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



The sooner the better

PRESCRIBING INFORMATION: INDICATIONS: Duodenal ulcer, benign gastric ulcer, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), oesophageal reflux disease, severe oesophagitis, chronic episodic dyspepsia. DOSAGE: Adults: Duodenal ulceration and gastric ulceration: A single 300mg dose at bedtime or 150mg twice daily in the morning and evening for four weeks. Alternatively, in duodenal ulcers, 300mg in the morning and evening for four weeks to achieve optimal healing. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Ulcers following non-steroidal anti-inflammatory drug therapy or associated with continued nonsteroidal anti-inflammatory drugs: 150mg twice daily for up to eight weeks. Chronic episodic dyspepsia: 150mg twice daily for six weeks, investigate early relapsers and non-responders. Oesophageal reflux disease: 300mg at bedtime or 150mg twice daily for up to eight weeks. Severe oesophagitis: 300mg four times daily for up to eight weeks (see data sheet for full dosage instructions). CONTRA-INDICATIONS: Patients with known hypersensitivity to ratictions. PRECAUTIONS: Exclude the possibility of malignancy in gastric ulcer before instituting therapy, especially in middle-aged patients with new or recently changed dyspeptic symptoms. Regular supervision of patients with peptic ulcer 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 reversible mental confusion states, usually in very ill or elderly patients. Kare cases of leucopenia and thrombocytopenia, usually reversible, agranulocytosis and pancytopenia. Hypersensitivity reactions, anaphylactic shock. Rare cases of breast symptoms in men. As with other H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole (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 0004/0310, 300ml bortle £22-32). **PRODUCT LICENCE HOLDER:** Glavo Operations U.K. Limited. Greenford. Middlesex UB6 OHE. U.K. Limited, Greenford, Middlesex UB6 0HE. Zantac is a Glaxo trade mark

Further information is available on request from: Further information is available on request rrom:
Glaxo Laboratories Limited, Greenford, Middlesex UB6 OHE. **Glaxo** Tel: 081-422 3434

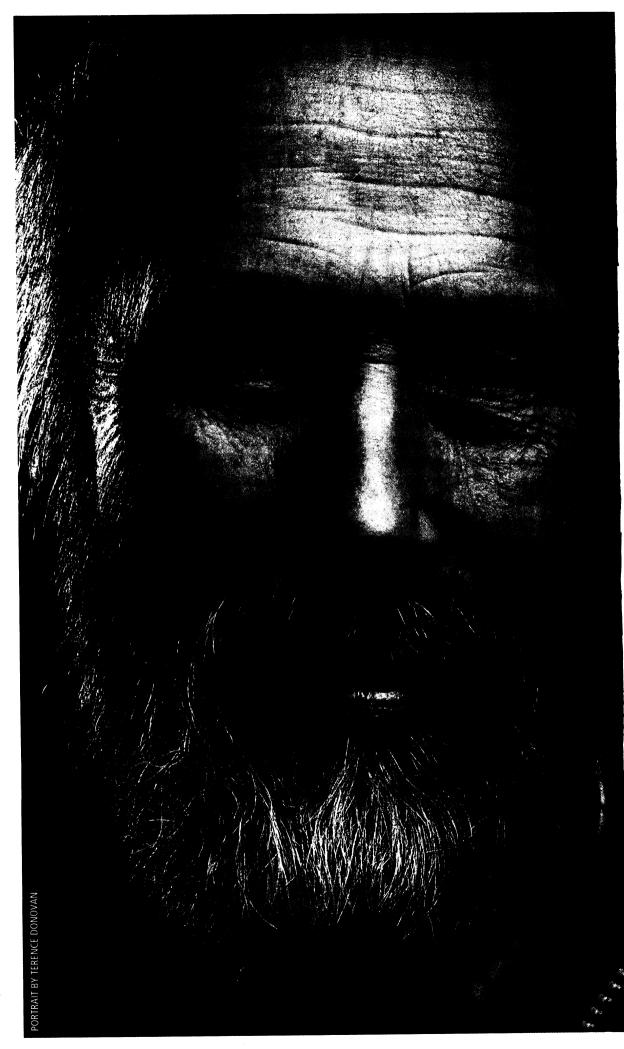




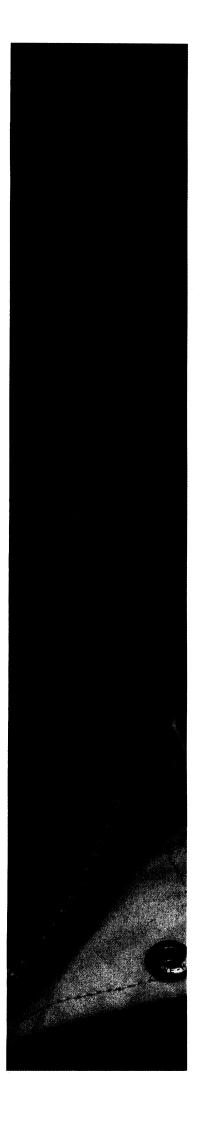
References 1. Difference in cost between once-nightly four week courses of 'Tagamet' antagonist brand if 90% of patients currently receiving other brands were prescribed 'Tagamet' (prices from MIMS, January 1991). 2. Medicalfocus (1990). Produced by Taylor Nelson Healthcare using data derived from the VAMP Research Bank. 3. Data on File Smith Kline & French Laboratories. 4. Scriptcount: MAT 21.12.90.

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. Tagamet Tiltab Tablets, PL 0002/0063R, each containing 200 mg cimetidine. 120 (4 bilister strips of 30 tablets), £17.80. 'Tagamet' Effervescent Tablets, PL 0002/0206, each containing 400 mg cimetidine. 60 (3 tubes of 20 tablets) £18.69. 'Tagamet' Syrup, PL 0002/0073R, containing 200 mg cimetidine per 5 ml. 600 ml, £25.90. Uses Duodenal and benign gastric ulceration, including that associated with NSAIDs, recurrent and stomal ulceration, oesophageal reflux disease. Other conditions where reduction of gastric acid by 'Tagamet' is beneficial: persistent dyspeptic symptoms, particularly meal-related, including such associated with NSAIDs; prophylaxis of stress-induced gastrointestinal haemorrhage and of acid aspiration (Mendelson's) syndrome: malabsorption and fluid loss in short bowel syndrome; to reduce degradation of pancreation supplements; Zollinger-Ellison of pancreatic enzvme Dosage Usual maximum, 2.4 g/day. For full dosage instructions see Data Sheet. Adults: In duodenal ulcer or benign gastric ulcer. 800 mg once a day at bedtime. Otherwise usual dosage, 400 mg b.d. with breakfast and at bedtime. Alternatively 200 mg t.d.s with meals and 400 mg at bedtime (1.0 g/day) or 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). For continued treatment, 400 mg at bedtime or else 400 mg morning and at bedtime. To prevent relapse of peptic ulcer, usually 400 mg at bedtime or else 400 mg morning and at bedtime. *Oesophageal reflux disease*: 400 mg q.d.s. with meals and at bedtime (1.6 g/day) for 4 to 8 weeks. Prophylaxis of stress-induced gastrointestinal haemorrhage, 200-400 mg every 4-6 hours. Prophylaxis of acid aspiration syndrome, 400 mg 90-120 minutes before induction of general anaesthesia or at start of labour; up to 400 mg repeated (parenterally if appropriate) at 4-hourly intervals while risk persists. Do not use 'Tagamet' Syrup. Zollinger-Ellison syndrome, 400 mg q.d.s. or a day. To reduce degradation of pancreatic enzyme supplements, 800-1600 mg in 4 divided doses one to one and a half hours before meals. Dissolve effervescent tablets in a glass of water. *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, reversible liver occasional confusional reversible liver damage, confusional states (usually in the elderly or very ill). Very rarely interstitial nephritis, ill). Very roce, pancreatitis, throm votosis, headache, thrombocytopenia, agranulocytosis, agranulocytosis, neadactie, iliyaigia, 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. 8.2.91 Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY Tagamet', 'Tiltab' and the appearance of the tablets are trade marks. © 1991 Smith Kline TG:AD/1/003







"I USED TO THINK ULCERS WERE CAUSED BY CITY LIFE, THEN I TRIED CLIMBING EVEREST – THE HARD WAY"

It would be hard to find a mountaineer who could outperform Chris Bonington.

And it would be hard to find an H₂-antagonist that could outperform 'Tagamet' in clinical use.

Today, 'Tagamet' continues to produce a great performance for your patients, and for your practice.

With rapid healing of duodenal ulcer and lasting protection from ulcer relapse, 'Tagamet' puts patients back on their feet fast, and then helps keep them ulcer-free.

What's more, 'Tagamet' can add real value to your practice. By using 'Tagamet' as your first-choice H₂-antagonist, a General Practitioner with a list of 2,000 patients could retain over £1,000 extra each year within the practice budget.^{1,2}

Added to this, 'Tagamet' is backed by the evidence of 16,000 publications and the experience of over 2 million patient years in the UK alone.³

Plus the trust and confidence of more than 5,000 prescriptions dispensed in the UK every day.⁴

And that's quite a performance, isn't it?



THE QUALITIES OF LEADERSH

the most prescribed topical treatment³ for ulcerative colitis.

Confidence

Colifoam's simplicity and effectiveness has transformed the lives of thousands of patients, enabling them to pursue active social and working lives.¹

Experience

Unique among foam treatments, Colifoam has over 12 years of proven efficacy and safety in clinical practice.

Trust

Equally as effective as steroid enemas,^{1,2}
Colifoam is well documented and is



The leading topical treatment for ulcerative colitis.

PRESCRIBING INFORMATION: <u>Presentation</u>: White odourless aerosol containing hydrocortisone acetate PhEur 10%. <u>Uses</u>: Ulcerative colitis, proctosigmoiditis and granular proctitis. <u>Dosage and administration</u>: 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). <u>Contra-indications</u>, <u>warnings etc.</u>: 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. <u>Pharmaceutical precautions</u>: Pressurized container. Protect from sunlight and do not expose to temperatures above 50°C. Do not piece or burn even after use. Do not refrigerate. Keep out of reach of children. For external use only. <u>Legal category</u>: POM. <u>Package Quantity & Basic NHS cost</u>: 25g canister plus applicator, £7.25. <u>Further Information</u>: 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. <u>Product Licence No.</u>: 0036/0021. <u>References</u> 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. <u>Stafford-Miller Ltd.</u>, Professional Relations Division, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

Creon arrives rather than travelling in hope



Enteric-coated microspheres remain protected against gastric acid whilst mixing thoroughly with food ...





active pancreatin for thorough digestion and control of steatorrhoea

Superior control of steatorrhoea[†]

[†]Compared with standard enteric-coated tablets in pancreatic insufficiency^{1,2}

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, or 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

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 References

I. Stead RJ et al. Thorax 1987;**42**:533-537. 2. Beverley DW et al. Arch Dis Child

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

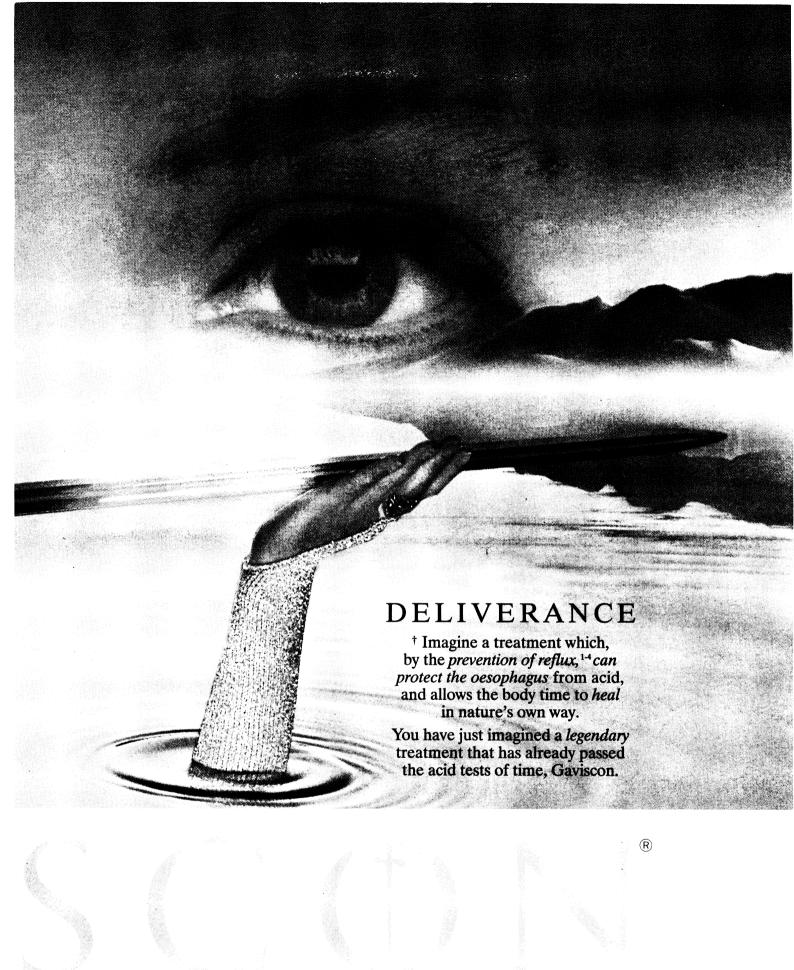


GAVI

liquid: sodium alginate BP, sodium bicarbonate Ph.Eur., calcium carbonate Ph.Eur. tablets: algini-

STOP REFLUX. PREV

Prescribing Information. Liquid Gaviscon. Active Ingredients: Sodium alginate BP 500mg, sodium bicarbonate Ph.Eur. 267mg and 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. Note: 10ml liquid contains 6.2mmol sodium. Basic NHS Cost: 500ml liquid £27.0. Ptl.: 44/0058. Gaviscon Tablets. Active Ingredients: Alginic acid BP 500mg, sodium bicarbonate Ph.Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph.Eur. 25mg per tablet. In a sugar free peppermint flavoured base containing calcium carbonate (40mg) and saccharin. Indications: Heartburn, including heartburn of pregnancy, dyspepsia associated



cid BP, sodium bicarbonate Ph.Eur., aluminium hydroxide BP, magnesium trisilicate Ph.Eur.

ENT OESOPHAGITIS.

with gastric reflux, hiatus hernia and reflux oesophagitis. Contra-Indications: None known. Dosage and Administration: Adults, children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: 1 tablet after meals and at bedtime. Note: 1 tablet contains 2.1mmol sodium. Tablets should be thoroughly chewed. Basic NHS Cost: 60 tablets £2.25. PL: 44/0021. References: 1. Washington N. (1990) Drug Invest. 2(1) 23-30. 2. Stanciu C. & Bennett J.R. (1974) Lancet 109-111. 3. Bortolotti M. et al (1985) In Esophageal Disorders, Pathophysiology and Therapy, ed. De Meester & Skinner, Raven Press 613-616. 4. Branicki F.J. et al (1988) J.Ambulat. Monitoring 1(1) 61-72. Further information is available on request. Reckitt & Colman Products, Dansom Lane, Kingston-Upon-Hull, HU8 7DS. * GAVISCON is a registered trademark.

Unlike H₂-antagonists, Cytotec puts back the G.I. prostaglandins NSAIDs take out.



NSAIDs cause ulcers by depleting mucosal protective prostaglandins. Cytotec, a prostaglandin analogue, restores

this protection.

Unlike H₂-antagonists¦ Cytotec not only inhibits acid secretion, but also stimulates bicarbonate secretion; increases mucus secretion and enhances gastric mucosal

Consequently Cytotec prevents ulceration in the majority of patients taking NSAIDs.^{4,5}



impact of NSAIDs on the stomach

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. Boo micrograms daily in 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 planning a pregnancy, patients allergic to prostaglandins.

Warnings: Pre-menopausal women should use effective contraception and be advised of the risks of taking Cytotec if pregnant. Precautions: Cytotec does not be predicted to the risks of taking Cytotec if pregnant. Precautions: Cytotec does not warnings: Pre-menopausal women should use effective contraception and be advised of the risks of taking Cytotec if pregnant. 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. Cytotec should not be administered during breast feeding. Adverse effects: Diarrhoea, abdominal pain, dyspepsia, flatulence, nausea, vomiting, dizziness, skin rashes. In women – menorrhagia, intermenstrual bleeding, vaginal bleeding. Basic NHS Price: £13/56 tablets. Product Licence Number: 0020/0115.

References: I. Wilson DE, Quadros E, Rajapaksa T, Adams A, Noar M. Dig Dis Sci 1986; 37 (suppl I): 1262s-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 I): 1262s-129s. 2. Lane End Road, High Wycombe, Bucks. HP12 4HL. (Suppl I): 1262s-129s. 2. Lane End Road, High Wycombe, Bucks. HP12 4HL. (Suppl I): 1262s-129s. 2. Lane End Road, High Wycombe, Bucks. HP12 4HL. (Suppl I): 1262s-129s. 2. Lane End Road, High Wycombe, Bucks. HP12 4HL.

(suppl 1A): 15-21. 4. Graham DY, Agrawal NM, Roth SH. Lancet 1988; ii: 1277-1280. 5. Searle Data on file.

Cytotec, Gold Cross and Searle are registered trade marks.

Data sheet with full prescribing information is available on request

Consider an ulcer extinct at your patient's peril



For the lifetime of the disease

PRESCRIBING INFORMATION: INDICATIONS: DUODENAL ULCER, BENIGN GASTRIC ULCER, ULCERS ASSOCIATED WITH NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID), 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 DRUG 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 MALIONANCY IN GASTRIC ULCER BEFORE INSTITUTION THERAPY, ESPECIALLY IN MIDDLE-AGED PATIENTS WITH RECENTLY CHANGED DYSPEPTIC SYMPTOMS. SUPERVISION OF PATIENTS WITH RECENTLY CHANGED PATIENTS WITH 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, 'RECEPTOR ANTAGONISTS RARE CASES OF BRADYCARDIA AND AV BLOCK (SEE DATA SHEET). PRESENTATIONS, ZANTAC 150 TABLETS EACH CONTAINING ISOMG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0279, 60 TABLETS EACH CONTAINING 300MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, 30 TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, AND TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, AND TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, AND TABLETS EACH CONTAINING 150MG RANITIDINE (PRODUCT LICENCE NUMBER 0004/0302, AND TABLETS EACH SOM DISPERSIBLE 1ABLE ISEACH CONTAINING ISOMGRANITIDINE (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

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Glaxo

THINK ENDOSCOPY





~ THINK KEYMED

Interest in infection control is currently heightened throughout medicine but the risk of cross-infection has always attended endoscopy. KeyMed has been at the forefront of the development of endoscope cleaning technology and supplies a comprehensive range of purposed-designed equipment. When you think about endoscope cleaning and disinfection, think KeyMed.



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.

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-

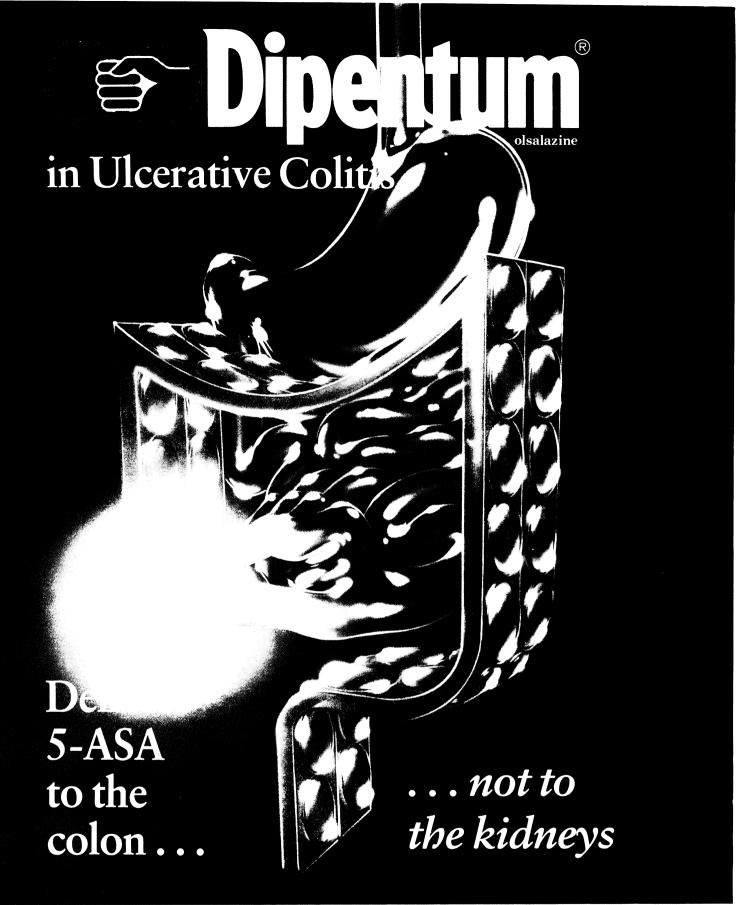
intestinal spasm secondary to organic diseases. **Dosage and Administration:** Tablets: Adults and children ten years and over: One tablet three times a day, preferably 20 minutes before meals. Suspension: Adults and children ten years and over: 15ml (150mg) three times a day, preferably 20 minutes before 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 Duphar Laboratories Limited.

duphar Gaters Hill, West End, Southampton, SO3 3JD. Telephone: 0703 472281

loosens the grip of IBS

C/Hosp Ad/1/88



Prescribing information

Presentation. Caramel coloured capsules containing 250mg olsalazine sodium.
Uses. Oral treatment of acute mild ulcerative colitis and the maintenance of remission.
Olsalazine consists of two
molecules of 5-amino-salicylic acid (5-ASA) joined through an azo-bond. The systemic absorption of olsalazine is minimal. 99% of an oral dose will reach the colon. Olsalazine is activated in the colon where it is converted into 5-ASA. The release of 5-ASA is neither pH nor time dependent. 5-ASA acts topically on the colonic mucosa and local colonic concentrations of 5-ASA

are more than 1000 times that

The more than 1000 times that found in the serum.

Dosage and Administration.

Acute Mild Disease. Adults

Including the Elderly. Commence on 1g daily in divided doses and, depending upon the patient response, titrate the dose upwards to a maximum of 3g daily over 1 week. A single dose should not exceed 1g. Olsalazine should be taken with food:

Remission Adults Including the Elderly. 2 capsules (0.5g) twice daily taken with food. Contra-Indications, Warnings, etc. Contra-indications.
Hypersensitivity to salicylates.

There is no experience of the use

of olsalazine in patients with significant renal impairment. Olsalazine is contra-indicated in patients with significant renal impairment. Pregnancy. Comprehensive animal reproductive toxicity studies have not been performed. There is no experience with olsalazine treatment during pregnancy. Olsalazine is contra-indicated in pregnancy. *Lactation*. There are no data on the excretion of olsalazine in breast milk.

Adverse Reactions, Watery diarrhoea has been recorded in 15% of patients treated. In half of these patients the diarrhoea was either transient or overcome by

dose reduction. In patients who do not respond to dose reduction the drug should be stopped. As with sulphasalazine and mesalazine gastrointestinal side-effects are the most common. The most frequently reported adverse reactions are diarrhoea, abdominal cramps, headache, nausea, dyspepsia, arthralgia and rash.

Treatment of Overdosage. There is no specific antidote to olsalazine. Treatment should be supportive

Pharmaceutical Precautions. Store at room temperature in a dry place. Legal Category. POM.

Package Quantities. Containers of Further Information, Olsalazine

has been used concomitantly with glucocorticosteroids.
UK Product Licence Number.

0009/0069 Product Authorisation Number

Dipentum is a Trade Mark, Basic NHS Price: 100 Capsules £23.90. Kabi Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH. Distributed in Ireland for Kabi Pharmacia (Ireland) Ltd., by: Cahill May Roberts.

Product Licence/ Authorisation Holder/ Pharmacia Biosystems Ltd. Davy Avenuc, Knowlhill, Milton Keynes MK5 8PH

Distributed in the U.K. by



IN IRRITABLE BOWEL SYNDROME COLPERINI

Sustained-release peppermint oil capsules

Break the strangleholds of pain and bloating

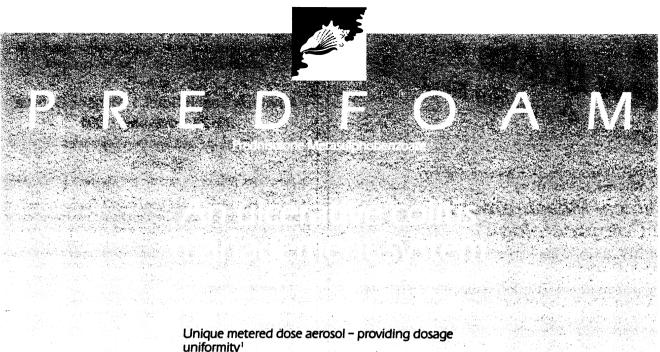


COLPERMINT DUAL ACTION RELIEF

Prescribing Information

Presentation: A light blue/dark blue enteric-coated capsule with a green band between cap and body. Each capsule contains a sustained release gel of 0.2ml peppermint oil B.P. Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. Dosage and Administration: Adult dose: 1-2 capsules three times a day. 30 minutes to one hour before food, and taken with a small quantity of water. The capsules should not be taken immediately after food. 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 capsules in children under the age of 15 years. Contra-indications, 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 or 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. 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. Product Authorisation: PA 360/17/1. Product Licence/Product Authorisation Holder: Tillotts Laboratories. Basic NHS Cost: £12.15 per 100. Date of issue: January 1991. Colpermin is a Trade Mark.



uniformity1

Foam formulation – easier to retain than liquid preparations and preferred by patients^{2,3} Proven clinical efficacy^{4,5}

Easy to use disposable applicators - clean and convenient for patients at home or at work

A complete local management system for maximum patient compliance



Prescribing Information
Predfoam Prednisolone metasuiphobenzoate sodium equivalent to 20mg prednisolone per metered dose.
Uses: Treatment of proctitis and ulcerative colitis. Dosage and administration: Adults and elderly patients.
One metered dose inserted rectally once or twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained. Use should be discontinued at the discretion of the physician once the disease is stable and under control. Children: Not recommended. Contra-indications, warnings etc.: Contra-indications: Local conditions where infection might be masked or healing impaired, e.g. peritonitis, fistulea, intestinal obstruction, perforation of the bowel. Precautions: The product should be used with extreme caution in the presence of severe ulcerative colitis. The possible occurrence of masking of local or systemic infection should be borne in mind when using this product. For rectal use only SIde-effects: The consequences of systemic absorption should be considered with extensive use over prolonged periods. As with all rectal corticosteroids, prolonged continuous use is undesirable. Use in pregnancy and lactation: There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development

including cleft palate and intra-uterine growth retardation. There may, therefore, be a very small risk of such effects in the human foctus. **Overdosage:** Overdosage by this route is unlikely. **Pharmaceution Precautions:** Pressurised container Protect from sunlight and do not expose to temperatures above SO'C. Do not pierce or burn even after use. Shake before use. **Product Licence Number** 0108/0101. **Product**

es n file, Pharmax. 2. K.W. Somerville, et al (1985) BMJ, 291-866. 3. W.S.J. Ruddell, et al (1980) Gut, 4. C. Rodrigues, et al (1987), The Lancet, i, 1497. 5. Data on file, Pharmax.



PHARMAX LIMITED

Bourne Road, Bexley, Kent DA5 1NX. Telephone: 0322 550550.

When your patients need Mesalazine ... they really need



Slow Release Tablets

HERE ARE JUST 3 REASONS WHY

1 CONTROLLED SLOW RELEASE THROUGHOUT THE GI TRACT

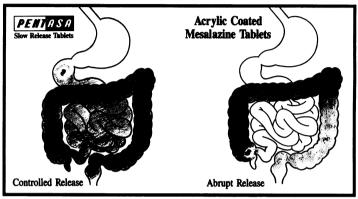
PENTASA releases mesalazine gradually throughout the large and small intestine. This avoids unduly high local concentrations, incomplete metabolism to acetyl mesalazine and undesirably high systemic absorption of mesalazine itself. The plasma concentration peaks of drug and metabolite during treatment with acrylic coated mesalazine suggest a more abrupt release of mesalazine from these preparations compared with PENTASA.1

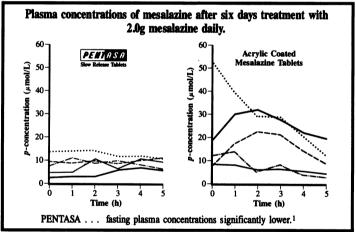
2. MINIMAL POTENTIAL FOR KIDNEY DAMAGE

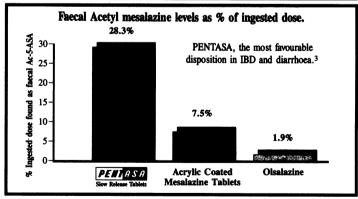
With PENTASA there is virtually complete metabolism to acetyl mesalazine which gives low plasma concentrations of mesalazine and reduces the likelihood of nephrotoxicity.2

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References: 1) Christensen LA et al (1990) Aliment. Pharmacol. Therap 4:523-533 2) Fallingborg J et al (1988) Falk Symposium No 49 3) Rijk MCM et al (1990) Abstract - Spring Meeting of Dutch Gastroenterologists

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 dyspepsis 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. Package quantity: Bottles containing 200 tablets. Product Licence: PL 3194,0043 Basic NHS Price: 200 x 250 mg tablets £32.2.8. Product Licence Holder: Ferring Pharmaceuticals Ltd. 11 Mount Road, Feltham, Middlesex TWI3 6AR. Date of preparation: April 1991. PENTASA is a registered trademark.

Further information is available from: Ferring Pharmaceuticals Ltd., 11 Mount Road, FELTHAM, Middlesex. TW13 6AR.



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References: 1. Riley SA et al. Gut 1988;29:669-74.

2. Campieri M et al. Scand J Gastroenterol 1990;25:663-8.

3. Riley SA et al. Gastroenterology 1988;94:1383-9.

4. Williams CN et al. Digestive Diseases and Sciences 1987;32 (Suppl):71S-75S.

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

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