A NEW PRESENTATION

ATROVENT

ipratropium bromide

Autohaler®

Add a boost to your bronchodilator therapy

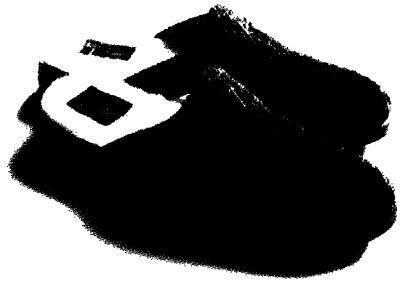
PRESCRIBING INFORMATION

ATROVENT AUTOHALER Ipratropium bromide. **Indications** Chronic reversible airways obstruction, particularly chronic bronchitis. **Dosage** *Adults:* Up to 4 puffs three or four times daily. *Children 6-12 years:* 1 or 2 puffs three times daily. *Under 6 years:* 1 puff three times daily. **Contra-indication** Known hypersensitivity to atropine. **Precautions** Glaucoma; prostatic hypertrophy; pregnancy, especially the first trimester. Advise patients to seek medical advice if response lessens. **Side effects** Dry mouth may occur. **Presentation** Breath-actuated pressurised aerosol for inhalation therapy. 10ml vial complete with mouthpiece contains 200 doses, each delivering 20 micrograms ipratropium bromide £10.43. **Legal category** POM. PL 0015 0160. **Product licence holder** Boehringer Ingelheim Ltd, Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. For full prescribing information please see data sheet. **Date of preparation** September 1993.

Boehringer Ingelheim

The fa

from



Oral Ciproxin® brings you parenteral power in a tablet, a simple choice that can save hospital time and expense in the treatment of a range of infections.

It's easy to administer and well tolerated, providing a highly effective alternative to standard therapy.

As it promotes rapid recovery, oral Ciproxin® helps get the patient back on his feet – fast.

ABRIDGED PRESCRIBING INFORMATION CIPROXIN® INFUSION/TABLETS (Refer to data sheet before prescribing). **Presentation Infusion**: Clear, almost colourless solution containing the equivalent of 100 mg ciprofloxacin in 50 ml, and 200 mg ciprofloxacin in 100 ml solution. **Tablets:** White tablets containing the equivalent of either 250 mg, 500 mg or 750 mg ciprofloxacin. **Uses** Ciprofloxacin is indicated for the treatment of single or mixed infections caused by susceptible organisms. Also indicated for prophylaxis against infection in elective upper gastro-intestinal surgery and endoscopy where there is an increased risk of infection. **Dosage and administration Adults** Ciproxin Infusion 100–200 mg administered intravenously over 30 to 60 minutes twice daily. Ciproxin Tablets should be swallowed whole with liquid; the dosage range for adults is 250 –750 mg twice daily. In surgical prophylaxis a single 750 mg tablet administered 60–90 minutes before the procedure (but see Interactions with oral premedicants). **Elderly** No dose adjustment. **Duration of treatment** For acute infections the usual treatment period is 5 to 7 days (intravenous) or 5 to 10 days (oral), except in cases of acute uncomplicated cystitis where treatment is 250 mg twice daily for 3 days (oral). Generally, in acute and chronic infections where sensitivity is proven, treatment should be continued for at least 3 days after the signs and symptoms of infection have disappeared. **Contra-indications** Hypersensitivity to ciprofloxacin or other quinolones; also in children and growing adolescents except where the benefits of treatment outweigh the risks. **Warnings and precautions** Use with caution in epileptics and patients with a history of CNS disorders. Treatment could result in impairment of the ability to drive or operate machinery. Crystalluria has been reported so patients should be well hydrated and excessive urine alkalinity avoided. As haemolytio reactions with ciprofloxacin are possible in patients with latent and actual defects in glucose-6-phosphate dehydrogenase activity, use with caution. **Drug interactions** Increased plasma levels of theophylline have been

Bayer

st way

to

oral **Ciproxin®**
ciprofloxacin

Parenteral power in a tablet.

observed following concurrent administration with ciprofloxacin. The dose of theophylline should be reduced and plasma levels of theophylline monitored. Where monitoring of plasma levels is not possible, avoid the use of ciprofloxacin in patients receiving theophylline. Particular caution is advised in those patients with convulsive disorders. Interactions have also been noted with anticoagulants and cyclosporin. High doses of quinolones have shown an interaction with NSAIDs in animals leading to convulsions. Administration of quinolones and glibenclamide simultaneously can potentiate the effect of glibenclamide, resulting in hypoglycaemia. Opiate premedicants or regional anaesthetic agents must not be administered concomitantly with ciprofloxacin when used for surgical prophylaxis. Ciproxin Tablets should not be administered within 4 hours of medications containing magnesium, aluminium or iron salts. **Use in pregnancy and lactation** Not recommended. **Side-effects** Gastro-intestinal, CNS, hypersensitivity/skin reactions, musculoskeletal and special sense disturbances. Renal and hepatic disturbances. Effects on haematological parameters. Also reported: vasculitis, pseudomembranous colitis, Stevens-Johnson Syndrome, Lyell Syndrome, haemolytic anaemia, granulocytopenia, intracranial hypertension, petechiae, haemorrhagic bullae, tenosynovitis and tachycardia. Local irritation at the site of injection (Infusion only). **Overdosage** Serum levels of ciprofloxacin are reduced by dialysis. **Pharmaceutical precautions** Unless compatibility is proven, the infusion should always be administered separately. Do not refrigerate Ciproxin Infusion. **Legal category** POM. **Package quantities** Ciproxin Infusion bottles of 50 or 100 ml. Ciproxin Tablets Blister strips of 10 in packs of 10, 20, and 100. **Product licence numbers** PL 0010/0150 Infusion. PL 0010/0146-0148 Tablets. **Basic NHS cost** 250 mg x 10 tablets £ 7.50. 500 mg x 10 tablets £ 13.75. 750 mg x 10 tablets £ 20.00. 100 mg infusion £12.00. 200 mg infusion £ 24.00. **Date of preparation** July 1993. Baypharm, Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG13 1JA, Tel: (0635) 39000. ® Registered trademark of Bayer AG, Germany.

Presentations: *Pulmicort Respules* (2 ml single dose unit ampoules) containing 0.25 mg/ml or 0.5 mg/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 1-2 mg twice daily. In very severe cases the dosage may be further increased. Children 3 months to 12 years: 0.5-1 mg 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): 0.5-1 mg twice daily. Children (3 months to 12 years): 0.25-0.5 mg 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-indication:** 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 β2 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 category:** POM. **Basic NHS price:** Pulmicort Respules 0.25 mg/ml (20 single dose units) £32.00. Pulmicort Respules 0.5 mg/ml (20 single dose units) £44.64. **Product licence numbers:** Pulmicort Respules 0.25 mg/ml PL 0017/0309. Pulmicort Respules 0.5 mg/ml PL 0017/0310. **For further information contact the product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

Reference: 1. BOSS Study, *Thorax 1993;* **48(4).**

ASTRA
Astra Pharmaceuticals

Time to take a breather from oral steroids

Pulmicort®
BUDESONIDE
Respules®

A high-dose nebulised steroid that's low on side effects[1†]

FLIXOTIDE▼

fluticasone propionate

PUTTING A SMILE ON THE FACE OF ASTHMA

Flixotide, a significant new inhaled steroid from Allen & Hanburys, has been developed to help put a smile on the face of asthma.

Designed with safety in mind, Flixotide combines high topical anti-inflammatory activity[1] with negligible oral systemic bioavailability.[2] Flixotide is effective where it's needed in the lungs with minimal potential for steroid side effects from the swallowed portion.

Flixotide (fluticasone propionate) Abridged Prescribing Information (Please refer to the full data sheet before prescribing)
Uses Topically active corticosteroid for prophylactic management of asthma. **Dosage and administration** For inhalation only. Use regularly. Onset of therapeutic effect usually occurs in 4 to 7 days. *Adults:* 100 to 1,000 micrograms twice daily. *Children over 4 years:* 50 to 100 micrograms twice daily. **Contra-indication** Hypersensitivity. **Precautions** *Severe or unstable asthma:* Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases or becomes less effective. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Treat severe exacerbations in the normal way. *Acute symptoms:* Flixotide is not for relief of acute symptoms. A short-acting inhaled bronchodilator is required. *Systemic effects:* Adrenal function and reserve usually remain within the normal range. Some systemic effects may occur in a small proportion of adults after long-term treatment at maximum recommended dose. No systemic side effects have been seen in children. *Transfer from oral steroids:* Special care is needed. Monitor adrenal function. Do not stop Flixotide abruptly. Consider additional corticosteroid therapy in situations likely to produce stress. *Tuberculosis:* Special care is needed in active or quiescent pulmonary tuberculosis. *Pregnancy and lactation:* Experience is limited. Balance risks against benefits. **Side effects** Candidiasis of mouth and throat, hoarseness. *Paradoxical bronchospasm:* Substitute alternative therapy. **Presentation and Basic NHS cost** *Flixotide Inhaler:* 120 actuations per inhaler. 25 micrograms – £6·86. 50 micrograms – £11·43. 125 micrograms – £22·86. 250 micrograms – £38·86. *Flixotide Diskhaler:* Pack of 14 four-place disks together with a Flixotide Diskhaler. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. 500 micrograms – £40·23. *Flixotide Diskhaler refill pack:* Pack of 14 four-place disks only. 50 micrograms – £7·66. 100 micrograms – £12·23. 250 micrograms – £23·66. 500 micrograms – £39·66. Hospital packs are also available. **Product licence numbers** 10949/0001, 10949/0002, 10949/0003, 10949/0004, 10949/0005, 10949/0006, 10949/0007, 10949/0008.

POM

References 1. Phillipps GH. Structure-activity relationships of topically active steroids: the selection of fluticasone propionate. Resp Med 1990; 84 (Suppl. A): 19-23. **2.** Harding SM. Human pharmacology of fluticasone propionate EAACI 1989; Berlin West, Symposia Review: 15-17.

ALLEN & HANBURYS
Further information is available on request from:
Allen & Hanburys Limited,
Uxbridge, Middlesex UB11 1BT

nuary 1994

Abridged Prescribing Information.

Presentation: *Rhinocort Aqua:* A metered pump spray delivering 100 μg budesonide per dose. *Rhinocort Nasal Aerosol:* A metered dose aerosol delivering 50 μg budesonide per dose. **Uses**: Seasonal and perennial allergic rhinitis and vasomotor rhinitis. **Dosage**: *Adults (including elderly)*: 400 μg once daily in the morning, or 200 μg twice daily, morning and evening. When good effect has been achieved, reduce dose. *Children*: Rhinocort Aqua: Not recommended. *Children over 6 years*: use Rhinocort Nasal Aerosol, dosage as for adults. **Contra-indications, warnings etc.**: Hypersensitivity to any of the ingredients. Special care demanded when treating patients transferred from oral steroids, where disturbances of hypothalamic-pituitary-adrenal (HPA) axis could be expected. Special care needed in patients with fungal and viral infections in the airways, or with lung tuberculosis. Full effect not achieved until after a few days' treatment. Treatment of seasonal rhinitis should start, if possible, before exposure to the allergens. Concomitant treatment may sometimes be necessary to counteract eye symptoms. In continuous, long-term treatment, the nasal mucosa should be inspected regularly. Continuous, long-term treatment of children is not recommended. Rhinocort does not affect ability to drive and operate machinery. Avoid during pregnancy. **Side-effects**: Sneezing, nasal stinging and dryness may follow immediately after use of spray. Slight haemorrhagic secretion may occur. Contact allergy involving facial skin may occur rarely. Rare cases of cataract after prolonged use have been reported. Ulceration of mucous membrane and nasal septal perforation have been reported rarely. **Package quantities and NHS cost**: *Rhinocort Aqua* — 100 x 100 μg doses budesonide INN — £6.00. *Rhinocort Nasal Aerosol* — 200 x 50 μg doses — £5.66. **Product licence No.**: 0017/0304 — *Rhinocort Aqua*. 0017/0204 — *Rhinocort Nasal Aerosol*. **Legal category**: POM. **Further information is available from**: Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

References:

1. Bhatia M *et al.* Curr Med Res Opin 1991; **12** (5): 287-296. 2. Pipkorn U, Rundcrantz H. Eur J Resp Dis 1982; **63** (122): 211-220. 3. Pipkorn U. Rhinology 1983; **21**: 335-340. 4. Samuelsson A. Folia Allergologica et Immunologica Clinica 1983: **XXX** (Suppl. al No.4): 102. 5. Simpson RJ *et al.* Allergy 1988; **43** (7): 112. 6. McArthur JG. Allergy 1988; **43** (7): 114. 7. Sykes CG, Stoker MJ. Eur Ac Allergol Clin Immunol, Stockholm 1985; (abs 217). 8. Vanzieleghem MA *et al.* J Allergy Clin Imm 1986; **77**: 136. 9. Vanzieleghem MA *et al.* J Allergy Clin Imm 1987; **79**: 887-892. 10. Penttilä M *et al.* Rhinology 1988; **26** (1): 148. 11. Bunnag C, Jareoncharsri P, Wong ECK. Allergy 1992; **47**: 313-317. 12. Bende M, Rundcrantz H. ORL 1985; **47**: 303-306. 13. Skinner D, Basran G. Physician 1991; Jun: 233-235. 14. McGivern DV *et al.* Eur Ac Allergol Clin Immunol, Stockholm 1985; (abs 215). 15. Olson O, Samuelsson A. Acta Otolaryngol (Stockholm) 1984; Suppl. **412**: 125. 16. Synnerstad B et al. Eur Ac Allergol Clin Immunol, Stockholm 1985; **216**: 239. 17. Synnerstad B *et al.* 11th ERS Congress and 5th ISIAN Athens – Greece, 15-18 June 1986: 18-19. 18. Lindqvist N *et al.* Allergy 1986; **41**: 179-186.

ASTRA
Astra Pharmaceuticals

Astra Pharmaceuticals Ltd.,
Home Park, Kings Langley, Herts WD4 8DH.
Telephone: 0923 266191.

RHA 803/04/93
Date of preparation: April 1993

* Efficacy demonstrated in references 1 to 18 inclusive.

- The effectiveness of budesonide has bee
  in both seasonal[1-10] and perennial[11-
- 74% of patients have state
  Rhinocort Aqua onc

emonstrated

allergic rhinitis.

preference for

daily against twice-daily dosing.[1]

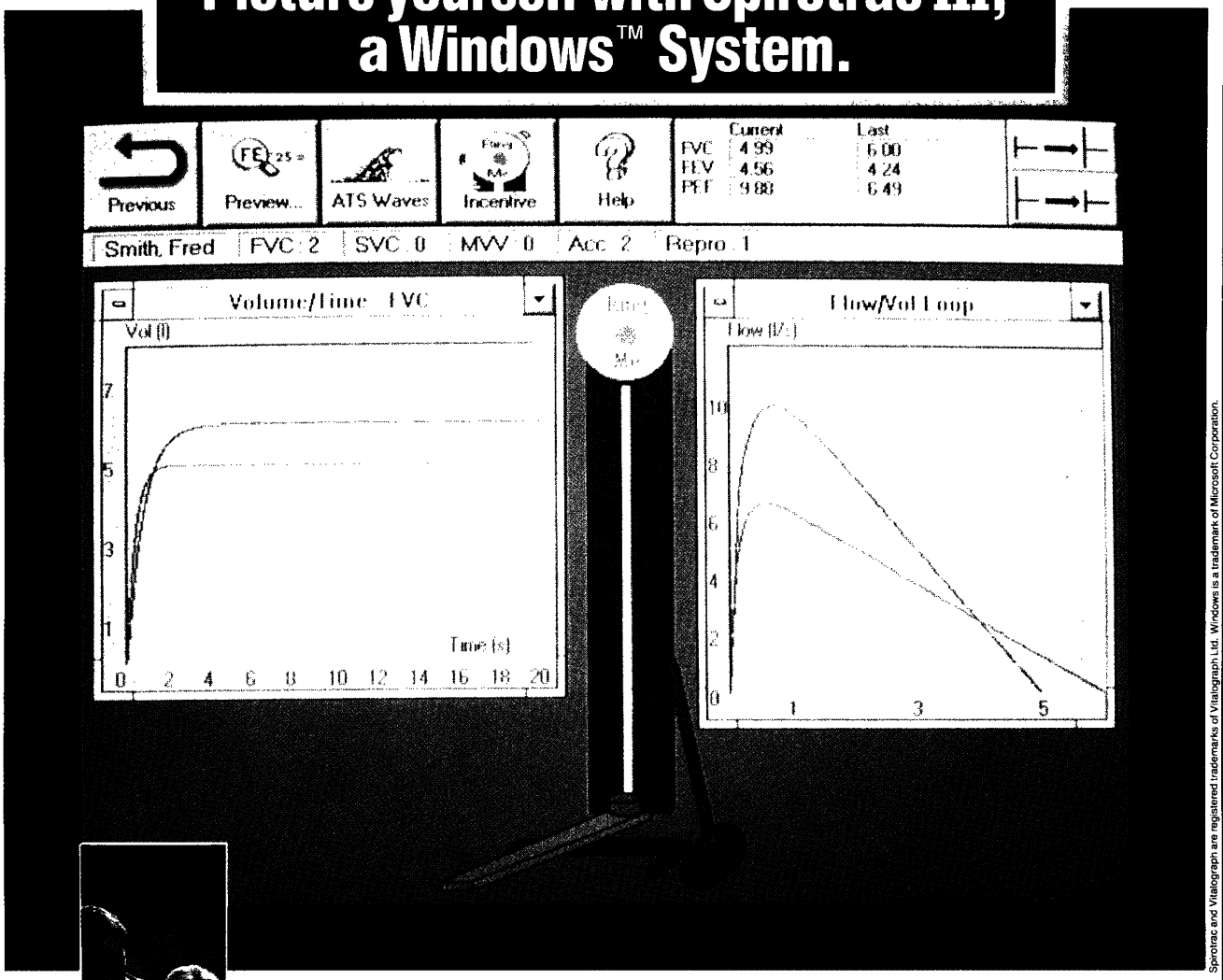
ONCE DAILY

Rhinocort®

BUDESONIDE

Aqua

For the latest view on Spirometry, Picture yourself with Spirotrac III, a Windows™ System.



Spirotrac® III is an easy-to-use spirometry management system developed by Vitalograph® for use wherever pc-based Spirometry is required.

A comprehensive review of product features, and technical specification is included on the free demonstration disk.

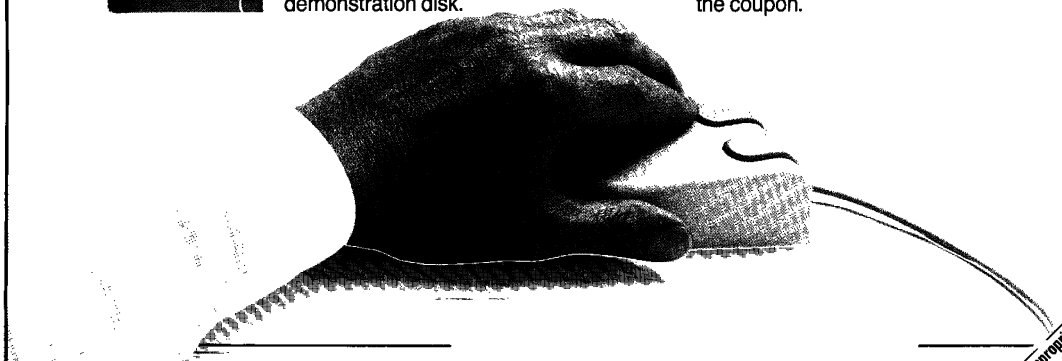
Send for a FREE Demonstration Disk

Spirotrac® III is the ideal Spirometry system for:

Pulmonary Function Depts
Occupational Health
Pharmaceutical Research
Paediatricians
Office Physicians/GP's

To put yourself in the picture, "click" the coupon.

MICROSOFT WINDOWS SPIROMETRY SYSTEM



Please Mail or Fax coupon to appropriate address (US or UK). Send my FREE Demo Disk to:

I am a Windows™ user: Yes ☐ No ☐

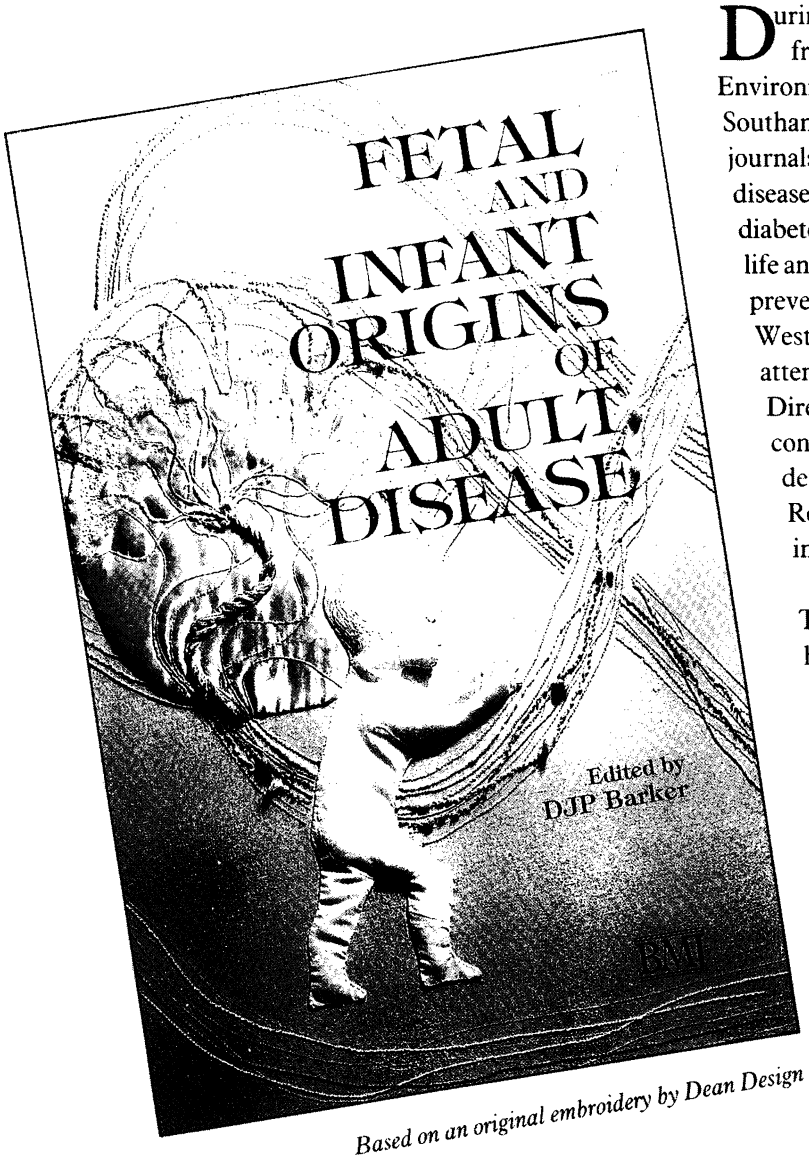
Name
Hospital/Clinic/Dept.
Address
City
Country
Postcode
Tel. No

B R E A T H T A K I N G · T E C H N O L O G Y

Head Office: Vitalograph Ltd., Maids Moreton House, Buckingham MK18 1SW, England.
Tel: 0280 822811 (UK) +44-280-822811 (Int'l)
Fax: 0280 823302 (UK) +44-280-823302 (Int'l)

U.S. Office: Vitalograph Inc., 8347 Quivira Road, Lenexa, Kansas 66215, USA
Tel: (913) 888-4221 Toll Free: 1 800 255 6626 Fax: (913) 888-4259

Are the ills of middle and later life rooted in our early development?



Based on an original embroidery by Dean Design

During the past few years a series of articles, mostly from the Medical Research Council's Environmental Epidemiology Unit at the University of Southampton, has been published in leading medical journals. They set out the evidence that certain adult diseases, including coronary heart disease, stroke and diabetes originate in impaired development during fetal life and infancy. Because of the obvious implications for prevention of some of the commonest diseases in Western society, they have attracted international attention. In this book, Professor David Barker, Director of the Unit, has selected 31 articles that he considers seminal and a comprehensive guide to the development of this important topic. Professor Roger Robinson's introduction summarises and interprets the evidence for non-epidemiologists.

The first chapters describe the origins of the hypothesis in geographical studies in England and Wales. These are followed by a series of studies of men and women in middle and late life whose early growth was recorded at the time. In those who have died, cause of death can be related to early growth. Examination of the living has allowed blood pressure, blood lipid and insulin concentrations, and other measurements to be related to different patterns of early growth. Together, the findings show that early development affects the risk of coronary heart disease, stroke, obstructive lung disease and diabetes at least as strongly as obesity, smoking and other aspects of adult life style.

Fetal and Infant Origins of Adult Disease brings together in one volume a body of work that cannot be ignored

Hardback • Illustrations • Tables • 368 pages • ISBN 0-7279-0743-3

UK £24.95; Abroad £30.00 (BMA members £22.95 or £28.00) including postage, by air abroad

ORDER FORM **British Medical Journal, PO Box 295, London WC1H 9TE.**

Please send me _____ copy/ies of FETAL AND INFANT ORIGINS OF ADULT DISEASE

NAME _____
(print clearly)

ADDRESS _____

_____

_____ POSTCODE _____

☐ Please send me a book catalogue

Membership No _____

Cheque enclosed (made payable to British Medical Journal) £ _____

Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No _____ Exp _____

Signature _____

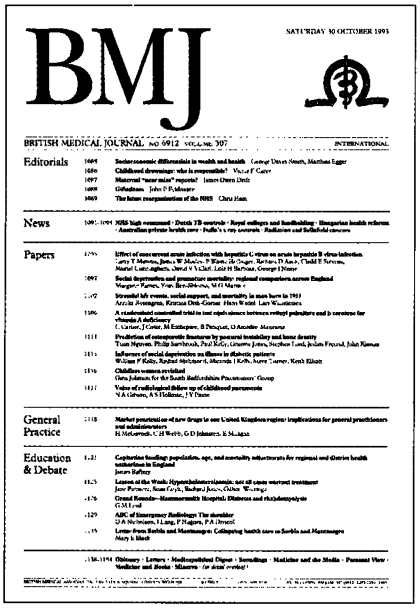
BMJ books are also available from major booksellers or the BMJ bookshop in BMA House. Book tokens accepted (UK only).

Why do 200 000 doctors worldwide turn to the BMJ for expert medical opinion?

New Personal Rate – US $137

Is it because the BMJ has editorials dealing more concisely with a broader range of topical issues than any other medical journal?

Or because the 600 scientific papers we publish annually are all rigorously assessed for originality, accuracy and clinical relevance?


BMJ

SATURDAY 30 OCTOBER 1993

BRITISH MEDICAL JOURNAL NO 6912 VOLUME 307 INTERNATIONAL

Editorials

News

Papers

General Practice

Education & Debate

Is it because our ABC guides update busy doctors on everyday clinical problems?

Or because our international news section covers all the week's major medical stories, wherever they happen in the world?

These are just some of the reasons why the BMJ is one of the world's most popular medical journals. Here's another...

The has introduced a Personal Subscription Rate of only

N.B. This applies to BMJ – International edition only

ORDER FORM

TRX

BMJ (International Edition)
PUBLICATION: Weekly, 51 issues a year
1994 *PERSONAL SUBSCRIPTION RATE: £90/US $137
1994 INSTITUTIONAL SUBSCRIPTION RATE: £167/US $275
US Dollar applicable to USA only. Dollar payments must be drawn on a bank account in the USA.

Please enter my subscription, starting on the month of _____

Please tick

☐ Please send me a sample copy

☐ I enclose a cheque for _____
(Payable to British Medical Journal)

☐ I wish to pay by credit card.

American Express/Visa/Mastercard *(Delete as appropriate)*

Card Number

MasterCard users should add the numbers appearing above their name

Expiry date _____

Signature _____
(Your signature is essential, especially when paying by credit card)

Date _____

Name *(Capitals)* _____

Occupation _____
(If you work in medicine please also state your specialty)

Address _____

_____

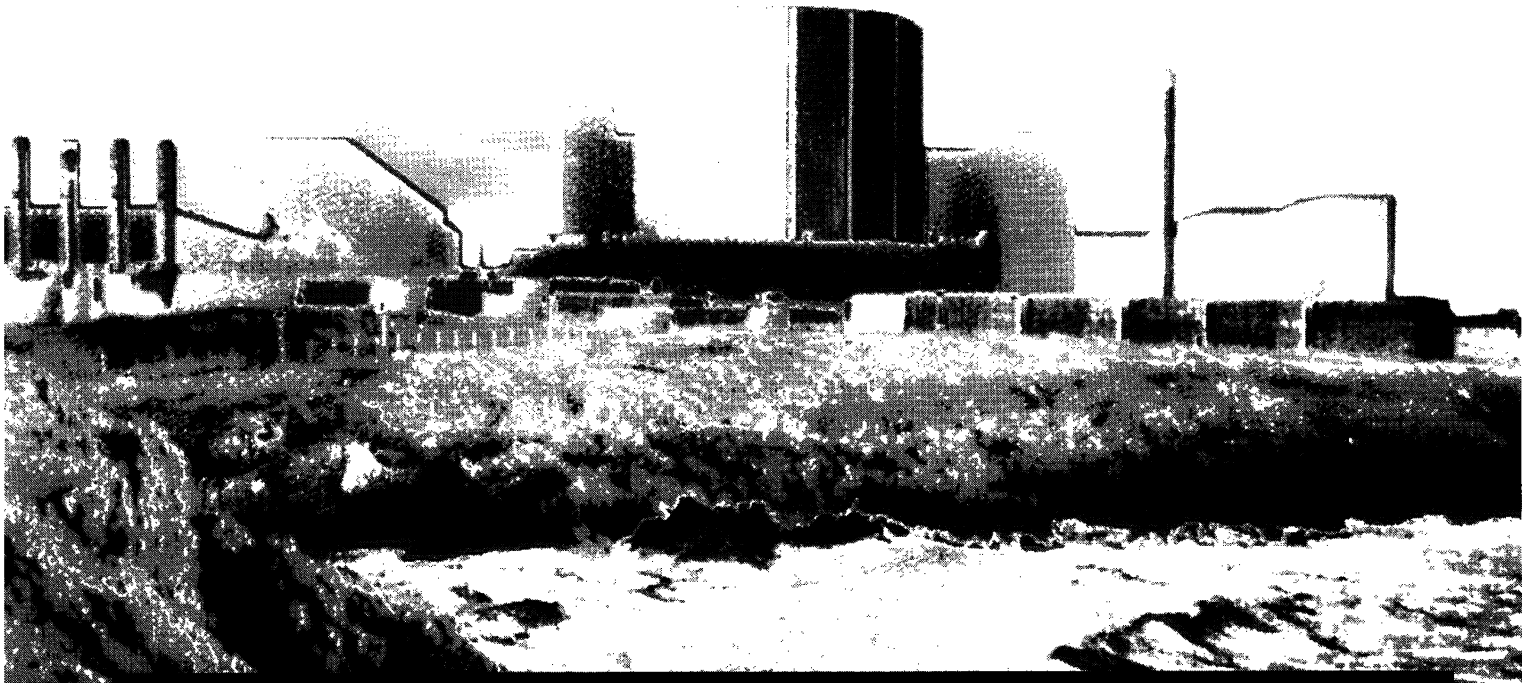
Postcode _____

* Personal rates are only available on orders placed directly with the publisher and paid for out of personal funds.
Canadian subscribers must add 7% GST to quoted sterling price.
Italian subscribers must add 4% IVA to quoted sterling price, unless IVA registration number is provided.
Irish Republic must add 21% VAT to quoted sterling price, unless VAT registration number is provided.
Belgian subscribers must add @ 6% TVA BTW to quoted sterling price.

Send orders to: **BMJ Publishing Group, BMJ Marketing, P.O. Box 299. London WC1H 9TD. UK**
or: **BMJ Publishing Group, Box No. 560B, Kennebunkport, Maine 04046, USA (Direct Orders Only)**

CHILDHOOD CANCER AND NUCLEAR INSTALLATIONS

Edited by **Valerie Beral, Eve Roman & Martin Bobrow**



Ever since a television programme in 1983 on the people of Windscale (Sellafield) revealed an unusually high incidence of cancer in children researchers have been attempting to uncover the reason for the clusters. None of the studies to date has caused such a stir as that led by Martin Gardner in Sellafield, published by *BMJ* in 1990, which found a statistical link between fathers' exposure to radiation and the incidence of leukaemia among their children.

As a result of the Gardner report, [illegible]

associations have been found near other plants and new theories that challenge any link at all between the clusters and radiation have been put forward.

***Childhood Cancer and Nuclear Installations* tells the story from the beginning to the present day, with a lively commentary by three of the major contributors to the debate, and reproduces the key papers, commentaries, and correspondence from the UK and abroad, along with extracts from reports produced by official [illegible]. This**

ISBN 07279 0815 4 496 pages 21 October 1993. UK £27.95; Overseas £30.00 (BMA members £25.95; £28.00)

ORDER FORM

Available from: **BMJ Publishing Group, P.O. Box 295, London WC1H 9TE, medical booksellers or the BMJ bookshop in BMA House**

Please send me _____ copy/ies of
CHILDHOOD CANCER AND NUCLEAR INSTALLATIONS

Name _____
(Print Clearly)

Address _____

_____

_____

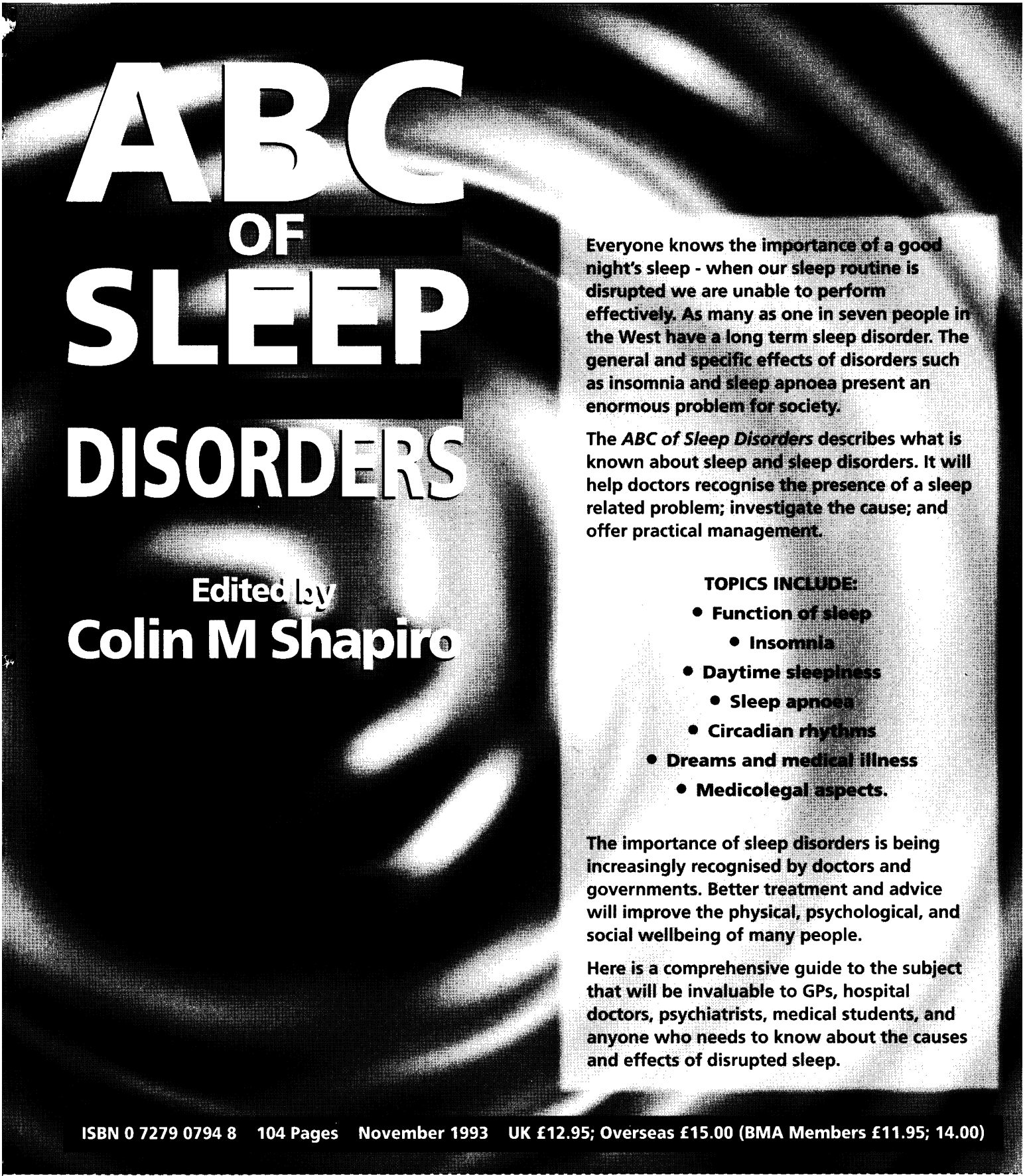
Membership No. _____

Cheque enclosed (made payable to British Medical Journal) £ _____

❑ Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No. _____ **Exp** _____

Signature _____



Everyone knows the importance of a good night's sleep - when our sleep routine is disrupted we are unable to perform effectively. As many as one in seven people in the West have a long term sleep disorder. The general and specific effects of disorders such as insomnia and sleep apnoea present an enormous problem for society.

The *ABC of Sleep Disorders* describes what is known about sleep and sleep disorders. It will help doctors recognise the presence of a sleep related problem; investigate the cause; and offer practical management.

TOPICS INCLUDE:

- **Function of sleep**
- **Insomnia**
- **Daytime sleepiness**
- **Sleep apnoea**
- **Circadian rhythms**
- **Dreams and medical illness**
- **Medicolegal aspects.**

The importance of sleep disorders is being increasingly recognised by doctors and governments. Better treatment and advice will improve the physical, psychological, and social wellbeing of many people.

Here is a comprehensive guide to the subject that will be invaluable to GPs, hospital doctors, psychiatrists, medical students, and anyone who needs to know about the causes and effects of disrupted sleep.

ISBN 0 7279 0794 8 104 Pages November 1993 UK £12.95; Overseas £15.00 (BMA Members £11.95; 14.00)

ORDER FORM

Available from: **BMJ Publishing Group, P.O. Box 295, London WC1H 9TE (Tel: 071 383 6185/6245), medical booksellers or the BMJ bookshop in BMA House**

Please send me _____ copy/ies of **ABC OF SLEEP DISORDERS**

Name _____
(Print Clearly)

Address _____

_____

_____ **Postcode** _____

Membership No. _____

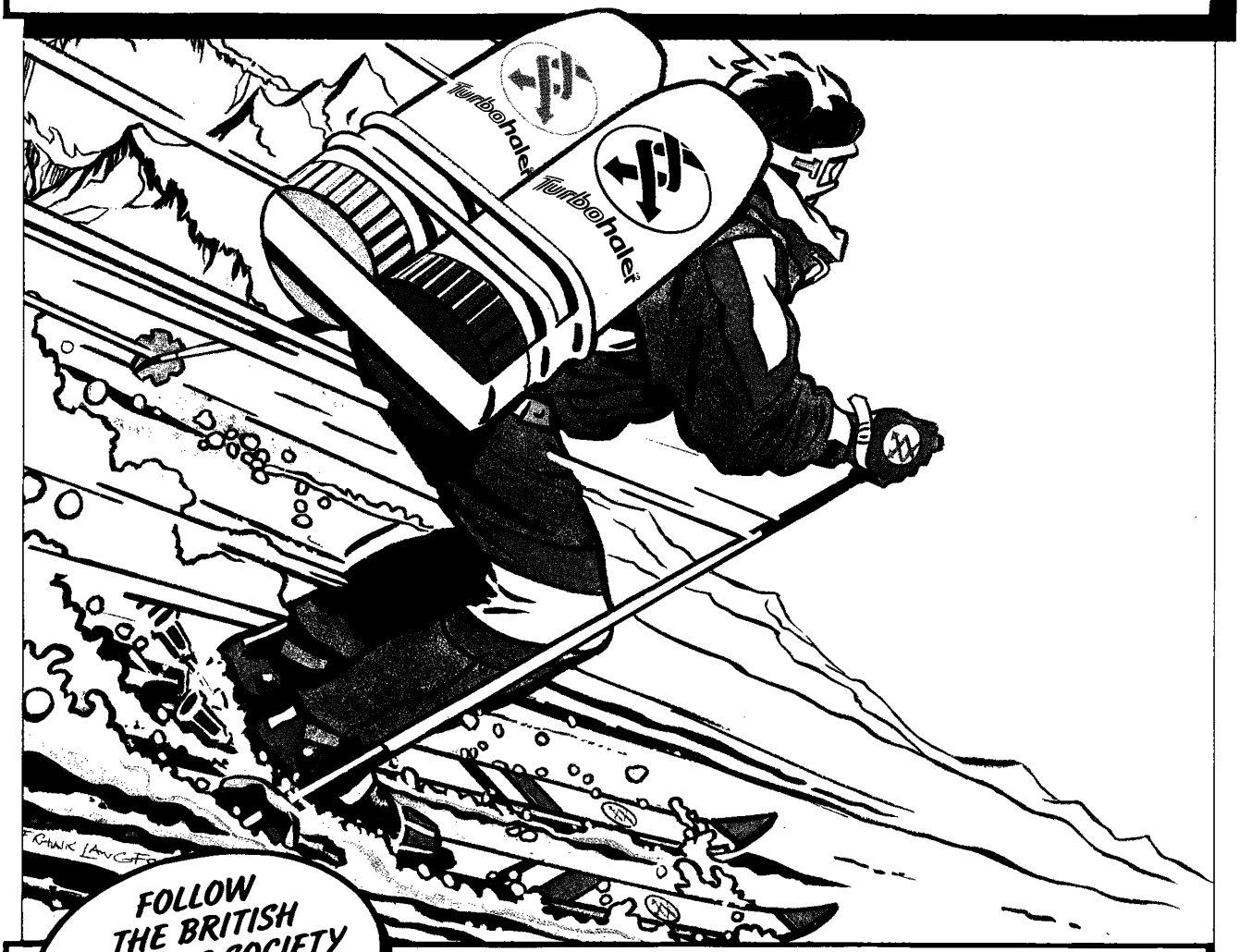
Cheque enclosed (made payable to British Medical Journal) £ _____
Debit my AMERICAN EXPRESS/VISA/MASTERCARD

Card No. _____ **Exp** _____

Signature _____

❑ Please send me a BMJ PUBLISHING GROUP CATALOGUE

TURBOHALED!



FOLLOW THE BRITISH THORACIC SOCIETY GUIDELINES[1] FOR ASTHMATICS

STEP 1: INHALED BRONCHODILATOR PRN
STEP 2: ADD IN LOW-DOSE INHALED STEROID

Bricanyl® Turbohaler®
TERBUTALINE SULPHATE

Pulmicort® Turbohaler® 200
BUDESONIDE

Abridged Prescribing Information: Presentation: Bricanyl Turbohaler. Breath actuated metered dose powder inhaler delivering 500μg terbutaline sulphate per dose. Each inhaler contains 100 doses. **Uses:** Relief of bronchospasm. **Dosage and Administration:** Adults (including elderly) and children: One inhalation as required, up to four times daily. **Contra-indications, warnings, etc.:** Do not use in patients hypersensitive to terbutaline or with hypertrophic cardiomyopathy. Care advised in myocardial insufficiency, thyrotoxicosis and during the first trimester of pregnancy. Potentially serious hypokalaemia may result from β_2-agonist therapy. Caution advised in severe asthma as effect may be potentiated by concomitant treatment with xanthines, steroids, diuretics and by hypoxia (see data sheet). Do not administer with ß-blockers and use with caution with other sympathomimetics. Additional blood glucose measurements are recommended initially in diabetic patients. Patients should be warned to seek medical advice if the usual relief or duration of action is diminished. **Side-effects:** Infrequent: tremor, tonic cramp, tension and palpitations. **Legal Category:** POM. **Basic NHS price:** Bricanyl Turbohaler, (100 doses) £8.94. **Product Licence Number:** PL 0017/0241. **For further information contact the product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

Abridged Prescribing Information: Presentations: Pulmicort Turbohaler 200 – 200μg/puff dry powder inhaler containing 100 doses of budesonide. Pulmicort Turbohaler 400 – 400μg/puff dry powder inhaler containing 50 doses of budesonide. **Uses:** Bronchial asthma. **Dosage and Administration:** Individualise dose. **Adults:** 200μg-1600μg daily in divided doses. **Children:** 200μg-800μg daily in divided doses. **Maintenance:** Use lowest possible dose. Rinse mouth after each use. **Contra-indications:** None known. **Warnings, etc:** Active lung tuberculosis. Care is needed in patients with fungal and viral infections in the airways. Avoid administration during pregnancy. 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 treatment with Pulmicort demands special care. See data sheet for further details. **Side-effects:** Mild irritation in the throat; hoarseness and oral candidiasis occur in some patients. Rare cases of cataract have been reported after prolonged use of corticosteroids. **Legal Category:** POM. **Licence No:** PL 0017/0271 (400μg/puff). PL 0017/0272 (200μg/puff). **Price:** Pulmicort Turbohaler 200 and Pulmicort Turbohaler 400 £18.50. **For further information contact the product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. **Reference:** 1. Statement by the British Thoracic Society, Research Unit of The Royal College of Physicians of London, King's Fund Centre, National Asthma Campaign. Brit Med J 1991; 301: 651-653.

ASTRA

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

Date of Preparation: March 1993.