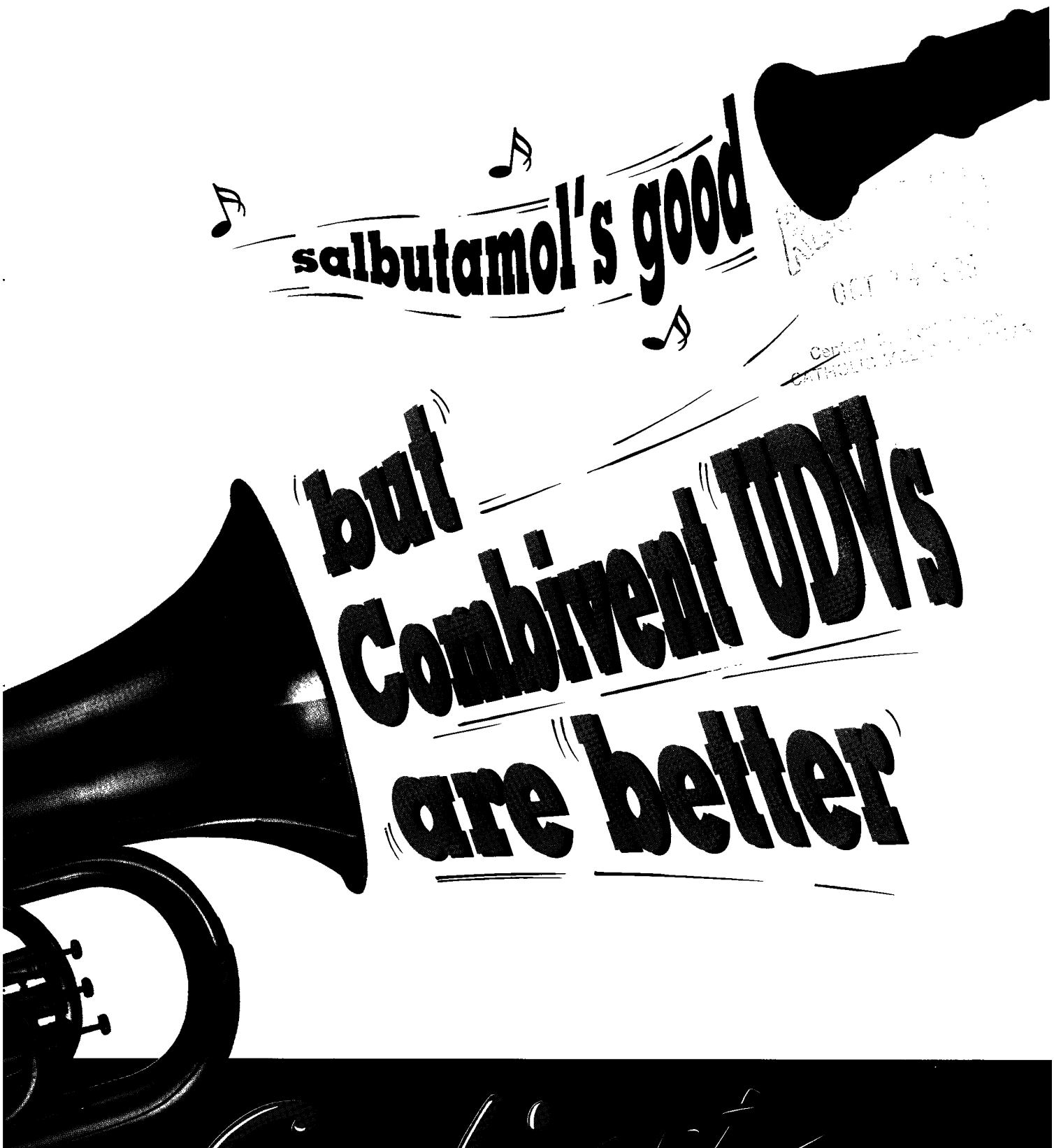

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UDVs™

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Is *Easi-Breathe* possible? ..it is now!

NOW By popular demand... Salamol *Easi-Breathe* too!

50-75% of patients are unable to use metered-dose inhalers (MDIs) properly[1,2,3,4], but they are still the most widely used asthma device[3].

...and in more ways than one...

'Preventer'

- Beclazone *Easi-Breathe* is reassuringly familiar in shape for your patients.
- Remarkably easy handling. All your patient has to do is *Open, Breathe, Close.*


Open


Breathe


Close

- Beclazone *Easi-Breathe* is supplied with a small volume spacer (Optimiser) for your high dose inhaled steroid patients.
- Beclazone *Easi-Breathe* is identical in price to our standard Beclazone MDIs[5].
- Beclazone *Easi-Breathe* is 20-22% less in cost than the originator BDP MDIs and offers significant savings compared to other breath-operated dry powder devices[6,7].

'Reliever'

- The addition of Salamol *Easi-Breathe*, means that you can now prescribe the same, simple and easy to use *Easi-Breathe* inhaler for the relief of asthma symptoms.
- As you would expect from Baker Norton, Salamol *Easi-Breathe* is the most cost effective Salbutamol breath-operated inhaler* and offers substantial savings compared to other breath-operated aerosol and dry powder inhalers[6,7].

*per equivalent dose

℞ **Beclazone *Easi-Breathe***

Beclomethasone Dipropionate BP 50, 100 & 250 microgram inhalers

℞ **Salamol *Easi-Breathe***

Salbutamol BP 100 microgram inhaler

BAKER NORTON

Quality medicines at sensible prices

Designed to save lives *Priced* to save millions

BN EB/SAL LCH 08/95

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 candidias have been reported. In rare cases inhaled drugs may provol bronchoconstriction in hyperreactive patients. Facial skin should b washed after use of the face mask as irritation can occur. Coughing ca usually be prevented by inhaling a β_2-agonist (e.g. terbutaline) 5-1 minutes before inhalation of Pulmicort Respules. Avoid in pregnanc **Pharmaceutical precautions:** Store below 30°C. Use within 3 months c opening the foil envelope. Protect opened ampoule from light. Use withi 12 hours of opening. **Legal status:** POM. **Basic NHS price:** Pulmico Respules 0.25mg/ml (20 single dose units) £32.00. Pulmicort Respul 0.5mg/ml (20 single dose units) £44.64. **Product licence nos.:** Pulmico Respules 0.25mg/ml PL 0017/0309. Pulmicort Respules 0.5mg/n PL 0017/0310. **Name and address of product licence holder:** Ast Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

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Date of preparation: May 1995
P.Res. 0382

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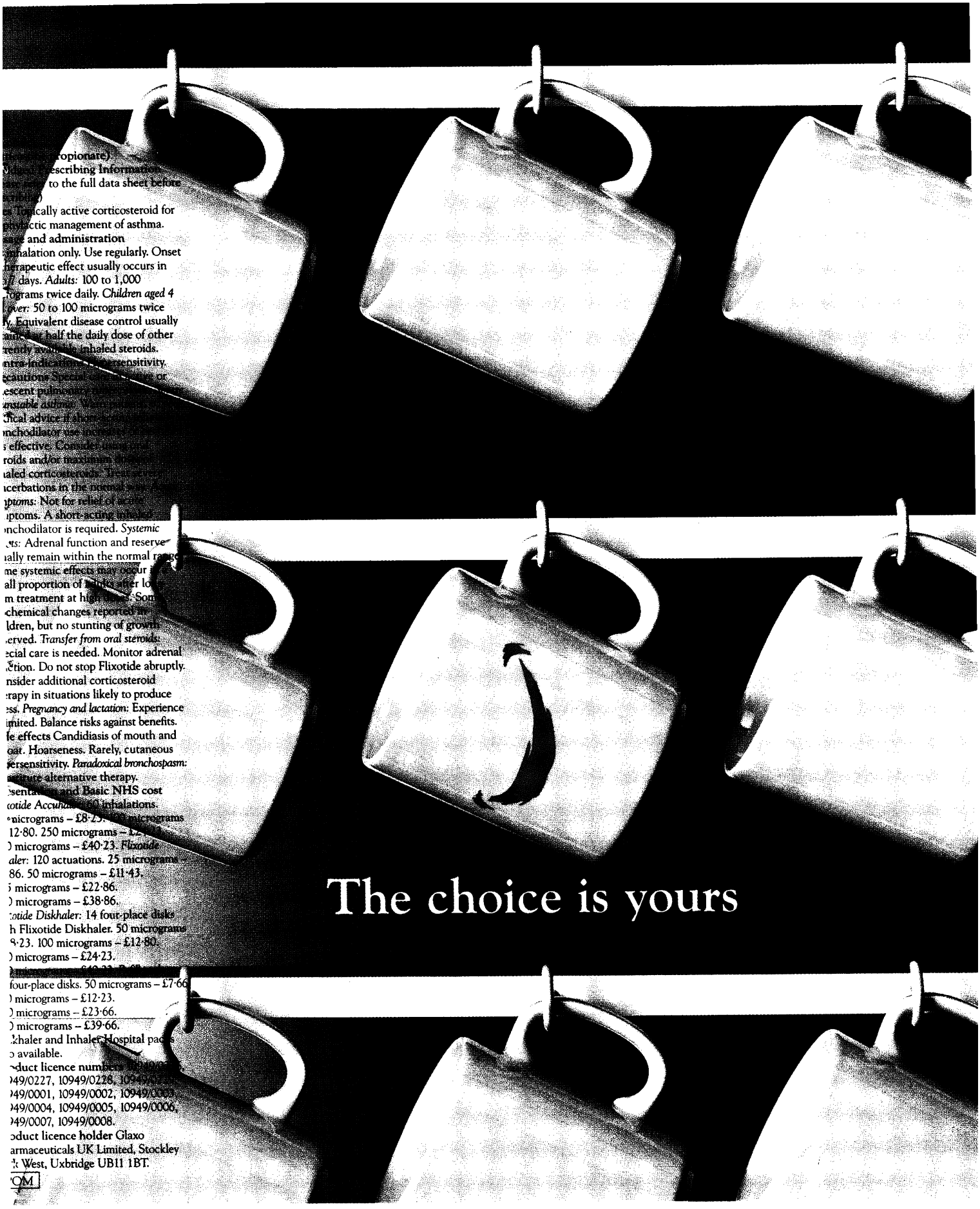
Respules®
BUDESONIDE

Nebulised Steroid Control



ropionate)
escribing Information
to the full data sheet before
)
Topically active corticosteroid for
phylactic management of asthma.
and administration
halation only. Use regularly. Onset
herapeutic effect usually occurs in
days. *Adults:* 100 to 1,000
rograms twice daily. *Children aged 4
wer:* 50 to 100 micrograms twice
y. Equivalent disease control usually
half the daily dose of other
ently available inhaled steroids.
ra-indications Hypersensitivity.
autions Special care in severe or
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effective. Consider
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cerbations in the normal
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ts:* Adrenal function and reserve
ally remain within the normal
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m treatment at high
chemical changes reported in
ldren, but no stunting of growth
erved. *Transfer from oral steroids:*
cial care is needed. Monitor adrenal
tion. Do not stop Flixotide abruptly.
nsider additional corticosteroid
rapy in situations likely to produce
ss. *Pregnancy and lactation:* Experience
mited. Balance risks against benefits.
le effects Candidiasis of mouth and
oat. Hoarseness. Rarely, cutaneous
ersensitivity. *Paradoxical bronchospasm:*
ntinue alternative therapy.
sentation and Basic NHS cost
otide Accuhaler 60 inhalations.
micrograms – £8·23.
12·80. 250 micrograms –
) micrograms – £40·23. *Flixotide
aler:* 120 actuations. 25 micrograms –
86. 50 micrograms – £11·43.
micrograms – £22·86.
) micrograms – £38·86.
otide Diskhaler: 14 four-place disks
h Flixotide Diskhaler. 50 micrograms
9·23. 100 micrograms – £12·80.
) micrograms – £24·23.
micrograms –
four-place disks. 50 micrograms – £7·66.
) micrograms – £12·23.
) micrograms – £23·66.
) micrograms – £39·66.
khaler and Inhaler Hospital packs
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oduct licence numbers
)49/0227, 10949/0228,
)49/0001, 10949/0002,
)49/0004, 10949/0005, 10949/0006,
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oduct licence holder Glaxo
armaceuticals UK Limited, Stockley
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June 1995

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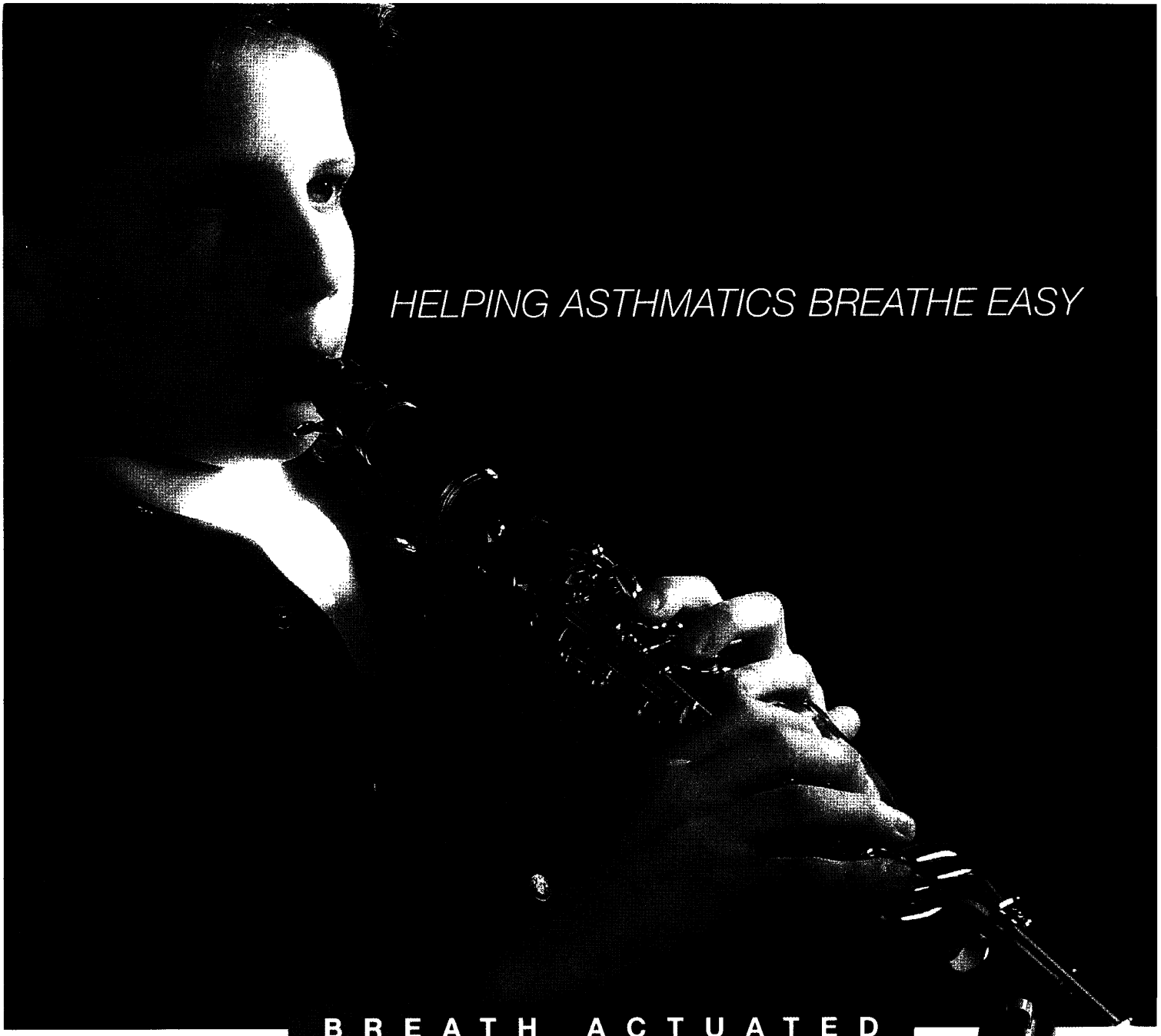
ticasone propionate

Designed for control, with safety in mind.



BREATH ACTUATED

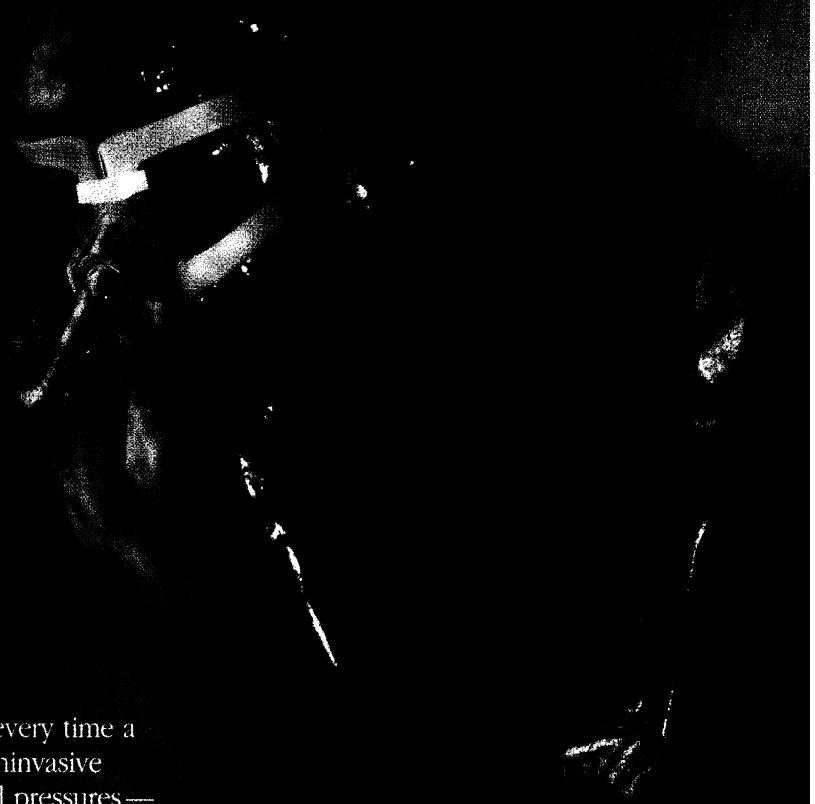
AeroBec™ 100 Autohaler™

beclomethasone dipropionate breath-actuated inhaler

CONSISTENT BECLOMETHASONE DELIVERY FOR RELIABLE THERAPY

AEROBEC™ 100 AUTOHALER™ ABBREVIATED PRESCRIBING INFORMATION. Presentation: Breath-actuated pressurised inhalation aerosol delivering 100mcg of beclomethasone dipropionate (as propellant solvate) into the mouthpiece of a breath-actuated adaptor. **Indications:** For the prophylactic treatment of chronic reversible obstructive airways disease. **Dosage:** *Adults:* 200mcg twice daily or 100mcg three or four times daily. In more severe cases a dose of 600-800mcg is recommended, with subsequent reductions. Maximum recommended daily dose of this preparation is 1000mcg. Adrenal suppression may occur in patients receiving doses of 1500mcg or more daily. *Children:* 50-100mcg two to four times daily. **Contra-indications:** Hypersensitivity to beclomethasone. Caution in patients with pulmonary tuberculosis. **Side-effects:** Candidiasis of throat or mouth. Hoarseness. **Precautions:** Patients with adrenocortical suppression should have systemic steroids withdrawn slowly when converting to AeroBec therapy. During periods of stress or when asthma worsens supplementary systemic steroids may be needed. Discontinuation of systemic steroids may cause exacerbation of other allergic diseases. **Pregnancy:** There is inadequate evidence of safety in human pregnancy. Use should be avoided unless benefits outweigh risks. **Lactation:** Beclomethasone is probably excreted in milk. In breast-feeding mothers the therapeutic benefits of the drug should be weighed against the potential hazards to mother and baby. **Pharmaceutical precautions:** Store in a cool place protected from frost and direct sunlight. As the vial is pressurised, no attempt should be made to puncture it or dispose of it by burning. **Basic NHS price:** AeroBec 100: £13.50. **Product licence number:** AeroBec 100: PL 68/0145. **Legal Category:** POM. Date of preparation of advertisement: February 1995. Further information is available from the 3M Health Care Information Scientist: Telephone Loughborough (01509) 611611. Pharmaceutical Division, 3M Health Care, Loughborough, England. AeroBec, Autohaler and 3M are registered trademarks of the 3M company.

3M Health Care



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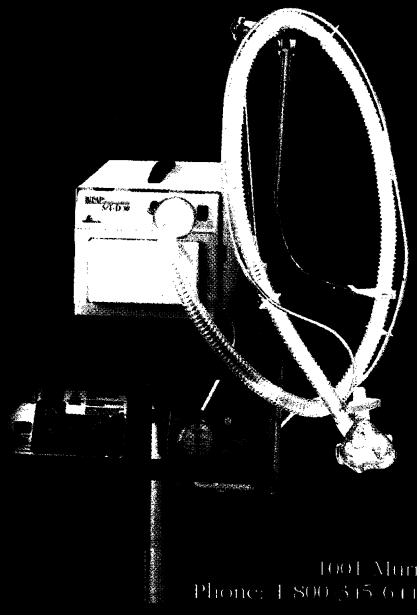
For information or a free demonstration, fax us at 1-412-733-0244.



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WARNING: The BiPAP® S/T-D 30 System is not intended to provide the total ventilatory requirements of the patient and must not be used as a life support ventilator. Refer to the BiPAP S/T-D 30 System Clinical Manual for complete information on applications.
Caution: Federal law restricts this device to sale by or on the order of a physician.

BiPAP is a registered trademark of Respironics, Inc. U.S. Patents 4,655,42[illegible], 5,259,05[illegible] and 5,313,967. Other U.S. and foreign patents pending.
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ABBREVIATED PRESCRIBING INFORMATION
Presentation UNIPHYLLIN CONTINUS tablets contain Theophylline BP in a controlled release system. UNIPHYLLIN CONTINUS tablets 400 mg are white, capsule-shaped, scored tablets with the logo NAPP U400 embossed on one side and UNIPHYLLIN on the other. UNIPHYLLIN CONTINUS tablets 300 mg are white, capsule-shaped, scored tablets with U300 embossed on one side. UNIPHYLLIN CONTINUS tablets 200 mg are white, capsule-shaped, scored tablets with U200 embossed on one side. **Uses** Theophylline is a bronchodilator. In addition it affects the function of a number of cells involved in the inflammatory processes associated with asthma and chronic obstructive airways disease. Of most importance may be enhanced suppressor T-lymphocyte activity and reduction of eosinophil and neutrophil function. These actions may contribute to anti-inflammatory prophylactic activity in asthma and chronic obstructive airways disease. For the treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis. Also indicated in adults for the treatment of cardiac asthma and left ventricular or congestive cardiac failure. **Dosage and administration** *NB* Tablets should be swallowed whole and not chewed. *Adults:* The usual maintenance dose for elderly patients or those less than 70 kg body weight is 300 mg, 12-hourly following an initial week of therapy on 200 mg, 12-hourly. The usual maintenance dose for patients of 70 kg body weight or over is 400 mg, 12-hourly following an initial week of therapy on 200 mg or 300 mg, 12-hourly. *Children:* Not recommended for children under seven years of age. The maintenance dose is 9 mg/kg twice daily. Some children with chronic asthma require and tolerate much higher doses (10-16 mg/kg twice daily). Lower dosages (based on usual adult dose) may be required by adolescents. It may be appropriate to administer a larger evening or morning dose in some patients, in order to achieve optimum therapeutic effect when symptoms are quite severe, e.g. at the time of the 'morning dip' in lung function. In patients whose night time or day time symptoms persist despite other therapy and who are not currently receiving theophylline, then the total daily requirement of UNIPHYLLIN CONTINUS tablets (as specified above) may be added to their treatment regimen as either a single evening or morning dose. *Elderly:* The initial dose should be 200 mg, 12-hourly increasing to 300 mg, 12-hourly. **Contra-indications** Should not be given concomitantly with ephedrine in children. **Precautions and warnings** The following increase clearance and it may therefore be necessary to increase dosage to ensure a therapeutic effect: phenytoin, carbamazepine, rifampicin, sulphinpyrazone and barbiturates. Smoking and alcohol consumption can also increase clearance of theophylline. The following reduce clearance and a reduced dosage may therefore be necessary to avoid side-effects: allopurinol, cimetidine, ciprofloxacin, erythromycin, thiabendazole, isoprenaline, fluvoxamine, viloxazine hydrochloride and oral contraceptives. Factors such as viral infections, liver disease and heart failure also reduce theophylline clearance. The hypokalaemia resulting from beta, agonist therapy, [illegible] headache and CNS stimulation is significantly reduced when UNIPHYLLIN CONTINUS tablet preparations are given. Furthermore, the side effects can be minimised by dose titration downwards. *Transferability:* It is not possible to ensure bioequivalence between different sustained release theophylline products. Therefore, it should be emphasised that patients, once titrated to an effective dose, should not be changed from UNIPHYLLIN CONTINUS tablet preparations to other slow or sustained release xanthine preparations without re-titration and clinical assessment. **Legal category** P. **Package quantities and basic NHS price** UNIPHYLLIN CONTINUS tablets 400 mg - 56's: £7.32; 250's: £32.36; 1,000's: £125.29. UNIPHYLLIN CONTINUS tablets 300 mg - 56's: £6.17; 250's: £27.89. UNIPHYLLIN CONTINUS tablets 200 mg - 56's: £4.05. Product licence numbers UNIPHYLLIN CONTINUS tablets 400 mg - PL 0337/0074. UNIPHYLLIN CONTINUS tablets 300 mg - PL 0337/0129. UNIPHYLLIN CONTINUS tablets 200 mg - PL 0337/0057. **Product licence holder** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, UK. Tel: 01223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. ® The NAPP device, UNIPHYLLIN and CONTINUS are Registered Trade Marks. © NAPP Laboratories Limited 1995.

Reference: 1. Kidney J, Dominguez M, Taylor PM, *et al.* (In press).

Date of preparation: May 1995.

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

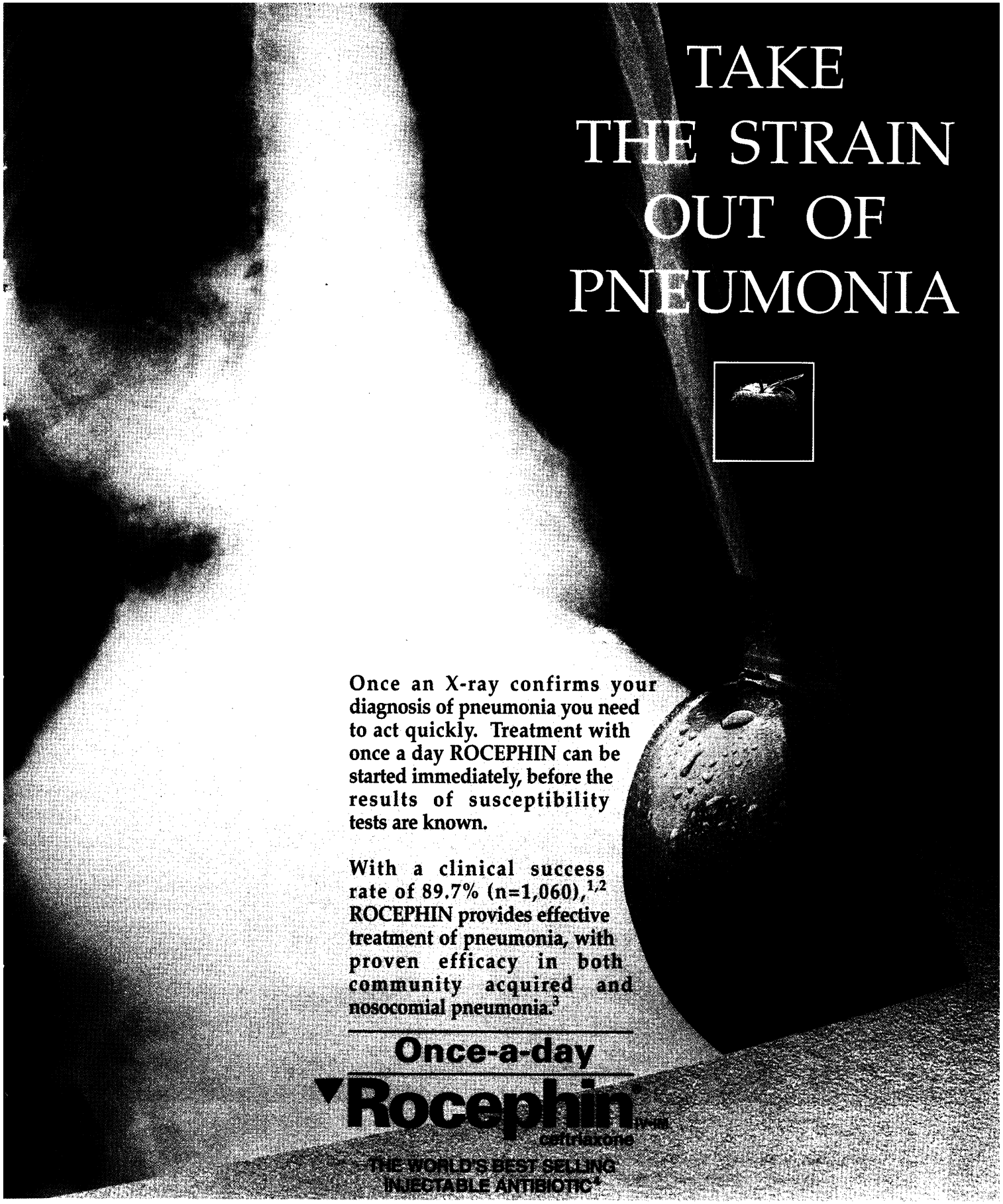
UNIPHYLLIN CONTINUS tablets are now believed to exert an anti-inflammatory action. They therefore present a convenient and acceptable choice for preventive therapy - and add a new dimension to asthma management.

DUAL ACTION

Uniphyllin®

CONTINUS® TABLETS THEOPHYLLINE BP

Breathing new life into asthma therapy



References
1. Brown, R.B. and Sands, M., Curr. Ther. Res.(1989),**46** (2), 285-91.
2. Data On File, (GCR B-116 232). **3**. Niebuhr, H. *et al.* Chemotherapie Journal (1993), **2**, 28-35. **4**. 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.

J 738084 Date of preparation February 1994

Roche

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Evidence-Based Medicine

Editors: B Haynes & D Sackett

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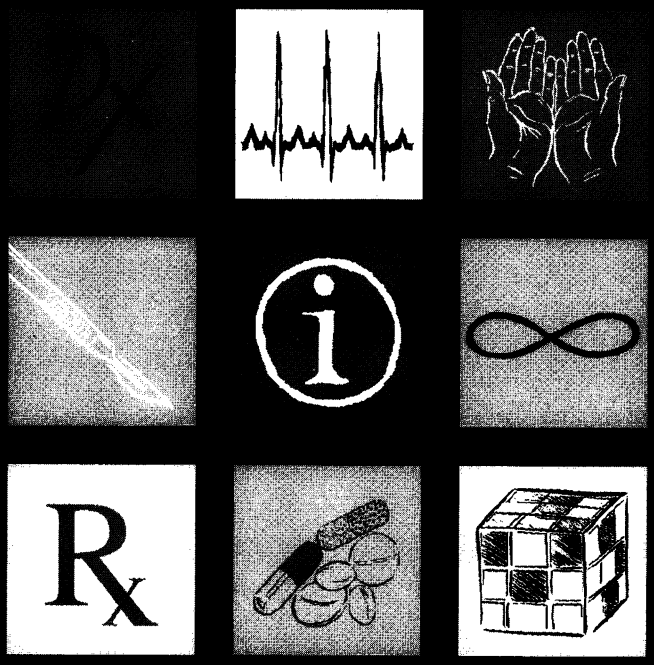

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Presentation: Bricanyl Turbohaler. Dry powder inhaler delivering 0.5 mg terbutaline sulphate per actuation. **Uses:** Relief and prevention of bronchospasm in bronchial asthma and bronchopulmonary disorders in which bronchospasm or reversible airways obstruction is a complicating factor. **Dosage and administration: Adults and children** (including elderly): One inhalation (0.5 mg) as required. Not more than 4 inhalations/day. **Contra-indications, warnings, etc:** Contra-indications: Sensitivity to terbutaline sulphate. Precautions: Care should be taken in patients with myocardial insufficiency or thyrotoxicosis. Additional blood glucose measurements are initially recommended in diabetic patients. If treatment becomes less effective or shorter acting, the patient's general condition should be reviewed. Do not use in patients with hypertrophic cardiomyopathy. Potentially serious hypokalaemia may result from β_2-agonist therapy. Administer with caution during the first trimester of pregnancy. Do not administer concurrently with non-selective β-blockers. Use with caution with other sympathomimetics **Side effects:** Tremor, tonic cramp and palpitations are all characteristic of sympathomimetic amines. A few patients feel tense. **Basic NHS price:** Bricanyl Turbohaler (100 doses) £7.96. **Legal category:** POM. **Product licence no.:** PL 0017/0241.

Presentation: Pulmicort Turbohaler 100: 100µg/puff budesonide dry powder inhaler containing 200 actuations. Pulmicort Turbohaler 200: 200µg/puff budesonide dry powder inhaler containing 100 actuations. Pulmicort Turbohaler 400: 400µg/puff budesonide dry powder inhaler containing 50 actuations. **Uses:** Bronchial asthma. **Dosage and administration:** Individualise dose. Adults (including elderly): 200-1600µg daily in divided doses. Children: 200-800µg daily in divided doses. Maintenance: Use lowest possible dose. Brush the teeth and rinse the mouth out with water after each use. **Contra-indications, warnings, etc.:** Contra-indications: Active pulmonary tuberculosis. Precautions: Special care is needed in patients with quiescent lung tuberculosis, 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. **Basic NHS price:** Pulmicort Turbohaler 100 (200 actuations) £18.50. Pulmicort Turbohaler 200 (100 actuations) £18.50. Pulmicort Turbohaler 400 (50 actuations) £18.50. **Legal status:** POM. **Product licence nos.:** Pulmicort Turbohaler 100 PL 0017/0319. Pulmicort Turbohaler 200 PL 0017/0272. Pulmicort Turbohaler 400 PL 0017/0271.

For further information contact the Product Licence holder:
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Herts WD4 8DH.

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Date of preparation: August 1995.
TURB 950525B

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TERBUTALINE SULPHATE

Pulmicort® **Turbohaler®**
BUDESONIDE

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