

# A different angle on the treatment of an age-old problem

## Benign Prostatic Hypertrophy

Hypovase\* (prazosin) is a highly selective  $\alpha_1$ -receptor inhibitor that relaxes the prostatic smooth muscle surrounding the urethra and bladder neck,<sup>1</sup> helping to relieve the obstruction and urinary tract symptoms caused by the enlarged prostate in the BPH patient.

The selective action of Hypovase\* helps avoid the side effects associated with non-specific blockade, making life easier for the BPH patient awaiting surgery and providing an alternative treatment approach in those unfit for surgery.<sup>2</sup>

# Hypovase\*

prazosin

## Relaxes the prostate. Relieves the pressure.

### Reference

1. Caine M. (1986) Clin. Sci. 70 (Suppl. 14) 63s-68s. 2. Kirby R.S. et al (1987) Br.J. Urol. 60: 136-142.

### Prescribing Information in Benign Prostatic Hypertrophy

**Indications:** Hypovase\* is indicated as an adjunct in the symptomatic treatment of urinary obstruction caused by benign prostatic hypertrophy. **Dosage:** The recommended starting dose is 500 micrograms twice daily for three to seven days, with the initial dose administered in the evening. According to the patient's clinical response, the dosage may be titrated upward to a maintenance dose of 2mg twice daily. This dose should not be exceeded, unless the patient requires Hypovase\* as antihypertensive therapy.

**Contra-indications:** Sensitivity to Hypovase.\* **Warnings:** Hypovase\* is not recommended for patients with a history of micturition syncope. **Precautions:** Hypovase\* decreases peripheral vascular resistance and since many patients with this disorder are elderly, careful monitoring of blood pressure during initial administration and during adjustment of dosage is recommended. The possibility of postural hypotension, or rarely, loss of consciousness, as reported in other patient groups should be borne in mind. Hypovase\* may augment the efficacy of antihypertensive therapy, consequently, close observation is especially recommended for patients taking medications that are known to lower blood pressure.

**Side-Effects:** Dizziness is the most common. **Basic NHS Cost:** 500 microgram tablet (PL57/0270)

pack of 100, £4.31; 1mg tablet (PL57/0271) pack of 100, £5.53; 2mg tablet (PL57/0272)

pack of 100, £7.51; b.d. starter pack (8 x 500 microgram tablets plus 32 x 1mg tablets), £2.90. Further information on request.

\*Trade Mark - prazosin hydrochloride



INVICTA  
PHARMACEUTICALS  
a division of  
Pfizer Ltd.  
Sandwich Kent

30567B



## IN VAGINAL THRUSH, THEIR NEEDS ARE NOT IDENTICAL

**ABRIDGED PRESCRIBING INFORMATION:** **Presentation** *Camesten 10% VC* is available as a single pre-filled applicator containing 5 g of 10% clotrimazole vaginal cream. **Uses** Candidal vaginitis. **Dosage and Administration** *Adults* Insert the contents of the pre-filled applicator intravaginally, preferably at night. *Children* As this product is used with an applicator paediatric usage is not recommended. **Contraindications** Hypersensitivity to clotrimazole. **Side Effects** Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary

by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Do not store above 25°C. **Legal Category** POM. **Basic NHS Price** £3.43 per 5g pre-filled applicator. **Product Licence Number** PL 0010/0136. **Reference** *Genitourinary Medicine* 1986; 62:404.

Further information available from:  
Bayer UK Limited, Pharmaceutical Business Group  
Bayer House, Strawberry Hill,  
Newbury, Berkshire RG13 1JA.

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Even women as similar as twins can have very different needs when it comes to vaginal thrush.

While many women are content with the convenience and efficacy of a single-dose pessary, others may need a cream.

Canesten 10% VC is the only single-dose cream for vaginal thrush.

It is specially formulated for cases where vaginal

soreness or dryness is a problem, and for those who simply prefer a cream.<sup>1</sup>

Canesten 10% VC. It gives you — and your patients — a soothing alternative when treating vaginal thrush.

**Canesten**<sup>®</sup>  
clotrimazole *vaginal cream*

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**SINGLE-DOSE CREAM, THE SOOTHING ALTERNATIVE**

# You're looking at a complete course of Diflucan 150 for vaginal thrush



#### Prescribing Information ▼

Indications: 1. Acute or recurrent vaginal candidiasis. 2. Oropharyngeal candidiasis including that occurring in immunocompromised patients. 3. Atrophic oral candidiasis associated with dentures. Dosage: Adults: Vaginal candidiasis: Single dose of 150mg. Oropharyngeal candidiasis: 50mg once daily for 7-14 days. Treatment should not exceed 14 days except in severely immunocompromised patients. Atrophic oral candidiasis: 50mg once daily for 14 days plus normal dental hygiene measures. Use in elderly, as above except for those renally impaired – see data sheet. Use in children: Not recommended. Contra-indications: Hypersensitivity to fluconazole or related triazoles. pregnancy and women of childbearing potential unless adequate contraception is employed. Warnings: Lactation: Not recommended. Drug interactions: Monitor patients on concurrent anticoagulants or tolbutamide. Side-effects: Nausea, headache, abdominal discomfort. Package Quantities and Basic NHS Cost: 150mg capsules, pack of 1, £7.12. (PL 57/0290); 50mg capsule, calendar pack of 7, £16.61 (PL 57 0289). Further information on request.

DIFLUCAN 150, in a single oral dose, deals effectively and elegantly with vaginal candidiasis.

Studies have produced a clinical response rate of 97%. And you will, of course, spare your patients the messiness, leakage and vaginal irritation associated with topical treatments.

During clinical trials, a group of patients able to compare single oral dose Diflucan 150 with a past topical treatment left investigators in no doubt. All preferences were for Diflucan 150.

A comparative study has clearly shown that Diflucan 150 outperforms intravaginal clotrimazole, both in speed of symptom relief and overall long-term results.

Treatment with Diflucan 150 is well tolerated, the incidence of side effects being comparable with that for topical therapy.

One capsule   
**Diflucan 150**  
fluconazole <sup>\*</sup>

<sup>\*</sup>Trade mark



Pfizer Limited, Sandwich, Kent.

**Prescribing Information**

**Warticon:** Podophyllotoxin 0.5% w/v.

**Presentation:** An acidic ethanolic solution of 0.5% w/v podophyllotoxin. The solution is a violet colour, due to the addition of 0.05% w/v methylrosaniline. **Uses:** For the treatment of penile warts (condylomata acuminata), located in preputial space.

**Dosage and Administration:** The affected area should be thoroughly washed with soap and water, and dried prior to application. Using the applicator provided, the warts should be painted twice daily for 3 days. The treated area should be allowed to dry. If residual warts persist, further treatment may be repeated after 7 days.

The information to the patient recommends a maximum single dose of 30 loops per application; under medical supervision the dose may be increased to 50 loops or 250µl. Where lesions are greater in area than 4cm<sup>2</sup>, it is recommended that treatment takes place under the direct supervision of medical staff. **Contraindications, Warnings, etc:** Open wounds following surgical procedures should not be treated with podophyllotoxin. Hypersensitivity to podophyllotoxin and methylrosaniline is a contraindication. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. **Side effects:** Local irritation may occur on the second or third day of application associated with the start of wart necrosis.

In the majority of cases the reactions are mild. **Overdosage:** There have been no reported overdosages with Warticon 0.5% Solution. No specific antidote is known. Following accidental spillage, wash the skin well with soap and water. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic and in severe oral overdose ensure that the airway is clear and give fluids, check and correct electrolyte balance, monitor blood gases and liver function. Blood count should be monitored for at least five days.

**Pharmaceutical Precautions:** Product should be stored under refrigeration between +2°C and +8°C. **Package**

**Quantities:** Each bottle contains 3ml of Warticon 0.5% Solution. Plastic applicators are also enclosed in each pack. Each loop will carry a volume of 5µl Warticon Solution. **Further Information:** Warticon Solution contains highly purified podophyllotoxin of known potency.

Podophyllotoxin is a classic inhibitor of cell division in the metaphase. Its therapeutic action in genital warts is associated with necrosis of epidermal cells.

PL 8208/0001. Product Licence Holder: Conpharm AB, Sweden.

Basic NHS cost: 3 ml. £16.00.



For more information please contact



Cph (UK) Ltd

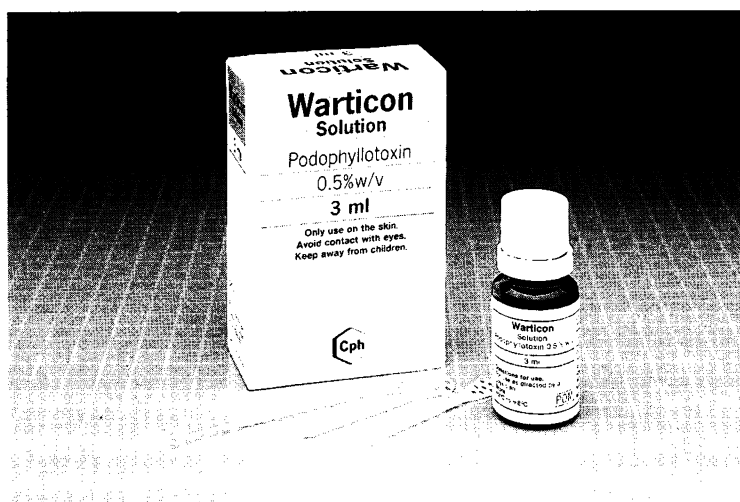
Bond House, Link Way, Malvern,  
Worcestershire, WR14 1UQ.

Tel: 06845 67532 Fax: 06845 69764

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# Warticon Solution

Podophyllotoxin 0.5%w/v



## The new at-home treatment for genital warts in males

Now, for males, there is an alternative to podophyllin to meet the rapid increase in incidence of genital Condylomata acuminata.

WARTICON contains highly purified podophyllotoxin.

This results in:

- Exclusion of potentially harmful impurities found in podophyllin.
- A preparation of known strength, stability and activity.

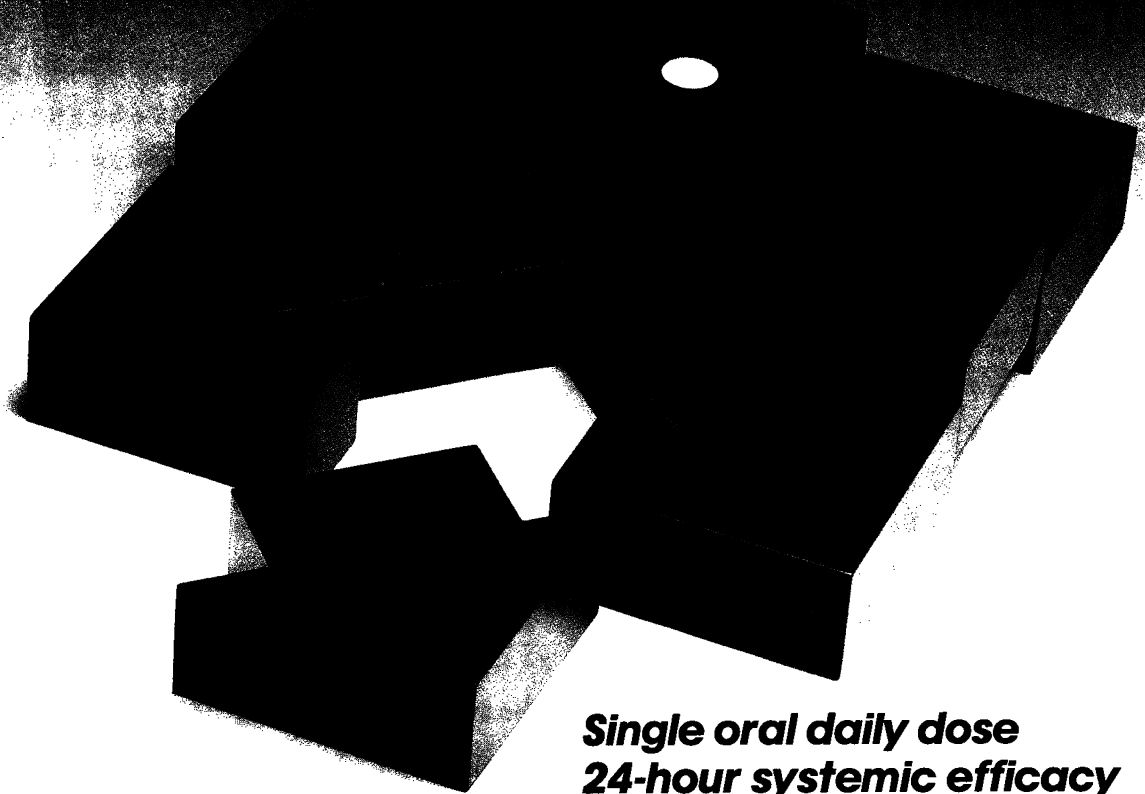
Unlike podophyllin, WARTICON can be self-administered in the patient's home providing:

- More effective use of clinic resources and time.
- Much greater patient convenience and privacy.

Extensive clinical experience in Sweden, Denmark, Finland and Norway strongly suggests that **Warticon** is more effective and causes fewer adverse reactions than the podophyllin it replaces.

# Diflucan 50

**A new dimension in  
oropharyngeal candidiasis**



**Single oral daily dose  
24-hour systemic efficacy  
Hepatic monitoring unnecessary**

**Diflucan<sup>\*</sup> 50**  
fluconazole \*Trade mark

**Prescribing Information ▼**

**Indications:** 1. Acute or recurrent vaginal candidiasis. 2. Oropharyngeal candidiasis including that occurring in immunocompromised patients. 3. Atrophic oral candidiasis associated with dentures. **Dosage:** Adults: Vaginal candidiasis: Single dose of 150mg. Oropharyngeal candidiasis: 50mg once daily for 7-14 days. Treatment should not exceed 14 days except in severely immunocompromised

patients. Atrophic oral candidiasis: 50mg once daily for 14 days plus normal dental hygiene measures. Use in elderly: as above except for those renally impaired - see data sheet. Use in children: Not recommended. **Contra-indications:** Hypersensitivity to fluconazole or related triazoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** Lactation: Not recommended. **Drug interactions:** Monitor patients on

concurrent anticoagulants or tolbutamide. **Side-effects:** Nausea, headache, abdominal discomfort. **Package Quantities and Basic NHS Cost:** 150mg capsule, pack of £7.12 (PL 57/0290); 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289).

Further information on request.  
Pfizer Limited, Sandwich, Kent.



# HIV testing in under 10 minutes, reliability confirmed<sup>1</sup>

# HIVChek™

In the first major trial of its kind, 4,000 prospective blood donors were screened for antibodies to HIV-1 using 5 rapid qualitative assays. And, the performance of these rapid assays was compared directly with the Wellcozyme ELISA.

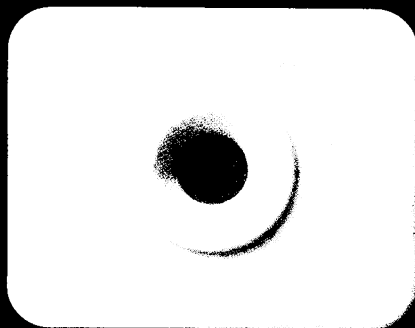
The performance of HIV Chek™ was outstanding, not only was HIV Chek™ as sensitive (98.6%) and as specific (98.8%) as the reference ELISA, but also gave a much higher 'positive predictive value' than *all* the rapid assays evaluated.

The time taken to complete the HIV Chek™ assay was 5 minutes compared to 30 to 120 minutes for the other 'rapid' assays. HIV Chek™ was unsurpassed in all 3 subjective criteria: test presentation, ease of test procedure and ease of interpretation.

Improved HIV Chek™ now features lyophilised reagents, extending the long shelf-life, avoiding the need for refrigerated storage and HIV Chek™ is now available in both 100 test and 20 test pack formats.

HIV Chek™ the reliable, rapid assay from Du Pont, safely absorbs infectious materials and leaves a permanent record of a positive result.

## Spot clearly shows HIV positive result



HIV test protocol: HIV testing is a sensitive issue, please ensure the following code of ethics is adhered to at all times: 1. There should be a medical reason for testing. 2. The clinician should have obtained the informed consent of each patient. 3. Testing is carried out only at the request of a doctor. 4. Repeat all positive tests and send for confirmation of the result using other methodologies. 5. Where there is a confirmed positive result, give this only to the requesting clinician.

Reference: 1. Spielberg et al, Review of HIV Antibody Detection Assays IV International Congress on AIDS, 12-16 June 1988

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Du Pont (UK) Ltd  
Diagnostics Division  
Wedgwood Way, Stevenage, Herts SG1 4QN  
Telephone (0438) 734665



“The commonest genital infection in the western world”<sup>1</sup>



**CHLAMYDIA**

***Vibramycin***\*  
doxycycline \*Trade Mark

**Striking against Chlamydia**

**Indications:** Uncomplicated urethral, endocervical or rectal infections in adults caused by *Chlamydia trachomatis*. **Dosage:** Vibramycin Capsules, Syrup and Dispersible Tablets: 100mg twice daily for at least 7 days. Take capsules with food or fluid. The tablets should be dispersed in half a glass of water. **Contra-indications:** Hypersensitivity to tetracyclines. **Warnings:** Administration of Vibramycin in pregnancy is not recommended. Staining of teeth is a possible sequel to treatment during tooth development (latter half of pregnancy or in children up to 8 years of age). **Side effects and precautions:** Nausea and vomiting may occur. Administration with food or milk may reduce these effects. **Packaging and Basic NHS Cost:** Vibramycin Capsules 100mg (PL 57/5069), pack of 10, £5.22, pack of 50, £25.04; Vibramycin Syrup 50mg/5ml (PL 57/5060), 30ml bottle £1.55; Vibramycin-D Dispersible Tablets 100mg (PL 57/0188), pack of 10, £6.15. Full information available on request.





## SMOOTH IN DELIVERY

## STRONG IN PERFORMANCE

In the treatment of thrush, Gyno-Pevaryl\* 1 combines the strength of the antifungal, econazole nitrate, with the acceptability of a single dose, soothing wax-based pessary.

Now Gyno-Pevaryl\* Cream (econazole nitrate 1% w/w) is also available, individually or in combination with pessaries as the Gyno-Pevaryl\* 1 vaginal pessary and cream C.P. pack, to improve the treatment of your patient and her partner.

**Gyno-Pevaryl\* 1**  
VAGINAL PESSARY ECONAZOLE NITRATE 150mg

### A powerful performance in vaginal candidiasis



**Presentations:** GYNO-PEVARYL\* Cream: a white non-perfumed cream containing 1% w/w econazole nitrate. GYNO-PEVARYL\* 1 Vaginal Pessary: Pessary containing 150mg econazole nitrate in a polysaccharide base. GYNO-PEVARYL\* 1 Vaginal Pessary and Cream C.P. Pack: Pessary containing 150mg econazole nitrate as above and cream containing 1% w/w econazole nitrate. **Uses:** Pessaries: Vaginitis due to *Candida albicans* and other yeasts. Cream: Vulvitis associated with candidal vaginitis Balanitis. **Dosage:** Cream: apply to the vulva and perianal region and/or to the sexual partner's penis. GYNO-PEVARYL\* 1 Vaginal Pessary: Insert one pessary high into the vagina. C.P. Pack: Pessary as above, cream as above. **Contraindications:** None known. **Side-effects:** Rare mild irritation. **Precautions:** Hypersensitivity has rarely been recorded. Econazole should only be used in pregnancy if the practitioner considers it to be necessary. **Overdose:** GYNO-PEVARYL\* products are intended for intravaginal use, if accidental ingestion of large quantities occurs gastric emptying may be used. **Pharmaceutical precautions:** Store in a cool place. **Legal category:** POM **Product Licence Number:** GYNO-PEVARYL\* Cream PL 76/60, GYNO-PEVARYL\* 1 Vaginal Pessary PL 76/97. **Basic NHS Price:** GYNO-PEVARYL\* Cream 15g £1.74, 30g £3.45 GYNO-PEVARYL\* 1 Vaginal Pessary £4.40, C.P. Pack £5.84.

## M.S.S.V.D.

### The Medical Society for the Study of Venereal Diseases

*President:* Dr R N Thin, St Thomas's Hospital,  
London SE1 7EH

The object of the Society is to bring together those interested or engaged in the diagnosis, treatment, and community medical aspects of sexually transmitted diseases. The society meets regularly in London at the Royal Society of Medicine for the reading of papers, discussions, and presentation of cases. An out-of-London meeting is held in the Spring. Annual subscription for membership of the Society is £50 for all members.

Applications for membership are very welcome and forms can be obtained from the Honorary Secretary, Dr M A Waugh, Department of Genito-Urinary Medicine, The General Infirmary, Great George Street, Leeds LS1 3EX.

**Please note—all correspondence regarding M.S.S.V.D. to Hon. Sec. save all changes of address to Hon. Treasurer Dr J S Bingham, Middlesex Hospital, London, WIN 8AA.**

### Meetings 1989–1990

6.30 p.m. for 7.00 p.m. unless otherwise stated  
Members and Guests welcome  
Royal Society of Medicine, 1 Wimpole Street,  
London W1M 8AE

**21st April 1989—NOT LAST FRIDAY**

Presidential Address

Dr R N Thin, St Thomas's Hospital, London

18th–21st May 1989

University of Bordeaux II

Professor Marc Geniaux

Spring Meeting of the Medical Society for the Study of Venereal Diseases

Harrison Lecture Dr J Wallin, Stockholm

13th October 1989

10th November 1989

17th–18th November 1989, with Dutch STD in Amsterdam

12th January 1990

9th February 1990

23rd March 1990

Spring Meeting

Isle of Wight 17th–20th May 1990



### The BMJ's new series of books of general interest by medical writers

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# ABC OF SEXUALLY TRANSMITTED DISEASES

MICHAEL W ADLER

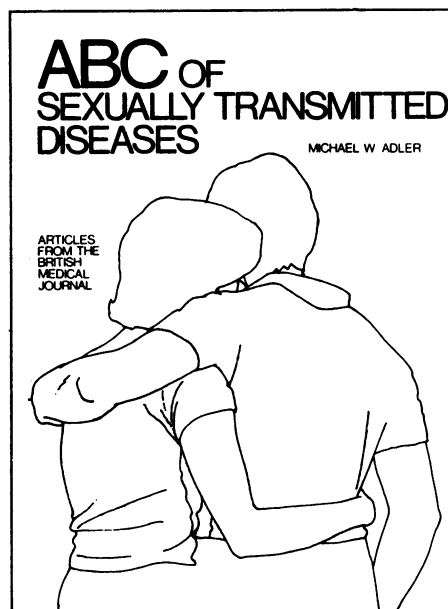
AIDS and genital herpes are only the more dramatic signs of a general increase in the number and range of sexually transmitted diseases. Yet these conditions are not seen only in sexually transmitted disease clinics and doctors need to be aware that common clinical problems such as vaginal discharge, rashes, and pelvic pain may have a sexual origin.

Professor Michael Adler's ABC describes the presentation, diagnosis, and management of these conditions, emphasising the need to take a broad clinical view of patients and their problems. Chapter on AIDS Updated 1986.

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"This book is recommended for anyone wishing to bring himself up to date with an increasingly expanding speciality . . ."

*J roy nav med Serv* 1984; 70: 187-188

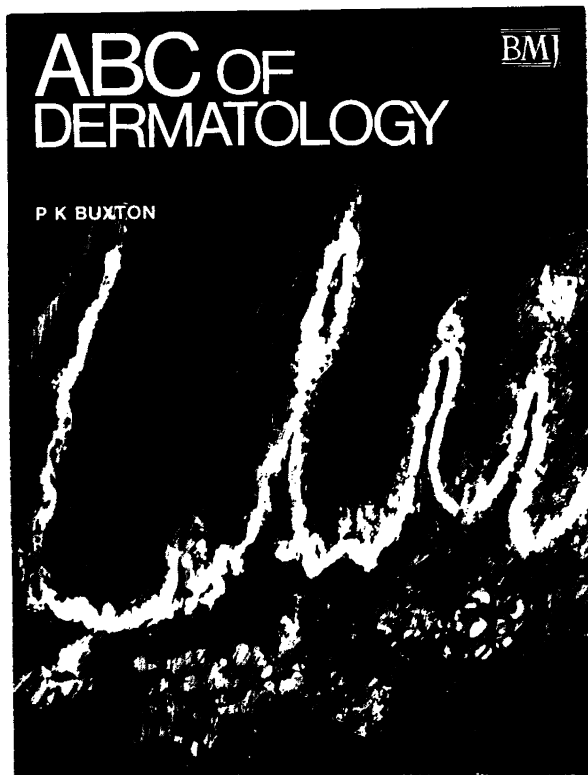
"... Professor Adler has successfully provided a clear concise and up to date textbook on sexually transmitted disease . . ."

His approach, refreshingly problem orientated, deals with the patient rather than the disease, and emphasises the psychological impact on the patient of a diagnosis to which much stigma is still attached."

*Scott Med J* 1985; 30: 69

## BOOKS FROM THE BMJ

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Non-specialists overwhelmed by too many systematic descriptions of individual disease will welcome the new approach of *ABC of Dermatology*. Here the history, clinical appearance, and pathology of a few common key conditions are discussed and then as a basis for comparison with other skin diseases. Also dealing in detail with allergic reactions, autoimmunity, acne, and infections, this handbook is **fully illustrated in colour**, providing a clear guide to assessment and treatment as well as an understanding of the histological changes underlying the clinical presentations.

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