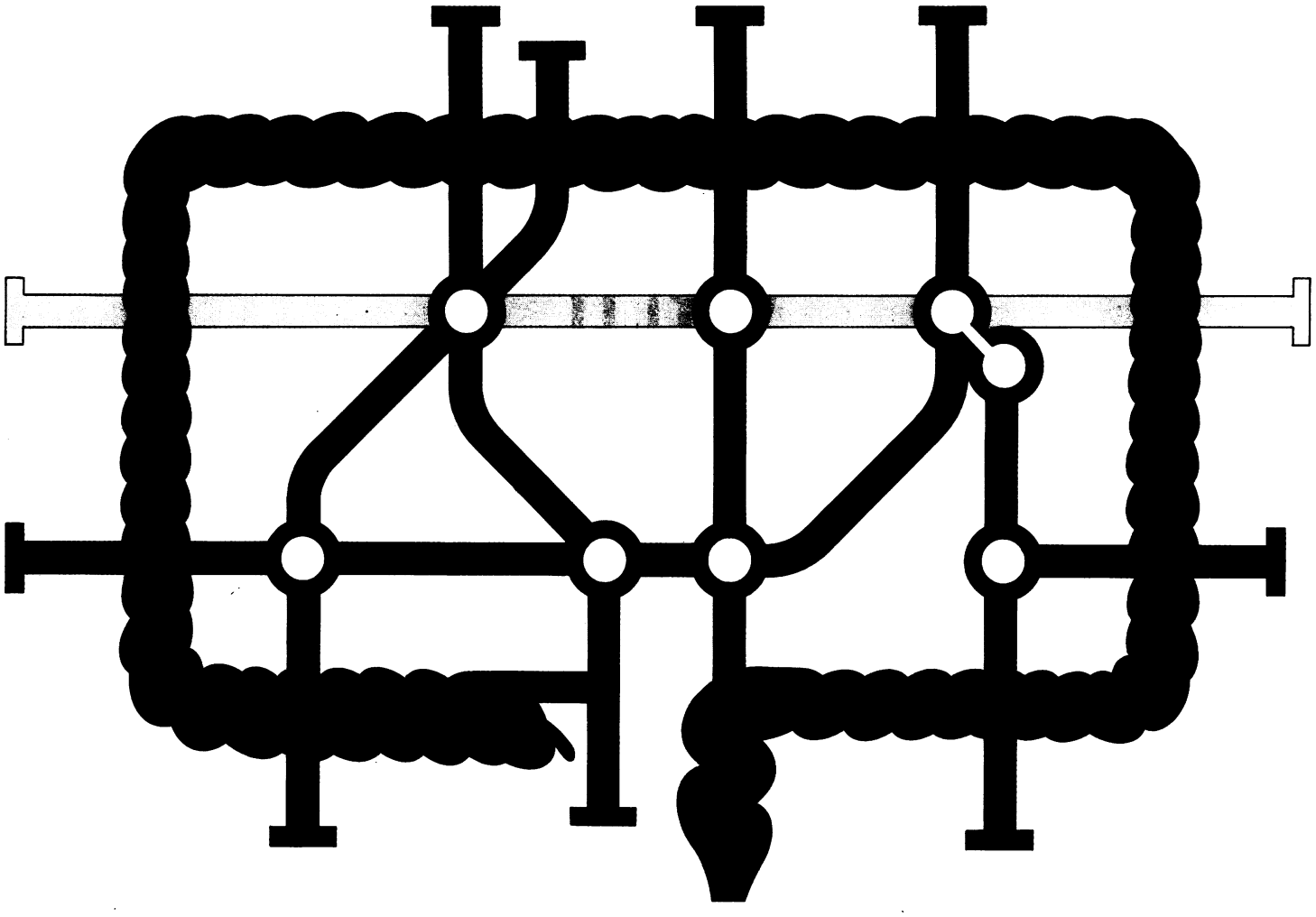
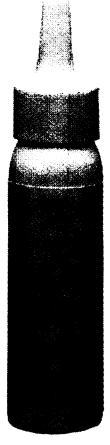


COLIFOAM

10% hydrocortisone acetate

FIRST CLASS TREATMENT WHICH TRAVELS TO WORK



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

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. **References:** 1. Somerville KW *et al.* BMJ 1985;291:866. 2. Farthing MJG *et al.* BMJ 1979;2:822-824. 3. Ruddell WSJ *et al.* Gut 1980;21:885-889. Further information is available on request from Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Code:** DO2665.

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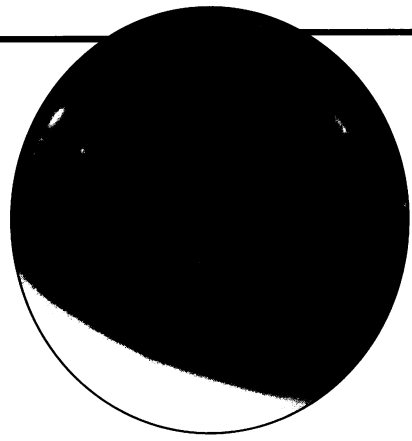
Trials show nothing comes cleaner[1,2] than Phospho-soda



"Phospho-soda was graded as 'excellent' or 'good' in 86% of 21 cases for the quality of mechanical bowel preparation, compared with 63% of 19 cases for sodium picosulphate"[1]

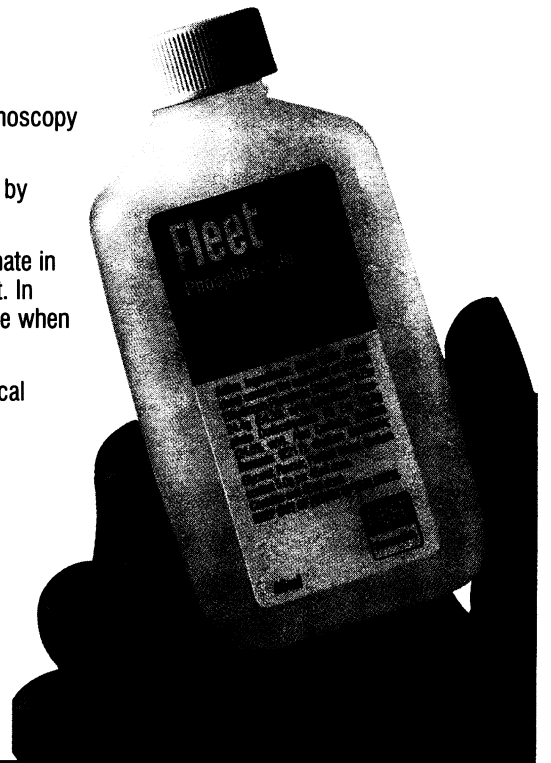
"Overall, endoscopists scored sodium phosphate as 'excellent' or 'good' in 90% vs. 68% after the polyethylene glycol lavage."[2]

Fleet Phospho-soda gives you a thoroughly effective way to clean the colon before colonoscopy examination, radiological procedures or surgery.

Fleet Phospho-soda is an oral saline laxative, increasing fluid accumulation in the lumen by osmosis to give bowel movements in ½ - 6 hours.

Under clinical conditions, not only did Fleet Phospho-soda outperform sodium picosulphate in bowel cleansing, it was also associated with less abdominal pain in the patients taking it. In addition, with a total dosage of only 90ml, patients found it easier to complete the course when compared with other bowel cleansing preparations.

The trials tell the story again and again - when you require a really clean bowel for medical procedures, you want nothing less than Fleet Phospho-soda.



Fleet™

Phospho-soda™

Oral Solution For Bowel Cleansing

Prescribing Information:
Indications: For use as a purgative for bowel cleansing in preparation for surgery or preparing the colon for x-ray or endoscopic examination. **Active Ingredients:** Each 45ml bottle (Dosage 2 x 45ml) contains the equivalent of 24.4g (54.3% w/v) Sodium Dihydrogen Phosphate Dihydrate Ph Eur and 10.8g (24.0% w/v) Disodium Phosphate Dodecahydrate Ph Eur per 45ml. Sodium content is 5.0g per 45ml. Excipients: Glycerol, Sodium Saccharin, Sodium Benzoate (E211), Ginger-Lemon flavouring, Purified water. Fleet™ Phospho-soda™ is sugar-free. **Dosage: Adults only:** Unless directed by a physician, Fleet Phospho-soda should be taken in the morning and in the evening on the day before examination or surgery. **Note: No solid foods may be taken for breakfast, lunch or evening meal on the day of taking this medicine. The liquid "diet" indicated should be strictly adhered to.** ***1st Dose*** *- At 7 a.m. (morning) on the day before examination or surgery:* Dilute total contents of one bottle (45ml) in half a glass (120ml) of cool water. Drink this solution, followed by one full glass (240ml) of cool water. At mid-day, follow with at least three full glasses (720ml) of water or "clear liquid", more if desired. "Clear liquids" include water, clear soup, strained fruit juices without pulp, black tea or black coffee, clear carbonated and non-carbonated soft drinks. ***2nd Dose*** *- At 7 p.m. (evening) on the day before examination or surgery:* Dilute total contents of the second bottle (45ml) in half a glass (120ml) of cool water. Drink this solution followed by one full glass (240ml) of cool water. Additional "clear liquid" may be taken up until midnight if necessary. This product normally produces a bowel movement in 1/2 to 6 hours. **NOT TO BE GIVEN TO CHILDREN. DO NOT USE** when nausea, vomiting or abdominal pain is present, unless directed by a physician. **Contra Indications:** The product is contra indicated in patients with known or suspected gastrointestinal obstruction or ileus. Do not use in patients with congestive heart failure, Hirschsprung's Disease or congenital megacolon. **Warnings:** Use with caution in patients with impaired renal function, heart disease, colostomy or on a low salt diet as hyperphosphataemia, hypocalcaemia, hypernatraemic dehydration and acidosis may occur. Patients should be warned to expect frequent, liquid stools. **Interactions:** Use with caution in patients taking calcium channel blockers, diuretics, lithium treatment or other medication that might affect electrolyte levels as hyperphosphataemia, hypocalcaemia, hypernatraemic dehydration and acidosis may occur. **Use in Pregnancy and Lactation:** Use under medical supervision only. **KEEP OUT OF REACH OF CHILDREN. Full prescribing information is available on request. Pharmaceutical Precautions:** Store below 25°C. Do not refrigerate. **Legal Category:** P. **Package Quantities:** Two single dose bottles, each containing 45ml of solution in a single carton. **Product Licence Number:** 0083/0044. **Product Licence Holder: E.C. De Witt & Co. Ltd., a subsidiary of C.B. Fleet Company Inc. USA.** For further information, please contact the Marketing Department at the address below. Fleet™ Phospho-soda™ (2 x 45ml) N.H.S. Price £4.79.

References
1. Data on file, E.C. De Witt & Co. Ltd. 1995.
2. Cohen S.M. et al., Prospective, Randomised, Endoscopic-blinded Trial comparing Precolonoscopy Bowel Cleansing Methods. Dis. Colon Rectum, July 1994, 37, No.7, 689-696.

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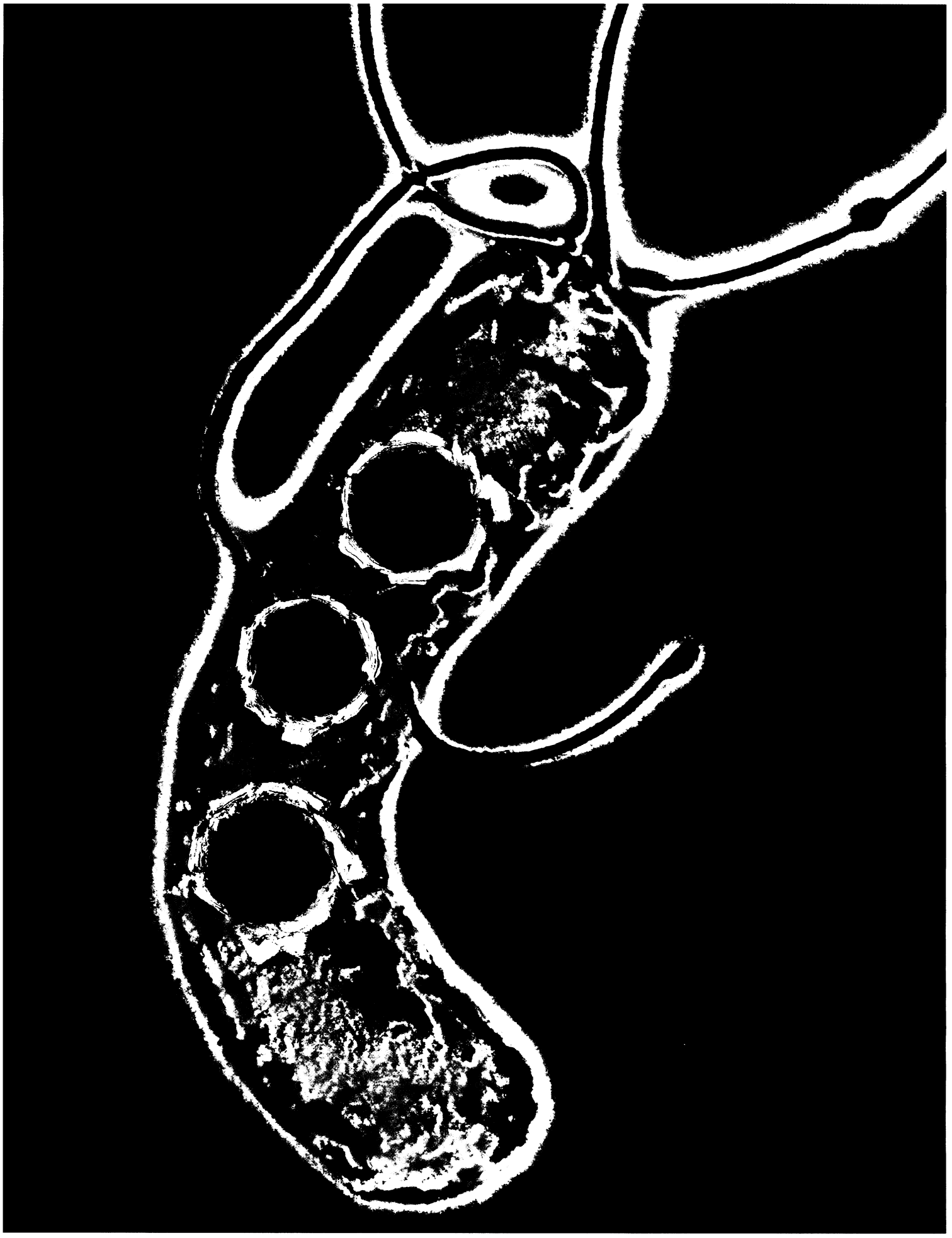

Pylorid Prescribing Information.
Indications Treatment of duodenal and benign gastric ulcer. H. pylori eradication and prevention of duodenal ulcer relapse when given with clarithromycin or amoxycillin. **Dosage** Adults: duodenal ulcer 400mg twice daily for four weeks. Treatment may be extended for further four weeks. Benign gastric ulcer 400mg twice daily for eight weeks. H. pylori-associated duodenal ulcer 400mg twice daily with amoxycillin 500mg four times daily (2g) or clarithromycin 250mg four times daily or 500mg three times daily (1g-1.5g) for first two weeks of treatment then Pylorid 400mg twice daily for further two weeks. Children: Not currently recommended. **Contra-indications** Known hypersensitivity to any of the ingredients. **Precautions** In gastric ulcer exclude malignancy before treatment. Plasma levels increased in renal impairment and elderly. Avoid use in extreme renal impairment (see data sheet). Avoid in patients with history of acute porphyria. As contains bismuth not recommended for maintenance use or more than 16 weeks in a year. See prescribing information for amoxycillin or clarithromycin before co-prescribing. **Side Effects**

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15mg ZOTON*▼

Lansoprazole

† Up to 87% remission rate in reflux oesophagitis after 1 year. *(Range 69-87%)*[1-4]

ZOTON*▼ Lansoprazole: Abbreviated Prescribing Information
Presentation: Two tone lilac/purple hard gelatin capsule containing 30 mg lansoprazole, yellow hard gelatin capsule containing 15 mg lansoprazole as enteric coated granules. **Indications:** Healing and maintenance of duodenal ulcer, and gastro-oesophageal reflux disease (GORD), healing of benign gastric ulcer, and reflux oesophagitis. Also benign peptic lesions including reflux oesophagitis unresponsive to H_2 receptor antagonists. **Dosage and Administration:** Lansoprazole should be administered once daily. *Duodenal ulcer:* 30 mg daily for 4-8 weeks, then 15 mg for maintenance dose. *Reflux oesophagitis:* 30 mg daily for 4-8 weeks, then 15 mg for maintenance dose. *Benign gastric ulcer:* 30 mg daily for 8 weeks. The maintenance dose in GORD can be increased to 30 mg depending on patient response. 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. **Contra-indications:** No known contra-indications to Lansoprazole. **Precautions:** As with other anti-ulcer therapies the possibility of malignancy should be excluded when gastric ulcer is suspected. **Pregnancy and Lactation:** 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, depression and increases in liver function tests. Arthralgia, peripheral oedema, and haematological changes have been reported rarely. **Legal Category:** POM. **Package Quantities:** *30mg capsules:* Blister packs of 56, 28, 14 and 7 (hospital starter pack) capsules. *15mg capsules:* Blister packs of 56, and 28. **Product Licence No:** PL 0095/0264 *30mg capsules.* PL 0095/0302 *15mg capsules.* **Cost:** *30mg capsules:* 7 £9.09 (hospital starter pack), 14 £18.18, 28 £33.36, 56 £66.72. *15mg capsules:* 28 £18.80, 56 £37.60.
Full prescribing information is available on request. **Product Licence Holder:** Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS. Date of preparation; Jan 1996

REFERENCES: 1. Gough, A.L., *Gut,* 1994, **35** (Suppl 5) (101756) 2. Hatlebakk, J.G., and Berstad, A., Gastroenterol, 1995, 108 (4), A111 (102909) 3. Poynard, T. et al, *Gastroenterol,* 1995, **108** (4), A195 (102907) 4. Robinson, M., and Lanza F. et al, *Gastroenterol,* 1994, **106** (4), Pt 2 (101495).

Full prescribing information is available on request.
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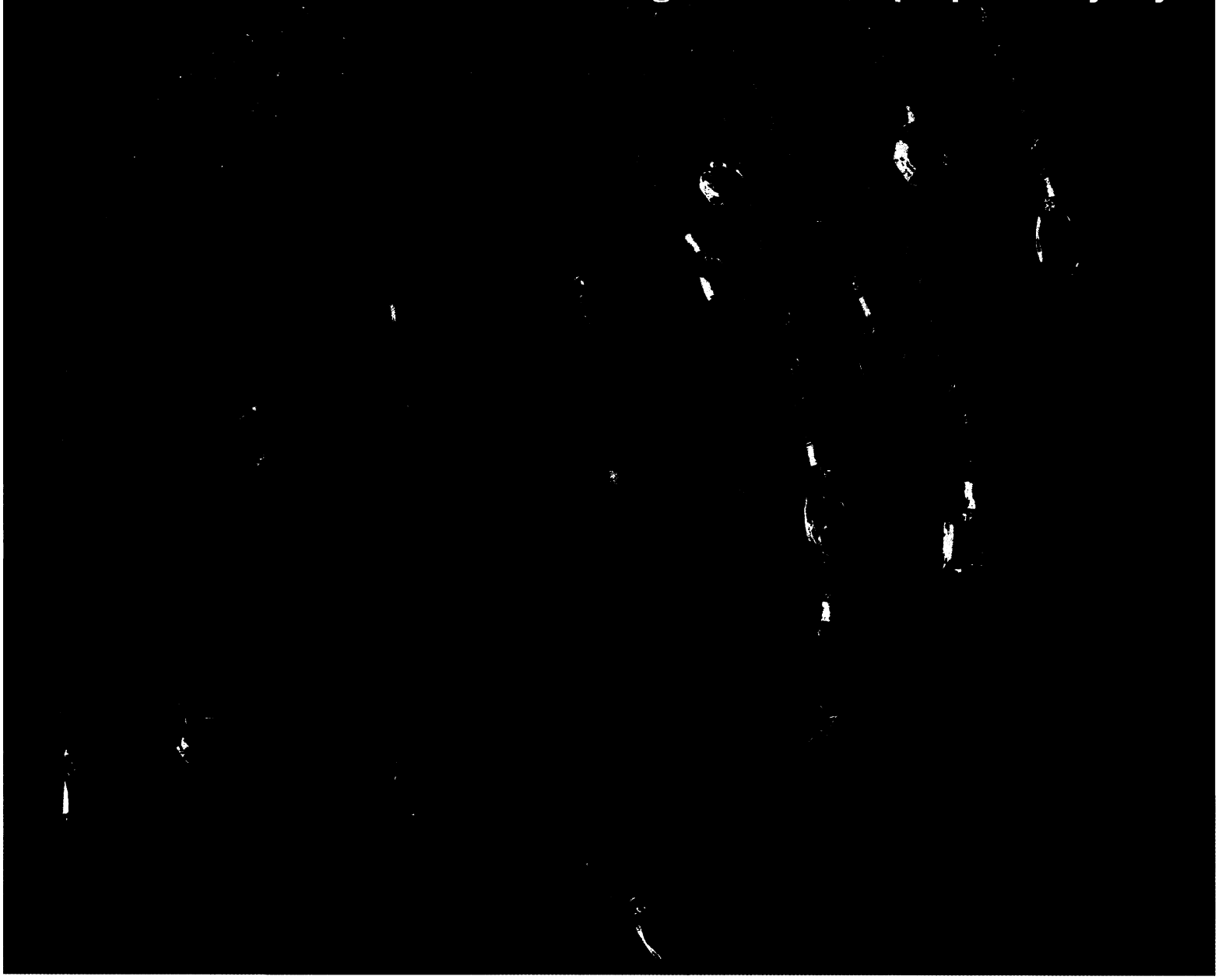

LOSEC® CAPSULES (omeprazole) PRESCRIBING INFORMATION (refer to full data sheet before prescribing)
PRESENTATION: Losec Capsules containing 10mg, 20mg or 40mg omeprazole **(O)** as enteric coated granules with an aqueous based coating. **USES:** Oesophageal reflux disease. Duodenal and benign gastric ulcers (including NSAID-induced). *Helicobacter pylori* eradication: Relief of associated dyspeptic symptoms in combination treatment with antibiotics. Prophylaxis of acid aspiration. 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. **Benign Gastric Ulcer:** 20mg daily for 8 weeks. ***Helicobacter pylori* eradication: DU disease: Triple therapies:** Losec 40mg daily with amoxycillin **(A)** 500mg and metronidazole **(M)** 400mg, both three times a day for 1 week. Or clarithromycin **(C)** 250mg and metronidazole 400mg (or tinidazole 500mg) both bd for 1 week. Or amoxycillin 1g and clarithromycin 500mg both bd for 1 week. **Dual therapies:** Losec 40mg daily with amoxycillin 750mg to 1g bd or clarithromycin 500mg tid, both for 2 weeks. **GU disease:** Losec 40mg daily with amoxycillin 750mg to 1g bd for 2 weeks. **Prophylaxis of acid aspiration:** Losec 40mg on the evening before surgery followed by Losec 40mg on the morning of surgery. **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:** Known hypersensitivity to omeprazole. 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, dry mouth, vertigo, paraesthesia, anaphylaxis, liver enzyme and haematological changes. **Interactions:** The absorption of ketoconazole may be reduced. Losec can delay the elimination of diazepam, phenytoin and warfarin. Plasma concentrations of omeprazole and clarithromycin are increased when used concomitantly. Simultaneous treatment with omeprazole and digoxin may increase the bioavailability of digoxin. **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. Eradication of *Hp* with omeprazole and antibiotics gives rapid symptom relief, high healing rates and long-term remission of ulcer disease.
Quality of life. In recent clinical data, in patients with acute peptic ulcer disease, omeprazole *Hp* eradication therapy improved patients' quality of life. **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. (*Hospital pack only). **MARKETING AUTHORIZATION NO:** PL 0017/0337 – Losec Capsules 10mg. PL 0017/0238 – Losec Capsules 20mg. PL 0017/0320 – Losec Capsules 40mg.

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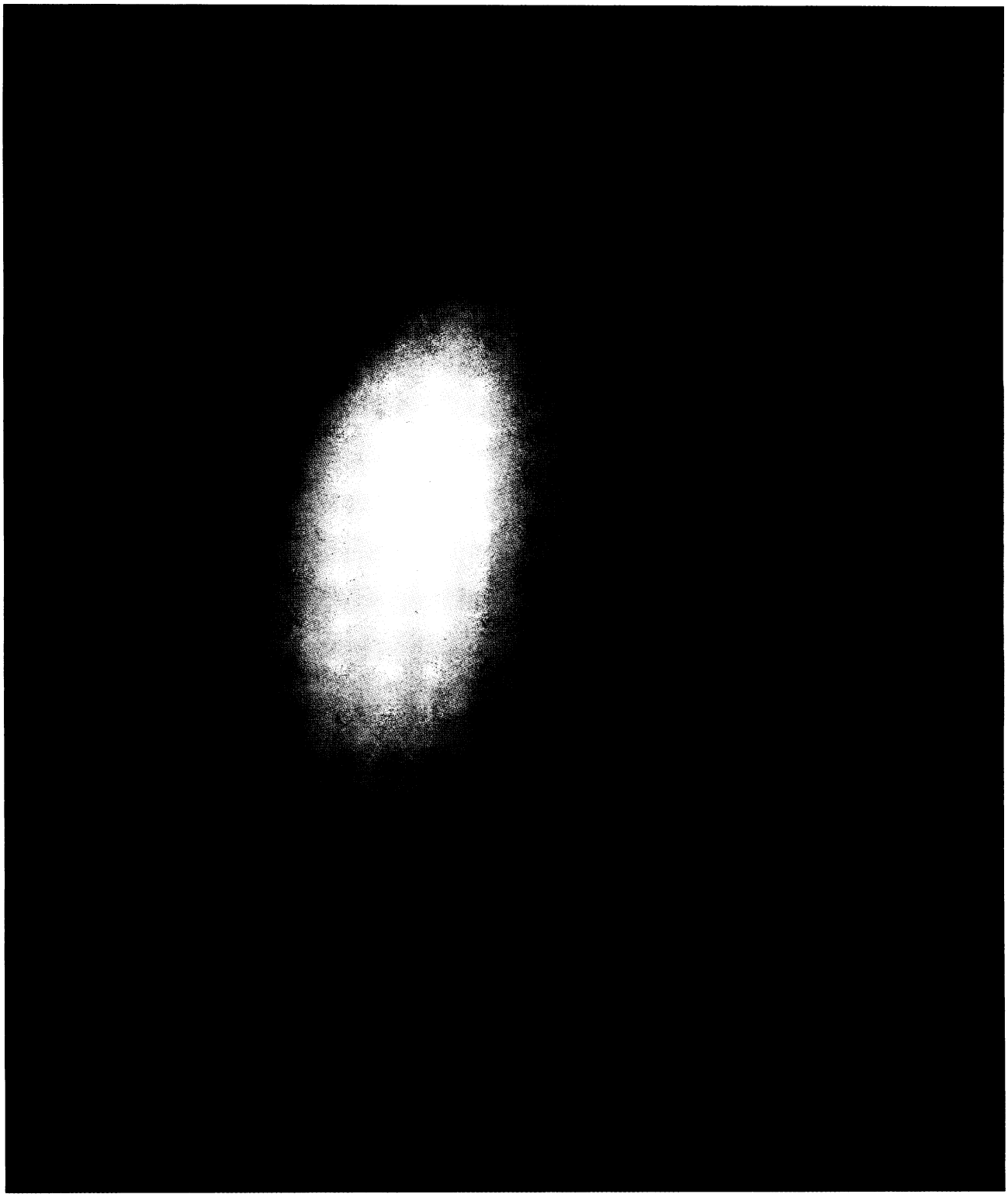

PRESCRIBING INFORMATION:

Indications Duodenal ulcer (including those associated with *H. pylori* infection), benign gastric ulcer, postoperative ulcer, oesophageal reflux disease, Zollinger Ellison Syndrome, prophylaxis of gastrointestinal haemorrhage from stress ulcer, recurrent haemorrhage from bleeding peptic ulcer, acid aspiration (Mendelson's Syndrome). Tablets, Syrup, Effervescent Tablets only, ulcers associated with non-steroidal anti-inflammatory drugs (NSAIDs), prevention of NSAID-associated duodenal ulcer, chronic episodic dyspepsia, severe oesophagitis, long-term management of healed oesophagitis. **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. In duodenal ulcer, 300mg twice daily produces higher healing rates at four weeks. Continued maintenance treatment of 150mg at bedtime is recommended for patients with a history of recurrent ulceration. Duodenal ulcers associated with *H. pylori*, 300mg at bedtime or 150mg twice daily with oral amoxycillin 750mg three times daily and metronidazole 500mg three times daily for 2 weeks. Zantac therapy then continued for a further 2 weeks. Ulcers following non-steroidal anti-inflammatory drugs: 150mg twice daily for up to eight weeks. Prevention of NSAID-associated duodenal ulcer: 150mg twice daily concomitantly with NSAID therapy. 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. Moderate to severe oesophagitis: 150mg four times daily for up to twelve weeks. Long-term treatment of healed oesophagitis: 150mg twice daily. Obstetric patients at commencement of labour; oral dose of 150mg may be followed by 150mg at six-hourly intervals (see data sheet). Those at risk of acid aspiration syndrome; oral dose of 150mg two hours before induction of general anaesthesia with preferably 150mg the previous evening. Alternatively, Zantac Injection 50mg intramuscularly or by slow intravenous injection 45 to 60 minutes before general anaesthesia. Zantac Injection may be given every six to eight hours either as slow (over a period of at least two minutes) intravenous injection of 50mg, after dilution to a volume of 20ml per 50mg dose, or as intermittent intravenous infusion at a rate of 25mg per hour for two hours; alternatively, as intramuscular injection of 50mg (2ml) every six to eight hours. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration: parenteral administration may be continued until oral feeding commences. If still at risk, Zantac Tablets or Syrup 150mg may be given twice daily. Prophylaxis of haemorrhage from stress ulceration: priming dose of 50mg as a slow intravenous injection followed by continuous intravenous infusion of 0.125 to 0.250mg/kg/hr

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may be preferred. *Children:* Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **Contra-indications** Patients with known hypersensitivity to ranitidine. **Precautions** Caution when using Effervescent Tablets in sodium-restricted patients. Exclude malignancy in gastric ulcer before instituting therapy, especially in middle-aged patients with new or recently changed dyspeptic symptoms. Regular supervision of patients taking NSAIDs concomitantly with Zantac recommended, especially if elderly. Protects against NSAID-associated ulceration in duodenum and not in stomach. Reduce dosage in the presence of severe renal failure (see data sheet). Avoid in patients with history of porphyria. Effervescent Tablets contain aspartame, use with caution in patients with phenylketonuria. Rapid administration of injection may rarely cause bradycardia; recommended rates of administration should not be exceeded. Like other drugs, use during pregnancy and lactation only if strictly necessary. **Side effects** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia, and with antibiotics, diarrhoea. 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 HCl, (Product licence number 10949/0042, 60 tablets £27·89); Zantac 300 Tablets each containing 300mg ranitidine HCl (Product licence number 10949/0043, 30 tablets £27·43); Zantac Effervescent Tablets each containing 150mg ranitidine HCl and 14·3mEq sodium, (Product licence number 10949/0137, 60 tablets £27·89); Zantac Effervescent Tablets each containing 300mg ranitidine HCl and 20·8mEq sodium (Product licence number 10949/0138, 30 tablets £27·43); Zantac Syrup each 10ml dose containing 150mg ranitidine HCl (Product licence number 10949/0108, 300ml bottle £22·32); Zantac Injection each 2ml dose containing 50mg ranitidine HCl (product licence number 10949/0109, 5 x 2ml £3·21). **Product licence holders** Glaxo Laboratories, Stockley Park West, Uxbridge, Middlesex UB11 1BT. POM Zantac is a trade mark of the Glaxo Wellcome Group of Companies. Further information is available on request from Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex UB11 1BT. Telephone 0181-990 9444. Date of preparation: September 1995

Reference
1. Data on file. GlaxoWellcome UK Limited 1995.

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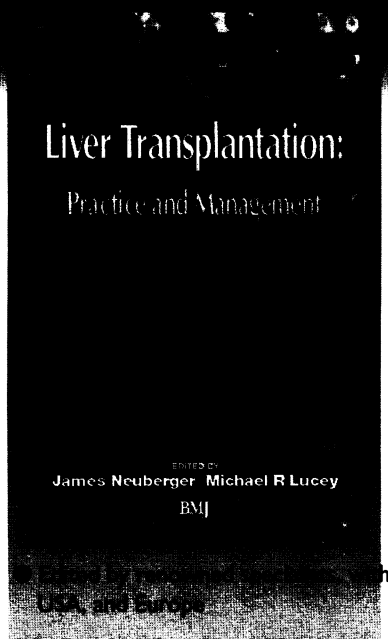

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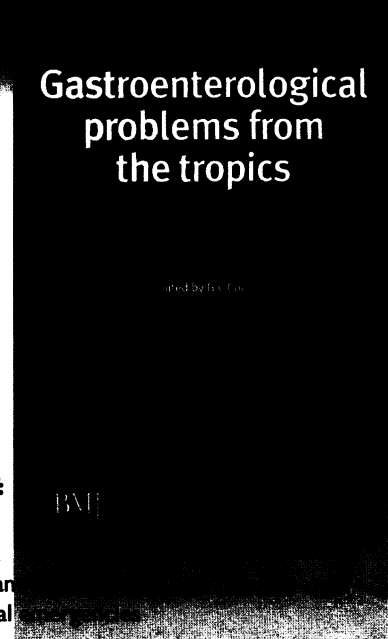

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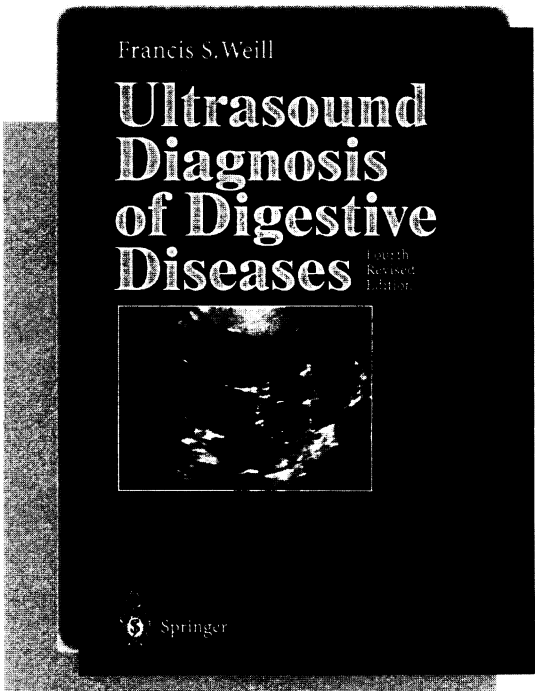

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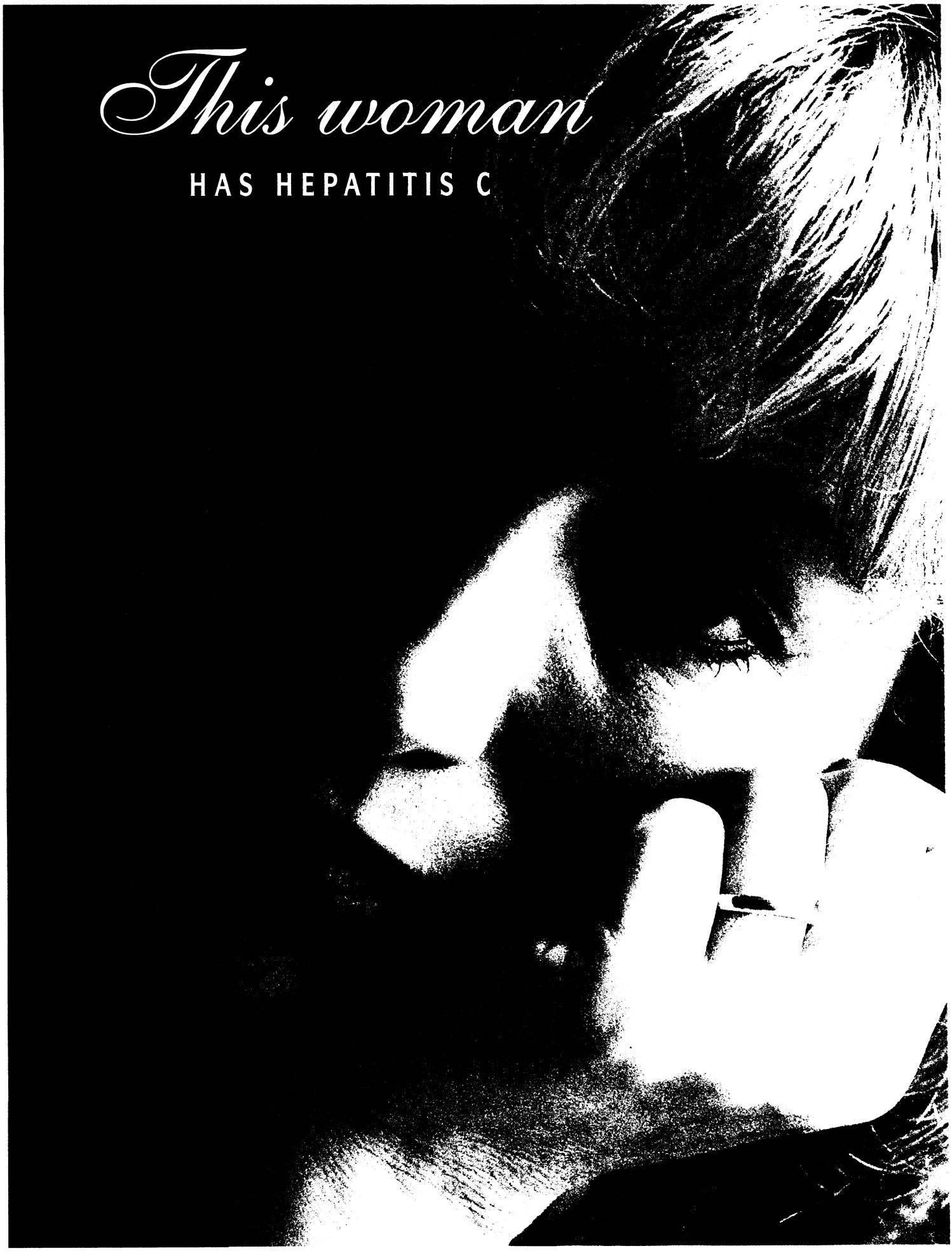
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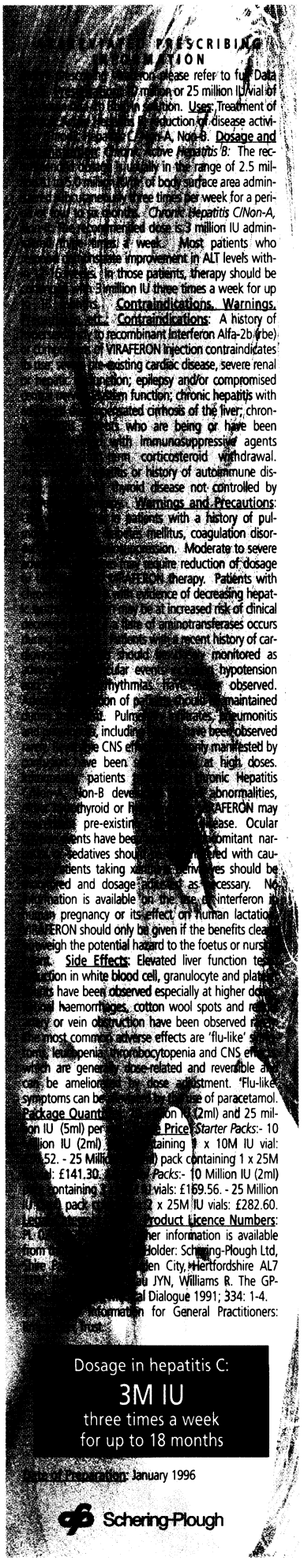

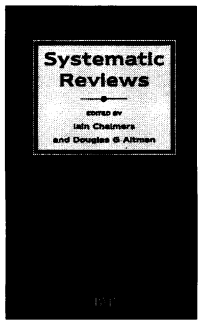

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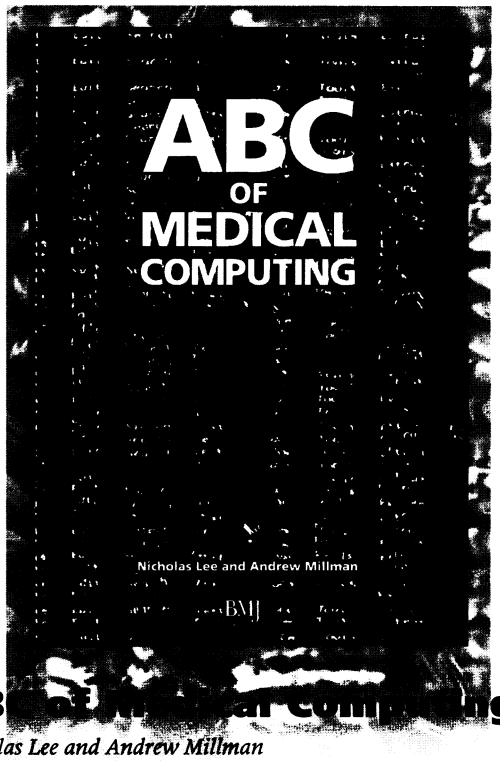

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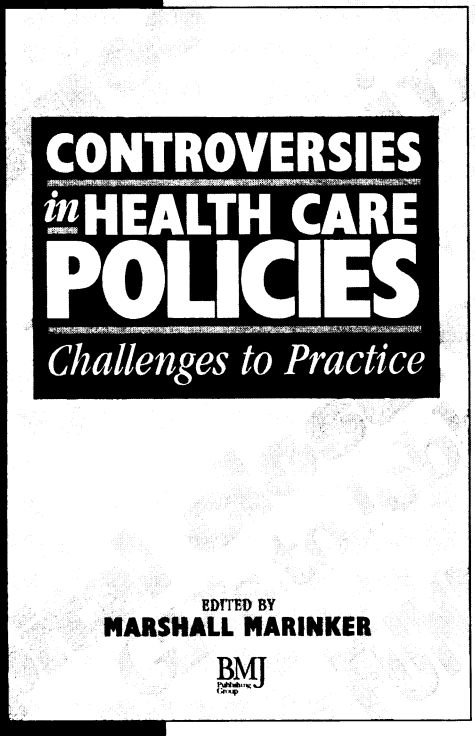

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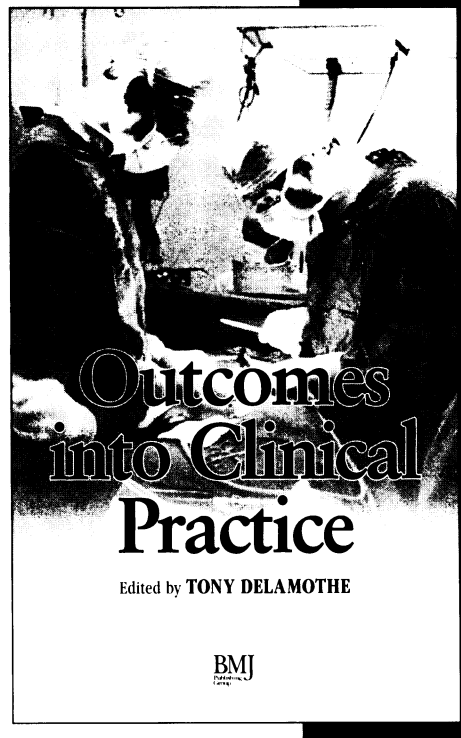

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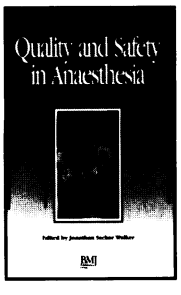

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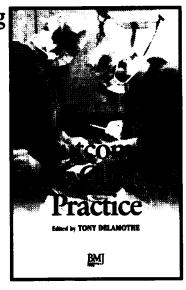

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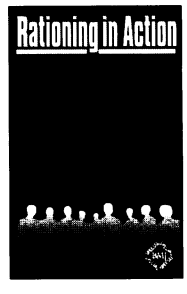

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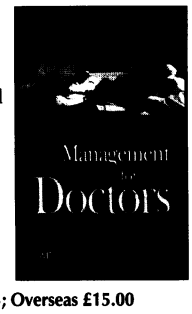

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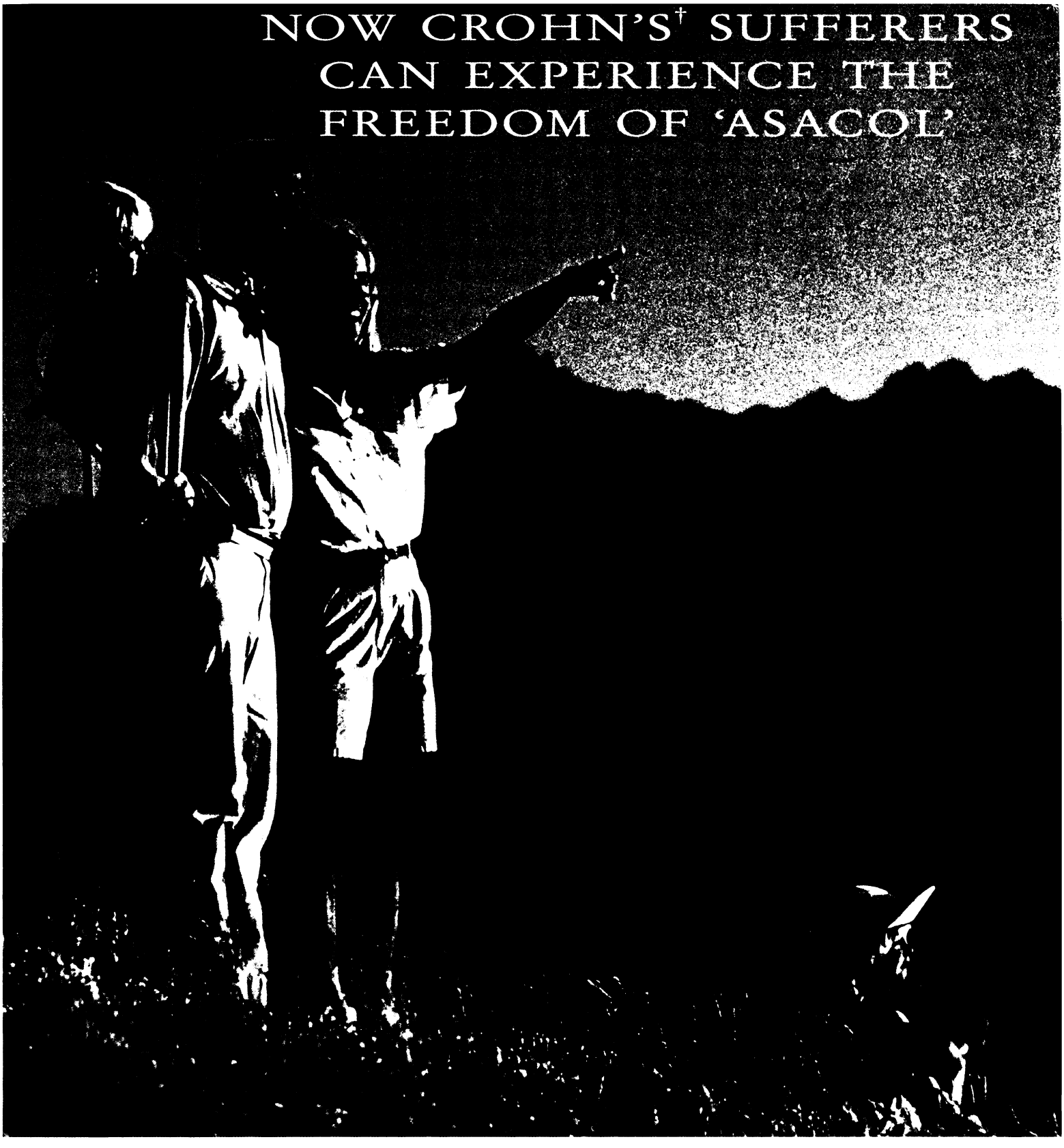

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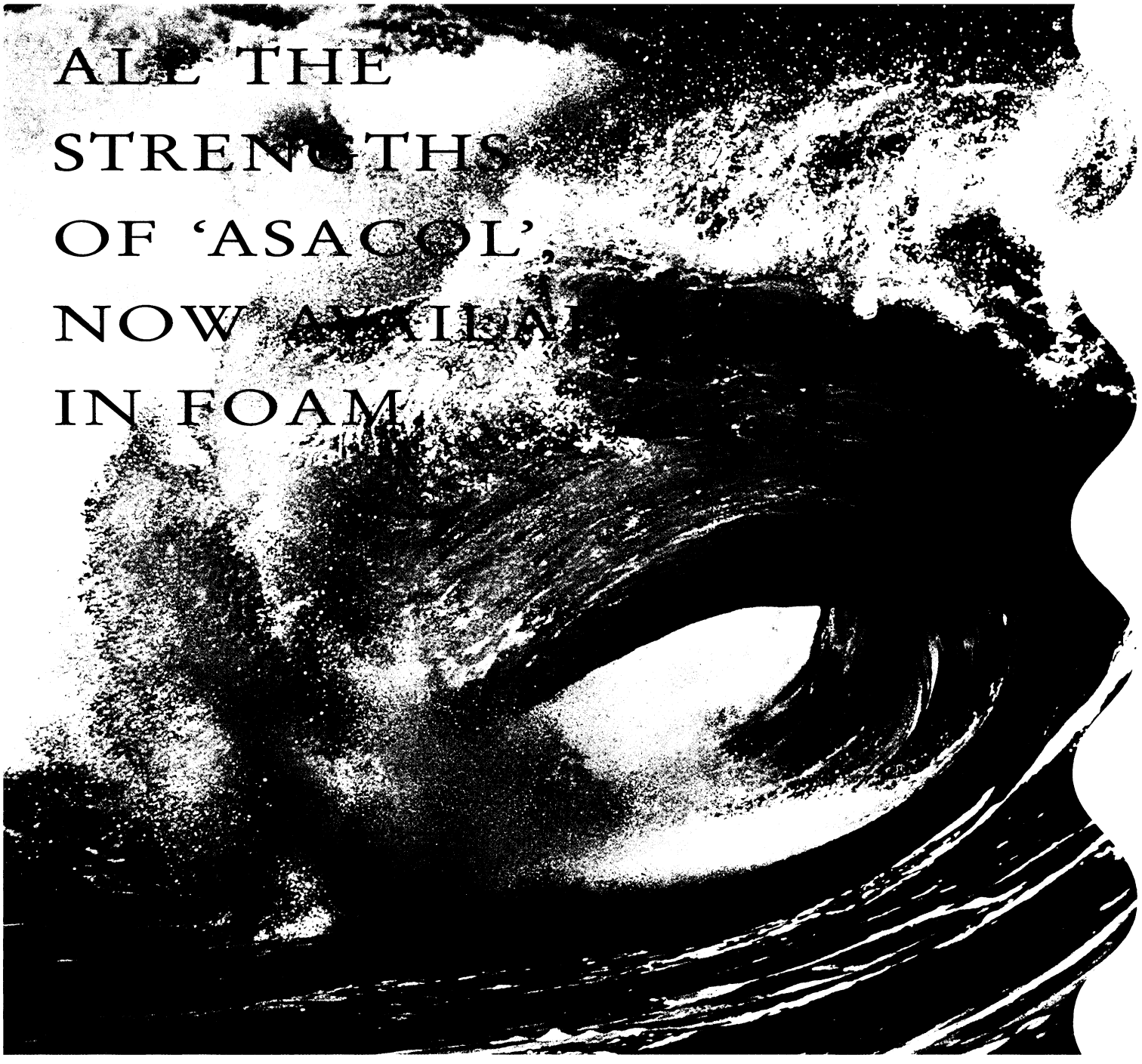

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cisapride

A PHYSIOLOGICAL APPROACH

ABBREVIATED PRESCRIBING INFORMATION Please refer to data sheet before prescribing. **Indications:** GASTRO-OESOPHAGEAL REFLUX DISEASE: Treatment of symptoms and healing of mucosal lesions: maintenance treatment of reflux oesophagitis. DYSPEPSIA: Treatment of symptoms such as epigastric pain, early satiety, bloating and belching where organic disease has been excluded. IMPAIRED GASTRIC EMPTYING: Relief of symptoms such as epigastric pain, early satiety, anorexia, bloating and nausea associated with delayed gastric emptying secondary to diabetes, systemic sclerosis and autonomic neuropathy. **Dosage and Administration:** Adults and children twelve years and over: Take 15 minutes before food. REFLUX: 20mg Prepulsid b.d. (before breakfast and at bedtime) or 10mg Prepulsid t.i.d. (if necessary, night time symptoms can be treated with a fourth 10mg dose at bedtime) for 12 weeks to heal oesophagitis. For long term maintenance therapy, 20mg once daily (at bedtime) or 10mg b.d. (before breakfast and at bedtime) increasing to 20mg b.d. in patients whose lesions were initially very severe. DYSPEPSIA: 10mg Prepulsid t.i.d. Usual course of treatment is 4 weeks. IMPAIRED GASTRIC EMPTYING: 10mg Prepulsid t.i.d. or q.i.d. An initial course of 6 weeks is recommended but longer treatment may be required. CHILDREN: Not recommended in children under 12. ELDERLY: As for adults, but monitor response. ABNORMAL RENAL LIVER FUNCTION: Initially dose should be halved. **Contra-indications:** Pregnancy; patients in whom gastrointestinal stimulation might be dangerous; concomitant, oral or parenteral ketoconazole, itraconazole or miconazole, fluconazole, erythromycin and clarithromycin; hypersensitivity to Prepulsid. **Warnings:** In view of reports of isolated cases of QT-interval prolongation and/or torsade de pointes (causal relationship not established), the recommended dose of Prepulsid should not be exceeded and it should be used with caution in patients with conditions leading to QT-interval prolongation, congenital QT-interval prolongation or in patients taking medication known to prolong QT-interval. Not recommended whilst breast feeding. **Drug Interactions:** Absorption from the stomach of concomitantly administered drugs may be diminished, whereas absorption of drugs from the small intestine may be accelerated. For drugs that require careful individual titration e.g. anticonvulsants, it may be useful to measure plasma concentrations. In patients receiving anticoagulants, check prothrombin time as it may be increased. The sedative effects of benzodiazepines and alcohol may be accelerated when given with Prepulsid. The effects of Prepulsid are antagonised by anticholinergic drugs. Prepulsid is metabolised mainly via the cytochrome P450 3A4 enzyme. Oral ketoconazole significantly inhibits the metabolism of Prepulsid; on the basis of *in vitro* data, itraconazole and miconazole may also have this effect. Co-administration with oral ketoconazole can result in QT-interval prolongation, which can lead to ventricular arrhythmias (see warnings). Concomitant administration with oral or parenteral ketoconazole, itraconazole, miconazole, fluconazole, erythromycin and clarithromycin, is therefore contra-indicated. Concomitant administration with cimetidine increases peak plasma levels and the AUC of Prepulsid, while the absorption of cimetidine and ranitidine is accelerated when co-administered with Prepulsid. The level of change is unlikely to be clinically significant. **Side Effects:** Abdominal cramps, borborygmi and loose stools are mainly transient. Should severe abdominal cramps occur with single administrations of 20mg Prepulsid, halve the dose per administration and double the frequency of dosing. Less frequent side effects include headaches and light-headedness. Reports of hypersensitivity, convulsions, extrapyramidal effects and increased urinary frequency have been received. Exceptionally, reversible liver function abnormalities have been reported - causal relationship not established. **Overdosage:** The most frequently-reported symptoms are abdominal cramping and increased stool frequency. Treatment includes activated charcoal and close observation. Patients should also be evaluated for possible QT-interval prolongation and for factors that can predispose to the occurrence of torsade de pointes. **Presentation:** Prepulsid Tablets: pack of 120 tablets each containing 10mg cisapride. Prepulsid Suspension; 500ml bottles containing cisapride 5mg/5ml. **Pharmaceutical Precautions:** Prepulsid Tablets; store at room temperature in a dry place and protect from light. Prepulsid Suspension; store at room temperature (below 25°C). **PL Nos:** Prepulsid Tablets PL 0242/0136. Prepulsid Suspension PL 0242/0157. **Product Licence Holder:** Janssen-Cilag Ltd., Saunderton, High Wycombe, Bucks, HP14 4HJ. **Basic NHS Cost:** 120 tablets £37.60; 500 ml bottle suspension £15.80. **Legal Category:** POM. **Date of preparation:** April 1996

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