



I've got the power

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. **DOSEAGE:** 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 non-steroidal 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 ranitidine. **PRECAUTIONS:** In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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 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 0004/0298, 60 tablets £31.25); Zantac Effervescent Tablets each containing 150mg ranitidine and 14.3mEq sodium (Product licence number 0004/0392, 60 tablets £31.25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20.8mEq sodium (Product licence number 0004/0393, 30 tablets £31.25); Zantac Effervescent Granules each containing 150mg ranitidine and 10.2mEq sodium (Product licence number 0004/0394, 30 sachets £15.63); Zantac Effervescent Granules each containing 300mg ranitidine and 20.4mEq sodium (Product licence number 0004/0395, 30 sachets £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, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

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Zantac
RANITIDINE



NOW
From the start in
duodenal and gastric ulcers

Prescribing information. Full description of pharmaceutical form: Losec capsules containing 20mg omeprazole. **Recommended clinical indications:** Treatment of reflux oesophagitis. Symptom relief is rapid, and the majority of patients are healed after 4 weeks. Treatment of duodenal and gastric ulcers, including those complicating NSAID therapy. Zollinger-Ellison syndrome. **Recommended doses and dosage schedules. Adults (including elderly):** In reflux oesophagitis: 20mg once daily, given for 4 weeks. For those patients not fully healed after the initial course, healing usually occurs during a further 4-8 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. Patients can be continued at a dosage of 20mg once daily. **Duodenal and benign gastric ulcers:** 20mg once daily. The majority of patients with duodenal ulcer are healed after 4 weeks. The majority of patients with benign gastric ulcer are healed after 8 weeks. In severe cases, the dose may be increased to 40mg Losec once daily. Long-term therapy with Losec in the treatment of gastric and duodenal ulcers is not currently recommended. **Zollinger-Ellison syndrome:** 60mg once daily. The dosage should be adjusted individually and treatment continued as long as clinically indicated. More than 90% of patients with severe disease and inadequate response to other therapies have been effectively controlled on doses of 20 to 120mg daily. With doses above 80mg, 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, precautions & warnings:** **Contra-indications:** 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.

ASTRA



RAPID PAIN RELIEF^{*1-4}
WITH
ACCELERATED HEALING^{*1-4}

SETS THE STANDARD FROM THE START

FROM THE START
IN REFLUX OESOPHAGITIS

AND NOW
FROM THE START
IN DUODENAL
AND GASTRIC ULCERS

One 20mg capsule daily



LOSEC[®]

omeprazole-Astra

**Losec compared with conventional starting courses of
H₂-antagonists in reflux oesophagitis, duodenal and gastric ulcers*

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, metoprolol, lidocaine, quinidine or antacids. **Animal Toxicology:** Gastric ECL-cell hyperplasia and carcinoids have been observed in life-long studies in rats treated with omeprazole or subjected to partial fundectomy. These changes are the result of sustained hypergastrinaemia secondary to acid inhibition and not from a direct effect of any individual drug. No treatment related mucosal changes have been observed in patients treated continuously for periods up to 5 years. **Special precautions for storage:** Use within one month of opening. Replace cap firmly after use. Dispense in original container. **Legal status:** POM. **Pack size and basic NHS cost:** Bottles of 5 capsules, £6.49; Bottles of 28 capsules, £36.36. **Product Licence No:** PL0017/0238. **Product Licence Holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. **Date of preparation:** 4th November 1991. **References** 1. Holt S & Howden CW. *Dig Dis & Sci* 1991; **36** (4): 385-93. 2. Sandmark S et al. *Scand J Gastroenterol* 1988; **23**: 625-32. 3. McFarland RJ et al. *Gastroenterol* 1990; **98**: 278-83. 4. Bate CM et al. *Gut* 1990; **31**: 968-72. For further information, please contact Astra Pharmaceuticals Ltd. Telephone: (0923) 266191. Losec is a registered trademark

THE QUALITIES OF LEADERSHIP



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 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

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.

WHEN PATIENTS NEED MESALAZINE...
 to maintain quality of life when suffering from ulcerative colitis



THEY REALLY NEED PENTASA.
 and where the aim is to sustain normal life with full working capacity.

● CONTROLLED SLOW RELEASE OF MESALAZINE THROUGHOUT THE GI TRACT¹

● LOW PLASMA LEVELS MEAN MINIMAL POTENTIAL FOR KIDNEY DAMAGE²

PENTASA

**Slow Release Tablets
 Mesalazine 250 mg**

● RELIABLE MESALAZINE DELIVERY EVEN IN DIARRHOEAL STATES³

● QUALITY OF LIFE MAINTAINED OVER MEASURABLE PARAMETERS^{4,5}

FOR MAINTENANCE OF REMISSION IN MILD TO MODERATE ULCERATIVE COLITIS

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 4) Terpstra IJ (1989) Inflammatory Bowel Diseases Bologna pp 28-29 5) Zelissen PMJ (1987) Inflammatory Bowel Diseases Bologna pp 14-16

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. **Package quantity:** Bottles containing 200 tablets. **Product Licence:** PL 3194/0043 **Basic NHS Price:** 200 x 250mg tablets £32.28. **Product Licence Holder:** Ferring Pharmaceuticals Ltd. 11 Mount Road, Feltham, Middlesex TW13 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





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 non-steroidal 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 ranitidine. **PRECAUTIONS:** In patients in whom sodium restriction is indicated, care should be taken when administering sodium-containing Effervescent Tablets and Granules. 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.

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I've got the power

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, 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 0004/0298, 60 tablets £31.25); Zantac Effervescent Tablets each containing 150mg ranitidine and 14.3mEq sodium (Product licence number 0004/0392, 60 tablets £31.25); Zantac Effervescent Tablets each containing 300mg ranitidine and 20.8mEq sodium (Product licence number 0004/0393, 30 tablets £31.25); Zantac Effervescent Granules each containing 150mg ranitidine and 10.2mEq sodium (Product licence number 0004/0394, 30 sachets £15.63); Zantac Effervescent Granules each containing 300mg ranitidine and 20.4mEq sodium (Product licence number 0004/0395, 30 sachets £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, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Tel: 081 990 9000.

Zantac
RANITIDINE



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[®] 
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

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C/Hosp Ad/1/88

Creon arrives rather than travelling in hope



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



Rising pH rapidly releases active pancreatin for thorough digestion and control of steatorrhoea



creon[®]
Microspheres pancreatin

Superior control of steatorrhoea[†]

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

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, 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 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.

References

1. Stead RJ et al. *Thorax* 1987;42:533-537. 2. Beverley DW et al. *Arch Dis Child* 1987;62:564-568.

duphar

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

THE BENEFIT

O

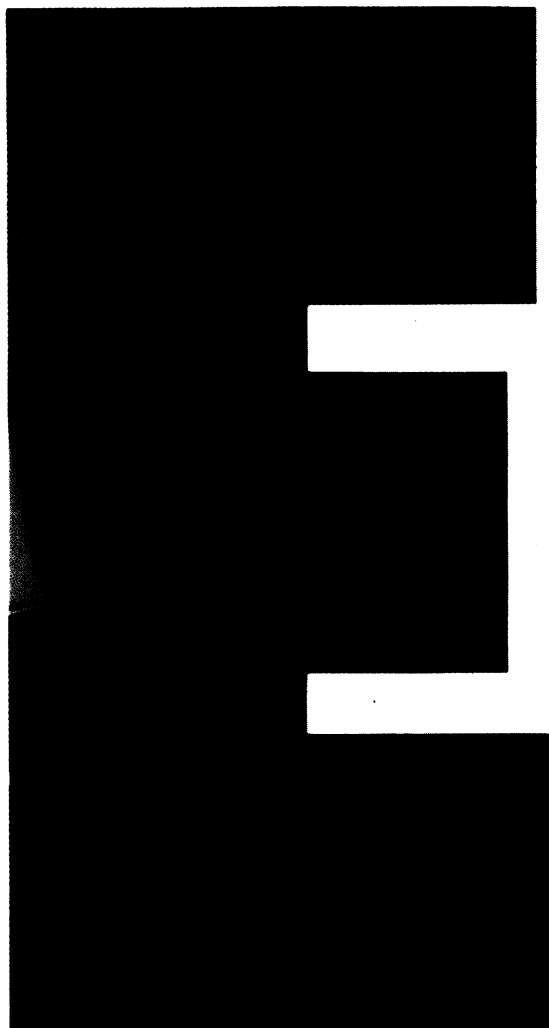


MOLECULE OF

Prescribing Information Presentation 'Asacol' Tablets, PL 0002/0173, each containing 400 mg mesalazine (5-aminosalicylic acid) coated with a pH-dependent acrylic based resin (Eudragit S) formulated to release the active ingredient in the terminal ileum and colon. Blister packs of 120 (12 x 10), £34.30 'Asacol' Suppositories 250 mg, PL 0002/0158, each containing 250 mg mesalazine. 20, £6.50. 'Asacol' Suppositories 500 mg, PL 0002/0195, each containing 500 mg mesalazine. 10, £6.50. **Uses** Treatment of mild to moderate acute exacerbations of ulcerative colitis. Maintenance of remission of ulcerative colitis. Suppositories particularly appropriate for distal disease. **Dosage and administration** **Tablets:** *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:* No dosage recommendation. **Suppositories** *Adults: 250 mg strength:* 3 to 6 a day, in divided doses, with the last dose at bedtime. *500 mg strength:* A maximum of 3 a day, in divided doses, with the last dose at bedtime. *Children:* No dosage recommendation. **Contraindications** A history of sensitivity to salicylates. Severe renal impairment (GFR<20 ml/min). Children under 2 years of age. **Precautions** Best avoided in patients with established renal impairment but, if necessary, use with caution. Avoid during pregnancy and lactation. Caution in elderly and only where renal function is normal. Do not give tablets with lactulose or similar preparations which lower stool pH. **Adverse reactions** Nausea, diarrhoea

TS OF



5-ASA



5-ASA is an effective anti-inflammatory agent used in the treatment of ulcerative colitis. Conventional treatments use combinations of this molecule to avoid its breakdown in the stomach.

This one, however, with its single molecule of 5-ASA, provides release of the active component from the tablet at the site of inflammation.¹

The result? A treatment for ulcerative colitis that's not only effective in both acute² and maintenance therapy,³ but also well tolerated³ without the sulphapyridine^{4,5} or dimer effects⁶ of 5-ASA combinations.

So, when treating ulcerative colitis, it's clear that 'one' is what you need. 'Asacol'.

ASACOL

mesalazine* (5 aminosalicylic acid)

LEADING THE WAY IN ULCERATIVE COLITIS



abdominal pain, headache. Exacerbation of symptoms of colitis. Reports of leucopenia, neutropenia, thrombocytopenia, pancreatitis, hepatitis, interstitial nephritis, nephrotic syndrome, renal failure with oral treatment, usually reversible. Suspect nephrotoxicity in patients developing renal failure. Legal category POM 24.4.91

References

1. Dew MJ *et al.* Colonic release of 5-aminosalicylic acid from an oral preparation in active ulcerative colitis. *Br J Clin Pharmacol* 1983;16:185-7.
2. Riley SA *et al.* Comparison of delayed release 5-aminosalicylic acid (mesalazine) and sulphasalazine in the treatment of mild to moderate ulcerative colitis relapse. *Gut* 1988; 29(5):669-74.
3. Riley SA *et al.* Comparison of

delayed-release 5-aminosalicylic acid (mesalazine) and sulfasalazine as maintenance treatment for patients with ulcerative colitis. *Gastroenterology* 1988;94:1383-9. 4. Birnie GG *et al.* Incidence of sulphasalazine-induced male infertility. *Gut* 1981;22:452-5. 5. Riley SA *et al.* Sulphasalazine induced seminal abnormalities in ulcerative colitis: results of mesalazine substitution. *Gut* 1987;28:1008-12. 6. Robinson M *et al.* Olsalazine in the treatment of mild to moderate ulcerative colitis. Abstract May 1988.

SK&F

Smith Kline & French Laboratories, Welwyn Garden City, Hertfordshire AL7 1EY

Authorised User of the trade mark 'Asacol' in the UK

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

AS:AD/1/037

IN IRRITABLE BOWEL SYNDROME COLPERMIN™

Sustained-release peppermint oil capsules

Break the strangleholds of pain and bloating



COLPERMIN™ 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.



REDFOAM

Prednisolone Metasulphobenzoate

An ulcerative colitis management system

Unique metered dose aerosol - providing dosage
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 metasulphobenzoate 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, fistulae, 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 foetus. **Overdosage:** Overdosage by this route is unlikely. **Pharmaceutical Precautions:** Pressurised container. Protect from sunlight and do not expose to temperatures above 50°C. Do not pierce or burn even after use. Shake before use. **Product Licence Number** 0108/0101. **Product Authorisation Number** 100/40/1.

References

1. Data on file, Pharmax. 2. K.W. Somerville, et al (1985) *BMJ*, 291-866. 3. W.S.J. Ruddell, et al (1980) *Gut*, 885-889. 4. C. Rodrigues, et al (1987), *The Lancet*, i, 1497. 5. Data on file, Pharmax.



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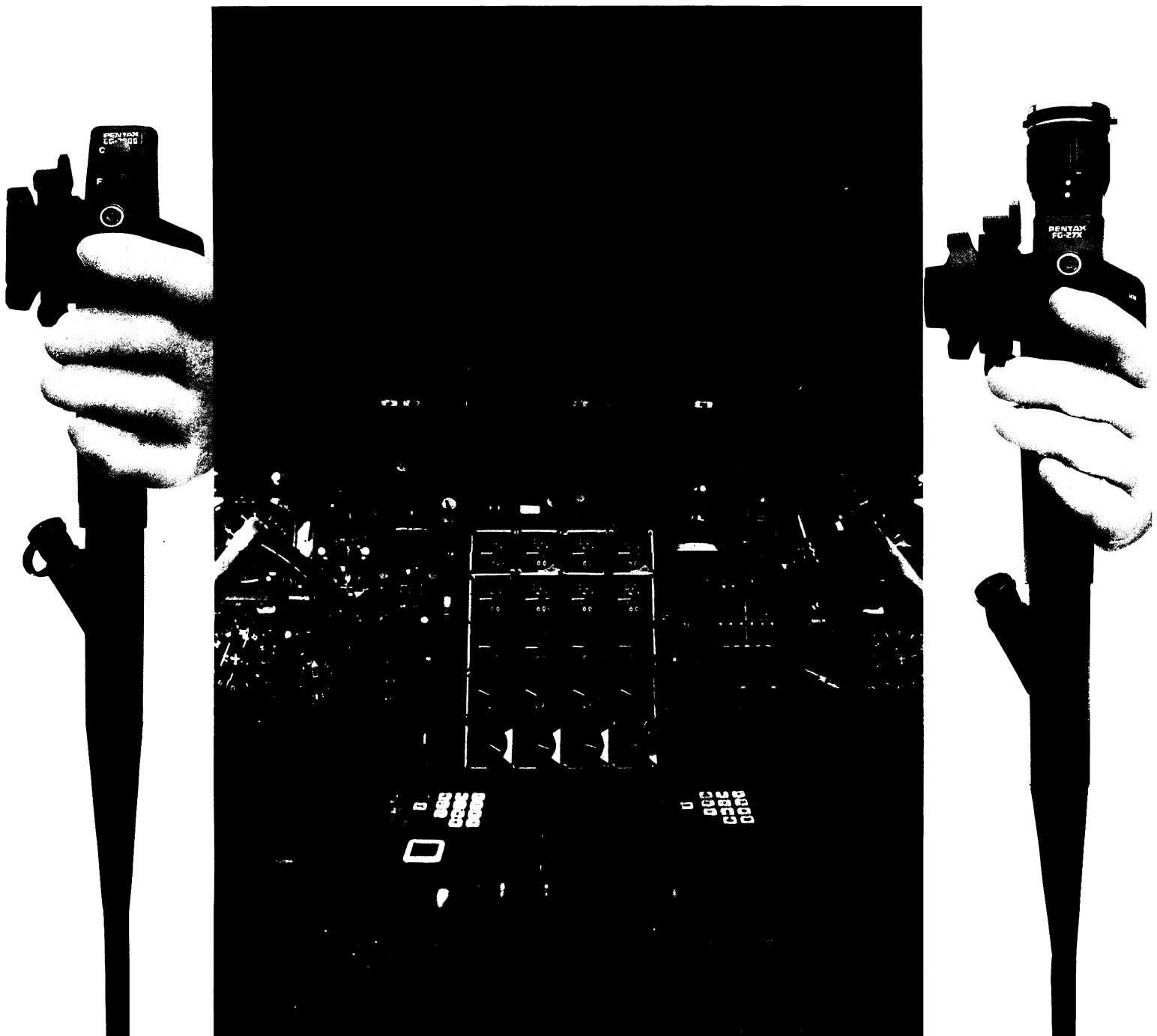
- AMRAD Corporation Limited proudly introduces the HEL-p TEST™, a new, fast and accurate serological ELISA test for the detection of antibodies to *Helicobacter pylori*.
- HELP confirm your diagnosis of gastritis and/or duodenal ulcer.
 - HELP determine the *H. pylori* status of patients prior to endoscopy.
 - HELP to choose the treatment regime for dyspepsia patients.
 - HELP to monitor the changes in antibody titre following *H. pylori* eradication therapy.
 - HELP determine the epidemiology of *H. pylori*.

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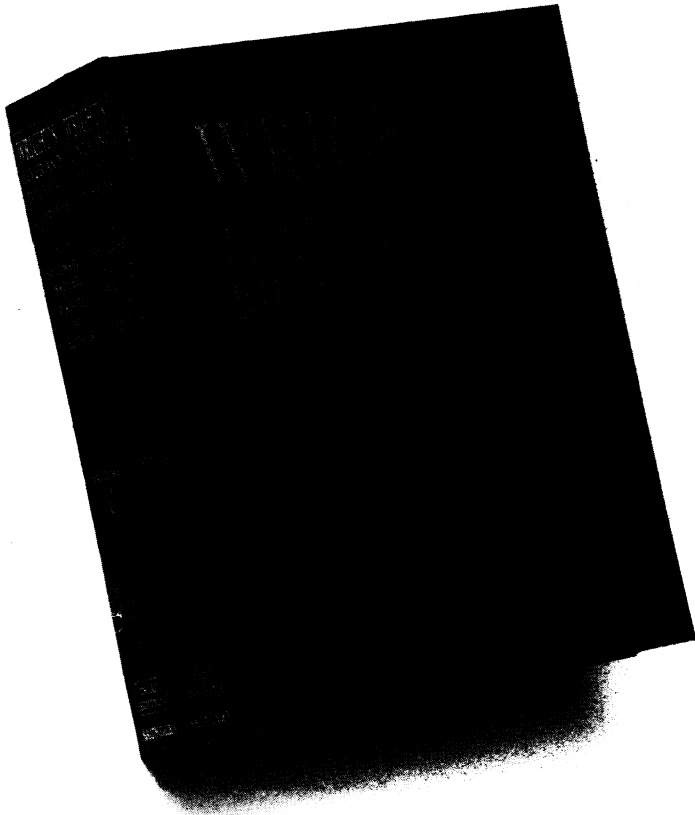
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THIRD EDITION



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- Investigation of liver disease by **ultrasound, nuclear imaging, angiography, computed tomography and magnetic resonance imaging.**
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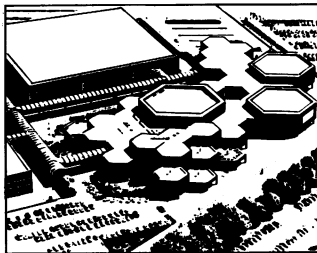
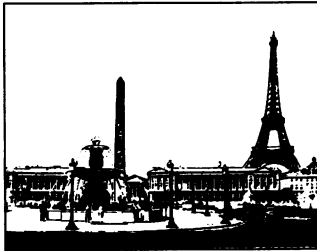
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