inserted into the rectum once to twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed in each pack).

Satisfactory response usually occurs within five to seven days.

One applicatorful of Colifoam provides a dose of approximately 90-110mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis.

Contra-indications and Warnings, etc.

Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulas.

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 diseases because of their predisposition to perforation of the bowel wall.

Safety during pregnancy has not been fully established.

Package Quantities

Aerosol canister containing 20g (14 applications) plus a plastic applicator and illustrated leaflet. Basic NHS cost £6.27.

Product Licence No.

0036/0021

Further information is available on request.

Stafford-Miller Ltd., Professional Relations Division, Hatfield, Herts.

Like it or not, food allergies do exist.



Milk.
Wheat.
Eggs.
Nuts.



Milk.
Wheat.
Fruit.



Beef.



Milk.



Tomatoes.



Milk.
Tomatoes.
Beef.



Wheat. Tomatoes. Seafood.



Milk.



Milk. Oranges.



Milk.



Pork. Eggs. Milk. Wheat.



Fruit.



Milk.
Wheat.
Eggs.



Milk.



Seafood.

And so, at last, does an effective drug treatment.

The whole business of food allergies is, admittedly, a difficult, often unclear and sometimes contentious one.

DIAGNOSIS: THE BASIC PROBLEM.

The symptoms of food allergies may occur in the gastro-intestinal tract, or mimic diseases in other systems.

Like, for example, chronic diarrhoea (and other chronic gastro-intestinal symptoms), urticaria and eczema.

The exact mechanism is uncertain.

But it appears that initially the allergen causes a reaction in the wall of the gut.

This, in turn, leads to gastro-intestinal symptoms or, indirectly, symptoms in other 'target' organs.

ELIMINATION DIETS: THE EASY ANSWER.

The obvious way to treat food allergies is, of course, to eliminate offending foods.

It is no great hardship to be told to avoid eating things like tomatoes or oysters, after all.

But the root of the problem can often be more complex.

And what can you do when after investigation the causes are such that total elimination is impractical?

TRIALS AND RESULTS.

Studies involving 104 patients with food allergy symptoms of eczema, urticaria, diarrhoea or vomiting have been published.

The result?

Orally-administered sodium cromoglycate proved to be an effective treatment, for these difficult problems, in 59 patients (57%).

NALCROM. A TREATMENT.

Nalcrom is sodium cromoglycate.

Sodium cromoglycate – a drug with a history of over 10 years clinical efficacy and safety. It is, in fact, the only drug which can treat food allergies by prevention.

So, faced with a known allergy to a food which cannot easily be eliminated, why not add Nalcrom as a trial to the elimination diet?

Before you do, however, perhaps you would like a specialist representative to call on you to discuss the whole issue, and the way Nalcrom works.

Just post the coupon or write to Fisons Ltd, Pharmaceutical Division, Loughborough, Leicestershire, and let us arrange a convenient time.

Nalcrom[®]
SODIUM CROMOGLYCATÉ B.P.

I would like a representative to call.

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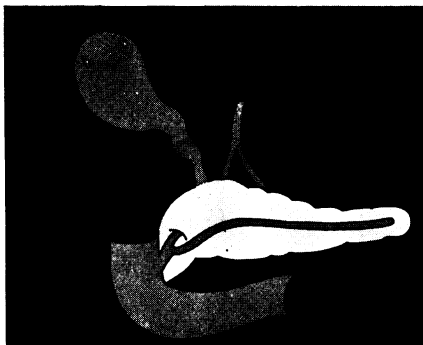


FISONS Leaders in Allergy Research. Fisons Limited, Pharmaceutical Division, Derby Road, Loughborough, Leicestershire LE11 0BB. **Dosage and administration:** (a) Chronic inflammatory bowel disease as an adjuvant in the treatment of ulcerative colitis, proctitis and proctocolitis – two capsules four times daily in adults and one capsule four times daily in children from 2-14 years, before meals. (b) Food allergy – as above for the initial dose. If satisfactory control is not achieved within three weeks, the dosage may be doubled but not exceed 40 mg/kg/day. Dosage may be reduced to the minimum required to maintain the patient free of symptoms. Protection may be afforded by a single dose taken 15 minutes before a meal in which there may be an unavoidable allergenic food. The capsules may be swallowed whole or the powder contents may be dissolved in hot water and diluted with cold water to drink. **Contra-indications:** There are no specific contra-indications. **Warnings:** The safety in pregnancy and the treatment of children under two years has not yet been established. **Side effects:** Nausea, skin rashes and joint pains have been reported in a few cases. **Over-dosage:** No action other than medical observation should be necessary. **Basic NHS cost:** £17.14 per 100 capsules. PL 0113/0073.

® Registered Trade Mark

The Pancreatic challenge!

RIA-gnost[®] Trypsin



Simple and fast double antibody radioimmunoassay

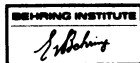
Specific for Trypsin and Trypsinogen, unaffected by Trypsin inhibitors

More specific than total α -amylase for the diagnosis of acute and chronic pancreatitis, carcinoma of the pancreas and cystic fibrosis

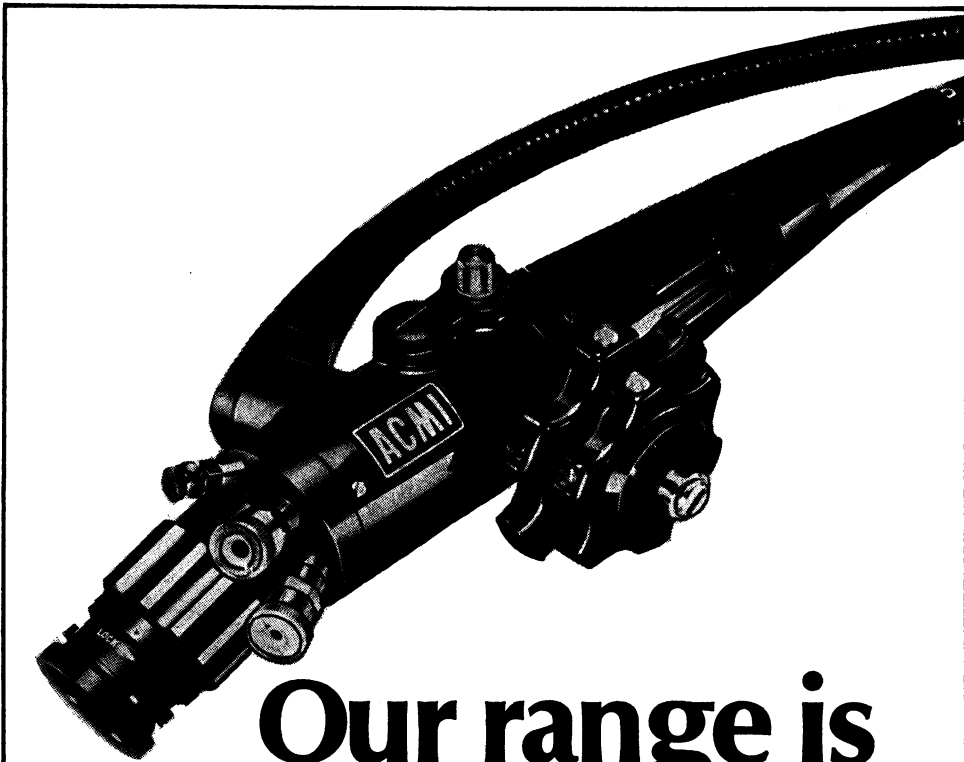
The first radioimmunoassay for the determination of Trypsin concentration in serum, plasma, urine and pancreatic juice.

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NEW

in oesophageal ulcer, erosions and oesophagitis

PYROGASTRONE

carbenoxolone, magnesium trisilicate, dried aluminium hydroxide gel

95% OF PATIENTS HEALED
OR IMPROVED¹

"The results . . . are the most impressive we have so far observed in the treatment of reflux oesophagitis and suggest that Pyrogastrone* is the most effective agent now available for the treatment of this condition."¹

1. Double blind controlled trial on 37 patients treated for 8 weeks. *Curr. med. Res. Opin.* (1978), 5:638.



Chewable Pyrogastrone tablets coat the oesophageal mucosa with a tenacious, soothing alginate-antacid foam, which protects it from reflux, buffers against regurgitated acid and bile, and localises the action of a low but effective dose of the healing agent carbenoxolone.

Formula. Each chewable, strawberry flavoured tablet contains carbenoxolone sodium B.P. 20 mg, magnesium trisilicate B.P. 60 mg and dried aluminium hydroxide gel B.P. 240 mg in a base containing alginate acid B.P.C. 600 mg and sodium bicarbonate B.P. 210 mg. **Presentation.** Cartons of 4 x 25 tablets in foil strips. **Basic NHS cost.** One day's treatment (5 tablets) 56p. **Indications.** For the treatment of oesophageal inflammation, erosions and ulcers due to hiatus hernia or other conditions causing gastric reflux; and for the relief of heartburn, flatulence and other symptoms associated with reflux oesophagitis. **Dosage.** (Adults). One to be chewed immediately after meals 3 times a day, and two to be chewed at bedtime. **Safety factors.** Pyrogastrone should not be prescribed for patients suffering from severe cardiac, renal or hepatic failure, or for patients on digitalis glycosides, unless serum electrolyte levels are monitored at weekly intervals to detect promptly the development of hypokalaemia. Special care should be exercised with patients predisposed to sodium and water retention, potassium loss and hypertension (e.g. the elderly and those with cardiac, renal or hepatic disease) since the carbenoxolone content of Pyrogastrone can induce

similar changes. Regular monitoring of weight and blood pressure, which should indicate the development of such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs (spironolactone should not be used because it hinders the therapeutic action of carbenoxolone). Potassium loss should be corrected by the administration of oral supplements. No teratogenic effects have been reported with carbenoxolone sodium, but careful consideration should be given before prescribing Pyrogastrone for women who may become pregnant.

*The Pyrogastrone tablets used in this trial contained the same low dose of carbenoxolone (20 mg) but only one third the alginate and antacid now available in Pyrogastrone. The control tablets contained the same base, but without carbenoxolone.

Pyrogastrone is a registered trade mark. Made under licence from Biorex Laboratories. Brit. Pat. Nos. 843133 and 1390683. PL 0071/0138.

Full prescribing information is available on request from Winthrop Laboratories, Surbiton-upon-Thames, Surrey. **WINTHROP**



In dyspepsia, antacids
only cloud the issue.

Maxolon
metoclopramide
clears it.



Maxolon protects the gastric mucosa from over-long exposure to gastric acid¹ by promoting normal peristalsis and gastric emptying.^{2,3} This action contrasts with that of antacids.

By restoring the stomach's normal control, symptoms described by the patient as fullness, pain, heartburn and discomfort can be effectively treated and their recurrence prevented.⁴

To the patient, Maxolon is the simple and convenient therapy to replace his repetitive antacid prescriptions.

Prescribing Information

Indications

Dyspepsia, heartburn and flatulence associated with the following conditions e.g., Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer.

Adult Dosage (oral)

Adults 10mg

1 tablet or 10ml syrup 3 times a day.

Young adults (15-20 years) 5-10mg

½-1 tablet or 5-10ml syrup 3 times a day commencing at the lower dosage.

Note: Total daily dosage of Maxolon, especially for children and young adults should not normally exceed 0.5mg/kg body weight.

Side-effects and Precautions

There are no absolute contra-indications to the use of Maxolon.

Various extra-pyramidal reactions to Maxolon, usually of the dystonic type, have been reported. The incidence of these reactions in children and young adults may be increased if daily dosages higher than 0.5mg/kg body-weight are administered. The majority of reactions occur within 36 hours of starting treatment and the effects usually disappear within 24 hours of withdrawal of the drug. Should treatment of a reaction be required, an anticholinergic anti-Parkinsonian drug e.g. benaprizine, or a benzodiazepine may be used. Since extra-pyramidal symptoms may occur with both

Maxolon and phenothiazines, care should be exercised in the event of both drugs being prescribed concurrently.

Raised serum prolactin levels have been observed during metoclopramide therapy; this effect is similar to that noted with many other compounds.

Maxolon's action on the gastro-intestinal tract is antagonised by anticholinergics. Although animal tests in several mammalian species have shown no teratogenic effects, treatment with Maxolon is not advised during the first trimester of pregnancy.

Following operations such as pyloroplasty or gut anastomosis Maxolon therapy should be withheld for three or four days as

vigorous muscular contractions may not help healing.


Availability and NHS Prices

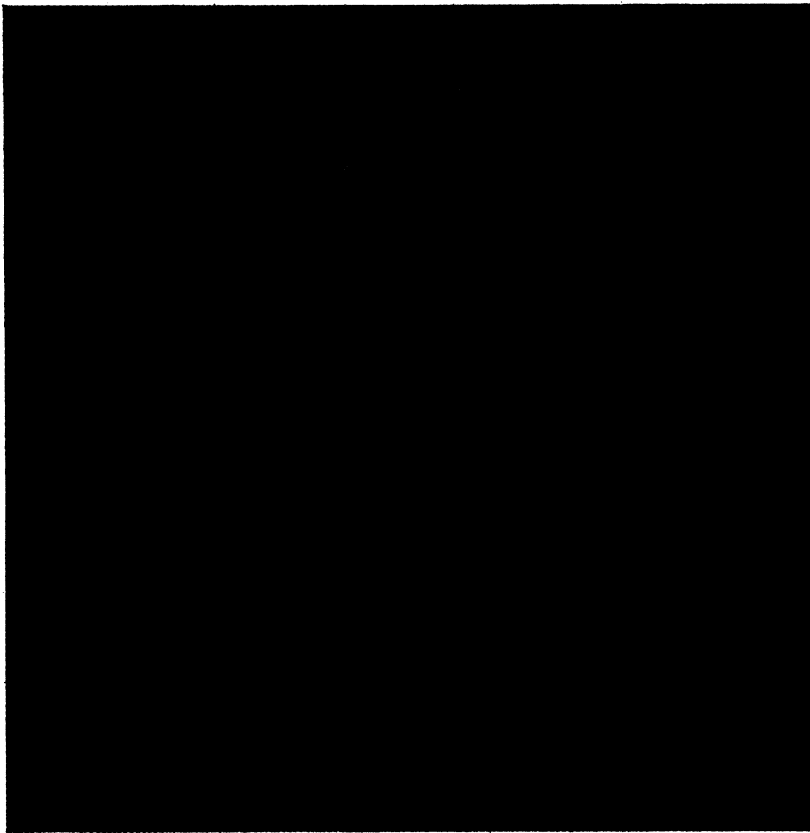
Tablets 10mg (£5.84 per 100).

Syrup 5mg/5ml (£2.42 for 200ml).

A paediatric liquid presentation and ampoules for injection are also available.

Average daily cost of Maxolon tablets (ex 500 pack) 17p. Prices correct at January 1979. Further information is available on request to the company.

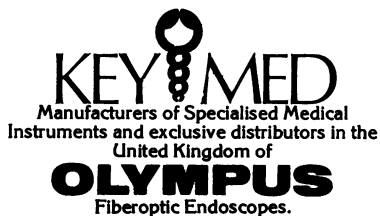
Maxolon (metoclopramide) is a product of  **Beecham Research Laboratories**, Brentford England. A branch of Beecham Group Limited. Maxolon BRL and the Company logo are registered trade marks.



Quite an operation

When it comes down to it, any operation can only be rated successful if it produces the required result. And tying up the loose ends is important at the end. That's why Key Med's operation maintains a veritable army of specialists—a skilled task force of experts, disciplined not only to meet the needs of today, but to anticipate and deal with the challenges of the 80's. To ensure that you receive a complete package of products and services, calculated to meet any

eventuality. But we also believe in after-sales service and problem solving. The best briefing in the world can hit snags when practice replaces theory. We are reactors in every sense of the word. And the main link in our chain is to be on-call when required. Which, we're happy to report, isn't often! Key Med is geared up to produce confidence at the outset, and success at completion. A value for money operation you should know more about.



Tell me more about the products and services provided by your operation.

Name

Position

Hospital

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Dept. GBMJ, KeyMed Freepost, Southend-on-Sea SS2 4BR

PHARMACIA, THE MANUFACTURERS OF SALAZOPYRIN, WISH TO DRAW THE ATTENTION OF ALL PRACTISING PHYSICIANS AND SURGEONS TO SOME IMPORTANT NEW INFORMATION.

Crohn's Disease

Various clinical trials and publications^{1,2,3,4,5} have now demonstrated that the benefits of Salazopyrin may be successfully extended to the management of active Crohn's Disease.

Ulcerative Colitis

Recent work has stressed that the ideal maintenance dose in ulcerative colitis is 2g per day⁶ and that such maintenance should be extended indefinitely to minimise the risk of relapse.⁷ Cessation of therapy increases relapse risk four-fold regardless of time^{7,8} since the acute attack, or whether placebo⁷ or high fibre diet⁹ are substituted.

Salazopyrin

sulphasalazine

36 years of therapeutic management.

Prescribing Information

Dosage and Administration

Plain or EN Tablets: In acute moderate attacks 2-4 tablets 4 times a day. In severe attacks steroids should also be given. After 2-3 weeks the dose may gradually be reduced to the maintenance level of 3-4 tablets daily which should be given indefinitely.

Suppositories: Two inserted morning and night, the dose being gradually reduced after 3 weeks as improvement occurs.

Children: Reduce the adult dose on the basis of body weight.

Contra-indications, Warnings etc.

Contra-indications: Contra-indicated in sensitivity to salicylates and sulphonamides. Infants under 2 years

Adverse Reaction: Side effects common to salicylates or sulphonamides may occur. Most commonly these are nausea, loss of appetite and raised temperature which may be relieved on reduction of dose, use of EN tablets or

suppositories. If serious reactions occur the drug should be discontinued.

Rarely the following adverse reactions have been reported.

Haematological: eg. Heinz body anaemia, haemolytic anaemia leucopenia, agranulocytosis and aplastic anaemia.

Hypersensitivity: eg. Rash, fever.

Gastrointestinal: eg. Impaired folate uptake, stomatitis.

C.N.S.: eg. Headache, peripheral neuropathy.

Renal: eg. Proteinuria, crystalluria.

Also, Stevens-Johnson syndrome and lung complications. eg. Fibrosing alveolitis.

Precautions

Care in cases of porphyria, allergic, renal or hepatic disease, glucose 6-PD deficiency. Blood checks should be made initially and periodically.

Pregnancy

The benefit to risk ratio must be carefully evaluated when the drug is given during pregnancy.

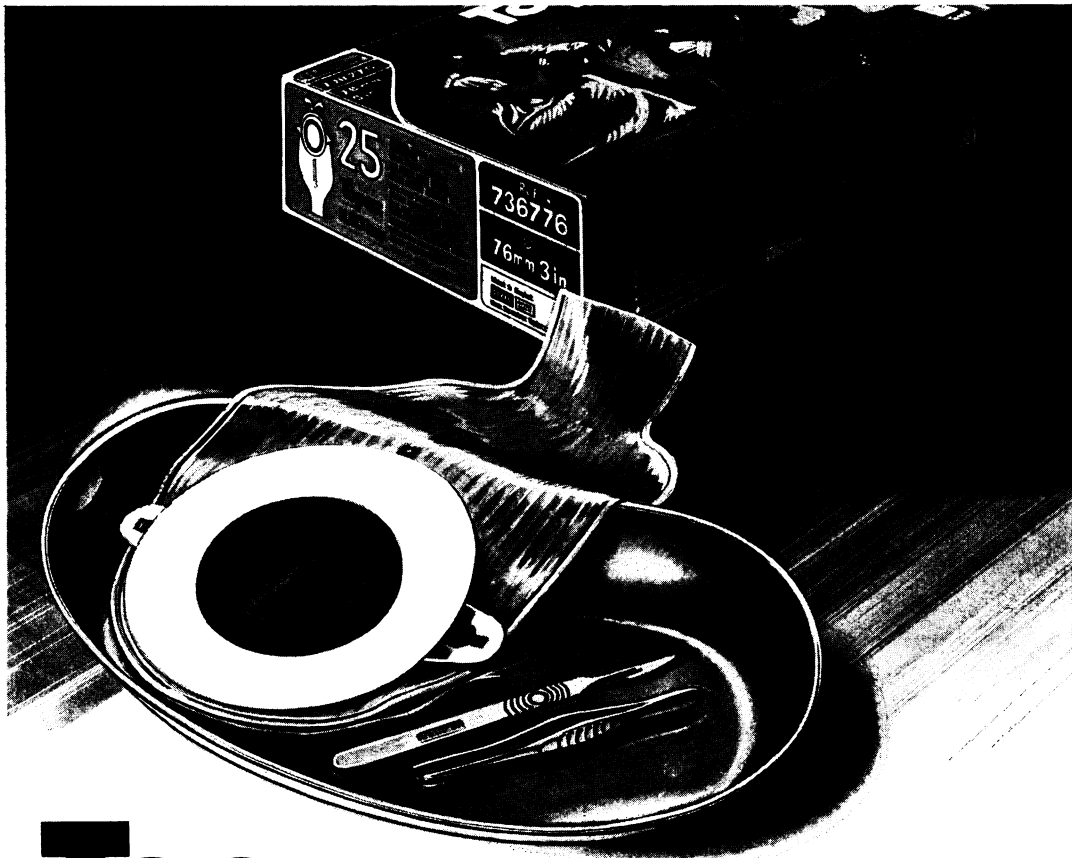
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4. Proceedings of a workshop on Crohn's Disease, Leyden 23-25 October, 1975. Ed. Weterman, Pena and Booth. Excerpta Medica Amsterdam, p. 183-185.
5. Gastroenterology (1977) **72**, 1133.
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7. Gut, (1973) **14**, 923.
8. Brit. med. J. (1978) **1**, 1524



Pharmacia

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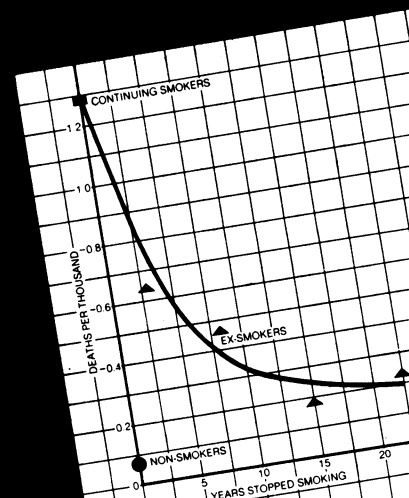
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