
salbutamol's good
but Combivent UDVs are better
New Combivent
UDVs™
A convenient solution for greater Oompah in COPD

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.*

- 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

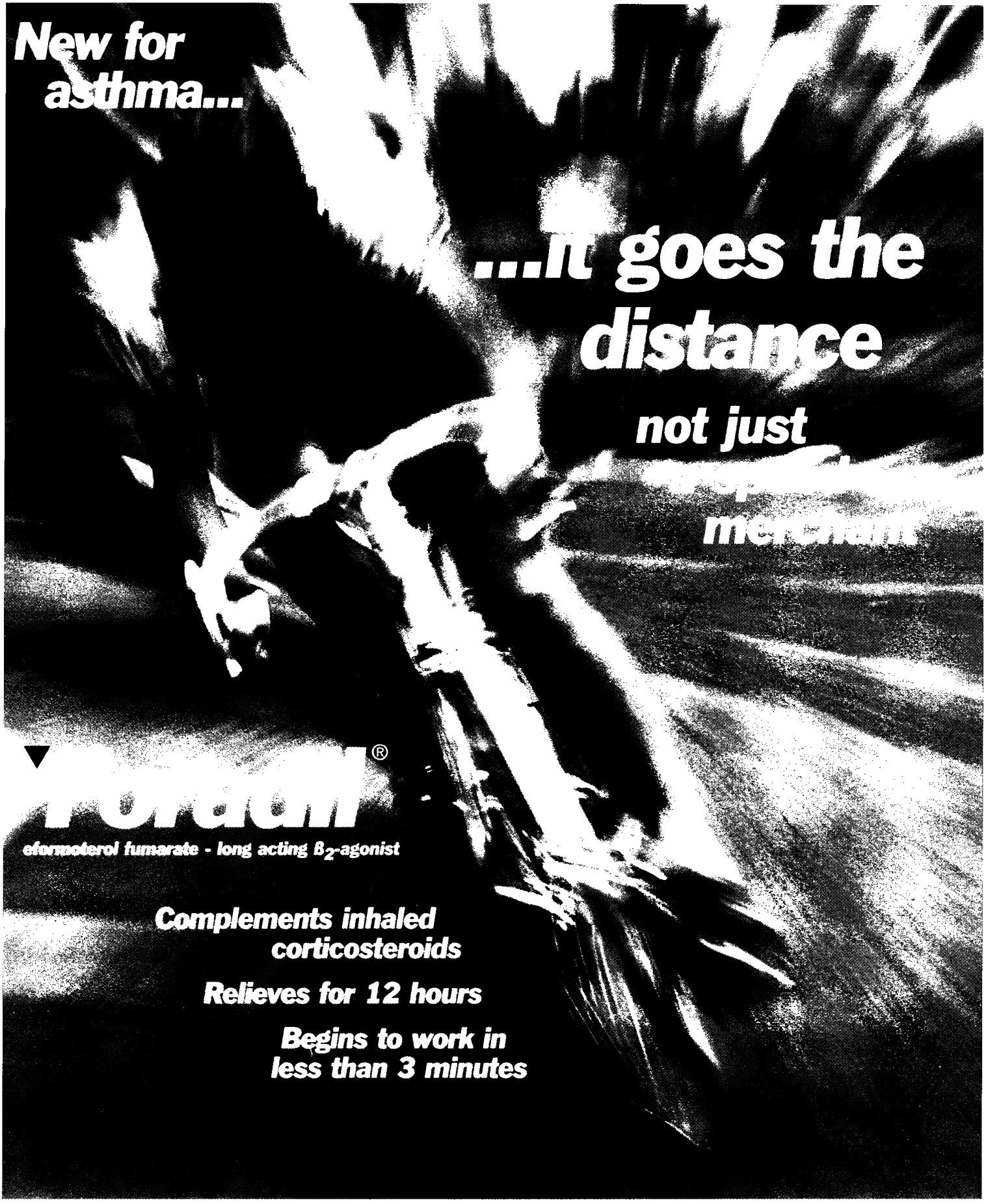
℞ **Salamol *Easi-Breathe***

Salbutamol BP 100 microgram inhaler

BAKER NORTON

Quality medicines at sensible prices

Designed to save lives *Priced* to save millions

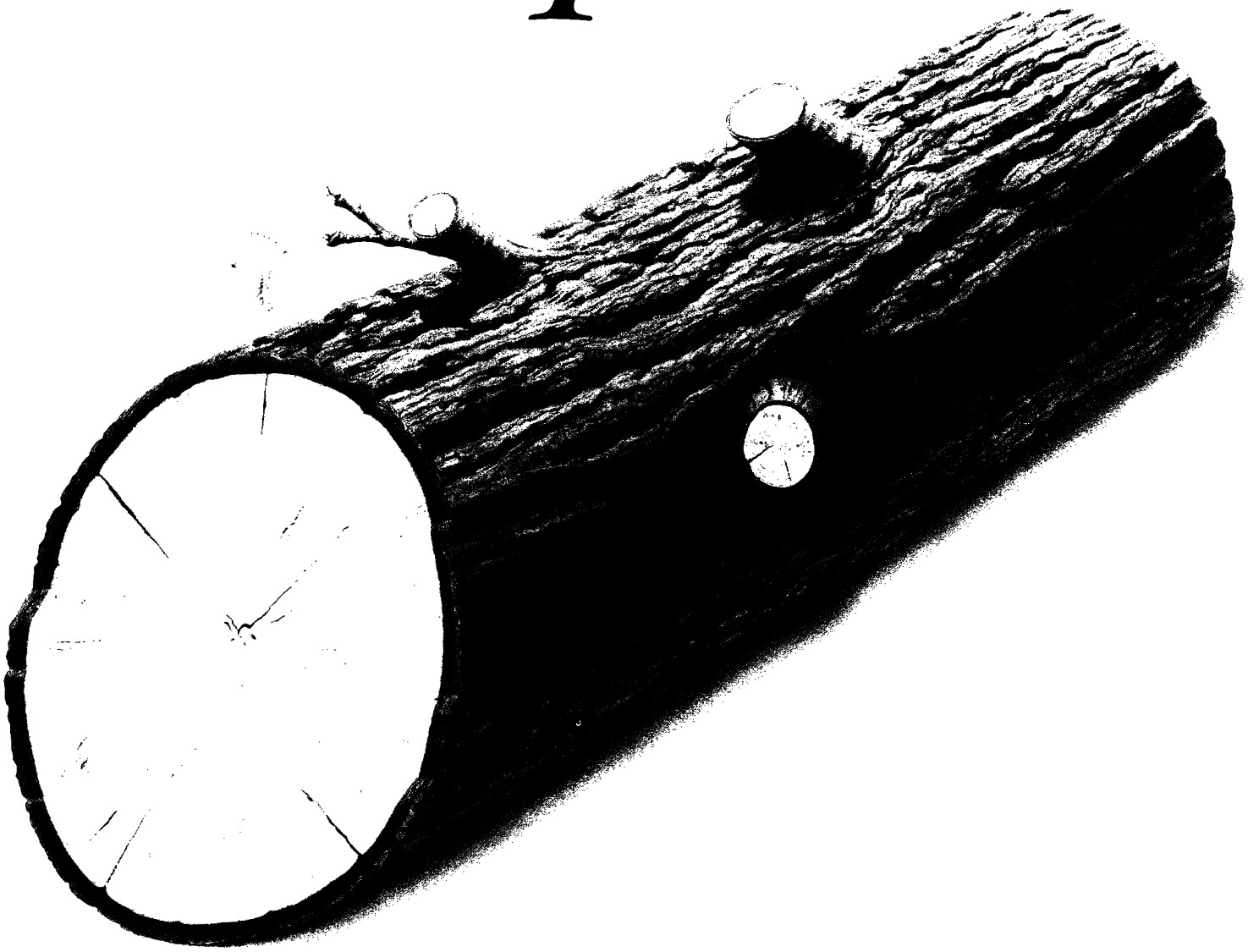


Prescribing Information ▼ ® FORADIL eformoterol fumarate ***Presentation*** 12 micrograms dry powder inhalation capsules for use with breath activated inhaler device. ***Indications*** Regular maintenance treatment of bronchospasm in patients with reversible obstructive airways disease. ***Dosage*** 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.

Geigy
Asthma Care

"I sleep well"



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** 0045 0158, 0045 0157.

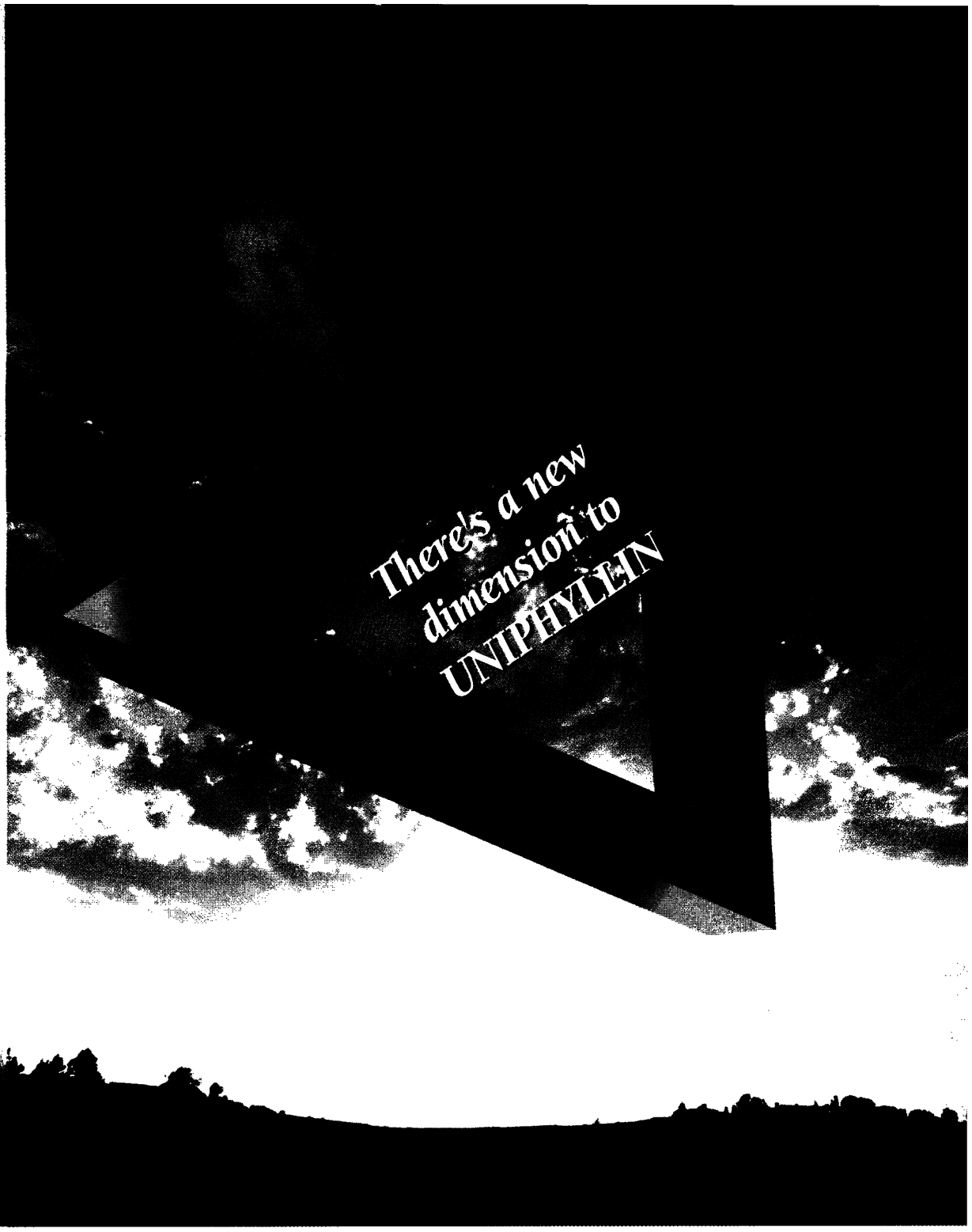
POM

ALLEN & HANBURYS

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

September 1993

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.



BREVIATED PRESCRIBING INFORMATION
mentation UNIPHYLLIN CONTINUS tablets contain ophylline BP in a controlled release system. UNI-YLLIN CONTINUS tablets 400 mg are white, capsule-ped, scored tablets with the logo NAPP U400 bossed on one side and UNIPHYLLIN on the other. IPHYLLIN CONTINUS tablets 300 mg are white, cap-e-shaped, scored tablets with U300 embossed on side. UNIPHYLLIN CONTINUS tablets 200 mg are ite, capsule-shaped, scored tablets with U200 bossed on one side. Uses Theophylline is a bron-odilator. In addition it affects the function of a num- of cells involved in the inflammatory processes ociated with asthma and chronic obstructive airways ease. Of most importance may be enhanced sup-ssor T-lymphocyte activity and reduction of inophil and neutrophil function. These actions may ntribute to anti-inflammatory prophylactic activity in hma and chronic obstructive airways disease. For the atment and prophylaxis of bronchospasm associated h asthma, emphysema and chronic bronchitis. Also icated in adults for the treatment of cardiac asthma left ventricular or congestive cardiac failure. **sage and administration** *NB* Tablets should be allowed whole and not chewed. *Adults:* The usual intenance dose for elderly patients or those less n 70 kg body weight is 300 mg, 12-hourly follow-an initial week of therapy on 200 mg, 12-hourly. e usual maintenance dose for patients of 70 kg body ight or over is 400 mg, 12-hourly following an initial ek of therapy on 200 mg or 300 mg, 12-hourly. *ildren:* Not recommended for children under seven rs of age. The maintenance dose is 9 mg/kg twice ily. Some children with chronic asthma require and erate much higher doses (10-16 mg/kg twice daily). wer dosages (based on usual adult dose) may be uired by adolescents. It may be appropriate to minister a larger evening or morning dose in some tients, in order to achieve optimum therapeutic ect when symptoms are quite severe, e.g. at the time the 'morning dip' in lung function. In patients whose ght time or day time symptoms persist despite other erapy and who are not currently receiving theo-ylline, then the total daily requirement of UNI-YLLIN CONTINUS tablets (as specified above) may be ded to their treatment regimen as either a single ening or morning dose. *Elderly:* The initial dose ould be 200 mg, 12-hourly increasing to 300 mg, 12-urly. Contra-indications Should not be given con-mitantly with ephedrine in children. Precautions d warnings The following increase clearance and it y therefore be necessary to increase dosage to sure a therapeutic effect: phenytoin, carbamazepine, mpicin, sulphinpyrazone and barbiturates. Smoking d alcohol consumption can also increase clearance of ophylline. The following reduce clearance and a duced dosage may therefore be necessary to avoid e-effects: allopurinol, cimetidine, ciprofloxacin, ery-omycin, thiabendazole, isoprenaline, fluvoxamine, oxazine hydrochloride and oral contraceptives. ctors such as viral infections, liver disease and heart ... reduce theophylline clear...

adache and CNS stimulation is significantly reduced hen UNIPHYLLIN CONTINUS tablet preparations are ven. Furthermore, the side effects can be minimised dose titration downwards. *Transferability:* It is not ssible to ensure bioequivalence between different stained release theophylline products. Therefore, it ould be emphasised that patients, once titrated to an fective dose, should not be changed from UNI-YLLIN CONTINUS tablet preparations to other slow sustained release xanthine preparations without re-ation and clinical assessment. Legal category P. ckage quantities and basic NHS price UNIPHYLLIN ONTINUS tablets 400 mg - 56's: £7.32; 250's: 2.36; 1,000's: £125.29. UNIPHYLLIN CONTINUS blets 300 mg - 56's: £6.17; 250's: £27.89. UNI-YLLIN CONTINUS tablets 200 mg - 56's: £4.05. oduct licence numbers UNIPHYLLIN CONTINUS blets 400 mg - PL 0337/0074. UNIPHYLLIN CONTI-US tablets 300 mg - PL 0337/0129. UNIPHYLLIN CON-NUS tablets 200 mg - PL 0337/0057. Product licence lder Napp Laboratories Limited, Cambridge Science rk, Milton Road, Cambridge CB4 4GW, UK. Tel: 223 424444. Member of Napp Pharmaceutical oup. Further information is available from Napp boratories Limited. ® The NAPP device, UNIPHYLLIN d CONTINUS are Registered Trade Marks. © NAPP boratories Limited 1995.

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

ite of preparation: May 1995.

NAPP

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.

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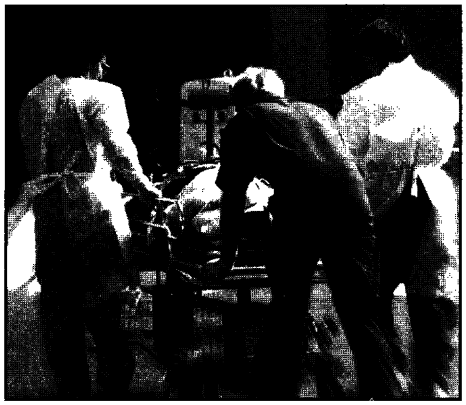
Breathing new life into asthma therapy

Taking charge of clinical risk...

CLINICAL RISK MANAGEMENT



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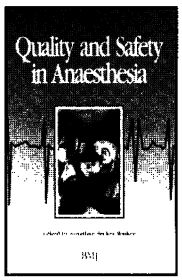

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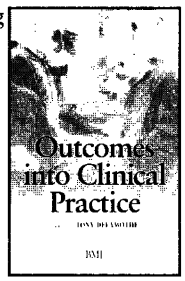

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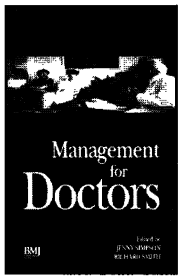

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PRESCRIBING INFORMATION

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

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ASTRA
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P.Res. 0382

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