

Giving toddlers a head start in life



Giving children the best start in life begins with a whole lot of love, care and the right nutrition.

Isomil® 3 Advance Plus™ contains a blend of nutrients specifically designed to support brain development.¹

The importance of long-chain polyunsaturated fatty acids, arachidonic acid (ARA) and docosahexaenoic acid (DHA), on central nervous system development has now been recognised.^{1,2,3}

Isomil® 3 Advance Plus™ is the first soy-based follow-on formula for toddlers to contain essential fatty acids, found naturally in breast milk.^{1,3} In addition, this scientifically supported formula is nutritionally complete, providing toddlers from the age of one year with the required amounts of high quality protein, carbohydrates, vitamins and minerals.⁴

You've trusted Isomil® up to now...

Now recommend **Isomil® 3 Advance Plus™** keep toddlers ahead!

**Isomil® 3
Advance Plus™**

Ready, steady, Advance!



UCB • ALLSA RESEARCH AWARD

THE ALLERGY SOCIETY OF SOUTH AFRICA
ONCE AGAIN TAKES GREAT PLEASURE IN
INVITING APPLICATIONS FOR THE

UCB – ALLSA RESEARCH AWARD

R25 000 will be made available in 2010. The purpose of the award is to support local research into allergic conditions of Southern Africa. Preference will be given to supporting non-established researchers demonstrating research potential.

*Closing date for application
31 May 2010*

*Application details can be obtained from the ALLSA office
Please visit the ALLSA Website at www.allergysa.org/awards to submit
your electronic application*

*Please note that only electronic submissions from fully
paid-up ALLSA members will be processed*

ALLSA NATIONAL OFFICE

P.O. Box 88
Observatory
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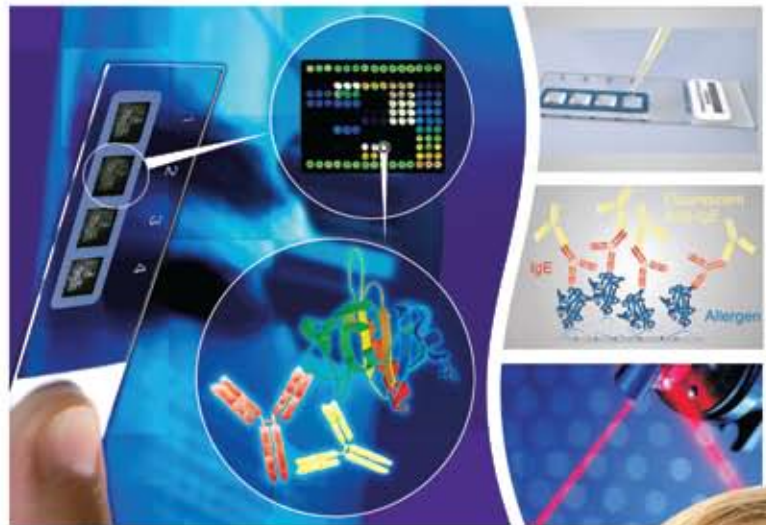
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The tool for the future in allergy diagnostics



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Your
allergic rhinitis
treatment
options just got
a whole lot
bigger.

introducing
NeXomist
MOMETASONE FUROATE 50 µg

You have been using mometasone for the treatment of allergic rhinitis and with features like **lowest systemic bioavailability**¹, significant **relief within 12 hours**², **most lipophilic molecule**¹, **high affinity for glucocorticoid receptor** and **safety in children from two years**, we understand why. That is why we are now making this molecule available to all your patients at a **25%** reduction in cost. Now everyone can experience the relief mometasone brings.

Supported by clinical and safety data.

Your **NeXt**
allergic rhinitis script:
R_x NeXomist

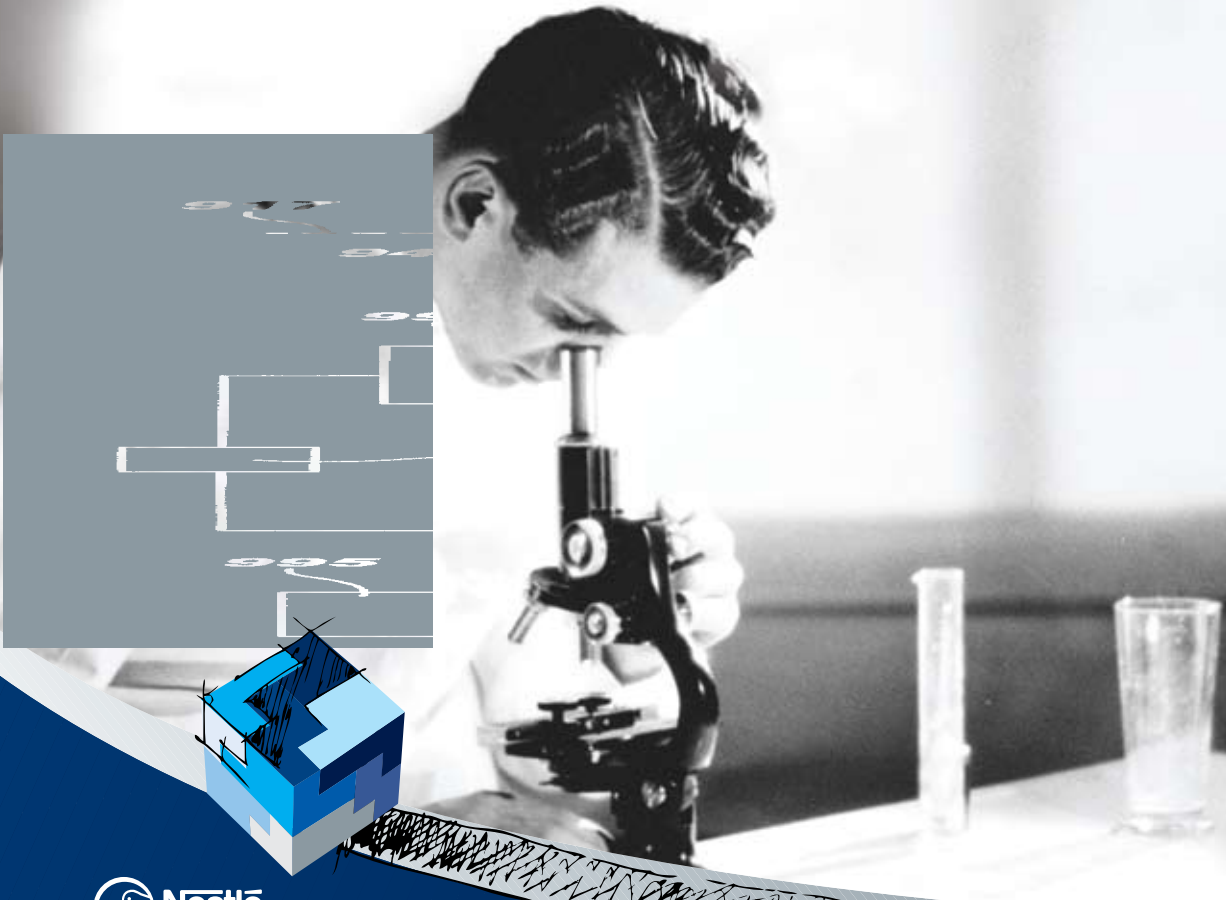
REFERENECES:

1. Derendorf H, et al. "Molecular and clinical pharmacology of intranasal corticosteroids: clinical and therapeutic implications." Allergy 2008; 63:1292-1300.
2. Berkowitz RB, et al. "Onset of action of mometasone furoate nasal spray in seasonal allergic rhinitis." Allergy 1999; 54:64-69.



Reg. No.: A38/21.5.1/0341

It's more than a well-nourished baby. At Nestlé, it's a calling 143 years in the making.



Enhancing the quality of life

Since the groundbreaking start of Nestlé almost 143 years ago, our vision has been clear - to pioneer, promote and develop the science behind caring. This commitment manifests itself in a range of formulae that is scientifically formulated to give little ones the best possible starts - from healthy infants that cannot breastfeed to preventing allergy or treating severe malabsorption.

HEALTHY INFANTS

Immune Protection			Gut comfort & Satiety		Allergy Prevention		Allergy Treatment

SPECIAL NEEDS

Onset	Acute	Chronic	Increase safety	Regurgitation	Lactose Intolerance	Premature or Low Birthweight	

INFORMATION FOR HEALTHCARE PROFESSIONALS ONLY

Important Notice: The World Health Organisation (WHO*) has recommended that pregnant women and new mothers be informed of the benefits and superiority of breastfeeding – in particular the fact that it provides the best nutrition and protection from illness for babies. Mothers should be given guidance on the preparation for, and maintenance of, lactation, with special emphasis on the importance of a well-balanced diet both during and after delivery. Unnecessary introduction of partial bottle-feeding or other foods and drinks should be discouraged since it will have a negative effect on breastfeeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breastfeed. Before advising a mother to use an infant formula, she should be advised of the social and financial implications of her decision; for example, if a baby is exclusively bottle-fed, more than one can (400 g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast-milk is not only the best, but also the most economical food for babies. If a decision to use an infant formula is taken, it is important to give instructions on correct preparation methods, emphasising that unboiled water, unsterilized bottles or incorrect dilution can all lead to illness. *See: International Code of Marketing of Breast Milk Substitutes, adopted by the World Health Assembly in Resolution WHA 34.22, May 1981

For more information please contact Nestlé Consumer Services on 086 009 6789/4-27 11 889 6789 or write to us at Nestlé (South Africa) (Pty) Ltd, PO Box 50616, Randburg 2125, South Africa. Registered User. Website: www.nnia.org

GlaxoSmithKline

2010

ASTHMA AND ALLERGIC RHINITIS RESEARCH GRANTS

*The GlaxoSmithKline Research Fund
has been made available to
The Allergy Society of South Africa
by GlaxoSmithKline
for the purpose of promoting research in the
field of asthma and allergic rhinitis.*

Each Research Grant will be a maximum of R50 000

The GlaxoSmithKline Research Grant is tenable at any recognised local University or research institution approved by the Selection Committee.

Medical Graduates of Southern African medical schools or graduates who have been domiciled in South Africa for a minimum of three years, who are registered with the Health Professions Council and are members of the Allergy Society of South Africa will be eligible to apply for the GlaxoSmithKline Research Grants.

Applications will be considered for research projects relating to asthma and allergic rhinitis, whether basic or applied; however conventional drug trials will not be acceptable.

***Closing date for application
31 May 2010***

Application details can be obtained from the ALLSA office
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PRODUCT NEWS

NEW DESIGN FOR SYMBICORD

AstraZeneca is proud to introduce a new design for Symbicord boxes and packaging. The purpose of the packaging change is to standardise the colours and design globally, so that wherever in the world you may be, the Symbicord packaging will look the same.

In line with these changes, we are also keeping these colours for our promotional and educational material, so that the design is standardised throughout. The new look is bold, positive, professional and modern, with an emphasis on clinically relevant and clear information. The approach is future-focused, to reflect the constant innovation and challenging of conventions that is the basis of our approach to medicine at AstraZeneca.

Please note that the ingredients and doses of Symbicord will remain the same.

In conjunction with the new look, AstraZeneca intends to introduce user-friendly educational and support material to assist and support people with asthma.

The new material is aimed at providing the busy physician and his/her patients with the tools that they need so that people with asthma can take responsibility for their own asthma control.

S 3 Symbicord® Turbuhaler® 80:4,5 µg/dose (Inhaler), Reg No. 35/21.5.1/0404. Each delivered dose contains as active constituents: Budesonide 80 micrograms and formoterol fumarate dihydrate 4,5 micrograms.



S 3 Symbicord® Turbuhaler® 160:4,5 µg/dose (Inhaler), Reg No. 35/21.5.1/0405. Each delivered dose contains as active constituents: 160 micrograms and formoterol fumarate dihydrate 4,5 micrograms.

S 3 Symbicord® Turbuhaler® 320:9 µg/dose (Inhaler), Reg No. 38/21.5.1/0187. Each delivered dose contains as active constituents: Budesonide 320 micrograms and formoterol fumarate dihydrate 9 micrograms.

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

AstraZeneca Pharmaceuticals (Pty) Limited, 5 Leeuwkop Road, Sunninghill, 2157, South Africa. Reg No. 92/05854/07. Tel: +27 11 797 6000. Fax: +27 11 797 6001. www.astrazeneca.co.za



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.¹ 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.²

Studies have shown improvements in symptom and activity scores from as early as day one, affirming the efficacy of SINGULAIR 4 mg in this age group.³ The current guidelines for treatment of asthma in children, as compiled by the Allergy Society of South Africa (ALLSA), call for the introduction of a leukotriene antagonist as a controller agent in this age group at step 2, after the use of short-acting reliever medication has proven to be inadequate in controlling asthma symptoms. In other words using leukotriene antagonist as a first line controller agent.⁴ At present, of the leukotriene receptor antagonists, only SINGULAIR is indicated for use in children under the age of 12.²

SINGULAIR 4 mg is indicated for the prophylactic treatment of mild to moderate asthma in the 2-5 year old age group. SINGULAIR 4 mg is presented in a 28-day pack and one tablet should be taken once daily at bedtime.² To date worldwide use is more than 2.2 million children in more than 90 countries. This puts SINGULAIR in the unique position of being the only controller therapy to be registered and indicated for asthmatic patients from 2 years old and up.²



The **FREEDOM** to be a **Child!**

REFERENCES:

- 1 Ehrlich, R. The Prevalence of Asthma in South Africa. *Current Allergy and Clinical Immunology* March 2002; Vol 15: 4-8.
- 2 Data on File.
- 3 Knorr B, Franchi LM, Bisgaard H, *et al.* Montelukast, a leukotriene receptor antagonist, for the treatment of persistent asthma in children aged 2 to 5 years. *Pediatrics* 2001;108(3):1-10.
- 4 Motala C, Kling S, Gie R, *et al.* Guideline for the management of Chronic Asthma in Children – 2000 Update. *SAMJ*. 2000; 90: 524-539.

MSD (Pty) Ltd (Reg. No. 1996/003791/07), Private Bag 3, Halfway House 1685.

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Reg. No: 35/10.2.2/0397, SINGULAIR 4 mg **S3**



MSD-ALLSA RESEARCH AWARD

**MSD and the Allergy Society
of South Africa
take pleasure in announcing
a new research award for 2010**

R50 000 will be made available for the
MSD-ALLSA Research Award in 2010.
The award will be granted for an asthma-related
project in Southern Africa.

***Closing date for application
31 May 2010***

Application details can be obtained from the ALLSA office

Please visit the ALLSA website at
www.allergysa.org/awards to submit your electronic application.

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PRODUCT NEWS

BOEHRINGER INGELHEIM LAUNCHES INFLANAZE® 100.

It is with great pleasure and excitement that Boehringer Ingelheim, a leader in respiratory care, announces the launch of **Inflanaze® 100**.

Allergic rhinitis is a highly prevalent chronic respiratory disease that impacts significantly on the quality of life of patients.¹ The prevalence of allergic rhinitis is rising with a huge indirect and direct economic burden.¹ In addition nearly 80 % of asthmatic patients have coexisting allergic rhinitis.² Topical corticosteroids are highly effective first-line treatment of allergic rhinitis.³ Budesonide is comparatively an effective corticosteroid which is well tolerated for all classifications of allergic rhinitis.⁴

Inflanaze® 100, 100µg budesonide per metered spray, provides another option for healthcare professionals to treat this common respiratory disease. **Inflanaze® 100** provides high dose budesonide for the allergic rhinitis patient and allows tapering down of medication to the lowest dose adequate to control symptoms.⁵ With its less number of sprays per day, the new 100 dosage allows for better patient compliance.¹ It is registered from the age of 6 years allowing for use in children.

Inflanaze® 50 and 100 possess a broad actuator making the administration of medication to children and patients who struggle to use nasal sprays easy and comfortable.

Inflanaze® 100 contains 200 doses, contains no alcohol and has potassium sorbate as its preservative.⁶

This product addition shows that Boehringer Ingelheim, with its wide range of medication for asthma and allergic rhinitis, is committed to optimising respiratory care.



References:

1. Yawn B. Comparison of Once-Daily Intranasal Corticosteroids for the Treatment of Allergic Rhinitis: Are they all the same? *Medscape General Medicine* 2006; 8(1): 23.
2. Grossman J. One Airway, One Disease. *Chest* 1997; 111(2)(Suppl): 11S-16S.
3. Van Cauwenberge P. Consensus Statement on the Treatment of Allergic Rhinitis. *Allergy* 2000; 55: 116-134.
4. Stanaland B. Once-Daily Budesonide Aqueous Nasal Spray for Allergic Rhinitis: A Review. *Clinical Therapeutics* 2004; Vol.26(4): 473492.
5. Inflanaze® 100 Package Insert.
6. Data on File

S3 Inflanaze® 50 Aqueous Nasal Spray. Each metered dose contains 50µg budesonide. Reg. No 32/21.5.1/0532

S3 Inflanaze® 100 Aqueous Nasal Spray. Each metered dose contains 100µg micronised budesonide. Reg. No. 41/21.5.1/0238

For full prescribing information refer to the package insert.

Applicant details: Ingelheim Pharmaceuticals (Pty) Ltd, 407 Pine Ave, Randburg. Tel: +27 (011) 348-2400.

Fax: +27 (011) 787-3766. Cpy Reg. No. 1966/008618/07.

BI Ref. No. 72/2009 (Mar 09).

NOPQ



ACCURATE ALLERGEN IDENTIFICATION NOW A REALITY

Labspec (Pty) Ltd is pleased to announce the launch of a national allergen-testing awareness campaign across South Africa, to let consumers and medical practitioners alike know that highly accurate, specific allergen identification is now within everyone's reach.

Being able to identify exactly which allergen elicits an allergic response within an individual, may result in more specific treatment, an accurate overview of any lifestyle changes that may need to be made in the affected individual, and ultimately, enhanced quality of life.

As a subsidiary of Phadia, the world leader in diagnostics, Labspec is committed to helping medical practitioners make accurate diagnoses and sound management decisions.

We at Labspec have also initiated a national print media campaign both to consumers and medical staff, and a dedicated sales force will highlight the benefits to paediatricians and general practitioners across the country.

Possibly the best part of requesting a Labspec allergen test, is the fact that the procedure is covered by most medical aids, thereby making the decision of whether to be tested or not, an easy one.

Please contact Labspec on 011-792-6790/1/2/3, or visit www.labspec.co.za.

Contact:

Charles Duff 011-792-6790/1/2/3
Maria Ramsay 082-410-6053
Angela Neveling 083-407-7654
Jacque Larsen 083-273-2604



A PHADIA COMPANY

PRODUCT NEWS

Introducing **NeXomist**

Healthcare professionals globally rely on mometasone for the treatment of allergic rhinitis. With characteristics such as lowest systemic bioavailability,¹ significant relief within 12 hours,² most lipophilic molecule,¹ high affinity for the glucocorticoid receptor and safety in children from 2 years of age, we understand why. Cipla is now offering this molecule to all your patients at a significant reduction in cost.

Available in 140 metered doses, **NeXomist** is supported by clinical efficacy and safety data. Now everyone can experience the relief mometasone brings.

Your next allergic rhinitis script – **NeXomist**.

For further information, please contact Cipla Respiratory Product Manager at 021 917 5620.

REFERENCES:

1. Derendorf H, *et al.* Molecular and clinical pharmacology of intranasal corticosteroids: clinical and therapeutic implications. *Allergy* 2008; 63: 1292-1300.
2. Berkowitz RB *et al.* Onset of action of mometasone furoate nasal spray in seasonal allergic rhinitis. *Allergy* 1999; 54: 64-69.



NEW WORLD, NEW RELIEF FOR NOSES AND EYES

Allergic rhinitis is a common condition that affects the airways, nose and eyes.¹ In a survey conducted to establish the burden of allergic rhinitis, 71% of people with the condition reported that they experience both nasal symptoms and ocular symptoms.¹ Many allergic rhinitis patients resort to polypharmacy to control their symptoms.¹ Allergic rhinitis has a significant impact on the patient's quality of life and on society in terms of socioeconomic and health care costs.^{1,2}

Avamys, from GlaxoSmithKline, is a new treatment for allergic rhinitis that delivers relief for both nasal and ocular symptoms.³⁻⁵ Ocular symptom relief is registered for patients from 12 years. New Avamys contains a single active, fluticasone furoate, a glucocorticoid with a novel molecular structure.⁶ Fluticasone furoate is characterised by its potent and selective glucocorticoid activity, rapid uptake, sustained pharmacological action, and enhanced binding affinity for the glucocorticoid receptor.² It has proven 24 hour efficacy in treating the nasal and ocular symptoms of allergic rhinitis in adults and adolescents.² New Avamys is registered for use in adults and children from 2 years.

The Avamys delivery system was designed with the patient in mind.² Its ergonomic design allows for improved handling and comfort during use, and the system delivers a consistent dose.² The fluticasone

furoate nasal spray itself has a favourable profile in terms of its sensory attributes, including reduced taste and scent, reduced dosing volume and fine consistent mist.²

The world of allergic rhinitis treatment will never be the same again.

1. Canonica GW. A survey of the burden of allergic rhinitis in Europe. *Allergy* 2007; 62(85): 17-25.
2. Berger WE, Godfrey JW, Slater AL. Intranasal corticosteroids: the development of a drug delivery device for fluticasone furoate as a potential step toward improved compliance. Submitted to Expert Opin Drug Deliv.
3. Fokkens WJ, Jogi R, Reinartz S, *et al.* Once daily fluticasone furoate nasal spray is effective in seasonal allergic rhinitis caused by grass pollen. *Allergy* 2007; 62: 1078-1084.
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5. Kaiser HB, Nacliero RM, Given J, *et al.* Fluticasone furoate spray; a single treatment option for the symptoms of seasonal allergic rhinitis. *J Allergy Clin Immunol* 2007; 119(6): 1430-1437.
6. Salter M, Biggadike K, Matthews JL, *et al.* Pharmacological properties of the enhanced-affinity glucocorticoid fluticasone furoate in vitro and in an in vivo model of respiratory inflammatory disease. *Am J Physiol Lung Cell Mol Physiol* 2007; 293: 660-667.

GlaxoSmithKline South Africa (Pty) Ltd, (co. reg. no.: 1948/030135/07), 57 Sloane Street, Bryanston 2021. Tel: +27 (0)11 745 6000. Fax +27 (0)11 745 7000.



PRODUCT NEWS

DUE TO ITS PERSISTENT RECEPTOR OCCUPANCY, XYZAL® REMAINS THE LAST WORD IN ALLERGY

Because antihistamines work by blocking the action of histamine, receptor occupancy is an accurate model to predict clinical effectiveness.¹ Compared to desloratadine and fexofenadine, Xyzal®, containing 5 mg levocetirizine 2HCL*, rapidly occupies a high proportion of histamine receptors resulting in a fast and sustained clinical response.^{1,2}

Thus, Xyzal® can be said to work faster at inhibiting the allergic response more effectively.³

Compared to other antihistamines, Xyzal® produced a potent, sustained and consistent blockade of histamine-induced reactions.³ Wheal and flare response decreased rapidly and was maximal at 4 hours,³ while complete inhibition was maintained throughout 12 hours. In this particular study Xyzal® was superior to the other treatments (placebo, fexofenadine, ebastine, mizolastine and loratadine), at most time points, throughout 24 hours.³

In a study against desloratadine, Xyzal® also achieved significantly lower pruritus scores from day 1 of treatment, while throughout the 4 week duration of the study, composite scores were markedly lower with Xyzal®.⁴

Further studies also showed that Xyzal® efficiently relieves the symptoms of persistent allergic rhinitis⁵ with symptoms such as nasal and ocular pruritus, sneezing and rhinorrhea improving as early as during the first week.⁶ In addition nasal congestion was improved from 3 months⁵ while Xyzal® was associated with reduced prevalence of co-morbidities, reduced absenteeism and improved quality of life.⁶

Xyzal® was also shown to control the symptoms of seasonal⁷ and perennial allergic rhinitis⁸ efficiently. In the case of perennial allergic rhinitis, relative improvement for major symptoms during the first week measured 86%⁸ while improvement in nasal congestion over 6 weeks was 83%.⁸

When compared to desloratadine, once more, Xyzal® provided more effective relief from nasal obstruction.⁷ Xyzal® was also found to have a similar safety profile in adults and children,^{8,9} compared to placebo. Additionally Xyzal® proved to be non-sedating⁹ and without measurable effect on psychomotor or cognitive performance.⁹

For full prescribing information refer to package insert

S2 Xyzal® 5 mg tablets. Each tablet contains 5 mg levocetirizine 2HCL. Reg. No: 36/5.7.1/0425.

AHN Pharma (Pty) Ltd. Reg. No.: 1957/003938/07. P.O. Box 31036, Braamfontein, 2017, South Africa. Tel. no.: (011) 239 6370

- Further information on S2 Xyzal®, Reg No. 36/5.7.1/0425, may be obtained from AHN Pharma (Pty) Ltd. Tel. no.: (011) 239 6370.

References: 1. Gillman S, Gillard M, Benedetti MS. The concept of receptor occupancy to predict clinical efficacy: A comparison of second generation H1 antihistamines. All Asthma Proc 2009; 30:1-00. DOI 10.2500/aap.2009.30.3226. 2. Gillard M, Benedetti MS, Chatelain P, et al. Histamine H1 receptor occupancy and pharmacodynamics of second generation H1-antihistamines. Inflamm Res 2005; 54:1-3. 3. Grant JA, Riethuisen J-M, Moolaert B, et al. A double-blind, randomized, single-dose, crossover comparison of levocetirizine with ebastine, fexofenadine, loratadine, mizolastine, and placebo: suppression of histamine-induced wheal-and-flare response during 24 hours in healthy male subjects. Ann Allergy Asthma Immunol 2002; 88:190-197. 4. Potter PC, Kapp A, Maurer M, et al. Comparison of the efficacy of levocetirizine 5 mg and desloratadine 5 mg in chronic idiopathic urticaria patients. Allergy 2008. DOI 10.1111/j.1398-9995.2008.01893.x. 5. Mullol J, Bachert C, Bousquet J. Management of persistent allergic rhinitis: evidence-based treatment with levocetirizine. Ther Clin Risk Management 2005; 1(4):265-271. 6. Bachert C, Bousquet J, Canonica W, et al. Levocetirizine improves quality of life and reduces costs in long-term management of persistent allergic rhinitis. J All Clin Immunol 2004; 114(4):838-844. 7. Day JH, Briscoe MP, Rafeiro E, et al. Comparative clinical efficacy, onset and duration of action of levocetirizine and desloratadine for symptoms of seasonal allergic rhinitis in subjects evaluated in the Environmental Exposure Unit (EEU). Int J Clin Pract 2004; 58(2):109-118. 8. Potter PC, on behalf of the Study Group. Levocetirizine is effective for symptom relief including nasal congestion in adolescent and adult (PAR) sensitized to house dust mites. Allergy 2003; 58:893-899. 9. Hindmarch I, Johnson S, Meadows R, et al. The acute and sub-chronic effects of levocetirizine, loratadine, promethazine and placebo on cognitive function, psychomotor performance, and wheal and flare. Curr Med Res Opin 2001; 17(4): 241-255.



The last word in allergy

MIELE LAUNCHES TOP-CLASS RANGE OF VACUUM CLEANERS

A fact of modern life is the increase in allergies, with more and more adults and children suffering from asthma, rhinitis and hay fever. Allergies are made worse by household pets, and dust mites in carpets, mattresses and soft furnishings. In response to the growing need for appliances that can help alleviate the problems suffered by allergy sufferers Miele have developed a number of features and accessories to ensure excellent levels of cleanliness in the home.



The S5281 MedicAir Vacuum Cleaner is supplied with all the features and accessories to meet the specific needs of allergy sufferers. The unit is equipped with an innovation that offers additional security and comfort; the Allergotec Sensor floorhead for visible hygienic cleanliness.

Miele offers a choice of three filters placed behind the motor. Because of the airtight design, any air leaving the vacuum cleaner only leaves via the final filter. The **Miele Super AirClean filter** removes nearly 94% of the particles as small as 0.3 µ and, for this reason is the most suitable for everyday households. The **Miele Active AirClean filter** incorporates the Super AirClean filter and is designed for customers who have to vacuum up items with unpleasant odours. A tight-fitting filter cassette with a rubber seal prevents any air escaping. The active charcoal component absorbs and neutralises odours. The **Miele**

Active HEPA filter solves the problems of allergy sufferers. The Active HEPA filter retains 99.5% of particles.

For the true pet lover – the S5261 in Capri Blue and S5361 in Tayberry Red are Miele's Cat & Dog range of vacuum cleaners. Stubborn pet hairs do not stand a chance with the Miele Cat & Dog's Turbo Brush. This special floorhead is driven by the suction of the cleaner and rotates evenly to pick up hair and dirt from most types of carpets, while the smooth running floor head SBD takes care of most hard floor surfaces. The Miele Cat & Dog vacuum cleaner is specially fitted with an ActiveAirClean filter. The activated charcoal filling ensures any smell arising from the contents of the dustbag is absorbed before it leaves the cleaner and that the exhausted air is always fresh too.



Miele

Anything else is a compromise

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www.miele.co.za, info@miele.co.za,

Share call: 0860 000 622,

Share fax: 0860 000 633.

PRODUCT NEWS

GIVING TODDLERS A HEAD START IN LIFE

Abbott, leaders in Science-Based Nutrition, are proud to announce the launch of Isomil 3 Advance Plus, the first soy-based follow-on formula to contain the essential long-chain polyunsaturated fatty acids, arachidonic acid (ARA) and docosahexaenoic acid (DHA).

The importance of DHA and ARA, naturally found in breast milk and added to infant formulas to support brain development, was recognised by the rapid accretion of these fatty acids in the infant brain.^{1,2} Reports of enhanced intellectual development in breastfed children and the recognition of the physiological importance of DHA in visual and neural systems, led to clinical trials that evaluated whether infant formulas supplemented with DHA and ARA would enhance visual and cognitive development.¹

Evidence for a beneficial effect of ARA plus DHA supplementation on central nervous system (CNS) development is strong.³ A randomised study evaluated visual and cognitive development in infants at 14 and 39 months of age and compared infants fed standard formula, formula supplemented with DHA or formula supplemented with DHA and ARA.¹ This study, with the longest follow-up period reported to date, showed that DHA and ARA supplementation support visual and cognitive development in infants from birth to children 39 months of age.¹

Isomil 3 Advance Plus is a milk- and lactose-free, soy-based formula that is specifically designed for children from 1 year of age who have IgE-mediated cow's milk allergy, are lactose intolerant or suffer from digestive symptoms such as gas, diarrhoea or regurgitation.⁴

In addition to the patented combination of DHA and ARA, Isomil 3 Advance Plus contains:

- Taurine and choline, which together with DHA and ARA are required for brain development.^{5,6}
- Soy protein isolate, equivalent to animal protein in quality and a rich source of nucleotides, required for normal immune development.⁷
- A vegetable oil blend that optimizes calcium and fat absorption and is associated with a lower incidence of gastrointestinal intolerance than infant formulas containing animal fats or palm olein oil.⁸ Stool characteristics of infants fed with this

unique vegetable oil blend closely resemble those of infants fed human milk.⁸

- Two sources of carbohydrate, which use two different digestive enzymes and two different non-competing absorptive pathways, thereby enhancing carbohydrate absorption.⁹



Isomil 3 Advance Plus is a nutritionally complete, follow-on soy formula for growing toddlers from 1 year of age. It has been tested in clinical trials and is the scientifically supported soy formula with the patented EYE.Q system of brain nutrients that support brain development.¹

Isomil 3 Advance Plus is competitively priced and is available at pharmacies, supermarkets and baby stores. For more information on Isomil 3 Advance Plus, please contact the brand manager, Yvonne MacLeod, at Abbott Nutrition, tel 011-858-2000.

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PIMECROLIMUS CREAM 1% IN ATOPIC DERMATITIS: A 6-MONTH, OPEN-LABEL TRIAL IN PAEDIATRIC PATIENTS

Pimecrolimus, a new, non-steroid, inflammatory-cytokine inhibitor, has been shown to prevent progression to flare in atopic dermatitis (AD) and to improve long-term disease control when applied as a 1% cream. In this 6-month, open-label, multinational study, 177 infants aged 3-23 months and 489 children aged 2-17 years, with mild to severe AD, were included. The study was designed to evaluate the efficacy and safety of pimecrolimus cream 1% used as a first-line treatment. Treatment consisted of an initial bid regimen, for as long as signs and symptoms of disease persisted; this was followed by treatment as required at the first signs and symptoms of AD. Emollients were allowed as per the physician's normal practice, and topical corticosteroids could be used to treat severe flares at the discretion of the physician. Efficacy was assessed by evaluations of pruritus, and total-body and facial Investigators' Global Assessment (IGA). Results from the first return visit (day 7) showed an improvement from baseline of ≥ 1 in total-body and facial IGA for infants (59.1% and 72.8% of patients, respectively) and children (59.3% and 62.2%, respectively). Pruritus was absent or mild in 67.8% and 65.4% of infants and children, respec-

tively. This level of improvement in the patient population was maintained throughout the 6-month study. Adverse events occurred in 75.7% of infants and 71.1% of children. Most adverse events were common childhood illnesses that would be expected in this population (e.g. nasopharyngitis (infants 22.0%, children 12.8%), upper respiratory tract infection (infants 18.6%, children 11.9%) and cough (infants 8.5%, children 10.1%)). Concerning pimecrolimus's local tolerability, application-site burning occurred in 2.3% of infants and 7.0% of children, and local pruritus occurred in 0.6% infants and 1.0% children. Application-site reactions were most frequently reported during the first 6 weeks of treatment and were mild to moderate in intensity. In conclusion, pimecrolimus cream 1% was effective in the treatment of the early signs and symptoms of AD (including pruritus) in infants and children, and demonstrated a good safety profile.

Reference available on request.

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