

Reflux controlled!



Heartburn and regurgitation: strengthening the lower oesophageal sphincter should be the primary goal of medical treatment.¹

- * Maxolon is clinically effective in increasing sphincter tone.²⁻⁷
- * Maxolon reduces frequency and duration of reflux.^{8,9}
- * Maxolon eliminates or alleviates even severe symptoms.¹⁰⁻¹¹

Maxolon—controlling heartburn by tightening the sphincter.

Prescribing Information

Indications

Heartburn, dyspepsia and flatulence associated with the following conditions e.g. Reflux oesophagitis, Gastritis, Hiatus hernia, Peptic ulcer. Nausea and vomiting associated with e.g. Gastro-intestinal disorders.

Adult dosage (Oral, IM or IV)

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

Adults: 10 mg three times daily

Young Adults (15-20 years): 5-10 mg three times daily, commencing at the lower dosage. For dosage in children, please consult Data Sheet.

Side effects and precautions

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

If vomiting persists the patient should be re-assessed to exclude the possibility of an underlying disorder, e.g. cerebral irritation.

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 0.5 mg/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 since vigorous muscular contractions may not help healing.

Availability and NHS prices

Tablets 10 mg (£9.78 for 100).

Syrup 5 mg/5 ml (£3.36 for 200 ml).

Ampoules for injection 10 mg (£2.69 for 10).

Paediatric Liquid 1 mg/1 ml (£1.52 for 15 ml).

Prices correct at August 1982.



Further information is available on request to the company

Beecham Research Laboratories

Brentford, England

Maxolon and the BRL logo are trade marks

PL 0038/0095 0098 5040 5041.

References: 1. Br Med J (1979) 1: 3-4, 2. Gut (1973) 14: 275-279, 3. Gut (1973) 14: 380-382, 4. Gastroenterology (1975) 68 (5): 1114-1118, 5. Gastroenterology (1976) 70 (4): 484-487, 6. Anaesth Intens Care (1978) 6 (1): 26-29, 7. Gastroenterology (1980) 78 (5) pt 2: 1292, 8. Tijdschr Gastro-Enterol (1977) 20 (3): 155-162, 9. Dt Z Verdau-u-Stoffwechsel (1981) 41: 13-17, 10. Postgrad Med J (July Suppl. 1973) 104-106, 11. Z Gesund Inn Med. (1981): 122-124.

BRL 4033



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COLPERMIN™

(enteric-coated peppermint oil)

An exclusive two-dimensional remedy for irritable bowel syndrome

Prescribing information

Presentation: A light blue/dark blue enteric-coated hard gelatin capsule size 1, with a green band between cap and body. Each capsule contains 0.2 ml standardised peppermint oil B.P. Ph. Eur.

Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. The enteric-coating of the capsule delays release of the peppermint oil until it reaches the distal small bowel. The oil exerts a local effect of colonic relaxation and a fall of intracolonic pressure.

Dosage and Administration: For oral administration.

Adult dose: One capsule three times a day, preferably before meals and taken with a small quantity of water. The capsules should not be taken immediately after food. The dose may be increased to two capsules, three times a day when discomfort is more severe. The capsules should be taken until symptoms resolve, usually within one or two weeks. At times when symptoms are more persistent, the capsules can be continued for longer periods of between 2 to 3 months. There is no experience in the use of these capsules in children under the age of 15 years.

Contraindications, Warnings, etc. Precautions: The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth and oesophagus. Patients who already suffer from heartburn, sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients.

Adverse effects: Heartburn; sensitivity reactions to menthol which are rare, and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Treatment of overdosage: If capsules have been recently ingested, the stomach should be emptied by gastric lavage. Observation should be carried out with symptomatic treatment if necessary.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal category: P

Package quantity: Containers of 100 capsules.

Further information: Nil.

Product Licence: PL 0424/0009.

Basic NHS cost: £10.00 per 100.

European Patent No. 0015334

U.K. Patent No. 2 006 011

Colpermin is a trade mark of Tillotts Laboratories.

REFERENCE:

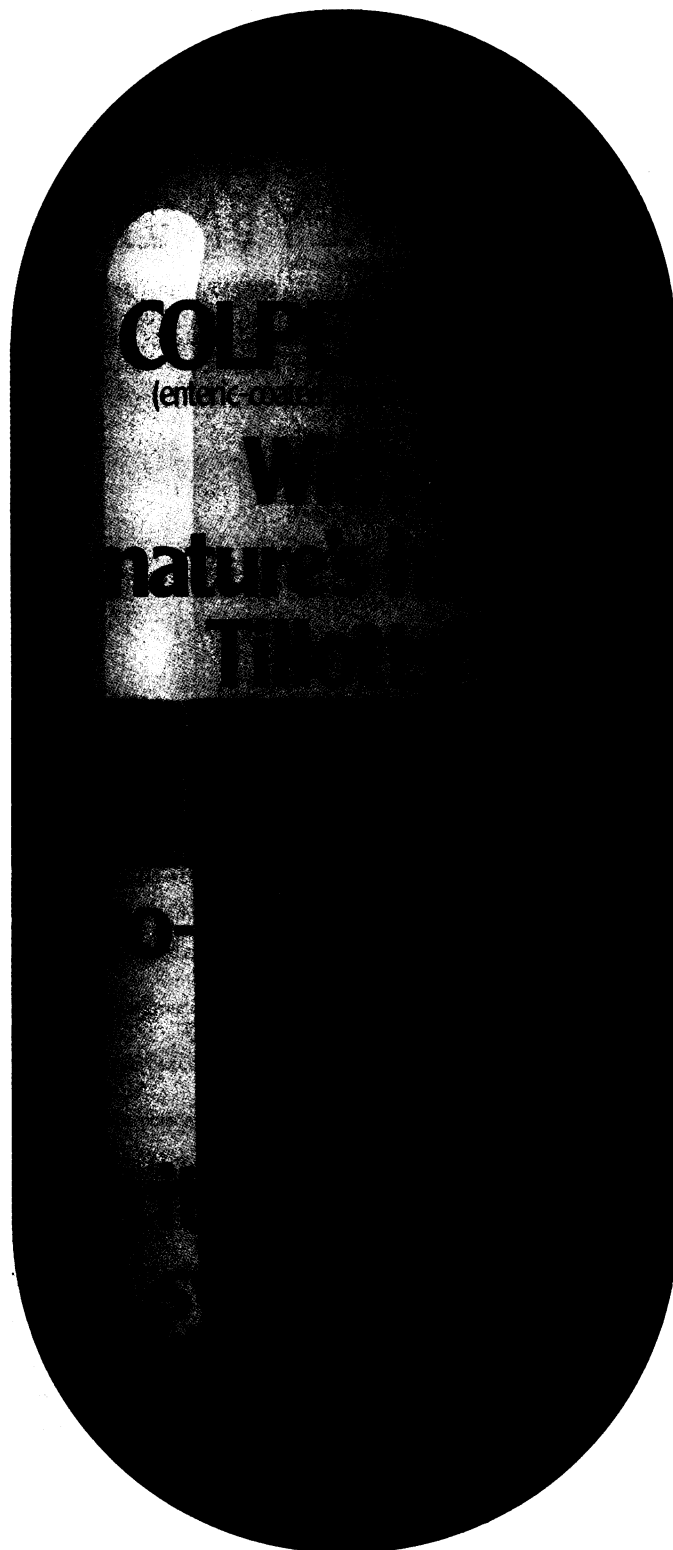
1. Rees WDW, Evans BK, Rhodes J. Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.



11/82

2-7126

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TAGAMET

Proven effective over seven years of widespread clinical experience, 'Tagamet' is a known quantity in peptic ulcer treatment.

With 'Tagamet', 25 million patients ahead of the less experienced newcomers, you're on familiar ground.

Tagamet

cimetidine

THOROUGHLY EXPLORED

puts you in control of gastric acid

Prescribing Information

Presentations Tagamet Tablets, PL 0002/0092, each containing 400 mg cimetidine. 56 x 16.61. Tagamet Tablets, PL 0002/0063, each containing 300 mg cimetidine. 500 x 17.4 15. Tagamet Syrup, PL 0002/0073, containing 200 mg cimetidine per 5 ml. 200 ml. V8 17. **Indications** Duodenal ulcer, benign gastric ulcer, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid is beneficial: prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome, malabsorption and fluid loss in short bowel syndrome, Zollinger-Ellison syndrome. **Dosage** Usual dosage: Adults: Duodenal ulcer, 400 mg b.d. with breakfast and at bedtime, or 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 4 weeks. To prevent relapse, 400 mg at

bedtime or 400 mg morning and at bedtime for at least 6 months. Benign gastric ulcer, 200 mg t.d.s. with meals and 400 mg at bedtime (1.0 g/day) for at least 6 weeks. Oesophageal reflux disease, 400 mg t.d.s. with meals and 400 mg at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, up to 2 g a day, divided, to maintain intragastric pH above 4. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 mins before induction of general anaesthesia. 400 mg at start of labour then 200 mg 2-hourly as necessary, maximum 1.6 g. Do not use Tagamet syrup Zollinger-Ellison syndrome, up to 400 mg q.i.d., rarely up to 2 g a day. Recurrent and stomal ulceration and

short bowel syndrome, 200 mg t.d.s. and 400 mg at bedtime (1.0 g/day). **N.B.** For full dosage instructions see Data Sheet. **Cautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin and theophylline (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. **Legal category** POM. 21 783

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THE BEST CHOICE EVERY TIME

IT WORKS In the treatment of ulcerative colitis, Colifoam is as effective as steroid enemas. At the same time it has been shown that patients find the foam easier to retain.^{1,2}

PATIENTS PREFER IT Colifoam is far more comfortable, more convenient and more acceptable than enemas. Patients also find it easier to administer and that it causes less interference in their daily lives.

IT COSTS LESS Surprisingly, despite the fact that it's just as effective and far more comfortable, Colifoam is less expensive. In fact, it can cost up to 1/3 less per dose than a standard proprietary enema.³

IT'S SAFER

Recent clinical data shows Colifoam has extremely low levels of systemic absorption,⁴ lower than proprietary prednisolone enemas.⁵ Therefore, there is less potential for adrenal suppression which means that Colifoam may be considered safer in long-term use.

COLIFOAM

hydrocortisone acetate enema foam

IN DISTAL INFLAMMATORY BOWEL DISEASE. THE BEST CHOICE EVERY TIME.

Presentation White odourless aerosol foam containing hydrocortisone acetate PhEur 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 with every pack). Satisfactory response usually occurs within five to seven days. **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. **Pharmaceutical precautions** Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Do not refrigerate. Shake vigorously before use. Keep out of reach of children. For external use only. **Legal category POM. Package quantities** Aerosol canister containing 25g (approx. 14 applications). **Basic NHS cost** 25g plus applicator, £7.40. **Further Information** One applicatorful of Colifoam provides a dose of approximately 125mg of hydrocortisone acetate, similar to that used in a retention enema, for the treatment of ulcerative colitis, sigmoiditis and proctitis. **Product Licence** No. 0036/0021. **References** 1. Ruddell WSJ, et al. Gut 1980; 21: 885-889. 2. O'Donoghue D. Modern Medicine, December 1981; 45. 3. Source: Mims. 4. Barr WH, Kline B, Beightol L, Zfass A. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document October 1981. 5. Lee DAH, et al. Gut 1980; 21: 215-218. Further information is available on request. **Stafford-Miller Ltd.**, Professional Relations Division, Hatfield, Herts. AL10 0NZ.

Gastrozepin is a selective antimuscarinic agent which provides balanced control of gastric secretion without markedly affecting other peripheral receptor sites. This gastro-selective action means that, in practice, Gastrozepin is a well-tolerated drug which heals peptic ulcers.

Gastrozepin DOES NOT . . .

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For the treatment of peptic ulcer

Twice daily


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pirenzepine



The gastro-selective
anti-secretory

Prescribing Information: **Presentation:** White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score, and "50" on the other. The obverse is impressed with the symbol . **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal ulcers. **Dosage:** 50 mg at bedtime and in the morning before meals. In severe cases the total daily dose may be increased to 150 mg in divided doses. Continuous therapy may be recommended for up to three months. **Contra-indications, Warnings etc:** Interaction with sympathomimetics and monoamine oxidase inhibitors and Gastrozepin is a theoretical possibility. Gastrozepin is not recommended during pregnancy although in animal

experiments no teratogenic effects were noted. Breast milk concentration after therapeutic doses is unlikely to affect the infant. **Side effects:** occasionally transitory dry mouth and accommodation difficulty may occur. Treatment of overdosage: entirely symptomatic. There is no specific antidote. **Basic NHS price:** 50 mg tablets, 60 £20 50. **Product Licence No.:** 50 mg tablets, PL0014/0260

 Further information is available on request
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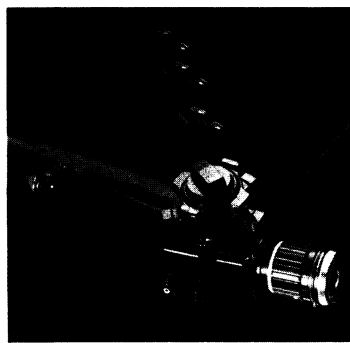
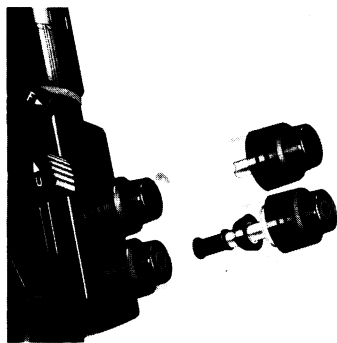
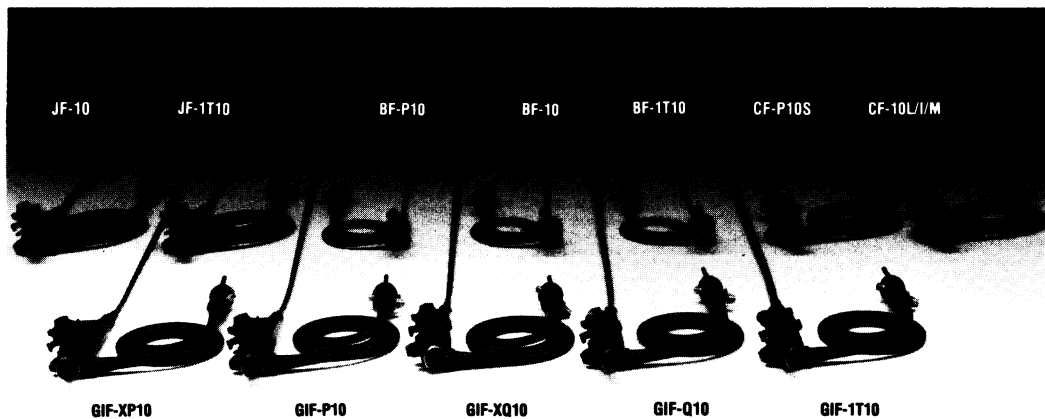
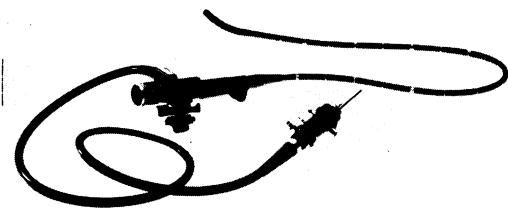
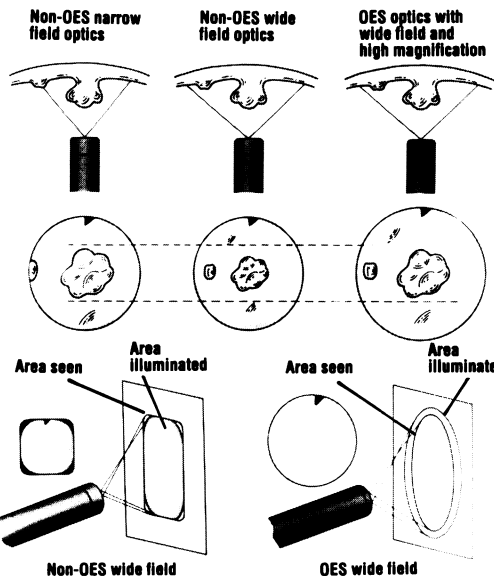
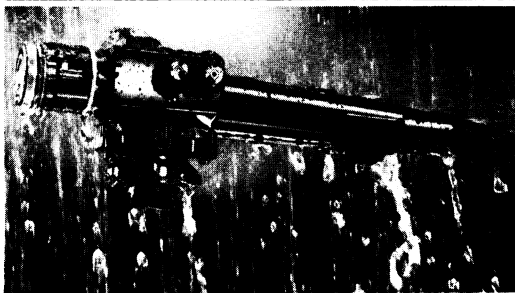
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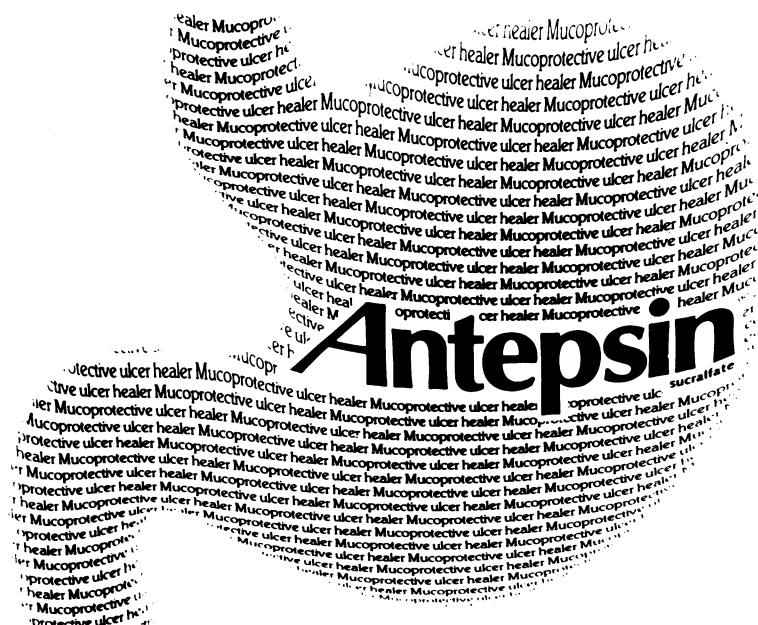
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Antepsin[®]

Sucralfate

Mucoprotective ulcer healer



Non-systemic action

Fast pain relief
Excellent healing rates

Prolonged remission
Low incidence of side effects

Prescribing Information

Presentation Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and embossed 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate. **Uses** For the treatment of duodenal ulcer, gastric ulcer and chronic gastritis. **Dosage and Administration** For oral administration. **Adults** - Usual dose 1 gram 4 times a day. Maximum daily dose 8 grams. Four to six weeks treatment is usually needed for ulcer healing but up to twelve weeks may be necessary

in resistant cases. Antacids may be used as required for relief of pain. **Contra-indications, Precautions, Warnings, etc.** **Contra-indications** There are no known contra-indications. **Precautions** 1. Concomitant administration with some oral anti-infectives such as tetracyclines may interfere with absorption of the latter. 2. The product should only be used with caution in patients with renal dysfunction. 3. As with all medicines, Antepsin should not be used in early pregnancy unless considered essential. **Side Effects** A low incidence of mild side effects, e.g. constipation, has been reported.

Legal Category POM. **Package Quantities** Antepsin 1 gram - Securitainers of 100. **Pharmaceutical Precautions** No special requirements for storage are necessary. **Product Licence Numbers** PL No. 0607/0045 PA No. 149/4/2. **Basic N.H.S. Price** Average daily cost 50p.



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The first
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longer lasting

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Product Licence Nos PL 0508/0011 (dyed) PL 0508/0012 (clear)

TECHNICAL DATA OVERLEAF

DATA SHEET

PDS* (Polydioxanone) Sterilised Absorbable Synthetic Suture

Presentation

PDS (Polydioxanone) Monofilament Synthetic Absorbable Suture is prepared from the polyester poly (p-dioxanone). The empirical molecular formula of the polymer is $(C_4H_6O_3)_n$. PDS (Polydioxanone) sutures are coloured by adding D & C violet No 2 during polymerisation. These sutures may also be manufactured undyed (clear). PDS (Polydioxanone) sutures are relatively inert, non-antigenic, non-pyrogenic and elicit only a mild tissue reaction during absorption.

Action

Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Data obtained from implantation studies in rats show that, at two weeks post implantation, approximately 70% of the suture strength is retained whilst at four weeks the strength retention is approximately 50%. At eight weeks approximately 14% of the original strength remains. *This indicates a significantly longer period of wound support than previously available with an absorbable suture.*

The absorption or loss of mass is minimal until about the 90th post implantation day and is essentially complete within six months.

Uses

PDS (Polydioxanone) monofilament sutures are intended for use where an absorbable suture or ligature is indicated. They may have particular application where longer wound support is required. See strength retention data above.

Dosage and Administration

By implantation

Contraindications, Warnings, etc

These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

As with all monofilament synthetic sutures, care should be taken to ensure proper knot security.

Conjunctival, cuticular and vaginal mucosal sutures could cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of PDS (Polydioxanone) sutures in neural and cardiovascular tissue have not yet been established. The use of this material in the renal tract is currently under investigation.

Pharmaceutical Precautions

Do not resterilise.

Legal Category P

Pharmacy medicine sold to surgeons and hospitals through surgical dealers.

Package Quantities

The gauge range initially available will be 0.7 metric (6/0) to 4 metric (1). Various lengths of material attached to non traumatic stainless steel needles are packaged in sealed aluminium foil sachets.

This primary pack is contained in a peel-apart secondary pack. The unit of sale is 24 packs contained in a film wrapped drawer style carton.

Further Information

No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

Product Licence Nos PL 0508/0011 (dyed)
PL 0508/0012 (clear)

Br Pat No 1 540 053

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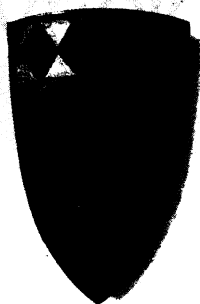
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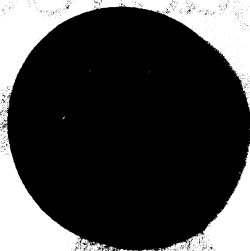
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An 88% healing rate in 12 weeks⁷ has been reported. Studies also confirm that CAVED-S offers comparable efficacy to cimetidine in healing gastric ulcers⁷ and comparable efficacy to ranitidine in healing duodenal ulcers.⁶

REFERENCES:

1. Van Marle J, Aarsen PN, Lind A, et al: Deglycyrrhizinated liquorice (DGL) and the renewal of rat stomach epithelium. *Eur J Pharmacol* 72:219-225, 1981.
2. Cooke WM, Baron JH: Metabolic studies of deglycyrrhizinated liquorice in two patients with gastric ulcer. *Digestion* 4:264-268, 1971.
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4. Morgan JH, Nelson LM, Russell RI, et al: The effect of deglycyrrhizinated liquorice on the occurrence of aspirin and aspirin plus bile acid-induced gastric lesions, and aspirin absorption in rats, abstracted.



CAVED-S®
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alum hydrox gel, mag carb, sod bic)

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for peptic ulcers.**



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PRESCRIBING INFORMATION

Presentation:
Brown tablets embossed
'CAVED-S', each containing:
Deglycyrrhizinated Liquorice 380 mg
Dried Aluminum hydroxide gel 100 mg
Magnesium carbonate 200 mg
Sodium bicarbonate 100 mg

Indications:
For the treatment of peptic ulcer
and other allied conditions.
Dosage and Administration:
Adult dose for gastric ulcer:
2 tablets 3 times a day between meals.

Adult dose for duodenal ulcer:
Increase to 2 tablets 6 times a day
between meals when necessary.

Prophylactic dose:
Gastric ulcer:
1 tablet 3 times a day, between meals.
Duodenal ulcer:
2 tablets 3 times a day, between meals.
Children's dosage 10-14 years:
half adult dose.

The tablets should be lightly chewed
and swallowed with a drink of water,
but in exceptional cases of objection to
taste, the tablets should be broken into
a few pieces and then swallowed with a drink of
water. No additional antacids are necessary.

Contra-indications, warnings, etc:
Rare cases of mild diarrhoea can occur. No other
side-effects have been reported.

CAVED-S should be used with caution
in pregnancy.

Basic NHS Price:
60's—£2.83
240's—£10.12
600's—£22.76
PL0424/5000.



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Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

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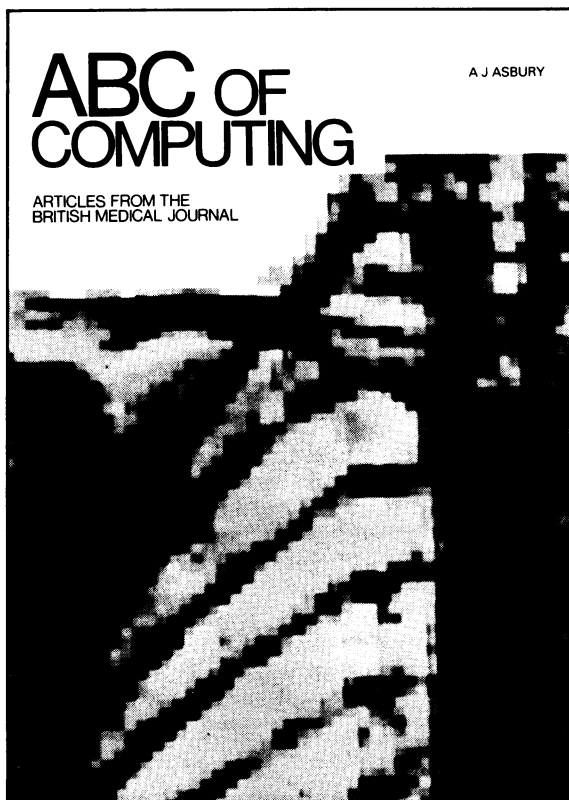
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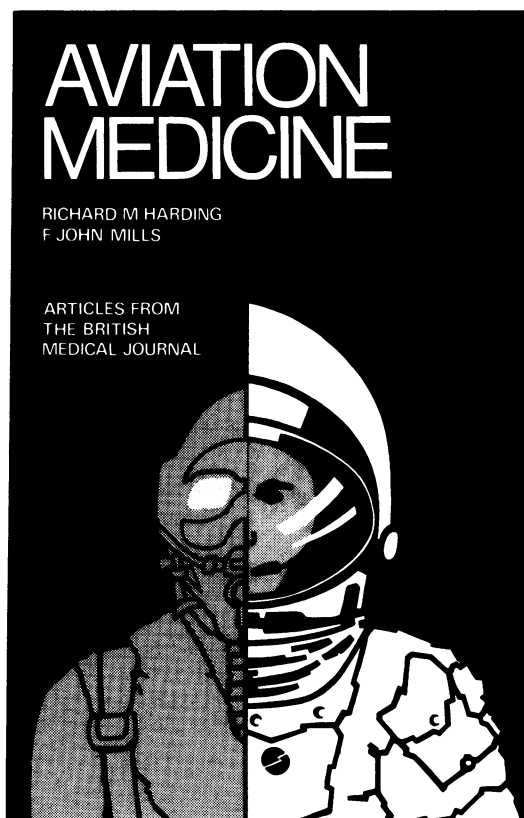
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