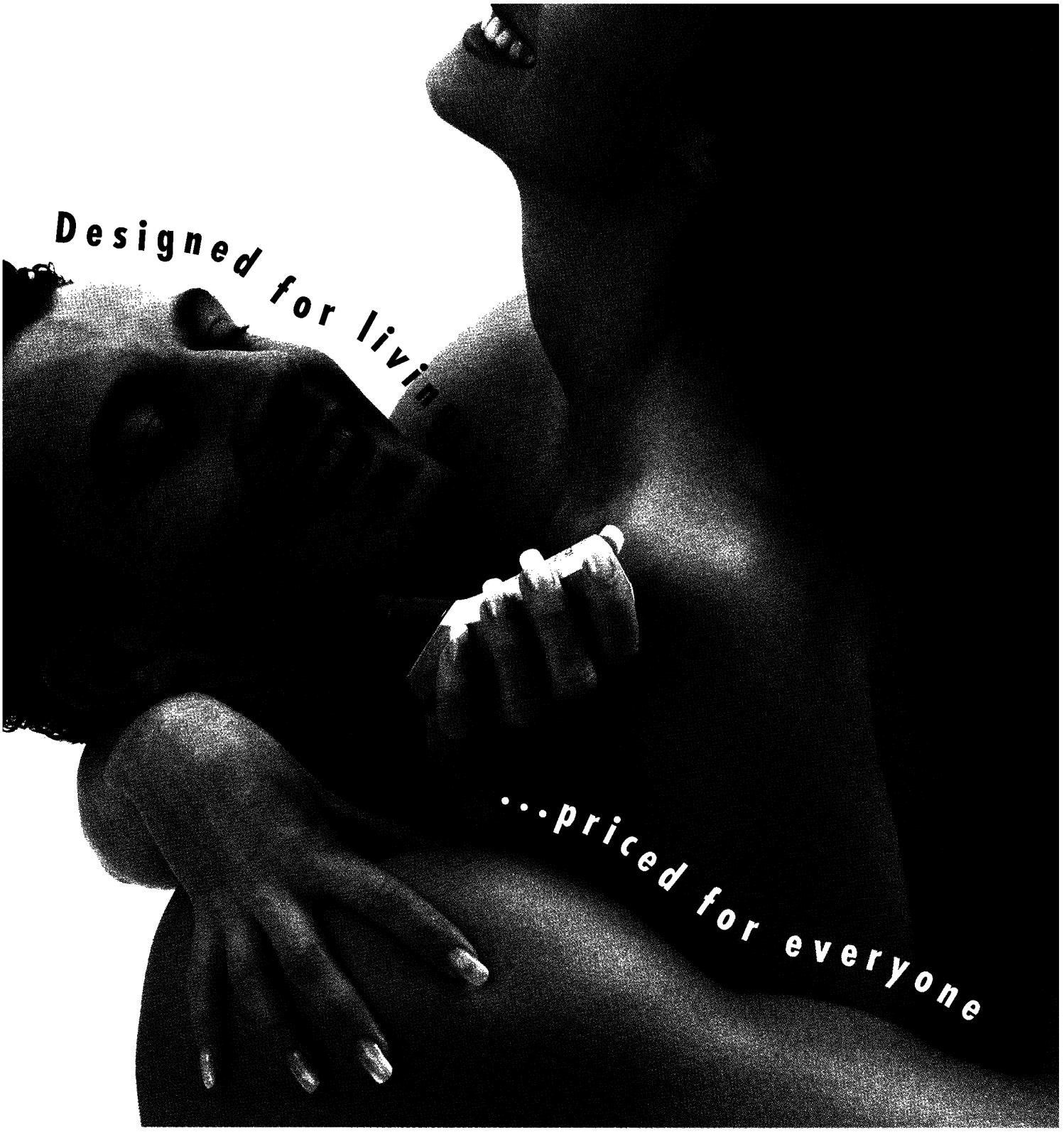
New Combivent

UDVs™

A convenient solution for greater Oompah in COPD



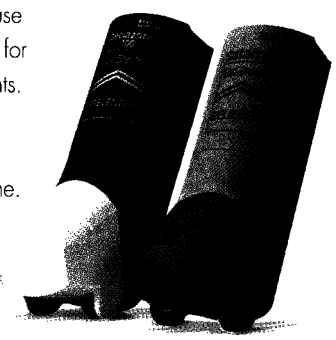
The Easi-Breathe breath-operated inhalers are designed to help save lives. Perhaps it doesn't matter that many asthma patients can't use their salbutamol inhaler properly[1] – instead they may take more doses until they feel an effect – but with a preventative, such as beclomethasone, the results could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

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

ABBREVIATED PRESCRIBING INFORMATION

Presentation UNIPHYLLIN CONTINUS tablets contain Theophylline BP in a controlled release system. UNIPHYLLIN CONTINUS tablets 400 mg are white, capsule-shaped, scored tablets with the logo NAPP U400 embossed on one side and UNIPHYLLIN on the other. UNIPHYLLIN CONTINUS tablets 300 mg are white, capsule-shaped, scored tablets with U300 embossed on one side. UNIPHYLLIN CONTINUS tablets 200 mg are white, capsule-shaped, scored tablets with U200 embossed on one side. **Uses** Theophylline is a bronchodilator. In addition it affects the function of a number of cells involved in the inflammatory processes associated with asthma and chronic obstructive airways disease. Of most importance may be enhanced suppressor T-lymphocyte activity and reduction of eosinophil and neutrophil function. These actions may contribute to anti-inflammatory prophylactic activity in asthma and chronic obstructive airways disease. For the treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis. Also indicated in adults for the treatment of cardiac asthma and left ventricular or congestive cardiac failure. **Dosage and administration** *NB* Tablets should be swallowed whole and not chewed. *Adults:* The usual maintenance dose for elderly patients or those less than 70 kg body weight is 300 mg, 12-hourly following an initial week of therapy on 200 mg, 12-hourly. The usual maintenance dose for patients of 70 kg body weight or over is 400 mg, 12-hourly following an initial week of therapy on 200 mg or 300 mg, 12-hourly. *Children:* Not recommended for children under seven years of age. The maintenance dose is 9 mg/kg twice daily. Some children with chronic asthma require and tolerate much higher doses (10-16 mg/kg twice daily). Lower dosages (based on usual adult dose) may be required by adolescents. It may be appropriate to administer a larger evening or morning dose in some patients, in order to achieve optimum therapeutic effect when symptoms are quite severe, e.g. at the time of the 'morning dip' in lung function. In patients whose night time or day time symptoms persist despite other therapy and who are not currently receiving theophylline, then the total daily requirement of UNIPHYLLIN CONTINUS tablets (as specified above) may be added to their treatment regimen as either a single evening or morning dose. *Elderly:* The initial dose should be 200 mg, 12-hourly increasing to 300 mg, 12-hourly. **Contra-indications** Should not be given concomitantly with ephedrine in children. **Precautions and warnings** The following increase clearance and it may therefore be necessary to increase dosage to ensure a therapeutic effect: phenytoin, carbamazepine, rifampicin, sulphinpyrazone and barbiturates. Smoking and alcohol consumption can also increase clearance of theophylline. The following reduce clearance and a reduced dosage may therefore be necessary to avoid side-effects: allopurinol, cimetidine, ciprofloxacin, erythromycin, thiabendazole, isoprenaline, fluvoxamine, viloxazine hydrochloride and oral contraceptives. Factors such as viral infections, liver disease and heart failure also reduce theophylline clearance. The [illegible] headache and CNS stimulation is significantly reduced when UNIPHYLLIN CONTINUS tablet preparations are given. Furthermore, the side effects can be minimised by dose titration downwards. *Transferability:* It is not possible to ensure bioequivalence between different sustained release theophylline products. Therefore, it should be emphasised that patients, once titrated to an effective dose, should not be changed from UNIPHYLLIN CONTINUS tablet preparations to other slow or sustained release xanthine preparations without re-titration and clinical assessment. **Legal category** P. **Package quantities and basic NHS price** UNIPHYLLIN CONTINUS tablets 400 mg - 56's: £7.32; 250's: £32.36; 1,000's: £125.29. UNIPHYLLIN CONTINUS tablets 300 mg - 56's: £6.17; 250's: £27.89. UNIPHYLLIN CONTINUS tablets 200 mg - 56's: £4.05. Product licence numbers UNIPHYLLIN CONTINUS tablets 400 mg - PL 0337/0074. UNIPHYLLIN CONTINUS tablets 300 mg - PL 0337/0129. UNIPHYLLIN CONTINUS tablets 200 mg - PL 0337/0057. **Product licence holder** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, UK. Tel: 01223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. ® The NAPP device, UNIPHYLLIN and CONTINUS are Registered Trade Marks. © NAPP Laboratories Limited 1995.

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

Date of preparation: May 1995.

NAPP

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

HELPING PEOPLE WITH CYSTIC FIBROSIS GET THINGS OFF THEIR CHEST. . .

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.

A powerful ally in the fight against lun

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

'MERONEM' FOR INTRAVENOUS ADMINISTRATION
Consult Data Sheet before prescribing.

▼ Special Reporting to CSM Required

Uses Treatment of the following infections caused by bacteria sensitive to meropenem: Pneumonias and Nosocomial Pneumonias, Urinary Tract Infections, Intra-abdominal Infections, Gynaecological Infections, Skin and Skin Structure Infections, Meningitis, Septicaemia, Empiric treatment for presumed infections in adults with febrile neutropenia. Patients with cystic fibrosis and chronic lower respiratory tract infections (eradication of organism not always established).

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

Dosage and administration Establish depending on type and severity of infection and patient's condition. Recommended dosage: Adults (including elderly):
500mg IV every 8 hours for pneumonia, urinary tract infections, gynaecological infections, skin and skin structure infections.
1g IV every 8 hours for nosocomial pneumonias, peritonitis, presumed infections in neutropenic patients and septicaemia.
Up to 2g every 8 hours in cystic fibrosis. 2g every 8 hours for meningitis.
Renal Impairment: Dosage should be reduced if creatinine clearance <51ml/min – see Summary of Product Characteristics.
Children (3 months to 12 years): 10-20mg/kg every 8 hours depending on type, severity and susceptibility of infection. For children over 50kg use adult dosage. For children aged 4 to 18 years with cystic fibrosis, 25-40mg/kg every 8 hours. For meningitis, 40mg/kg every 8 hours. No experience in hepatic or renal impairment. Children under 3 months: Not recommended.
Administration: 'Meronem' should be given as an IV bolus injection over approximately 5 minutes or by IV infusion over approximately 15 to 30 minutes.

Contra-indications, warnings, etc. Contra-indicated in patients with hypersensitivity to the product. Caution in patients with history of hypersensitivity to other carbapenems or other beta-lactam antibiotics. Monitor patients with hepatic disease. Monitor for overgrowth of non-susceptible organisms. In patients who develop diarrhoea, consider diagnosis of pseudomembraneous colitis. Caution when using as monotherapy in critically ill patients with *Pseudomonas aeruginosa* lower respiratory tract infection. Regular sensitivity testing recommended in *Pseudomonas aeruginosa* infection. Not recommended for methicillin resistant staphylococcal infections. Co-administration with probenecid not recommended. Caution when co-administered with potentially nephrotoxic drugs. Do not use in pregnancy or lactation unless potential benefit outweighs potential risk.

Side Effects Inflammation, thrombophlebitis or pain at site of injection. Rash, pruritus, urticaria, abdominal pain, nausea, vomiting, diarrhoea, pseudomembraneous colitis. Reversible thrombocythaemia, eosinophilia, thrombocytopenia and neutropenia. Positive Coombs test, reduction in partial thromboplastin time. Increases in serum bilirubin, transaminases, alkaline phosphatase and lactic dehydrogenase. Headache, paraesthesia, oral and vaginal candidosis. Convulsions have been reported but a causal link with 'Meronem' has not been established.

Legal Category POM.

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

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

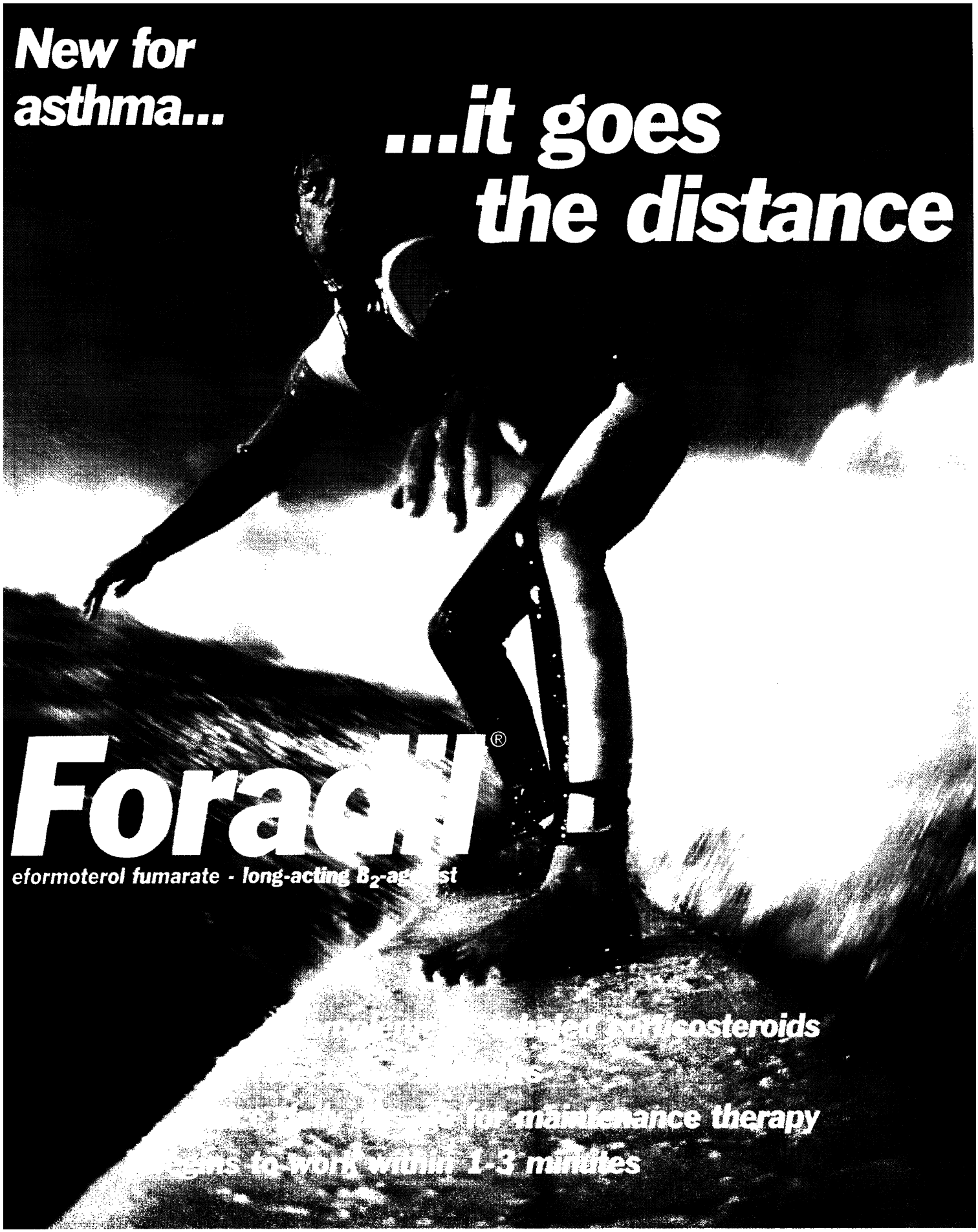
References

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

Meronem ▼
meropenem

96/5371/JJJ 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 β_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

Respiratory

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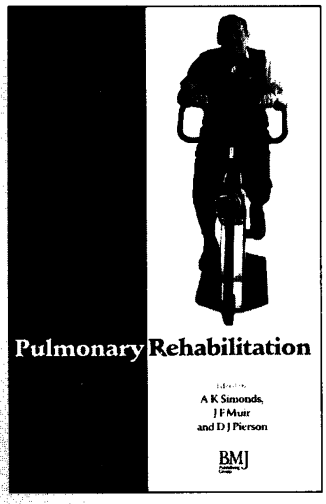

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A K SIMONDS, J F MUIR, D J PIERSON

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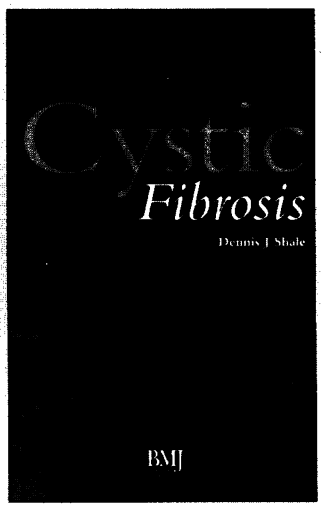

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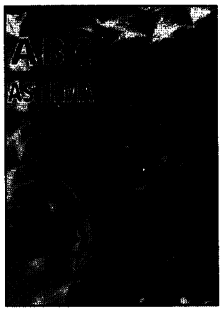

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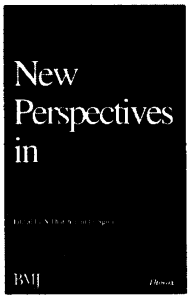

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PRESCRIBING INFORMATION

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.

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ASTRA
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