Wherever gout strikes Zyloric protects.

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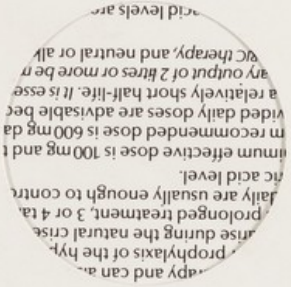
Zyloric
- protects against recurring acute attack of gout
- protects the kidney from urate nephropathy
- protects against the formation of urate stones

because it limits the formation of uric acid in the body.

Zyloric
the radical treatment for gout



Collection of bark for medicinal purposes: Bark among the Cherokees was always taken from the east or sunny side of the tree. Roots and branches running towards the east were also used since this side was thought to absorb more of the sun's power.
(Folklore of the American Indians)

Zyloric

Prescribing Information

Indications

Gout, both primary and secondary; secondary hyperuricaemia due to diseases in which nucleoprotein catabolism is excessive (acute, and chronic leukaemia, polycythaemia vera, multiple myeloma, etc.) and in the prophylaxis of urate nephropathy during intensive treatment of neoplastic conditions with radiotherapy or antineoplastic drugs when rapid destruction of tissue masses may occur. ZYLORIC* is especially indicated in unusually severe or tophaceous gout, in gouty nephropathy, and where there is history, presence or risk of urinary urate stone formation.

Dosage and Administration

ZYLORIC is administered orally. In mild or moderate conditions 2 to 4 tablets (200 to 400 mg) daily should be given, in divided doses. In severe conditions up to 6 tablets daily may be required.

During the early stages of ZYLORIC therapy it is advisable to administer one of those drugs used for treating the acute attack, e.g. colchicine or phenylbutazone. When ZYLORIC is used to replace uricosuric agents the precipitation of gouty attacks may be avoided if the uricosuric agent is withdrawn gradually over a period of about one month after the establishment of treatment with ZYLORIC at ordinary dosage. Combined therapy is not contraindicated, however, and for certain patients may offer optimum control of serum uric acid levels. Salicylates do not interfere with the action of ZYLORIC and may be given concomitantly.

For the prevention of uric acid nephropathy secondary to excessive nucleoprotein catabolism in neoplastic disease, treatment with ZYLORIC should, whenever possible, be given for 2 or 3 days *before* X-irradiation or antineoplastic therapy in a dosage of 2 tablets three times daily for an adult. ZYLORIC treatment can be maintained during antineoplastic therapy and can also be continued indefinitely for prophylaxis of the hyperuricaemia which may arise during the natural crises of the disease. In prolonged treatment, 3 or 4 tablets of ZYLORIC daily are usually enough to control the serum uric acid level.

The minimum effective dose is 100 mg and the maximum recommended dose is 600 mg daily. Equal divided daily doses are advisable because the drug has a relatively short half-life. *It is essential that a daily urinary output of 2 litres or more be maintained during ZYLORIC therapy,* and neutral or alkaline urine is desirable.

Normal serum uric acid levels are usually achieved in one to three weeks: thereafter the daily dosage should be adjusted according to the severity of the disease. The upper limit of normal for men and post-menopausal women is about 6 mg per 100 ml. and for pre-menopausal women about 5 mg per 100 ml. Too much reliance should not be placed on single estimations of serum uric acid: for technical reasons results are not always precise.

Precautions and Contra-indications

As with uricosuric agents, acute gouty attacks may be precipitated at the start of treatment with ZYLORIC in new patients, and these may continue even after serum uric acid levels begin to fall. As stated previously administration of colchicine or phenylbutazone is advisable, particularly in new patients and in those where the previous attack rate has been high.

When PURI-NETHOL* (6-mercaptopurine) is given concomitantly with ZYLORIC, only one quarter of the usual dosage of PURI-NETHOL should be given.

Iron salts should not be given simultaneously with ZYLORIC.

Extensive reproductive studies using large doses of ZYLORIC in several species of animals have shown no adverse effects. So far there has been no clinical experience of the use of the drug in pregnancy.

Side-effects

In therapeutic dosage in man ZYLORIC is a drug of low toxicity. Diarrhoea and intermittent abdominal pain, skin rashes and mild fever, have been reported occasionally. Symptoms suggesting drug idiosyncrasy, characterised by fever, chills, leucopenia, skin rash, pruritus, nausea and vomiting, have been reported in two cases. Hepatomegaly and jaundice have been noted in two patients, one of whom showed purpura and a skin rash; and abnormal liver enzyme levels have been detected in several cases.

The changes reverted to normal when all medication was stopped and their significance is not yet entirely clear.

Although xanthine stone formation is recognised as a potential risk of ZYLORIC therapy, it has so far not been reported in the treatment of gout. Several instances have been reported in patients with the Lesch-Nyhan syndrome, a rare inborn metabolic disease where there is gross over-production of purines.

Presentation

ZYLORIC Allopurinol, 100 mg scored white tablets.

Basic cost to N.H.S.: £2·00 for 100 tablets.

Additional information is available on request.

Wellcome

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