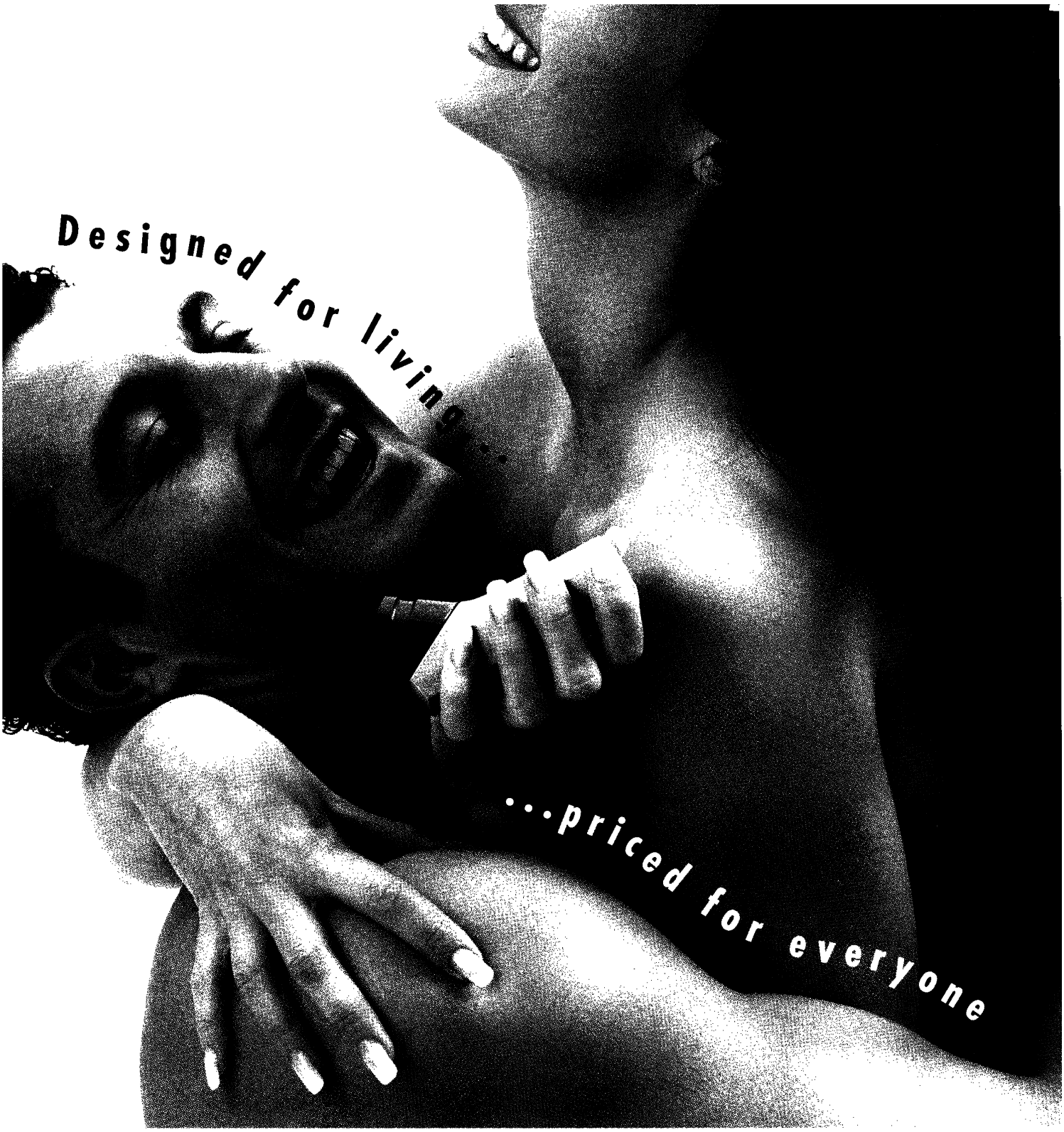
New Combivent

UDVs™

A convenient solution for greater Oompah in COPD



The Easi-Breathe breath-operated inhalers are designed to help save lives. Perhaps it doesn't matter that many asthma patients can't use their salbutamol inhaler properly[1] – instead they may take more doses until they feel an effect – but with a preventative, such as beclomethasone, the results could be serious.

Easi-Breathe inhalers offer both these therapies in breath-operated inhalers that breathe new life into asthma treatment. Literally, all you do is **open**...**breathe**...and **close**. There's no need to co-ordinate release, and the low inspiratory effort makes Easi-Breathe suitable for a wide range of patients[2,3,4].

Easi-Breathe™

Of course, you'd give all your asthma patients an inhaler with added benefits if cost wasn't an issue. Well, now it isn't. Beclazone Easi-Breathe inhalers actually cost up to 22% *less* than standard press-and-breathe inhalers, and Salamol Easi-Breathe is also competitively priced compared to other breath-operated inhalers – including dry powder devices[5] – so there's no need for patients to use another inhaler for *either* of these treatments.

Easi-Breathe inhalers are convenient, economical, simple and effective. They're designed for living, and priced for everyone.

Beclazone *Easi-Breathe*™
Beclomethasone Dipropionate BP
50, 100 & 250 microgram inhalers

Salamol *Easi-Breathe*™
Salbutamol BP
100 microgram inhaler

References: 1. Am. J. Respir. Crit. Care Med., **150:** 1256-61, 1994(3) 2. Data on file, Norton Healthcare Ltd. 3. Practitioner, **223**: 265-7, 1989 4. Eur. Resp. J., **4**: 172-4, 1991 5. MIMS, June 1996

A GOOD FRIEND IN CHILDHOOD ASTHMA

In a recent one-year study designed to compare accurately measured growth in 122 asthmatic children, aged 4 to 10 years, taking either Flixotide 50 micrograms b.d. or sodium cromoglycate 20 milligrams q.d.s., there was no evidence of growth deceleration in either group.[1] Flixotide has also been shown to produce a significantly greater improvement in lung function than sodium cromoglycate[1,2]

FLIXOTIDE

fluticasone propionate

AN INHALED STEROID TO GROW UP WITH

Flixotide Accuhaler, Diskhaler and Inhaler (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 aged 4 and over:* 50 to 100 micrograms twice daily. Equivalent disease control usually obtained at half the daily dose of other currently available inhaled steroids. **Contra-indications** Hypersensitivity. **Precautions** Special care in active or quiescent pulmonary tuberculosis. *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:* 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 high doses. Some biochemical changes reported in children, but no stunting of growth observed. *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. *Pregnancy and lactation:* Experience is limited. Balance risks against benefits. **Side effects** Candidiasis of mouth and throat. Hoarseness. Rarely, peripheral oedema and cutaneous hypersensitivity. Possibly, dyspepsia and arthralgia. *Paradoxical bronchospasm:* Substitute alternative therapy. **Presentation and Basic NHS cost** *Flixotide Accuhaler:* 60 inhalations. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. 500 micrograms – £40·23. *Flixotide Inhaler:* 120 actuations. 25 micrograms – £6·86. 50 micrograms – £11·43. 125 micrograms – £22·86. 250 micrograms – £38·86. *Flixotide Diskhaler:* 14 four-place disks with Flixotide Diskhaler. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. 500 micrograms – £40·23. *Refill pack:* 14 four-place disks. 50 micrograms – £7·66. 100 micrograms – £12·23. 250 micrograms – £23·66. 500 micrograms – £39·66. Diskhaler and Inhaler Hospital packs also available. **Product licence numbers** 10949/0226-0229, 10949/0001-0008. **Product licence holder** Allen & Hanburys, Stockley Park West, Uxbridge UB11 1BT.

POM

References 1. Price JF, Russell G, Hindmarsh P, Weller PH, Heaf DP. Am J Resp Crit Care Med 1996; 153 (4): A409. 2. Price JF, Weller PH. Resp Med 1995; 89: 363-368.

ALLEN & HANBURYS

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

June 1996

"I can run"

Twice daily

SEREVENT

salmeterol xinafoate

FOR ACTIVE DAYS AND RESTFUL NIGHTS

Serevent (salmeterol xinafoate)
Abridged Prescribing Information
(Please refer to the full data sheet before prescribing)
Uses Treatment of asthma (including nocturnal and exercise-induced) in patients requiring long-term regular bronchodilator therapy. Patients should normally also be receiving regular and adequate doses of inhaled anti-inflammatory agents, or oral corticosteroids. **Dosage and administration** For inhalation only. *Adults and children 4 years and over:* 50 micrograms twice daily. *Adults only:* More severe cases 100 micrograms twice daily. *Children below 4 years:* Not recommended at present. **Contra-indication** Hypersensitivity. **Precautions** *Steroid therapy:* Serevent is not a replacement for corticosteroids and/or, in children, sodium cromoglycate. Warn patients not to stop or reduce such therapy. *Severe or unstable asthma:* Bronchodilators should not be the only or main treatment. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Warn patients to seek medical advice if short-acting bronchodilator use increases or becomes less effective. Treat severe exacerbations in the normal way. *Acute symptoms:* Serevent is not for relief of acute symptoms. A short-acting inhaled bronchodilator is required. *Thyrotoxicosis:* Use with caution. *Drug interactions:* Avoid beta-blockers. *Hypokalaemia:* May occur, particularly in acute severe asthma. It may be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels in these situations. *Pregnancy and lactation:* Experience is limited. Balance risks against benefits. **Side effects** Tremor, subjective palpitations and headaches have been reported, but are usually mild and transient. Skin reactions, muscle cramps, non-specific chest pain, local irritation and arthralgia have been reported. Potentially serious hypokalaemia may result from β_2-agonist therapy. *Paradoxical bronchospasm:* Substitute alternative therapy. **Presentation and Basic NHS cost** *Serevent Diskhaler:* Pack of 14 four-place disk foils, together with a Serevent Diskhaler. 50 micrograms – £29·97. *Serevent Diskhaler refill pack:* Pack of 14 four-place disk foils only – £29·40. *Serevent Inhaler:* 120 actuations per inhaler. 25 micrograms – £28·60. Hospital packs are also available. **Product licence numbers** 10949/0069, 10949/0068.

POM

ALLEN & HANBURYS

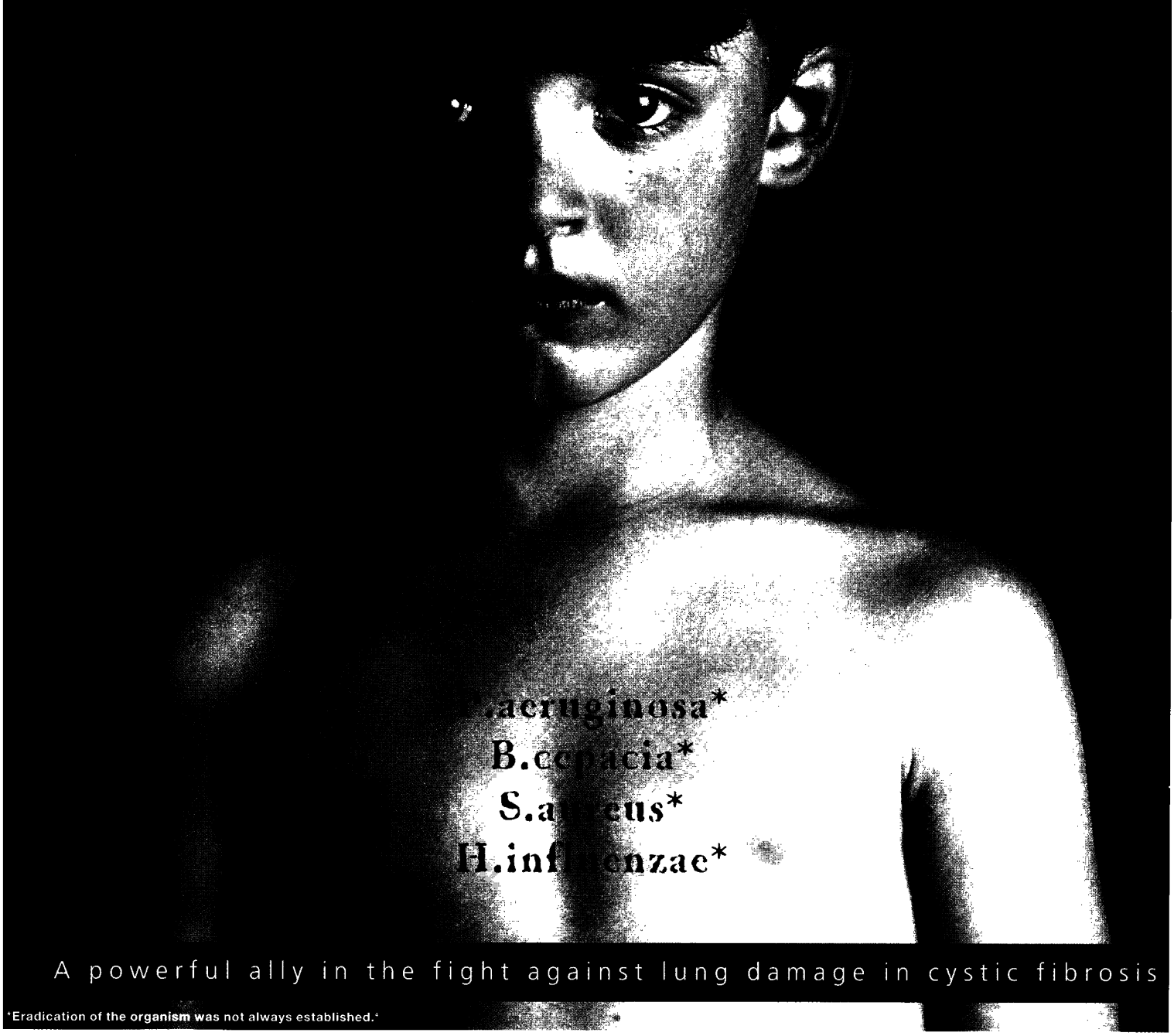
Further information is available on request from:
Allen & Hanburys Limited
Uxbridge, Middlesex UB11 1BT

Diskhaler and Serevent are trade marks of the Glaxo Group of Companies

January 1994

When introducing Serevent in adults we strongly recommend that you do not stop or reduce the dose of corticosteroids. Similarly, in children, do not stop or reduce corticosteroids or sodium cromoglycate.

HELPING PEOPLE WITH CYSTIC FIBROSIS GET THINGS OFF THEIR CHEST



A powerful ally in the fight against lung damage in cystic fibrosis

*Eradication of the organism was not always established.[4]

When facing the prospect of lung damage from chronic bacterial infection in your cystic fibrosis patients, you need to enlist the help of a powerful ally. 'Meronem' is a broad spectrum antibiotic which is active against the problem pathogens encountered in cystic fibrosis: *Pseudomonas aeruginosa*, *Burkholderia cepacia*, *Staphylococcus aureus* and *Haemophilus influenzae*.[1]

'Meronem':

- produces high rates of satisfactory clinical response[2]
- effectively reduces bacterial load[2]
- improves lung function[2]
- is simple and convenient to use by IV bolus or infusion
- is well tolerated in adults and children[2,3,4,5]

So join forces with 'Meronem' in the fight against lung damage in cystic fibrosis.

MERONEM' FOR INTRAVENOUS ADMINISTRATION

onsult Data Sheet before prescribing.

' Special Reporting to CSM Required

lses Treatment of the following infections caused by bacteria ensitive to meropenem: Pneumonias and Nosocomial neumonias, Urinary Tract Infections, Intra-abdominal Infections, ynaecological Infections, Skin and Skin Structure Infections, leningitis, Septicaemia, Empiric treatment for presumed infections adults with febrile neutropenia. Patients with cystic fibrosis and ironic lower respiratory tract infections (eradication of organism ot always established).

resentation Vials containing 250mg, 500mg or 1g meropenem owder for reconstitution. Contains 90mg (3.9mmol) sodium per ram of meropenem. Infusion Kits containing either a 500mg or g vial with 100ml 0.9% w/v sodium chloride intravenous infusion.

osage and administration Establish depending on type and everity of infection and patient's condition. Recommended osage: Adults (including elderly): 500mg IV every 8 hours for neumonia, urinary tract infections, gynaecological infections, skin nd skin structure infections. 1g IV every 8 hours for nosocomial neumonias, peritonitis, presumed infections in neutropenic atients and septicaemia. Up to 2g every 8 hours in cystic fibrosis. g every 8 hours for meningitis.

enal Impairment: Dosage should be reduced if creatinine earance <51ml/min – see Summary of Product Characteristics. hildren (3 months to 12 years): 10-20mg/kg every 8 hours epending on type, severity and susceptibility of infection. or children over 50kg use adult dosage. For children aged 4 to 3 years with cystic fibrosis, 5-40mg/kg every 8 hours. For meningitis, 40mg/kg every 8 hours. o experience in hepatic or renal impairment. Children under months: Not recommended.

dministration: 'Meronem' should be given as an IV bolus injection ver approximately 5 minutes or by IV infusion over approximately 5 to 30 minutes.

ontra-indications, warnings, etc. Contra-indicated in patients ith hypersensitivity to the product. Caution in patients with history hypersensitivity to other carbapenems or other beta-lactam ntibiotics. Monitor patients with hepatic disease. Monitor for vergrowth of non-susceptible organisms. In patients who develop arrhoea, consider diagnosis of pseudomembraneous colitis. aution when using as monotherapy in critically ill patients with *seudomonas aeruginosa* lower respiratory tract infection. Regular ensitivity testing recommended in *Pseudomonas aeruginosa* fection. Not recommended for methicillin resistant staphylococcal fections. Co-administration with probenecid not recommended. aution when co-administered with potentially nephrotoxic drugs. o not use in pregnancy or lactation unless potential benefit utweighs potential risk.

de Effects Inflammation, thrombophlebitis or pain at site of jection. Rash, pruritus, urticaria, abdominal pain, nausea, vomiting, arrhoea, pseudomembraneous colitis. Reversible rombocythaemia, eosinophilia, thrombocytopenia nd neutropenia. Positive Coombs test, reduction in partial romboplastin time. Increases in serum bilirubin, transaminases, kaline phosphatase and lactic dehydrogenase. Headache, araesthesia, oral and vaginal candidosis. Convulsions have been ported but a causal link with 'Meronem' has not been tablished.

gal Category POM.

oduct licence numbers and basic NHS cost 250mg: 619/0097, 10 vials £100. 500mg: 12619/0098, 10 vials £150, ngle vial infusion kit £16. 1g: 12619/0099, 10 vials £300, single al infusion kit £31.

leronem' is a trade mark, the property of ZENECA Limited.

rther information is available from: ZENECA Pharma, ng's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

Meronem
meropenem

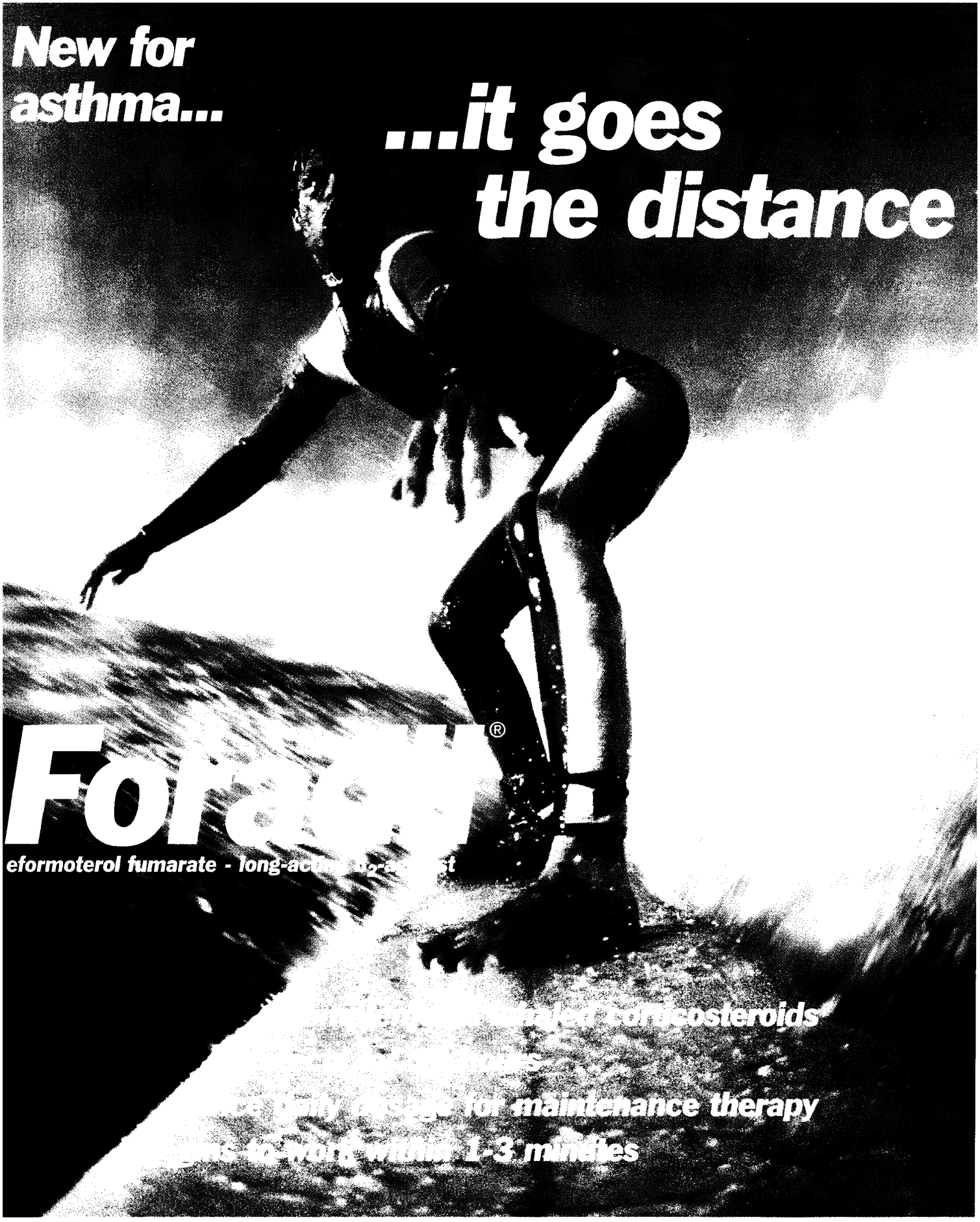
eferences

1. Edwards JR. J Antimicrob Chemother 1995; **36**(Suppl A): 1-17.
2. Byrne S, Maddison J, Connor P *et al.* J Antimicrob Chemother 1995; **36**(Suppl A): 135-143.
3. Knight RK, Pillai S. Excerpta Medica Int Cong Series 1993; **1034**: 125-128.
4. Data on file, Zeneca.
5. Norrby SR, Newell PA, Faulkner KL, Lesky W. J Antimicrob Chemother 1995; **36**(Suppl A): 207-223.

ZENECA

5963/BBB

Issued September 1996



Prescribing Information ▼®FORADIL eformoterol fumarate ***Presentation*** 12 micrograms dry powder inhalation capsules for use with breath activated inhaler device. ***Indications*** Regular maintenance treatment of bronchospasm in patients with reversible obstructive airways disease. ***Dosage*** Adults including the elderly: 1-2 capsules twice daily. Not recommended for children. ***Contra-indications*** Hypersensitivity to eformoterol fumarate or lactose. ***Precautions*** Steroid treatment should continue unchanged. FORADIL is not for relief of acute symptoms – a short- acting $ß_2$-agonist is required. Thyrotoxicosis, severe cardiovascular disorders, dysrhythmia, hypokalaemia, diabetes mellitus. Pregnancy and lactation. Avoid use with ß-adrenergic blockers. ***Side-effects*** *Occasionally*: tremor, palpitations, headache. *Rarely*: muscle cramps, myalgia, tachycardia, agitation, dizziness, insomnia, paradoxical bronchospasm, oropharyngeal irritation. ***Legal category*** POM. ***Packs*** Dry powder capsules of 12 micrograms (PL0001/0192) together with an inhaler device, in calendar packs of 56 (basic NHS price £24.00). ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex, RH12 4AB. Telephone (01403) 272827. ***Date of preparation*** February 1995.

 Sur2/BS

Geigy Asthma Care

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 you can trust

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

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Date of preparation: May 1995
P.Res. 0382

Pulmicort®
Respules®
BUDESONIDE

Nebulised Steroid Control