A NEW PRESENTATION

ATROVENT

ipratropium bromide

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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

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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.

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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.

Bayer

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

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.

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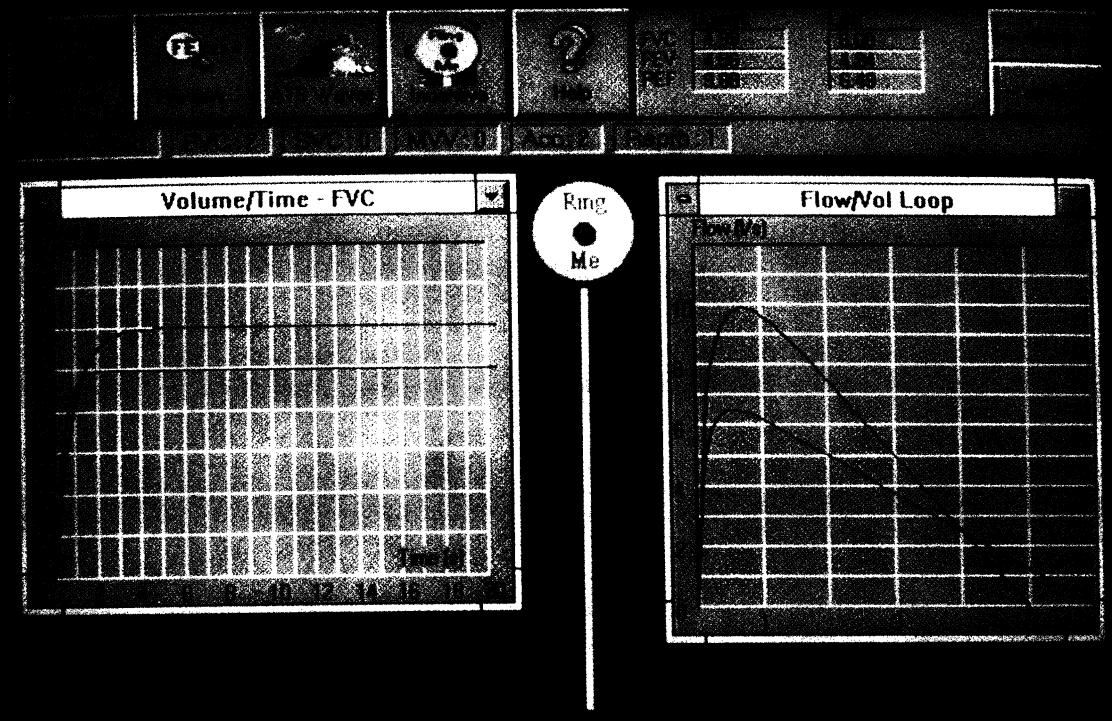

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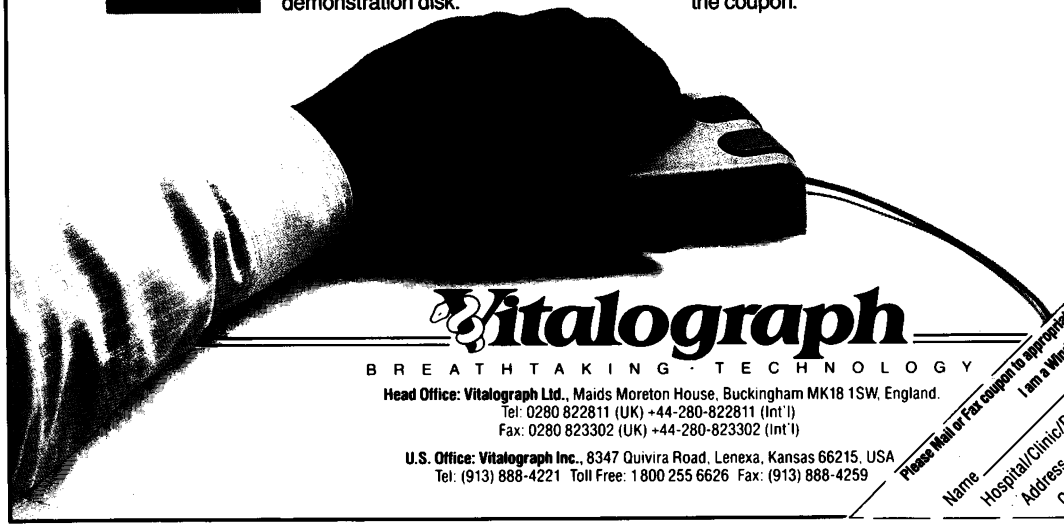

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fluticasone propionate

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

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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 Diskhaler:* Pack of 14 four-place disk foils, together with a Flixotide Diskhaler. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. *Flixotide Diskhaler refill pack:* Pack of 14 four-place disk foils only. 50 micrograms – £7·66. 100 micrograms – £12·23. 250 micrograms – £23·66. *Flixotide Inhaler:* 120 actuations per inhaler. 25 micrograms – £6·86. 50 micrograms – £11·43. 125 micrograms – £22·86. Hospital packs are also available. **Product licence numbers** 10949/0005, 10949/0006, 10949/0007, 10949/0001, 10949/0002, 10949/0003.
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

September 1993

Books from Oceanside Publications...

Nasal Manifestations of Systemic Diseases

Guy A Settipane, Michael Schatz, Robert S Zeiger

Investigating beyond the relationship between the nose, lungs and ears, this text looks at the relationship between the nose and immunologic disorders, endocrine conditions, headache, vasculitis, and other systems. It focuses on physiologic aberrations in nasal histology, anatomy, and function and its aids the clinical physician in examining the nose.

Contents include: Differential diagnosis and classification of rhinosinusitis; Nasal manifestations of systemic immunologic diseases; Sinusitis and its relationship to asthma and allergy; Nasal polyps and systemic diseases; The relationship between nasopharyngitis and the middle ear.

ISBN 0 936587 03 2 110 pages 1991 **UK £35.00; Overseas £38.00 (BMA members £32.00, £35.00)**

Rhinitis

Second Edition

Edited by Guy A Settipane

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ISBN 0 936587 04 0 340 pages 1991 **UK £45.00; Overseas £48.00 (BMA members £42.00, £45.00)**

Excerpts from Classics in Allergy

Second Edition

Edited by Sheldon G Cohen, Max Samter

This second edition of *Classics in Allergy* includes 100 biographies of pioneers in basic and clinical research on allergy and immunology. The authors begin the essays in 28th century BC with Shen-nung, who first described Ma-Huang, the plant source of ephedrine for the treatment of asthma. The last entry is William E Paul, whose work involved the identification and functional role of lymphokine interlukin 4 (B-Cell stimulatory factor) published in 1987. In between these two researchers, a brief illustrated biography of 98 other international pioneers are described together with their scientific contribution.

ISBN 0 9936587 224 pages 1992 **UK £50.00; Overseas £53.00 (BMA members £47.00, £50.00)**

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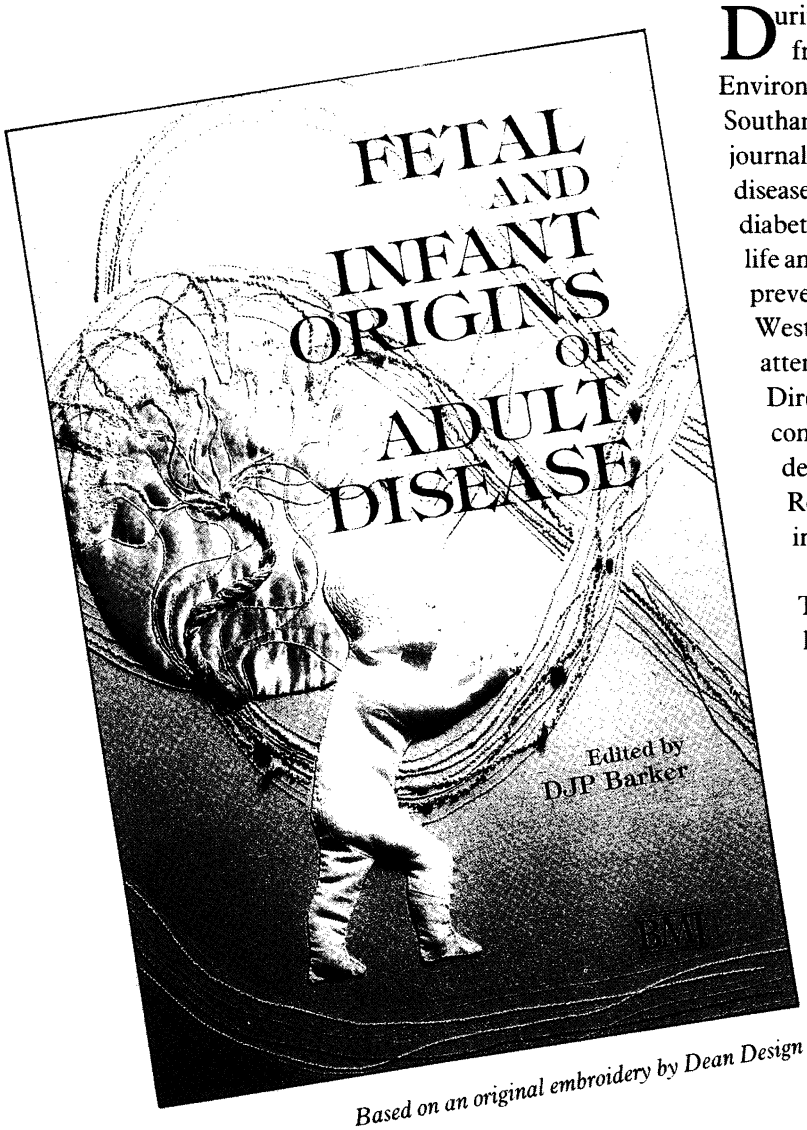
Are the ills of middle and later life rooted in our early development?



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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.

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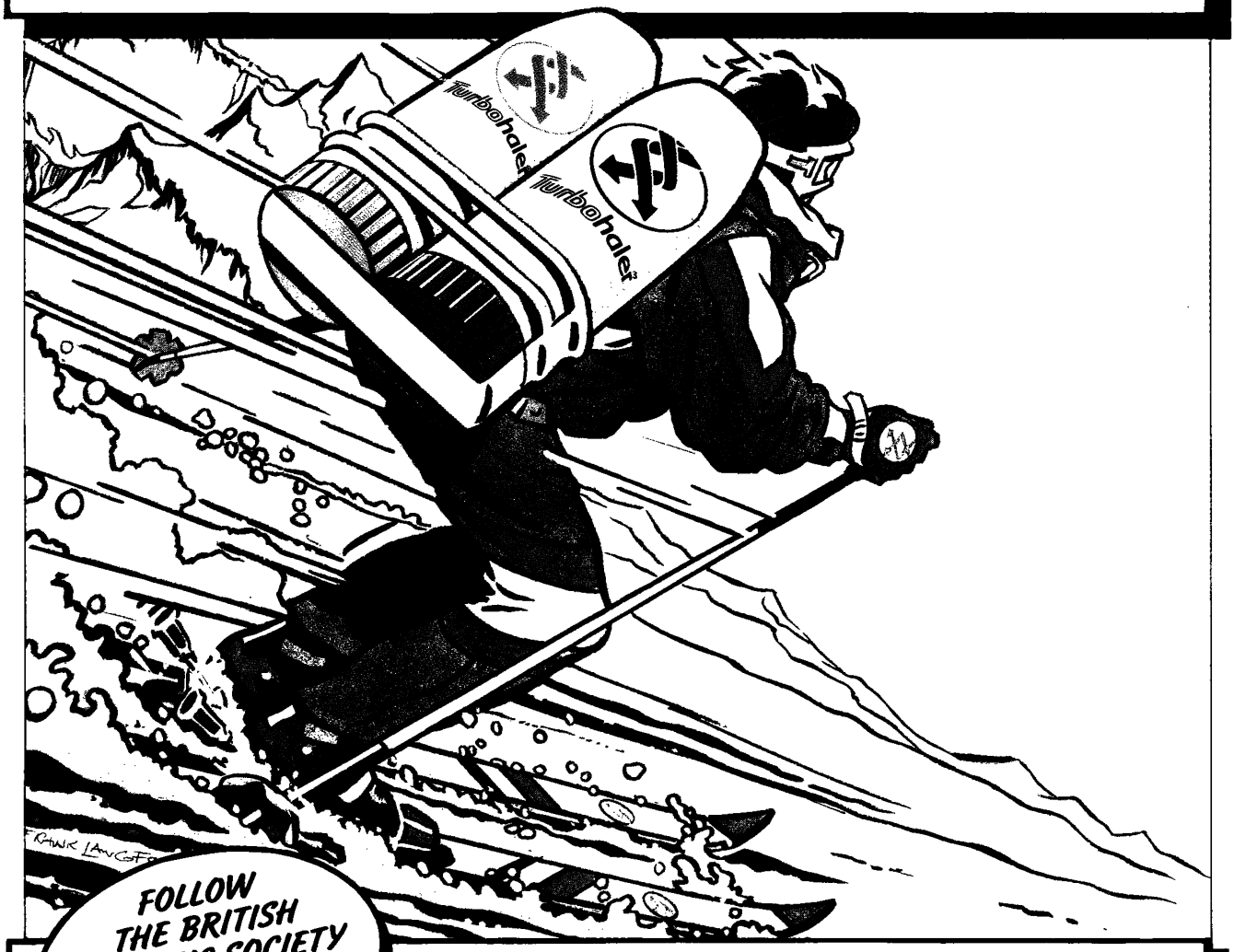

Bricanyl® Turbohaler®
TERBUTALINE SULPHATE

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.