Give allergic noses relief for itchy eyes due to seasonal allergic conjunctivitis.

When seasonal allergies strike, it's not just the nose they ambush. The eyes are fair game, too. In fact, 8 out of 10 patients with allergic noses also suffer from itchy eyes due to seasonal allergic conjunctivitis. Stop the itch with ACULAR® Solution.

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The most frequently reported adverse events have been transient stinging and burning on instillation (approximately 40%). Not for use while wearing soft contact lenses.

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Sterile Ophthalmic Solution

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ACULAR®
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INDICATIONS AND USAGE
ACULAR® ophthalmic solution is indicated for the relief of ocular itching due to seasonal allergic conjunctivitis.

CONTRAINDICATIONS
ACULAR® ophthalmic solution is contraindicated in patients while wearing soft contact lenses and in patients with previously demonstrated hypersensitivity to any of the ingredients in the formulation.

WARNINGS
There is the potential for cross-sensitivity to acetyl salicylic acid, phenylacetic acid derivatives, and other nonsteroidal anti-inflammatory agents. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.

With some nonsteroidal anti-inflammatory drugs, there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. There have been reports that ocularly applied nonsteroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery.

PRECAUTIONS
General: It is recommended that ACULAR® ophthalmic solution be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

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Pregnancy: Pregnancy Category C. Reproduction studies have been performed in rabbits, using daily oral doses at 3.6 mg/kg (42.35 mg/m²) and in rats at 10 mg/kg (59 mg/m²) during organogenesis. Results of these studies did not reveal evidence of teratogenicity to the fetus. Oral doses of ketorolac tromethamine at 1.5 mg/kg (8.8 mg/m²), which was half of the human oral exposure, administered after gestation day 17 caused dystocia and higher pup mortality in rats. There are no adequate and well-controlled studies in pregnant women. Ketorolac tromethamine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Caution should be exercised when ACULAR® is administered to a nursing woman.

Pediatric Use: Safety and efficacy in children have not been established.

ADVERSE REACTIONS
In patients with allergic conjunctivitis, the most frequent adverse events reported with the use of ACULAR® ophthalmic solution have been transient stinging and burning on instillation. These events were reported by approximately 40% of patients treated with ACULAR® ophthalmic solution. In all development studies conducted, other adverse events reported during treatment with ACULAR® include ocular irritation (3%), allergic reactions (3%), superficial ocular infections (0.5%) and superficial keratitis (1%).

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990
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**Brontex**

**Side Effects**

**Lactic Acidosis**: Lactic acidosis may occur in patients with renal impairment who are dosed with high doses of codeine. Patients with renal impairment should be closely monitored for signs of acidosis.

**Overdosage**: The symptoms of overdose may include respiratory depression, somnolence, confusion, dizziness, slurred speech, coma, convulsions, and death. Treatment should include supportive care and symptomatic management. Administration of naloxone may be indicated if respiratory depression is present.

**Drug Interactions**: Codeine may increase the effect of other CNS depressants, including alcohol, sedatives, hypnotics, and other opioids. It may also interact with other medications that can cause drowsiness or sedation. Therefore, caution is advised in prescribing codeine to patients taking other medications that may have a sedative effect.

**Precautions**: Codeine should be used with caution in patients with a history of CNS depression, asthma, or hyperkalemia. It should be used with caution in patients with a history of drug dependence or addiction. It should also be used with caution in patients with a history of urinary retention, bowel obstruction, or glaucoma.

**Contraindications**: Codeine should be contraindicated in patients with a known hypersensitivity to codeine or any of its components. It should also be contraindicated in patients who are breastfeeding or pregnant.

**Warnings**: Codeine should be used with caution in patients with a history of CNS depression, asthma, or hyperkalemia. It should be used with caution in patients with a history of drug dependence or addiction. It should also be used with caution in patients with a history of urinary retention, bowel obstruction, or glaucoma.

**Dosage and Administration**: The recommended dosage of Brontex is 1 tablet every 4 hours, up to a maximum of 6 tablets per day.

**Interactions**: Codeine may interact with other CNS depressants, including alcohol, sedatives, hypnotics, and other opioids. It may also interact with other medications that can cause drowsiness or sedation. Therefore, caution is advised in prescribing codeine to patients taking other medications that may have a sedative effect.

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FROM THE PUBLISHER

How to Use Archives Journal Club

Archives Journal Club draws on the American Medical Association's vast network of editors, reviewers, and specialist physicians to identify the most important articles in the world literature relevant to the treatment of women patients—not only from the weekly JAMA and the AMA's nine primary-source Archives specialty journals, but from more than 50 other journals from around the world. The Journal Club presents a "windows approach" to the medical literature by providing structured summaries of the selected articles, with a clinical conclusion by a specialist in that area that attempts to address the more practical implications of the article.

Visit the World Wide Web

By virtue of receiving each issue of Archives Journal Club, you participate in a "virtual journal club" with thousands of members. The complete text of Archives Journal Club is available on the World Wide Web as well as in print. To access the Journal Club on-line, simply use your PC and modem to reach the Internet. Commercial online services such as America Online, Compuserve, and Prodigy provide Internet browsers, or you may use your own browser software such as Netscape Navigator.

The address for the American Medical Association's Web site is http://www.ama-assn.org Click on the Archives Journal Club/Women's Health icon to scan the full text of the latest issue. You are also welcome to browse the site for other medical information from the AMA including the latest abstracts from the AMA scientific journals, Medical News Briefs from American Medical News, information about AMA membership, the Federation directory, and more.

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Questions, comments, and suggestions about the Journal Club can be addressed to the Publisher, Archives Specialty Journals, 515 N State St, Chicago, IL 60610, or may be left on the World Wide Web at the Internet address shown above.
What will you do when sued for breach of contract?

What you should know before you sign a physician employment contract.

Most suits brought by medical entities for breach of contract allege violation of covenants not to compete, also known as restrictive covenants. Physicians entering their first employment following residency training too often anticipate a permanent career relationship and sign contracts containing restrictive covenants. These may result in a severe economic hardship for the physician if the physician is forced to relocate after a brief period of employment.

*How to Negotiate a Physician's Employment Contract*, just published by the American Medical Association (AMA), provides an extensive review of cases involving judicial treatment of restrictive covenants and numerous other issues physicians and employers need to know before signing an employment contract. These include compensation, essential information about the Americans with Disabilities Act, impact of income taxes on various forms of compensation and an overview of the Stark II self-referral legislation.

A basic specimen form of a physician’s employment agreement, a checklist for preparing an employment contract and an array of optional and alternative clauses are also included.

*Written for both employers and physicians,* this new publication offers a road map for exploring every critical aspect of a contract and for paving the way to a satisfactory relationship between employer and employee. Published June, 1995. 43 pages.

*How to Negotiate a Physician's Employment Contract*
Order #: OP653795UA
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800 621-8335

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American Medical Association
Physicians dedicated to the health of America
brief summary
prescribing information as of january 1995
cardizem* cd (diltiazem hci) capsules

contraindications:
cardizem is contraindicated in patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with third degree atrioventricular block, (3) patients with hypotension (less than 90 mm hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary edema documented by x ray on admission.

warnings:
1. cardiac conduction. cardizem prolongs av node refractory time in normal and moderately reduced conduction time, except in patients with sick sinus syndrome. this effect may rarely result in abnormal slow heart rates (p < 0.05) or significantly prolonging the conduction time or complete heart block. conduction of diltiazem with beta-blockers or digoxin may result in additive effects on cardiac conduction. a patient with previous conduction defects developed a period of asystole (2 to 3 seconds) after a single dose of 60 mg of diltiazem.

2. congestive heart failure: although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index or consistent negative effects on contractility (dp/dt).

3. the administration of cardizem in patients with impaired ventricular function may result in a decrease in cardiac index or in the negative inotropic effects of the drug. the use of diltiazem in patients with impaired ventricular function is limited. caution should be exercised when using this drug in such patients.

4. anginal pain: anginal pain may occur with symptoms of coronary artery bypass grafting without evidence of myocardial ischemia. the relationship to cardizem is uncertain in some cases, but predictable in some.

precautions:
1. diltiazem (diltiazem hydrochloride) is extensively metabo- lized in the liver and is eliminated unchanged in the urine, with any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. the drug should be used with caution in patients with impaired renal or hepatic function. in subjects and animals studies designed to evaluate hepatic toxicity, high doses of diltiazem were associated with hepatic damage. in specific subacute hepatic studies, oral doses of 125 mg/kg and 100 mg/kg were administered to rats and mice in rats a drug-related histological change was noted in the liver. in monkeys these changes were reversed with continued dosing.

2. diltiazem has been shown to increase serum aminotransferase activity in rabbits. although these changes were of short duration, there was an apparent dose related effect that was not observed in rats and rabbits. patients with aminotransferase levels ranging from 5 to 10 times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. these doses, in some studies, have been reported to cause skeletal abnormalities. in the perinatal/postnatal studies, these effects have been seen in a small number of cases at doses of 20 times the human dose or greater. there are no well controlled studies in pregnant women; therefore, use of cardizem in pregnant women only if the potential benefit justifies the possible risk to the fetus.

adverse reactions:
diltiazem is excrusted in human milk. one report suggests that concentrations in breast milk may approximate serum levels. if use of cardizem is deemed essential, an alternative method of infant feeding should be instituted.

safety and effectiveness in pediatric patients have not been established.

adverse reactions:
similar adverse reactions have been rarely in studies carried out to date, but it should be recognized that patients with impaired renal and/or cardiac function may be more susceptible. these reactions have usually been excluded from these studies.

contraindication to the use of cardizem therapy results in the usual adverse reactions reported in placebo-controlled and hypertension trials in patients receiving cardizem cd up to 430 mg with rates in placebo patients shown for comparison.

cardizem cd capsule placebo-controlled angina and hypertension trials combined

headache
5.4%
5.0%

dizziness
3.0%
3.0%

nausea
3.3%
3.3%

av block first degree
2.6%
1.3%

egc abnormality
1.6%
1.7%

asthenia
1.8%
1.7%

in clinical trials of cardizem cd capsules, cardizem tablets, and cardizem capsules, the most common adverse events reported were headache, dizziness, nausea, flatulence, and asthenia. the most common events (ie, greater than 1%) were edema (4.4%), headache (4.6%), dizziness (3.5%), nausea, and vomiting (3.1%).

nervous system:
abnormal dreams, depression, tremor, dizziness, headache, obtundation, hallucinations, increased body temperature, somnolence, dizziness, tremor, and asthenia.

gastrointestinal:
dyspnea, dyspepsia, flatulence, vomiting, constipation, diarrhea, acidosis, xerostomia, and hepatic dysfunction.

dermatological:
angioedema, angina, arrhythmia, av block (second- or third-degree), bundle branch block, chest pain, congestive heart failure, ekg abnormalities, hypertension, palpitations, syncope, tachycardia, ventricular extrasystoles.

marion merrell dow inc.
kansas city, mo 64114

c091895

references:
1. food and drug administration. approved drug products with therapeutic equivalence report (orange book), us depart of health and human services. 14th ed.


2. cardizem cd prescribing information.

3. data on file, marion merrell dow inc.

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1045h5
IN HYPERTENSION OR ANGINA

CARDIZEM® CD
(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

FOR EFFECTIVE
24-HOUR CONTROL

No other diltiazem is therapeutically equivalent to Cardizem CD

ONCE A DAY

A unique hemodynamic and safety profile for hypertension or angina

- A side-effect discontinuation rate comparable to placebo in both hypertension and angina trials
- Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)

Please see brief summary of prescribing information on adjacent page.