

Dolobid twice-a-day offers prolonged relief of pain.

Prescribing details ▼

Presentation. Peach-coloured, capsule-shaped, film-coated tablets, marked 'Dolobid,' containing 250 mg diflunisal.

Uses. 'Dolobid' is indicated for the relief of pain. 'Dolobid' has been found to be highly effective and generally well tolerated in: post-traumatic pain related to musculoskeletal sprains and strains; post-operative pain following orthopaedic surgery; post-episiotomy pain; pain in osteoarthritis; dental pain following dental surgery.

Dosage and administration. Dosage should be adjusted to the nature and intensity of the pain being treated and should be given twice a day.

Recommended dosage for acute short-term pain: An initial dose of 2 tablets (500 mg). Then 1 or 2 tablets twice daily as required.

Recommended dosage for chronic recurring pain: An initial dose of 2 tablets (500 mg). Then 1 tablet twice daily with a maximum of 750 mg daily. The majority of patients respond to and can be maintained on the recommended dose of 1 tablet twice daily. The highest dose studied in man is 1,000 mg daily.

Contra-indications. Hypersensitivity to the drug.

In patients who have previously experienced acute asthmatic attacks precipitated by aspirin or non-steroidal anti-inflammatory agents.

The drug should not be administered to patients with active gastro-intestinal bleeding.

The use of 'Dolobid' should be avoided in patients with active peptic ulcer.

Precautions. 'Dolobid' should be used with caution in patients having a history of gastro-intestinal haemorrhage or ulcer.

Use with caution in patients receiving anticoagulant therapy since concomitant administration may prolong the prothrombin time.

Co-administration of aluminium hydroxide suspension significantly decreases the absorption of 'Dolobid' by approximately 40%.

The dosage of 'Dolobid' may need to be reduced in patients with renal functional impairment since the major route of excretion is via the kidney.

No evidence of renal toxicity has been seen at therapeutic dose levels in man. In rats and dogs, high oral doses of diflunisal (50 to 200 mg/kg/day), as with aspirin, produced similar pathological changes (gastro-intestinal ulceration and renal papillary oedema). These dosages are approximately 3 to 12 times the maximum dosages recommended in man.

Transient elevations of bilirubin and other routine liver function tests have occurred rarely. The clinical significance of these transient elevations has not been determined.

Since paediatric indications and dosage have not yet been established, 'Dolobid' should not be given to children.

'Dolobid' should not be given to pregnant women since the safety for this use has not been established. Nursing mothers should not take 'Dolobid,' or should stop nursing.

Side effects. 'Dolobid' is generally well tolerated. Those side effects experienced are usually mild, the most common being related to the upper gastro-intestinal tract.

Digestive system: gastric pain, dyspepsia, nausea, and vomiting are among the gastro-intestinal symptoms reported. Gastric ulcer has been seen during long-term therapy, although a definite causal relationship could not be established.

Central nervous system: vertigo and somnolence have been reported infrequently.

Skin: pruritus and rash have been reported rarely. Cross-sensitivity with aspirin was suspected in two patients.

Package quantities: 'Dolobid' 250 mg tablets are supplied in packs of 50 at a basic NHS cost of £4.10. Each pack contains five blister strips of 10 tablets.

References

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Full prescribing information is available to the medical profession on request.



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competent teacher, and that if it was not being appropriately exploited it was more the fault of the teacher than the medium itself.

Finally he concluded that the value of close circuit television as a method of observing behaviour could not be over-emphasized.

PAUL GROB

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OBITUARY

G. T. Robertson, MBE, JP, MRCP

DR George Robertson, who was in general practice in Alness and Invergordon in Ross-shire, died on 29 August 1978 aged 62 years.

George Taylor Robertson was born in Cullen, educated at Fordyce Academy, and graduated from the University of Aberdeen in 1938. He served in the RAMC from 1940 to 1946 in North Africa and Italy, being mentioned in despatches. After demobilization he acted as house physician in Aberdeen Royal Infirmary before succeeding his brother-in-law in practice in Alness, Ross-shire in 1947. For many years he worked single-handed in general practice, and at the County Hospital, Invergordon. Over the last decade, with the advent of industry to Easter Ross, he master-minded the growth of the medical services required by the growing population, when his practice increased to six partners. During this time he developed a keen interest in industrial medicine.

He was not only an excellent clinician, but also a kindly and sympathetic friend who was willing to accept any burden for the welfare of his patients. These and many other excellent qualities were reinforced by a quiet but pawky sense of humour. A devout man, he was an elder of his kirk for over 20 years, and took an active interest in all local affairs: he was Chairman of the local Community Association, a Justice of the Peace, and former Captain of the Alness Golf Club.

He was also greatly interested in all matters connected with his profession. He was a past Chairman of the Ross and Cromarty division of the British Medical Association, a past Provost of the North of Scotland Faculty of the Royal College of General Practitioners, and served on many other committees.

It was fitting that after a lifetime of service to his community and profession he should have been made an MBE and elected FRCGP.

He is survived by his wife, Bunty, and two sons and a daughter. The elder son has followed his father into the profession.

B. S. HUTCHISON