The fourth in a series of hibernating animals: the Hedgehog (Erinaceus europaeus) hibernates during the winter.

For safe, natural, undisturbed sleep...

**REMNOs**

Nirazepam/DDSA

- Rapidly induces natural sleep
- Increases the duration of sleep and reduces the number of nocturnal awakenings
- No hangover or confusion on waking
- Minimum changes in REM pattern
- Small dependence risk
- High comparative safety in overdosage
- Well tolerated and producing no unwanted systemic effects
- Uniquely available in two strengths (5mg & 10mg)

Presentations: circular tablet. 12mm tablets marked DDSA on obverse with single break line on reverse containing 11/0mg BP white 5mg, yellow 10mg. Uses: short term hypnotics. agent recommended where insomniac onset of sleep is required. Nirazepam is a rapid onset sleep inducer lasting 4-6 hours, with a minimal number of nocturnal awakenings. Nirazepam does not cause depression of brain function but promotes sleep with minimal changes in the rapid eye movement pattern (REM). Sleep disturbances due to nausea, vomiting, headache, dizziness, and depression. The treatment of insomnia in the chronicity of arousing long or short term hypnotics. Pre-operative sleep. Dosage and administration: Adults: The recommended dose is 5mg before retiring. This may be increased to 10mg. Hospitalized patients may receive up to 20mg. Delirium and elderly patients: 2.5 to 5mg. Treatment should be commenced with the smaller 2.5mg dose in the elderly. Nirazepam is not recommended for administration to children. Contra indications; warnings, etc. It is not advisable that a Nirazepam be used in pregnancy and lactation. Patients on evering treatment with Nirazepam should be warned against the dangers of taking alcohol, narcotics, and other CNS depressants, and to mention great care handling mechanical equipment and driving motorized vehicles. Care should be taken in patients with respiratory depression. Side effects such as drowsiness may occur although hangover effect is minimal. Overdosage: sedation by ataxia, slurred speech and dysarthria, gastric, nausea and vomiting. Treatment: Pharmacological precautions, protex from light and store in a well-closed container in a dry cool place. Legal category: SS05 Basal: NH price £1.40 per 100 and 10mg £2.70 per 100. also packs of 500 (both strengths). Further information: Nirazepam may be given to patients on evering anti-coagulant therapy and anti-vacular anti-platelet therapy and anti-depressant drugs. Product licence numbers: 0229/0022, 0229/0031. DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 9JQ.

Further information available on request from DDSA Pharmaceuticals, 310 Old Brompton Road, London SW5 9JQ.
Two years ago, Smith Kline and French Research Institute received the Queen's Award for Technological Achievement resulting from H₂ receptor antagonist research and the development of cimetidine.

Since it became generally available over three years ago, 'Tagamet,' by its unique action in reducing gastric acid, has revolutionised the treatment of disorders such as duodenal ulcer, benign gastric ulcer and reflux oesophagitis, where acid plays a part.

For many patients it has brought a new standard of pain relief and healing. In the United Kingdom alone 'Tagamet' has been prescribed for an estimated one million patients.

**Tagamet**

**Cimetidine**

Prescribing Information

Presentation

‘Tagamet’ Tablets 75/200/200/200 each containing 200 mg cimetidine 100, 131.22, 500, 644.75.
‘Tagamet’ Syrup P0002 200/200 containing 200 mg cimetidine per 5 ml syrup, 200 ml, 25.29.

Indications

Duodenal ulcer; benign gastric ulcer; reflux oesophagitis.

TC: AD140

Dosage

Duodenal ulcer: Adults, 200 mg 6h with meals and 400 mg at bedtime for at least 6 weeks (see full instructions see Data Sheet). To prevent relapse, 400 mg at bedtime or 400 mg morning and evening for at least 6 months.

Benign gastric ulcer: Adults, 200 mg 6h with meals and 400 mg at bedtime for at least 6 weeks (see full instructions see Data Sheet). Reflux oesophagitis: Adults, 400 mg 6h with meals and 400 mg at bedtime for at least 6 weeks.

Cautions


Adverse reactions

Diarhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, cutaneous rashes, usually in the elderly or very ill, interstitial nephritis.

Full prescribing information is available from

SK&F

a Smithkline Company

Smith Kline & French Laboratories Limited

Heathrow Garden City, Hemel Hempstead, Herts AL7 1EY

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Uncomplicating hypertension

Trandate offers a unique means of controlling hypertension by combining the benefits of both beta-blockade and peripheral vasodilatation in just one drug. Suitable for all grades of hypertension, control can usually be achieved with Trandate alone simply by increasing the dose.

With a low incidence of side effects, Trandate provides simple and logical therapy avoiding the complexities of multi-drug regimens or fixed-dose combination products. Trandate uncomplicates hypertension for both doctor and patient.

Trandate
labetalol hydrochloride

Dual action, singular efficacy.
When efficacy is the need and safety the concern

No need now to sacrifice efficacy for safety because Eumovate fulfils the need for a corticosteroid preparation with greater topical activity than hydrocortisone, yet with a wide margin of safety.

Eumovate
(clobetasone butyrate)
a unique balance of efficacy and safety
Becotide
(beclomethasone dipropionate BP)

Controls the inflammatory processes in more severe asthma

Restores the response to bronchodilators

Avoids the side effects associated with systemic steroids

Eliminates or greatly reduces the need for systemic steroids in steroid-dependent patients

Obviates physical disfigurement and stunting of growth in children

Available as metered-dose aerosol and Potasone with Potenezer.

Cross-section of bronchiol illustrates bronchospasm complicated by bronchial mucosal oedema and hypersecretion of mucus.

To support this claim of extraordinary activity (of Becotide), there are not only statistically valid comparisons but also numerous validated individual experiences. These include the impressive therapeutic results in patients with severe asthma not controllable with high daily doses of systemic steroids; the beneficial responses of those refractory to adrenergic agonists and unable to tolerate even suboptimal doses of theophylline; the suppression of asthma unresponsive to mediator-release inhibitors, such as cromolyn sodium; and, importantly, the high level of acceptance and compliance among people who do not comply with other standard therapeutic routines.

(Lancet. 1979, i, 932-933)