

# Human Monocomponent Insulin for the doctors and nurses of tomorrow



#### Prescribing Information

**Human Actrapid®** 100 i.u./ml ▼  
**Human Insulin (emp)** (Neutral Insulin Injection)  
**Human Monotard®** 100 i.u./ml ▼  
**Human Insulin (emp)** (Insulin Zinc Suspension)  
**Human Protaphane®** 100 i.u./ml ▼  
**Human Insulin (emp)** (Isophane Insulin Injection)  
**Indications** The treatment of insulin-requiring diabetic patients.  
**Human Actrapid** is indicated for diabetics who require a quick and intense-acting insulin, particularly in emergencies such as diabetic hyperglycaemic coma, during surgery and severe infections in diabetics, and in the management of pregnant diabetics. **Human Monotard** and **Human Protaphane** may be advantageous in the treatment of insulin-induced fat atrophy, insulin allergy, insulin resistance and when intermittent short-term therapy is required.

**Dosage and Administration** The dosage of **Human Actrapid**, **Human Monotard** and **Human Protaphane** is determined by the physician according to the needs of the patient.

**Human Actrapid** may be given by injection or infusion, subcutaneously, intramuscularly or intravenously. **Human Monotard** and **Human Protaphane** should be well shaken and given immediately by subcutaneous or intramuscular injection. They may be given twice, or occasionally once daily. **Human Actrapid** may be admixed with **Human Monotard** or **Human Protaphane** in the syringe and injected immediately. U100 insulins must only be used with U100 syringes. Peristaltic pumps (roller pumps) are not suitable for use with **Human Actrapid** due to the risk of precipitation. **Human Monotard** and **Human Protaphane** must not be used in insulin infusion pumps.

**Contra-Indications, Warnings and Adverse Effects**  
**Insulin** is contra-indicated in hypoglycaemia. In the event of an overdose, glucose should be given orally if the patient is conscious. The unconscious patient should be treated with glucose intravenously and glucagon may be administered intramuscularly or subcutaneously. On transfer from porcine monocomponent insulins or other highly purified porcine insulins to **Human Monocomponent insulin**, no change in dosage is anticipated other than the routine adjustments made in order to maintain stable diabetic control. However, patients transferred from conventional (predominantly bovine) insulins may require a dosage adjustment. The addition of corticosteroids, oral contraceptives or thyroid hormone replacement therapy is likely to lead to an increase in insulin requirements. The addition of a beta-adrenergic blocking agent or a monoamine oxidase inhibitor (MAOI) may also necessitate an adjustment of insulin dosage. Lipodystrophy, insulin resistance and hypersensitivity reactions have been associated with insulin therapy, but the incidence and severity of these unwanted effects is minimal with **Human Monocomponent insulins**. Severe local or generalised allergic reactions require immediate treatment and, in some cases, desensitisation may also be necessary.

#### Pack Size and Basic NHS Price (UK only)

All **Human Monocomponent insulins**  
 10ml vials £7.88  
**Product Licence Numbers**  
**Human Actrapid** 100 i.u./ml 4668/0003  
**Human Monotard** 100 i.u./ml 4668/0006  
**Human Protaphane** 100 i.u./ml 4668/0007

#### Product Licence Holder:

Novo Industri A/S, Novo Alle, DK-2880 Bagsvaerd, Copenhagen, DENMARK.

#### Sole Distributor:

Facillon Ltd., Bryant Avenue, Romford, Essex RM3 0PJ.  
 Tel: Ingrave 71156

#### References

1. Schernthaner G, et al, Immunogenicity of Human Insulin (Novo) or Pork Monocomponent Insulin in HI-A-DR Typed Insulin-dependent Diabetic Individuals. In: International Symposium on Human Insulin, Eds Karam J H, Elzliwer D D, Diabetes Care; 6 (Suppl 1): 43-48.

**NOVO INDUSTRIAS**  
 Copenhagen, Denmark.

Further information is available on request from:

**NOVO LABORATORIES LTD**

Ringway House, Bell Road, Duncton East,

Basingstoke, Hampshire RG24 0QN.

Tel: Basingstoke (0256) 55055.



Insulin treatment today may lead to antibody problems in the future, a persuasive argument in favour of using the least immunogenic insulin.

Novo's human insulin is identical to the hormone they are unable to make for themselves.

There are three U100 formulations, **Human Actrapid**, **Human Monotard** and **Human Protaphane** all made to the same exacting standard of Monocomponent purity.

As a result of their structure and purity, **Novo Human Monocomponent insulins** have been shown to cause fewer antibodies than even the purest animal insulins!



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 for diabetic children with a full life  
 ahead of them

# whatever his mum worries about, it won't be his asthma.

Regular Intal therapy can give real protection from asthmatic attacks, minimising both incidence and severity.<sup>1</sup>

With reduced anxiety, there is less need to resort to symptomatic medication such as bronchodilators<sup>2</sup> or oral corticosteroids<sup>3</sup>

Current investigations suggest that these improvements are accompanied by a reduction of cellular infiltration in bronchial mucus<sup>4</sup> Which indicates that Intal therapy may have a beneficial effect on the underlying pathology of asthma.

Because the Intal routine can be integrated unobtrusively into the day's normal activities, the asthmatic child can get on with the real business of growing up.

He'll be more at ease with his condition.  
And so will his parents, teachers and friends.

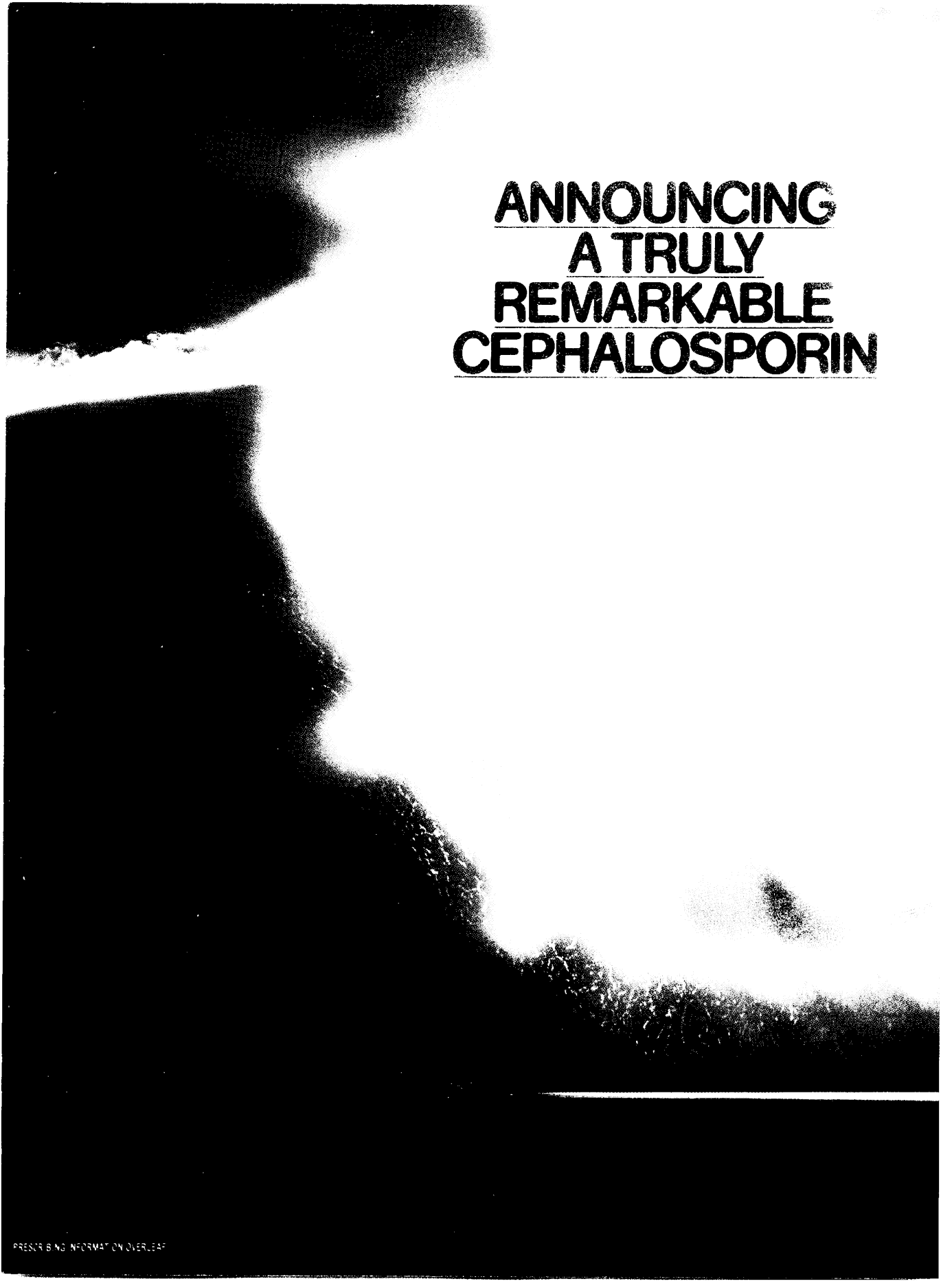
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1. Bernstein, L. et al., *J.Allergy Clin.Immunol.*, (1972), **50**, 4, 235-245.
2. Rubin, A. E., Alroy, G. & Spitzer, S., *Curr.Med.Res.Opin.*, (1983), **8**, 553.
3. Toogood, J. H. et al., *J.Allergy Clin.Immunol.*, (1973), **52**, 6, 334-345.
4. Diaz, P. et al., *Thorax*. (1983), **38**, 9, 702-703.

**Presentation** Intal and Intal Compound Spincaps\* both contain 20mg Sodium Cromoglycate B.P. Isoprenaline Sulphate (0.1mg) is included in Intal Compound Spincaps. The powder from Spincaps is inhaled using the Spinhaler\* or Halermatic\* which work by the patient's inspiratory effort. The Intal Inhaler is a metered dose pressurised aerosol delivering 200 inhalations of 1.0mg Sodium Cromoglycate. Intal Nebuliser Solution is presented in ampoules each containing 20mg Sodium Cromoglycate in 2ml sterile aqueous solution. **Indication** Preventive treatment of bronchial asthma, including the prevention of exercise-induced asthma. **Dosage and Administration** Adults and children: the normal dose is one Spincap (Intal or Intal Compound) two puffs of Inhaler or one ampoule of Nebuliser Solution to be inhaled four times daily. Intal Nebuliser Solution is administered from a suitable power-operated nebuliser. Since Intal therapy is preventive it is important that the patient is instructed to maintain regular dosage as distinct from intermittent use to relieve symptoms. **Side effects** With the powder formulations of Intal, irritation of the throat and trachea may occur in patients sensitive to the inhalation of dry powder. Although it has not been reported for the Inhaler or Nebuliser Solution, rare cases of severe bronchospasm have occurred following the administration of Intal Spincaps using a Spinhaler. **Precautions** For Intal Compound the precautions normally applying to isoprenaline should be observed. **Withdrawal of therapy** This should be done progressively over one week. Symptoms may recur. Any previous steroid therapy should be reinstated prior to the withdrawal of Intal. **Basic NHS Cost and Product Licence Number** Intal (per 100 Spincaps) £10.07 PL0113/5022. Intal Compound (per 100 Spincaps) £8.19 PL0113/5023. Intal Inhaler (per 200 inhalations) £10.95 PL0113/0080. Nebuliser Solution (per 48 ampoules) £8.20 PL0113/0088. Fisons plc—Pharmaceutical Division, Loughborough, Leicestershire LE11 0BB. \*Registered Trade Mark ©Fisons plc



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ceftazidime

**PRESCRIBING INFORMATION**

**Presentation**

Fortum for Injection is supplied in vials containing 500mg, 1g and 2g ceftazidime (as pentahydrate) with sodium carbonate.

**Uses**

Fortum is a bactericidal cephalosporin antibiotic which is resistant to most beta-lactamases and is active against a wide range of Gram-positive and Gram-negative bacteria.

It is indicated for the treatment of single infections and for mixed infections caused by two or more susceptible organisms. Fortum, because of its broad antibacterial spectrum, may be used alone as first choice drug, pending sensitivity test results.

**Dosage and administration**

The usual adult dosage is in the range 1g to 6g i.m. or i.v. per day (see Data Sheet for details).

**Contra-indication**

Fortum is contra-indicated in patients with known hypersensitivity to cephalosporin antibiotics.

**Precautions**

Cephalosporins may, in general, be given safely to patients who are hypersensitive to penicillins. Care is indicated in patients who have experienced an anaphylactic reaction to penicillin.

Cephalosporin antibiotics at high dosage should be given with caution to patients receiving concurrent treatment with nephrotoxic drugs. Clinical experience with Fortum has shown that this is not likely to be a problem at the recommended dose levels. Reduce dosage when renal function is impaired (see Data Sheet).

As with all drugs, Fortum should be administered with caution during the early months of pregnancy and in early infancy. Fortum is excreted in human milk in low concentrations.

Fortum does not interfere with enzyme-based tests for glycosuria. Slight interference with copper reduction methods may be observed. Fortum does not interfere in the alkaline picrate assay for creatinine.

Fortum and aminoglycosides should not be mixed in the same giving set or syringe.

As with other broad spectrum antibiotics, prolonged use of Fortum may result in the overgrowth of non-susceptible organisms (e.g., *Candida*, *Enterococci*) which may require interruption of treatment or adoption of appropriate measures.

**Side effects**

Fortum is generally well tolerated with only infrequent adverse reactions, e.g., pain and/or inflammation after i.m. administration and phlebitis and/or thrombophlebitis after i.v. administration, rashes, fever, pruritis, gastro-intestinal disturbances, headache, dizziness, paraesthesiae and bad taste. Transient changes in laboratory values may occur including: eosinophilia, a positive Coombs' test, thrombocytosis and slight rises in hepatic enzymes.

**Basic NHS cost (exclusive of VAT)**

The basic NHS cost of Fortum is £9.90 per gram.

Available in packs of: 5 x 500mg, 5 x 1g and 5 x 2g vials and an infusion pack of 5 x 2g vials.

**Product Licence numbers**

500mg: 0004/0292

1g: 0004/0293

2g: 0004/0294

Further information is available on request from:

**Glaxo**

Glaxo Laboratories Limited, Greenford, Middlesex UB6 0HE

Fortum is a Glaxo trade mark.

**NEW  
DRUGS**

In the past few years the number of important new drugs and our understanding of pharmacology have continued to increase. Reliable and unbiased information on the therapeutic use of these agents is, however, not always readily available. Articles recently published in the *BMJ* on entirely new groups of drugs – H<sub>2</sub> receptor antagonists, calcium antagonists, captopril – and on new members of groups of drugs already available – beta-blockers, tranquillisers, hypnotics, diuretics – fill this gap and are now collected together in book form. Busy practitioners will find that this comprehensive review allows them to make a more rational choice of treatment.

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The course content will be of interest and relevance to clinicians, both medical and surgical, to developmental biologists and to basic scientists whose field of interest is gastrointestinal pathophysiology.

There are vacancies for 30 members.

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The course will be held at the Institute of Child Health, University of Birmingham. Course members will be accommodated at University of Aston Management Centre.

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# ABC OF COMPUTING

A J ASBURY

Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

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# Humulin

Human Insulin (crb)

'HUMULIN'S ▼ 'HUMULIN'I ▼ 'HUMULIN' Zn ▼  
Human insulin (crb) **Presentation:** Humulin S: A sterile, aqueous solution of human insulin (crb), 40, 80 and 100 IU/ml. Humulin I: A sterile suspension of isophane human insulin (crb), 40, 80 and 100 IU/ml. Humulin Zn: A sterile suspension of crystalline human insulin (crb), 100 IU/ml. **Uses:** For the treatment of insulin-dependent diabetics. **Dosage and Administration:** The dosage should be determined by the physician, according to the requirements of the patient. Humulin S may be administered by subcutaneous, intramuscular or intravenous injection. Humulin I and Humulin Zn should be administered by subcutaneous or intramuscular injection only. Humulin S may be administered in combination with Humulin I or Humulin Zn as required. Humulin I and Zn: Rotate vial in palm of hands before use to re-suspend. **Mixing of insulins:** The shorter-acting insulin should be drawn into the syringe first, to prevent contamination of the vial by the longer-acting preparation. It is advisable to inject immediately after mixing. **Contra-indications, Warnings, etc. Contra-indications:** Hypoglycaemia. Under no circumstances should Humulin I or Humulin Zn be given intravenously. **Precautions:** Usage in pregnancy: Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. Transferring from other insulins: A small number of patients transferring from insulins of animal origin may require a reduced dosage, especially if they are very tightly controlled and bordering on hypoglycaemia. The risk of hypoglycaemia can be considered minimal if the daily dosage is less than 40 IU. Insulin-resistant patients receiving more than 100 IU daily should be referred to hospital for transfer. **Side effects:** Lipodystrophy, insulin resistance and hypersensitivity have rarely been reported. **Legal Category:** P **Package Quantities:** 10ml glass vials in packs of 5. **Price:** Humulin S: 40 IU/ml £2.70, 80 IU/ml £5.40, 100 IU/ml £6.44. Humulin I: 40 IU/ml £2.70, 80 IU/ml £5.40, 100 IU/ml £6.44. Humulin Zn: 100 IU/ml £6.44.

**Product Licence Numbers:**

Humulin S 40 IU/ml 0006/0163  
Humulin S 80 IU/ml 0006/0164  
Humulin S 100 IU/ml 0006/0165  
Humulin I 40 IU/ml 0006/0166  
Humulin I 80 IU/ml 0006/0167  
Humulin I 100 IU/ml 0006/0168  
Humulin Zn 100 IU/ml 0006/0179.

Date of preparation: December 1983. **Full Prescribing**

**Information Available From:** Eli Lilly and Company Limited, Kingsclere Road, Basingstoke, Hampshire, RG21 2XA. Telephone: Basingstoke (0256) 3241 'HUMULIN' is a trade mark. HU68 Dec '83

1. Johnson I. S., Diabetes Care 1982, Vol. 5, Suppl. 2, 4-12. 2. Fineberg, S. E. et al, Diabetologia 1983, 25, (6) 465-469.







**He's four years old.  
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In 1982 a new form of insulin was launched on the U.K. market.

Humulin. It's outstandingly pure.<sup>1</sup> And it's less immunogenic than animal insulins<sup>2</sup>

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In spite of this, however, many young

diabetics like Matthew are still being prescribed purified pork insulin.

Why? We don't really know. But what we do know is that the future is likely to see all patients on human insulin.

So why shouldn't they be prescribed it now? After all, it's available in a variety of formulations to suit differing needs.

**Humulin**

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Incorporating

**ACTA PAEDIATRICA BELGICA**

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**Subscription information:** Volumes 142 and 143 (4 issues each) will appear in 1984. Information about obtaining back volumes and microform editions available upon request.

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The course is designed for physicians, graduates in biological sciences, and PhD students, with a good basic knowledge of genetics.

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Participants will be accommodated at St Anne's College, Oxford.

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# Monatsschrift Kinder- heilkunde

Organ der  
Deutschen Gesellschaft  
für Kinderheilkunde

132. Band  
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## A new milk drink specially made for babies 4-6 months and older and nutritionally superior to cow's milk. That's Progress.

By the age of four months a baby's digestive system is maturing to cope with changing nutritional needs, such as extra protein intake.

Even when solids are introduced milk is still a very important source of nutrients.

Both the DHSS<sup>1</sup> and the European Society for Paediatric Gastroenterology and Nutrition (ESPGAN)<sup>2</sup> advise against the early introduction of doorstep cow's milk. In fact, it may be beneficial to avoid it for the first 12 months. ESPGAN have set out guidelines for and recommend the use of a follow-on formula rather than cow's milk.

PROGRESS is such a formula, for babies four to six months and older. Progress is not intended to replace breastfeeding. Given in conjunction with solids it provides more complete nutrition than cow's milk.

Boiling of cow's milk depletes vitamins such as B<sub>1</sub> and C and of course, diluting with water lowers all nutrients.

Parents will be pleased to know Progress contains a full complement of vitamins and minerals especially iron and vitamins A, C, D and E which are insufficient in cow's milk. The all vegetable fat blend contains a lot less saturated fat than cow's milk, with energy provided mainly from carbohydrate rather than fat.

Progress has 67% more carbohydrate than cow's milk and the high quality protein is readily usable for building of body tissue.

You will be pleased to know that Progress has been specially formulated for the older baby by Wyeth Nutrition, makers of Britain's most popular baby milk-food.



**NEW**

Wyeth  
**PROGRESS**

More suitable than cow's milk for older babies.

**Wyeth Nutrition**  
Leading the way

Trade marks

Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0PH.

References 1. D.H.S.S. (1980) (Revised 1983) HMSO Report No. 20. Present Day Practice in Infant Feeding 5.2.1. 2. ESPGAN Committee on Nutrition (1981) Guidelines on Infant Nutrition 11. Recommendations for the composition of follow up formula and Beikost. *Acta Paediatr Scand.*, Suppl. 287.