

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

Benign Prostatic Hypertrophy

Hypovase* (prazosin) is a highly selective α_1 -receptor inhibitor that relaxes the prostatic smooth muscle surrounding the urethra and bladder neck,¹ 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.²



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



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Sandwich Kent

30567B




IN VAGINAL THRUSH, THEIR NEEDS ARE NOT IDENTICAL

ABRIDGED PRESCRIBING INFORMATION: Presentation *Candesten 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 0910/0136. **Reference** *Gynaecology* 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.¹

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

Canesten[®] 10% VC
clotrimazole vaginal cream

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

*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 methyrosaniline. **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 4cm², 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 methyrosaniline 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



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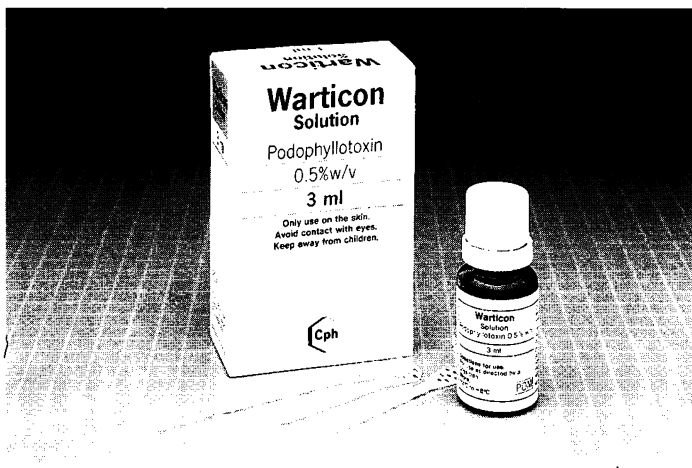
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Warticon Solution

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^{*} 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 1, £7.12. (PL 57/0290); 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289).

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

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“The commonest genital
infection in
the western
world”¹




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 57/9089), 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.



Condyline

A NEW TREATMENT FOR MALE CONDYLOMATA ACUMINATA

Why? Condyline offers 12-41% higher cure rates than Podophyllin.^{1, 2, 3} 75% of patients were cured after an average of 4 weeks treatment.¹

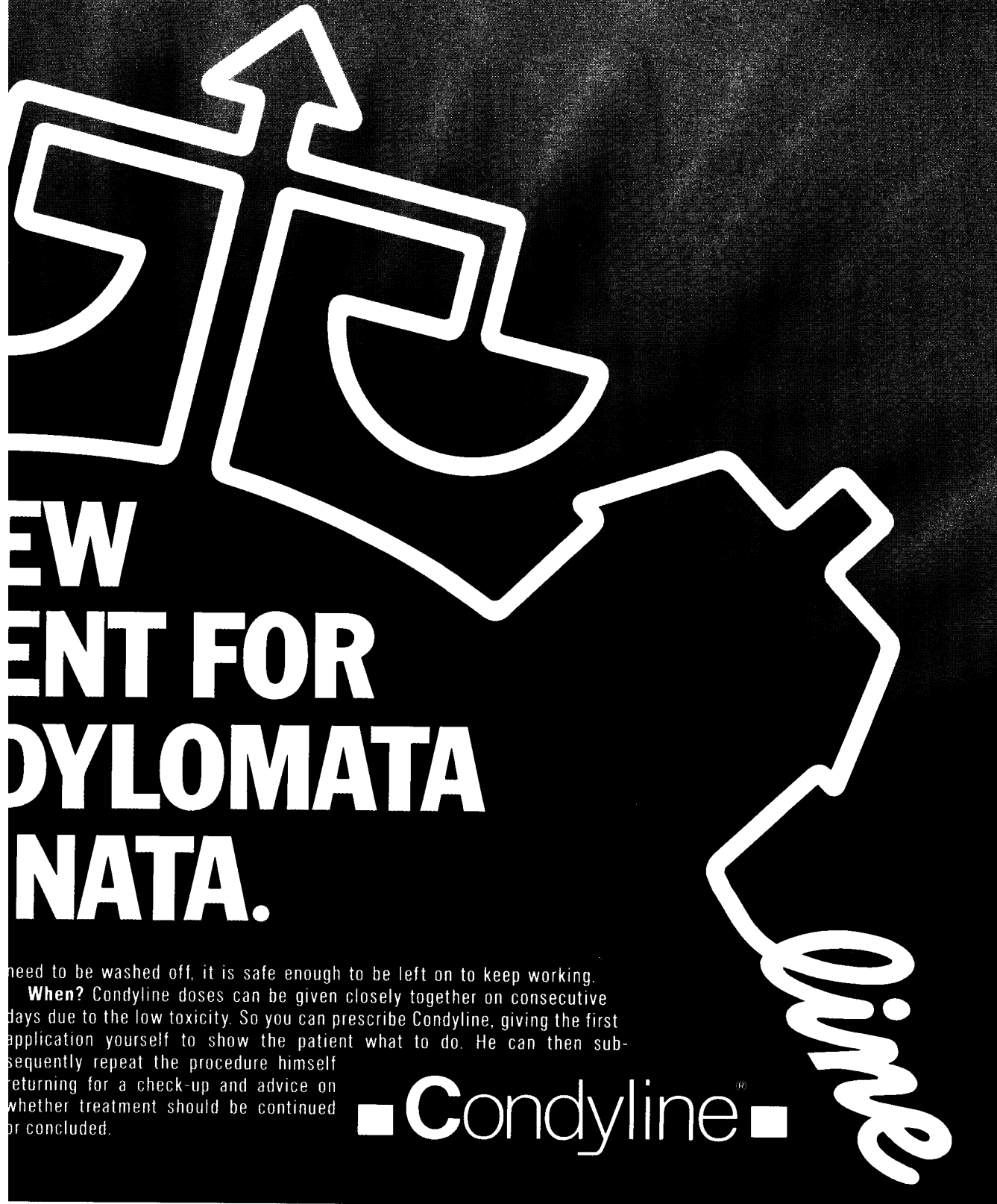
How? Condyline is a 99% pure, standardised solution of 0.5% podophyllotoxin. By selecting the most therapeutically active constituent we have been able to develop a treatment that is more effective than the original podophyllin mixture.

Where? Condyline can be applied to Condylomata acuminata of the preputial space by the patient at home, saving time for both you and him. It doesn't

REFERENCES: 1. Edwards, A., Atma-Ram, A., Thin R. N. *Genito Urinary Medicine* 1988; 64: 263-265. 2. Jablonska, S., data on file. Gist-brocades nv the Netherlands. 3. Mazurkiewicz, W., & Jablonska, S. Z. *Hautkr.* 1986; 61: 1387-1395.

Presentation: Condyline is presented as a clear colourless alcoholic solution containing 0.5% podophyllotoxin in vials of 3.5 ml, with a suitable quantity of special applicators.
Uses: For the topical treatment of penile warts (condylomata acuminata), located in the preputial space. **Dosage and administration:** By topical administration. **Adults and the elderly:** Apply twice daily for three days directly to the warts. Allow to dry after treatment. Use the applicator provided, applying not more than 50 applicators-full for each application. This three-day treatment may be repeated, if necessary, at weekly intervals, for a total of five weeks of treatment. **Children:** Not recommended.

Gist-brocades



NEW TREATMENT FOR DIPLOMATAS AND DIPLOMATAS.

need to be washed off, it is safe enough to be left on to keep working.
When? Condylone doses can be given closely together on consecutive days due to the low toxicity. So you can prescribe Condylone, giving the first application yourself to show the patient what to do. He can then subsequently repeat the procedure himself returning for a check-up and advice on whether treatment should be continued or concluded.

■ Condylone[®] ■

Dine

Contra-indications, warnings, etc.: **Contra-indications:** Hypersensitivity to podophylotoxin. **Special precautions:** Avoid contact with healthy skin; lesions greater in area than 4 cm² should be treated under direct medical supervision. Do not use on open wounds following surgical procedures. **Side-effects:** Local irritation, usually mild, may occur. **Overdosage:** In topical overdosage, wash well with soap and water; if the eyes are involved bathe thoroughly with water. If accidentally ingested give stomach washout and monitor electrolyte balance, blood gases, liver function and blood picture. **Pharmaceutical precautions:** Normal pharmaceutical storage and handling as indicated. **Legal category:** POM. **Package quantities:** 3.5 ml, in an amber glass vial, fitted with a child-proof cap, together with a suitable quantity of special applicators. **Further information:** The product should be discarded six weeks after first opening the vial. Keep away from naked flames. **Product Licence No:** 0166/0142. **Basic NHS Price:** £16.00 for 3.5 ml pack.

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 1988–1989

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

13th October 1989—AGM—Short papers
10th November 1989—Epidemiology and Testing for HIV
 BCCG Survey—Trends in HIV infection in Genitourinary medicine clinics—Dr G R Kinghorn, Royal Hallamshire Hospital, Sheffield
 The case for anonymous testing and extended studies—*Professor M W Adler*, University College and Middlesex School of Medicine
 Anonymous HIV sero-surveillance in England and Wales—*Dr N Gill*, PHLS, London
17–18 November 1989—Jointly with DUTCH SOCIETY FOR STUDY OF SEXUALLY TRANSMITTED DISEASES
 STDs. Viral infections as cause of STD.—*Apollo Hotel, Amsterdam*
12th January 1990—MRC AIDS THERAPEUTIC TRIALS—
Dr David Girling and speakers, MRC, London
 Pneumocystis prophylaxis current trials—*Dr A J Pinching*, St Marys Hospital Medical School, London
9th February 1990—Papillomavirus—Anogenital warts—local ablative therapy—Dr J D Oriel, London
Interferon Therapy—Dr G M Scott, University College Hospital, London
Intra-meatal warts—Overview of therapy—Mr T A McNicholas, FRCS, St Peter's Hospital, London
23rd March 1990—Research into Sexual Behaviour in the context of HIV infection—The measurement and assessment of homosexual behaviour in the context of HIV transmission—Prof A P M Coxon, University of Wales, Cardiff
 National survey of sexual attitudes and lifestyles—*Dr A M Johnson*, University College and Middlesex School of Medicine
9–11 May 1990—STDS in the World of AIDS. 35th General Assembly IUVDT, Royal Society of Medicine, London
17–20 May 1990—Spring Meeting, MSSVD. Shanklin, Isle of Wight, Local Organiser: Dr C Baksi



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about
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