The many faces of Crohn's disease. And one face of its treatment.

Salazopyrin has long been established as standard treatment for ulcerative colitis and there is now further evidence to support its use as a first-line therapy for active Crohn's disease.

Now a double-blind study[1] has shown that 62% of Salazopyrin-treated patients responded favourably (at least 25% reduction in Crohn's disease activity) compared with only 8% of patients given placebo.

This supports the findings of a major study[2] in the USA, the NCCDS* involving some 569 patients, which compared Salazopyrin with azathioprine and prednisone both as short-term treatments to suppress acute disease and as long-term prophylactics against relapse. For active disease both Salazopyrin and prednisone were superior to placebo and in patients not previously treated with drugs or surgery, only Salazopyrin was superior to placebo.

Salazopyrin was also by far the least toxic of the drugs tested, which "...together with evidence of its usefulness, particularly for control of disease involving the colon, indicates sulphasalazine as the drug of choice for initial therapy of such patients."

National Cooperative Crohn's Disease Study.

SALAZOPYRIN
sulphasalazine

YOUR BEST STARTING POINT IN ACTIVE CROHN'S DISEASE.

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.
Enema: One enema should be given daily preferably at bed time. This preparation contains an adult dose of Salazopyrin. Patient instructions are enclosed in each box.
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.
Enema only: Sensitivity to parabens.

Adverse Reactions: 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, enema or suppositories. If serious reactions occur the drug should be discontinued.
Rarely the following adverse reactions have been reported.
Haematological: e.g. Heinz body anaemia, haemolytic anaemia, leucopenia, agranulocytosis and aplastic anaemia.
Hypersensitivity: e.g. Rash, fever.
Gastrointestinal: e.g. Impaired folate uptake, stomatitis.
C.N.S.: e.g. Headache, peripheral neuropathy.
Fertility: Reversible oligospermia.
Renal: e.g. Proteinuria, crystalluria.
Also: Stevens-Johnson syndrome and lung complications e.g. 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 and Lactation:
While the ingestion of drugs in these situations may be undesirable, the severe exacerbations of the disease which can occur commends the continuance of therapy. Long clinical usage and experimental studies have failed to reveal teratogenic or icteric hazards. The amounts of drug present in the milk should not present a risk to a healthy infant.
Packages & Prices:
Plain Tablets (0.5g): 100 & 500: £5.85 for 100.
EN Tablets (0.5g): 100 & 500: £7.60 for 100.
Suppositories (0.5g): 10 & 50: £2.35 for 10.
Enemas (3.0g): 7: £9.80 for 7.

Product Licence Numbers:
Plain Tablets 0009/5006 EN Tablets 0009/5007
Suppositories 0009/5008 Enema 0009/0023.

1) Gut (1981) 22: 404-409
2) Gastroenterology (1979) 77: 847 et seq.

Pharmacia

Salazopyrin (regd) sulphasalazine, is a product of Pharmacia (Great Britain) Ltd, Prince Regent Rd, Hounslow, Middlesex TW3 1NE. Tel: 01-572 7321. Further information is available on request from the Company.

Glaxo

H_2

Now Gastric acid has

TIMES DAILY AND THIS MAY BE INCREASED, AS NECESSARY, TO 900 mg PER DAY. INJECTION. ZANTAC MAY BE GIVEN AS A SLOW INTRAVENOUS INJECTION OF 50 mg WHICH MAY BE REPEATED EVERY SIX TO EIGHT HOURS OR AS AN INTRAVENOUS INFUSION AT A RATE OF 25 mg PER HOUR FOR TWO HOURS REPEATABLE AT SIX TO EIGHT HOUR INTERVALS. **SIDE EFFECTS:** NO SERIOUS ADVERSE EFFECTS HAVE BEEN REPORTED. **PRECAUTIONS:** WHERE GASTRIC ULCER IS SUSPECTED, THE POSSIBILITY OF MALIGNANCY SHOULD BE EXCLUDED BEFORE THERAPY IS INSTITUTED. PATIENTS RECEIVING PROLONGED TREATMENT SHOULD BE EXAMINED PERIODICALLY. DOSAGE SHOULD BE REDUCED IN THE PRESENCE OF SEVERE RENAL IMPAIRMENT (SEE DATA SHEET). AS WITH ALL DRUGS, ZANTAC SHOULD BE USED DURING PREGNANCY AND NURSING ONLY IF STRICTLY NECESSARY. **CONTRA-INDICATIONS:** THERE ARE NO KNOWN CONTRA-INDICATIONS TO THE USE OF ZANTAC. **BASIC NHS COST** (EXCLUSIVE OF VAT) 60 TABLETS £27.43; BOX OF 5 x 5 ml AMPOULES £3.21. **PRODUCT LICENCE NUMBERS** 150 mg TABLETS 4 0279 50 mg/5 ml AMPOULES 4 0280. FURTHER INFORMATION ON ZANTAC (TRADE MARK) IS AVAILABLE FROM: GLAXO LABORATORIES LIMITED, GREENFORD, MIDDLESEX UB6 0HE.

Zantac is the new histamine H_2-antagonist from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac was specially developed for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

In the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

Highly specific action

Due to its innovatory molecular structure, Zantac does not cause problems with endocrine or gonadal function, or adverse effects on the central nervous system – even in elderly patients.

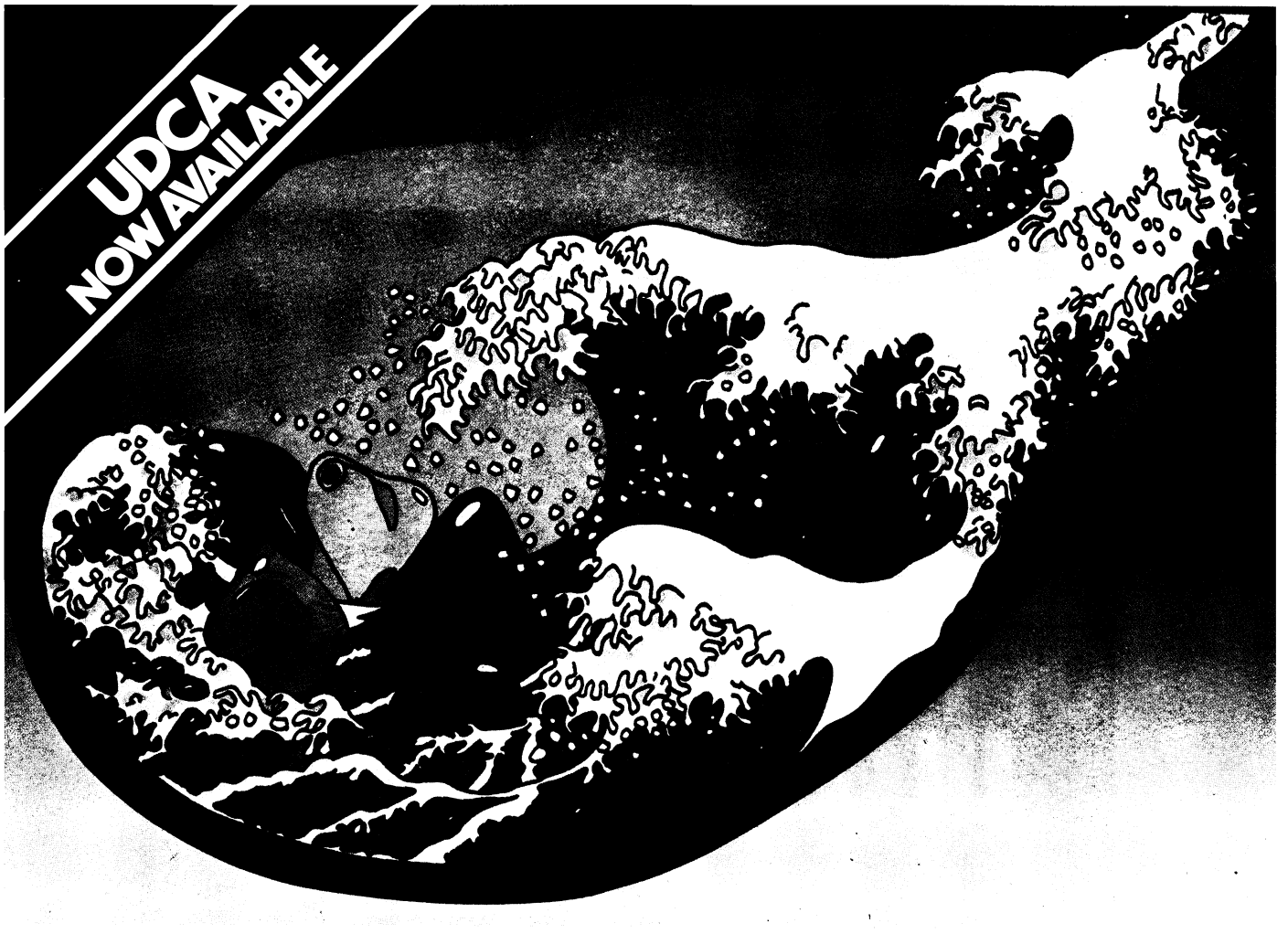
Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

a highly specific H_2 blocker to contend with.

Zantac

RANITIDINE



THE NEW WAVE IN GALLSTONE DISSOLUTION.

Destolit – ursodeoxycholic acid – a naturally occurring bile acid.

Indicated for use with cholesterol gallstones, the different chemical structure of Destolit enables you to use an effective therapy that causes no cathartic side effect.

* For the dissolution of cholesterol stones in a functioning gall bladder.
* Reported effective in up to 80% of appropriate patients.
* Diarrhoea is very uncommon.
* No adverse reports on liver function.
* Simple dosage aids patient compliance.

Destolit*

URSODEOXYCHOLIC ACID

DISSOLVES GALLSTONE PROBLEMS

Please clip and send to Lepetit Pharmaceuticals Limited for Destolit information package.

Name _____

Address _____

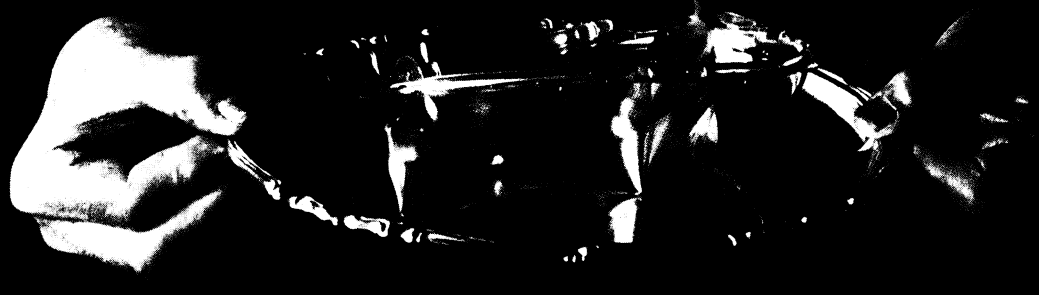
_____

_____

Lepetit Pharmaceuticals Limited, Meadowbank, Bath Road, Hounslow, Middlesex TW5 9QY

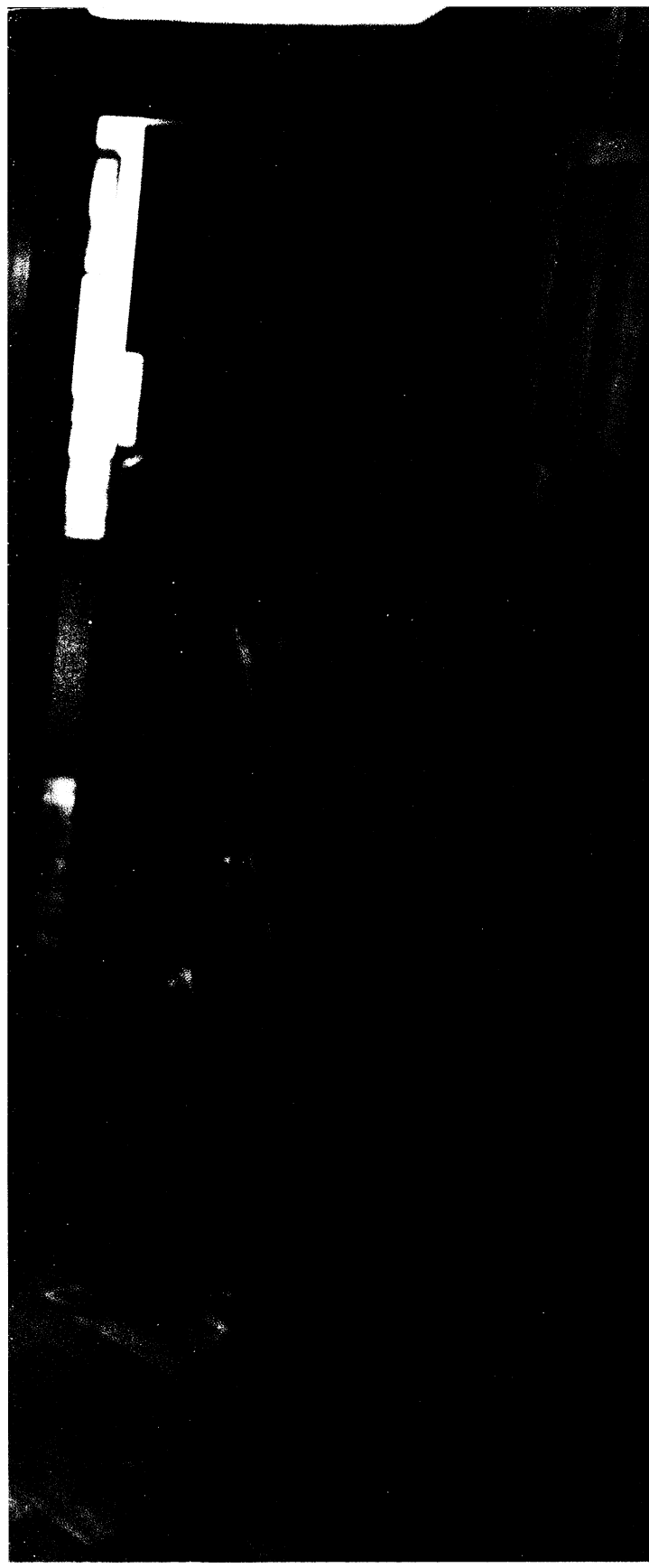
A subsidiary of The Dow Chemical Company

The Old Retainer.



Time to say Goodbye?

Presentation White odourless aerosol foam containing hydrocortisone acetate 10%. **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 or 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. **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



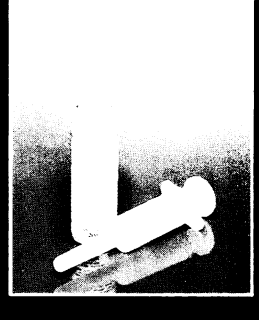
For many years the retention enema has been the best way to get topical steroid therapy into the rectum and distal colon to relieve inflammatory bowel disease. Thousands of colitis sufferers are familiar with its benefits – and also its drawbacks, mainly the sheer inconvenience and discomfort of administering it.

Now there is an alternative to the retention enema – another form of topical therapy, comparable in efficacy but far easier for the patient to use. Colifoam: a unique foam presentation of hydrocortisone which is easily administered using a simple plastic applicator.

More acceptable than steroid enema

Clark* reported on a clinical trial of Colifoam in 20 patients with inflammatory bowel disease. Proctitic symptoms were controlled in 17, and 11 out of 12 patients who had previously been treated with prednisolone enemas, found Colifoam "... easier and more convenient to use". Three of these patients found Colifoam the more effective treatment and the others thought there was no difference in efficacy between Colifoam and steroid enemas.

N.B. A dose of Colifoam costs far less than a dose of a proprietary prednisolone retention enema.



Colifoam

hydrocortisone acetate foam

a welcome alternative to the retention enema for distal inflammatory bowel disease

Pharmaceutical precautions

Package quantities

Product Licence No

Basic NHS Cost

Stafford-Miller Ltd

"I feel I'm so full I could burst! With this overblown stomach I'm cursed." The Doctor smiled sweetly, Then murmured discreetly, "Well, we'd better try Maxolon first."

For relief from heartburn and flatulence

Maxolon

metoclopramide

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 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.

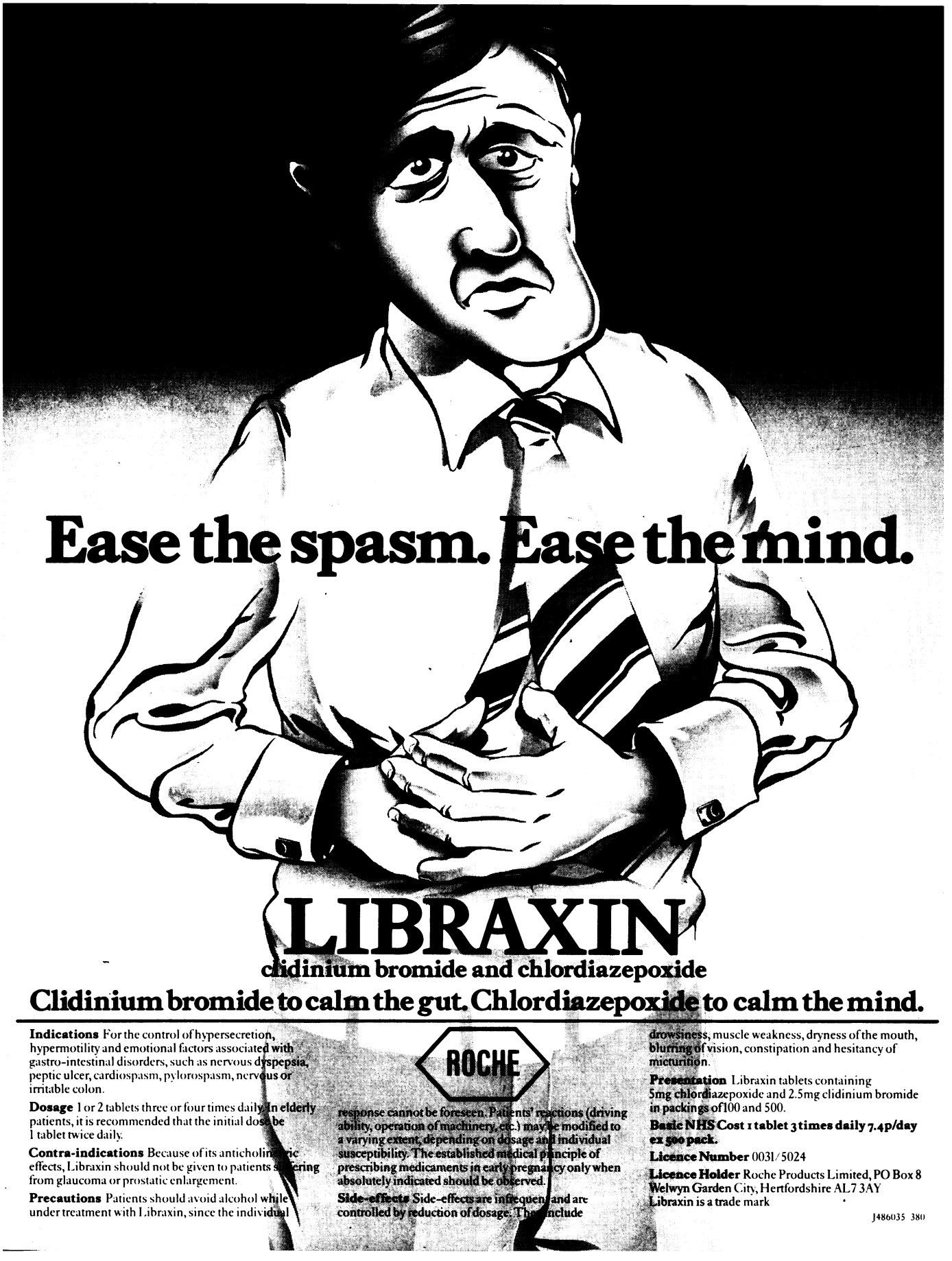
Availability and NHS Prices
Tablets 10mg (£7.70 for 100).
Syrup 5mg/5ml (£2.78 for 200ml).
A paediatric liquid presentation and ampoules for injection are also available.
Average daily cost of Maxolon tablets 23p.
Prices correct at January 1981.

Further information is available on request to the company.

Beecham Research Laboratories
Brentford, England. A branch of Beecham Group Limited.
Maxolon and the BRL logo are trade marks.

PL 0038/0095 0098 5040 5041.

BRL 4026



Ease the spasm. Ease the mind.

LIBRAXIN

clidinium bromide and chlordiazepoxide

Clidinium bromide to calm the gut. Chlordiazepoxide to calm the mind.

Indications For the control of hypersecretion, hypermotility and emotional factors associated with gastro-intestinal disorders, such as nervous dyspepsia, peptic ulcer, cardiospasm, pylorospasm, nervous or irritable colon.

Dosage 1 or 2 tablets three or four times daily. In elderly patients, it is recommended that the initial dose be 1 tablet twice daily.

Contra-indications Because of its anticholinergic effects, Libraxin should not be given to patients suffering from glaucoma or prostatic enlargement.

Precautions Patients should avoid alcohol while under treatment with Libraxin, since the individual response cannot be foreseen. Patients' reactions (driving ability, operation of machinery, etc.) may be modified to a varying extent, depending on dosage and individual susceptibility. The established medical principle of prescribing medicaments in early pregnancy only when absolutely indicated should be observed.

Side-effects Side-effects are infrequent and are controlled by reduction of dosage. They include drowsiness, muscle weakness, dryness of the mouth, blurring of vision, constipation and hesitancy of micturition.

Presentation Libraxin tablets containing 5mg chlordiazepoxide and 2.5mg clidinium bromide in packings of 100 and 500.

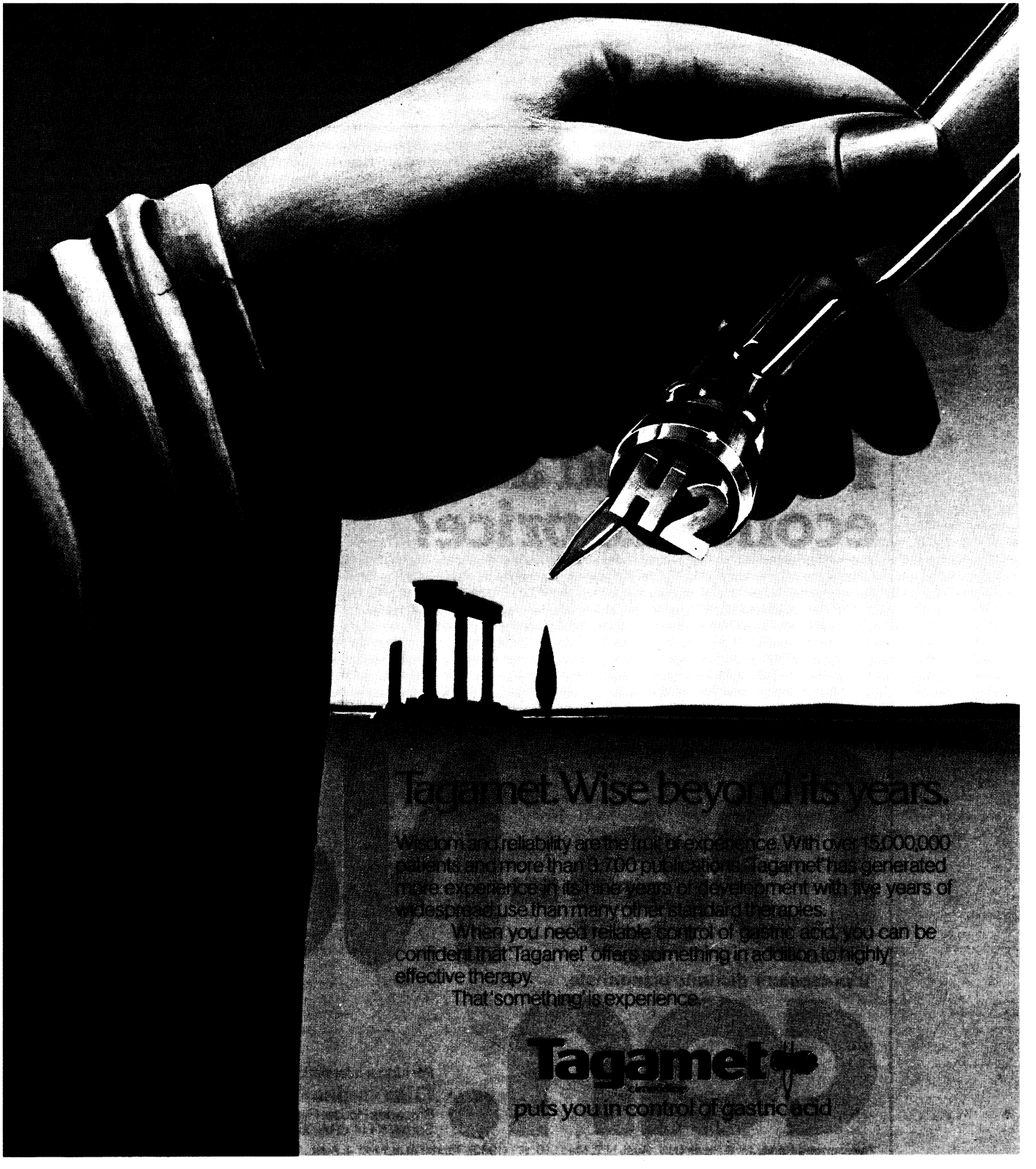
Basic NHS Cost 1 tablet 3 times daily 7.4p/day ex 500 pack.

Licence Number 0031/5024

Licence Holder Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY

Libraxin is a trade mark

J486035 380



Prescribing Information
Presentations 'Tagamet' Tablets, PL 0002/0063, each containing 200 mg cimetidine. 100, £13.22; 500, £64.75. 'Tagamet' Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml, £6.29.
Indications Duodenal ulcer, benign gastric ulcer, reflux oesophagitis.
Dosage Duodenal ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks; 400 mg b.d., with breakfast and at bedtime, is also effective (for full instructions see Data Sheet). To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer: Adults, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks (for full instructions see Data Sheet). Reflux oesophagitis: Adults, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks.
Cautions impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants and some benzodiazepines (see Data Sheet). Prolonged treatment: observe patients periodically. Exclude malignancy in gastric ulcer. Care in patients with compromised bone marrow (see Data Sheet). 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, acute pancreatitis.
23.3.81.

SK&F a SmithKline company
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'Tagamet' is a trade mark
TG:AD41

Intravenous Valium Roche

the preferred sedative for gastro-intestinal endoscopy

Indications
Intravenous sedative cover before and during unpleasant surgical and medical procedures

Dosage
0·2mg/kg body-weight. The usual adult dose is 10–20mg but more may be needed on occasions. In elderly patients half the usual adult dose

Administration
With the patient in the supine position, the injection should be given slowly (0·5ml Valium Roche ampoule solution per half-minute) into a large vein of the antecubital fossa until the patient becomes drowsy, his speech becomes slurred and there is ptosis. He should still be able to respond to requests. Provided these conditions for administration are adhered to the rare possibility of hypotension or apnoea occurring will be greatly diminished. A second person should be present and resuscitation facilities should be available

Precautions and side-effects
Patients should not be allowed to leave the surgery until one hour at least has elapsed from the time of injection and should always be accompanied by a responsible adult, with a warning not to drive or operate machinery for the rest of the day and to avoid alcohol. In patients with organic cerebral changes or with cardiorespiratory insufficiency IV injections of Valium Roche should not be employed unless in an emergency or in hospital if indicated and then should be given slowly and in reduced dosage. The possibility of intensified sedative effects and severe respiratory and cardiovascular depression should be considered if central depressant drugs are given, particularly by parenteral route, in conjunction with Valium Roche for Injection. Valium Roche should not be given in early pregnancy unless absolutely indicated. Intravenous injection may be associated with local reactions, including thrombophlebitis

Presentation
Ampoules containing 10mg diazepam in 2ml and 20mg in 4ml, in packings of 10

Product Licence Numbers
0031/0068 (ampoules 10mg)
0031/5128 (ampoules 20mg)

Basic NHS Cost
Ampoules 10mg x 10 £2·44
20mg x 10 £3·61

References
1. Brit med J.,1976,2,20
2. Brit.J Hosp Med.,1976,16,7
3. Scand J Gastroent.,1979,14,747
4. Scand J Gastroent.,1978,13,33
5. Gut,1976,17,655
6. Brit J Hosp Med.,1971,6(Suppl.),52
7. Amer J Gastroent.,1976,66,523
8. Amer J med Sci.,1974,267,151
9. Gut,1976,17,975
10. Advanced Medicine,1978,No 14,p19

Vast would be an apt description of the experience with intravenous Valium Roche in gastro-intestinal endoscopy – an experience which covers the range of procedures and patients of all age groups.* Endoscopy without premedication is for many patients an unpleasant experience.[1] Intravenous Valium Roche sedation improves patient acceptance without impairing their ability to co-operate. Keeping medication to a minimum is particularly important for out-patients[2] and avoidance of analgesics leads to faster recovery times.[3] In certain circumstances where prolonged intubation is required or pain from an operative procedure likely, the addition of a narcotic analgesic such as pethidine may be desirable.[4] Neuroleptanalgesia has also been used to good effect with intravenous Valium Roche.[5] The amnesic effect of intravenous Valium Roche undoubtedly contributes to the excellent acceptance by patients and their willingness to undergo repeat procedures.[6] The shortness of the amnesic effect is a boon for the operator too when treating out-patients.

Age is no barrier to intravenous Valium Roche sedation for gastro-intestinal endoscopy.* Whether the patient is six weeks or 103-years-old favourable results have been obtained.[7] This is true also for many poor-risk patients including those with liver disease in whom intravenous Valium Roche has been extensively used.[8-10] The dosage must, of course, be adjusted to the patient's needs and the necessary precautions observed.

**Annotated bibliography of references available on request.*

Intravenous Valium Roche
diazepam

where experience counts

ROCHE

Roche Products Limited
PO Box 8, Welwyn Garden City
Hertfordshire AL7 3AY

J954199/780

SCANDINAVIAN JOURNAL OF
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