



# Consider an ulcer extinct at your patient's peril



# Zantac

RANITIDINE

## For the lifetime of the disease

**PRESCRIBING INFORMATION:** INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs), REFLUX OESOPHAGITIS, CHRONIC EPISODIC DYSPEPSIA. **DOSEAGE:** 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 RELAPERS 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<sub>2</sub>-RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND AV 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. ZANTAC IS A GLAXO TRADE MARK. FURTHER INFORMATION IS AVAILABLE ON REQUEST FROM: GLAXO LABORATORIES LIMITED GREENFORD, MIDDLESEX UB6 0HE TEL: 01-422 3434

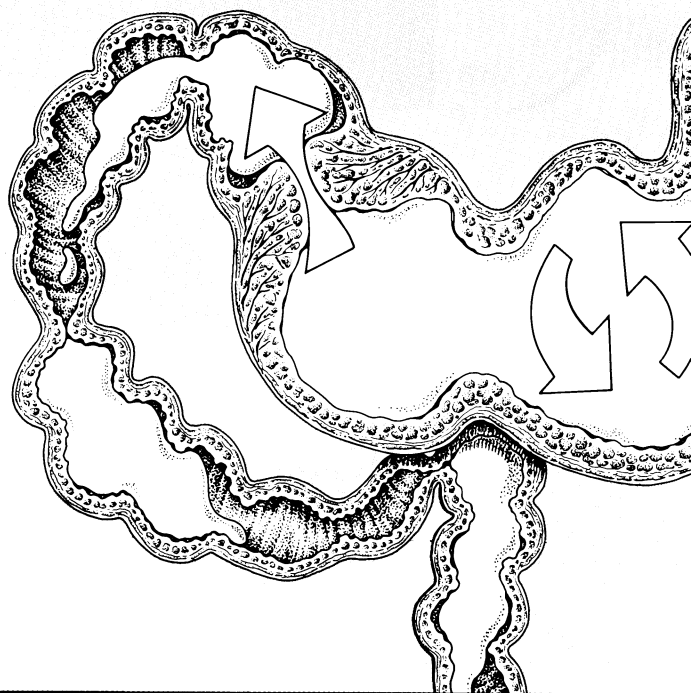
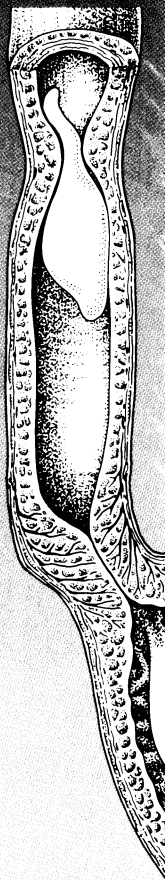
**Glaxo** 

# OESOPHAG

## TOO MUCH ACID?

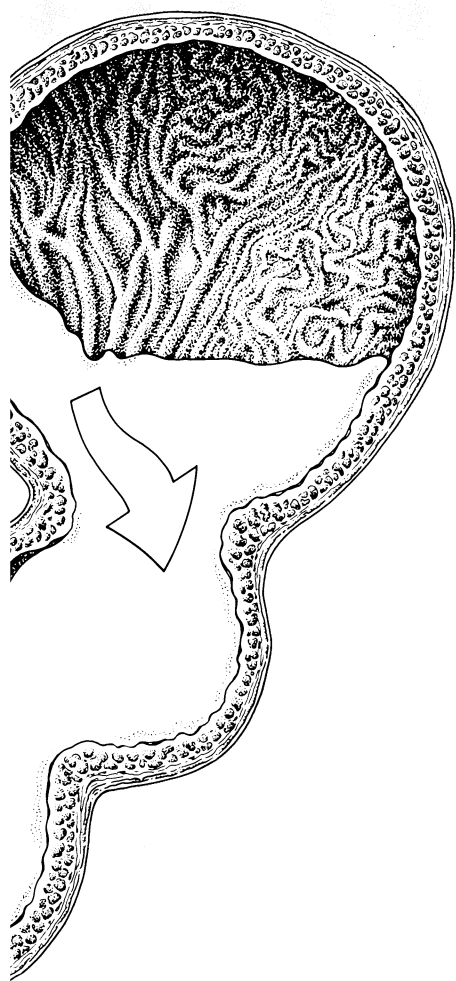
Current treatment strategy suggests that gastro-oesophageal reflux disease is caused by too much acid.

There is no evidence that increased gastric acid secretion is associated with this disorder.



**PRESCRIBING INFORMATION. Presentation and Packaging:** White, biconvex, scored tablets, engraved CIS/10 on one side and JANSSEN on the reverse in packs of 112. Each tablet contains 10 mg of cisapride. **Properties:** Prepulsid is the first of a new class of drug capable of correcting abnormal motility throughout the GI tract. **Indications:** GASTRO-OESOPHAGEAL REFLUX DISEASE. Treatment of the symptoms such as heartburn, regurgitation and healing of mucosal lesions. IMPAIRED GASTRIC EMPTYING. Relief of the symptoms such as epigastric pain, early satiety, anorexia, bloating and nausea associated with delayed gastric emptying secondary to systemic sclerosis and autonomic neuropathy of diabetes. **Dosage and administration:** ADULTS AND CHILDREN TWELVE YEARS AND OVER. **Gastro-oesophageal reflux:** 10 mg Prepulsid tds preferably 15

minutes before food. Night time symptoms can be treated with an extra 10 mg dose at bedtime. A 12 week course is recommended for healing oesophagitis. **Impaired gastric emptying:** 10 mg Prepulsid tds or qds. An initial course of 6 weeks is recommended but longer treatment may be required. **Use in Children:** Not recommended in children under 12. **Use in Elderly:** Dose as for adults, but monitor response. **Abnormal renal or liver function:** Initially the dose should be halved. **Contra-indications, warnings etc. Contra-indications:** Contra-indicated in pregnancy and in patients in whom gastro intestinal stimulation might be dangerous, eg gastrointestinal haemorrhage, mechanical obstruction or perforation. **Warnings:** It is not advisable to take Prepulsid whilst breastfeeding. **Drug interactions:** The absorption from the stomach of concomitantly administered drugs may be diminished,



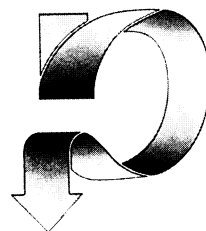
Characteristically, patients with GORD have inappropriate relaxation of the lower oesophageal sphincter allowing gastric acid into the oesophagus.

Coupled with poor oesophageal clearing, this leads to prolonged acid-mucosal contact time — the important factor in heartburn and oesophagitis.

Prepulsid\* is the first of a new class of GI prokinetic drug. It enhances lower oesophageal sphincter tone, improves oesophageal clearing and gastric emptying. Prepulsid\* enables, for the first time, treatment of both the underlying condition and the disease.

Prepulsid\* reduces the duration of reflux episodes — effectively treating heartburn and healing oesophagitis.

TRADEMARK  
**Prepulsid**  
(cisapride—Janssen)



**SIMPLE. YET HIGHLY EFFECTIVE**

whereas absorption of drugs from the small intestine may be accelerated. For drugs that require careful individual titration, such as anticonvulsants, it may be useful to measure their plasma concentrations. In patients receiving anticoagulants, the prothrombin time may be increased. Prepulsid does not effect psychomotor performance nor does it induce sedation or drowsiness. However, the sedative effects of benzodiazepines and alcohol may be accelerated when administered concomitantly with Prepulsid. The effects of Prepulsid are antagonized by anticholinergic drugs. **Side effects:** Abdominal cramps, borborygmi and loose stools (diarrhoea) are mainly mild and transient and rarely require discontinuation of treatment. Reports of headaches, lightheadedness and convulsions have been received infrequently. **Overdosage:** Treatment

should include gastric lavage, close observation and general supportive measures. **Pharmaceutical Precautions:** Store at room temperature and protect from light. **Product Licence Number:** Prepulsid 10mg tablets. PL 0242/0136. **Basic NHS cost:** 112 tablets — £36.00. (correct at time of printing). Further information available from:—

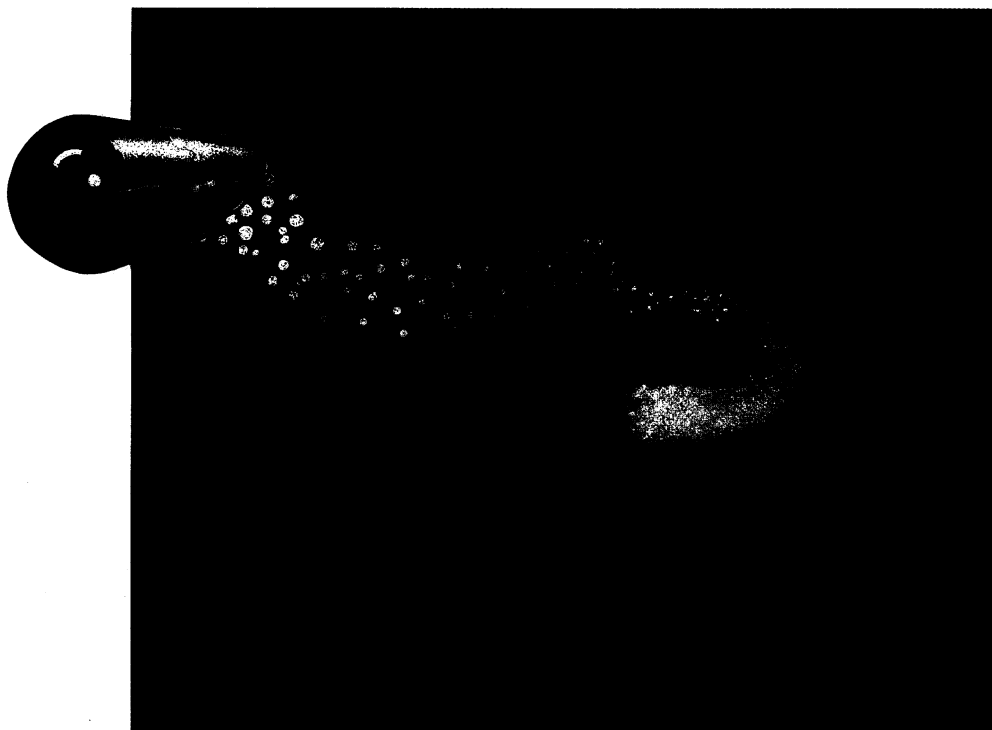
 **JANSSEN**  
PHARMACEUTICAL LTD  
Grove, Wantage, Oxon. OX12 0DQ

© Janssen Pharmaceutical Limited. December 1989.

JPL 221/89

# PROGRESS

## In The Control Of Pancreatic Insufficiency



**creon**<sup>®</sup>   
pancreatin

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**RIGHT ON TARGET – RIGHT FROM THE START**

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**Prescribing Information – Presentation:** Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

**Contra-indications, Warnings, etc:** Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. **Warnings:** Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. **Product Licence Number:** 5727/0001. **Name and address of Licence Holder:** Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

**duphar** Further information is available from:  
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

CRAd/PEI/1/89

ANNOUNCING...  
THE FIRST PROTON  
PUMP INHIBITOR

## A NEW CLASS OF ACID CONTROL in erosive oesophagitis

Losec is an entirely new class of acid-suppressing agent, one that works in a fundamentally different way from current therapies.

For example, H<sub>2</sub>-antagonists can only inhibit one type of receptor responsible for acid secretion, still leaving others available for stimulation.<sup>1</sup>

Losec, the first proton pump inhibitor, acts on the final step of acid production and therefore controls intragastric acidity irrespective of stimulus.<sup>1</sup>

Clinical studies have consistently shown that once daily Losec is highly effective in the healing of erosive oesophagitis.<sup>2-8</sup>

In just 4 weeks Losec can heal about 30% more patients than conventional doses of ranitidine or cimetidine, also achieving more rapid and effective symptom relief.<sup>2-4</sup>

ONCE DAILY



omeprazole - Astra

A superior choice to H<sub>2</sub>-antagonists<sup>2,4</sup>

\*Conventional healing courses of ranitidine or cimetidine in erosive oesophagitis. (December 1989)

#### Abbreviated Prescribing Information.

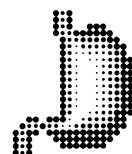
#### SPECIAL REPORTING TO CSM REQUIRED

**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 the recommended dosage is 20mg Losec once daily, given for 4 weeks. For those patients not fully healed after the initial course, 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 the usual dose is 20mg Losec once daily for 4 weeks. For gastric ulcer the usual dose is 20mg Losec once daily for 8 weeks. In severe cases, the dose may be increased 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:** There are 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. There is 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, £36.36. **Product Licence Number:** PL00170238 **Product Licence Holder:** Astra Pharmaceuticals Ltd., Home Park Estate, Kings Langley, Herts WD4 8DH.

#### References

1. Wallmark B et al 151 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; 11: 621-2.
4. Bate C M et al Gut 1989; 30: A4193-4.
5. Hetzel DJ 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): A310.



**ASTRA**

For further information please contact  
Astra Pharmaceuticals Ltd  
Telephone: (09277) 66191

Losec is a registered trade mark



# Rapid relief for patients gripped by IBS

Colofac rapidly relieves the symptoms of Irritable Bowel Syndrome by a direct action on colonic smooth muscle.

Colofac eliminates spasm without the anti-cholinergic side effects that can prove troublesome to the patient.

**colofac**<sup>®</sup>   
mebeverine  
loosens the grip of IBS

#### Prescribing Information

**Presentation:** White, sugar-coated tablets each containing 135mg mebeverine hydrochloride. Available in packs of 100. Basic NHS price £8.35. Yellow, banana-flavoured sugar-free suspension containing mebeverine pamoate equivalent to 50mg mebeverine hydrochloride per 5ml. Available in bottles of 300ml: Basic NHS price £3.50.  
**Indications:** 1. Irritable bowel syndrome. 2. Gastro-

intestinal spasm secondary to organic diseases.

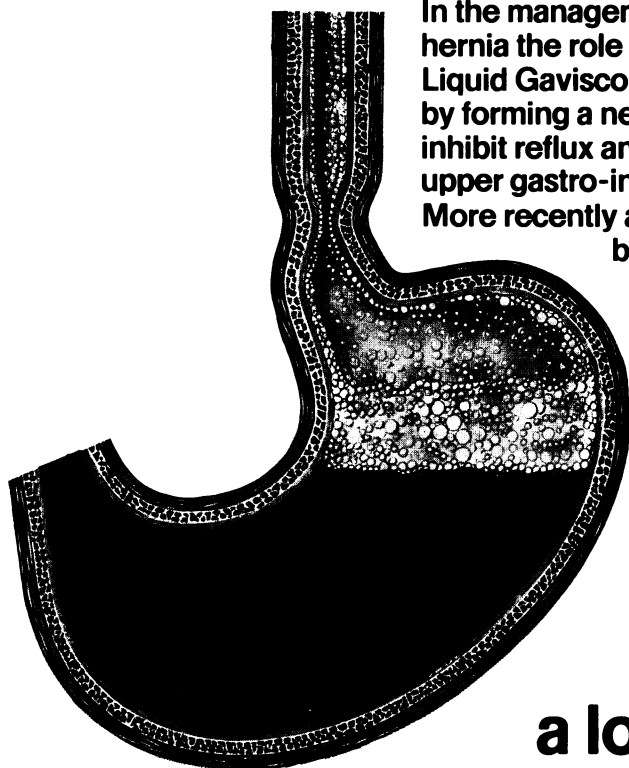
**Dosage and Administration:** Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before meals. **Contra-indications, warnings, etc:** Animal experiments have failed to show any terato-

genic effects. However, the usual precautions concerning the administration of any drug during pregnancy should be observed. **Product Licence Number:** Tablets: 0512/0044. Suspension: 0512/0061. Further information is available on request to the Company. Duphar Laboratories Limited, Gaters Hill, West End, Southampton, SO3 3JD. Telephone: 0703 472281

**duphar**



# STRENGTH AGAINST REFLUX<sup>1</sup>



In the management of reflux oesophagitis and hiatus hernia the role of Liquid Gaviscon is well established. Liquid Gaviscon deals with reflux simply and physically by forming a neutral layer or 'raft' on gastric contents to inhibit reflux and so bring effective relief of reflux-related upper gastro-intestinal symptoms.

More recently an in-vitro comparison<sup>1</sup> using computer-based techniques, has shown that Liquid Gaviscon produces a 'raft' more resistant to upward pressures than any other alginate-containing compound tested.

## Liquid GAVISCON<sup>®</sup>

Sodium Alginate BPC, Sodium Bicarbonate Ph.Eur.,  
Calcium Carbonate Ph.Eur.

### a logical choice in reflux

#### Prescribing Information

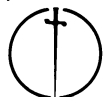
**Active Ingredients:** Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg, Calcium Carbonate Ph.Eur. 160mg per 10ml dose. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-indications:** None known. **Dosage and Administration:** Adults, children over 12: 10-20ml liquid after meals and at bedtime. Children under 12: 5-10ml liquid after meals and at bedtime. Infants: not recommended.

**Note:** 10ml liquid contains 6.2mmol sodium. **Basis NHS Cost:** As at Jan. 1989: 500ml liquid £2.88. **PL:** 44/0058. **Irish Price IR** £3.72. **Irish P.A. No.:** 27/12/1.

#### Reference

1. Washington, N. *et al.*, *Int. J. Pharmaceut.* (1986) **28**, 139-143. Further information is available on request. Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.

<sup>®</sup>Registered trade mark.



# FAST WORKER



## PEPCID<sup>®</sup> PM 40

(famotidine)

mg

### ONE AT NIGHT CAN MAKE THEIR DAY

#### Abridged Product Information

Refer to Data Sheet before prescribing.

**INDICATIONS** Duodenal ulcer; prevention of relapses of duodenal ulceration; benign gastric ulcer; hypersecretory conditions such as Zollinger-Ellison syndrome.

**DOSAGE** In duodenal and benign gastric ulcer. 40 mg at night for four to eight weeks. For prevention of duodenal ulcer recurrence. 20 mg at night. Initiate antisecretory therapy of Zollinger-Ellison syndrome with 20 mg every six hours and adjust to individual response. The maximum dosage used for up to one year was 480 mg daily.

**CONTRA-INDICATION** Hypersensitivity.

**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 December 1989

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Thomas Morson Pharmaceuticals  
Division of Merck Sharp & Dohme Limited  
Hertford Road, Hoddesdon, Herts., EN11 9BU



SPECIFICALLY DEVELOPED  
FOR THE SUPPRESSION OF  
NOCTURNAL ACID



# 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,<sup>1,2</sup> Colifoam is now established as the leading treatment for ulcerative colitis.<sup>3</sup> 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 leading topical treatment for 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

# For Constipation



**Fybogel Orange—gentle but effective**  
Fybogel Orange treats constipation gently but effectively by increasing bulk in the colon and thus encouraging normal, healthy peristalsis with soft, formed stools.<sup>1</sup>

**Fybogel Orange—rapid first-line therapy**

In a recent study of 224 newly presenting constipation patients treated with Fybogel Orange, 63.1% had a motion within 24 hours—and after 48 hours of Fybogel Orange 89.9% of patients had achieved bowel movement.<sup>2</sup>

**Fybogel Orange—the patients' first choice for flavour**

Recent tasting research showed that patients prefer orange flavoured bulking agents.<sup>3</sup>

# Fybogel Orange

Ispaghula husk BP

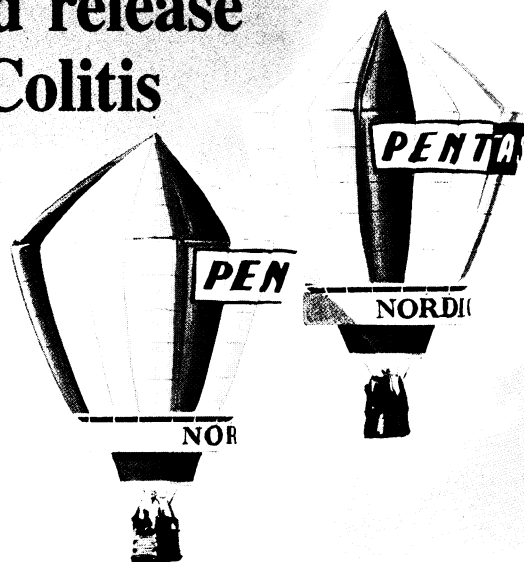
*gently does it*

**Active Ingredients:** Each sachet contains 3.5g Ispaghula husk BP. **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children under 12: One half to one level 5ml spoonful depending on age and size, morning and evening. **Contra-indications, Warnings, etc.:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. **Basic NHS Price:** At April '88 60 sachets £4.24. **Eire:** 60 sachets IR £4.92. **PL No.:** Fybogel Orange 44/0068, Fybogel 44/0041. **Irish P.A. No.:** Fybogel Orange 27/2/2, Fybogel 27/2/1. **References:** 1. Data on file, 1985, Reckitt & Colman Pharmaceuticals. 2. Data on file, 1988, Reckitt & Colman Pharmaceuticals. 3. Data on file, 1987, Reckitt & Colman Pharmaceuticals. Fybogel is a trade mark. Further information is available from Reckitt & Colman Pharmaceuticals, Dansom Lane, Hull HU8 7DS.





## Gentle, controlled release in Ulcerative Colitis



### New Pentasa Slow Release Tablets... making the most of mesalazine

- "The release pattern of 5-ASA [mesalazine] preparations should, ideally remain unaffected by the intestinal transit time over a wide range. The results...indicate that PENTASA meets this requirement, as only 4% of 5-ASA is still retained in granules during normal conditions, and about 88% is released if the transit time is accelerated."<sup>1</sup>
- An advance in the treatment of inflammatory bowel disease.<sup>2</sup>



**Pentasa....Mesalazine, when and where it matters**

#### Abridged Prescribing Information

**Name of Product:** PENTASA Slow Release Tablets. **Presentation:** Round, white to light grey mottled tablets with a break line on one side. Each tablet contains 250mg mesalazine in a slow release presentation. **Uses:** For the maintenance of remission in mild to moderate ulcerative colitis. **Dosage and administration:** Adults: The usual dose is two tablets, three times daily. **Contra-indications:** Children under the age of 15 years. Known sensitivity to salicylates. **Precautions, warnings etc:** PENTASA is not recommended in patients with renal impairment. Patients with raised blood urea or proteinuria should be treated with caution. PENTASA should be used with caution during pregnancy and lactation. Headache, diarrhoea and dyspepsia may occur in a small proportion of patients. Exacerbation of the symptoms of colitis may arise in patients who have previously had this problem with sulphasalazine. **Packing quantity:** Bottles containing 200 tablets. **Product Licence:** PL 3194/0043 **Basic NHS Price:** 200 x 250 mg tablets £32.28. **Product Licence Holder:** Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex, TW13 6JG. **Date of preparation:** March 1990. **Reference:** 1. Brit. J. Clin. Pharmac. (1987), 23: 365-369. 2. Ann. Intern. Med. (1988) 106: 911-912. PENTASA is a registered trademark.

Further information is available from: Nordic Pharmaceuticals, 11 Mount Road, FELTHAM, Middlesex. TW13 6JG.

**NORDIC** 

**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 child-bearing 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.

1. **Shapiro D, Adams A, Noar M.** *Dig Dis Sci* 1986; 31 (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.

# 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<sub>2</sub> receptor antagonists, Cytotec not only inhibits gastric acid secretion<sup>1</sup> but also protects the gastric mucosa by stimulating bicarbonate secretion,<sup>2</sup> increasing mucus secretion<sup>1</sup> and enhancing gastric mucosal blood flow.<sup>3</sup>

ONLY

# CYTOTEC®

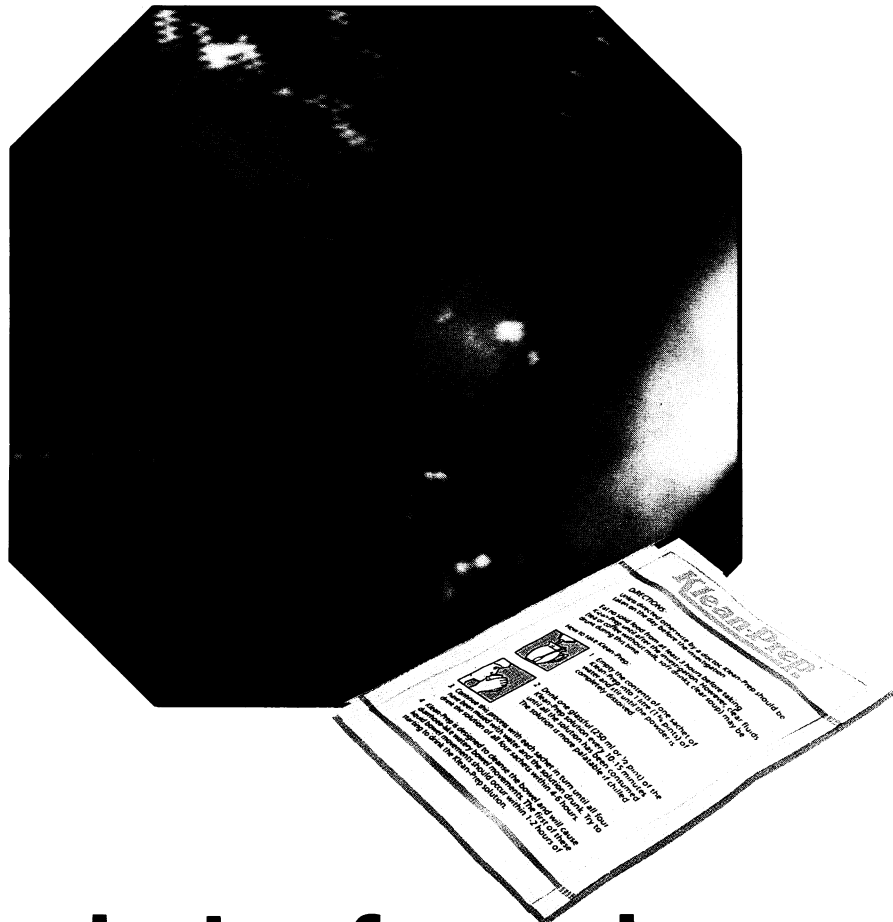
misoprostol

**SEARLE**  
**GOLD**  
**CROSS**

C. D. Searle & Co. Ltd.,  
P.O. Box 53, Lane End Road,  
High Wycombe, Bucks. HP12 4HL.  
Cytotec, Gold Cross, and Searle are  
registered trademarks.

# Klean-Prep\*

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



## Today's choice for a clean colon

for colonoscopy, colonic surgery, barium enema

- **Bowel cleansing**  
Superior bowel cleansing to standard regimens<sup>(1,2)</sup>.
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- **Economy**  
Shortens preoperative stay<sup>(1,2,4)</sup>.

**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.

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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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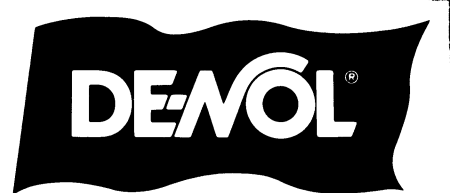
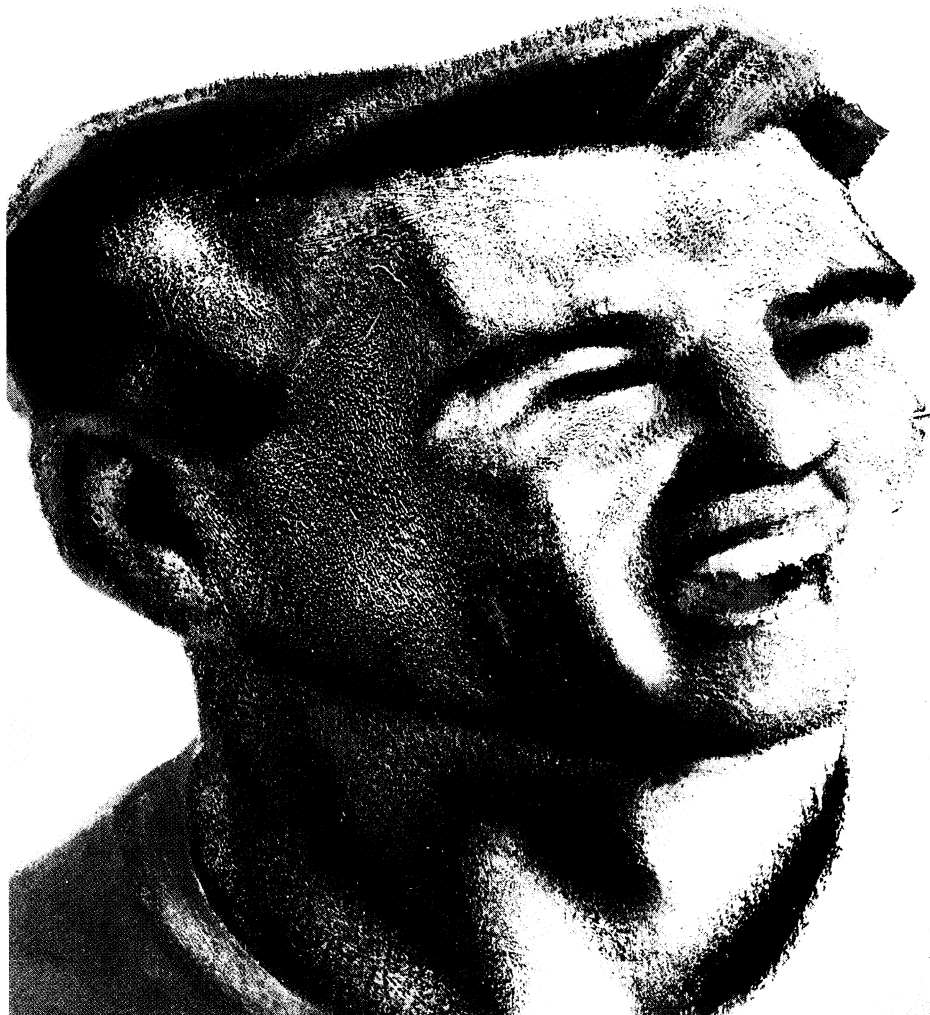
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This book describes current imaging practice for the most commonly encountered benign and malignant digestive tract tumors. Techniques include barium studies, ultrasonography and angiography; and above all CT. MRI appears particularly indicated for esophageal carcinoma and pelvic recurrences of colorectal cancers.

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1989. XVI, 305 pp. 550 figs. Hardcover DM 398,- ISBN 3-540-59508-2

This book contains the following objectives: promotion of the various imaging techniques; diffusion of a method of semiologic analysis of the normal and diseased small intestine; and description of the radiologic images of each disorder and of their course.

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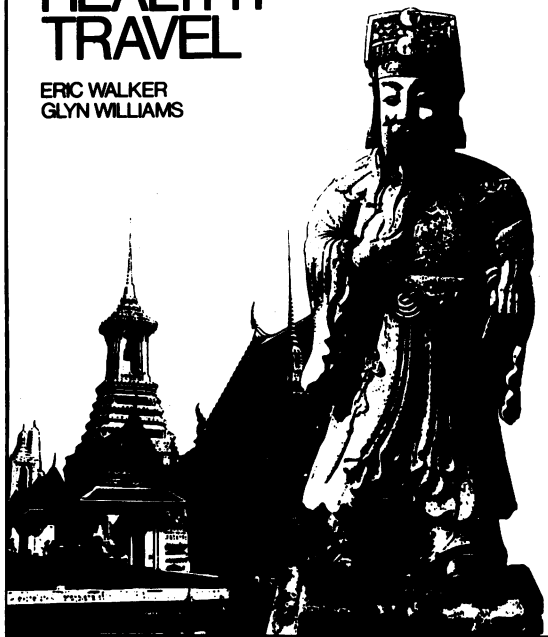
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**References:** 1. Simon B *et al.* J Clin Gastroenterol 1986; 8:367-70. 2. Lee FI *et al.* Gut 1986;27:1091-5. 3. Granata F. Ital J Gastroenterol 1985;7:208-10. 4. Brackmann HP *et al.* Therapiewoche 1984;34:5232-7. 5. Gibinski K *et al.* Gastroenterol 1985;88:1393. 6. Dobrilla G *et al.* Scand J Gastroenterol 1987;22 (Suppl 134):21-8. 7. Simon B *et al.* Scand J Gastroenterol 1987;22 (Suppl 136):61-70. 8. Bovera E *et al.* Hepato-gastroenterol 1987;34:269-72. 9. Marks IN, Wright JP. S Afr Med J 1987;72:18-20. 10. Rampal P *et al.* Gastroenterol 1988;94:A167. 11. Kogut DG *et al.* Gastroenterol 1988;94:A233. 12. Merki H *et al.* Am J Gastroenterol 1988;83:362-4. 13. Reynolds JC. Gastroenterol 1988;94:A374. 14. Bianchi Porro G *et al.* J Clin Gastroenterol 1987;9 (Suppl 12):14-18. 15. Gitlin N *et al.* Gastroenterol 1987;92:48-53. 16. Mann SG, Cottrell J. Ital J Gastroenterol 1987;19 (Suppl 30):68. 17. Dyck WP *et al.* Scand J Gastroenterol 1987;22 (Suppl 136):47-55. 18. Delattre M *et al.* Curr Ther Res 1985;37:677-84. 19. Kildebo S *et al.* Scand J Gastroenterol 1985;20:47-50. 20. Valenzuela JE *et al.* Postgrad Med 1985; Custom Communications Supplement:35-41.

**Prescribing Information. Presentation** 'Tagamet Tiltab' Tablets, PL 0002/0128, each containing 800 mg cimetidine. 30 (2 calendar strips of 15 tablets), £17.76. 'Tagamet' Tablets, PL 0002/0092, each containing 400 mg cimetidine. 60 (4 calendar strips of 15 tablets), £18.69. **Uses** Duodenal and benign gastric ulceration, including that associated with NSAIDs. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such symptoms associated with NSAIDs. **Dosage and administration** For full dosage instructions see Data Sheet. **Adults:** Duodenal or benign gastric ulceration, 800 mg once a day at bedtime. Otherwise usually 400 mg b.d. with breakfast and at bedtime. If inadequate, 400 mg q.d.s. with meals and at bedtime (1.6 g/day). Treat for at least 4 weeks (6 weeks in benign gastric ulcer, 8 weeks in ulcer associated with continued NSAIDs). To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. **Children:** Over 1 year: 25-30 mg/kg/day, divided. **Contra-indication** Hypersensitivity to cimetidine. **Precautions** Impaired renal function: reduce dosage (see Data Sheet). Potentiation of oral anticoagulants, phenytoin, theophylline and intravenous lignocaine (see Data Sheet). Prolonged treatment: observe patients regularly. Potential delay in diagnosis of gastric cancer (see Data Sheet). Regularly observe patients with a history of peptic ulcer and on NSAIDs, especially if elderly. 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, agranulocytosis, headache, myalgia, arthralgia, sinus bradycardia, tachycardia, heart block, aplastic anaemia; very rare reports of alopecia, reversible impotence but no causal relationship established at usual therapeutic doses. **Legal category** POM. 5.3.90. Smith Kline & French Laboratories Limited Welwyn Garden City, Hertfordshire AL7 1EY © 1990 Smith Kline & French Laboratories Limited 'Tagamet', 'Tiltab' and the appearance of the tablets are trade marks.

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