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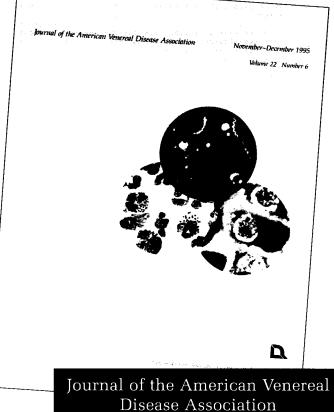
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Published bi-monthly, **Sexually Transmitted Diseases** brings you original articles on newly identified syndromes, new investigations into the mechanism of disease, descriptions of clinical experiences and reports on therapeutic trials. Features include notes from the CDC. NIH and ASHA, case reports and AVDA news.



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A Wolters Kluwer Company 227 East Washington Square Philadelphia, PA 19106-3780 "Something for the next five years sir?"



SmithKline Beecham Pharmaceuticals Welwyn Garden City, Hertfordshire AL7 1EY. Presentation: Each 1 ml of 'Engerix B' hepatitis B vaccine (rby), PL 10592/0015, contains 20 micrograms of hepatitis B surface antigen protein, together with thiomersal 1:20,000. Pack of 1 (1 ml) prefilled syringe containing 20 micrograms, £12.13; pack of 10 (1 ml) prefilled syringes each containing 20 micrograms, £121.30; pack of 1 (1 ml) vial containing 20 micrograms, £11.95; pack of 3 (1 ml) vials each containing 20 micrograms, £35.85; pack of 10 (1 ml) vials, £119.50; pack of 1 paediatric (0.5 ml) vial containing 10 micrograms, £8.96.

Uses: Active immunisation against infections caused by hepatitis B virus.

Dosage and administration: For intramuscular use only. Shake well and inspect before use. Three doses should be given, the

second one month and the third six months after the initial dose. For more rapid immunisation the third dose can be given two months after the initial dose with a booster at 12 months. *Adults and children over 12 years:* 20 micrograms (1 ml) given intramuscularly.

Neonates and children 12 years and under: 10 micrograms (0.5 ml) given intramuscularly.

Administer in the deltoid region, though the antero-lateral thigh is the preferred site for infants. 'Engerix B' should not be administered in the buttock since this may result in lower immune response. In neonates of HBsAg positive mothers, give hepatitis B immunoglobulin at the same time as vaccine at different sites within a few hours of birth.

Contra-indications: Hypersensitivity to any component of the

'Engerix B' isn't just something for the weekend. It provides up to five years' protection against hepatitis B; which means you don't have to rely on your patients using a condom every time they have sex.

So who's at risk? People who are sexually active, either with multiple partners, or who travel abroad and have casual, unprotected sex.

The fact is hepatitis B can be contracted in the same way as AIDS, but it's 100 times more infectious. Worst still, it has been found in body fluids such as sweat, saliva, even tears.

It's quite reassuring to know then that, world-wide, 'Engerix B' has protected more people against the hepatitis B virus than any other vaccine.

You can order 'Engerix B' in pre-filled syringes, by calling SmithKline Beecham on 0181-913 4290. So, even if you can't prevent your patients from picking up every sexually transmitted disease, you can give them five years' protection against hepatitis B.

raccine. Severe febrile infections.

Precautions: Response may be impaired in renal dialysis patients or those who are immunocompromised. Adrenaline 1:1000 should be available in case of anaphylaxis. Use in pregnancy: see Data Sheet.

Adverse reactions: Mild transient local soreness, erythema and nduration at the injection site. Occasionally low grade fever, nalaise, fatigue, arthralgia, arthritis, myalgia, headache, dizzi-1ess, syncope, nausea, vomiting, diarrhoea, abdominal pain, ymphadenopathy, abnormal liver function tests, rashes rarely with urticaria. Exceptionally, severe skin disorders such as crythema multiforme. Very rarely one week or more after injection, transient arthralgia, pruritus or urticaria, but no causal relationship established.

Neurological manifestations in temporal association with the vaccine, including very rarely paraesthesia and extremely rarely paralysis, neuropathy and neuritis (including Guillain-Barré syndrome, optic neuritis and multiple sclerosis). No causal relationship established.

Early onset allergic-type reactions reported rarely. Legal category POM. 11.8.94.

'Engerix B' is a trade mark.

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Hepatitis B Vaccine (rby)

0695 EB:AD/5/051

Erectile dysfunction? Now there are TWO licensed injectable treatments...

NEW





both available in the same complete, convenient presentation



Now Caverject, the only injectable therapy licensed for erectile dysfunction in the U.K., is available in a 10 microgram as well as a 20 microgram presentation.

Over 50% of patients in a self injection study responded to doses of 10 micrograms or less of alprostadil1, so the new presentation will be the logical choice for many of your patients, cutting wastage and making dose adjustment simpler.



:averject

alprostadil

A solution that works

For prescribing information see data sheet. CAVERIECT POWDER FOR INJECTION ▼

Alprostadil Presentation

White to off-white lyophilised powder, containing alprostadil 10 or 20 micrograms. Also contains lactose and sodium citrate. Diluent is 1 ml bacteriostatic water for injections (benzyl alcohol 0.9% w/v)

Treatment of erectile dysfunction.

An adjunct to other diagnostic tests in the diagnosis of erectile

Diagnosis: 5-10 micrograms where there is evidence of neurologic dysfunction. 20 micrograms in other cases. Treatment: neurogenic dysfunction - initial dose 1.25 micrograms. Second dose 2.5 micrograms, third 5 micrograms, and subsequent incremental increases of 5 micrograms until an optimal dose is achieved. Non-neurogenic dysfunction - initial dose 2.5 micrograms. Second dose 5 micrograms if partial response and 7.5 micrograms if no response. Subsequent increments 5-10 micrograms until optimal dose achieved. If no response, next higher dose can be given in 1 hour; if partial response there must be at least a 1-day interval. The usual dose is 10-20 micrograms. Maximum dose 60 micrograms. The recommended frequency of injection is no more than once daily and no more than three times weekly. The first injection of alprostadil must be done by medically

trained personnel. After proper training and instruction, alprostadil may be self-injected.
The dose should provide the patient with an erection that is

satisfactory for sexual intercourse. It is recommended that the dose administered produces a duration of the erection not

Contra-indications, warnings, etc

Contra-indications: Known hypersensitivity to alprostadil, benzyl alcohol, or any of the other constituents. Sickle cell anaemia or trait, multiple myeloma, or leukaemia (risk of priapism). Patients with a penile implant or anatomical deformity of the penis such as angulation, cavernosal fibrosis, or Peyronie's disease.

Warnings: Prolonged erection and/or priapism. Patients with an erection lasting 4 hours or more should report to a physician for erection lasting 4 hours or more around consideration of deturnescent therapy.

Painful erection is more likely to occur in patients with anatomical deformations of the penis. Regularly follow-up to detect penile fibrosis. Discontinue treatment where penile angulation, cavernosal fibrosis, or Peyronie's disease develops. Patients on anticoagulants such as warfarin or heparin may have increased propensity for bleeding after the Diagnose and treat underlying medical causes of erectile dysfunction before using Caverject.
Use of intracavernous alprostadil offers no protection from the

transmission of sexually transmitted diseases. Individuals should be counselled about the spread of sexually transmitted diseases,

including HIV Pregnancy and lactation: Not applicable. (High doses of alprostadil (0.5 to 2.0 mg/kg subcutaneously) had an adverse effect on the reproductive potential of male rats, although this was not seen with lower doses (0.05 to 0.2 mg/kg). Alprostadil

did not affect rat spermatogenesis at doses 200 times greater than the proposed human intrapenile dose.) than the proposed numer management closer; Scide-effects: Pain in the penis, mainly mild or moderate in intensity (34%), 3% of patients discontinued treatment due to pain. Haematoma at the site of injection (3%). Prolonged erection (2%), priapism (0.5%). Injection site exchymosis, penile rash, penile oedema, penile fibrosis (1-1.5%). Other local (eg balanitis, injection site reactions, phirnosis, venous leak, abnormal ejaculation,) and systemic events (eg unnary urgency or impairment, vasodilatation, hypotension, hypertension

supraventricular extrasystole, dizzness, headache, pelvic pain) were reported by fewer than 1% of patients. Interactions: None known. Not intended for co-administration with any other agent for the treatment of erectile dysfunction. Incompatibilities: Not known. Only the supplied diluent should

Pharmaceutical precautions

Caverject must be stored in a refrigerator until dispensed. May then be stored below 25°C for up to 3 months. Reconstituted solutions should be used immediately and not stored. Do not store the unused pack or reconstituted solution in a freezer

Single packs containing a vial of Caverject powder and a syringe

PL 0032/0203 Cavenect Powder for Injection 10 micrograms PL 0032/0188 Caverject Powder for Injection 20 micrograms PL 0032/0193 Bacteriostatic Water for Injections diluent

Holder of product licences

Upjohn Limited, Fleming Way, Crawley, West Sussex, RH10 2LZ. Date of preparation or last review January 1996 Pricing information

£7.70 per 10 microgram pack, £9.95 per 20 microgram pack. **Reference:** Schramek P et al., *Br J Urol* 1990; **65**: 68-71 Date of preparation: January 1996 Registered trademark: Caverject.

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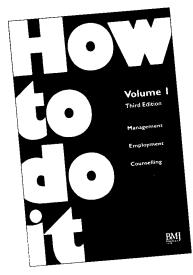
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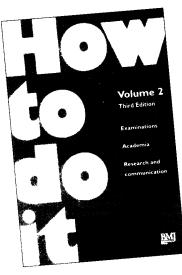
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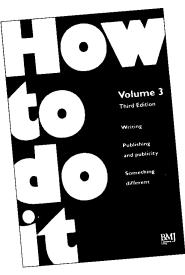
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New Warticon Cream is the first ever podophyllotoxin cream for the self-treatment of genital warts.

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Men and women will find that new Warticon Cream, with its discreet tube and simple application, adds convenience and dignity to the self-treatment of genital warts.



Podophyllotoxin 0.15% w/w

The cream of self-treatment for genital warts

Abbreviated Prescribing Information

Warticon Cream Presentation: White homogeneous cream containing 0.15% w/w podophyllotoxin. Uses: For the topical treatment of condyloma acuminata affecting the penis, and the female external genitalia. Dosage and Administration: The affected area should be thoroughly washed with soap and water, and dried prior to application. Using a fingertip, Warticon Cream is applied twice daily for 3 days using only enough cream to just cover each wart. The hands should be thoroughly washed after each application. Residual warts should be treated with further courses of twice daily applications for 3 days at weekly intervals, if necessary, for a total of 4 weeks of treatment. 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. Avoid contact with the eyes. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. Prolonged contact with healthy skin should be avoided, as the cream contains an active pharmaceutical substance that could be harmful to healthy skin. Side Effects: Local irritation

may occur on second or third day of application associated with the start of wart necrosis. In the majority of cases the reactions are mild (see Data Sheet). Use in Pregnancy: Do not use during pregnancy or lactation. Overdosage: There have been no reported overdosages with Warticon Crea No specific antidote is known. In the event of accidental ingestion give emetic or stomach washou Treatment should be symptomatic and in severe oral overdose ensure 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 room temperature. Legal Category: POM. Package Quantities: Single tube containing 5g of Wartie Cream. The pack also contains a mirror to facilitate accurate application. Basic NHS Price: Wartico Cream 5g £17.40. Product Licence Number: PL 3863/0010. Date of Preparation: March 1995. References: 1. Kinghorn, G. et al. International Journal of STD & AIDS 1993; 4: 194-199. 2. Strand, A. et al. 1995 In press