

# The Kelman<sup>TM</sup> Quadraflex<sup>TM</sup> anterior chamber lens from CILCO<sup>TM</sup>.



The Kelman<sup>TM</sup> Quadraflex<sup>TM</sup> anterior chamber lens is designed by Charles D. Kelman, M.D. and is lathe cut in a single piece from Perspex<sup>®</sup> CO polymethylmethacrylate.

Diameter of the optic is 5.0 mm. The full range of diopter powers is available. Width of the superior footplate is 5.0 mm. Width of the inferior footplate is 6.0 mm. Sizes (overall diagonal length) range from 11.5 mm to 13.5 mm in 0.5 mm increments.

Videotape on implantation of the Kelman Quadraflex lens is available for loan from CILCO's United Kingdom office. Write or telephone for further information.

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\*Patented

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● **Unique mode of action**

A Wellcome discovery, ZOVIRAX is the first antiherpes agent that is activated to any significant extent only when the herpes simplex virus is present. ZOVIRAX is converted to a monophosphate form by a herpes-specific thymidine kinase enzyme. This starts a chain of events resulting in the active compound, the triphosphate form, which inhibits viral replication. In chemically signalling its presence the virus thus seals its own fate.

● **Highly effective with rapid action**

In clinical studies ZOVIRAX has been shown to be superior to idoxuridine.<sup>1</sup> In the trial, healing time was quicker with ZOVIRAX.

Antiviral activity has been well demonstrated in *in vitro* studies. ZOVIRAX "... was found to be between 5 and 10 times more active than cytarabine, idoxuridine and trifluorothymidine, and more than 100 times more active than vidarabine."<sup>2</sup>

● **Greater selectivity**

Because of its unique mode of action, ZOVIRAX can be regarded as an ultra-selective agent. Once "bioactivated" it has a 10 to 30-fold greater affinity for viral DNA polymerase than for cellular polymerase. In tissue culture experiments it was 3,000 times more active against the herpes simplex virus than it was against the host cell<sup>3</sup>

● **Low toxicity in normal cells**

Because of its ultra-selectivity, ZOVIRAX has extremely low toxicity. A report on this selectivity describes ZOVIRAX as "... a new class of antiviral agent that has extremely low toxicity for normal cells while having an inhibitory activity against HSV which is greater than that of any hitherto known compound."<sup>3</sup>

● **An agent of promise**

Wellcome take particular pride in introducing ZOVIRAX, a preparation which we believe heralds a new era in antiviral chemotherapy.

1. Collum, L M T et al *Brit. J. Ophthalmol.*, (1980), **64**, 766 2. *J. Antimicrob. Chemother.*, (1979), **5**, 431 3. *Proc Natl Acad Sci USA*, (1977), **74**/12, 5716

**PRESCRIBING INFORMATION** **Presentation** Acyclovir 3 per cent w/w in a white soft paraffin base. **Uses** Treatment of herpes simplex keratitis. **Dosage and administration** A 1 cm ribbon of ointment should be placed inside the lower conjunctival sac five times a day at approximately four-hourly intervals. Treatment should continue for at least 3 days after healing is complete. **Contra-indications** Patients with a known hypersensitivity to acyclovir. **Warnings and adverse effects** For ophthalmic use only. Transient mild stinging immediately following administration occurs in a small proportion of patients. Superficial punctate keratopathy has been reported but has not resulted in patients being withdrawn from therapy, and healing has occurred without apparent sequelae. (PL 3/0150)

Further information is available on request. Wellcome Medical Division, The Wellcome Foundation Ltd., Crewe, Cheshire

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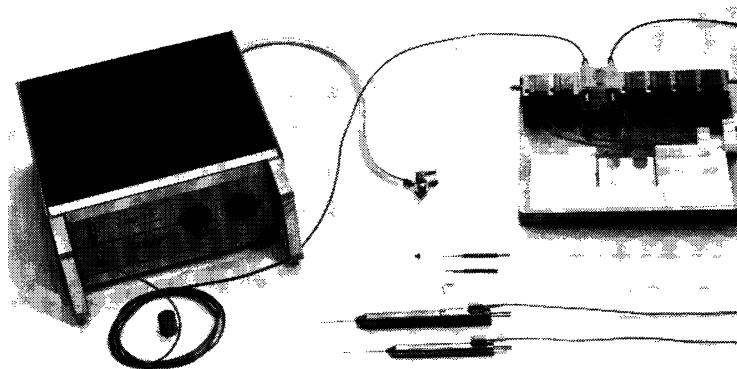
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\*Merrill, D.L., Fleming, T.C. and Girard, L.J. Amer.J.Ophth. 49:895-903, No. 5, Part 1, May '60

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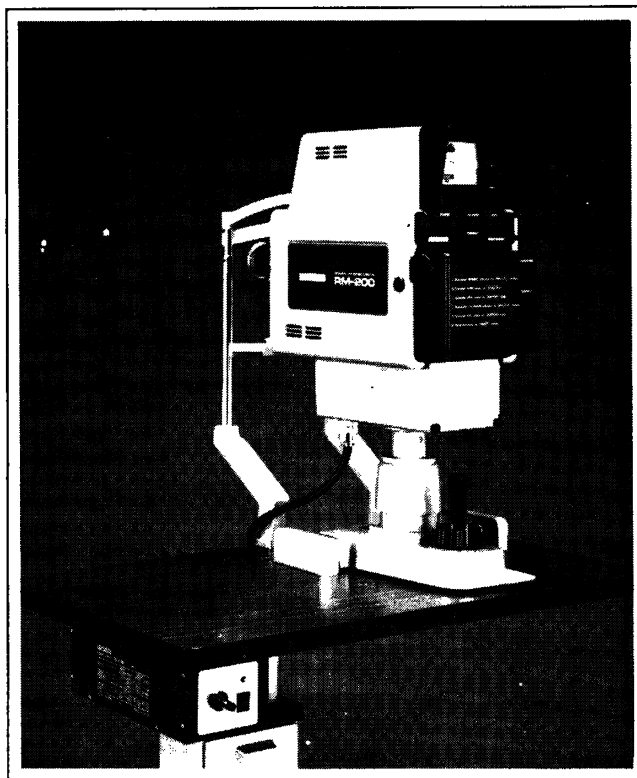
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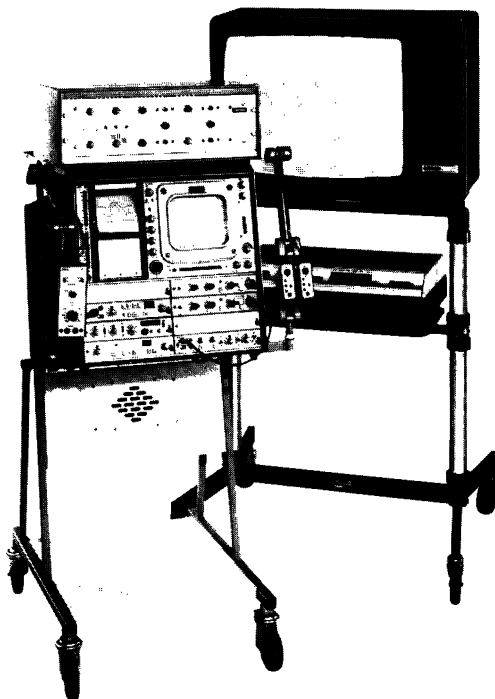
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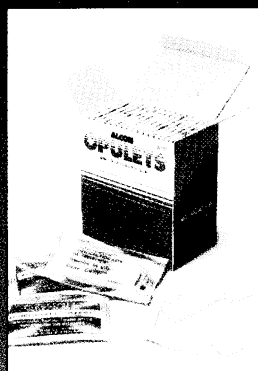


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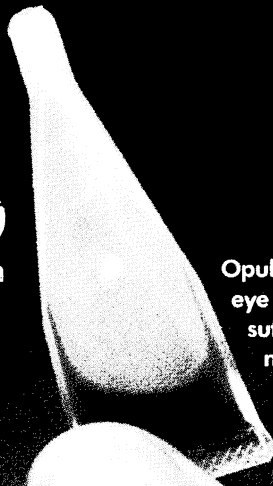
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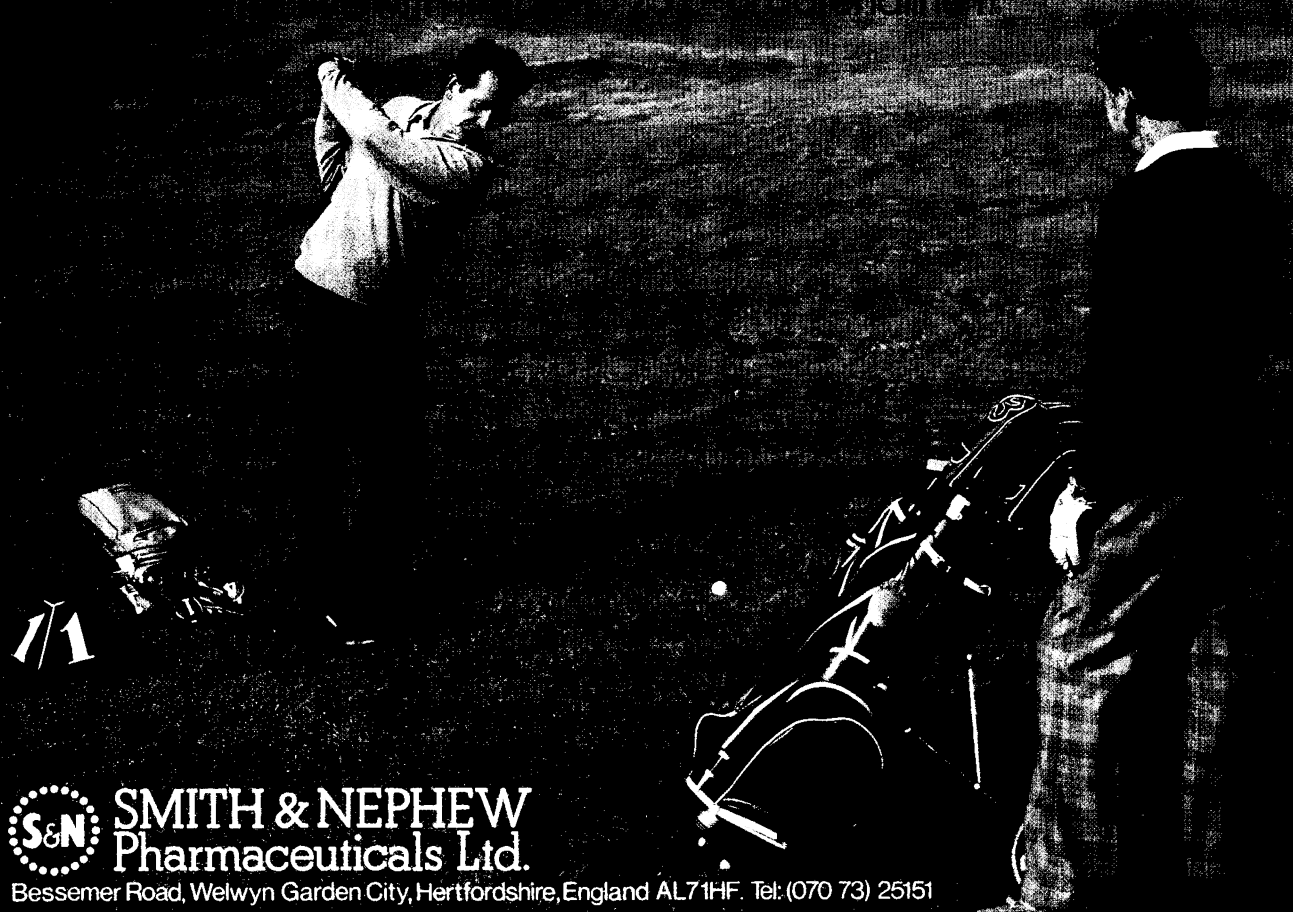
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**DOSAGE AND ADMINISTRATION** *Adults:* One drop to be instilled into the eye once or twice daily or at the discretion of the physician.  
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**References** 1 Romano J., Nagasubramanian S., and Poinosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttate Adrenaline 1% (Simplane 1%) and with Pilocarpine 1% (Sno-Pilo 1%). *British Journal of Ophthalmology* in press.  
2 Mills K. B. Personal communication. 3 Urner-Bloch U., Aeschlimann J. E., and Gloor B. P. (1980) Treatment of Chronic Simple Glaucoma with an Adrenaline/Guanethidine Combination at Three Different Dosages (Comparative Double-Blind Study) *Albrecht v. Graefes Arch. klin. exp. Ophthalm.* 213, 175-185.

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#### References:

1. Havener, W. H.: Ocular Pharmacology, St. Louis, C. V. Mosby Co., p. 290-1, 294, 1966.
2. Linn, M. T. and Jones, L. T.: Rate of Lacrimal Excretion of Ophthalmic Vehicles, Amer. J. Ophthal. 65:76, 1968.



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Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64: 43-5.

### Eumovate Eye Drops

(clobetasone butyrate)

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(clobetasone butyrate and neomycin)

### A new standard of safety in ophthalmology

#### Prescribing information

##### Indications

Eumovate Eye Drops are indicated for the treatment of non-infected inflammatory conditions of the eye. Eumovate-N Eye Drops are indicated for inflammatory conditions of the eye where secondary bacterial infection is likely to occur.

##### Dosage and administration

The usual dosage is one to two drops four times a day; for severe inflammatory conditions one or two drops should be instilled into the eye every one or two hours until control is achieved, when the frequency may be reduced.

##### Contra-indications

Viral, fungal, tuberculous or purulent conditions of the eye, hypersensitivity to any component of the preparation. Use is contra-indicated if glaucoma is present. Eumovate Drops and Eumovate-N Drops contain benzalkonium chloride as a preservative and therefore should not be used to treat patients who wear soft contact lenses.

##### Precautions

Although Eumovate Eye Drops have been shown to have little effect on intra-ocular pressure in most patients, those receiving long term treatment should have their intra-ocular pressure monitored frequently.

Cataract is reported to have occurred after unduly prolonged treatment with some topical corticosteroids and in those diseases which cause thinning of the cornea, perforation has been known to occur.

In general, topical steroids should not be used extensively in pregnancy, i.e., in large amounts or for prolonged periods.

##### Side effects

Rises in intra-ocular pressure have been reported in susceptible patients but these are generally much less than with other corticosteroid eye preparations, including hydrocortisone.

##### Product licence numbers

Eumovate Drops 4/0260

Eumovate-N Drops 4/0276

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Eumovate Eye Drops	5ml	1-80
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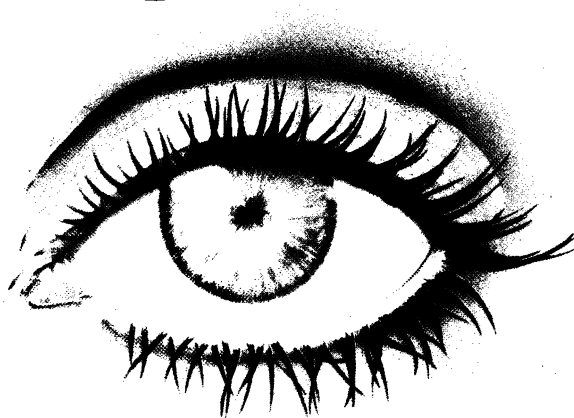
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**Alcon Laboratories (U.K.) Limited** Imperial Way Watford Hertfordshire, England WD2 4YR. Tears Naturale is for the treatment of dry eye syndromes associated with deficient tear secretion or deficient mucous.

**Dosage and administration:** Tears Naturale is a clear colourless sterile solution containing Dextran70 USP 0.1% and Hydroxypropyl Methylcellulose (Hypromellose) 0.3% preserved with Benzalkonium Chloride 0.01% and Disodium Edetate 0.05%. The normal dose is one to two drops into the eye(s) as frequently as required to relieve eye irritation symptoms.

**Contra-Indications:** Known hypersensitivity to Benzalkonium Chloride. This product should not be used when soft contact lenses are being worn. Basic NHS cost £1.60 P.L. 0649/0031. Full prescribing information available on request.

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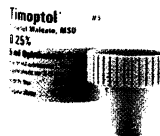
'Timoptol' is presented in a special Ocumeter<sup>®</sup> Dispenser which delivers a metered sterile dose.

One drop of 'Timoptol' twice daily gives day long control of glaucoma without the miotic problems of pilocarpine, helping glaucoma patients to view life in a dramatically different light.

#### References:

1. *Proceedings of the International Symposium on glaucoma XXIII International Congress of Ophthalmology*, Kyoto, Japan, May 12, 1978, p.41. 2. *ibid.*, p.29. 3. Doig, W.M. *Res & Clin Forums.*, 1980, 2(1), p.167.

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# Ophthalmic Solution **Timoptol**<sup>®</sup> The bright one Timolol maleate, MSD

## INDICATIONS

Ophthalmic Solution 'Timoptol' (timolol maleate, MSD) is a non-selective beta-adrenoreceptor blocking agent used typically in the reduction of elevated intra-ocular pressure in various conditions including the following: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients; patients with secondary glaucoma.

## DOSAGE AND ADMINISTRATION

Recommended therapy is one drop 0.25% solution in the affected eye twice a day.

If clinical response is not adequate, dosage may be changed to one drop 0.5% solution in each affected eye twice a day. If needed, 'Timoptol' may be used with miotics, adrenaline or systemically-administered carbonic anhydrase inhibitors.

Intra-ocular pressure should be reassessed approximately four weeks after starting treatment because response to 'Timoptol' may take a few weeks to stabilise.

Provided that the intra-ocular pressure is maintained at satisfactory levels many patients can then be placed on once-a-day therapy. However, because of naturally occurring diurnal variations in intra-ocular pressure, satisfactory response is best determined by measuring the intra-ocular pressure at different times during the day.

## Transfer from other agents

When only a single antiglaucoma agent is being used, continue the agent and add one drop of 0.25% 'Timoptol' in each affected eye twice a day. On the following day, discontinue the previous agent completely, and continue with 'Timoptol'. If a higher dosage of 'Timoptol' is required, substitute one drop of 0.5% solution in each affected eye twice a day.

When several antiglaucoma agents are being used, the patient should be assessed individually. It may be possible to discontinue some or all the other agents; adjustments should be made to one agent at a time.

Clinical trials have shown the addition of 'Timoptol' to be useful in patients who respond inadequately to maximum antiglaucoma drug therapy.

## CONTRA-INDICATION

Hypersensitivity to Ophthalmic Solution 'Timoptol'.

## PRECAUTIONS

Like other topically applied ophthalmic drugs, 'Timoptol' may be absorbed systemically.

'Timoptol' should be used with caution in patients with known contra-indications to systemic use of beta-adrenoreceptor blocking agents. These include bronchospastic disease, sinus bradycardia and greater than first degree heart block, cardiogenic shock, and cardiac failure. Patients with a history of severe cardiac disease should have their pulse rates checked.

Patients who are already on an oral beta-adrenergic blocking agent should be observed for a potential additive effect on either intra-ocular pressure or the known systemic effects of beta-blockade when given 'Timoptol'.

Although 'Timoptol' alone has little or no effect on pupil size, mydriasis has occasionally been reported when 'Timoptol' is given with adrenaline.

'Timoptol' has been generally well tolerated in glaucoma patients wearing conventional hard contact lenses; studies have not been conducted with patients wearing soft contact lenses.

There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoreceptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy involving beta-blockade should be gradual.

## Use in pregnancy

'Timoptol' has not been studied in human pregnancy. The use of Ophthalmic Solution 'Timoptol' requires that the anticipated benefit be weighed against possible hazards.

## Use in children

Since clinical studies in children have not been conducted, 'Timoptol' is not currently recommended for use in children.

## SIDE EFFECTS

'Timoptol' is usually well tolerated.

Signs and symptoms of ocular irritation, including conjunctivitis, blepharitis, and keratitis have been reported occasionally. Visual disturbances including refractory changes (due to withdrawal of miotic therapy in some cases) have been reported infrequently.

Hypersensitivity reactions, including localised and generalised rash, and urticaria, have been reported rarely.

Aggravation or precipitation of certain cardiovascular and pulmonary disorders has been reported, presumably related to the effects of beta-blockade (see 'Precautions'). These include bradyarrhythmia, hypotension, syncope, and bronchospasm (predominantly in patients with pre-existing bronchospastic disease). In clinical trials, slight reduction of the resting heart rate in some patients (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed.

The following adverse effects have been reported rarely, and a causal relationship to 'Timoptol' has not been established: aphakic cystoid macular oedema, headache, anorexia, dyspepsia, nausea, dizziness, CNS effects (fatigue, confusion, depression, somnolence, and anxiety), palpitation, and hypertension.

## PRESENTATION

Clear, colourless to light yellow, sterile eye drops, available as 0.25% and 0.5% w/v solution of timolol maleate. Each is presented in a special metered-dose Ocumeter<sup>®</sup> Dispenser containing 5 ml Ophthalmic Solution 'Timoptol'.

The United Kingdom NHS basic cost is:

£4.71 for 5 ml 0.25% Ophthalmic Solution 'Timoptol' £5.29 for 5 ml 0.5% Ophthalmic Solution 'Timoptol'

Product licence numbers:

0.25% Ophthalmic Solution, 0025/0134 0.5% Ophthalmic Solution, 0025/0135

Product authorisation numbers:

0.25% Ophthalmic Solution, 35/53/2 0.5% Ophthalmic Solution, 35/53/3

Agents in the Republic of Ireland: Cahill May Roberts, P.O. Box 1090, Chapelizod, Dublin 20

Additional information is available to the medical profession on request.

Issued September 1981

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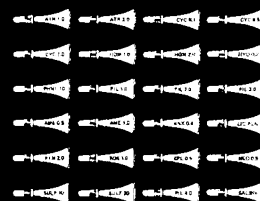
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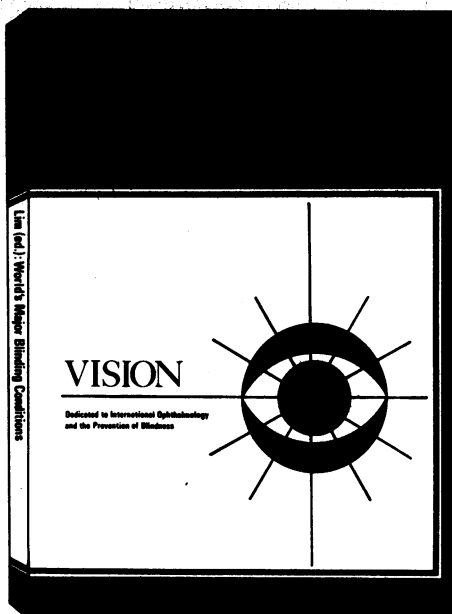
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## International Agency for the Prevention of Blindness

VISION is being published by the IAPB, a central multi-disciplinary non-governmental organisation officially linked with the WHO for the purpose of co-ordinating international action and mobilising interest and funding on world prevention of blindness.

It was formed in 1975 by the International Federation of Ophthalmic Societies and the World Council for the Welfare of the Blind in response to an appeal for such an organisation.

## World Blindness

More than 40 million people in the world today are blind. The lamentable fact is that for most of them, their loss of sight could have been prevented.

At the WHO meeting of 1981, it was estimated that if no organised global preventative steps are taken, this number will escalate to 100 million by the year 2000.

## Asian Foundation for the Prevention of Blindness

The Asian Foundation for the Prevention of Blindness was set up in February this year.

Its long term aim is to break the link between blindness and population growth by concentrating on three diseases which cause most of the blindness in Asia — cataract, xerophthalmia (blinding malnutrition) and (blinding infections) corneal ulcers and trachoma.

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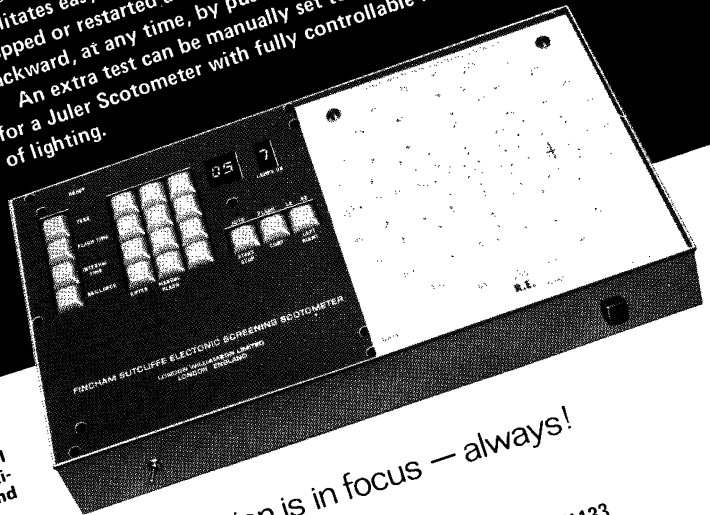
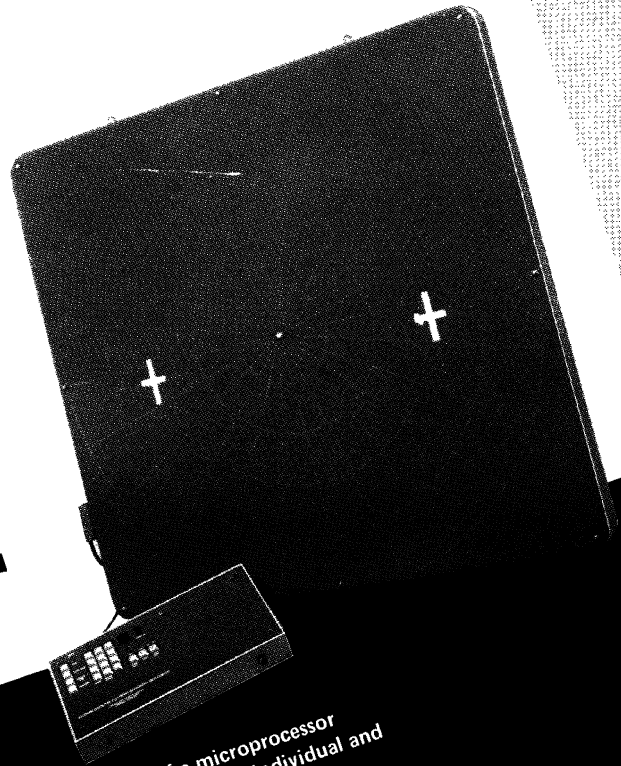
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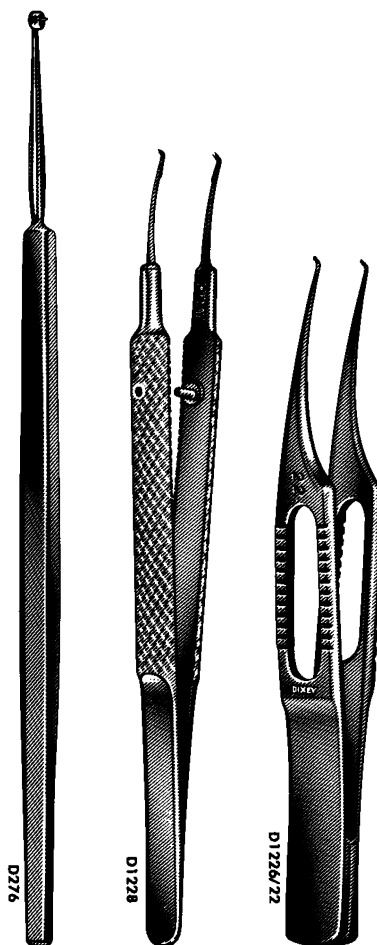
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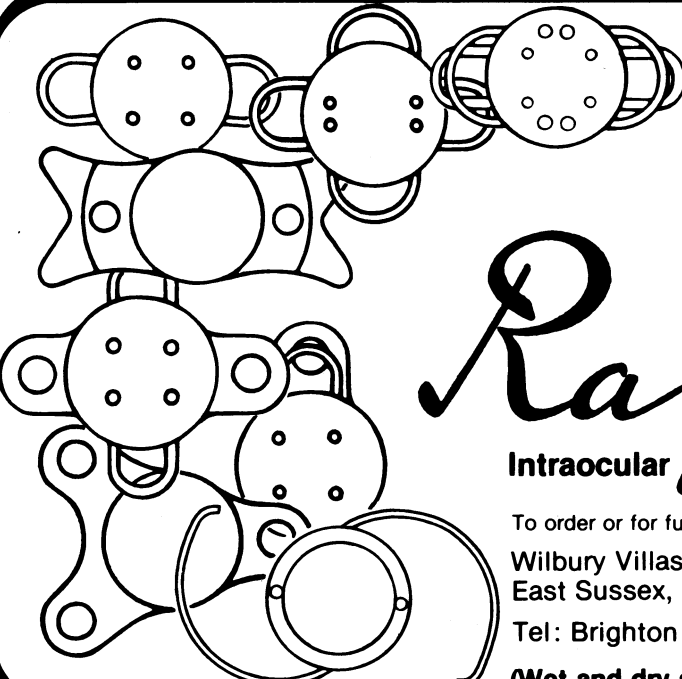
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