

Male Genital Warts

Home Treatment at His Fingertips



WARTICON®

podophyllotoxin 0.5% w/v

Warticon, a pure standardised solution of 0.5% podophyllotoxin represents a major advance over traditional podophyllin therapy in the treatment of male genital warts.¹

In a new UK multicentre study in patients with warts in the preputial



space an **85%** cure rate was achieved in only three weeks.²

Tolerance to treatment is good.^{1,2} Patients can apply Warticon in the comfort and privacy of their own home, thus saving time and money both for themselves and the Health Service.

KABI

Rapid cure for male genital warts


Abbreviated Prescribing Information

Warticon: Podophyllotoxin 0.5% w/v. **Presentation:** An acidic ethanolic solution of 0.5% w/v. **Uses:** For the treatment of penile warts (condylomata acuminata) located in the preputial space. **Dosage and Administration:** The affected area should be washed 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. Treatment may be repeated after 7 days. Maximum single dose of 30 loops per application for at-home treatment (50 loops under medical supervision). 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, hypersensitivity to podophyllotoxin. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. **Side Effects:** Local irritation may occur. In the majority of cases the reactions are mild. **Overdosage:** No overdosages have been reported. No specific antidote is known. Following accidental spillage, wash the affected area with soap and water. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic. **Pharmaceutical Precautions:** Store at room temperature. **Package Quantities:** Bottle containing Warticon 3 ml. Plastic applicators are also enclosed in each pack. Each loop will carry 5µl Warticon Solution. **Basic NHS Cost:** 3 ml £16.00. **Product Licence Number:** PL 8208/0001. **Product Licence Holder:** Compharm AB, Sweden.

References

1. Lassus A, et al., (1984) Eur J Sex Trans Dis, 2: 31-33.
2. Pickering, R.W., (1989). Br J Sex Med., 16: 320-324.

For more information please contact:
KabiVirtrum Limited, Riverside Way, Uxbridge, Middlesex, UB8 2YF. Telephone: 0895 51144.




IN VAGINAL THRUSH, THEIR NEEDS ARE NOT IDENTICAL

ABRIDGED PRESCRIBING INFORMATION: **Presentation** *Canesten 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. **Contra-indications** 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.¹

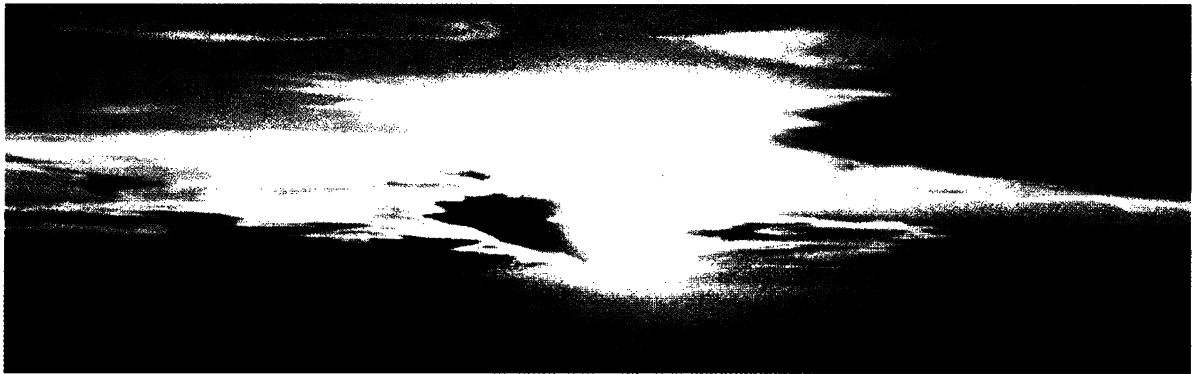
Canesten 10% VC. It gives you — and your patients — a soothing alternative when treating vaginal thrush.

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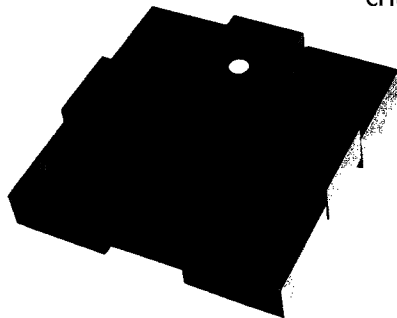
The new indications for Diflucan are *systemic candidiasis, mucosal candidiasis and cryptococcosis including cryptococcal meningitis.*

The new dosage forms are a 200mg capsule and two I.V. presentations, one of 200mg and one of 50mg.

These new forms have performed impressively in clinical trials with a clinical response of 94% in mucosal candidiasis,¹ 79% in systemic candidiasis² and about 80% in cryptococcal meningitis.³

This level of success was accompanied by a high degree of patient toleration in trials involving 700 patients.⁴

Diflucan. New hope in the fight against fungal infection in critically ill and immunocompromised patients.



Diflucan^{*} ORAL/I.V.

fluconazole

^{*}Trade mark

Counters invasive fungal infection

Prescribing Information

Indications and dosage: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: at least 100mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Vaginal candidiasis: single 150mg dose. Use in the elderly -- as above except for those renally impaired -- see data sheet. Use in children -- not recommended. Administration: Diflucan may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. **Contra-indications:** Hypersensitivity to fluconazole or related triazoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** Lactation: Not recommended. Renal impairment: dosage reduction may be necessary, see data sheet. **Drug interactions:** Monitor patients on concurrent anticoagulants, oral sulphonylureas or phenytoin. **Side-effects:** Nausea, abdominal discomfort, diarrhoea and flatulence. **Package Quantities and Basic NHS Cost:** 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289); 200mg capsule, calendar pack of 7, £66.42 (PL 57/0317); 150mg capsule, pack of 1, £7.12 (PL 57/0290); Bottles of 25ml and 100ml containing Diflucan 2mg/ml intravenous infusion -- 25ml (50mg) bottle, £7.32; 100ml (200mg) bottle, £29.28 (PL 57/0315). Hospital prices are available on request. Further information on request.

References 1-2. Data on file, Pfizer Ltd. 3. Dupont, B. Symposium Abstracts. Dorado, Puerto Rico, Oct. 8-9, 1988;22. 4. Data on file, Pfizer Ltd.

Pfizer Limited, Sandwich, Kent

MSSVD

The Medical Society for the Study of Venereal Diseases

President: Dr M A Waugh, The General Infirmary at Leeds, Leeds, LS1 3EX

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.

Applications for membership are welcome and forms can be obtained from the Honorary Secretary, Dr M J Godley, Florey Unit, Royal Berkshire Hospital, Reading RG1 5AN.

Please note—all correspondence regarding MSSVD 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

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 Oriol*, 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*



**Think
about
it**

You make a clinical diagnosis. Do you ever consider the thought processes by which you arrived at it? Medical students and practitioners are often concerned with examples of diagnostic logic, but seldom consider them in the context of a general philosophy. Is diagnostic logic out on a limb, or is it based on the same principles as logic in general?

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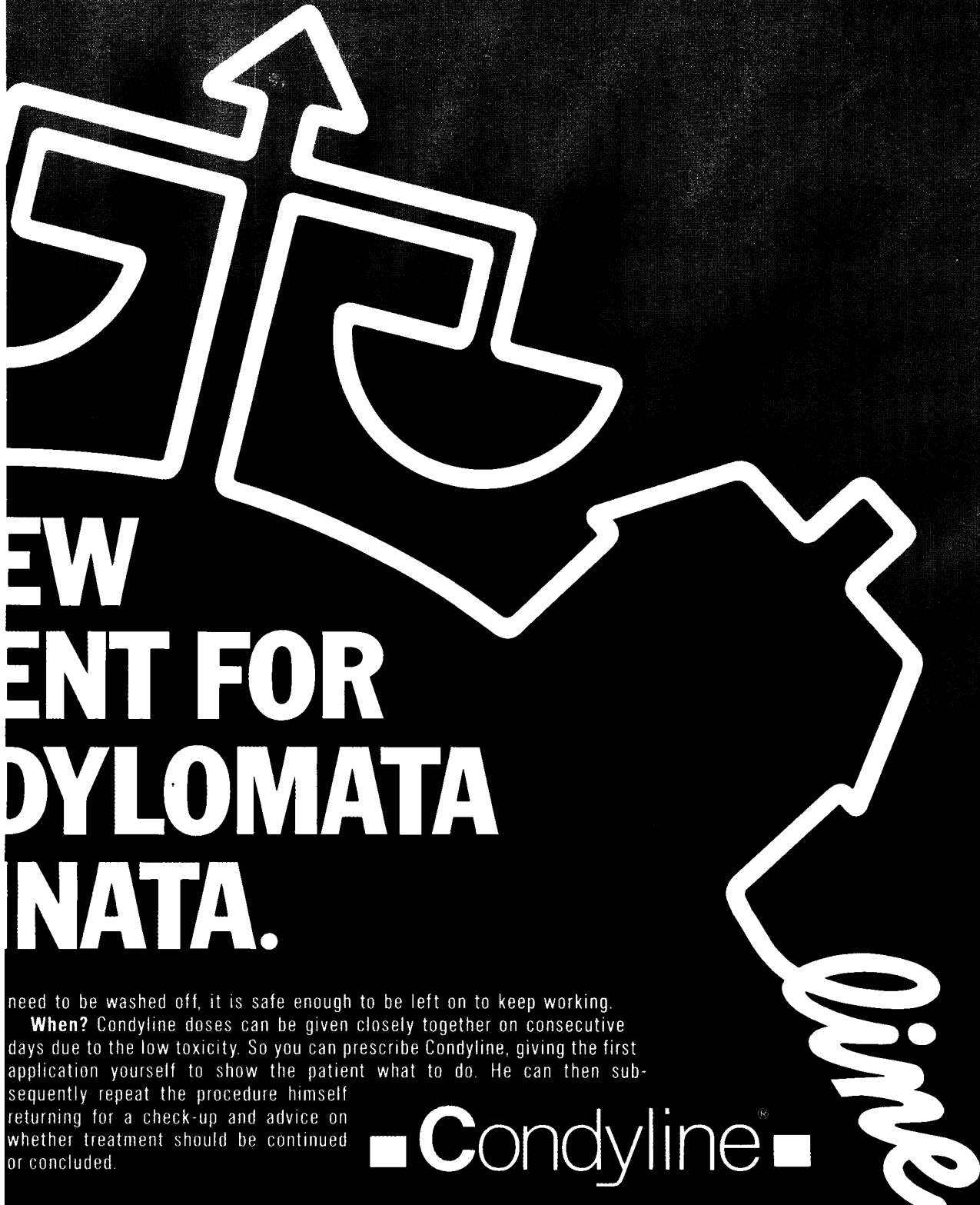
How? Condyline is a 99% pure, standardised solution of 0.5% podophyllotoxin. By selecting the most therapeutically active constituent we have been able to develop a treatment that is more effective than the original podophyllin mixture.

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.

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need to be washed off, it is safe enough to be left on to keep working.
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Condyline

Contra-indications, warnings, etc.: **Contra-indications:** Hypersensitivity to podophyllotoxin. **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.



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onwards
6.30pm PRE-CONFERENCE RECEPTION
CARDIFF CASTLE

19th APRIL
8.00am REGISTRATION
onwards
9.00am CHAIRMAN'S OPENING REMARKS
Sir Henry Yellowlees
9.30am EPIDEMIOLOGY: THE GLOBAL SITUATION
Dr Jonathan Mann
Director, Global Programme on AIDS
World Health Organisation
10.15am IMPLICATIONS FOR SOCIETY
Dr Faye Abdellah
Deputy Surgeon General and
Chief Nursing Officer
United States Public Health Service
11.00am COFFEE AND EXHIBITION VIEWING
11.30am THE CONTRIBUTION
OF THE VOLUNTARY SECTOR
Mr Christopher Spence
Director, London Lighthouse
12.00noon NURSING PATIENTS WITH AIDS
Ms Jacqui Elriot
Middlesex Hospital, London

PROVISIONAL PROGRAMME

12.30pm THE ROLE OF MUNICIPAL AUTHORITIES
Mr Eddie Ramsden
Chief Environmental Health Officer
City of Swansea
1.00pm LUNCH AND EXHIBITION VIEWING
2.30pm CONCURRENT SESSIONS
5.30pm A series of papers and poster presentations
chosen from those submitted to the
Conference Planning Committee
7.30pm for CIVIC RECEPTION AND CONFERENCE DINNER
8.00 pm CITY HALL, CARDIFF

20th APRIL
8.00am REGISTRATION
onwards
9.00am CHAIRMAN'S OPENING REMARKS
The Baroness Cox of Queensbury
9.15am THE SOCIAL CONSEQUENCES OF THE
CLINICAL PICTURE
Dr Anthony Pinching
Senior Lecturer and Consultant
Immunologist, London

10.00am HIV AND DRUG ABUSE
Dr Ernst Bunning
Municipal Health Department, Amsterdam
10.45am COFFEE AND EXHIBITION VIEWING
11.15am A FAMILY DOCTOR'S EXPERIENCE
Dr Joe Robertson
Edinburgh Drug Addiction Study
11.45am EXPERIENCE WITH CHILDREN
Speaker to be announced
12.15pm A THIRD WORLD PERSPECTIVE
Speaker to be announced
12.45pm LUNCH AND EXHIBITION VIEWING
2.15pm CONCURRENT SESSIONS
A series of papers and poster presentations
chosen from those submitted to the
Conference Planning Committee
3.30pm TEA AND EXHIBITION VIEWING
4.00pm AN OVERVIEW OF CURRENT RESEARCH
AND ITS IMPLICATIONS FOR THE FUTURE
Dr Robert Gallo
National Institute of Health,
Bethesda, USA
5.00pm CHAIRMAN'S CLOSING REMARKS
The Baroness Cox of Queensbury

FEES

For bookings received PRIOR TO 31st OCTOBER 1989 the fee for the Conference will be £250. Thereafter the fee for the Conference will be £270. The fee includes attendance at all Conference Sessions, exhibition viewing, coffee and tea on each day and attendance at the pre-conference Reception, the Civic Reception and Conference Dinner (Note: there are only a limited number of places available at the dinner. Once these places are filled those registering after that time will receive a refund of the appropriate proportion of the conference fee). Cheques, or in the case of delegates from outside the UK bankers drafts (in sterling only) should be made payable to the Royal College of Nursing.

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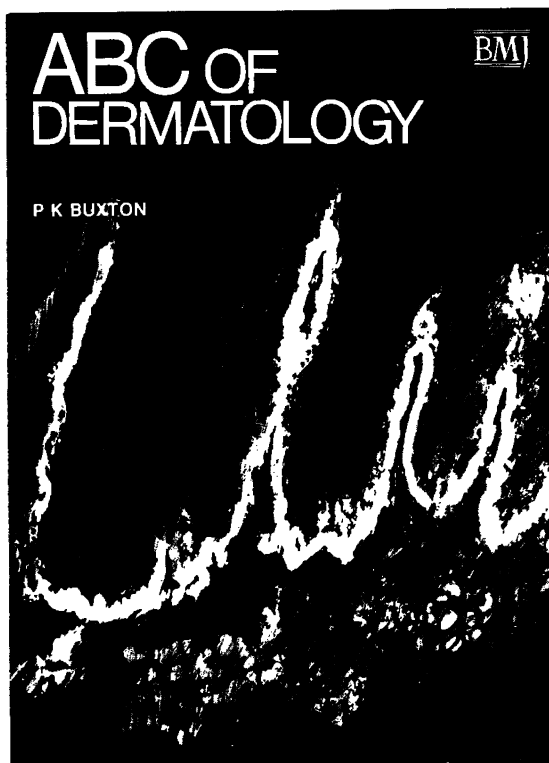
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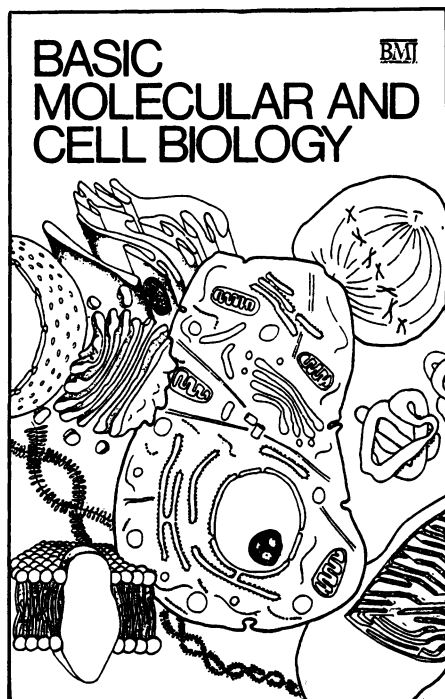
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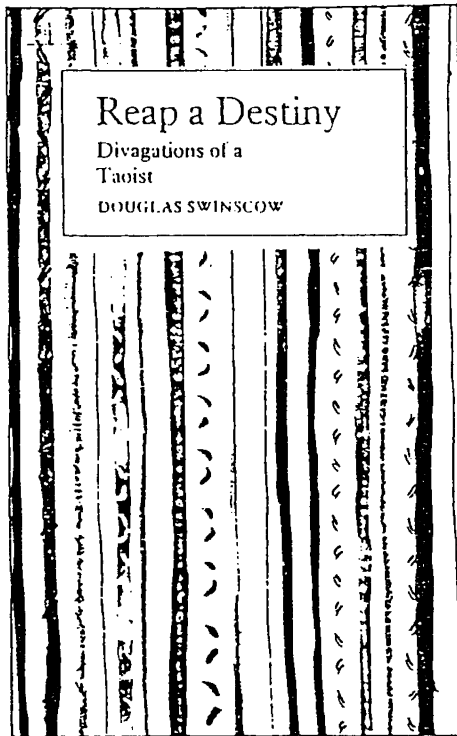
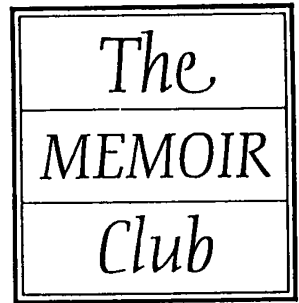


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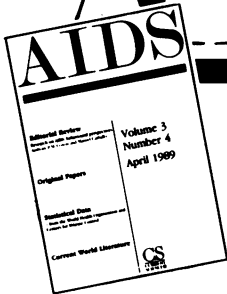
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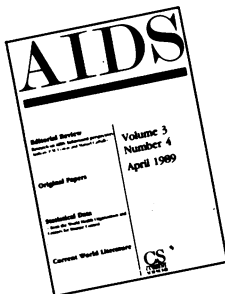
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