



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?

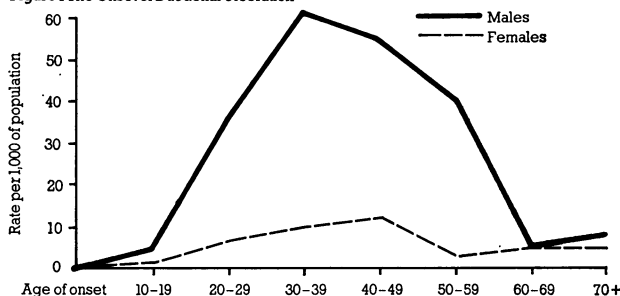
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

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 Ulceration⁸

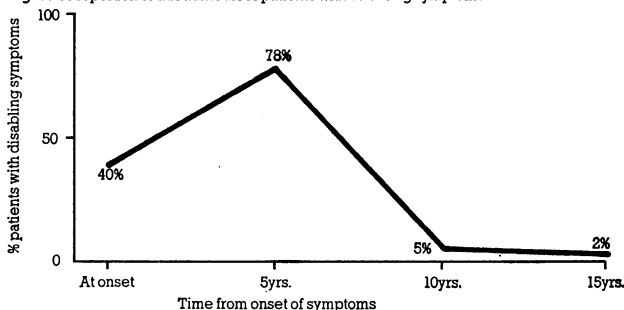


after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

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 **6...** 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 symptoms⁸



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).

Potential 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.
4. Prophylactic effect of cimetidine in duodenal ulcer disease. (1978) *Brit. med. J.*, 1, 1095.
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

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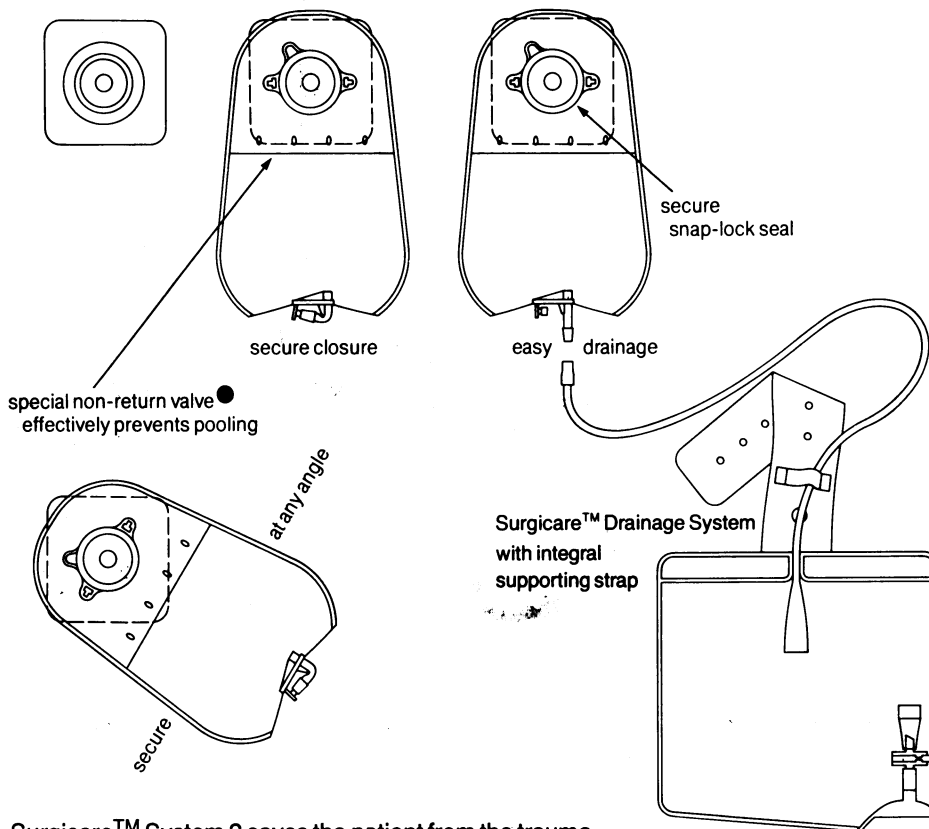
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Recorded Colifoam

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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.

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Further information is available on request.

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Nuts.



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Wheat.
Fruit.



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Milk.
Tomatoes.
Beef.



Milk.



Tomatoes.



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?

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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.

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the gastrointestinal tract
or female genital
tract”.

Br.Med.J. **1**, 318, 1976

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Dosage: Treatment: adults and children over 12 years: 100 ml by intravenous infusion eight hourly, administered 5 ml per minute. Oral medication with 400 mg three times daily should be substituted as soon as this becomes feasible. Treatment for seven days should be satisfactory in most cases. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 7.5 mg per kg bodyweight. Prevention: adults and children over 12 years: 100 ml by intravenous infusion immediately before, during or after operation, followed by the same dose eight-hourly until oral medication (200 to 400 mg three times daily) can be given to complete a seven day course. Children under 12 years: as for adults but the single intravenous dose is based on 1.5 ml (7.5 mg metronidazole) per kg bodyweight and the oral dose on 3.7 to 7.5 mg per kg bodyweight. Precautions: pregnancy; lactation; clinical and biological surveillance if recommended duration of treatment exceeded; dosage may be halved for patients with renal failure; avoid alcohol; if 'Flagyl' is to be given to patients receiving oral anticoagulants the dosages of the latter should be recalibrated. Side effects and adverse reactions: occasionally an unpleasant taste, furred tongue, nausea, vomiting (very rarely), gastro-intestinal disturbance, drowsiness, dizziness, headache, ataxia, skin rashes, pruritus, inco-ordination of movement, darkening of the urine very rarely. During intensive and/or prolonged therapy, peripheral neuropathy has been reported. A moderate leucopenia has been reported but the white cell count has always returned to normal before or after treatment has been completed. Transient epileptiform

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References 1. Willis, AT (1977) *Scottish Medical Journal*, **22**, 155. 2. Willis, AT, et al. (1977) *British Medical Journal*, **1**, 607. 3. Finegold, S.M. *Anaerobic Bacteria in Human Disease*, Academic Press Inc. New York, 1977. 4. Willis, A.I. et al. (1975) *Journal of Antimicrobial Chemotherapy*, **1**, 393, 1975.


Further information is available on request.

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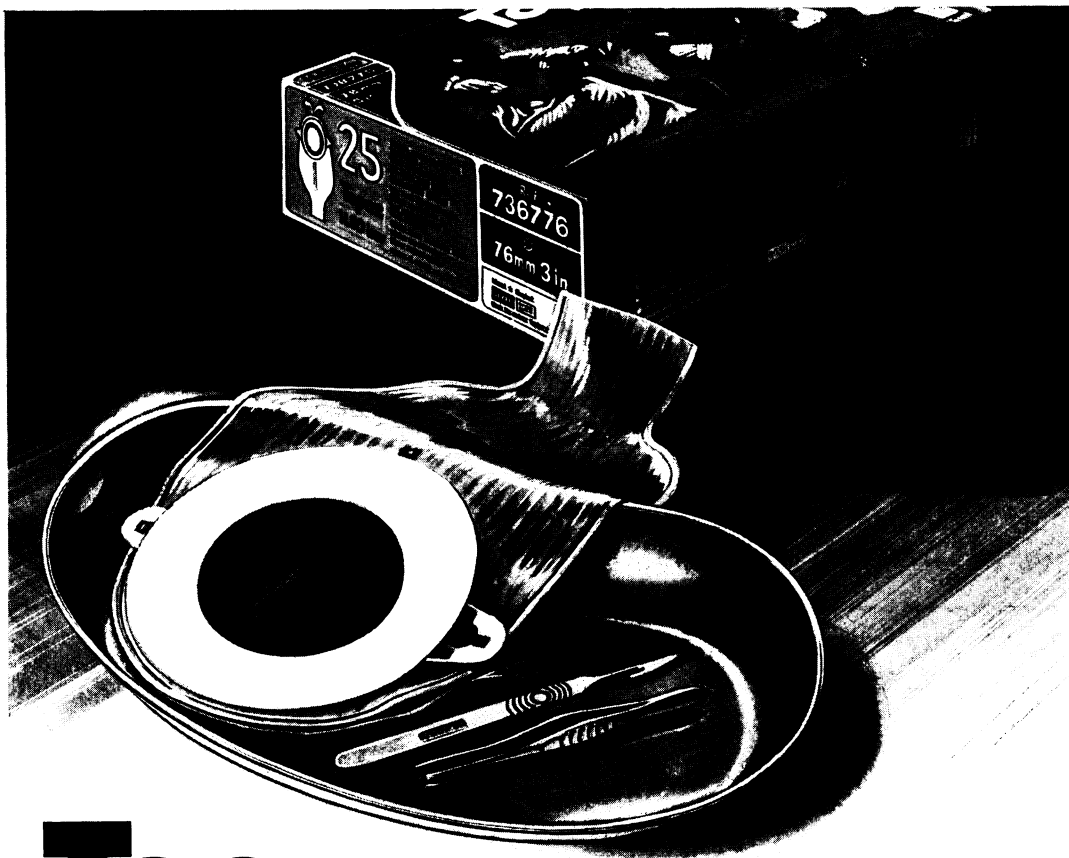
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1. In "Peptic Ulcer Healing. Recent Studies on Carbenoxolone." 1978. Lancaster, MTP Press Ltd., p.1. 2. *ibid.*, pp. 9-20.
3. In 4th Symposium on Carbenoxolone. 1975. London, Butterworths, p. 161.

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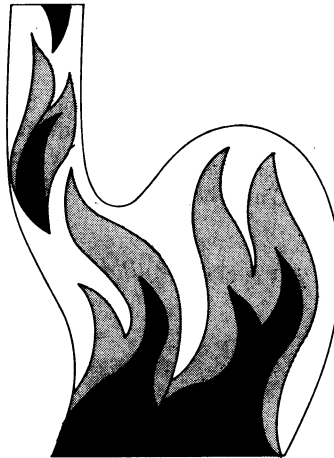
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similar changes. Regular monitoring of weight and blood pressure, which should indicate the development of such effects, is advisable for all patients. A thiazide diuretic should be administered if oedema or hypertension occurs (spironolactone should 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.

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"We compared cimetidine with conventional medical treatment. Carbenoxolone was chosen for patients under 60, but because of its potential side effects – namely, hypokalaemia, fluid retention, and hypertension – older patients were given Caved-(S)."

"In the patients under 60 cimetidine was slightly more successful in producing ulcer healing than carbenoxolone."

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Morgan AG et al (1978) *BMJ*, 2, 1323-1326

Caved-S contains Deglycyrrhizinated Liquorice., Bism. Subnit., Alum. Hydrox., Mag. Carb., Sod. Bic., Frangula., and is indicated in the treatment of peptic ulcers.

The usual adult dose for the treatment of peptic ulcers is 2 tablets 3 times daily, and for duodenal ulcers this may be increased to 2 tablets 6 times daily. For prophylaxis, half this dose is used, and children should be given half the adult dose.

Basic NHS price of 60 tablets is £1.45 ex 600 pack. PL 0424/5000.

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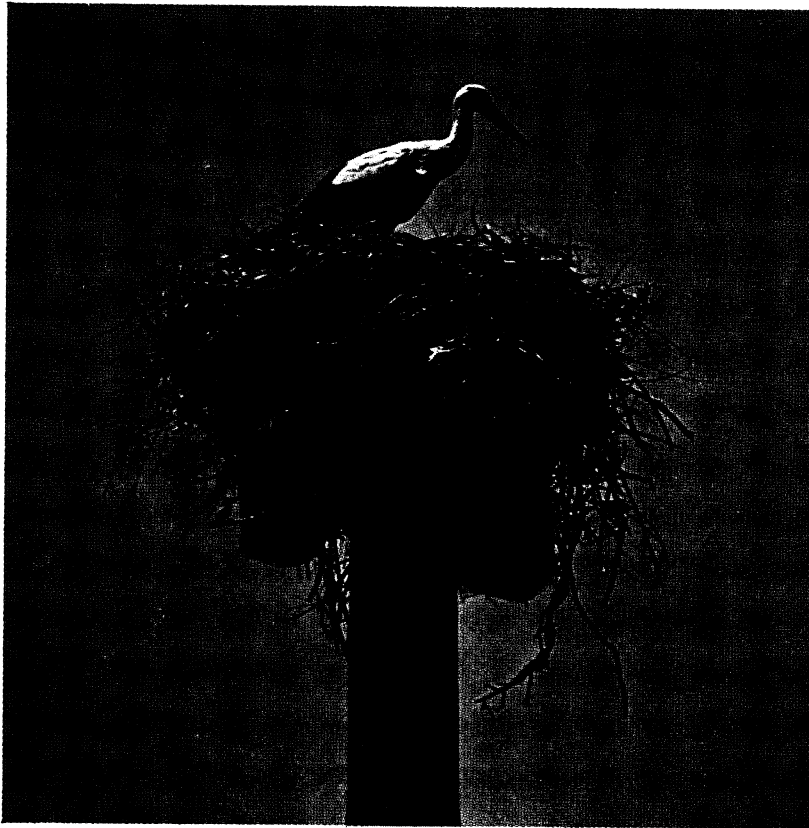
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PHARMACIA, THE MANUFACTURERS OF SALAZOPYRIN, WISH TO DRAW THE ATTENTION OF ALL PRACTISING PHYSICIANS AND SURGEONS TO SOME IMPORTANT NEW INFORMATION.

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 diet⁸ 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.

References

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7. Gut, (1973) **14**, 923.
8. Brit. med. J. (1978) **1**, 1524



Pharmacia

Salazopyrin (reg®), sulphasalazine, is a product of Pharmacia (Great Britain) Ltd., Prince Regent Road, Hounslow, Middlesex TW3 1JF. Telephone: 01-572 7321. Further information is available on request to the Company.



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. benapryzine, 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.



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