

In peptic ulcer therapy the search ends here

INPUT DATA

- Effective ulcer healing
- Prolonged ulcer free period
- Rapid symptomatic relief
- Non-systemic mode of action
- Minimal incidence of side-effects and drug interactions



Prescribing Information

Presentation: Antepsin Tablets 1 gram are white, oblong, biconvex, uncoated tablets scored and engraved 1239 on one side and Ayerst on the other. Each tablet contains 1 gram sucralfate, a basic aluminium salt of sucrose octasulphate. **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 to be taken one hour before meals and at bedtime. 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, but should not be taken half an hour before or after Antepsin. Elderly - There are no special dosage requirements for elderly patients but as with all medicines the lowest effective dose should be used. Children - Safety and effectiveness in children have not been established. **Contra-Indications, Precautions, Warnings, etc.** **Contra-indications:** There are no known contra-indications. **Precautions:** 1. The product should only

be used with caution in patients with renal dysfunction. 2. Although animal reproductive studies show no evidence of foetal malformations, safety in pregnant women has not been established and Antepsin should be used during pregnancy only if clearly needed. 3. It is not known whether this drug is excreted in human milk. Caution should be exercised when Antepsin is administered to a nursing woman. **Drug Interactions:** Concomitant administration of Antepsin may reduce the bio-availability of certain drugs as has been observed in animal studies with tetracycline, phenytoin and cimetidine, and in human studies with digoxin. Administration of Antepsin with any of these drugs should be separated by two hours. Since Antepsin may hinder warfarin absorption, caution should be exercised when these two drugs are used together. **Side Effects:** A low incidence of mild side effects, e.g. constipation, has been reported. **Overdosage:** There is no experience in humans with overdosage. Acute oral toxicity studies in animals, however, using doses up to 12g/kg body weight, could not find a lethal dose. Risks associated with

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

*ANTEPSIN is a registered trade mark
Further information is available on request to the Company
Date of preparation January 1985



Ayerst International

Ayerst Laboratories Ltd.
South Way, Andover, Hampshire SP10 5LT
Telephone: Andover (0264) 58711

Distributors in Ireland: Ayerst Laboratories Ltd.
765 South Circular Road, Islandbridge, Dublin 8

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 . . .

- rely on acid reduction alone
- rely on pepsin reduction alone
- rely on mucosal protection alone
- profoundly affect intragastric pH

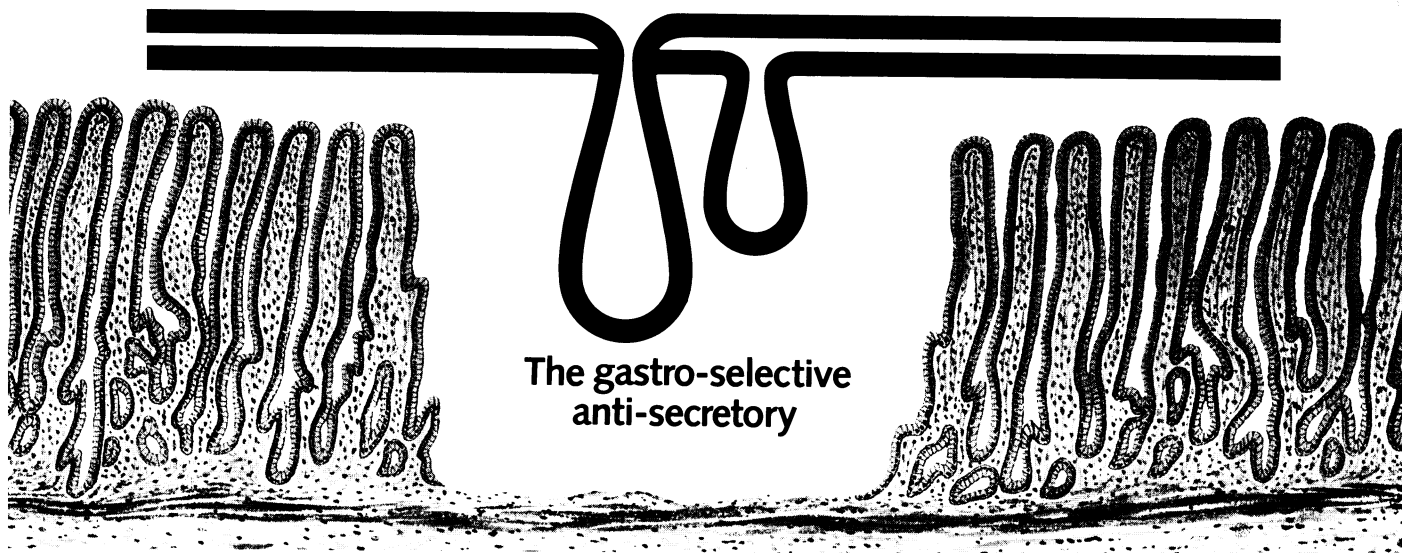
Gastrozepin DOES . . .

- relieve daytime pain
- relieve night-time pain
- reduce antacid intake
- heal peptic ulcers with one 50 mg tablet b.d.


For the treatment of peptic ulcer

Twice daily


GASTRO SELECTIVE
Gastrozepin[®]
pirenzepine



The gastro-selective
anti-secretory

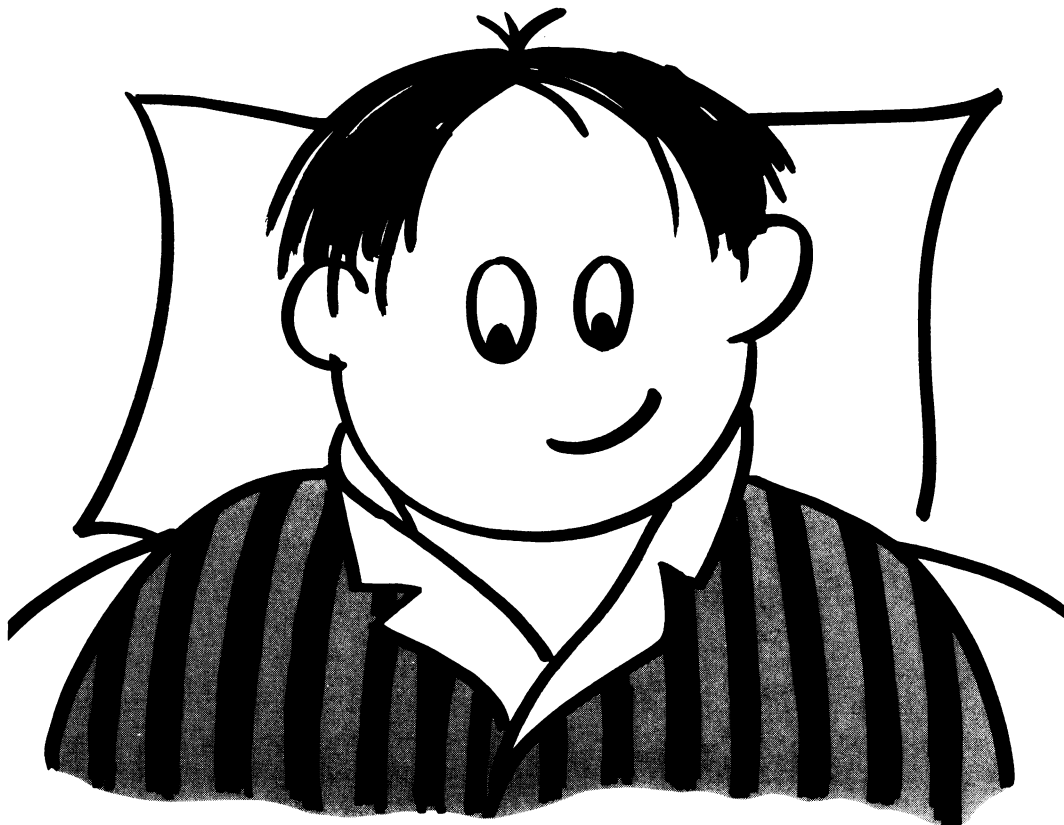
Prescribing Information: Presentation: White tablets each containing 50 mg of pirenzepine dihydrochloride scored on one face with "G" on one side of the score and "50" on the other. The obverse is impressed with the symbol . **Uses:** Gastrozepin is indicated in the treatment of gastric and duodenal 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
The Boots Company PLC Nottingham

Gastrozepin[®] Trade Mark

EASY EXAMINATIONS WITH NUBAIN* ANALGESIA



- ☐ strong, effective non-MDA analgesic, suitable for use during endoscopy or colonoscopy and radiological and gynaecological investigations
- ☐ "ceiling" effect to respiratory depression reduces risks associated with opioid use¹
- ☐ minimal effect on cardiac haemodynamics when used during catheterization²
- ☐ allows more accurate diagnosis of bile duct and gut obstructions due to minimal interference with function³ and motility⁴



NUBAIN*
nalbuphine hydrochloride

Effective, comfortable
analgesia during clinical
investigations

Prescribing Information

Presentation: Nubain* Injection, 20mg of nalbuphine hydrochloride in 2ml ampoules.
Uses: For the relief of moderate to severe pain.

Dosage and Administration: 10-20mg for a 70kg individual, adjusted according to the severity of pain, physical status of the patient and concomitant medications. Nubain is not recommended for children.

Contra-Indications: Hypersensitivity to Nubain.

Precautions and Warnings: Use with care in known and potential opioid abusers. Also care in active patients who may drive or operate machinery. Caution in patients with impaired respiration. Safety for use in myocardial infarction is not yet established. Caution and dose reduction in patients with impaired renal or hepatic function. Safe use not established in pregnancy and in conditions of raised intracranial pressure. Abrupt discontinuation of chronic therapy may produce withdrawal symptoms.

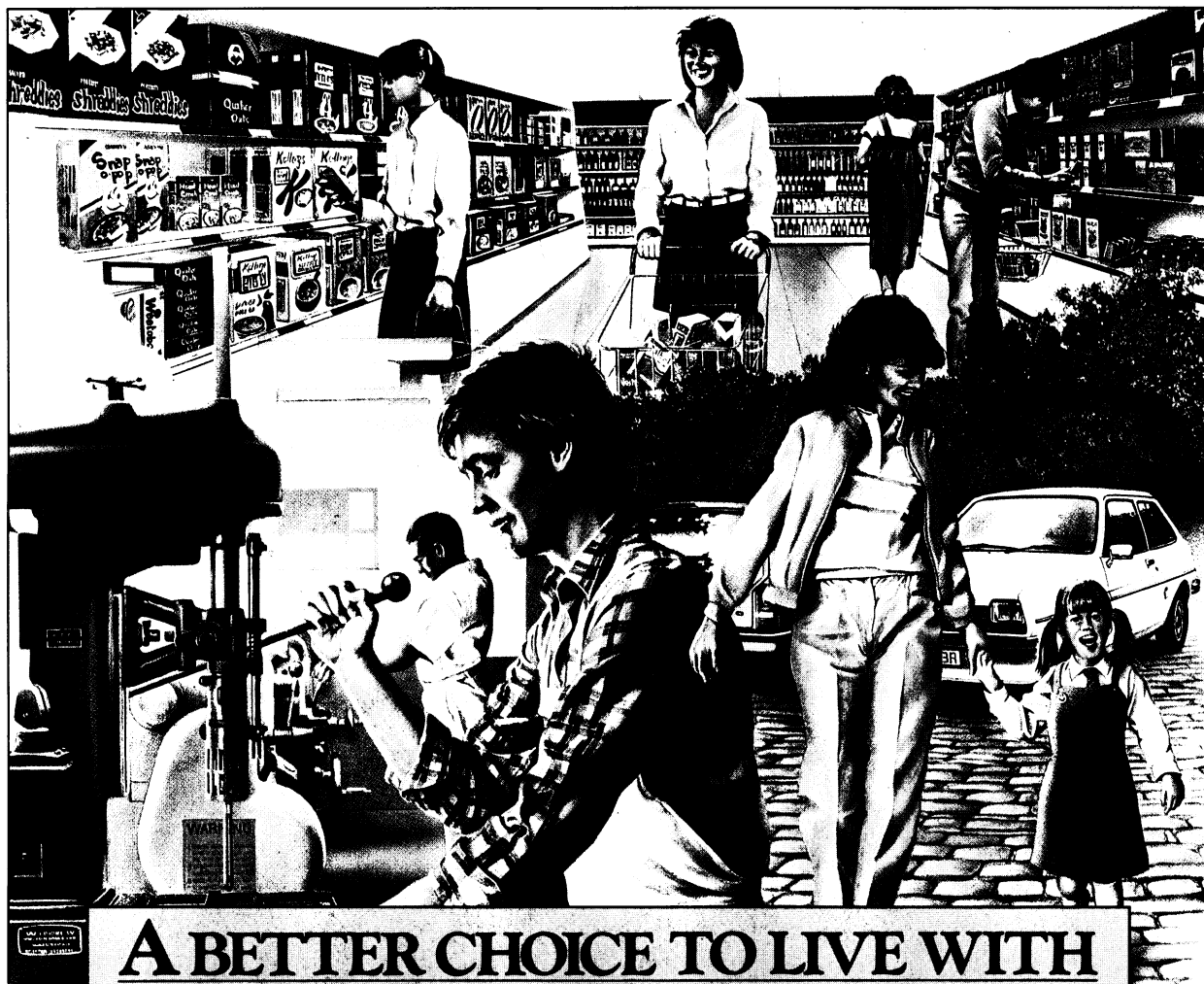
Side Effects: The most frequent reaction is sedation. Also sweating, nausea, vomiting, dizziness, dry mouth, vertigo and headache and other opioid effects may occur.

Product Licence No.: 4524/0003. **NHS Price:** £11.60 per box of 10 x 2ml ampoules.

References: 1. Julien RM. Effects of nalbuphine on normal and oxymorphone – depressed ventilatory responses to carbon dioxide challenge. *Anaesthesiology* 1982; 57: No 3A. 2. Fahmy NR, Sunder N, Soter NA. A comparison of histamine releasing properties and hemodynamic effects of morphine and nalbuphine in humans. *Anesth Analg* 1984;63:175. 3. Vatahsky E, Haskel Y. The effect of nalbuphine (Nubain®) compared to morphine and fentanyl on common bile duct pressure. *Curr Ther Res* 1985;37:1:95-102. 4. Shah M, Rosen M, Vickers MD. Effect of premedication and diazepam, morphine or nalbuphine on gastrointestinal motility after surgery. *Br J Anaesth* 1984;56: 1235-8. Further information is available on request from Du Pont (UK) Limited, Pharmaceuticals, Wedgwood Way, Stevenage, Hertfordshire SG1 4QN. Telephone: (0438) 734549.

Nubain* is a registered trade mark of E.I. du Pont de Nemours and Co. Inc.

Du Pont Pharmaceuticals 



A BETTER CHOICE TO LIVE WITH THROUGH THE DAY

A new trial⁽¹⁾ has shown that COLIFOAM is equal in efficacy to prednisolone enemas, but causes significantly less interference in your patients' daily lives. Published evidence now conclusively demonstrates the clear superiority of COLIFOAM compared to liquid enemas:

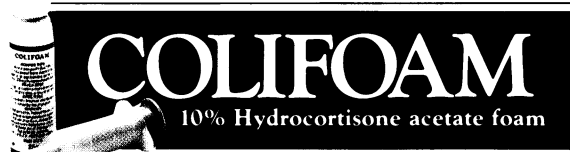
Efficacy. COLIFOAM is equal in efficacy to prednisolone enemas⁽¹⁾ and hydrocortisone enemas⁽²⁾. Retrograde spread increases with the extent of the disease⁽³⁾ and COLIFOAM can

reach well into the descending colon⁽⁴⁾.

Acceptability. COLIFOAM causes less interference with your patients' daily lives^(1,2,5). COLIFOAM is far easier for your patients to retain^(1,2,5).

Safety. Bioavailability data proves COLIFOAM has extremely low levels of systemic absorption⁽⁶⁾, lower than prednisolone enemas⁽⁷⁾.

Economy. COLIFOAM costs less per dose than standard proprietary enemas⁽⁸⁾.



In distal inflammatory bowel disease. A better choice every time.

References (1) Somerville KW et al. British Medical Journal 1985;291:866. (2) Ruddell WS et al. Gut 1980;21:885-889. (3) Farthing MCG et al. British Medical Journal 1979;2:822-824. (4) Rhodes JM. Journal of Clinical & Hospital Pharmacy 1983;8:219-232. (5) Gaucher P and Champigneulle B. Revue Française de Gastroenterologie 1983;193:35-39. (6) Barr WH et al. Medical College of Virginia/Virginia Commonwealth University. FDA bioavailability submission document. October 1981. (7) Lee DAH et al. Gut 1980;21:215-218. (8) MIMS October 1985.

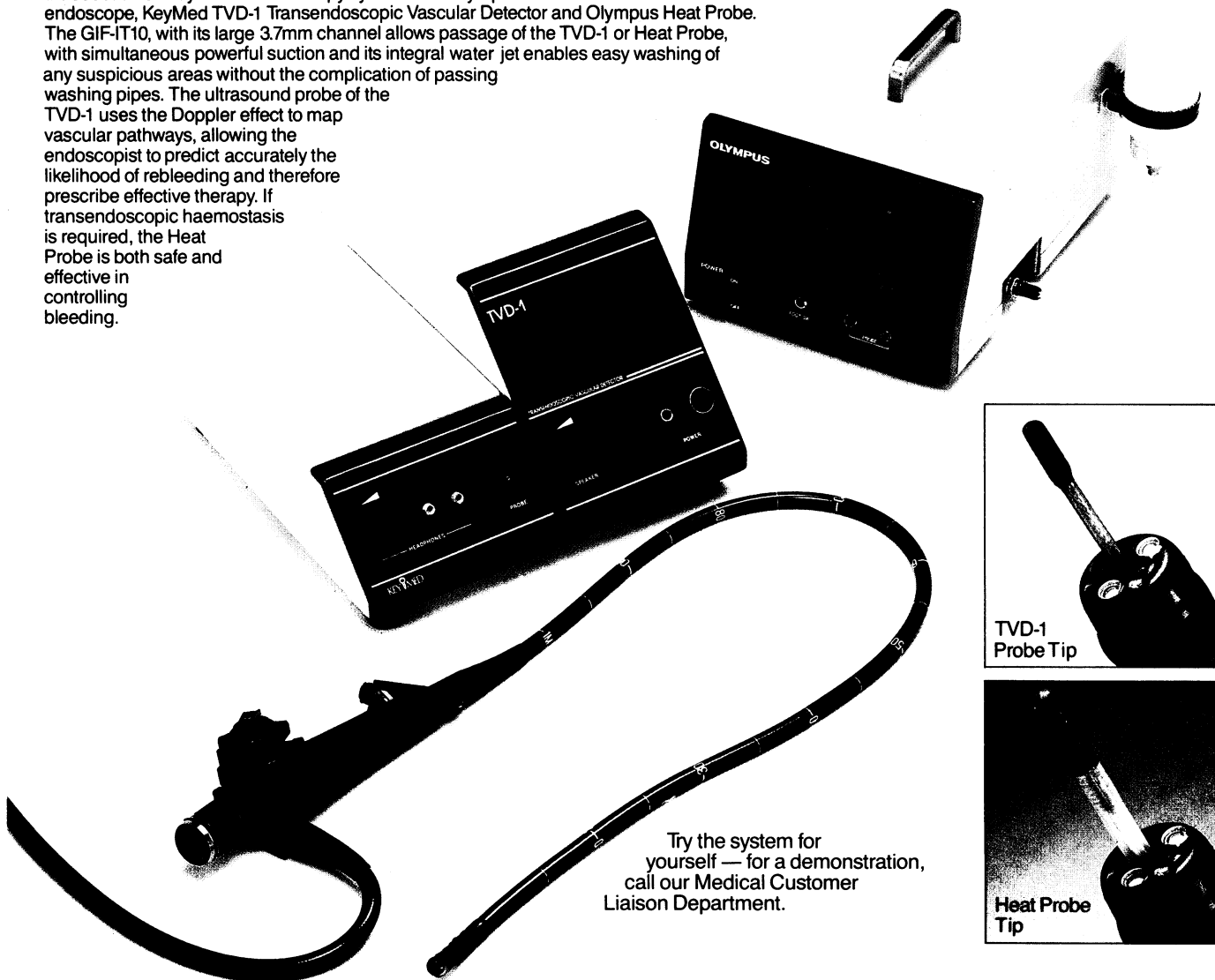
Prescribing Information. **Presentation** White odourless aerosol foam containing hydrocortisone acetate PhEur 10%. **Uses** Anti-inflammatory corticosteroid therapy for the topical treatment of ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration** One applicatorful 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) plus a plastic applicator and illustrated leaflet. **Basic NHS cost** 25g plus applicator, £7.25. **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. Further information is available on request. **Stafford Miller Ltd.**, Professional Relations Division, Hatfield, Herts. AL10 0NZ.

Therapeutic Endoscopy

Upper GI bleeders

Effective, safe and appropriate therapy for ALL patients

The management of upper GI bleeders has been dramatically improved with the introduction of KeyMed's new therapy system - the Olympus GIF-IT10 OES OGD endoscope, KeyMed TVD-1 Transendoscopic Vascular Detector and Olympus Heat Probe. The GIF-IT10, with its large 3.7mm channel allows passage of the TVD-1 or Heat Probe, with simultaneous powerful suction and its integral water jet enables easy washing of any suspicious areas without the complication of passing washing pipes. The ultrasound probe of the TVD-1 uses the Doppler effect to map vascular pathways, allowing the endoscopist to predict accurately the likelihood of rebleeding and therefore prescribe effective therapy. If transendoscopic haemostasis is required, the Heat Probe is both safe and effective in controlling bleeding.



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HEALING POWER WHEN IT'S NEEDED MOST IN DUODENAL ULCER



Acid attack at night is now known to be one of the most important factors in the formation of duodenal ulcers.

'Tagamet' 800 mg at bedtime effectively controls this damaging nocturnal acid without disturbing the patient's normal daytime gastric physiology.

One 'Tagamet' 800 mg tablet at bedtime for four weeks is the recommended healing regimen for all duodenal ulcer patients.

And the results are impressive...

'Tagamet' 800 mg completely healed 79 per cent

of duodenal ulcers in four weeks and 96 per cent in eight weeks¹ whilst providing prompt and effective relief from both daytime and night-time pain.

With 'Tagamet' 800 you can offer your patients healing power precisely when it's needed.

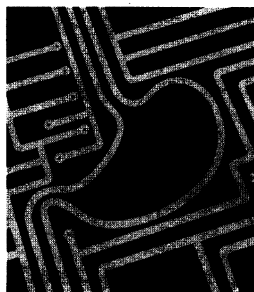
TAGAMET **CIMETIDINE 800**

One tablet at bedtime for four weeks

Reference 1. Lambert R. In: 'Tagamet.' New Dimensions. A Symposium Proceedings. XII Int Cong Gastroenterol, Lisbon, 1984;15-23.

Prescribing Information. Presentations 'Tagamet' Tablets, each containing 800 mg cimetidine (PL 0002/0128: 28 tablets, £15.78) or 400 mg cimetidine (PL 0002/0092: 56 tablets, £16.61). 'Tagamet' Syrup, containing 200 mg cimetidine per 5 ml (PL 0002/0073: 500 ml, £19.20).

Indication Duodenal ulcer. **Dosage** Usual dosage: Adults. Duodenal ulcer, 800 mg once a day at bedtime, or 400 mg b.d. with breakfast and at bedtime. To prevent relapse, 400 mg at bedtime or 400 mg morning and at bedtime. **Elderly:** As above unless markedly impaired renal function. **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. Potential delay in diagnosis of gastric cancer (see Data Sheet). Care in patients with compromised bone marrow (see Data Sheet). Avoid during pregnancy and lactation. **Adverse reactions** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, acute pancreatitis, thrombocytopenia, headache, myalgia, arthralgia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 4.3.85. Smith Kline & French Laboratories Limited, Welwyn Garden City, Hertfordshire AL7 1EY. © 1985 Smith Kline & French Laboratories Limited. 'Tagamet' is a trade mark.

SK&F 

The Focus of Medical Technology.



As the medical profession searches tirelessly for the means to further the investigation and treatment of conditions which have so far eluded it, there is one company motivated towards helping achieve that end.

The company is Pilkington Medical Systems. Their expertise in electro-optical systems as manufacturers of medical lasers and

endoscopes combined with the considerable **research and development** capability has positioned them as one of the world's foremost medically innovative companies.

So, as the world looks for the next healthcare breakthrough, the medical profession can look to Pilkington Medical Systems

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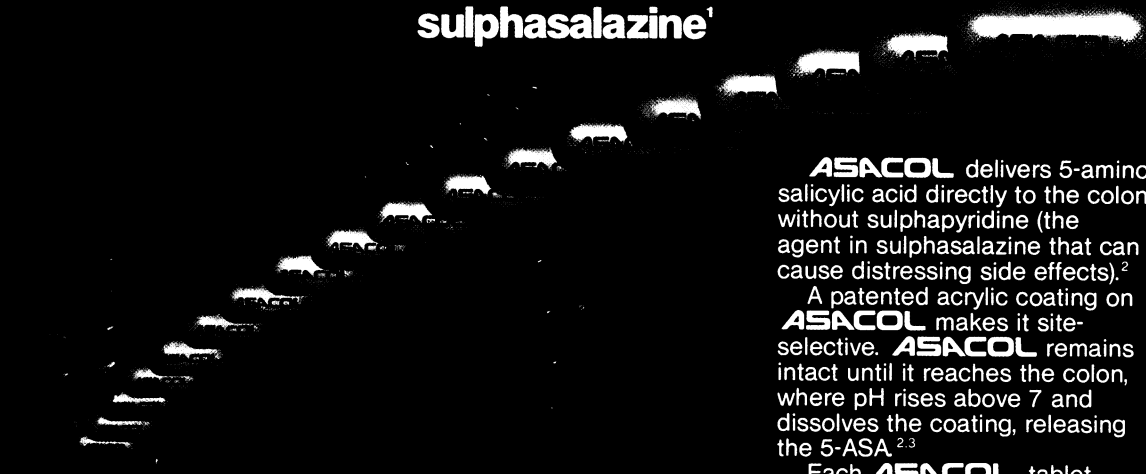
The Focus of Medical Technology.

ASACOL™

(MESALAZINE)*

Direct delivery to the colon

For ulcerative colitis patients
who cannot tolerate
sulphasalazine¹



ASACOL delivers 5-amino salicylic acid directly to the colon without sulphapyridine (the agent in sulphasalazine that can cause distressing side effects).²

A patented acrylic coating on **ASACOL** makes it site-selective. **ASACOL** remains intact until it reaches the colon, where pH rises above 7 and dissolves the coating, releasing the 5-ASA.^{2,3}

Each **ASACOL** tablet provides twice as much 5-ASA (400mg) as each tablet of sulphasalazine (200mg), which allows patients to take fewer tablets daily.

Clinical studies have shown that **ASACOL** is as effective as sulphasalazine in maintaining remission of ulcerative colitis.^{4,5}

ASACOL™

Direct Delivery to the Colon

REFERENCES:

1. Dew M J, Hames A D, Eavis B K, et al. Treatment of ulcerative colitis with the 5-aminosalicylic acid preparation, 2-aminobenzoyl sulphasalazine. *Lancet* 1983; **1**: 907.
2. Dew M J, Hughes R J, Lee M G, et al. A new preparation to release 5-ASA in the human colon. *Br J Clin Pharmacol* 1982; **13**: 455-459.
3. Dew M J, Hyde R E J, Eavis B K, et al. Colon release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol* 1983; **15**: 165-167.
4. Dew M J, Hughes R J, Hames A D, et al. Maintenance of remission in ulcerative colitis with a preparation of 5-aminosalicylic acid. *Br Med J* 1982; **285**: 1012-1014.
5. Dew M J, Hames A D, Eavis B K, et al. Maintenance of remission in ulcerative colitis with 5-aminosalicylic acid in a new dosage form. *Br Med J* 1993; **307**: 23-24.

ABBREVIATED PRESCRIBING INFORMATION

PRESENTATION

Tablets, each containing 400mg of mesalazine (5-aminosalicylic acid) coated with an acrylic polymer, in a blister pack of 100.

USES

For the maintenance of remission of ulcerative colitis in patients who are in remission of ulcerative colitis.

DOSAGE AND ADMINISTRATION

Adults: 400mg twice daily, with food or after meals.
*Do not crush or chew tablets.

CONTRA-INDICATIONS, WARNINGS, ETC.

Contra-indications

Patients with severe renal or hepatic impairment should avoid.

Precautions

Patients should be warned that mesalazine is absorbed rapidly by the kidney, mainly via the tubules, to the majority of body organs, and in this way, mesalazine is not directed intracolonally to produce local and systemic activity. After systemic availability has been reported in patients taking Asacol, it is not recommended in patients with renal impairment and caution should be exercised in patients with a history of renal or hepatic impairment.

Asacol should not be given with lactulose or similar preparations which lower stool pH and may prevent release of mesalazine.

Adverse Reactions

Adverse reactions occur in a small proportion of patients who previously could not tolerate sulphasalazine. The side-effects are predominantly gastrointestinal (nausea, diarrhoea and abdominal pain) and headache. Asacol may be associated with the exacerbation of the symptoms of colitis in those patients who have previously had such problems with sulphasalazine.

Other side effects observed with sulphasalazine such as depression of bone marrow, and of sperm count and function, have not been reported with Asacol.

LEGAL CATEGORY: POM

PL: 0424/0032

Daily treatment cost: 87 pence

U.K. Patent No. 8322387

*Mesalazine is the British Approved Name for 5-aminosalicylic acid.

Henlow Trading Estate
Henlow, Beds. SG16 6DS

Therapeutic Endoscopy Specifically

NEW Olympus TJF-10 OES duodenoscope for advanced biliary therapy.

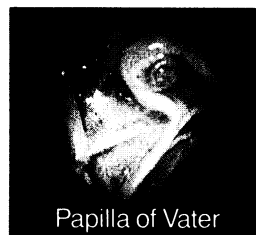
4.2 mm channel for 12Fr stents and effective lithotripsy.

The TJF-10 opens up new horizons in biliary therapy. The ultra-large channel means a wide range of accessories can be used, including many new devices for biliary drainage and stone destruction currently under development.

The retro-viewing optical system, with its large, clear images, allows easier placement of therapeutic devices, and unparalleled photographic and CCTV results.

All channels are accessible for thorough cleaning and the entire instrument can be fully immersed in disinfectant — of paramount importance for both improving the instrument's reliability and reducing the risk of patient infection.

Try it for yourself — for a demonstration, contact our Medical Customer Liaison Department.



Papilla of Vater



12 Fr stent

Specification

Outer diameter	12.5mm
Channel diameter	4.2mm
Angulation	120° up/90° down 110° right/90° left
Working length	1240mm
Field of view	80°
Direction of view	Side viewing, 5° retro



OLYMPUS

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Created by Nature. Proven by Science.

For relief of irritable bowel and abdominal pain



The unique enteric-coated Colpermin capsule is a long-acting, slow-release product containing a thixotropic paste of peppermint oil. The enteric coating permits this naturally occurring medication to be delivered direct to the distal small bowel. Recent studies confirm that Colpermin offers direct relief to the patient by effectively relaxing intestinal smooth muscle to relieve colonic pain and gaseous distension.

- Irritable bowel symptoms are highly responsive to placebo, but in a recent double-blind cross-over trial, Colpermin was found to be superior to placebo in alleviating irritable bowel symptoms over a three-week period.¹

- A delayed-release preparation, Colpermin reaches the colon in an unmetabolised state, allowing it to effectively reduce colonic motility.²

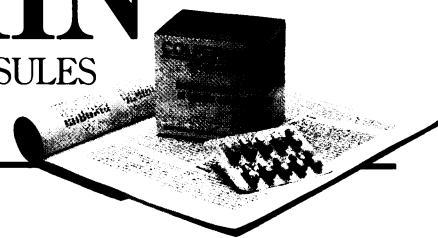
- Recent ultrasound studies show a consistent inhibitory effect of topical peppermint oil on colon motility and symptomatic improvement of irritable bowel patients given peppermint oil.³

References:

1. Rees WDW, Evans BK, Rhodes J: Treating irritable bowel syndrome with peppermint oil. *Br Med J* 2:835-836, 1979.
2. Somerville KW, Richmond CR, Bell GD: Delayed release peppermint oil capsules (Colpermin) for the spastic colon syndrome: A pharmacokinetic study. Proceedings of the British Pharmacological Society, Cambridge, April 1983. *Br J Clin Pharmacol*, to be published.
3. Taylor BA, Duthie HL, Oliveira RB, et al: Ultrasound used to measure the response of colonic motility to essential oils. Proceedings of *The International Motility Symposium* Aix-en-Provence, France, September 1983, to be published.

COLPERMINTM

(enteric-coated peppermint oil) CAPSULES



PRESCRIBING INFORMATION

Presentation: Enteric-coated gelatin capsule. Each 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. **Dosage and Administration:** 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 capsule should not be broken or chewed. 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. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £10.58 per 100. UK and Foreign Patents pending. Colpermin is a trade mark of Tillotts Laboratories. Further information is available from Tillotts Laboratories, Henlow Trading Estate, Henlow, Beds. **European Patent No.** 0015334.

UK Patent No. 2006011.

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Therapeutic Endoscopy

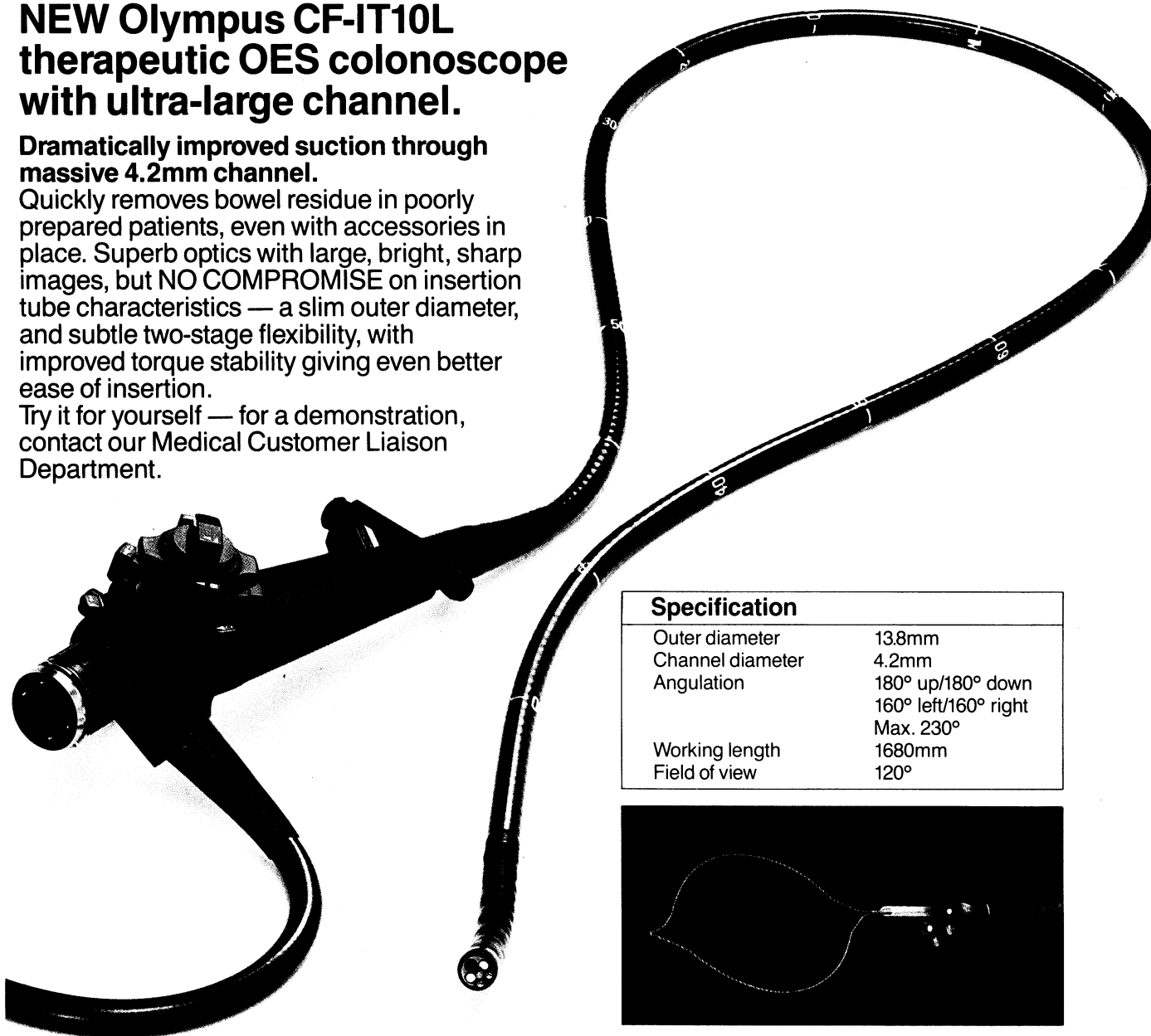
Specifically

NEW Olympus CF-IT10L therapeutic OES colonoscope with ultra-large channel.

Dramatically improved suction through massive 4.2mm channel.

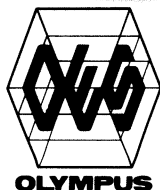
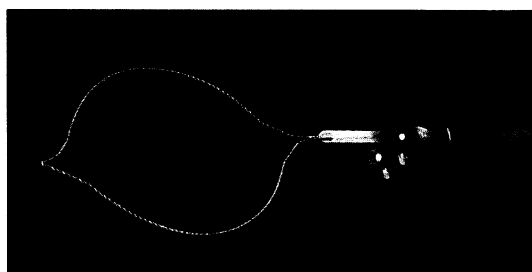
Quickly removes bowel residue in poorly prepared patients, even with accessories in place. Superb optics with large, bright, sharp images, but **NO COMPROMISE** on insertion tube characteristics — a slim outer diameter, and subtle two-stage flexibility, with improved torque stability giving even better ease of insertion.

Try it for yourself — for a demonstration, contact our Medical Customer Liaison Department.



Specification

Outer diameter	13.8mm
Channel diameter	4.2mm
Angulation	180° up/180° down 160° left/160° right Max. 230°
Working length	1680mm
Field of view	120°



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SCANDINAVIAN JOURNAL OF *Gastroenterology*

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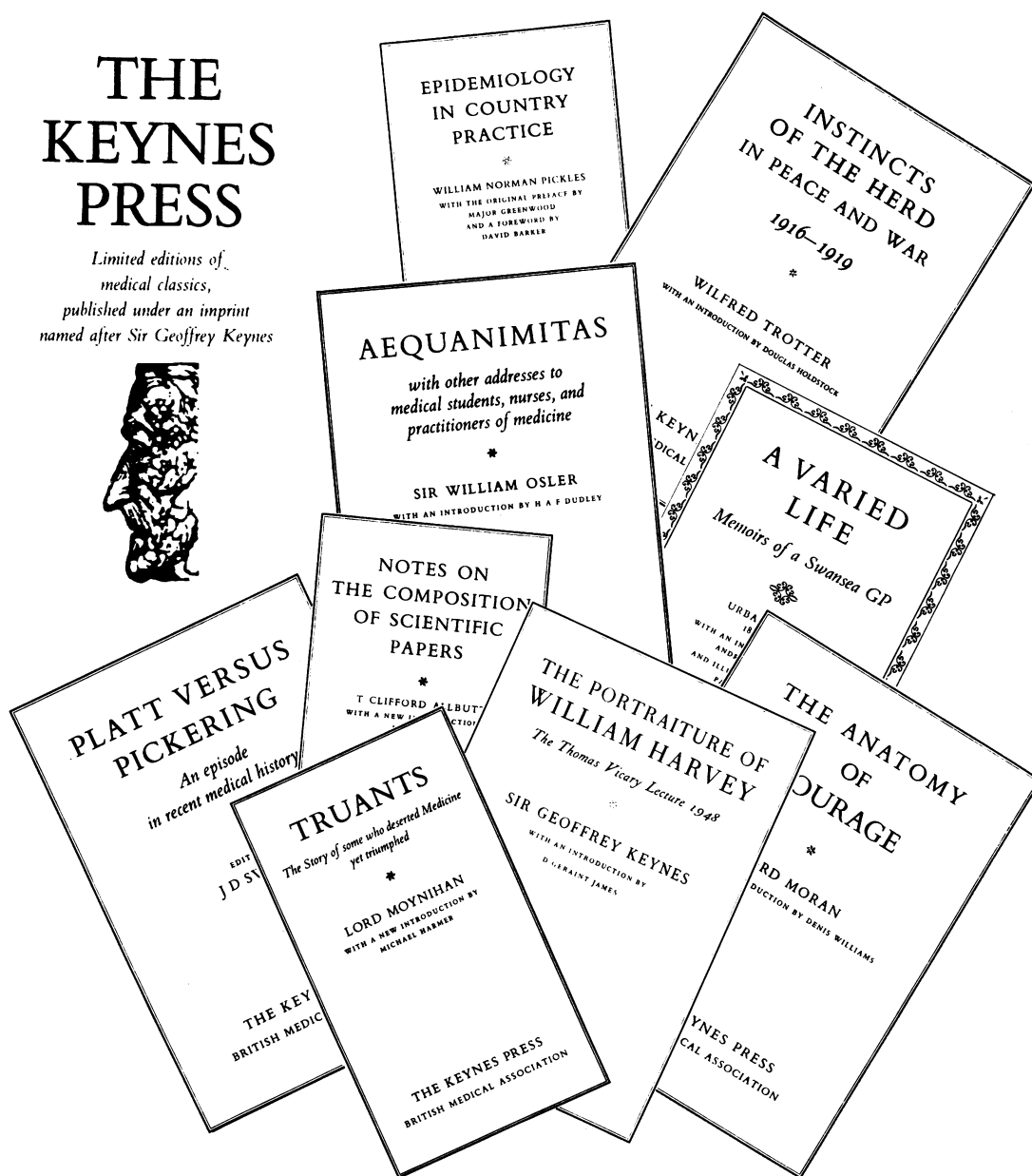
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