New Combivent

UDVs™

A convenient solution for greater Oompah in COPD

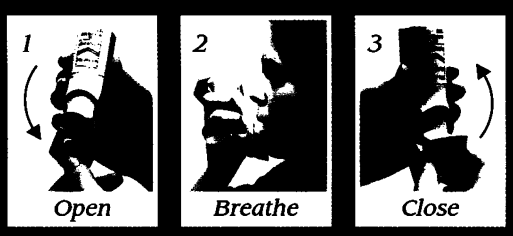
Is *Easi-Breathe* possible? ...it is now!

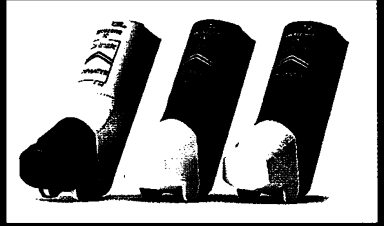
...and still the most widely used asthma device[1].

Breath-operated inhalers overcome co-ordination difficulties, but at a price. So switching all your patients to automatic models, although sensible, has not been viable...

...until now!

- Beclazone *Easi-Breathe* costs the same as the standard range of Beclazone MDIs. So Beclazone *Easi-Breathe* is not only 20-22% less expensive than the originator BDP metered-dose inhalers[4], it also provides as much as a 61% saving compared to some BDP disk dry powder inhalers[4].
- Switching BDP inhaler patients to Beclazone *Easi-Breathe* could save the NHS a breathtaking £30 million a year[5]. That's an extra 1,500-2,500 extra nurses, 200,000 outpatient consultations, 10,000 hip replacements, or 30,000 cataract operations[5].
- And whilst Beclazone *Easi-Breathe's* classic styling will be reassuringly familiar to patients, its remarkably easy handling will come as a pleasant surprise.
- All your patient has to do is *Open, Breathe, Close.*





℞ **Beclazone *Easi-Breathe***

Beclomethasone Dipropionate BP 50, 100 & 250 microgram inhalers

BAKER NORTON

Quality medicines at sensible prices

Designed to save lives *Priced* to save millions

Presentations: Pulmicort Respules 2 ml single dose unit ampoules containing 0.25 mg/ml or 0.5 mg/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 1-2 mg twice daily. In very severe cases the dosage may be further increased. Children 3 months to 12 years: 0.5-1 mg 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): 0.5-1 mg twice daily. Children (3 months to 12 years): 0.25-0.5 mg 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-indication:** 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 category:** POM. **Basic NHS price:** Pulmicort Respules 0.25 mg/ml: 20 single dose units: £32.00. Pulmicort Respules 0.5 mg/ml: 20 single dose units: £44.64. **Product licence numbers:** Pulmicort Respules 0.25 mg/ml: PL 0017/0309. Pulmicort Respules 0.5 mg/ml: PL 0017/0310. **For further information contact the product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. **Reference:** 1. Higenbottam TW et al. Eur J Clin Res 1994; **5:** 1-10.

ASTRA
Astra Pharmaceuticals

Time to take a breather from oral steroids

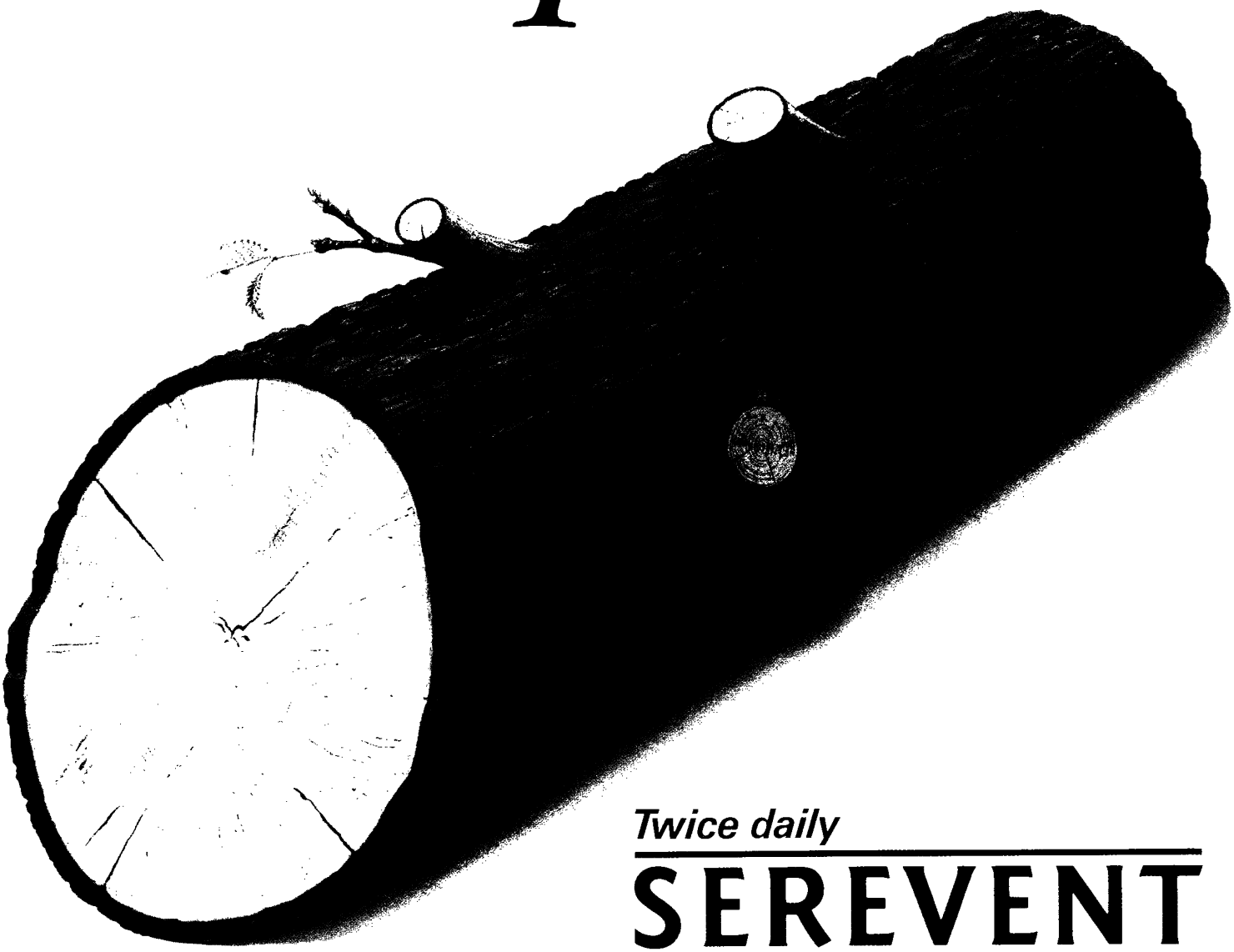
Pulmicort®
BUDESONIDE
Respules®

A high-dose nebulised steroid that's low on side effects[1†]

†Compared to oral steroids

Date of preparation: March 1994

"I sleep well"



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** 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.

Introducing the only metered dose inhaler that meets today's mandate.

The manufacture of aerosol inhalers containing chlorofluorocarbons (CFCs) is likely to be banned in the future, to comply with the Montreal Protocol, a world mandate to protect our environment.

New Airomir inhaler is the first ever CFC-free metered dose inhaler for asthma – and the only metered dose aerosol inhaler to meet this important initiative.

Airomir inhaler delivers salbutamol sulphate, and has comparable efficacy and safety to the brand leading CFC-salbutamol inhaler[1-3] – at a comparable price.[4]

Switch your asthmatics to Airomir inhaler today, and help make a world of difference.

New
Airomir™▼
(salbutamol sulphate inhaler)

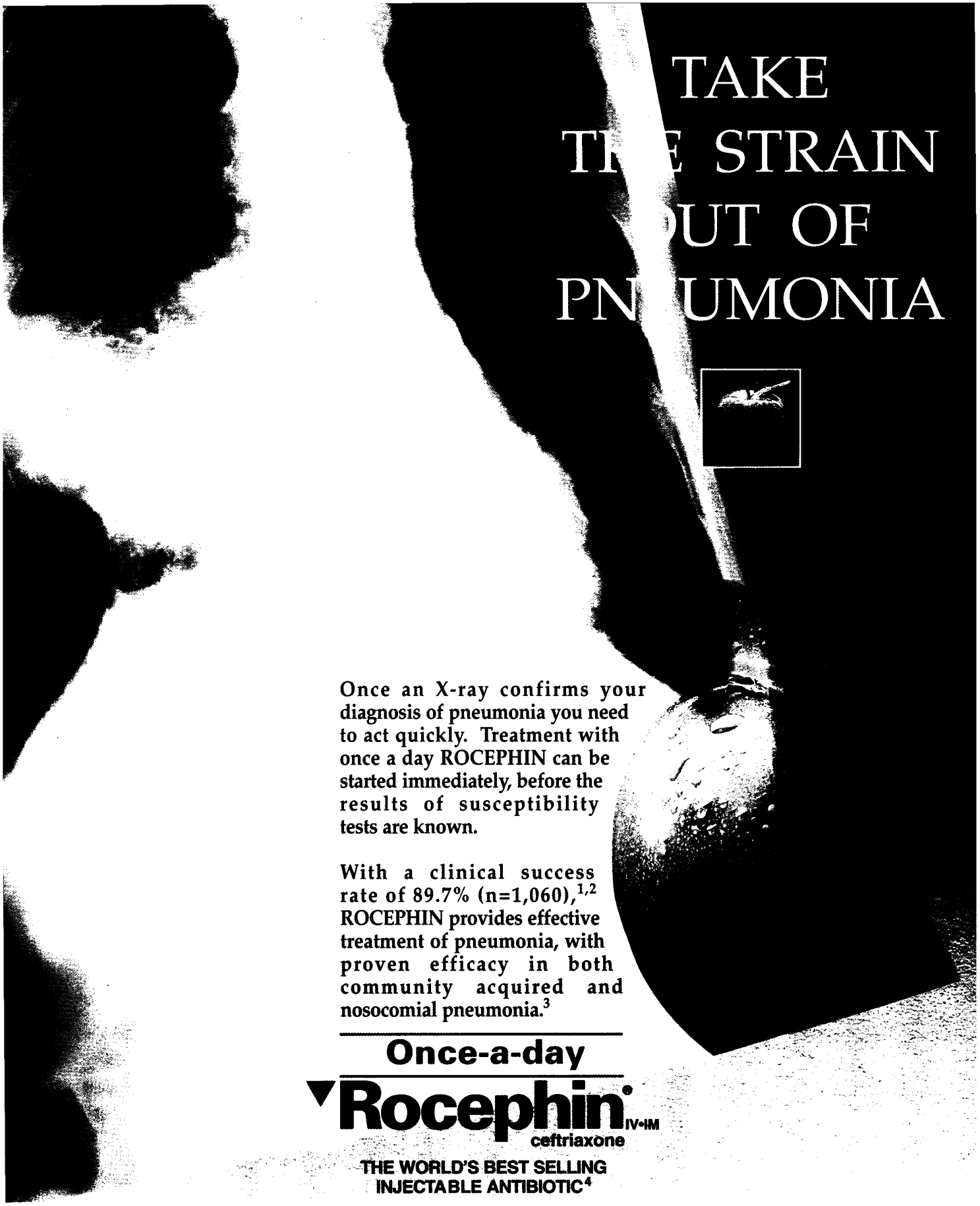
The world's first CFC-free metered dose inhaler for asthma therapy

CFC FREE SYSTEM

ABBREVIATED PRESCRIBING INFORMATION: Presentation: A pressurised inhalation aerosol delivering Salbutamol Sulphate Ph Eur equivalent to salbutamol 100 mcg into the mouthpiece of the adaptor. Airomir inhaler contains a new propellant, HFA-134a, and does not contain chlorofluorocarbons (CFCs). **Indications:** For the treatment of reversible airways obstruction associated with asthma, chronic bronchitis or emphysema. It may also be used prophylactically for the treatment of exercise induced asthma. **Dosage:** *Adults and elderly:* One or two inhalations as a single dose for the relief of reversible airways obstruction associated with asthma, bronchitis or emphysema. For the prevention of exercise induced asthma, two inhalations prior to exercising. *Children:* One inhalation for the relief of asthma, increasing to two as a single dose if necessary. One inhalation prior to exercise, increasing to two if necessary. Maximum dose for all patients – eight inhalations in 24 hours. **Contra-indications:** Hypersensitivity to salbutamol or any of the inactive ingredients in the Airomir inhaler. It should not be used in the management of premature labour and threatened abortion. **Precautions:** Administer cautiously to patients with thyrotoxicosis. Potentially serious hypokalaemia has been reported in patients taking beta-2 agonist therapy. Patients should be advised to seek medical advice if treatment ceases to be effective and/or their asthma seems to be worsening. Patients should not increase the dose without seeking medical advice. Salbutamol and non-selective beta-blockers should not usually be prescribed together. **Side-effects:** Mild tremor, headache, tachycardia, palpitations, transient muscle cramps. Paradoxical bronchospasm and potentially serious hypokalaemia have been reported in patients taking beta-2 agonists. **Pregnancy:** There is no experience of Airomir inhaler in human pregnancy. The safe use of salbutamol during pregnancy has not been established but it has been in widespread use for many years without apparent ill consequence. Studies of propellant HFA-134a in pregnant rats or rabbits have not shown any special hazard. **Lactation:** It is not known whether salbutamol or propellant HFA-134a are distributed into human breast milk. **Pharmaceutical precautions:** Store below 30°C 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:** £2.30. **Product licence number:** PI.0068/0165. **Legal Category:** POM. **Date of preparation:** March 1995. **References:** 1. Data on file, 3M Health Care, Study 1012-SILV. 2. Data on file, 3M Health Care, Study 1037-SILV. 3. Data on file, 3M Health Care, Study 1031-SILV. 4. MIMS March 1995. **Date of preparation of literature:** March 1995. Further information is available from the 3M Health Care Information Scientist: Telephone Loughborough (01509) 611611. Pharmaceutical Division, 3M Health Care, Loughborough, England. 3M and Airomir are trademarks of the 3M Company.

Procter&Gamble
PHARMACEUTICALS

3M Health Care



Once an X-ray confirms your diagnosis of pneumonia you need to act quickly. Treatment with once a day ROCEPHIN can be started immediately, before the results of susceptibility tests are known.

With a clinical success rate of 89.7% (n=1,060),[1,2] ROCEPHIN provides effective treatment of pneumonia, with proven efficacy in both community acquired and nosocomial pneumonia.[3]

Once-a-day

▼Rocephin® IV•IM

ceftriaxone

THE WORLD'S BEST SELLING INJECTABLE ANTIBIOTIC[4]

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

BREATH ACTUATED

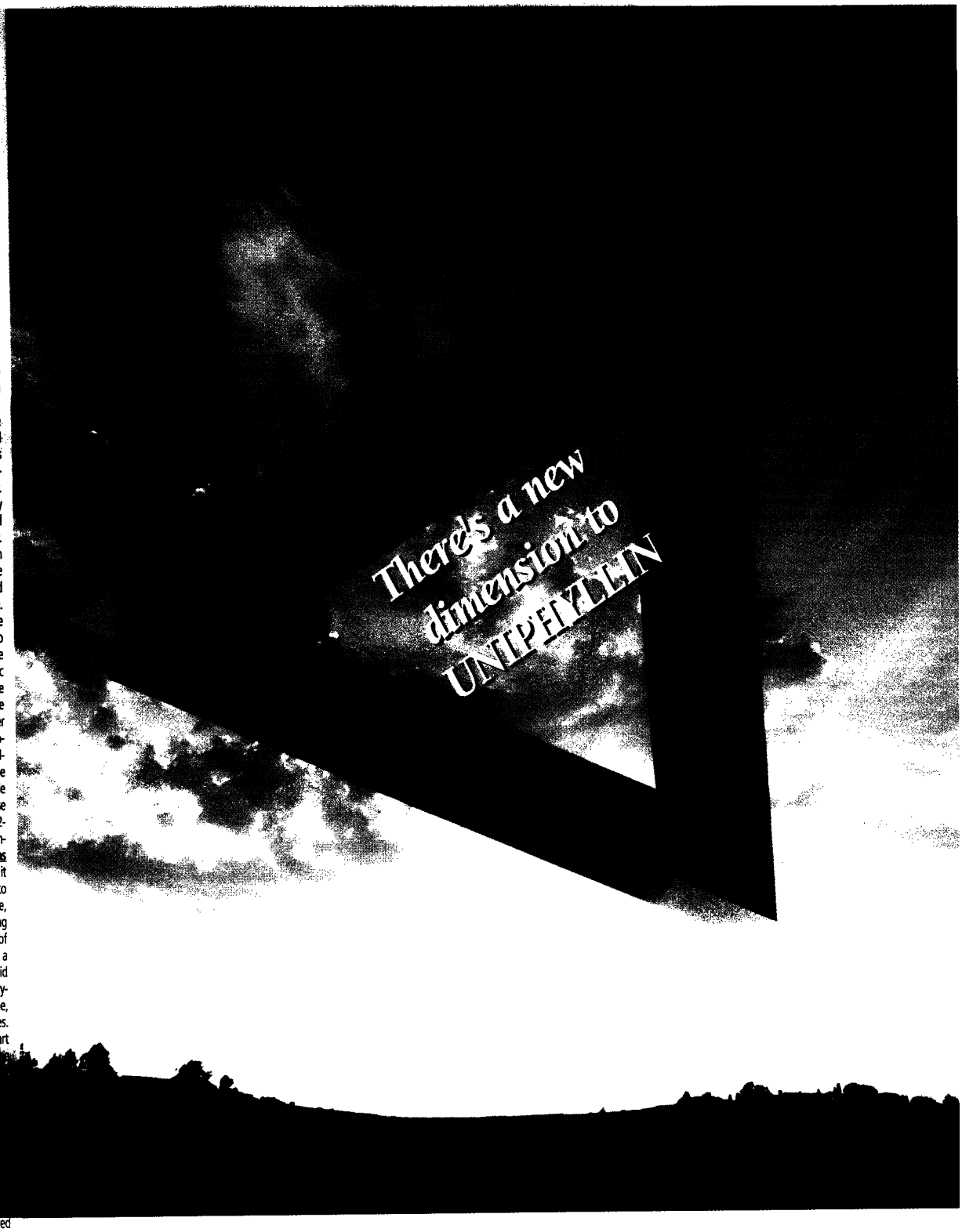
Aerolin™ Autohaler™

salbutamol breath-actuated inhaler

CONSISTENT SALBUTAMOL DELIVERY WITH RAPID RESPONSE

AEROLIN™ AUTOHALER™ INHALER ABBREVIATED PRESCRIBING INFORMATION. Presentation: A breath-actuated pressurised inhalation aerosol delivering Salbutamol Sulphate BP equivalent to salbutamol 100mcg into the mouthpiece of a breath-actuated adaptor. **Indications:** For the treatment of reversible airways obstruction associated with asthma. **Dosage:** *Adults and children:* one inhalation as a single dose for the relief of acute bronchospasm, increasing to two inhalations if necessary. Maximum of eight puffs in 24 hours. **Contra-indications:** Hypersensitivity to salbutamol or any of the inactive ingredients in the Aerolin Autohaler inhaler. **Precautions:** Administer cautiously to patients with thyrotoxicosis. Patients should be advised to seek medical advice if treatment ceases to be effective and/or their asthma seems to be worsening. Patients should not increase the dose without seeking medical advice. Salbutamol and non-selective beta-blockers should not usually be prescribed together. **Side-effects:** Mild tremor, headache, tachycardia, palpitations and transient muscle cramps may rarely occur. Paradoxical bronchospasm and potentially serious hypokalaemia have been reported in patients taking B_2 agonist therapy. **Pregnancy:** The safe use of salbutamol during pregnancy has not been established. **Lactation:** It is not known whether salbutamol is distributed into breast milk. **Pharmaceutical precautions:** Store below 30°C 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:** £10.51. **Product licence number:** PL 68/0117. **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. Aerolin, Autohaler and 3M, are trade marks of the 3M company.

3M Health Care



IATED PRESCRIBING INFORMATION
ation UNIPHYLLIN CONTINUS tablets contain
line BP in a controlled release system. UNI-
CONTINUS tablets 400 mg are white, capsule-
scored tablets with the logo NAPP U400
ed on one side and UNIPHYLLIN on the other.
LLIN CONTINUS tablets 300 mg are white, cap-
ped, scored tablets with U300 embossed on
e. UNIPHYLLIN CONTINUS tablets 200 mg are
capsule-shaped, scored tablets with U200
ed on one side. Uses Theophylline is a bron-
or. In addition it affects the function of a num-
cells involved in the inflammatory processes
ed with asthma and chronic obstructive airways
Of most importance may be enhanced sup-
T-lymphocyte activity and reduction of
hil and neutrophil function. These actions may
ute to anti-inflammatory prophylactic activity in
and chronic obstructive airways disease. For the
nt and prophylaxis of bronchospasm associated
thma, emphysema and chronic bronchitis. Also
d in adults for the treatment of cardiac asthma
ft ventricular or congestive cardiac failure.
and administration NB Tablets should be
wed whole and not chewed. *Adults:* The usual
nance dose for elderly patients or those less
) kg body weight is 300 mg, 12-hourly follow-
initial week of therapy on 200 mg, 12-hourly.
ual maintenance dose for patients of 70 kg body
or over is 400 mg, 12-hourly following an initial
of therapy on 200 mg or 300 mg, 12-hourly.
n: Not recommended for children under seven
f age. The maintenance dose is 9 mg/kg twice
ome children with chronic asthma require and
e much higher doses (10-16 mg/kg twice daily).
dosages (based on usual adult dose) may be
d by adolescents. It may be appropriate to
ster a larger evening or morning dose in some
ts, in order to achieve optimum therapeutic
when symptoms are quite severe, e.g. at the time
'morning dip' in lung function. In patients whose
time or day time symptoms persist despite other
y and who are not currently receiving theo-
e, then the total daily requirement of UNI-
IN CONTINUS tablets (as specified above) may be
to their treatment regimen as either a single
ng or morning dose. *Elderly:* The initial dose
l be 200 mg, 12-hourly increasing to 300 mg, 12-
Contra-indications Should not be given con-
antly with ephedrine in children. Precautions
warnings The following increase clearance and it
therefore be necessary to increase dosage to
e a therapeutic effect: phenytoin, carbamazepine,
picin, sulphinpyrazone and barbiturates. Smoking
lcohol consumption can also increase clearance of
hylline. The following reduce clearance and a
ed dosage may therefore be necessary to avoid
ffects: allopurinol, cimetidine, ciprofloxacin, ery-
ycin, thiabendazole, isoprenaline, fluvoxamine,
zine hydrochloride and oral contraceptives.
rs such as viral infections, liver disease and heart
red theophylline clear

ache and CNS stimulation is significantly reduced
n UNIPHYLLIN CONTINUS tablet preparations are
n. Furthermore, the side effects can be minimised
ose titration downwards. *Transferability:* It is not
ble to ensure bioequivalence between different
ined release theophylline products. Therefore, it
ld be emphasised that patients, once titrated to an
tive dose, should not be changed from UNI-
LLIN CONTINUS tablet preparations to other slow
stained release xanthine preparations without re-
ion and clinical assessment. Legal category P.
kage quantities and basic NHS price UNIPHYLLIN
ITINUS tablets 400 mg - 56's: £7.32; 250's:
36; 1,000's: £125.29. UNIPHYLLIN CONTINUS
ets 300 mg - 56's: £6.17; 250's: £27.89. UNI-
LLIN CONTINUS tablets 200 mg - 56's: £4.05.
duct licence numbers UNIPHYLLIN CONTINUS
ets 400 mg - PL 0337/0074. UNIPHYLLIN CONTI-
tablets 300 mg - PL 0337/0129. UNIPHYLLIN CON-
US tablets 200 mg - PL 0337/0057. Product licence
der Napp Laboratories Limited, Cambridge Science
, Milton Road, Cambridge CB4 4GW, UK. Tel:
23 424444. Member of Napp Pharmaceutical
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oratories Limited. ® The NAPP device, UNIPHYLLIN
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oratories Limited 1995.
erence: 1. Kidney J, Dominguez M,
or PM, *et al.* (In press).
e 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.

DUAL ACTION

Uniphyllin®

CONTINUS® TABLETS THEOPHYLLINE BP

Breathing new life into asthma therapy

LAUNCHING SEPTEMBER '95

Now you can find the information you really need...

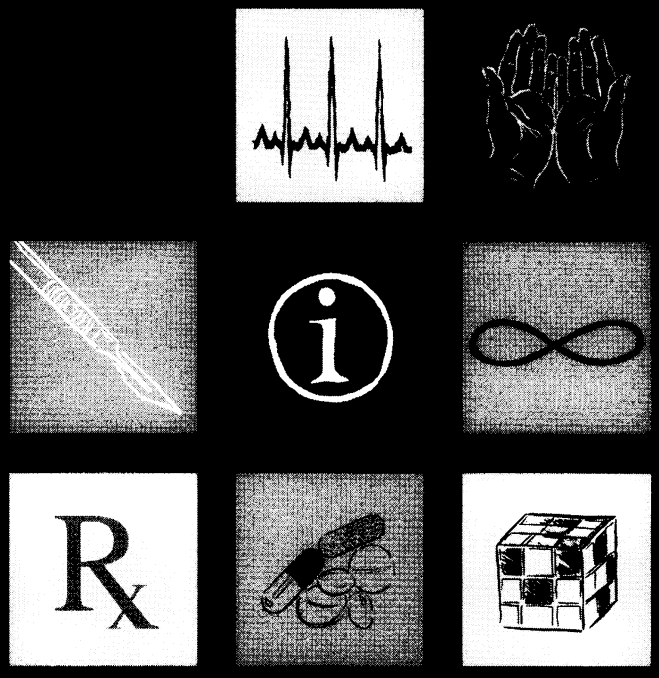
Evidence-Based Medicine

Editors: B Haynes & D Sackett

With 2 million new papers published each year how can you be sure you read all the papers essential for your daily practice and how can you be sure of the scientific soundness of what you do read? One answer to this dilemma is practising evidence based medicine, basing clinical decisions on the best available scientific evidence.

To meet this need the BMJ Publishing Group together with the American College of Physicians is launching a new journal *Evidence - Based Medicine*. This new journal is a development of the ACP Journal Club.

Published bi-monthly *Evidence - Based Medicine*, will survey a wide range of international medical journals (at least 50) to identify the key research papers that are scientifically valid and relevant to practice.



Launching in September 1995, *Evidence-Based Medicine* will:

- use scientific criteria to select the abstracts from the most important papers from the world's leading journals
- select only those papers which have a direct message for practice
- provide commentaries on the abstracts which will make clear the importance of the papers
- supply educational material to teach you about evidence based medicine
- cover all medical advances that are really important
- cover internal medicine, and the major specialties, including general surgery, paediatrics, obstetrics & gynaecology, psychiatry, general practice, anaesthesiology and ophthalmology.

ACP

Annual Subscription Rate (Volume One, 7 issues - 1995-96)
BMA Members Rate: £35, Personal Rate: £50, Institutional Rate: £80

BMJ Publishing Group

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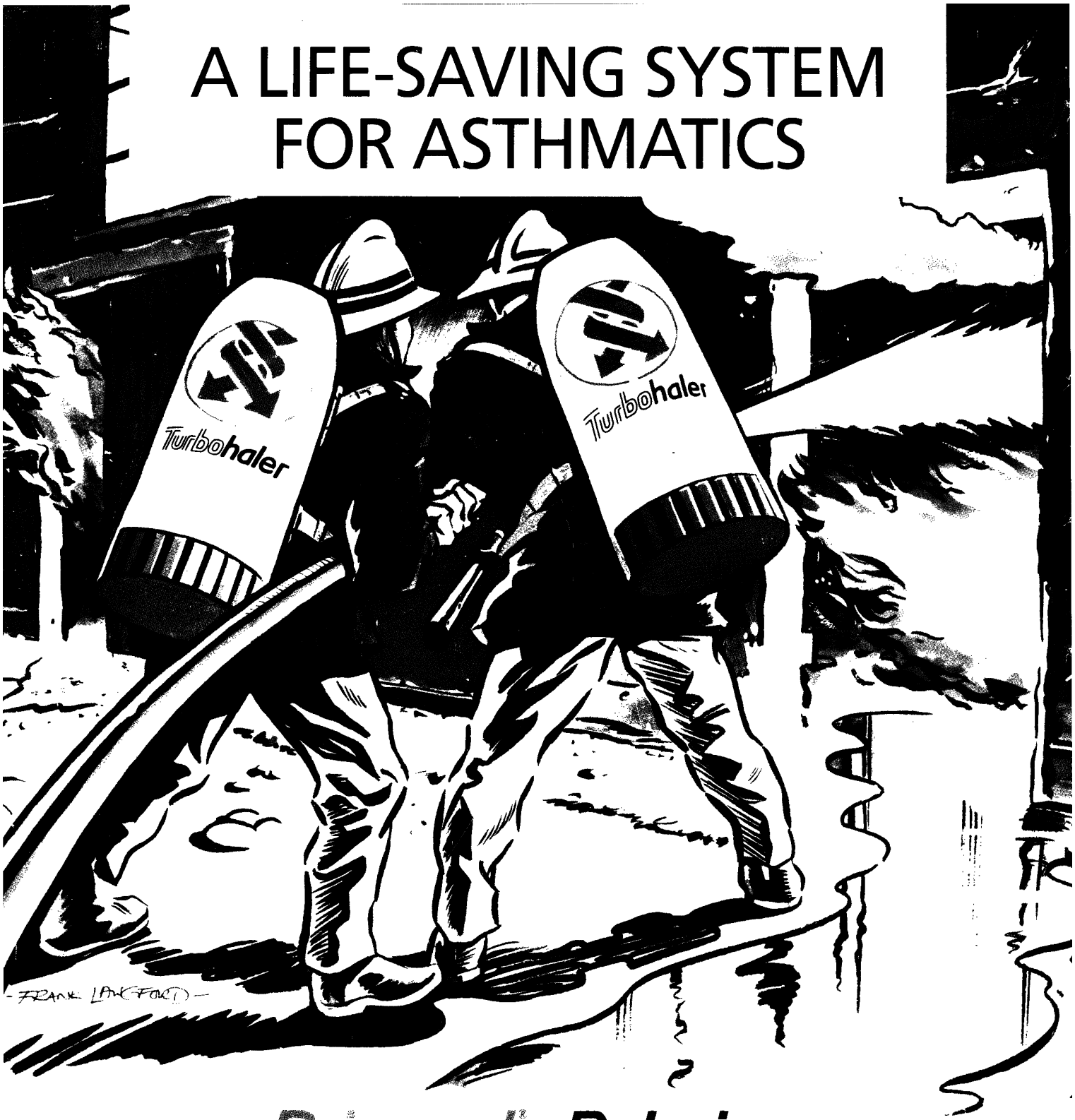
A LIFE-SAVING SYSTEM FOR ASTHMATICS



Bricanyl® Turbohaler®
TERBUTALINE SULPHATE

Pulmicort® Turbohaler® 200
BUDESONIDE

Abridged prescribing information: 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:** 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 ß2-agonist therapy. Administer with caution during the first trimester of pregnancy. Do not administer concurrently with non-selective ß-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 number:** PL 0017/0241.

Presentations: Pulmicort Turbohaler 100. 100 µg/puff budesonide dry powder inhaler containing 200 doses. Pulmicort Turbohaler 200. 200 µg/puff budesonide dry powder inhaler containing 100 doses. Pulmicort Turbohaler 400. 400 µg/puff budesonide dry powder inhaler containing 50 doses. **Uses:** Bronchial asthma. **Dosage and administration:** Individualise dose. Adults: 200-1600 µg daily in divided doses. Children: 200-800 µg 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:** Active pulmonary tuberculosis. Special 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. **Basic NHS price:** Pulmicort Turbohaler 100 (200 doses) £18.50. Pulmicort Turbohaler 200 (100 doses) £18.50. Pulmicort Turbohaler 400 (50 doses) £18.50. **Product licence numbers:** Pulmicort Turbohaler 100 PL 0017/0319 (100 µg/puff). Pulmicort Turbohaler 200 PL 0017/0272 (200 µg/puff). Pulmicort Turbohaler 400 PL 0017/0271 (400 µg/puff). **Further information is available from the product licence holder:** Astra Pharmaceuticals Limited, Home Park, Kings Langley, Herts WD4 8DH. ®Registered trade mark

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