NOVO

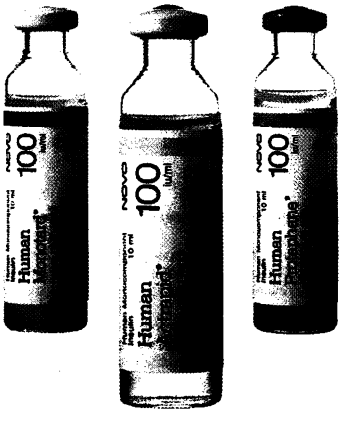
Human Monocomponent Insulin for the doctors and nurses of tomorrow

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.[1]



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 Monocomponent insulin 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 100i.u./ml	4668/0003
Human Monotard 100i.u./ml	4668/0006
Human Protaphane 100i.u./ml	4668/0007

Product Licence Holder:
Novo Industri A/S, Novo Alle, DK-2880 Bagsvaerd, Copenhagen, DENMARK.
Sole Distributor:
Farillon Ltd., Bryant Avenue, Romford, Essex RM3 0PJ. Tel: Ingrebourne 71136
References
1. Schernthaner G, et al, Immunogenicity of Human Insulin (Novo) or Pork Monocomponent Insulin in HLA-DR Typed Insulin-dependent Diabetic Individuals. In: International Symposium on Human Insulin, Eds Karam J H, Elzwiler D D, Diabetes Care; 6 (Suppl 1): 43-48.

NOVO INDUSTRI AS
Copenhagen, Denmark.
Further information is available on request from:
NOVO LABORATORIES LTD
Ringway House, Bell Road, Daneshill East, Basingstoke, Hampshire RG24 0QN.
Tel: Basingstoke (0256) 55055.

Novo Human Monocomponent Insulin 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.[1]

With reduced anxiety, there is less need to resort to symptomatic medication such as bronchodilators,[2] or oral corticosteroids.[3]

Current investigations suggest
that these improvements are accompanied by a reduction of cellular infiltration in bronchial mucus.[4]
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.

References:

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 symptons. **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 PL0113/0068. Fisons plc—Pharmaceutical Division, Loughborough, Leicestershire LE11 0BB. ®Registered Trade Mark ©Fisons plc

FISONS Pharmaceuticals

Trust

Intal®

for firm control of asthma

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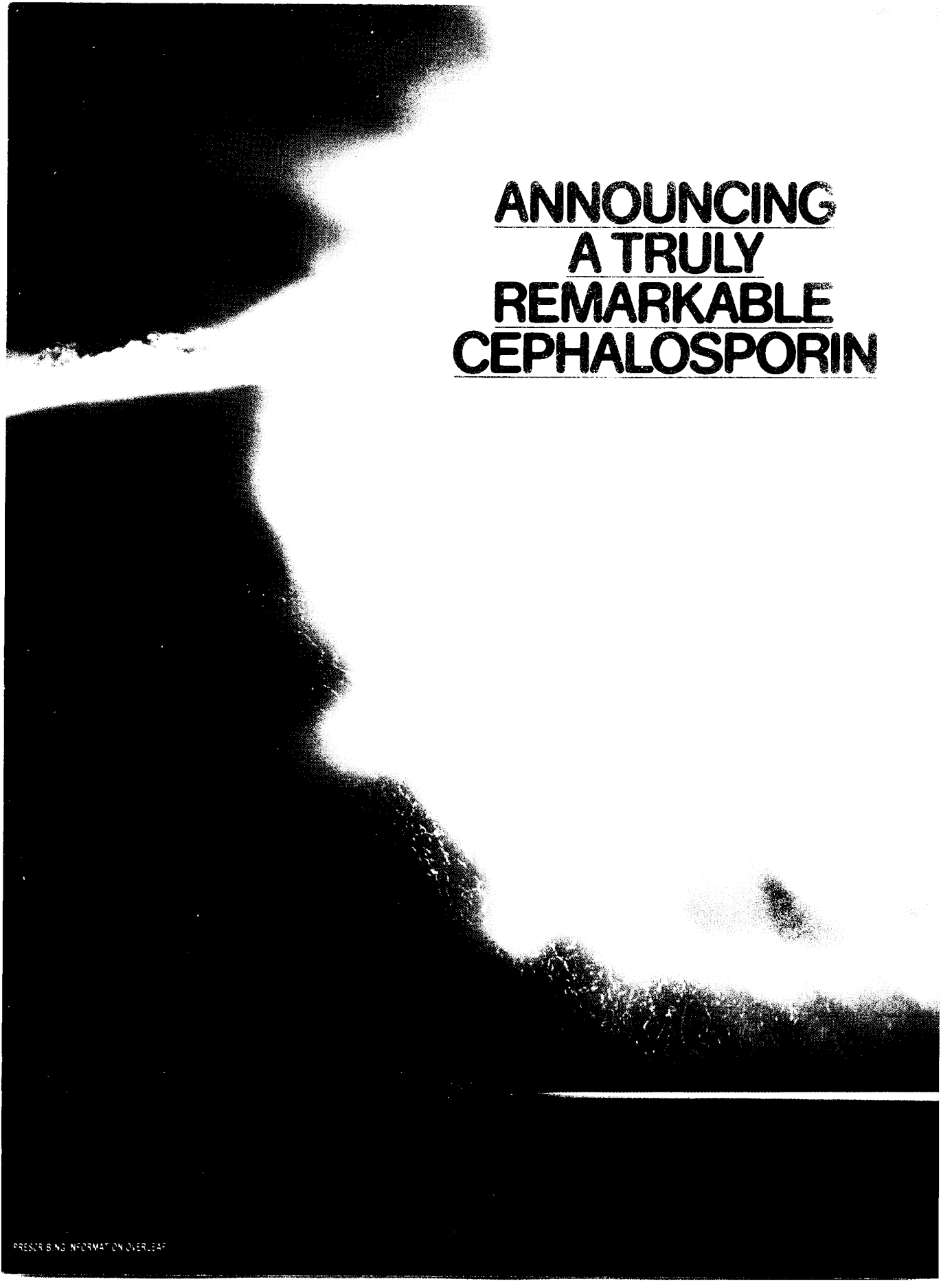
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THE BRITISH COUNCIL

International Medical Course

PAEDIATRIC GASTROENTEROLOGY

17 – 29 March 1985 in Birmingham

This course will cover a wide range of topics in paediatric gastroenterology and recent advances in both theoretical and practical knowledge will be highlighted. Considerable time will be allowed for course members to participate actively in several parts of the course. There will be opportunities to present to fellow course members interesting clinical problems, X-rays and histological specimens from their own experience, and to discuss personal research projects.

The Directors of Studies will be PROFESSOR A S McNEISH, Professor of Paediatrics and Child Health in the University of Birmingham, DR P J MILLA, Senior Lecturer in Paediatrics, Institute of Child Health, University of London and DR C A HUGHES, Senior Lecturer in Paediatrics and Child Health, University of Birmingham.

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.

Fee £745 (Residential).

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.

Further Information and Application Forms can be obtained from your Local Overseas Representative of the British Council or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

In 1982 a new form of insulin was launched on the U.K. market.

Humulin. It's outstandingly pure.[1] And it's less immunogenic than animal insulins[2]

Hence it produces fewer antibodies.[2] Basically, Humulin uses genetic engineering and the techniques of recombinant DNA technology as the method of manufacture.

Which means it can be produced economically and in large quantities for years to come.

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

European Journal of Pediatrics

Incorporating

ACTA PAEDIATRICA BELGICA

Volume 142 Number 2 June 1984

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Annual subscription: DM 232,– plus postage

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[1] and the European Society for Paediatric Gastroenterology and Nutrition (ESPGAN)[2] 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_1 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

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PROGRESS

More suitable than cow's milk for older babies.

Wyeth Nutrition
Leading the way

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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.