**PRODUCT NEWS**

**FLOMIST**

In keeping with Cipla Medpro’s mission to become the leader in the field of Respiratory and Allergy medication we are proud to announce the addition of the tried and trusted fluticasone molecule to our anti-allergy range.

This first generic fluticasone nasal spray comes in the form of Flomist at a price substantially less than the originator.

Flomist will be available in a 120 dose / 50 µg spray and provides another molecule in our endeavours to assist in overcoming the ‘idiosyncratic response’ and leaving prescribers with the greatest choice.

Budeflam Aquanase and Beclate Aquanase and the addition of Allecet provide the complete solution to your allergy problems.

With this addition we have made ‘another mark in the Allergy Zone’, now leaving you with the widest asthma and allergy choice for you and your patients.

THE CHOICE IS YOURS!

For further information please contact Anton Fourie at 021-914-0520

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**XYZAL® SETS NEW STANDARDS IN PERSISTENT ALLERGIC RHINITIS**

Long-term treatment with the once-daily antihistamine Xyzal® (levocetirizine) provides sustained symptomatic relief and improved quality of life, and lowers the cost of lost productivity due to persistent allergic rhinitis (PER).

Results from the Xyzal® in Persistent Rhinitis Trial (XPERT™), published in the *Journal of Allergy and Clinical Immunology*, confirm that Xyzal® is setting new standards for the management of PER. XPERT™ is the first long-term clinical trial of an antihistamine in PER and follows the reclassification of allergic rhinitis by the Allergic Rhinitis and its Impact on Asthma (ARIA) group in collaboration with the World Health Organisation, in 2001.

“These results show physicians and patients that levocetirizine can control the symptoms of persistent allergic rhinitis so that they do not have to impact significantly on everyday life, whether that is at home, or in the workplace,” says Professor Claus Bachert, lead author of the paper.

The study demonstrated that daily treatment with levocetirizine 5 mg offers the following improvements over placebo:

- Reduction of PER symptoms by 48%
- Improvement of quality of life by 48%
- Cuts absenteeism from work by 60%
- Lowers the overall costs associated with the burden of PER by 33%

In XPERT™, 551 patients with PER were treated with once-daily levocetirizine 5 mg or placebo for six months. Significant improvement in the majority of symptoms was seen within a week of starting levocetirizine, and even the hardest to treat symptom, nasal congestion, was brought under control during the study. Clinically meaningful improvement in health-related quality of life (HROQoL) compared with placebo was achieved after four weeks of treatment, and maintained throughout the six month study. Patients taking levocetirizine also had fewer episodes of asthma and chest infection than those in the placebo group, and needed less time off work.

Using a costing model based on the French healthcare system which reviews medication costs, additional physician visit costs and costs of productivity loss at work, it was calculated that the disease burden in terms of overall costs due to PER was reduced by 33%.

‘Whilst the specific cost savings determined may vary between countries, it seems likely that effective therapy of persistent rhinitis will produce monetary benefits for society,’ concluded Professor Bachert.

For further information please contact Louise Rabie on 011-481-3000.

**REFERENCES**


IgE testing in persistent cough

IgE testing is helpful for GPs in determining those young children with persistent cough who will and will not develop asthma at age of 6 years. Cough is the main complaint in at least 13% of general practice consultations for children from birth to 4 years of age. Clinical parameters alone cannot identify the subgroup of children for whom the risk of developing asthma is high, and therefore if a special investigation could be found to have a high predictive effect, this would be of great benefit to the clinician.

A study in The Netherlands of 752 children visiting 72 GPs, found that IgE testing was helpful for GPs in determining those young children with persistent cough who will and will not develop asthma at age of 6 years.

The aim of the study was to investigate the diagnostic added value of allergen-specific IgE measurements to predict development of asthma at the age of 6 in young children with persistent cough. A structured questionnaire and a blood sample at inclusion were used to construct a simple scoring formula including age at inclusion (3-4 years), wheezing, and family history of pollen allergy. A follow-up examination with lung function tests and questionnaires was performed at the age of 6 years.

Serum total IgE and specific IgE for cat, dog, and house-dust mites were determined. The children with an IgE-positive status were matched to those with a negative status defined by age, sex, region (rural versus urban) and IgE antibody testing, and using the baseline criteria the researchers could categorise the children into 16 groups. The range of predictive values for asthma development in these groups increased from 6-75% to 1-95% when IgE antibody testing was included. Almost 13% of the group (all less than 4 years of age) had an IgE-positive status for cat, dog, and/or house-dust mites. In 3-year-old wheezing children without family history of pollen allergy the probability of developing asthma at the age of 6 was 48.1%. After testing for allergen-specific IgE the children could be categorised into an IgE-positive group with high risk (88.1%) and an IgE-negative group with low risk (28.3%). The predictive values were below 5% in non-wheezing children with negative test results but increased to 20-50% if the tests were positive.

The study concluded that the assessment of specific IgE to inhalants may be helpful in determining those children with persistent cough (≥5 days) who will and who will not develop asthma at the age of 6 years. In particular, IgE testing was able to categorise children who wheeze into low- and high-risk groups.

REFERENCES:

MSD (Pty) Ltd is proud to announce the introduction of SINGULAIR 4 mg. Studies have shown that asthma in children under the age of six is on the increase worldwide. SINGULAIR 4 mg is the first asthma controller therapy, that is not a steroid, to be approved in South Africa for children as young as 2 years old. The FREEDOM to be a Child! References:

2. Data on File.

REFERENCES:
2. Data on File.

Reg. No: 35/10.2.2/0397, SINGULAIR 4 mg
REFERENCES


SCHEDULING STATUS: S3 Inflammide® 200 Novolizer® Powder for inhalation COMPOSITION: Each metered dose (110.9 mg powder) contains 200 µg budesonide. Exipients: lactose monohydrate. PHARMACOLOGICAL CLASSIFICATION: A 21.5.1 Corticosteroids and analogues. THERAPEUTIC INDICATIONS Prophylaxis of the symptoms of asthma. DOSAGE AND DIRECTIONS FOR USE: Adults and children over 12 years of age: 1 powder inhalation (200 µg) twice daily. Maximum daily dosage of up to 1600 µg/day (8 powder inhalations). Twice daily administration is necessary to be adequate in stable asthmatics. Maintenance dose: the maintenance dosage should be individualised and should be the lowest possible dose. Administer before meals. Rinsing of the mouth after inhalation is recommended. INFLAMMIDE 200 NOVOLIZER should be administered regularly according to the recommended dosing schedule and is intended for long-term therapy. Instructions for use: refer to package insert. CONTRA-INDICATIONS: Tuberculosis of the lungs and other acute infections of the airways. Hypersensitivity to budesonide or lactose. Moderate to severe bronchial asthma. The safety and efficacy in children under the age of six years have not been established PREGNANCY AND LACTATION: Safety in pregnancy and lactation has not been established. SIDE-EFFECTS: Paradoxical bronchoconstriction, irritation in the throat and hoarseness may occur. Candidiasis or other opportunistic infections of the mouth and throat may occur. Thrush occurs less often when an inhalation is performed before meals and or when the mouth is rinsed after inhalation. Adrenal insufficiency, headache and nausea have been reported. Skin reactions (urticaria, rash, dermatitis etc.) may occur. Psychiatric symptoms such as nervousness, restlessness and depression have been observed with budesonide. Pulmonary infiltrates with eosinophilia have also been reported. On prolonged administration of doses at the upper dose range, side effects of hyperadrenocorticism can occur. Transfer of patients from oral corticosteroid therapy to INFLAMMIDE 200 NOVOLIZER may unmask conditions, which were previously suppressed e.g. allergic rhinitis, allergic asthma or rhinitis. Suitable medicines should be co-administered to treat these symptoms. SPECIAL PRECAUTIONS: The INFLAMMIDE 200 NOVOLIZER is not indicated for treatment of acute dyspepsia or status asthmaticus. If respiratory infections occur, adequate antibacterial therapy should be promptly instituted and systemic corticosteroids may have to be considered. Patients should also be made aware of the prophylactic nature of therapy with steroids and that INFLAMMIDE 200 NOVOLIZER should be taken regularly even when they are asymptomatic. Adrenal suppression and other systemic side-effects may occur. In such patients precautions should be taken to provide systemic steroid cover in situations of prolonged stress e.g. surgery or severe infections. Treatment with inhaled steroids should not be stopped abruptly. In hypothyroidism, acetylsalicylic acid (aspirin) should be used cautiously in conjunction with corticosteroids. For patients who are also receiving systemic corticosteroid therapy: The transfer of patients from systemic corticosteroids to treatment with INFLAMMIDE 200 NOVOLIZER demands special care mainly due to the slow recovery rate of the hypothalamic-pituitary-adrenal (HPA) function caused by the long-term use of oral corticosteroids. When transferring a patient from systemic corticosteroid therapy to inhaled corticosteroid therapy, the patient’s asthma condition should be stable. When initiating the transfer, the patient should add the inhaled corticosteroid to their existing systemic therapy. After a week to 10 days of concurrent therapy, the systemic agent should be withdrawn gradually by reducing the daily or alternate-daily dose. The oral dose is reduced to the lowest level, which in combination with INFLAMMIDE 200 NOVOLIZER, gives a stable respiratory capacity. In many cases it may eventually be possible to withdraw the oral steroid completely and maintain the patient on the INFLAMMIDE 200 NOVOLIZER treatment only but in other cases the patient may have to be maintained on a low oral steroid dose. Some patients may experience tachypnea during the withdrawal of oral steroids and to a decreased steroid effect. The length of time needed for the body to regain its natural production of corticosteroids in sufficient amounts is often extensive. Thus during periods of stress or in the case of emergencies e.g. severe infections, injuries and surgical operations it may be necessary to give the patient an additional oral steroid dose. Acute exacerbations, accompanied by increased mucous viscosity and coughing may require complementary treatment with an oral corticosteroid. REGISTRATION NUMBERS: 37/21.5.1/0343 DETAILS OF THE PRODUCT: BOEHRINGER INGELHEIM LAUNCHES INFLAMMIDE® 200 NOVOLIZER® The prevalence of asthma is continuing to rise throughout the world and South Africa. Guidelines for the management of chronic asthma in adults - 2000 update. S Afr Med J 2000; 90: 540-562. It is now well recognised that improvement in asthma control; patients cannot co-ordinate on activation and inspiratory flow that it is virtually impossible to use incorrectly, thus optimising dosing. The Inflammide® 200 Novolizer® was 19.9% The product will be available in 2 forms: • The Inflammide® 200 Novolizer® Complete which contains the Novolizer device and a cartridge. • The Inflammide® 200 Novolizer® refill which contains the cartridge only. In line with the Montreal Protocol manufacturers are compelled to switch their asthma inhalers, which contain CFC propellants, to more environmentally friendly products by December 2005. The Inflammide® 200 Novolizer® is a multidose dry powder inhaler (MDPI) and does not contain any propellants, making it not only patient-friendly but environmental friendly too. The Inflammide® 200 Novolizer® offers substantial advantages over metered dose inhalers making it an ideal replacement product for patients using budesonide MDIs. For further information please contact Greg Zurnamer (Inflammide® 200 Novolizer® product manager) at 011-886-1075 or e-mail: zurnamer@jnb.boehringer-ingelheim.com © 2005, Allergy & Clinical Immunology, August 2005 Vol 18, No.3

PRODUCT NEWS

BOEHRINGER INGELHEIM LAUNCHES THE NEW INFLAMMIDE® 200 NOVOLIZER® The ideal inhaler. 5 way that it is virtually impossible to use incorrectly, inhaled, thus optimising dosing. budesonide administered via the Novolizer® was 19.9% In healthy volunteers the median lung deposition of Inflammide® 200 Novolizer® is designed in such a way that it is virtually impossible to use incorrectly, closely meeting the characteristics sought in an ‘ideal’ inhaler. The Inflammide® 200 Novolizer® is breath actuated and can only be successfully activated once the threshold PIFR of 35-50 litres/min is generated. At this level the complete dose is delivered to the patient. The Novolizer® has a triple feedback that tells the patient when each dose has been successfully inhaled, thus optimising dosing. In healthy volunteers the median lung deposition of budesonide administered via the Novolizer® was 19.9% -32.1% at mean PIFR of 45 - 90 litres/min. The Inflammide® 200 Novolizer® contains 200 µg of budesonide per inhalation in a 200-dose cartridge. The product will be available in 2 forms: • The Inflammide® 200 Novolizer® Complete which contains the Novolizer device and a cartridge. • The Inflammide® 200 Novolizer® refill which contains the cartridge only. In line with the Montreal Protocol manufacturers are compelled to switch their asthma inhalers, which contain CFC propellants, to more environmentally friendly products by December 2005. The Inflammide® 200 Novolizer® is a multidose dry powder inhaler (MDPI) and does not contain any propellants, making it not only patient-friendly but environmental friendly too. The Inflammide® 200 Novolizer® offers substantial advantages over metered dose inhalers making it an ideal replacement product for patients using budesonide MDIs. For further information please contact Greg Zurnamer (Inflammide® 200 Novolizer® product manager) at 011-886-1075 or e-mail: zurnamer@jnb.boehringer-ingelheim.com © 2005, Allergy & Clinical Immunology, August 2005 Vol 18, No.3

PRODUCT NEWS

BOEHRINGER INGELHEIM LAUNCHES THE NEW INFLAMMIDE® 200 NOVOLIZER® The prevalence of asthma is continuing to rise throughout the world and South Africa. Guidelines for the management of chronic asthma in adults - 2000 update. S Afr Med J 2000; 90: 540-562. It is now well recognised that improvement in drug delivery will continue to be paramount in improving asthma management.5 Boehringer Ingelheim has launched the new Inflammide® 200 Novolizer® This product combines the proven efficacy of Inflammide® 200 with the innovative technology of the Novolizer® delivery system. The Inflammide® 200 Novolizer® is designed in such a way that it is virtually impossible to use incorrectly, closely meeting the characteristics sought in an ‘ideal’ inhaler. The Inflammide® 200 Novolizer® is breath actuated and can only be successfully activated once the threshold PIFR of 35-50 litres/min is generated. At this level the complete dose is delivered to the patient. The Novolizer® has a triple feedback that tells the patient when each dose has been successfully inhaled, thus optimising dosing. In healthy volunteers the median lung deposition of budesonide administered via the Novolizer® was 19.9% -32.1% at mean PIFR of 45 - 90 litres/min.4 The Inflammide® 200 Novolizer® contains 200 µg of budesonide per inhalation in a 200-dose cartridge. The product will be available in 2 forms: • The Inflammide® 200 Novolizer® Complete which contains the Novolizer device and a cartridge. • The Inflammide® 200 Novolizer® refill which contains the cartridge only. In line with the Montreal Protocol manufacturers are compelled to switch their asthma inhalers, which contain CFC propellants, to more environmentally friendly products by December 2005. The Inflammide® 200 Novolizer® is a multidose dry powder inhaler (MDPI) and does not contain any propellants, making it not only patient-friendly but environmental friendly too. The Inflammide® 200 Novolizer® offers substantial advantages over metered dose inhalers making it an ideal replacement product for patients using budesonide MDIs. For further information please contact Greg Zurnamer (Inflammide® 200 Novolizer® product manager) at 011-886-1075 or e-mail: zurnamer@jnb.boehringer-ingelheim.com © 2005, Allergy & Clinical Immunology, August 2005 Vol 18, No.3
ALLERGIES: FIGHT BACK WITH THE MOST POWERFUL VACUUM CLEANER IN SOUTH AFRICA!!!

When it comes to coping with asthma or allergies, most experts say that an ounce of prevention is worth a pound of cure. That means getting rid of allergens. Allergens like house dust, pollen grains, dust mites and their dirty droppings, and saliva-coated cat hair. Allergens are the reason your eyes itch, your nose runs and why you sniffle and sneeze with hay fever. What’s more, they can trigger asthma attacks.

You can now fight back with Miele’s Ultra Performance – 2100 vacuum cleaner and enjoy true power where it counts. Boasting an output that equals that of 2100 W, its unique triscopic suction tube adjusts from 55.5 cm to 111.5 cm making it ideal for short and tall people. The Ultra Performance’s powerful suction lifts allergens off floors, carpets and even finer fabrics like mattress covers and pillows. What’s more those microscopic particles can’t escape the vacuum’s absolutely airtight hose couplings and motor compartment or its four-component filtration system. So it can pick up more tiny particles and hold on to them, never letting them escape in the exhaust stream. You’ll notice a difference, everything looks cleaner and smells fresher … because it is like a breeze of fresh air!

The four components and stages of the Miele anti-allergy filtration system are:

• New IntensiveClean dust bag with triple layer of random-spun fibre ensures optimum filtration and improved suction power.
• A changeable motor filter which protects the motor from sharp objects (e.g. pins, nails, staples) which might have penetrated the dust bag.
• The Active S-Class filter cassette traps 99.99% of particles as small as 0.3 microns. This filter is powerful enough to remove bacteria, pollen, dust-mite droppings and viruses from the expelled air.
• Miele’s unique dust-bag system and airtight body has earned Miele the accolade of the world’s first HEPA certified vacuum cleaner.

NEW CONCEPT STUDY PROVES SERETIDE® STABLE DOSING IS A SUPERIOR TREATMENT STRATEGY FOR ASTHMA CONTROL VERSUS COMPARATOR

The CONCEPT (CONtrol CEntred Patient Treatment) study revealed that stable dosing of Seretide 50/250 µg bid resulted in significantly greater increases in symptom-free days, days free of rescue medication, and morning PEF, as well as almost halving the exacerbation rate, compared with AMD (Adjustable Maintenance Dosing) of FOR/BUD (formoterol/budesonide) 6/200 µg.

The intent-to-treat population comprised 688 patients (344 per treatment arm) with a mean age of 45 years and a mean baseline forced expiratory volume in 1 second 81% of the predicted normal value. After 4 weeks’ stable dosing, 581 patients (295 SAL/FP, 286 FOR/BUD) continued beyond visit 3 into the remaining 48-week treatment period.

The primary endpoint of CONCEPT was symptom-free days. Results of the year-long study showed that overall, patients treated with Seretide stable dosing (SD) experienced significantly more symptom-free days compared with patients treated with FOR/BUD adjustable maintenance dosing (59% compared to 52%; p=0.034). This equates, on average, to 24 more symptom-free days per year for Seretide SD patients. In addition, when the period where treatment strategies varied was examined (weeks 5-52), this difference increased to 74% compared to 65% (p=0.023) in favour of Seretide SD, which equates, on average, to 32 more symptom-free days per year.

The incidence of asthma exacerbations requiring oral steroids or an ED visit/hospitalisation was 47% lower with Seretide compared with FOR/BUD (adjusted annual mean rate, 0.18 vs 0.33; P = 0.008).

“The benefits of symptom eradication are clear. The CONCEPT study has once again proved that total control of asthma is now possible and it is the responsibility of every person living with asthma to speak to their doctor about to them, never letting them escape in the exhaust stream. You’ll notice a difference, everything looks cleaner and smells fresher … because it is like a breeze of fresh air!”

Seretide stable dosing is a more effective treatment strategy compared with AMD.

Rationale for the study
CONCEPT evaluated whether stable dosing with Seretide is more effective in preventing symptoms and reducing exacerbations than adjustable maintenance dosing (AMD) with formoterol/budesonide.

With stable dosing a patient takes the same treatment dose every day. With adjustable maintenance dosing the dose is increased or decreased as asthma symptoms fluctuate, also known as symptom-driven dosing.

Current asthma management guidelines state that the aim of treatment should be to achieve and maintain control of the disease and those patients requiring preventative treatments should take regular daily doses, with periodic reviews by the physician.

Prior to CONCEPT no long-term, randomised, double-blind controlled studies comparing stable dosing and adjustable maintenance dosing with these treatments had been performed.

Background
The landmark GOAL (Gaining Optimal Asthma Control) study recently showed that with appropriate treatment, a high proportion of patients were capable of attaining sustained asthma control (total or well controlled), suggesting that there is considerable scope for improving asthma treatment and management.

For more information please visit www.gsk.com or contact: Dr Alan Barrett, Medical Advisor, GlaxoSmithKline, tel 011-745-6000; email: alan.l.barrett@gsk.com.
Breastmilk is the best way to prevent allergies; however, if breastfeeding is not possible, NAN HA is the allergy prevention solution. NAN HA is a partially hydrolysed, 100% whey protein infant formula. Partial hydrolysis of cow’s milk protein significantly reduces the allergic response to intact proteins without developing high quantities of bitter-tasting peptides and free amino acids that are found in extensively hydrolysed formulae (eHF), thus producing a pleasant-tasting hypoallergenic product that has retained its nutritional qualities.

More than 20 studies using families with a history of allergies have proven the short- and long-term efficacy of NAN HA in reducing allergic manifestations during infancy. In one study, NAN HA demonstrated an 80% reduction in both a specific reaction to cow’s milk protein and in the first allergic reaction during the intervention period of 6 months.1 In another study, infants fed on NAN HA showed a 90% reduction in first allergic manifestations up to the age of 6 compared with those fed either cow’s milk formula or soy formula.2 The GINI study showed no statistical difference in the number of atopic manifestations between NAN HA and casein-based eHF.3

NAN HA has a higher residual allergenicity than eHFs (although this rarely induces sensitisation in predisposed individuals) and is therefore able to induce oral tolerance, i.e. the lack of allergic reaction to an allergen ingested orally.4 In contrast, eHFs have almost no residual allergens and therefore do not provoke an allergic reaction, but nor do they induce oral tolerance. As cow’s milk plays a major role in providing calcium and it is a source of high biological value protein, early induction of oral tolerance to cow’s milk protein should be a major aim in all infants. NAN HA complies with the international standards for regular infant formula and has shown excellent growth rates in infants. Its nutrient composition (protein content, hydrolysed protein, low phosphate, high lactose) is designed to foster bifidogenicity, and the maltodextrin content keeps the osmolarity low, thus avoiding osmotic diarrhoea.

Given its degree of sophistication, NAN HA is the most economical allergy prevention formula. NAN HA 1 is indicated for infants from birth to 6 months with or without a family history of atopic disease. NAN HA 2 is the natural follow-up formula from NAN HA 1, which helps to delay the introduction of cow’s milk in the atopic infant’s diet, from 6 months onwards.

REFERENCES
2. Chandra RK. Five-year follow-up of high-risk infants with a family history of allergy who were exclusively breastfed or fed partial hydrolysate, soy, and conventional cow’s milk formulae. J Pediatr Gastroenterol Nutr 1997; 24: 385-388.

Contact the Nestlé Consumer Services Line on 0860 09 6789
www.nnia.co.za
NASONEX IS NOW INDICATED FROM THE AGE OF 2 YEARS!

Nasonex Aqueous Nasal Spray is indicated for use in adults, adolescents and children between the ages of 2 and 11 years to treat the symptoms of seasonal allergic or perennial allergic rhinitis.

In patients who have a history of moderate to severe symptoms of seasonal allergic rhinitis, prophylactic treatment with Nasonex Aqueous Nasal Spray is recommended prior to the anticipated start of the pollen season.

**Dosage and directions for use**

**Adults and adolescents:** The usual recommended dose for prophylaxis and treatment is two sprays (50 µg/spray) into each nostril once daily (total dose 200 µg). Once symptoms are controlled, dose reduction to one spray into each nostril (total dose 100 µg) may be effective in some patients for maintenance.

**Children between the ages of 2 and 11 years:** The usual recommended dose is one spray (50 µg/spray) in each nostril once daily (total dose 100 µg).

For more information contact Spurgeon Steyn, Schering-Plough (Pty) Ltd, 011-922-3300.