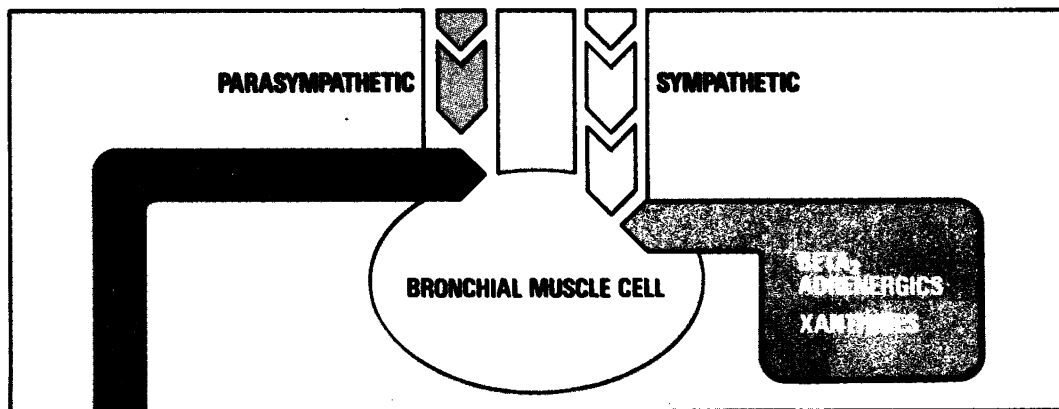
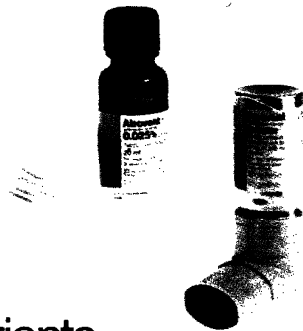


Is your approach to wheezing patients merely sympathetic?



When the sympathetic approach is not enough — and your wheezy patients still wheeze — it's time to add in Atrovent. Adding to the substantial volume of clinical evidence already available, a recent study in acute severe asthma demonstrated that significant additional bronchodilatation was achieved when Atrovent was administered after salbutamol — an improvement that was not attained with an additional dose of salbutamol. Furthermore — "The addition of [i.v.] aminophylline did not improve the response".¹ So when wheezy patients still wheeze ...

add in
Atrovent[®]
 ipratropium bromide
 and add more life
 to your wheezy patients



PREScribing INFORMATION Presentation Atrovent metered dose inhaler containing 200 doses, each delivering ipratropium bromide 0.02mg. Atrovent nebuliser solution — an aqueous solution of ipratropium bromide 0.025% (0.25mg/ml) for administration by inhalation. Action Anticholinergic bronchodilator Indications Metered dose inhaler: chronic reversible airways obstruction, particularly in chronic bronchitis. Nebuliser solution: reversible airways obstruction. Contra-indications, Precautions and Warnings Contra-indication: hypersensitivity to atropine. Caution in glaucoma, prostatic hypertrophy and pregnancy, especially the first trimester. Do not spray into the eyes. Patients should be advised to seek medical advice if a reduced response becomes apparent. Anticholinergic side-effects are unlikely at therapeutic doses. Dosage Metered dose inhaler Adults: usually 1 or 2 puffs, 3 or 4 times daily, although some patients need up to 4 puffs at a time to obtain maximum benefit during early treatment. Children 6-12 years: usually 1 or 2 puffs 3 times daily. Under 6 years: usually 1 puff 3 times daily. Nebuliser solution: May be administered from an intermittent positive pressure ventilator or from suitable nebulisers. Adults: 0.1-0.5mg (0.4-2.0ml) up to 4 times daily. Single doses of 2.0mg have been safely given. Children 3-14 years: 0.1-0.5mg (0.4-2.0ml) up to 3 times daily. Single doses of 1.0mg have been safely given. These volumes may be diluted with sterile sodium chloride 0.9% solution. Pack sizes and basic NHS price (UK only): Metered dose inhaler: 10ml vial complete with mouthpiece £4.00. Nebuliser solution: 20ml bottle with integral dropper £1.56. Prices correct at time of printing. Atrovent metered dose inhaler PL 0015/0043. Atrovent nebuliser solution PL 0015/0078. Boehringer Ingelheim Ltd., Bracknell, Berkshire RG12 4YS. For full prescribing information please see data sheet. 1. Ward MJ, Macfarlane JT, Davies D. Treatment of acute severe asthma with intravenous aminophylline and nebulised ipratropium bromide after salbutamol. Thorax 1982; 37: 785





When the quality of life is the primary concern.

In patients with advanced malignant disease usually one instillation of Coparvax is sufficient to relieve the distressing symptoms of malignant effusions, and prevent their recurrence.

Serious side-effects are uncommon. Narcotic analgesia is not normally required.

Coparvax helps improve the quality of life.

In malignant effusions
Coparvax^{*}
Corynebacterium parvum

Prescribing information. **Presentation** Vial containing 7 mg (dry weight) of the inactivated *Corynebacterium parvum* organisms WFL strain CN 6134) with thiomersal and glycine, in a freeze-dried form. **Uses** Alleviation of malignant pleural effusions and malignant ascites. **Dosage** 7-14 mg is recommended, although some patients have responded to lower doses. **Administration** Freeze-dried Coparvax should be reconstituted with 1 ml of physiological saline for injection and diluted in a further volume of 10-20 ml prior to injection. The suspension should be injected, within 24 hours of reconstitution, into the pleural or peritoneal cavity via the paracentesis needle immediately after the effusion has been aspirated. Injection may be repeated, if necessary, at intervals of one to four weeks. **Contra-indications** There are no specific contra-indications. **Precautions** The incidence and severity of side-effects attributable to Coparvax administered intrapleurally, appears to be intensified if given within 10 days of thoracotomy and lung resection probably due to enhanced systemic absorption of Coparvax. Coparvax should not

be given during the immediate post-operative period. Following intrapleural or intra-abdominal administration, leakage of Coparvax into subcutaneous tissues may result in local tenderness. Intense fibrinous reaction in the pleural and peritoneal cavities has been observed following local administration of Coparvax. Intestinal obstruction due to the formation of adhesions is a theoretical possibility, although it has not been reported as a complication of Coparvax administration. **Adverse effects** Fever occurs in up to 60% of patients following intracavitary injection. Abdominal pain or mild abdominal discomfort has been reported in some patients following intraperitoneal instillation. Nausea and vomiting may occur in a minority of patients following intracavitary administration of Coparvax. **Use in pregnancy** Since there are no laboratory or clinical data on mutagenicity or teratogenicity, Coparvax should not be administered during pregnancy. **Basic NHS cost** Single vial (7 mg), £33 (PL3/0097). Further information is available on request. **Calmic Medical Division**, The Wellcome Foundation Ltd, Crewe, Cheshire *Trade Mark