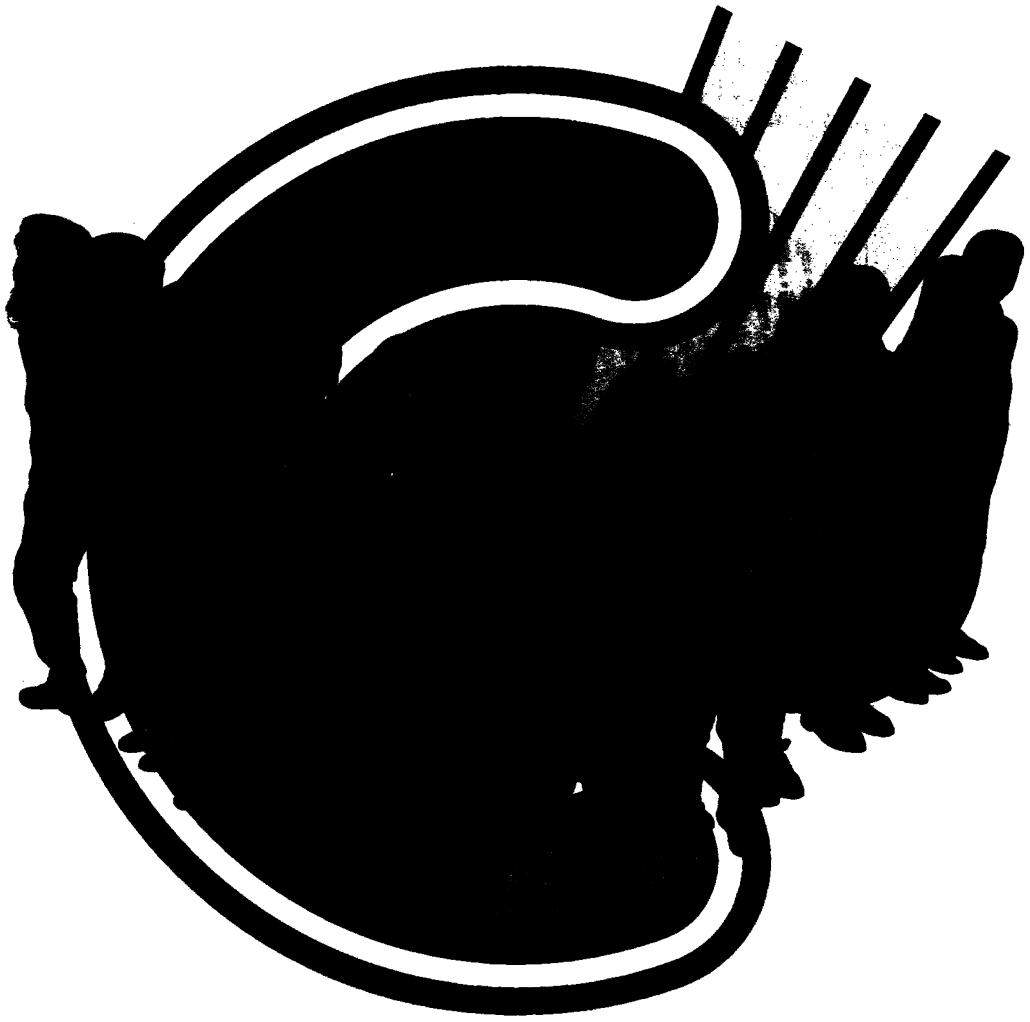
The CF World has been turning to Creon for years



creon®
pancreatin

Because CF patients need all the help they can get

PRESCRIBING INFORMATION

Presentation 1. Creon - brown/yellow capsules containing enteric coated granules of pancreatin, equivalent to: 8,000 PhEur units of lipase; 9,000 PhEur units of amylase and 450 PhEur units (total) of protease (210 BP units). Available in packs of 100. Basic NHS price of £13.33. PL 5727/0001. 2. Creon sachets - unit dose sachets containing enteric coated granules of pancreatin, equivalent to: 20,000 PhEur units of lipase, 22,500 PhEur units of amylase and 1,125 PhEur units (total) of protease. Available in packs of 40. Basic NHS price of £13.33. PL 5727/0007.

Indication Pancreatic exocrine insufficiency.

Dosage and Administration: Adults and children: 1. Creon - initially one or two capsules with meals, then adjust according to response. 2. Creon sachets - initially the contents of one sachet with meals, then adjust according to response. (Note that two sachets of Creon granules are equivalent to five capsules of Creon.) The contents of each sachet can be taken from a spoon or tipped directly onto the tongue, and then washed down with a drink of water or other fluid. The granules contained in Creon capsules or sachets can also be sprinkled on soft food, which should then be swallowed without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

Contra-indications, Warnings etc. Contra-indications: substitution with pancreatic enzymes is contra-indicated in the early states of acute pancreatitis. Use in pregnancy: there is inadequate evidence of safety in use during pregnancy. **Warnings:** The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with very high doses of pancreatin. Perianal irritation, and rarely, inflammation, could occur when large doses are used.

Legal Classification: P

Name and Address of Licence Holder: Kali Chemie Pharma GmbH, Postfach 220, D-30173, Hannover 1, Germany.

Further information available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO18 3JD. Tel: 0703 472281.

Date of preparation August 1994

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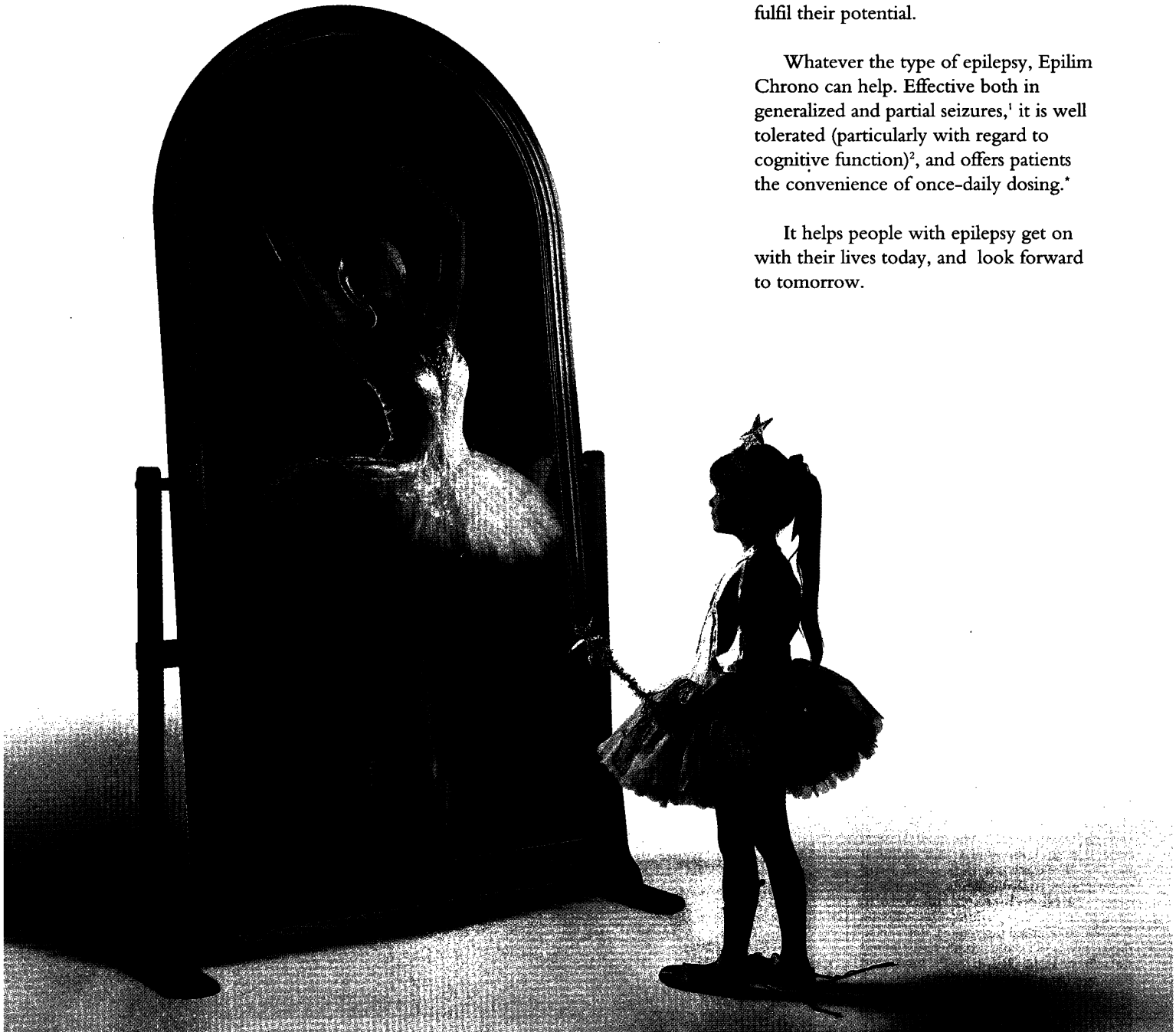
SOLVAY DUPHAR LABORATORIES

Give someone with epilepsy a future to look forward to

People with epilepsy have the same aspirations as anybody else. What they need is a treatment which allows them to fulfil their potential.

Whatever the type of epilepsy, Epilim Chrono can help. Effective both in generalized and partial seizures,[1] it is well tolerated (particularly with regard to cognitive function)[2], and offers patients the convenience of once-daily dosing.*

It helps people with epilepsy get on with their lives today, and look forward to tomorrow.



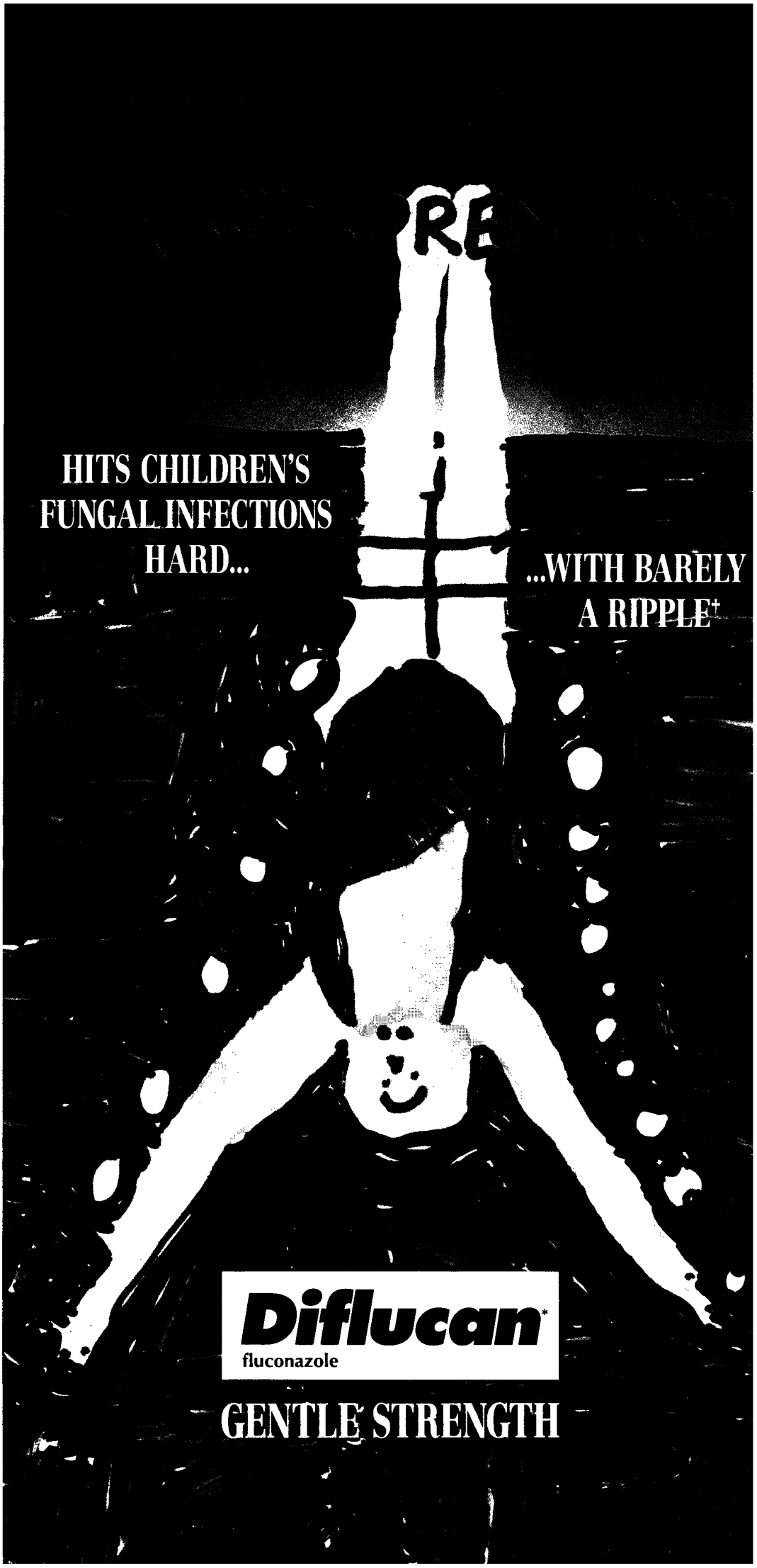
*500mg Tablets

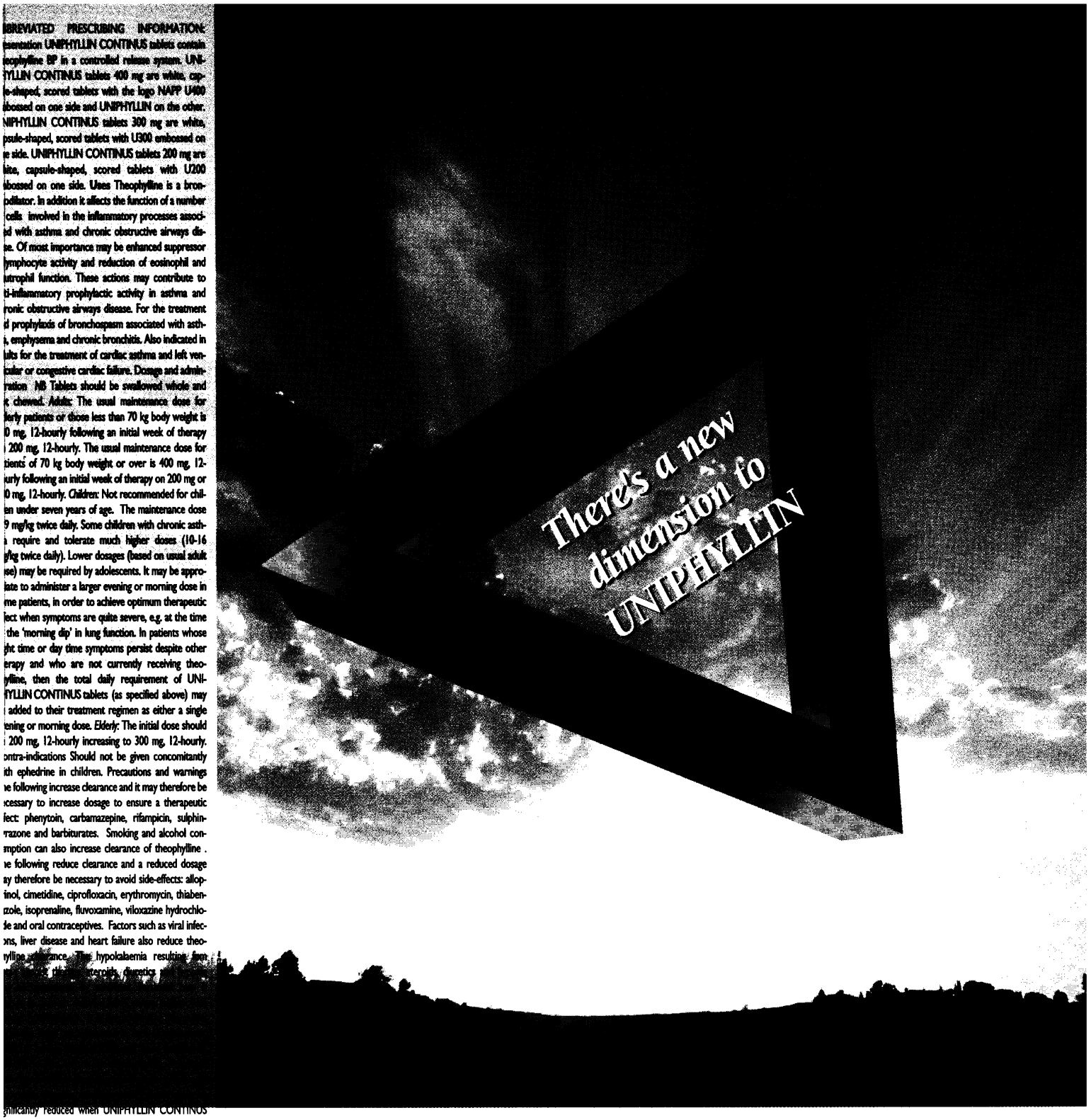
Epilim® CHRONO® Controlled Release

Sodium Valproate Ph. Eur.
Valproic Acid Fr.P

Once-daily management for all forms of epilepsy

ABBREVIATED PRESCRIBING INFORMATION FOR DIFLUCAN* (fluconazole) (UK) Presentation: Capsules containing 50mg, 150mg or 200mg fluconazole; intravenous infusion containing fluconazole 2mg/ml in 0.9% sodium chloride solution; Powder for Oral Suspension available as two dosage strengths containing either fluconazole 50mg/5ml or 200mg/5ml on reconstitution with 24ml water. **Indications and dosage: Adults:** Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: 100-200mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-400mg once daily based on patient's risk for developing fungal infection. For patients at high risk of systemic infection, eg patients who are anticipated to have profound or prolonged neutropenia such as during bone marrow transplantation, the recommended dose is 400mg daily. Start dosage several days before anticipated onset of neutropenia and continue for seven days after neutrophil count rises above 1000 cells per mm^3. Dermal fungal infections: 50mg once daily for up to 6 weeks (usually 2-4 weeks - see data sheet). Vaginal candidiasis: Single 150mg dose. Use in the elderly - as above except for those renally impaired - see data sheet. **Children: Over 4 weeks old:** Mucosal candidiasis: 3mg/kg daily. A loading dose of 6mg/kg may be used on the first day. Systemic candidiasis and cryptococcal infection: 6-12mg/kg daily depending on severity of disease. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 3-12mg/kg daily depending on the extent and duration of the neutropenia. **Children below 4 weeks of age:** First two weeks of life: The same mg/kg dosing as above but administered every 72 hours. During weeks 2-4 of life same mg/kg dose should be given every 48 hours. Doses of less than 10mg fluconazole should only be administered in hospital. A suitable measuring device should be used for administration of the suspension. **Administration:** DIFLUCAN may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** Lactation: Not recommended. Renal impairment: Dosage reduction in both adults and children may be necessary, see data sheet. **Drug interactions:** Anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin and theophylline. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal Category:** POM. **Basic NHS Cost and Package Quantities:** DIFLUCAN capsules in calendar packs containing 7x50mg (£16.61, PL 57/0289), 7x200mg (£66.42, PL 57/0317) or 1x150mg (£7.12, PL 57/0290); Powder for Oral Suspension, 35ml bottle of 50mg/5ml (£16.61, PL 57/0343), 35ml bottle of 200mg/5ml (£66.42, PL 57/0344); Intravenous Infusion: 25ml (50mg) bottle (£7.32, PL 57/0315); 100ml (200mg) bottle (£29.28, PL 57/0315). Hospital prices are available on request. † DIFLUCAN is well tolerated with few adverse effects: Marchisio P *et al.* (1994) Eur J Clin Microbiol Infect Dis **13**: 338-340. Fasano C *et al.* (1994) Eur J Clin Microbiol Infect Dis **13**: 344-347. Further information on request. * Trade Mark. **Pfizer Limited,** Sandwich, Kent.
51336 March 1995.





For over 50 years, theophylline has been regarded as a bronchodilator. New evidence[1] demonstrates that this is only part of the story.

UNIPHYLLIN CONTINUS tablets are now believed to exert an anti-inflammatory action. They therefore present a convenient and acceptable choice for preventive therapy - and add a new dimension to asthma management.

DUAL ACTION

Uniphyllin®

CONTINUS® TABLETS THEOPHYLLINE BP

Breathing new life into asthma therapy

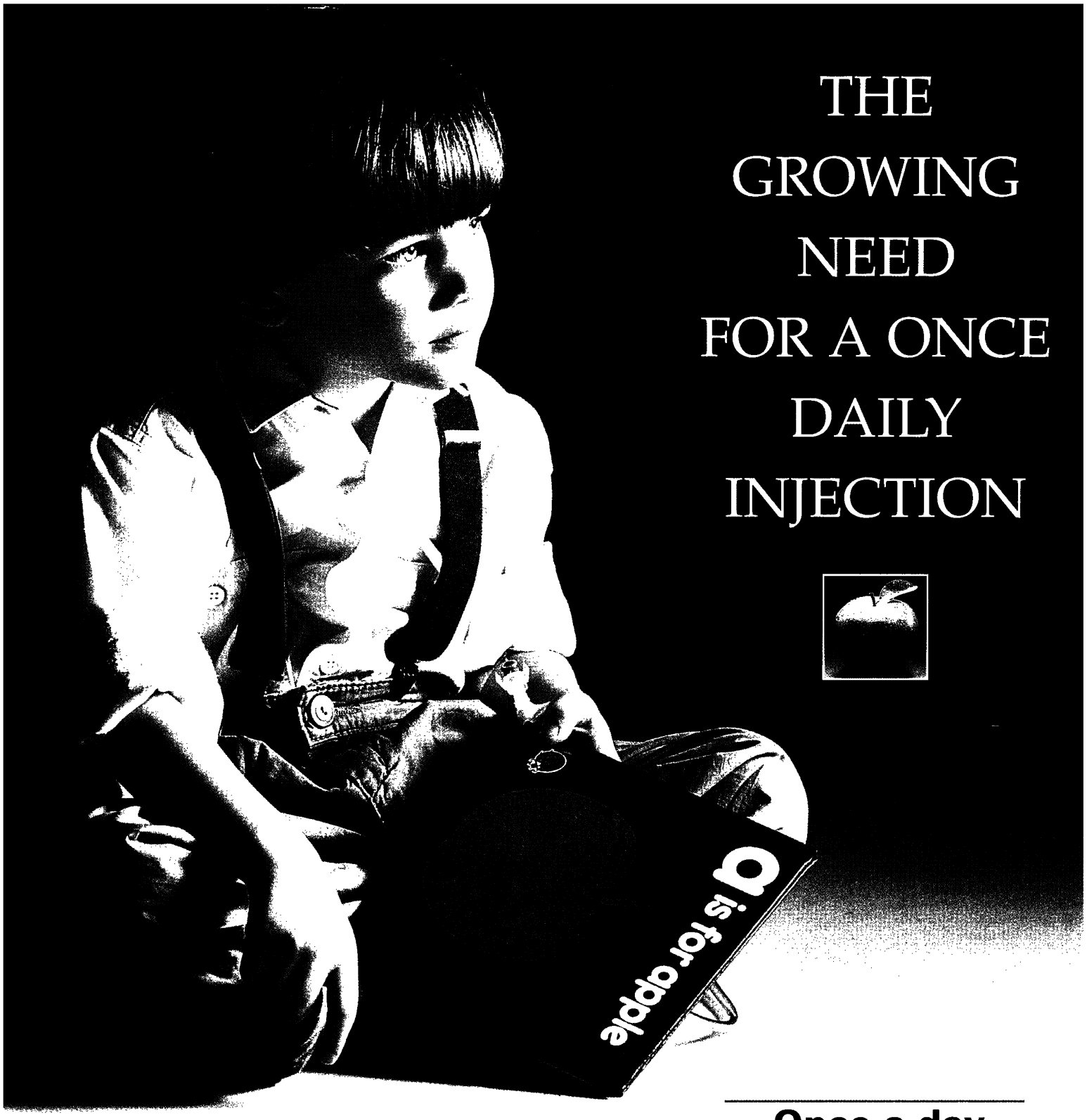
BBREVIATED PRESCRIBING INFORMATION: esentation UNIPHYLLIN CONTINUS tablets contain eophylline BP in a controlled release system. UNI-YLLIN CONTINUS tablets 400 mg are white, cap-e-shaped, scored tablets with the logo NAPP U400 bossed on one side and UNIPHYLLIN on the other. NIPHYLLIN CONTINUS tablets 300 mg are white, psule-shaped, scored tablets with U300 embossed on e side. UNIPHYLLIN CONTINUS tablets 200 mg are hite, capsule-shaped, scored tablets with U200 bossed on one side. Uses Theophylline is a bron-odilator. In addition it affects the function of a number cells involved in the inflammatory processes associ-d with asthma and chronic obstructive airways dis-se. Of most importance may be enhanced suppressor ymphocyte activity and reduction of eosinophil and utrophil function. These actions may contribute to ti-inflammatory prophylactic activity in asthma and ronic obstructive airways disease. For the treatment d prophylaxis of bronchospasm associated with asth-, emphysema and chronic bronchitis. Also indicated in ults for the treatment of cardiac asthma and left ven-icular or congestive cardiac failure. Dosage and admin-ration NB Tablets should be swallowed whole and t chewed. Adults: The usual maintenance dose for derly patients or those less than 70 kg body weight is 0 mg, 12-hourly following an initial week of therapy 200 mg, 12-hourly. The usual maintenance dose for tients of 70 kg body weight or over is 400 mg, 12-urly following an initial week of therapy on 200 mg or 0 mg, 12-hourly. *Children:* Not recommended for chil-en under seven years of age. The maintenance dose 9 mg/kg twice daily. Some children with chronic asth-a require and tolerate much higher doses (10-16 g/kg twice daily). Lower dosages (based on usual adult se) may be required by adolescents. It may be appro-iate to administer a larger evening or morning dose in me patients, in order to achieve optimum therapeutic fect when symptoms are quite severe, e.g. at the time the 'morning dip' in lung function. In patients whose ght time or day time symptoms persist despite other erapy and who are not currently receiving theo-ylline, then the total daily requirement of UNI-YLLIN CONTINUS tablets (as specified above) may added to their treatment regimen as either a single ening or morning dose. *Elderly:* The initial dose should 200 mg, 12-hourly increasing to 300 mg, 12-hourly. ontra-indications Should not be given concomitantly ith ephedrine in children. Precautions and warnings e following increase clearance and it may therefore be cessary to increase dosage to ensure a therapeutic fect: phenytoin, carbamazepine, rifampicin, sulphin-razone and barbiturates. Smoking and alcohol con-mption can also increase clearance of theophylline . e following reduce clearance and a reduced dosage ay therefore be necessary to avoid side-effects: allop-inol, cimetidine, ciprofloxacin, erythromycin, thiaben-zole, isoprenaline, fluvoxamine, viloxazine hydrochlo-de and oral contraceptives. Factors such as viral infec-ons, liver disease and heart failure also reduce theo-ylline [illegible]. The hypokalaemia resulting from [illegible] diuretics [illegible]

gnificantly reduced when UNIPHYLLIN CONTINUS blet preparations are given. Furthermore, the side fects can be minimised by dose titration downwards. ansferability It is not possible to ensure bioequiva-nce between different sustained release theophylline oducts. Therefore, it should be emphasised that tients, once titrated to an effective dose, should not changed from UNIPHYLLIN CONTINUS tablet eparations to other slow or sustained release xan-ine preparations without re-titration and clinical sessment. Legal category P. Package quantities and sic NHS price UNIPHYLLIN CONTINUS tablets 400 g - 56's: £7.32; 250's: £32.36; 1,000's: £125.29. UNI-YLLIN CONTINUS tablets 300 mg - 56's: £6.17; 50's: £27.89. UNIPHYLLIN CONTINUS tablets 200 g - 56's: £4.05. Product licence numbers UNIPHYLLIN ONTINUS tablets 400 mg - PL 0337/0074. UNI-YLLIN CONTINUS tablets 300 mg - PL 0337/0129. NIPHYLLIN CONTINUS tablets 200 mg - PL 337/0057. Product licence holder Napp Laboratories mited, Cambridge Science Park, Milton Road, ambridge CB4 4GW, UK. Tel: 01223 424444. Member f Napp Pharmaceutical Group. Further information is ailable from Napp Laboratories Limited. ® The NAPP evice, UNIPHYLLIN and CONTINUS are Registered rade Marks. © NAPP Laboratories Limited 1995.

eference: 1. Kidney J, Dominguez M, Taylor PM, *et al.* n press). Date of preparation: April 1995.

NAPP

THE GROWING NEED FOR A ONCE DAILY INJECTION



In paediatric infections a once daily dose of ROCEPHIN avoids the distress of repeated and costly injections.

Available as IV or IM ROCEPHIN's proven efficacy and established safety profile[1] is an obvious choice for children, saving both time and money.

Once-a-day

▼Rocephin® IV•IM
ceftriaxone

THE WORLD'S BEST SELLING INJECTABLE ANTIBIOTIC[2]

References
1. Kissling, M., Ruch, W., Fernex, M., Medipress (1988). **4**(2). 1-7.
2. Estimated current cash annual sales worldwide - Data on File. Roche Products Ltd.

Brief Prescribing Information

Indications: Pneumonia, septicaemia; meningitis; bone, skin and soft tissue infections; infections in neutropenic patients; gonorrhoea; peri-operative prophylaxis of infections associated with surgery. Treatment may be started before the results of susceptibility tests are known. **Dosage and Administration:** Rocephin should be administered by deep intramuscular injection, slow intravenous injection, or as a slow intravenous infusion, after reconstitution of the solution. **Adults and children 12 years and over:** Standard dosage -1g once daily. Severe infections - 2-4g normally once daily. Duration of therapy varies according to course of disease. Gonorrhoea - single dose of 250mg i.m. Peri-operative prophylaxis - usually single dose of 1g, colorectal surgery 2g in conjunction with a suitable agent against anaerobic bacteria. **Children under 12 years:** Standard dosage - 20-50mg/kg once daily. Severe infections - maximum 80mg/kg once daily. Doses of 50mg/kg or over should be given by slow intravenous infusion over at least 30 minutes. **Renal and hepatic impairment:** In the absence of hepatic impairment dose reduction is required only in severe renal failure (creatinine clearance <10ml/min), when the daily dose should be 2g or less. No dose reduction is required in liver damage provided renal function is intact. In severe renal impairment accompanied by hepatic insufficiency the plasma concentration should be determined at regular intervals and dosage adjusted. Serum concentrations should be monitored in dialysis. **Contra-indications, Warnings etc.** Cephalosporin hypersensitivity. Premature infants. Full-term infants during first six weeks of life. Safety in pregnancy has not been established. **Precautions:** Stated dose should not be exceeded. Caution in patients with a history of hypersensitivity (especially anaphylactic reaction) to penicillins or other non-cephalosporin beta-lactam antibiotics. Anaphylactic shock requires immediate countermeasures. Severe renal impairment accompanied by hepatic insufficiency (see Dosage). **Side-effects and Adverse Reactions:** Gastro-intestinal side-effects including loose stools, diarrhoea, nausea, vomiting, stomatitis and glossitis. Cutaneous reactions including maculopapular rash, pruritus, urticaria, oedema and erythema multiforme. Haematological reactions including anaemia (all grades), leucopenia, neutropenia, thrombocytopenia, eosinophilia, agranulocytosis, positive Coombs' test and prolongation of prothrombin time. Regular blood counts should be carried out during treatment. Other reactions include headache, dizziness, drug fever and transient elevations in liver function tests. Rarely: glycosuria, oliguria, haematuria, anaphylaxis and bronchospasm. Very rarely, precipitation of ceftriaxone calcium salt in urine in patients on higher than recommended dose. Reversible precipitates of calcium ceftriaxone have been detected by gallbladder sonograms. In symptomatic cases (which are rare), conservative non-surgical management is recommended. Superinfections with yeasts, fungi or other resistant organisms. Rare instances of pseudomembranous colitis. Injection site pain and local phlebitis. **Legal Category:** POM. **Presentations and Basic NHS Cost:** 250mg vials i.m. and i.v. (containing 250mg ceftriaxone) - £2.87. 1g vials i.m. and i.v. (containing 1g ceftriaxone) - £11.46. 2g vials for infusion (containing 2g ceftriaxone) - £22.92. **Product Licence Numbers:** PL 0031/0169 (250mg vials), PL 0031/0171 (1g vials), PL 0031/0172 (2g vials) **Product Licence Holder:** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire, AL7 3AY. Full prescribing information is available on request.

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J 738083

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Now I mix up easily.

"The teachers treated me like a baby. The other kids teased me and called me 'shorty'. And on top of all that, I had to have nasty injections all the time."

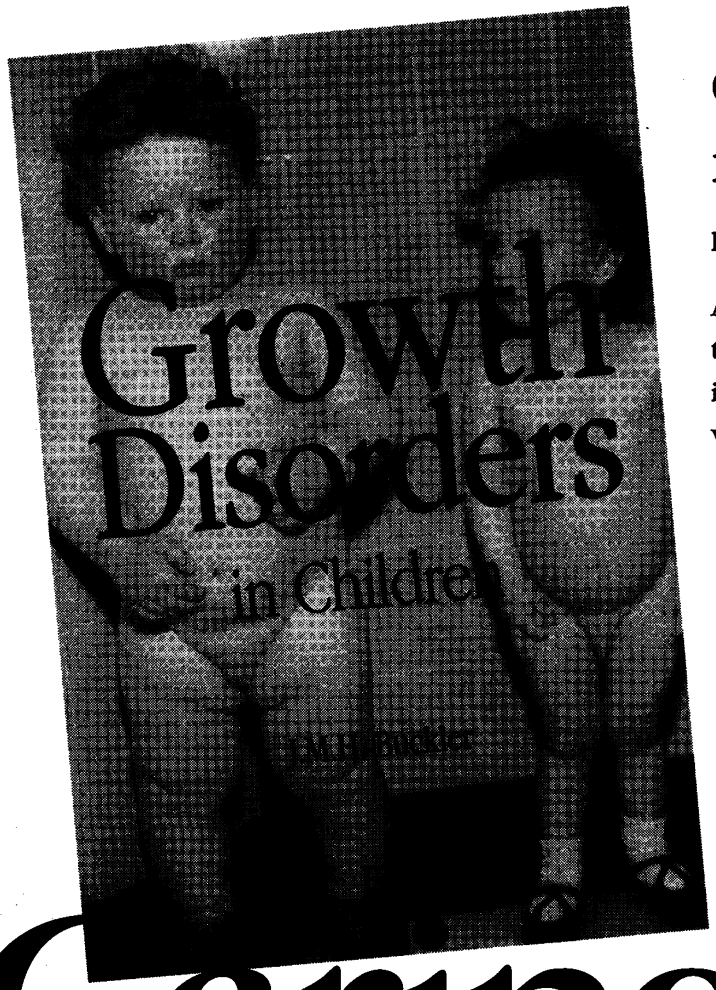
Because life can be complicated enough for children with growth hormone deficiency, the KabiPen® is the straightforward choice. With the Pen, there's no need to worry about preparing and mixing the powder and diluent before every injection.
All a child has to do is load a Genotropin® cartridge into the Pen and then inject. The mixing takes place automatically within the two-compartment cartridge.

No more fiddly mixing by hand. It's one thing less to worry about in life. Why complicate growing up?

Genotropin®
somatropin (rbe)

Prescribing Information Genotropin 36 IU. **Presentation Genotropin:** 36 IU Two-compartment cartridge for use in the KabiPen 36 device. One compartment contains 36 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml of Water for Injections. **Uses:** The treatment of short stature due to decreased or absent secretion of pituitary growth hormone. The diagnosis should be verified by a specialist medical practitioner. The treatment of short stature in gonadal dysgenesis (Turner syndrome). **Dosage and Administration:** Route of Administration: By subcutaneous injection. Recommended dosage: The dosage is individual. Generally a dose of 0.5-0.7 IU/kg body weight per week is recommended. In Turner Syndrome a dose of 1.0 IU/kg body weight per week is recommended. Preferably the weekly dose should be divided into six or seven daily subcutaneous injections. The injection site should be varied to prevent lipoatrophy. **Preparation of solution:** Somatropin (rbe) is reconstituted using the KabiPen device. Instructions on how to effect reconstitution are supplied separately at the specialist growth clinic, as is the KabiPen device. **Contra-indications, Warnings etc:** Only patients with unfused epiphyses should be treated. Genotropin should not be used when evidence of tumour activity exists; intracranial lesions must be inactive and antitumour therapy completed before treatment begins. Treatment with these products should be discontinued when there is evidence of tumour growth. **Precautions:** Patients with diabetes mellitus may require adjustment of their antidiabetic therapy. Patients treated with Genotropin should be regularly assessed by a specialist in child growth. This assessment should include accurate determination of the growth response and endocrinological status, as relative deficiencies of other pituitary hormones may be exposed or exacerbated by an adequate growth response. Hypothyroidism in particular is a reported occurrence. Some cases of acute leukaemia have been reported in growth hormone deficient children untreated as well as treated with growth hormone and might possibly represent a slightly increased incidence compared with non growth hormone deficient children. A causal relationship to growth hormone therapy has not been established. **Pregnancy and lactation:** Treatment should be discontinued in the event of a pregnancy occurring during therapy with Genotropin, as there is no evidence from either human or animal studies of the safety of growth hormone treatment during pregnancy. No information is available as to whether peptide hormones pass into breast milk, but the quantities involved would not have any clinical effect on the infant. **Overdosage:** Acute overdosage is unlikely and does not represent a hazard to the patient. The consequences of long-term administration of doses above the therapeutic range are unknown. **Side-effects:** Recipients may develop antibodies to growth hormone and E.coli protein. However, as with pituitary-derived hormone, only in rare instances has growth retardation occurred. Reactions at the site of injection have been reported, such as itching, lumps, redness and lipoatrophy. Lipoatrophy can be prevented or minimised by varying the injection site. In Turner Syndrome temporary exacerbation of lymphoedema has been reported. **Pharmaceutical Precautions:** Store at 2-8°C. Protect from light. Once reconstituted Genotropin should be stored in the refrigerator and protected from light. Genotropin 36 IU, may be stored for up to 14 days under these conditions. **Legal Category:** POM **Package quantities:** Genotropin 36 IU: Pack containing one cartridge for use in the KabiPen 36 device. **Further Information:** Somatropin (rbe) is the British Approved Name for recombinant human somatotropin. **Product Licence Number:** 0022/0098, 1 x 36 IU. **Basic NHS Price:** £274.50. **Product Licence Holder:** Pharmacia Ltd, Davy Avenue, Milton Keynes, Bucks MK5 8PH. Further information is available on request from the Product Licence holder. Genotropin and KabiPen are registered trademarks. **Date of preparation:** June 1995.

Pharmacia



Growth Disorders in Children

By J H M Buckler

As many as 100 conditions can affect the growth of the infant and child. Early diagnosis is important to identify whether disorders will need treatment or will resolve themselves in adulthood.

This accessible text for all doctors, nurses and health visitors has:

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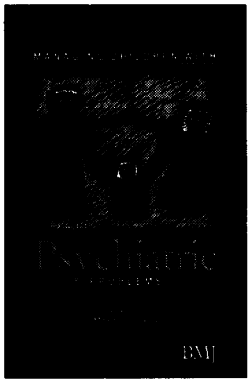

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Edited by M Elena Garralda

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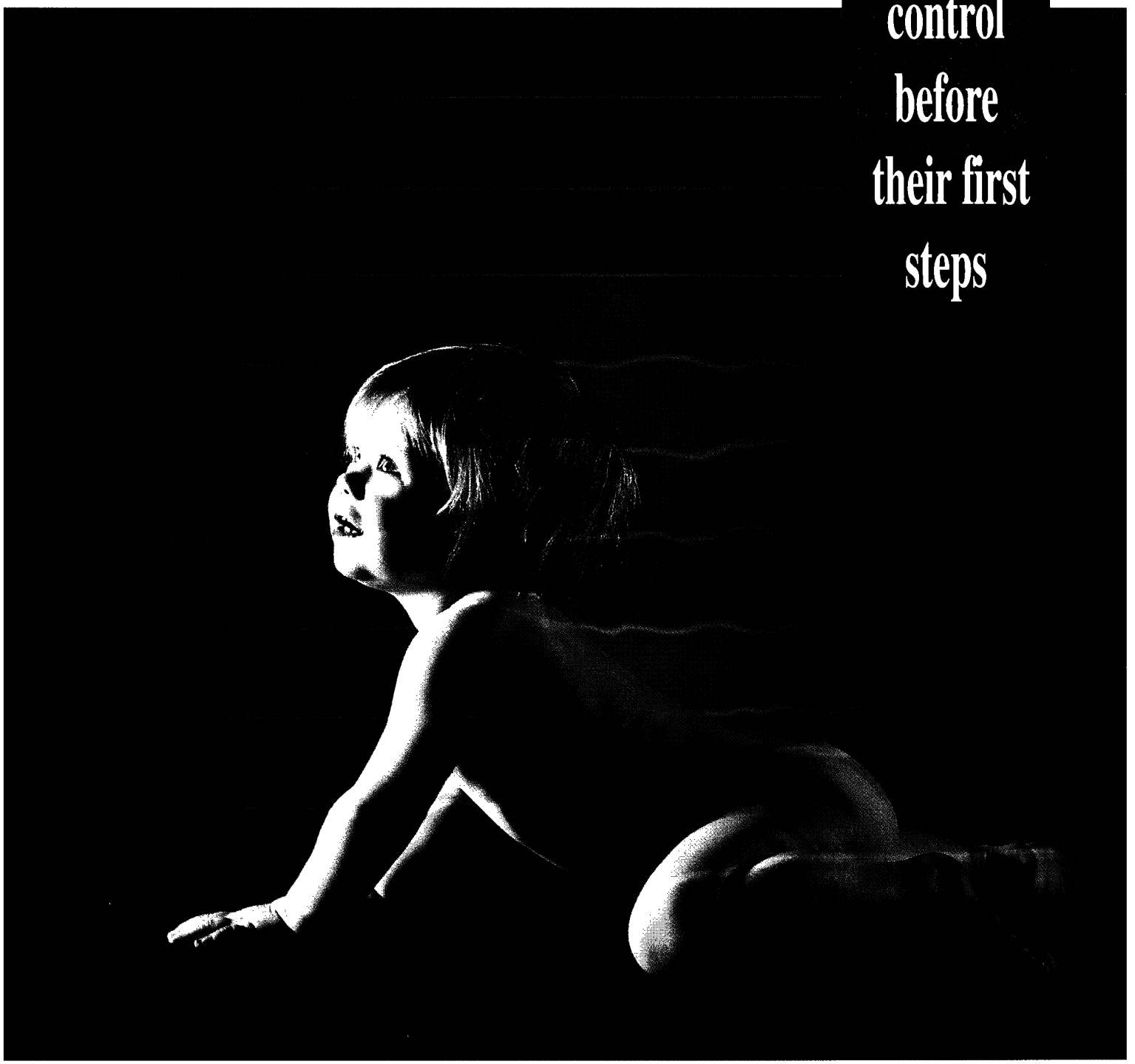
PRESCRIBING INFORMATION

Presentations: Pulmicort Respules. (2ml single dose unit ampoules) containing 0.25mg/ml or 0.5mg/ml budesonide in a suspension for nebulisation. **Uses**: Bronchial asthma where use of a pressurised inhaler or dry powder formulation is unsatisfactory or inappropriate. **Dosage and administration:** Dosage schedules: Administer from suitable nebulisers. Dose delivered to the patient varies depending on the nebulising equipment used (see data sheet). Adjust dosage individually. Initially during periods of severe asthma and while reducing or discontinuing oral glucocorticosteroids the recommended dose in adults (including elderly and children 12 years and older) is usually 1-2mg twice daily. In very severe cases the dosage may be further increased. Children 3 months to 12 years: 0.5-1mg twice daily. The maintenance dose should be the lowest dose which keeps the patient symptom-free. Recommended doses are: Adults (including elderly and children 12 years and older): 0.5-1mg twice daily. Children (3 months to 12 years): 0.25-0.5mg twice daily. For an increased therapeutic effect increase dose of Pulmicort rather than combine treatment with oral corticosteroids because of the lower risk of systemic effects. **Contra-indications, warnings, etc.:** Contra-indications: Hypersensitivity to any of the constituents. Special warnings and precautions: Care is needed in patients with pulmonary tuberculosis and viral infections in the airways. A short course of oral steroids in addition to Pulmicort may be required in patients with excessive mucus in the bronchi. Transfer of patients dependent on oral steroids to Pulmicort demands special care; see data sheet for further details. The nebuliser chamber should be cleaned and dried after every administration. Pulmicort does not affect the ability to drive and use machines. Pulmicort Respules can be mixed with 0.9% saline and with solutions of terbutaline, salbutamol, sodium cromoglycate or ipratropium bromide. **Side-effects:** Mild irritation in the throat, coughing and hoarseness and oral candidiasis have been reported. In rare cases inhaled drugs may provoke bronchoconstriction in hyperreactive patients. Facial skin should be washed after use of the face mask as irritation can occur. Coughing can usually be prevented by inhaling a β_2-agonist (e.g. terbutaline) 5-10 minutes before inhalation of Pulmicort Respules. Avoid in pregnancy. **Pharmaceutical precautions:** Store below 30 C. Use within 3 months of opening the foil envelope. Protect opened ampoule from light. Use within 12 hours of opening. **Legal status:** POM. **Basic NHS price:** Pulmicort Respules 0.25mg/ml (20 single dose units) £32.00. Pulmicort Respules 0.5mg/ml (20 single dose units) £44.64. **Product licence nos.:** Pulmicort Respules 0.25mg/ml PL 0017/0309. Pulmicort Respules 0.5mg/ml PL 0017/0310. **Name and address of product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

Inspired control before their first steps



Astra Pharmaceuticals Ltd.,
Home Park,
Kings Langley,
Herts WD4 8DH.

ASTRA
Astra Pharmaceuticals

Date of preparation: May 1995
P.Res. 0427

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