

# COLIFOAM

10% hydrocortisone acetate

## FIRST CLASS TREATMENT WHICH TRAVELS TO WORK

- ☛ Colifoam is highly effective for distal ulcerative colitis.<sup>(1)</sup>
- ☛ The retrograde spread of Colifoam increases with the extent of disease.<sup>(2)</sup>
- ☛ Colifoam is easier to retain than liquid enemas and causes less interference with social, sexual and occupational activities.<sup>(1,3)</sup>



PRESCRIBED WITH CONFIDENCE FOR OVER 20 YEARS.

**PRESCRIBING INFORMATION: Presentation:** White odourless aerosol containing hydrocortisone acetate PhEur 10% w/w. **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. Although uncommon at this dosage, local irritation may occur. **Pharmaceutical precautions:** Pressurised container containing flammable propellant. Protect from sunlight and do not expose to temperatures above 50°C. Keep away from sources of ignition. Do not pierce or burn even after use. Do not refrigerate, store below 25°C. Keep out of reach of children. For external use only. **Legal category:** POM. **Package quantity & basic NHS cost:** 20.8g canister plus applicator, £7.07. Provides approximately 14 doses. **Product Licence No:** 0036/0021. Further information is available on request from Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Code:** DO2665.

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**Recent advances in hepatitis B virus: mutant virus and the host response**  
G R Foster, H C Thomas

**Mycobacterial diseases of the gut**  
J D Sanderson, J Hermon-Taylor

**Colorectal neoplasia**  
N Scott, P Quirke

**Gastric carcinoma**  
P A Wright, G T Williams

**Growth factors in the gastrointestinal tract**  
N R Lemoine, H Y Leung, W J Gullick

**Molecular pathogenesis of coeliac disease**  
P J Howdle, G E Blair

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**LOSEC<sup>®</sup> CAPSULES (omeprazole) ABBREVIATED PRESCRIBING INFORMATION** (refer to full data sheet before prescribing) **PRESENTATION:** LOSEC Capsules containing 10mg, 20mg or 40mg omeprazole as enteric coated granules with an aqueous based coating. **USES:** Oesophageal reflux disease. Duodenal and benign gastric ulcers (including NSAID-induced). Duodenal ulcer associated with *Helicobacter pylori*. Zollinger-Ellison syndrome. **DOSAGE & ADMINISTRATION: Adults (including the elderly):** The usual dose in oesophageal reflux disease and peptic ulcer is 20mg once daily, increasing to 40mg once daily in severe or refractory cases, if required. **Oesophageal reflux disease:** Healing: 20mg daily for 4 weeks. Continue for further 4-8 weeks if required. **Maintenance in acid reflux disease:** LOSEC 10mg daily. Increase to 20mg daily if symptoms return. **Duodenal ulcer (DU):** Healing: 20mg daily for 4 weeks. **DU maintenance:** LOSEC 10mg daily increasing to 20mg daily if symptoms return. **DU associated with *Helicobacter pylori*:** Usual dose is LOSEC 40mg daily with amoxicillin 1.5g daily (750mg b.d.) for 2 weeks. Up to 2g/day of amoxicillin has been used in clinical studies. **Benign Gastric Ulcer:** 20mg daily for 8 weeks. **Zollinger-Ellison Syndrome:** 60mg daily as long as clinically indicated. Individually adjust within range

20-120mg daily. If in excess of 80mg daily give in 2 equal divided doses. **Renal impairment:** No dose adjustment needed. **Hepatic impairment:** Adjust dose (maximum daily dose 20mg). **Children:** No experience of use. **CONTRA-INDICATIONS, WARNINGS, ETC:** No known contra-indications. In gastric ulcer, exclude malignancy before starting therapy. Avoid in pregnancy unless no safer alternative. Discontinue breast feeding if LOSEC is considered essential. **Side effects:** LOSEC is well tolerated. Adverse reactions are generally mild and reversible (relationship to LOSEC not established in many cases). They include diarrhoea, headaches, skin disorders and in isolated cases, angioedema, musculoskeletal disorders, fatigue, insomnia, dizziness, blurred vision, vertigo, paraesthesia, liver enzyme and haematological changes. LOSEC can delay the elimination of phenytoin and warfarin. **PHARMACEUTICAL PRECAUTIONS:** Use within three months of opening. Store below 30°C. Replace cap firmly after use. Dispense in original container. **LEGAL CATEGORY:** POM. **FURTHER INFORMATION:** ***Helicobacter pylori* (Hp)** is associated with acid peptic and ulcer disease, contributing to gastritis and ulcer recurrence. In patients known to be allergic to amoxicillin, clarithromycin may be a useful alternative in dual therapy. Omeprazole 40mg daily, amoxicillin 1500mg daily

and metronidazole 1200mg daily for 14 days achieved an overall Hp eradication rate of 89% (96% in metronidazole-sensitive isolates). **PACKAGE QUANTITIES:** 10mg: bottles of 7 capsules £4.99, bottles of 28 capsules £19.95. 20mg: bottles of 7 capsules, £8.86, bottles of 28 capsules, £35.45; 40mg: bottles of 7 capsules £17.72, bottles of 14 capsules £35.45.

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PL 0017/0238 - LOSEC Capsules 20mg.  
PL 0017/0320 - LOSEC Capsules 40mg.

**Reference:**

1. Hallerback B, et al. 9th Asian-Pacific Congress of Gastroenterology & 6th Asian-Pacific Congress of Digestive Endoscopy, Bangkok, Thailand. Nov 29-Dec 3 1992; 90: Abstract FP-88.



For further information contact the **PRODUCT LICENCE HOLDER:** Astra Pharmaceuticals Ltd, Home Park, Kings Langley, Herts WD4 8DH. Tel: (0923) 266191. LOSEC is a registered trademark.

**Date of preparation:** September 1994

LOS/ADV 044

# NOW- SPEED WITH ECONOMY

## ZOTON\* ▼ Lansoprazole: Abbreviated Prescribing Information

**Presentation:** Two tone lilac/purple hard gelatin capsule containing 30 mg Lansoprazole as enteric coated granules. **Indications:** Healing of duodenal ulcer, benign gastric ulcer, and reflux oesophagitis. Also benign peptic lesions including reflux oesophagitis unresponsive to H<sub>2</sub> receptor antagonists. **Dosage and Administration:** Lansoprazole should be administered once daily. **Duodenal ulcer:** 30 mg daily for 4 weeks. **Reflux oesophagitis:** 30 mg daily for 4-8 weeks. **Benign gastric ulcer:** 30 mg daily for 8 weeks. Do not chew or crush capsules. Swallow whole. No dosage adjustment is necessary in the elderly, or patients with renal or hepatic impairment. There is no experience with Lansoprazole in children. Long term treatment cannot be recommended at this time. **Contra-indications:** No known contra-indications to Lansoprazole. **Warnings and Precautions:** As with other anti-ulcer therapies the possibility of malignancy should be excluded when gastric ulcer is suspected. There is no experience with the use of Lansoprazole in pregnancy, and its use should be avoided. Animal studies indicate Lansoprazole is excreted into breast milk, there is no information on secretion into breast milk in humans. Breast feeding should be discontinued if the use of Lansoprazole is considered essential. **Side effects:** Generally transient and self-limiting, including gastro-intestinal disturbances, headache, dizziness, dry mouth, fatigue, rashes, and increases in liver function tests. Arthralgia, peripheral oedema, and haematological changes have been reported rarely. **Legal Category:** POM. **Package Quantities:** Original Packs: Blister packs of 56, 28, 14 and 7 (hospital starter pack) capsules. **Product Licence No:** PL 0095/0264. **Cost:** 7's £9.09 (hospital starter pack), 14's £18.18, 28's £33.36, 56's £66.72. Full prescribing information is available on request. Date of preparation: December 1994

- **Duodenal Ulcer - Up to 98% healing within four weeks**<sup>1-6</sup> (Range 91-98%)
- **Reflux Oesophagitis - Up to 95% healing within eight weeks**<sup>7-12</sup> (Range 85-95%)
- **Lower total treatment costs per patient symptom free than either omeprazole or ranitidine**<sup>13</sup>

**REFERENCES** 1. Licht, H., *Gastroenterology*, 1990, **98** (5), Pt 2, A78 (21065) 2. Petite, J.P., *Journées Francophones de Pathologies Digestives*, 1991 (20969) 3. Londong, W., *Aliment Pharmacol Therap*, 1991, **53** 245-254 (19818) 4. Hawkey, C.J., *Gut*, 1993, **34** (10), 1458-1462 (20982) 5. Hotz, J., *Aliment Pharmacol Therap*, 1992, **6**, 87-95 (20027) 6. Ekstrom, P., *Scand J Gastroenterol*, 1992, **27** (Supp 190) A34 (20341) 7. Bardhan, K.D., *Gastroenterology*, 1991, Vol **100** (5), A30 (19804) 8. Petite, J.P., Data on file, Lederle Laboratories (20502) 9. Dorsch, E., *Am J Gastroenterol*, 1991, **86** (9), A15 (20009) 10. Robinson, M., *Gastroenterology*, 1992, **102** (4, Pt 2 of 2), A153 (20225) 11. Benhaim, M.C., *Gastroenterology*, 1990, **98** (5), A20 (20164) 12. Hatlebakk, J. G., *Scand J Gastroenterol*, 1993, **28**, 224-228 (20986) 13. Jones, R. and Bosanquet, N. et al, *Br J Med Econ*, 1994, 7, 99-114 (100983)

SECOND GENERATION

# ZOTON\* ▼

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# KEEP ACID WHERE IT WORKS NOT WHERE IT HURTS

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patients don't suffer from excess acid,<sup>1,2</sup> they suffer from acid in the wrong place.

So doesn't it make sense to use a reflux treatment which keeps acid where it works and not where it hurts?

Gaviscon works by forming a soothing alginate barrier

**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 and children over 12: 10-20ml liquid, after meals and at bedtime. Children 6-12: 5-10ml liquid after meals and at bedtime. **Note:** 10ml liquid contains 6.2mmol sodium. **Basic**

**NHS Cost:** 500ml liquid £2.70. **PL:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour. **Legal Category:** GSL. (PO). **Gaviscon Tablets. Active Ingredients:** Alginate 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 flavoured base containing calcium carbonate (40mg) and saccharin. **Indications:** Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. **Contra-Indications:**

which prevents acid from rising into the oesophagus, bringing rapid relief to 4 out of 5 reflux patients.<sup>3,4,5</sup>

So to keep acid in its natural environment, make Gaviscon your first choice in reflux.

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magnesium trisilicate Ph. Eur.

## Keeps acid in its natural environment

None known. **Dosage and Administration:** Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children 6-12: 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 Gaviscon Tablets, 44/0141 Gaviscon Tablets Lemon Flavour. **Legal Category:** GSL. (PO). **Holder of product licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. Gaviscon and the sword and circle symbol are registered trademarks. **Date of preparation:** 20/9/94.

**References** 1. Ball C.S. *et al.* (1988) *GUT*, Vol. 29 (part 10) A 1449. 2. Cadiot G. *et al.* (1994) *Gastrointest. Res.* 22: 209-222. 3. Chevrel B. (1980) *J. Int. Med. Res.* 8: 300. 4. Ward A.E. (1989) *Br. J. Clin. Pract.* 43 (2) Suppl. 66: 52. 5. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* 7: 551.

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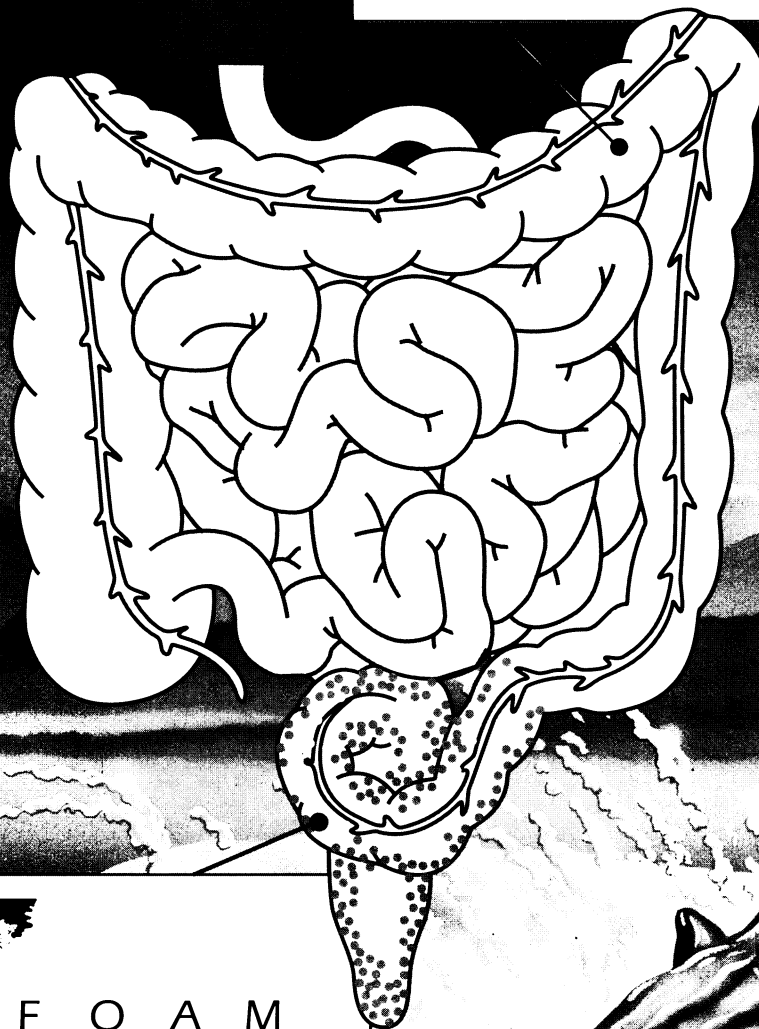
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**Aqueous formulation for the effective treatment of extensive colitis.<sup>1</sup>**



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**Metered dose foam formulation provides accurate and consistent dosing for the effective treatment of distal ulcerative proctocolitis.<sup>2</sup>**



## A complete local management system for ulcerative colitis

### Abbreviated Prescribing Information.

**Prednema: Presentation:** Disposable enema 100ml aqueous solution containing prednisolone metasulphobenzoate sodium equivalent to 20 mg of prednisolone. A long tube version is available. **Uses:** Local treatment of ulcerative colitis. **Dosage and Administration:** Adults only: 1 enema nightly for two to four weeks extending the course where a good response is being obtained. **Contraindications, Warnings etc:** Conditions where infection might be masked or healing impaired. Prolonged continuous use is undesirable. There is inadequate evidence of safety in human pregnancy. **Legal categories and Product Licence Numbers:** POM PL 0108/5018 PA 100/7/1. **Packs and NHS Price:** Pack of 7 enemas long tube £9.45. Pack of 10 enemas, standard tube £8.00. Full prescribing information is available on request.

**Predfoam Presentation:** A foam enema containing prednisolone metasulphobenzoate sodium equivalent to 20mg of prednisolone per metered dose. **Uses:** Treatment of proctitis and ulcerative colitis. **Dosage and Administration:** Adults and Elderly patients: Once or

twice daily for two weeks, extending treatment for a further two weeks when a good response is obtained. Children: Not recommended. **Contraindications, Warnings etc:** Conditions where infection might be masked or healing impaired. Prolonged continuous use is undesirable. There is inadequate evidence of safety in human pregnancy. **Legal categories and Product Licence Numbers** POM PL 0108/0101 PA 100/40/1. **Packs and NHS Price** Box containing one 14 dose canister, 14 disposable nozzles and 14 plastic bags:£7.06.Full prescribing information is available on request. **Date of preparation:** October 1994

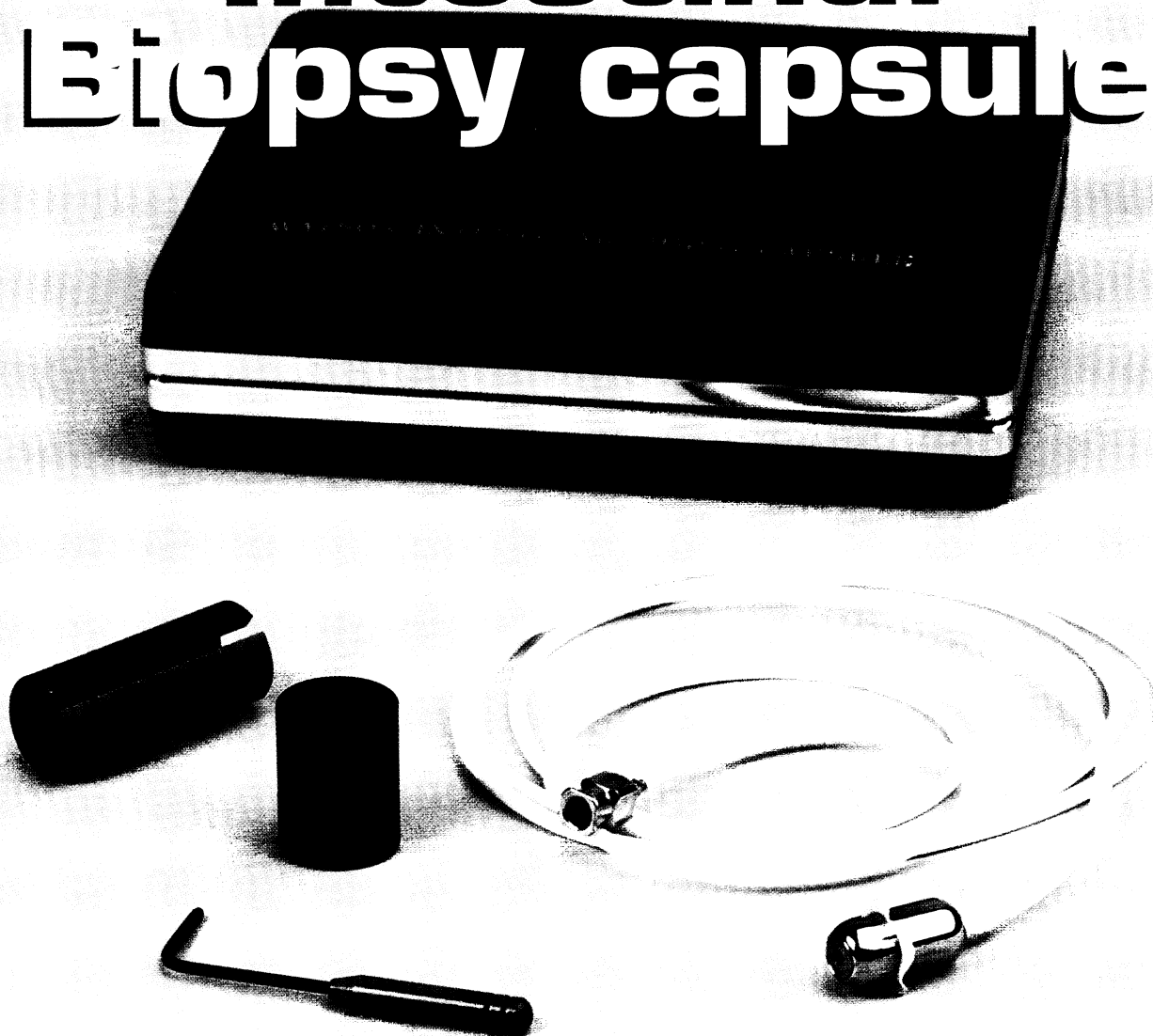
**References.** 1. Lee DAH, et al. Rectally administered prednisolone - evidence for a predominantly local action. 1980 Gut;21:215-218. 2. Foster P, Atkinson M. Clinical evaluation of a prednisolone metasulphobenzoate rectal foam in the treatment of acute distal ulcerative colitis. Data on file.

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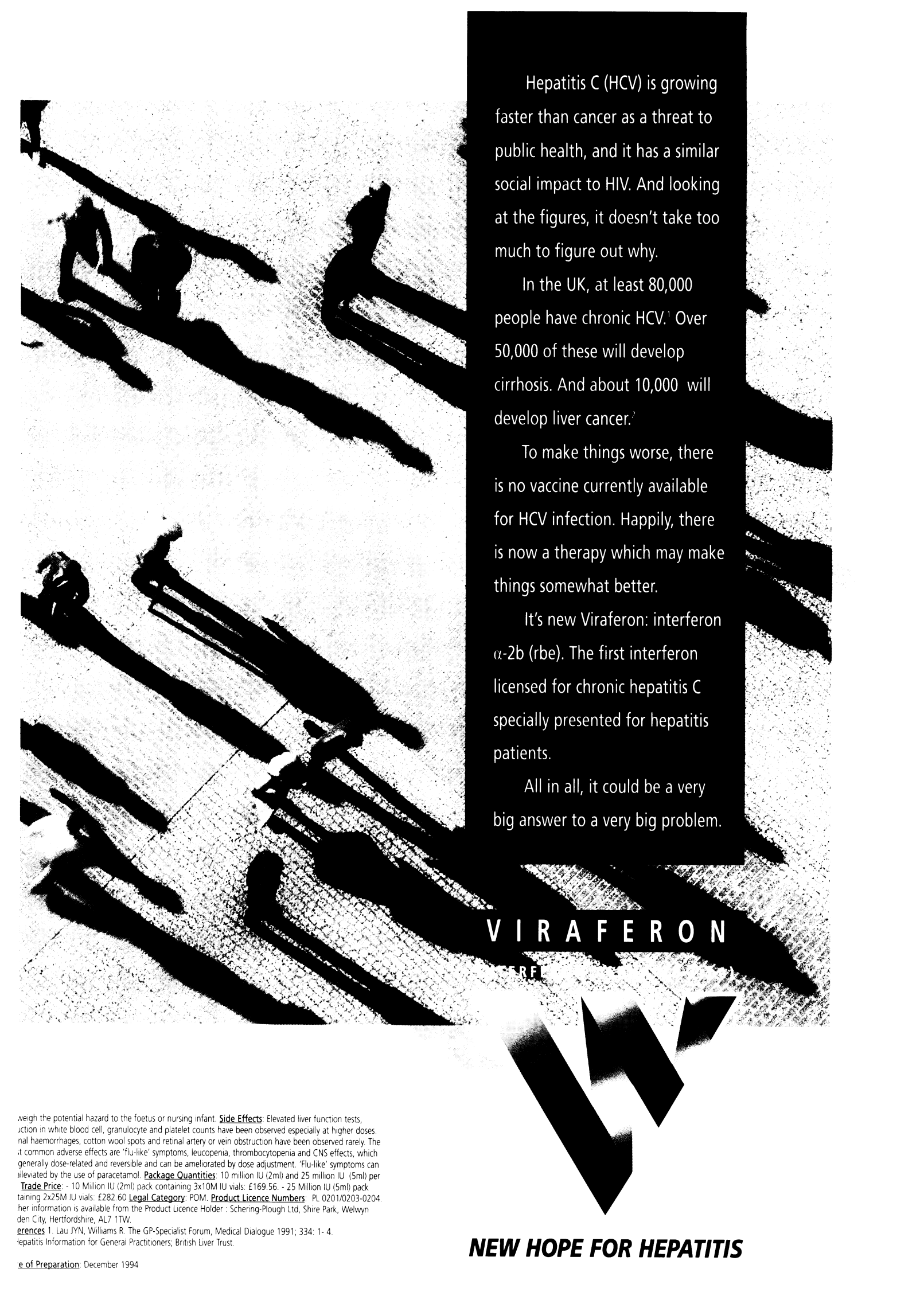


## THE OTHER ONE

### VIRAFERON ABBREVIATED PRESCRIBING INFORMATION

Before prescribing Viraferon please refer to full Data sheet. **Presentation:** 10 million or 25 million IU/vial of Interferon Alfa-2b(rbe) in solution. **Uses:** Treatment of Chronic Active Hepatitis B; reduction of disease activity in Chronic Hepatitis C/ Non-A, Non-B. **Dosage and Administration:** *Chronic Active Hepatitis B:* The recommended dosage is usually in the range of 2.5 million IU to 5.0 million IU/m<sup>2</sup> of body surface area administered subcutaneously three times per week for a period of four to six months. *Chronic Hepatitis C/Non-A, Non-B:* The recommended dose is 3 million IU administered three times a week. Most patients who respond demonstrate improvement in ALT levels within 12-16 weeks. In those patients, therapy should be continued with 3 million IU three times a week for up to 18 months. **Contraindications, Warnings, Precautions, etc.:** **Contraindications:** A history of hypersensitivity to recombinant Interferon Alfa-2b(rbe) or components of VIRAFERON Injection contraindicates its use; severe pre-existing cardiac disease, severe renal or hepatic dysfunction; epilepsy and/or compromised central nervous system function; chronic hepatitis with advanced decompensated cirrhosis of the liver; chronic hepatitis patients who are being or have been recently treated with immunosuppressive agents excluding short-term corticosteroid withdrawal. Autoimmune hepatitis or history of autoimmune disease, pre-existing thyroid disease not controlled by

conventional therapy. **Warnings and Precautions:** Use with caution in patients with a history of pulmonary disease, diabetes mellitus, coagulation disorders or severe myelosuppression. Moderate to severe adverse experiences may require reduction of dosage or termination of VIRAFERON therapy. Patients with chronic Hepatitis B with evidence of decreasing hepatic synthetic function may be at increased risk of clinical decompensation if a flare up of aminotransferases occurs during treatment. Patients with a recent history of cardiovascular events should be closely monitored as adverse cardiovascular events including hypotension and cardiac arrhythmias have been observed. Adequate hydration of patients should be maintained during treatment. Pulmonary infiltrates, pneumonitis and pneumonia, including fatality, have been observed rarely. Reversible CNS effects commonly manifested by confusion have been seen, usually at high doses. Infrequently, patients treated for chronic Hepatitis C/Non-A, Non-B developed thyroid abnormalities, either hypothyroid or hyperthyroid. VIRAFERON may exacerbate pre-existing psoriatic disease. Ocular adverse events have been reported. Concomitant narcotics or sedatives should be administered with caution. Patients taking xanthine derivatives should be monitored and dosage adjusted as necessary. No information is available on the use of interferon in human pregnancy or its effect on human lactation. VIRAFERON should only be given if the benefits clearly



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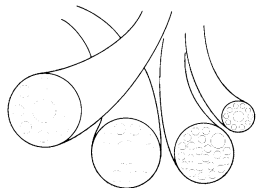


weigh the potential hazard to the foetus or nursing infant. **Side Effects:** Elevated liver function tests, reduction in white blood cell, granulocyte and platelet counts have been observed especially at higher doses. Nasal haemorrhages, cotton wool spots and retinal artery or vein obstruction have been observed rarely. The most common adverse effects are 'flu-like' symptoms, leucopenia, thrombocytopenia and CNS effects, which are generally dose-related and reversible and can be ameliorated by dose adjustment. 'Flu-like' symptoms can be alleviated by the use of paracetamol. **Package Quantities:** 10 million IU (2ml) and 25 million IU (5ml) per vial. **Trade Price:** - 10 Million IU (2ml) pack containing 3x10M IU vials: £169.56. - 25 Million IU (5ml) pack containing 2x25M IU vials: £282.60 **Legal Category:** POM. **Product Licence Numbers:** PL 0201/0203-0204. Further information is available from the Product Licence Holder: Schering-Plough Ltd, Shire Park, Welwyn Garden City, Hertfordshire, AL7 1TW.

**References:** 1. Lau JYN, Williams R. The GP-Specialist Forum, Medical Dialogue 1991; 334: 1-4. 2. Hepatitis Information for General Practitioners; British Liver Trust.

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**PRESCRIBING INFORMATION Indications: GASTRO-OESOPHAGEAL**

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**DYSPEPSIA:** Treatment of symptoms such as epigastric pain or discomfort, bloating, belching, and early satiety.

where oesophageal disease has been excluded. **CONTRAINDICATIONS:**

Concomitant use with other prokinetic agents, such as metoclopramide, domperidone, or erythromycin.

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Prepulsid should be used with caution in patients with a history of drug withdrawal.

Prepulsid should be used with caution in patients with a history of drug tolerance.

Prepulsid should be used with caution in patients with a history of drug resistance.

Prepulsid should be used with caution in patients with a history of drug addiction.

Prepulsid should be used with caution in patients with a history of drug abuse.

Prepulsid should be used with caution in patients with a history of drug dependence.

Prepulsid should be used with caution in patients with a history of drug withdrawal.