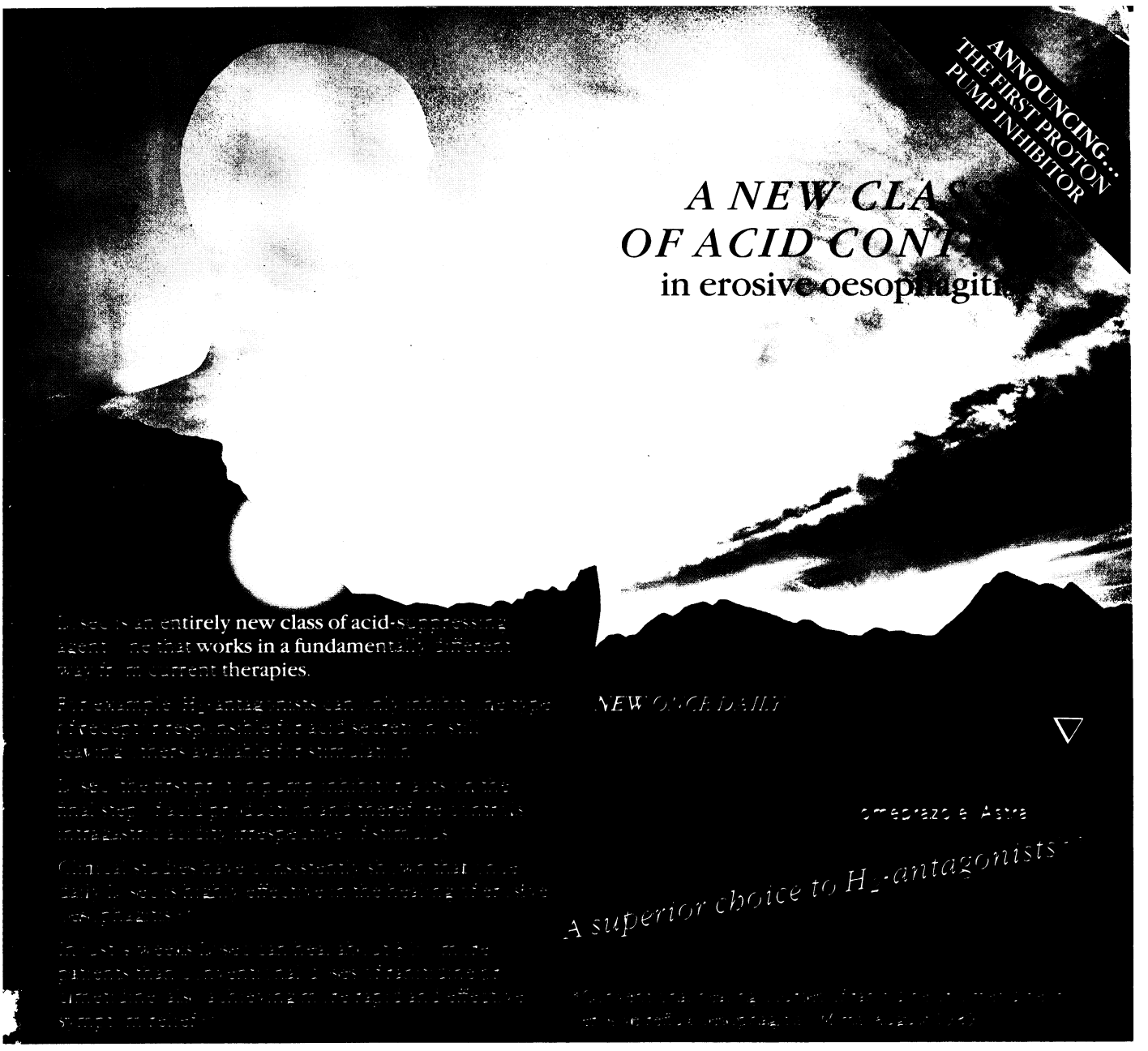


Abbreviated Prescribing Information. ▼ **SPECIAL REPORTING TO CSM REQUIRED**
Presentation: Losec capsules containing 20mg omeprazole. **Indications:** Healing of erosive reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. Treatment of patients with benign peptic ulcers unresponsive to an adequate dose and duration of conventional therapy. Zollinger-Ellison syndrome. **Dosage and Administration:** Adults (including elderly). For erosive reflux oesophagitis 20mg Losec once daily for 4 weeks. If not fully healed, healing usually occurs during a further 4 weeks' treatment. Losec has also been used in a dose of 40mg once daily in patients with reflux oesophagitis refractory to other therapy. Healing usually occurred within 8 weeks. For duodenal ulcer 20mg Losec once daily for 4 weeks. For gastric ulcer 20mg Losec once daily for 8 weeks. In severe cases increase to 40mg Losec once daily. Long-term maintenance treatment with Losec is not recommended. *Zollinger-Ellison syndrome* The recommended initial dosage is 60mg Losec once daily. Adjust individually and continue as long as clinically indicated. Patients are usually effectively controlled on doses of 20-120mg daily. With doses above 80mg daily, the dose should be divided and given twice daily. *Children* There is no experience of the use of Losec in children. *Impaired renal or hepatic function* Adjustment is not required. Patients with severe liver disease should not require more than 20mg Losec daily. **Contra-indications, Warnings, etc:** No known contra-indications to the use of Losec. When gastric ulcer is suspected, the possibility of malignancy should be excluded before treatment with Losec is instituted, as treatment may alleviate symptoms and delay diagnosis. Avoid in pregnancy unless there is no safer alternative. Breast feeding should be discontinued if the use of Losec is considered essential. Losec is well tolerated. Nausea, headache, diarrhoea, constipation and flatulence have been reported but are rare. Skin rashes have occurred in a few patients. These events have usually been mild and transient and there has been no consistent relationship with treatment. Losec can delay the elimination of diazepam, phenytoin and warfarin. Monitoring of patients receiving warfarin or phenytoin is recommended and a reduction of warfarin or phenytoin dose may be necessary when omeprazole is added to treatment. No evidence of an interaction with theophylline, propranolol or antacids. *Animal Toxicology* Gastric ECL-cell hyperplasia and carcinoids, localised to the oxyntic mucosa, have been observed in life-long studies in rats. These changes have been related to sustained hypergastrinaemia. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 4 years. **Pharmaceutical Precautions:** Use within one month of opening. Replace cap firmly after use. Dispense in original containers. **Legal Category:** POM. **Package Quantities and Basic NHS Cost:** Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £30.36. **Product Licence Number:** PL0017 0238. **Product Licence Holder:** Astra Pharmaceuticals Ltd., Home Park Estate, Kings Langley, Herts WD4 8DH.

References
1. Wallmark B et al. IST Atlas of Science: Pharmacology 1987; 1:158-61. 2. Sandmark S et al. Scand J Gastroenterol 1988;**23**:625-32. 3. Zeitoun P et al. Lancet 1987;**1**:1021-2. 4. Bate CM et al. Gut 1989; 30 (Presented at BSG September 1989). 5. Hetzel D J et al. Gastroenterology 1988; **95**:903-12. 6. Havelund T et al. Brit Med J 1988; **296**:89-92. 7. Vantrappen G et al. Dig Dis Sci 1988; **33**:523-9. 8. Lundell L et al. Gastroenterology 1989; **96** (5 pt 2):A510.

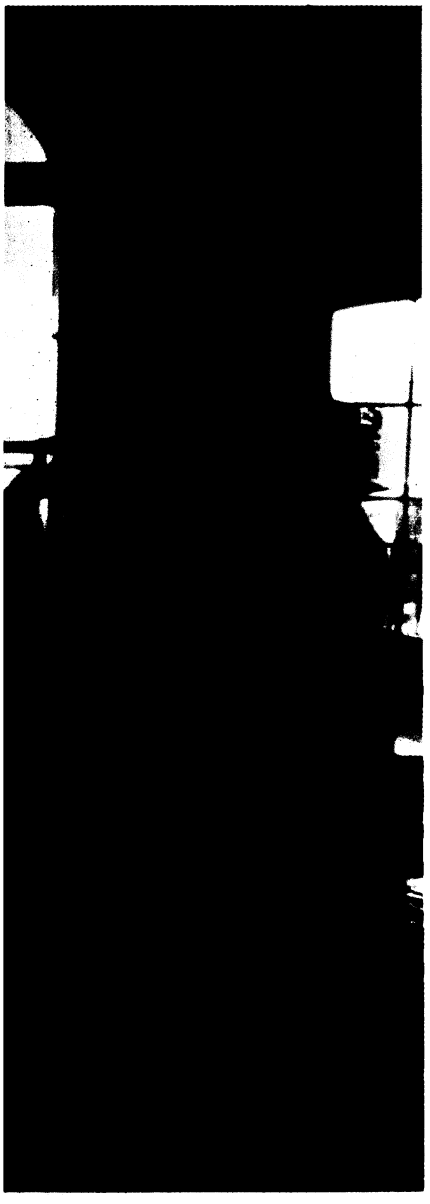
ASTRA

For further information please contact
Astra Pharmaceuticals Ltd
Telephone: (092 77) 66191

Losec is a registered trade mark

FAST W

ORKER



'Pepcid' PM,
working fast to relieve
the pain of ulcers,[1] quickly
restoring the well-being
of many patients.
This rapid relief, together
with fast, effective healing,[2]
is achieved in many patients
with a simple dosage of
just one small 40 mg
tablet at night.

PEPCID® PM 40

(famotidine) *mg*

ONE AT NIGHT CAN MAKE THEIR DAY

SPECIFICALLY DEVELOPED
FOR THE SUPPRESSION OF
NOCTURNAL ACID

PRECAUTIONS Exclude any likelihood of gastric carcinoma before using 'Pepcid' PM. Consider reducing the daily dose if creatinine clearance falls to or below 30 ml/min. 'Pepcid' PM is not recommended in pregnancy, nursing mothers or children.
SIDE EFFECTS Rarely, headache, dizziness, constipation, diarrhoea. Less frequently, dry mouth, nausea, vomiting, rash, abdominal discomfort, anorexia, fatigue.
BASIC NHS COST 20 mg tablets, £14.00 for 28-day calendar pack and £25.00 for bottles of 50. 40 mg tablets, £26.60 for 28-day calendar pack and £47.50 for bottles of 50.
Product Licence Numbers: 20 mg tablets, 0025/0215; 40 mg tablets 0025/0216. Issued March 1989.

▼Special reporting to the CSM required.
®denotes registered trademark of Merck & Co., Inc., Rahway, NJ, USA.

References
1. Rohner, H-G., and Gugler, R., *Amer. J. Med.*, 1986, *81* (Suppl. 4B) 13. 2. Dobrilla, G., *et al.*, *Scand. J. Gastroenterol.*, 1987, *22* (Suppl. 34), 21.

03-90 PCD.89.GB.4086.J.

IT MAKES LIFE WORTH LIVING.

Effective control of ulcerative colitis is only half of Colifoam's success story. As thousands of patients previously managed with aqueous enemas have found, its simplicity and ease of retention has transformed their lives.

Colifoam causes little if any disturbance to their daily routine, and enables patients to enjoy their normal social and outdoor activities!

Equally as effective as steroid enemas,[1,2] Colifoam is now established as the leading treatment for ulcerative colitis.[3] It is also unique among foam treatments with an unrivalled 12 years of proven efficacy and safety in clinical practice.

COLIFOAM
10% Hydrocortisone acetate foam.

The proven choice in ulcerative colitis.

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10%. Uses: 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 pack). 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. Keep out of reach of children. For external use only. Legal category: POM. Package Quantity & Basic NHS cost: 25g canister 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. References 1. Somerville KW et al. British Medical Journal 1985; 291:866. 2. Ruddell WSJ et al. Gut 1980; 21:885-889. 3. Independent Research Audit. Data on File. Further information is available on request. Stafford-Miller Ltd., Professional Relations Division, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

You don't have to go this far to treat acid reflux effectively

Zantac 300

RANITIDINE

The sooner the better

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSAGE:** ADULTS: THE USUAL DOSAGE IS 150MG TWICE DAILY IN THE MORNING AND EVENING. ALTERNATIVELY, PATIENTS WITH DUODENAL ULCERATION, GASTRIC ULCERATION OR REFLUX OESOPHAGITIS MAY BE TREATED WITH A SINGLE BEDTIME DOSE OF 300MG. IN ULCERS FOLLOWING NON-STEROIDAL ANTI-INFLAMMATORY DRUG THERAPY, OR ASSOCIATED WITH CONTINUED NON-STEROIDAL ANTI-INFLAMMATORY DRUGS OR IN THE MANAGEMENT OF REFLUX OESOPHAGITIS UP TO EIGHT WEEKS' TREATMENT MAY BE NECESSARY. CHRONIC EPISODIC DYSPEPSIA: 150MG TWICE DAILY FOR SIX WEEKS; INVESTIGATE EARLY RELAPSERS AND NON-RESPONDERS. (SEE DATA SHEET FOR FULL DOSAGE INSTRUCTIONS.) **CONTRA-INDICATIONS:** PATIENTS WITH KNOWN HYPERSENSITIVITY TO RANITIDINE. **PRECAUTIONS:** EXCLUDE THE POSSIBILITY OF MALIGNANCY IN GASTRIC ULCER BEFORE INSTITUTING THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH PEPTIC ULCERS AND ON NSAID THERAPY IS RECOMMENDED ESPECIALLY IF ELDERLY. REDUCE DOSAGE IN THE PRESENCE OF SEVERE RENAL FAILURE (SEE DATA SHEET). LIKE OTHER DRUGS, USE DURING PREGNANCY AND LACTATION ONLY IF STRICTLY NECESSARY. **SIDE EFFECTS:** HEADACHE, DIZZINESS, SKIN RASH, OCCASIONAL HEPATITIS. RARELY, REVERSIBLE MENTAL CONFUSION STATES, USUALLY IN VERY ILL OR ELDERLY PATIENTS. RARE CASES OF LEUCOPENIA AND THROMBOCYTOPENIA, USUALLY REVERSIBLE, AGRANULOCYTOSIS AND PANCYTOPENIA. HYPERSENSITIVITY REACTIONS, ANAPHYLACTIC SHOCK. RARE CASES OF BREAST SYMPTOMS IN MEN, AS WITH OTHER H$_2$-RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND A-V BLOCK (SEE DATA SHEET). **PRESENTATIONS:** ZANTAC 150 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS £29·76); ZANTAC 300 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS £27·43); ZANTAC DISPERSIBLE TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0298, 60 TABLETS £31·25); ZANTAC SYRUP EACH 10ML DOSE CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0310, 300ML BOTTLE £22·32). **PRODUCT LICENCE HOLDER:** GLAXO OPERATIONS U.K. LIMITED, GREENFORD, MIDDLESEX UB6 0HE.

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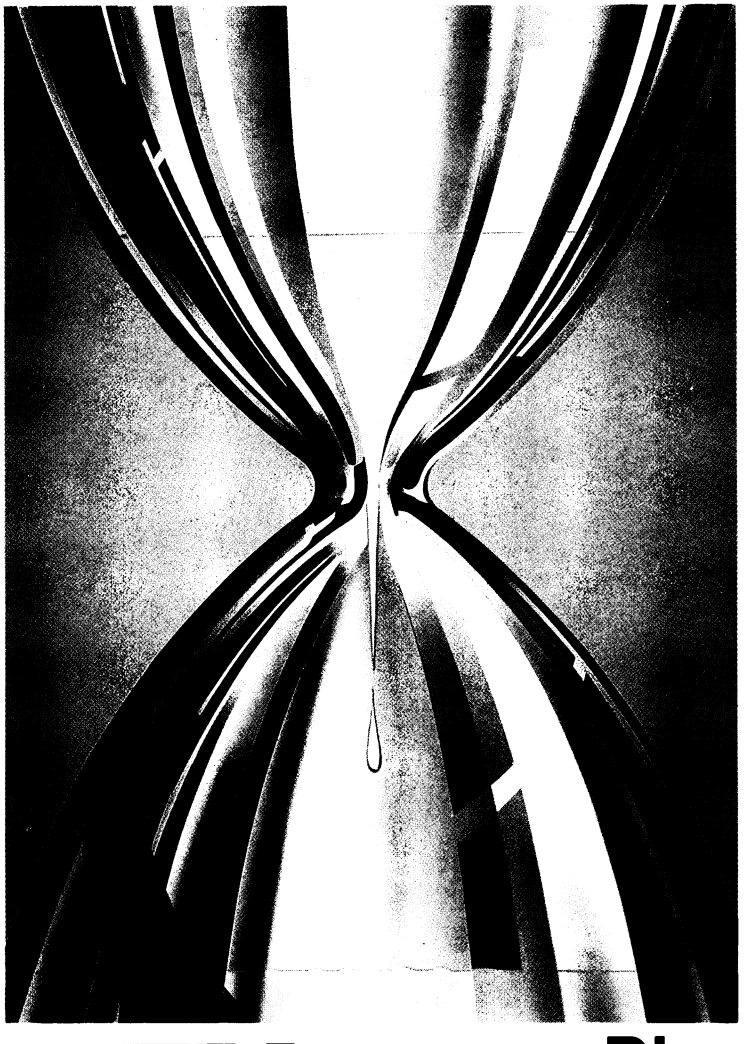
Glaxo

Predictable in IV sedation.



DUMEX

Diazemuls®

10mg diazepam in 2ml emulsion

The cream of IV sedation

PRESCRIBING INFORMATION

PRESENTATION Ampoules of a white opaque emulsion containing diazepam BP 10mg in 2ml.

Indications:

1. Sedation prior to procedures such as endoscopy, dentistry, cardiac catheterisation and cardioversion.
2. Premedication prior to general anaesthesia.
3. Control of acute muscle spasm due to tetanus or poisoning.
4. Control of convulsions; status epilepticus.
5. Management of severe acute anxiety or agitation including delirium tremens.

DOSAGE AND ADMINISTRATION

Diazemuls may be administered by slow intravenous injection (1ml per min), or by continuous infusion. Diazemuls should be drawn up into the syringe immediately prior to administration.

1. **Sedation:** 0.1 – 0.2 mg diazepam/kg body weight by iv injection.
2. **Premedication:** 0.1 – 0.2 mg diazepam/kg body weight by iv injection.
3. **Tetanus:** 0.1 – 0.3 mg diazepam/kg body weight by iv injection repeated every 1 – 4 hours as required. Alternativey, continuous infusion of 3 – 10 mg/kg body weight every 24 hours may be used.
4. **Status epilepticus:** An initial dose of 0.15 – 0.25 mg/kg body weight by iv injection repeated in 30 to 60 minutes if required, and followed if necessary by infusion of up to 3 mg/kg body weight over 24 hr.
5. **Anxiety and tension, acute muscle spasm, acute states of excitation, delirium tremens:** The usual dose is 10 mg repeated at intervals of 4 hours, or as required.

Elderly or debilitated patients: Elderly and debilitated patients are particularly sensitive to benzodiazepines. Dosage should initially be reduced to one half of the normal recommendations.

CONTRA-INDICATIONS, WARNINGS, ETC:

As with other benzodiazepine preparations: should not be used in phobic or obsessional states nor in the treatment of chronic psychosis. Treatment with diazepam may cause drowsiness and increase the patient's reaction time. Use with caution in patients with impairment of renal or hepatic function and in patients with pulmonary insufficiency or myasthenia gravis. Should not be used alone to treat depression or anxiety associated with depression. Amnesia may occur. In cases of loss or bereavement psychological adjustment may be inhibited by benzodiazepines. Disinhibiting effects may be manifested in various ways. Suicide may be precipitated in patients who are depressed and aggressive behaviour toward self and others may be precipitated. Extreme caution should therefore be used in prescribing benzodiazepines in patients with personality disorders. Physiological and psychological symptoms of withdrawal including depression may be associated with discontinuation of benzodiazepines even after normal therapeutic doses for short periods of time.

Pregnancy and Lactation: Diazepam crosses the placenta and should not be used during pregnancy unless considered essential. Large maternal doses administered during delivery may produce clinical effects in the newborn. Diazepam can be transmitted in breast milk and clinical effects may occur in the breast-fed infant.

Side Effects: May rarely cause local pain or thrombophlebitis. Rare instances of a local painless erythematous rash around the site of injection. Urticaria and, rarely, anaphylaxis have been reported.

Overdosage: CNS depression and coma. Treatment symptomatic.

PHARMACEUTICAL PRECAUTIONS: See Data Sheet

Pack Size & Cost: 10 × 2ml ampoules: NHS Price £6.29

Product Licence No: 10183/0001

Date of preparation: April 1989

(Diazemuls is a registered trademark)

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UXBRIDGE,
Middx. UB8 2YF
Tel: Uxbridge (0895) 51144

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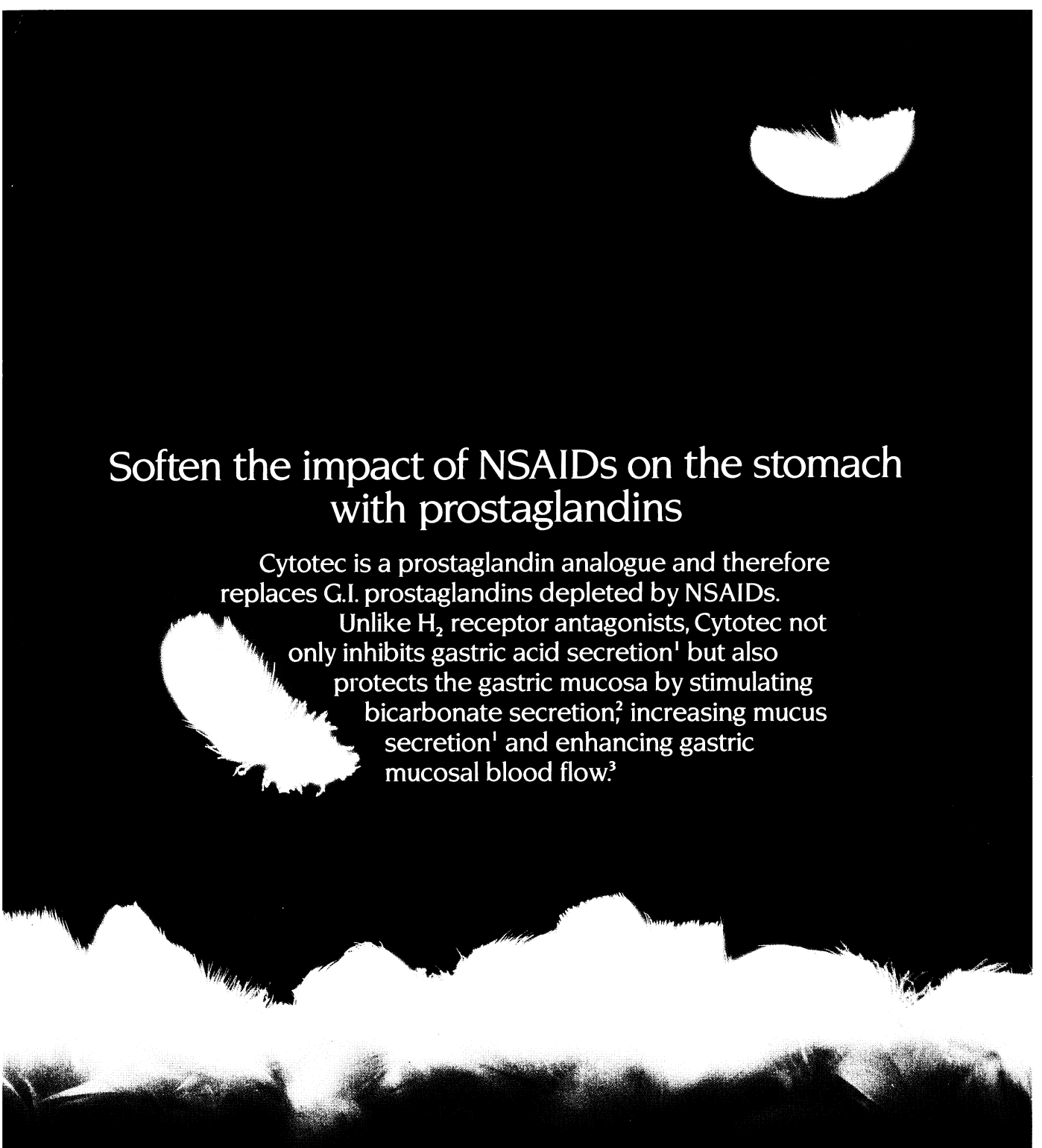
KV881/5/89



Soften the impact of NSAIDs on the stomach with prostaglandins

Cytotec is a prostaglandin analogue and therefore replaces G.I. prostaglandins depleted by NSAIDs.

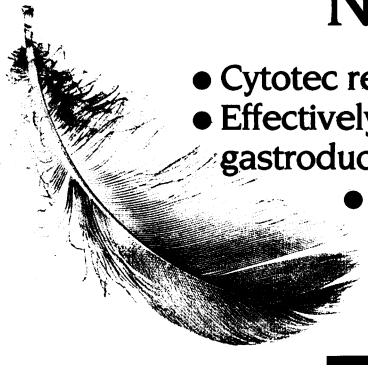
Unlike H_2 receptor antagonists, Cytotec not only inhibits gastric acid secretion[1] but also protects the gastric mucosa by stimulating bicarbonate secretion,[2] increasing mucus secretion[1] and enhancing gastric mucosal blood flow.[3]

ONLY

CYTOTEC®
misoprostol

Abbreviated prescribing information can be found overleaf.

Putting back the G.I. prostaglandins NSAIDs take out



- Cytotec replaces mucosal protective prostaglandins.
- Effectively heals and prevents NSAID-induced gastroduodenal injury.[4,5]
- No effect on valuable anti-arthritic activity of NSAIDs.[5]

CYTOTEC
misoprostol

CYTOTEC ▼ Abbreviated Prescribing Information Presentation: Tablet containing misoprostol 200 micrograms. **Uses:** Healing of duodenal and gastric ulcer induced by non-steroidal anti-inflammatory drugs (NSAID) in arthritic patients at risk, whilst continuing NSAID therapy. Prophylaxis of NSAID-induced ulcers. Healing of duodenal and gastric ulcer. **Dosage: Adults including the elderly. Healing of duodenal and gastric ulcer:** 800 micrograms daily in two or four divided doses taken with breakfast and/or each main meal and at bedtime. **Prophylaxis of NSAID-induced ulcer:** 200 micrograms twice daily, three times daily or four times daily. Refer to data sheet for additional information. **Contraindications:** Pregnant women, women of childbearing age, patients allergic to prostaglandins. **Precautions:** Cytotec does not produce hypotension in clinical studies at ulcer-healing doses, nevertheless exercise caution in disease states where hypotension might precipitate severe complications. **Adverse reactions:** Mild and transient diarrhoea may occur. Other adverse events reported included abdominal pain, dyspepsia, flatulence and nausea, although a causal relationship to Cytotec has not been established. **Basic NHS Price:** £13.00 per 56 pack. **Product Licence Number:** 0020/0115.

References 1. Wilson DE, Quadros E, Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 37 (suppl): 126s-129s. **2.** Isenberg JL, Hogan DL, Koss MA, Selling JA. Gastroenterology 1986; 91: 370-378. **3.** Sato N, Kawano S, Fukuda M, Tsuji S, Kamada T. Am J Med 1987; 83 (suppl 1A): 15-21. **4.** Graham DY, Agrawal NM, Roth SH. Lancet 1988; ii: 1277-1280. **5.** Agrawal N, Roth S, Mahowald M et al. Am J Gastroenterol 1987; 82: 962.

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G.D. Searle & Co. Ltd.,
P.O. Box 53, Lane End Road,
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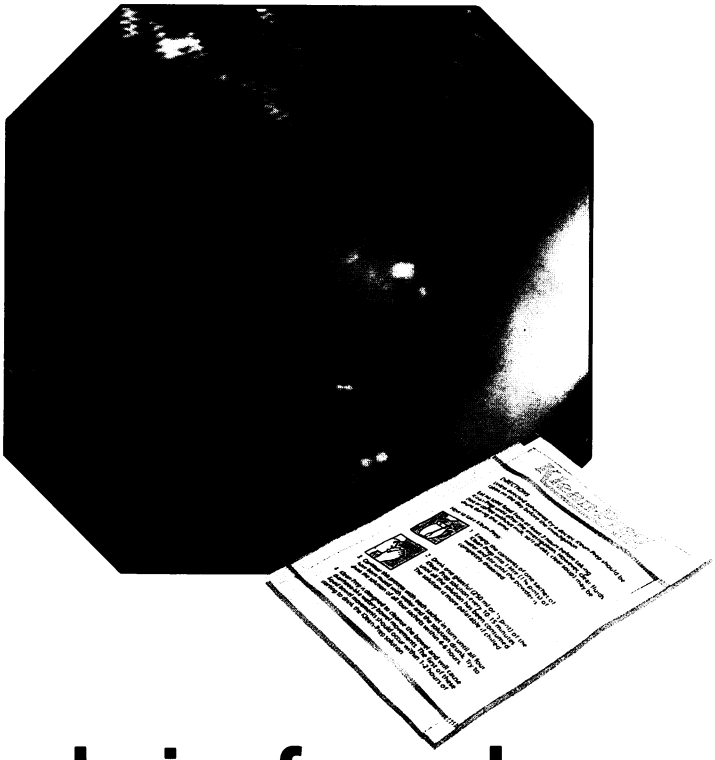
Data sheet with full prescribing information is available on request.

Klean-Prep*

Polyethylene glycol 3350, sodium sulphate, sodium bicarbonate, sodium chloride, potassium chloride



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for colonoscopy, colonic surgery, barium enema

- **Bowel cleansing** Superior bowel cleansing to standard regimens [1,2].
- **Safety** Negligible water and electrolyte disturbance [3].
- **Well tolerated** [1,2,4] Pleasantly flavoured.
- **Economy** Shortens preoperative stay [1,2,4].

Abbreviated Prescribing Information: Presentation: An off-white powder, packed in 4 sachets. Each sachet contains: Polyethylene Glycol 3350 59.00g, Sodium Sulphate 5.685g, Sodium Bicarbonate 1.685g, Sodium Chloride 1.465g, Potassium Chloride 0.7425g. **Uses:** Bowel preparation before colonoscopy, colonic surgery, radiological examination and other related procedures. **Dosage and Administration:** Reconstituted solution for oral administration. *Adults (including the elderly):* The contents of one sachet to be dissolved in 1 litre of water. 250ml to be drunk rapidly every 10-15 minutes until all the solution has been consumed. The procedure to be repeated with all four sachets or until the rectal effluent is clear. The solution from all 4 sachets should be drunk within 4-6 hours. No dosage changes need be made for patients with renal insufficiency. If administered by nasogastric tube the rate of administration should be 20-30ml/minute. *Children:* Not recommended. **Contra-indications, Warnings etc.** *Contra-indications:* Gastro-intestinal obstruction or perforation, ileus, gastric retention, acute intestinal or gastric ulceration, toxic colitis or megacolon. Patients with body weight less than 20kg. *Warnings:* Extra care should be taken in patients with impaired gag reflex, reflux oesophagitis, those with diminished levels of consciousness and in ulcerative colitis. *Interactions:* All oral medications should be given at least 1 hour prior to administration. *Side-effects:* Nausea, abdominal fullness, bloating may be experienced. Abdominal cramps, vomiting and anal irritation occur less frequently. These effects normally subside rapidly. Urticaria and allergic reactions have been reported rarely. Should distension or pain arise the rate of administration may be slowed. *Use in Pregnancy:* Careful consideration should be given before use in pregnancy. **Precautions:** The reconstituted solution should be refrigerated and used within 24 hours. Any unused portion should be discarded. **Package quantity:** Unit dose pack of 4 sachets. **Basic NHS price:** £8.60. PL 5628/0003 Licence holder: Birex Pharmaceuticals Ltd. Further information is available from Norgine Limited. *Klean-Prep is a trademark.

Distributed by NORGINE.

Norgine Limited
116-120 London Road
Oxford OX3 9BA

References 1 Fleites RA et al 1985 Surgery 98 4: 708-717; **2** Ernstoff JJ et al 1983 Gastroenterology 84 : 1512-1516; **3** Davis GR et al 1980 Gastroenterology 78 : 991-995; **4** Beck DE et al 1985 Southern Med J 78 : 1414-146.

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THE NEW RANGE FROM

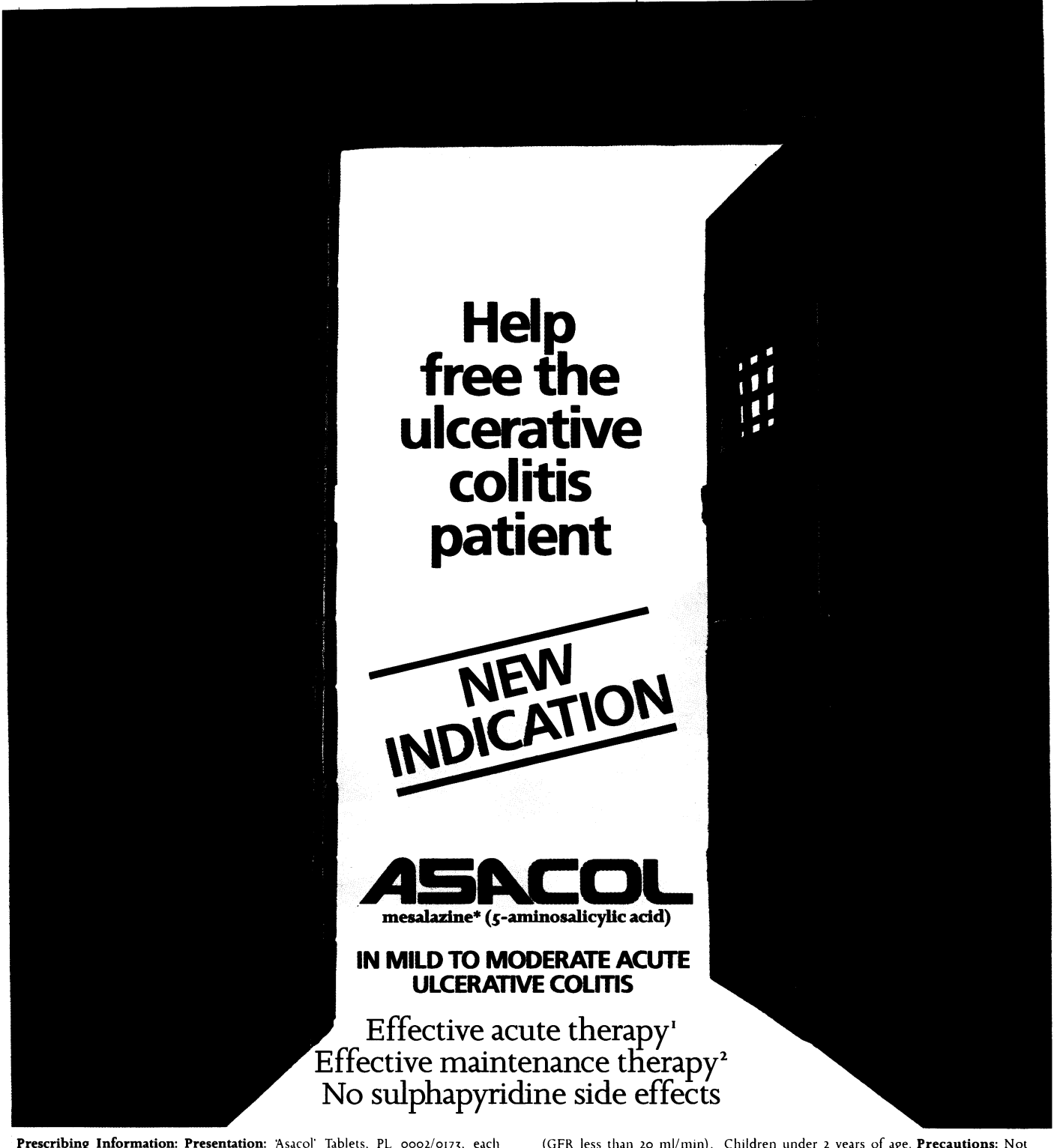
LOOKING AHEAD

Pentax UK Limited, Pentax Medical Division, Pentax House, South Hill Avenue, South Harrow, Middlesex HA2 0LT. Tel: 01-864 4422.

Presentation: Each enteric-coated capsule contains 0.2ml peppermint oil Ph. Eur. **Uses:** Treatment of symptoms of irritable bowel syndrome. **Dosage and Administration:** Adult dose: 1-2 capsules three times a day, 30 minutes to one hour before food. Not to be taken immediately after food. The capsules should be taken until symptoms resolve, usually within one or two weeks. There is no experience of use in children under the age of 15 years. **Contra-indications, warnings, etc.** *Precautions:* Do not break or chew the capsules. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. **Adverse effects:** Heartburn, sensitivity reactions to menthol, which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. **Pharmaceutical Precautions:** Store in a cool place. Avoid direct sunlight. **Legal category:** P. **Product Licence:** PL 0424/0009. **Basic NHS Cost:** £12.15 per 100. **Date of issue:** September 1989. Colpermin is a Trade Mark.

COL/AD2

Tillotts Laboratories, Valley Road Industrial Estate, Porters Wood, St Albans, Hertfordshire AL3 6PD



Prescribing Information: Presentation: 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. 120 (6 blister packs of 20 tablets), £28.58. **Uses:** For the treatment of mild to moderate acute exacerbations of ulcerative colitis. For the maintenance of remission of ulcerative colitis. **Dosage and administration:** *Adults: Acute disease:* 6 tablets a day in divided doses, with concomitant corticosteroid therapy where clinically indicated. *Maintenance therapy:* 3 to 6 tablets a day in divided doses. *Children:* There is no dose recommendation. *Elderly:* Use with caution and only where renal function is normal. **Contra-indications:** A history of sensitivity to salicylates. Severe renal impairment (GFR less than 20 ml/min). Children under 2 years of age. **Precautions:** Not recommended in patients with renal impairment. Caution in patients with a raised blood urea or proteinuria. Avoid during pregnancy. Do not give with lactulose or similar preparations which lower stool pH. **Adverse reactions:** Headache, nausea, abdominal pain, diarrhoea. Exacerbation of the symptoms of colitis. Rarely, reversible pancreatitis. **Legal category:** POM. 14.8.89.

References
1. Riley SA *et al.* Gut 1988;29:669-74.
2. Riley SA *et al.* Gastroenterology 1988;94:1383-9

* mesalazine is the British approved name of 5-aminosalicylic acid

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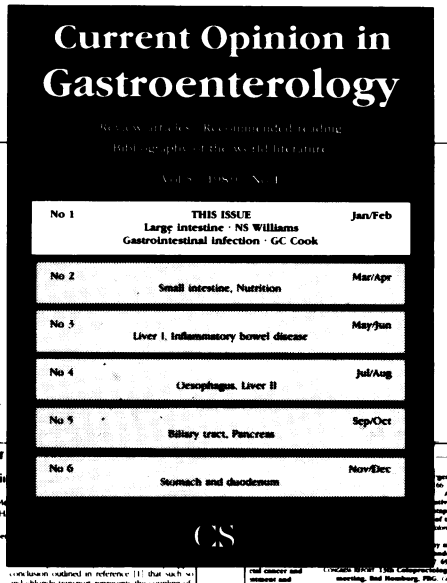

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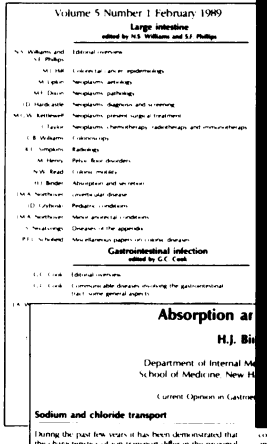
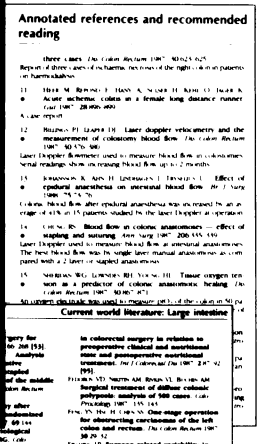

Volume 5 Number 1 February 1989
Large intestine
Gastrointestinal infection
Absorption and Sodium and chloride transport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