

For Sinusitis and URI

**Deconamine[®] SR
Agrees:
You Should
Be Able To
Prescribe Any
Antibiotic
You Want.**

**Deconamine[®] SR has no known
contraindications with any antibiotic...**

Surprisingly, this is not true of all antihistamine/decongestants.

Deconamine[®] SR

(chlorpheniramine maleate, 8 mg /d-pseudoephedrine HCl, 120 mg)
SUSTAINED-RELEASE capsules **Rx Only**

Clears Nasal Congestion • Promotes Sinus Drainage

Deconamine[®] SR offers onset of action within 1 hour. *Surprisingly, even some of the newer antihistamine/decongestants do not deliver this rapid onset of action.*

Balanced antihistamine/decongestant therapy for effective, long-acting relief of sinusitis symptoms.

- Mild CNS effect
- Low sedation¹
- Lowest reported cardiotoxicity profile²

Chlorpheniramine has been rated as having a low drowsiness factor. However, all cold/flu/allergy medications may cause drowsiness in certain individuals. So, it is advisable to avoid driving a motor vehicle, operating machinery, or drinking alcoholic beverages while taking this or any similar product.

Your Prescription Makes A World Of Difference

Please see accompanying brief summary of Product Information.

©1995 BRADLEY PHARMACEUTICALS, INC.

KENWOOD

KENWOOD LABORATORIES

a division of BRADLEY PHARMACEUTICALS, INC.
383 Route 46 West • Fairfield, NJ 07004-2402
(201) 882-1505 • FAX: (201) 575-5366

References:

1. May RJ. Allergic rhinitis. *Pharmacotherapy: A Pathophysiologic Approach*. 1989;9:45-947.
2. White WB. Drugs for cough and cold symptoms in hypertensive patients. *AFP*. 1985;183-187.

Brief Summary of Product Information

DECONAMINE® (brand of chlorpheniramine maleate and d-pseudoephedrine HCl) **SR CAPSULES, TABLETS, SYRUP**
Consult package insert for full Prescribing Information.

DESCRIPTION:

SR CAPSULES Each sustained-release blue and yellow capsule contains:
chlorpheniramine maleate 8 mg
d-pseudoephedrine hydrochloride 120 mg
The capsules are designed to provide prolonged release of medication.

TABLETS Each scored, white tablet contains:
chlorpheniramine maleate 4 mg
d-pseudoephedrine hydrochloride 60 mg

SYRUP — No alcohol, no dye.

Each 5 mL (teaspoonful) clear, colorless to slightly yellow liquid contains:
chlorpheniramine maleate 2 mg
d-pseudoephedrine hydrochloride 30 mg
in a grape-flavored, aromatic vehicle.

INDICATIONS: DECONAMINE is indicated for the temporary relief of symptoms such as rhinorrhea, sneezing and nasal congestion due to upper respiratory infections (the common cold), sinusitis or allergic rhinitis; also to help clear nasal passages and shrink swollen membranes, decongest sinus openings and passages, promote sinus drainage and/or relieve sinus pressure.

CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease and patients on MAO inhibitor therapy. DECONAMINE medications are also contraindicated in patients sensitive to antihistamines or sympathomimetic agents.

WARNINGS: Chlorpheniramine maleate should be used with extreme caution in patients with narrow angle glaucoma; stenosing peptic ulcer; pyloroduodenal obstruction; symptomatic prostatic hypertrophy, or bladder neck obstruction. Due to its mild atropine-like action, chlorpheniramine maleate should be used cautiously in patients with bronchial asthma, emphysema, or chronic pulmonary disease. May cause excitability especially in children.

Sympathomimetic amines should be used with caution in patients with hypertension, ischemic heart disease, diabetes mellitus, increased intraocular pressure, hyperthyroidism and prostatic hypertrophy. Sympathomimetics may produce central nervous system stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Nervousness, dizziness or sleeplessness may occur at higher doses.

PRECAUTIONS: Information for patients: Antihistamines may impair mental and physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. Patients should also be warned about possible additive effects with alcohol and other central nervous system depressants (hypnotics, sedatives, tranquilizers).

Drug interactions: Pseudoephedrine containing drugs should not be given to patients treated with monoamine oxidase (MAO) inhibitors because of the possibility of precipitating a hypertensive crisis. MAO inhibitors also prolong and intensify the anticholinergic effects of antihistamines. Sympatho-mimetics may reduce the antihypertensive effect of methyl dopa, reserpine, veratrum alkaloids and mecamlamine.

Alcohol and other sedative drugs will potentiate the sedative effects of chlorpheniramine.

Care should be taken in administering DECONAMINE medications concomitantly with other sympathomimetic amines, since their combined effects on the cardiovascular system may be harmful to the patient.

Pregnancy: Pregnancy Category C. Animal reproduction studies have not been conducted with DECONAMINE medications. It is also not known whether DECONAMINE medications can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. DECONAMINE medications should be given to a pregnant woman only if clearly needed.

Nursing Mothers: Due to the possible passage of pseudoephedrine and chlorpheniramine into breast milk, and because of the higher than usual risk for infants from sympathomimetic amines and antihistamines, the benefit to the mother vs. the potential risk should be considered and a decision should be made whether to discontinue nursing or to discontinue the drug.

Pediatric Use: DECONAMINE Capsules or Tablets should not be given to children under 12 years of age.

ADVERSE REACTIONS: Chlorpheniramine maleate: Slight to moderate drowsiness may occur and is the most frequent side effect. Other possible side effects of antihistamines in general include: *General:* urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat; *Cardiovascular:* hypotension, headache, palpitation, tachycardia, extrasystoles; *Hematological:* hemolytic anemia, thrombocytopenia, agranulocytosis; *CNS:* sedation, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesia, blurred vision, diplopia, vertigo, tinnitus, hysteria, neuritis, convulsion; *Gastrointestinal:* epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation; *Genitourinary:* urinary frequency, difficult urination, urinary retention, early menses; *Respiratory:* thickening of bronchial secretions, tightness of chest, wheezing and nasal stuffiness.

Pseudoephedrine hydrochloride: Pseudoephedrine may cause mild central nervous system stimulation, especially in those patients who are hypersensitive to sympathomimetic drugs. Nervousness, excitability, restlessness, dizziness, weakness and insomnia may also occur. Headache and drowsiness have also been reported. Large doses may cause lightheadedness, nausea and/or vomiting. Sympathomimetic drugs have also been associated with certain untoward reactions including fear, anxiety, tenseness, restlessness, tremor, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucination, convulsion, CNS depression, arrhythmias and cardiovascular collapse with hypotension.

OVERDOSAGE: Acute overdosage may produce clinical signs of CNS stimulation and variable cardiovascular effects. Pressor amines should be used with great caution in the presence of pseudoephedrine. Patients with signs of stimulation should be treated conservatively.

DOSAGE AND ADMINISTRATION:

SR Capsules: Adults and children over 12 years, 1 capsule every 12 hours. Children under 12 years, DECONAMINE Syrup is recommended.

Tablets: Adults and children over 12 years, 1 tablet three or four times daily. Children under 12 years, DECONAMINE Syrup is recommended.

Syrup: Children 2 to 6 years, 1/2 teaspoonful (2.5 mL) three or four times daily, not to exceed 2 teaspoonfuls in 24 hours. Children 6 to 12 years, 1/2 to 1 teaspoonful (2.5 to 5 mL) three or four times daily, not to exceed 4 teaspoonfuls in 24 hours. Adults and children over 12 years, 1 to 2 teaspoonfuls (5 to 10 mL) three or four times daily. Children under 2 years, as directed by physician.

Caution: Federal law prohibits dispensing without prescription.

©1995 Bradley Pharmaceuticals, Inc.

KENWOOD LABORATORIES
a division of BRADLEY PHARMACEUTICALS, INC.

Rev. 9/94

Your Source for Medical Information...

The American Medical Association family of medical journals has always been a reliable source for timely and current coverage of the most volatile issues facing medicine.

Call toll-free **1-800-AMA-2350** to start your subscription today!



Call toll-free 1-800-AMA-2350 or return this order form with payment to:

American Medical Association
Subscription Dept.
P.O. Box 10945
Chicago, IL 60610

Please make checks payable to the AMA

Name _____
Address _____
City _____
State, Zip _____

Washington D.C. residents add 6% sales tax. Canadian residents should include 7% GST. A surcharge for airmail delivery will be applied to all orders outside the U.S. Please contact the publisher for institution and airmail rates. Rates subject to change.

Please indicate your choice below:

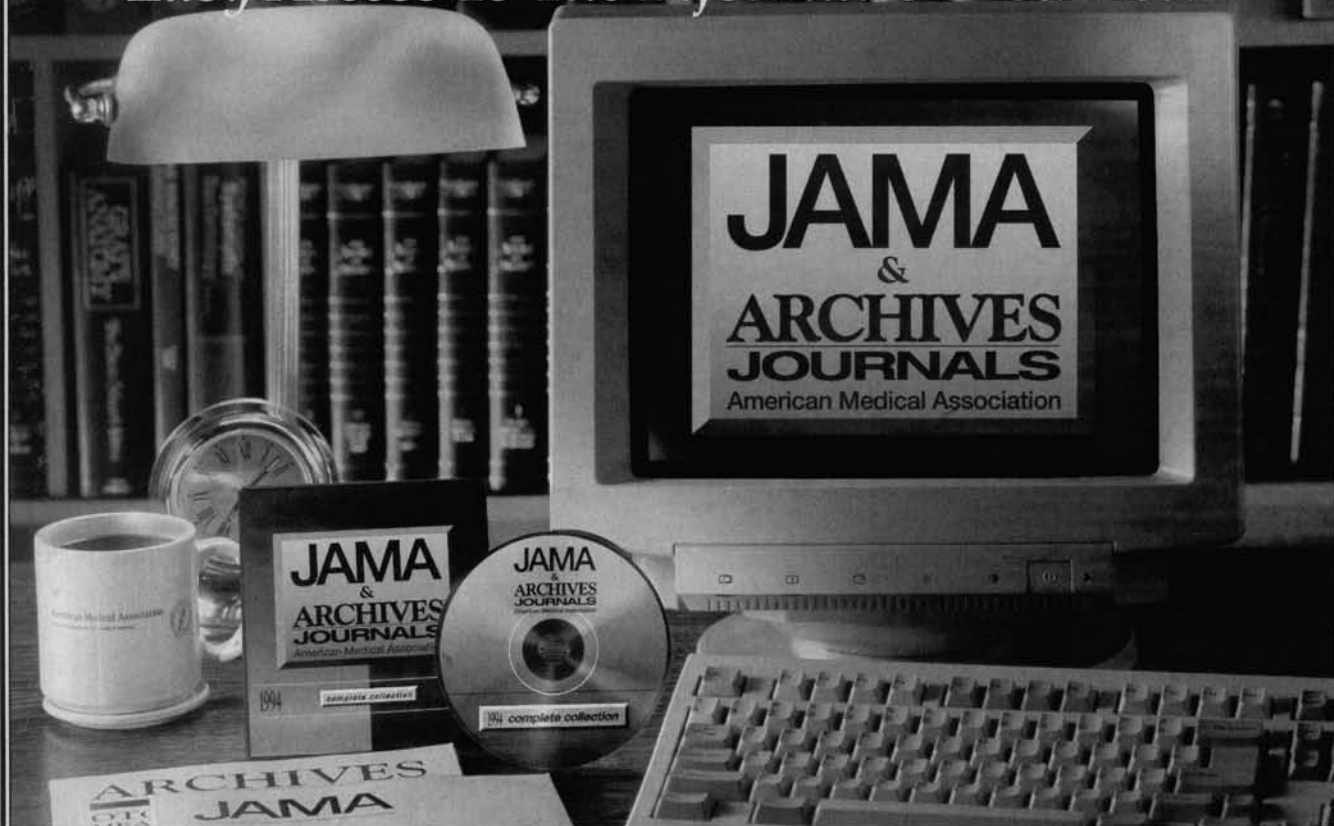
- The Journal of the American Medical Association* \$120
 - American Medical News* \$99
 - Archives of Dermatology † \$135
 - Archives of Family Medicine † \$95
 - Archives of General Psychiatry † \$95
 - Archives of Internal Medicine* † \$115
 - Archives of Neurology † \$145
 - Archives of Ophthalmology † \$110
 - Archives of Otolaryngology-Head & Neck Surgery † \$125
 - Archives of Pediatrics & Adolescent Medicine † \$100
 - Archives of Surgery † \$100
 - JAMA Bound Volume Set (2 volumes) \$95
- Indicate year: 1995 1994

*48 issues, †23 issues, † 12 issues

P5FA1

Take The Next Logical Step.

Easy Access To The Information You Need



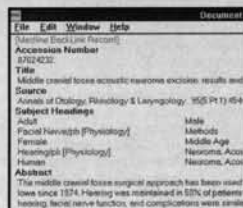
Introducing the complete JAMA & Archives Journals on CD-ROM. Superb reference materials have traditionally played a critical role in the practice of medicine. However, with the body of knowledge expanding so rapidly, along with increased pressures to maintain a broader base of expertise, conventional formats alone are no longer enough.

Now, with JAMA & Archives Journals on CD-ROM, you can easily search, cross-reference, print and save medical information from 10 of the world's most respected journals – right on your own computer. (Trial offer contains 1994 data). Plus, you have instant links to complete MEDLINE® references associated with the

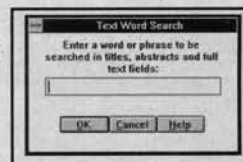
journal articles, along with a five-year journal index.

An easy-to-use format, based on the journals themselves, makes the act of browsing the material very familiar. The powerful access capabilities quickly retrieve exactly the information you need.

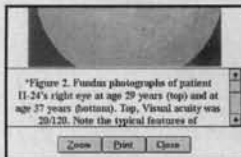
Whether you're just beginning, or already well along in recognizing the ease of computer-based medical reference materials, JAMA & Archives Journals on CD-ROM is your next logical addition.



Links to complete MEDLINE references and 5-year abstracts.



Powerful search functions can be performed by anyone.



Zoom in on graphics and print complete articles.

medical information from 10 of the world's most respected journals – right on your own computer. (Trial offer contains 1994 data). Plus, you have instant links to complete MEDLINE® references associated with the

Introductory Offer Only \$9.95

Yes, send me the 1994 JAMA & Archives Journals on CD-ROM.
(Offered to individuals only; call for institutional rates)
To order by phone call:

1-800-AMA-2350

Or, fax to 312-464-5831

Mail coupon to: AMA Subscription Dept.-CD,
P.O. 10946, Chicago, IL 60610-0946

Please complete and return with your order:

Name _____
 MD/DO Other (please specify) _____
 Address _____
 City _____ State _____
 Country _____
 Zip/Postal Code _____
 Phone Number _____
 Check enclosed, payable to AMA VISA M.C. AmEx
 Card # _____

Exp. Date _____ Signature _____

Payment must accompany order. Nonrefundable. Residents in AZ, CA, CT, DC, IL, IA, MN, NJ, NY, NC, WI, add required sales tax. In Canada, add GST. Outside the U.S. & Canada, add \$30.



System Requirements: Windows or DOS, 386/486 PC running 16-color VGA. Macintosh format will be available soon for 1996 data. OVID Software from OTI Technologies, Inc.

Coming Soon (more details with your order): 1995 Full-Year Collection, 1996 Cumulative Quarterly Editions. **1994 Complete Collection Includes Full Text & Graphics From** JAMA; Archives of Internal Medicine; Archives of Family Medicine; Archives of Pediatrics & Adolescent Medicine; Archives of Surgery; Archives of General Psychiatry; Archives of Neurology; Archives of Dermatology; Archives of Ophthalmology, and Archives of Otolaryngology-Head & Neck Surgery.

AMBIEN
(ZOLPIDEM TARTRATE) ^{IV}
5-MG & 10-MG TABLETS

 Searle
Incorporated

From a unique chemical class of non-benzodiazepine sleep agents



More sleep

Total sleep time is significantly increased compared with placebo. Patients fall asleep quickly; generally within 20 to 30 minutes.¹⁻³

Better sleep

Awakenings were reduced, compared to placebo.

Through the night

No evidence of increased wakefulness during the last third of the night. Normal sleep stages are generally preserved¹ (clinical significance unknown).

With no objective evidence of tolerance or rebound insomnia

In studies of up to 35 consecutive nights at recommended doses.^{1,2}

Favorable safety and tolerability profile

Adverse events with dosages of ≤ 10 mg that were statistically significant vs placebo

Short-term: ≤ 10 nights		Long-term: 28 to 35 nights	
drowsiness	2%	dizziness	5%
dizziness	1%	drugged feelings	3%
diarrhea	1%		



AMBIEN
(ZOLPIDEM TARTRATE) ^{IV} 5-MG & 10-MG TABLETS

In the short-term treatment of insomnia

First in a unique chemical class of non-benzodiazepine sleep agents

Please see references and brief summary of prescribing information on the last page of this advertisement.

©1994 Searle

ARCHIVES OF FAMILY MEDICINE

The ARCHIVES OF FAMILY MEDICINE is a member of the consortium of AMA journals listed below. The ARCHIVES reaches more than 81 500 readers in family and general practice each month, in addition to paid subscribers. The complete text of all AMA journals is available online from Dialog Information Services and Information Access Company.

The Journal of the American Medical Association (JAMA)

- Archives of Dermatology
- Archives of Family Medicine
- Archives of General Psychiatry
- Archives of Internal Medicine
- Archives of Neurology
- Archives of Ophthalmology
- Archives of Otolaryngology—Head & Neck Surgery
- Archives of Pathology & Laboratory Medicine
- Archives of Pediatrics & Adolescent Medicine
- Archives of Surgery

The ARCHIVES OF FAMILY MEDICINE (ISSN 1063-3987) is published monthly by the American Medical Association, 515 N State St, Chicago, IL 60610, and is an official publication of the Association. Second-class postage rates paid at Chicago and at additional mailing office. GST registration number R126 225 556. Canada Post International Publications Mail (Canadian Distribution) Sales Agreement No. 319600. Printed in the USA.

SUBSCRIPTION RATES—The subscription rates for the ARCHIVES OF FAMILY MEDICINE are as follows: \$95 for 1 year, \$190 for 2 years in the United States and US possessions; in the Americas, 1 year, \$130, 2 years, \$260; the rest of the world, 1 year, £90, 2 years, £180. The institution rates are as follows: \$105 for 1 year, \$210 for 2 years in the United States and US possessions; in the Americas, 1 year, \$140, 2 years, \$280; the rest of the world, 1 year, £97, 2 years, £194. Rates for subscriptions for delivery to Japan are available through our exclusive agents—contact the publisher. Special rates for residents and medical students in the United States and US possessions are available. Address inquiries to Subscriber Services Center, American Medical Association, PO Box 10945, Chicago, IL 60610. Phone: (800) 262-2350. Fax: (312) 464-5831. For mailing addresses outside the United States and US possessions, see International Subscription Information.

CHANGE OF ADDRESS—POSTMASTER, send all address changes to ARCHIVES OF FAMILY MEDICINE, c/o Subscriber Services, American Medical Association,

515 N State St, Chicago, IL 60610. Please notify us of address change at least 6 weeks in advance to ensure uninterrupted service. Include both old and new addresses, a recent mailing label, and new ZIP code. For mailing addresses outside the US and US possessions, see International Subscription Information.

SUBSCRIBER SERVICES—For information about subscribing to any of the AMA publications, change of address, missing issues, or purchasing back issues, please contact Subscriber Services Center, American Medical Association, PO Box 10945, Chicago, IL 60610, or call (312) 670-SUBS (670-7827) between 8:30 AM and 4:30 PM CST. Fax: (312) 464-5831. For mailing addresses outside the US and US possessions, see International Subscription Information.

INTERNATIONAL SUBSCRIPTION INFORMATION—Subscriptions outside the United States and US possessions are served according to geographic region. Please address correspondence to the following two offices based on delivery address: 1) For delivery in North America, Central America, and South America, contact Subscriber Services Center, AMA, PO Box 10945, Chicago, IL 60610, USA. Phone: 1-312-670-7827. Fax: 1-312-464-5831; 2) For delivery outside the Americas, contact JAMA & Archives Journals Reader Services Centre, PO Box 299, London, England WC1H 9TD. Phone: 44-(0)-171-383-6270. Fax: 44-(0)-171-383-6402.

REPRINTS—Authors place their reprint order at the time the edited typescript is reviewed and should allow 4 to 6 weeks for delivery following publication. Requests for individual reprints should be sent directly to the author at the address shown in the article.

For bulk reprint orders for distribution by commercial organizations, please contact Wanda Bartolotta, 500 Fifth Avenue #2210, New York, NY 10010. Phone: (212) 354-0050. Fax: (212) 354-1169. For reprint orders in limited quantities for distribution by educational organizations, please contact Joseph R. Rekash, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2512. Fax: (312) 464-5835.

PERMISSIONS—Contact Laslo Hunyady, Permissions Assistant, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2513.

ADVERTISING PRINCIPLES—Each advertisement in this issue has been reviewed and complies with the principles governing advertising in AMA scientific publications. A copy of these principles is available on request. The appearance of advertising in AMA publications is not an AMA guarantee or endorsement of the product or the claims made for the product by the manufacturer.

Publication Staff
Offices: 515 N State St
Chicago, IL 60610

Editorial Processing Department,
Specialty Journals

Director: Paula Glitman
Manager: Barbara J. Clark
Freelance Manager:
Vickey Golden
Assistant Freelance Coordinator:
Diane L. Cannon
Senior Copy Editor/Atex Specialist:
Paul Frank
Copy Editors:
Gwen Chaffen
Mary E. Coerver
Vonda L. Meltesen

Specialty Journal Division Office

Administrative Assistant:
Marla Hall

Publishing Operations Division

Assistant Division Director:
Mary C. Steermann
Manager, Budgets & Costs:
Bonnie Van Cleven
Office Manager:
Karen Branham
Production Assistants:
Valerie Balkcom
Barbara Young

Advertising & Production
Department

Director: Vanessa Hayden
Paper & Planning: Diane Darnell
Manager, Advertising Services:
Carole Piszker
Manager, Production Services:
Susan Price
Production Associates:
Karen Adams-Taylor
Betty Frigerio
Anita Jackson
Debbie Pogorzelski
Sarah Powell
Jennifer Reiling
Christine M. Wagenknecht
E. Ruth White
Production Assistant:
Jo Anne Turner

Electronic Production Department

Director: Jaye Matthews
Electronic Production Supervisor:
Linda Knott
Electronic Production Operators:
Gail Barrett
Brenda Chandler-Haynes
Michael L. Culbert
Mary Ann Kuranda
Sandra Lopez
Graphics Manager:
Charl Richey-Davis
Graphics Operators:
JoAnne Weiskopf
Alicja Wojcik
Manager, Proofreading:
Teresa H. Omiotek
Proofreaders:
David Antos
Brenda J. Gregoline
Daniel James
Mary Kay Tinerella
Production Assistant:
Melanie Parenti

Distribution

Distribution Manager: Paul Gastecki

Circulation Processing Department

Director: Beverly Martin

Circulation Development Department

Director: Ann Westerbeke

Licensing & Permissions Department

Director: Norman Frankel
Permissions: Laslo Hunyady
Electronic Coordinator:
Mary Ellen Johnston
Database Assistant: Peter Watkins

Reprints

Reprint Coordinator: Joseph Rekash



A MORE COMPLETE OTC ANALGESIC.

ALEVE IS THE ONLY OTC ANALGESIC WITH:

THE **ENDURANCE**
OF 8-12 HOUR DOSING.

THE **TOLERABILITY**
THAT'S COMPARABLE TO IBUPROFEN
AND EVEN ACETAMINOPHEN.

AND THE **SPEED**
AND ACTIVITY OF NAPROXEN SODIUM.

INSTEAD OF ADVIL OR TYLENOL
RECOMMEND

ALEVE[®]

NAPROXEN SODIUM 220 MG
PAIN RELIEVER/FEVER REDUCER

A MORE COMPLETE
OTC ANALGESIC.

ARCHIVES

OF

FAMILY MEDICINE

VOL 4 NO. 9, SEPTEMBER 1995

Special Selections

Vision Loss in a Woman of American Indian Heritage 747
Jeffrey S. Heier, MD; Matthew Uyemura, MD; Robert W. Enzenauer, MD, MPH; Raymond J. Enzenauer, MD; William J. Waterhouse, MD

A Solitary, Erythematous, Hyperkeratotic Papule 749
LCDR David J. Barnette, Jr, MC, USN, CDR Mark Cobb, MC, USN

Living in Medicine

All the Colors of the Mango 752
Ronda L. Wells, MD

Letter to the Editor

Safe Discontinuation of Antihypertensive Therapy 755
Saeed Ahmad, MD, FRCP, FCCP
In Reply 755
Julienne K. Kirk, PharmD

Editorial

Requiem for Traditional Medical Practice in the United States 756
Kevin Grumbach, MD

Original Contributions

Tracking the Changes in Physician Practice Settings 759
Robert G. Hughes, PhD, Laurence C. Baker, PhD

An Individualized Educational Model for the Remediation of Physicians 767

William D. Grant, EdD
Practice Commentary 773

Combined Methotrexate and Misoprostol for Early Induced Abortion 774
Eric A. Schaff, MD; Steven H. Eisinger, MD; Peter Franks, MD; Suzy S. Kim, MPH

American Medical Association

Physicians dedicated to the health of America



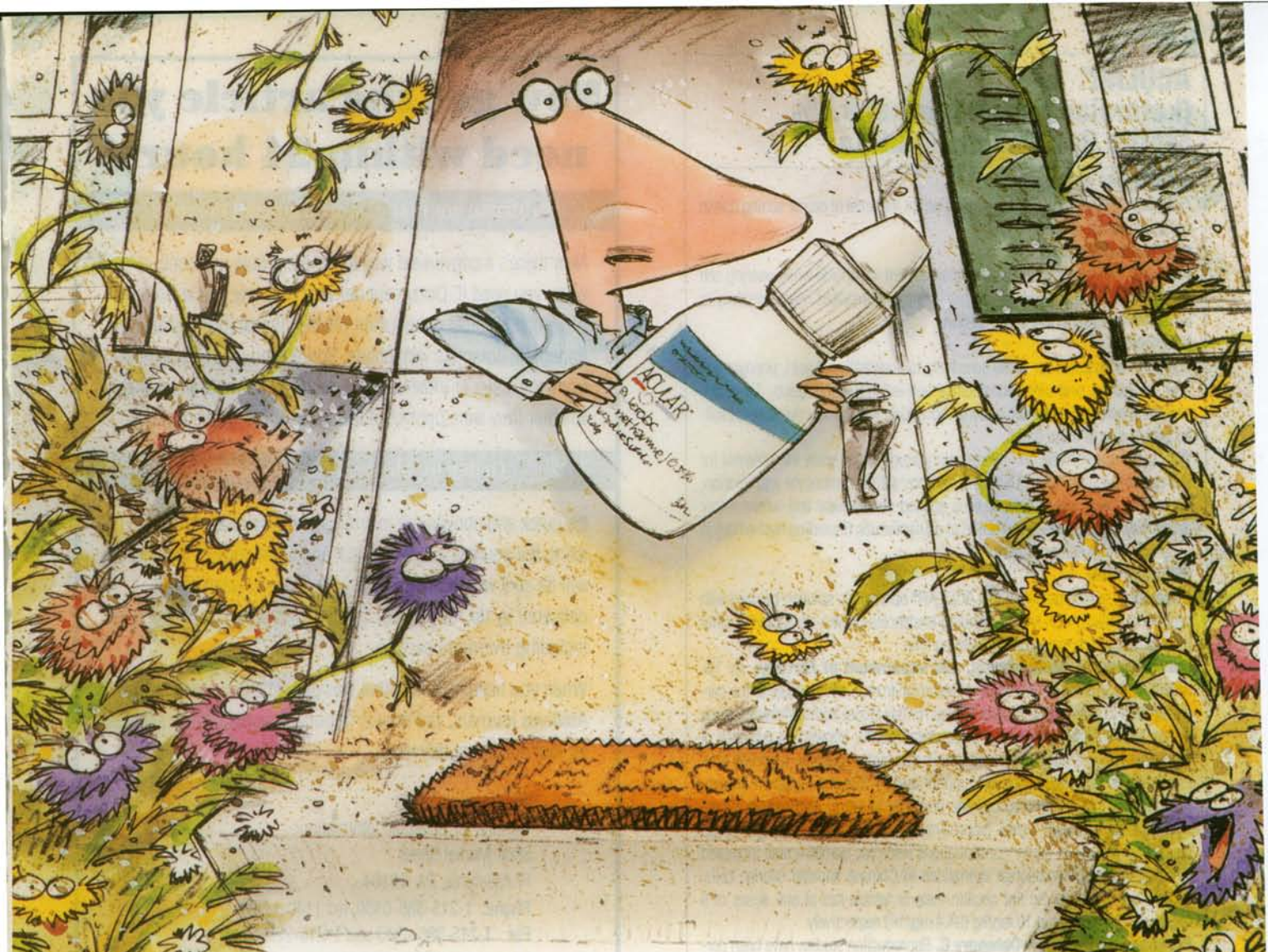
Copyright 1995 by the American Medical Association. All rights reserved. Reproduction without permission is prohibited.

All articles published, including editorials, letters, and book reviews, represent the opinions of the authors and do not reflect the policy of the American Medical Association, the Editorial Board, or the institution with which the author is affiliated, unless this is clearly specified.

James S. Todd, MD
 Executive Vice President
Kenneth E. Monroe
 Deputy Executive Vice President
James F. Rappel
 Group Vice President,
 Business and Management Services
George D. Lundberg, MD
 Editor in Chief, Scientific
 Information and Multimedia
Robert L. Kennett
 Vice President, Publishing
Michael D. Springer
 Publisher
Nawin Gupta, PhD
 Director, Publishing Operations
 Division

Cheryl Iverson
 Director, Editorial Processing Division
Peter L. Payerli
 Director, Advertising Sales
Geoffrey A. Flick
 Manager, Marketing Services

Advertising Offices: East: Phillip B. Altamore, Peter G. Messina, John L. Reeves, 119 Cherry Hill Rd, 3rd Flr, Parsippany, NJ 07054 (201) 263-9191.
Midwest/West: Monica E. Brent, 515 N State St, Chicago, IL 60610 (312) 464-2470. **AMA Physician Recruitment Advertising Department:** Carri Lynch, Supervisor, 800-262-2260.



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 eyes¹ due to seasonal allergic conjunctivitis. Stop the itch with ACULAR[®] Solution.

In a recent survey (n=272), the vast majority of responding patients confirmed that ACULAR[®] stopped their ocular itching quickly and effectively.² Plus, ACULAR[®] has a favorable safety profile. There are no steroid-like side effects that can alter intraocular pressure, and no decongestant-like side effects, i.e., no risk to patients with narrow chamber angles.

So help rescue eyes from itching with ACULAR[®], the #1 prescribed ophthalmic preparation³ for the #1 patient complaint of seasonal allergic conjunctivitis — ocular itch. Because annoying antigens prey on more than just the nose.

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

STOPS THE ITCH
ACULAR[®]

(ketorolac tromethamine) 0.5%
Sterile Ophthalmic Solution

 **ALLERGAN**

©1995 Allergan, Inc.
Irvine, CA 92715

FISONS
Pharmaceuticals

Fisons Corporation
Rochester, NY 14623 U.S.A.

Please see adjacent page for prescribing information.

ACULAR® (ketorolac tromethamine) 0.5% Sterile Ophthalmic Solution

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 acetylsalicylic 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.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: An 18-month study in mice at oral doses of ketorolac tromethamine equal to the parenteral MRHD (Maximum Recommended Human Dose) and a 24-month study in rats at oral doses 2.5 times the parenteral MRHD, showed no evidence of tumorigenicity. Ketorolac tromethamine was not mutagenic in Ames test, unscheduled DNA synthesis and repair, and in forward mutation assays. Ketorolac did not cause chromosome breakage in the *in vivo* mouse micronucleus assay. At 1590 ug/mL (approximately 1000 times the average human plasma levels) and at higher concentrations ketorolac tromethamine increased the incidence of chromosomal aberrations in Chinese hamster ovarian cells. Impairment of fertility did not occur in male or female rats at oral doses of 9 mg/kg (53.1 mg/m²) and 16 mg/kg (94.4 mg/m²) respectively.

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%).

ACULAR®, a registered trademark of Syntex (U.S.A.) Inc, is manufactured and distributed by Allergan, Inc. under license from its developer, Syntex (U.S.A.) Inc., Palo Alto, California, U.S.A.

REFERENCES: 1. Data on file, Fisons Corporation, 1985. 2. Data on file, Allergan, Inc., 1994. 3. IMS Data, December, 1994.

 **ALLERGAN**
©1995 Allergan, Inc.
Irvine, CA 92715

FISON
Pharmaceuticals
Fisons Corporation
Rochester, NY 14623 U.S.A.

Now get the article you need within 24 hours!

Information fast . . . information complete

Now there's a convenient way to get the article you need — when you need it. Document delivery puts any article from the American Medical Association (AMA) clinical journals at your fingertips, complete with charts, figures and graphics. Articles from any issue of *JAMA* and the Archives journals are available, whether they were published last week or even decades ago.

Order by phone, fax or computer

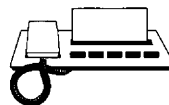
It's quick and convenient to arrange delivery of an article using the sources below. A black and white copy of the article will be sent within 24 hours of your order. Articles can be delivered by fax, or you can choose from other delivery options, including overnight service.

When you need an article that was published in *JAMA* or the Archives journals, and time is important, contact these sources for fast document delivery:

The Genuine Article
Institute for Scientific Information
3501 Market Street
Philadelphia, PA 19104
Phone: 1-215-386-0100, ext 1140-1145
Fax: 1-215-386-4343 and 1-215-222-0840
Internet: TGA@ISINET.COM

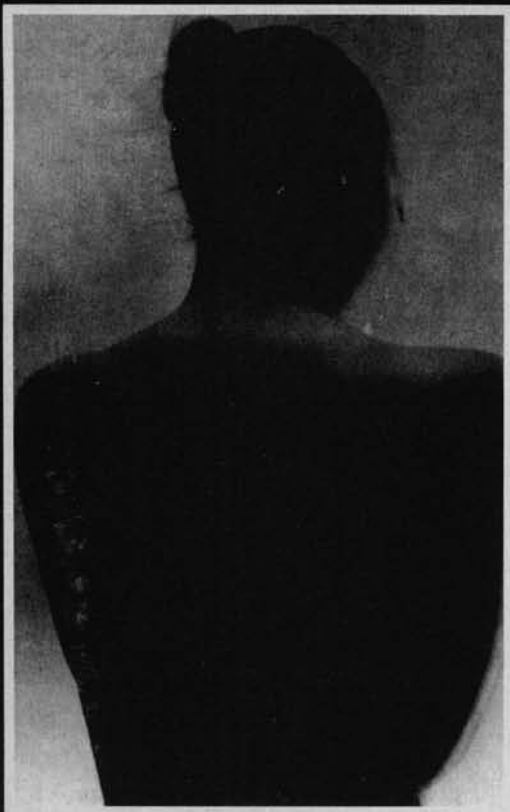
The Uncover Company
3801 E. Florida Ave., Suite 200
Denver, CO 80210, USA
Phone: 1-800-787-7979
Fax: 303-758-5946
Internet: database.carl.org

UMI InfoStore
500 Sansome Street, Suite 400
San Francisco, CA 94111
Phone: 1-800-248-0360
Fax: 415-433-0100



Articles available from these AMA journals:

JAMA: The Journal of the American Medical Association
Archives of Dermatology • *Archives of Family Medicine*
Archives of General Psychiatry • *Archives of Internal Medicine*
Archives of Neurology • *Archives of Ophthalmology*
Archives of Otolaryngology-Head & Neck Surgery
Archives of Pediatrics & Adolescent Medicine • *Archives of Surgery*



*This year,
over 46,000
women will die
from breast cancer.*

**If she doesn't make
a mammogram appointment,
you can't help save her life.**

For her, it's just as simple as brushing her teeth or taking a vitamin. But if you don't remind her, she may forget about one of the simplest yet most valuable steps in taking care of herself — a mammogram.

October is National Breast Cancer Awareness Month (NBCAM). Don't let her forget. Make sure she schedules a mammogram, because early detection can find what she may not be able to feel. So you can help save her life.

NBCAM supports the Clinton Administration's Medicare Mammography Awareness Campaign which encourages Medicare-eligible women to take advantage of Medicare coverage for screening and diagnostic mammograms.

***October 19 is National Mammography Day —
A good day for a mammogram.***



NBCAM

To locate a mammography facility in your area,
call any of the following numbers:

**American Cancer Society
1-800-ACS-2345**

**The Susan G. Komen Breast Cancer Foundation
1-800-I'M AWARE**

**National Alliance of Breast Cancer Organizations
(NABCO) 1-800-719-9154**

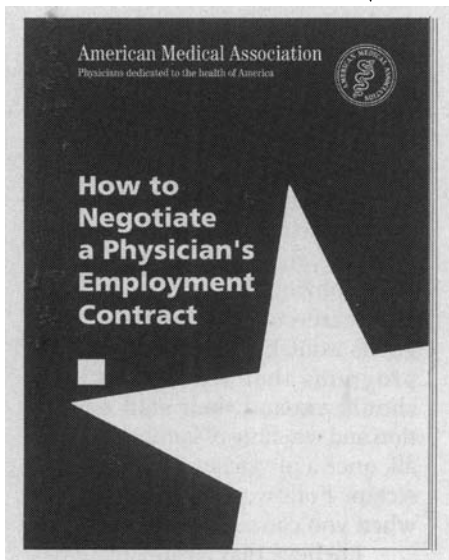
**Y-ME National Breast Cancer Organization
1-800-221-2141**

NATIONAL BREAST CANCER AWARENESS MONTH

A message from the Board of Sponsors of National Breast Cancer Awareness Month, made possible by an educational grant from the Zeneca HealthCare Foundation.

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

AMA member price: \$29.95

Nonmember price: \$40.00

800 621-8335

Appropriate US State or Canadian sales tax plus shipping and handling will be added as applicable. Visa, MasterCard, Optima or American Express accepted.

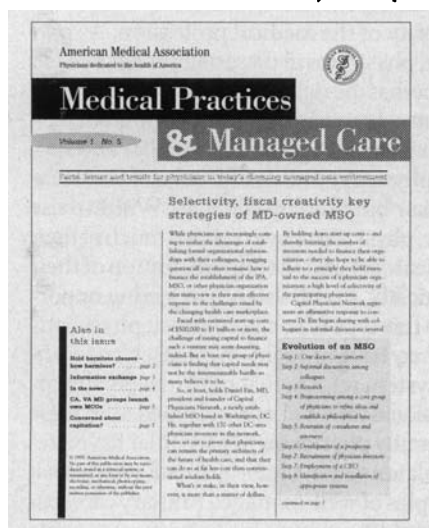
American Medical Association

Physicians dedicated to the health of America



Ten Opportunities to Make Managed Care Work for You This Year

Your quick-read digest for succeeding in a managed care environment.



Medical Practices & Managed Care, the new, quick-read managed care newsletter for physicians, is your best way to stay prepared to make the wisest choices for your future. This easy-to-read, up-to-date information resource cuts straight to the managed care issues that affect your daily practice and professional success.

The Charter Issue in January told subscribers what they needed to know about health information systems and described how physician members of one community have decided to take a firm hand in shaping their own destinies through incorporation of a community physician organization. Issue Two discussed 11 potential danger areas in a capitation contract such as why you should request a list of included services by CPT code and why the contract should specify exact day of payment. Readers also learned the rules of appropriate business behavior such as why it is important to wear proper business attire to business meetings. Issue Three discussed the importance of low utilization patients to a practice operating in a capitated environment and strategies that may be helpful in capturing the loyalty of the low-use patient.

Medical Practices & Managed Care will continue to keep you informed and up to date on the most critical issues and challenges. Upcoming issues will target contracting and negotiations, quality and outcomes measurement, forming physician organizations, improving your negotiating skill and selecting computer resources.

Guarantee Your satisfaction is guaranteed. If **Medical Practices & Managed Care** newsletter does not meet your expectations, return the issues for a full refund for the entire subscription price.

Medical Practices & Managed Care

Order #: NR921295UA

AMA member price: \$85

Nonmember price: \$135

800 621-8335

Appropriate US State or Canadian sales tax plus shipping and handling will be added as applicable. Visa, MasterCard, Optima or American Express accepted.

American Medical Association

Physicians dedicated to the health of America



Because your practice is changing...

Archives of Family Medicine introduces *Archives Journal Club/Women's Health*



Look to *Archives of Family Medicine* for the information you need.

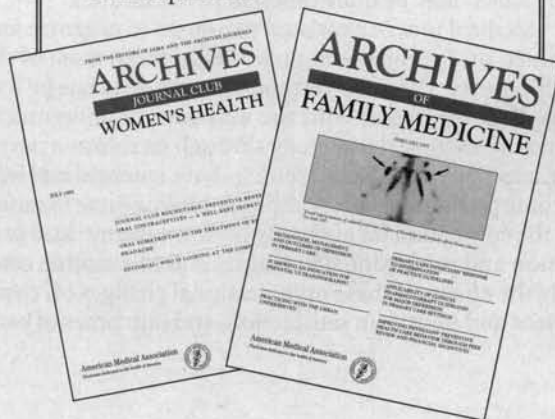
Archives Journal Club/Women's Health will be a special part of *Archives of Family Medicine* for the second half of 1995. Designed to keep primary care physicians up-to-date with the important issues and advances in women's health, this section provides the information you need to make the right decisions for your female patients in this new practice environment.

Archives of Family Medicine is meeting the challenge of healthcare in the 90's. For summaries of the latest news in all fields affecting medical care for women, you will find it this year in *Archives Journal Club/Women's Health* — only in *Archives of Family Medicine*.

For subscriber information
call 1-800-AMA-2350
FAX: 312-464-5831

As a family physician you are responsible for providing full-service, primary care to your female patients more than ever before. And with so many advances in clinical medicine, you're constantly seeking the information you need to provide quality care for your female patients — and establish a sound patient base.

- Multidisciplinary information — available from no other single source
- Quick to read — the latest information in summary format
- Clinically relevant — current knowledge useful in your daily practice
- Authoritative — brought to you by the world's largest medical publisher



American Medical Association
Physicians dedicated to the health of America

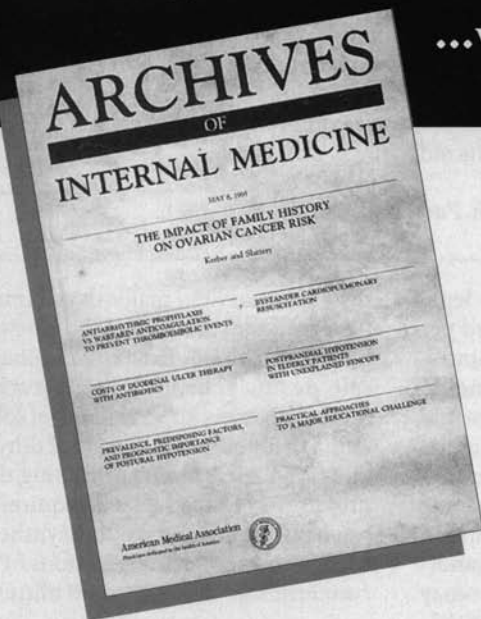


I personally found Dr Grant's program to be very open-minded and supportive in a time when no one else was. I believe it is of value to all physicians to be evaluated objectively periodically. This is especially true if a physician is having problems. It is sometimes easier for an objective observer to think of solutions for problems when a person cannot do this himself or herself. I would urge anyone having problems to visit a program like Dr Grant's before a problem becomes a medicolegal issue.

Previous Participant in Program

Keep in touch

...with Internal Medicine and the subspecialties



Make Archives of Internal Medicine your first choice for new medical information. One of the world's best-read and most frequently cited journals in its field, Archives of Internal Medicine's clinical relevance is widely acknowledged. And now more than ever, Archives makes the best use of your reading time.

- *Important medical information*
Original studies, timely reviews and commentaries.
- *Thorough peer review and stringent standards*
Ensures that selected articles meet the highest scientific standards.
- *Practical new design*
Saves you time.
- *Twice-monthly frequency*
Brings the latest findings to you faster and makes each issue easier for you to quickly review. 24 issues for only \$115.

Published twice each month!

Call toll-free 1-800-AMA-2350.

As Drs Crump and Pfeil have noted, more than 60% of specialty evaluations can be done over distance, and multiple studies have shown that 90% of patients are satisfied when seeing a specialist using interactive video technology. To date I know of no published studies reporting health outcome results over time or cost-effectiveness. Thus, we have a mature piece of communications technology looking for its place in our health care system. In my opinion, consultations over distance will be used selectively until the incentives for the patient, the primary care physician, the specialty physician, and the health plan are all aligned. Currently, this would occur only when both physicians are compensated by capitation payments and the health plan is responsible for patient transportation. Today these criteria are fulfilled only in some military situations and prison health care systems using managed care concepts. I anticipate that these incentives will be aligned in some of the larger integrated health plans that are currently evolving, and the plans will find telemedicine to be an effective tool.

Thomas C. Tinstman, MD
 University of Texas Medical Branch
 Galveston

Only in JAMA . . .

Theme issues concentrate on critical issues in medicine today. Recently, JAMA: The Journal of the American Medical Association has explored these pertinent health topics, always from a clinical perspective and frequently in the full context of the social, economic, and political factors that affect them:

- Genetics and Molecular Medicine
- Perioperative Myocardial Ischemia
- Immunization
- Tobacco
- Medical Education
- HIV/AIDS
- Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care
- Violence
- Mental Health
- Allergic and Immunologic Diseases

Plus, each year JAMA publishes its important CONTEMPO issue.

This valuable issue highlights the latest developments in over 40 key medical specialties.

Don't miss a single issue. For important scientific medical information you cannot afford to miss, subscribe to JAMA today!

For information about subscribing, call 1-800-AMA-2350.

How to Use Archives Journal Club

EDITOR

Rebecca P. McAllister, MD

Washington University School of Medicine
St Louis, Missouri

SECTION EDITORS

FAMILY MEDICINE

Louise S. Acheson, MD, MS

OBSTETRICS/MATERNAL-FETAL MEDICINE

Dorothea J. Mostello, MD

GYNECOLOGY/GYNECOLOGIC SURGERY

Lisa M. Bernhard, MD

REPRODUCTIVE ENDOCRINOLOGY/MENOPAUSE

Randall R. Odem, MD
Daniel B. Williams, MD
Ronald C. Strickler, MD
Kelle H. Moley, MD
Valerie S. Ratts, MD

UROGYNECOLOGY/UROLOGY

Linda Brubaker, MD

GYNECOLOGIC ONCOLOGY

Janet S. Rader, MD

BREAST DISEASE

Dorothy P. Andriole, MD
Barbara Monsees, MD
Peter E. Shilo, MD

ADOLESCENT GYNECOLOGY/PEDIATRIC AND ADOLESCENT MEDICINE

Diane F. Merritt, MD
Robert T. Brown, MD

INTERNAL MEDICINE

Daniel M. Goodenberger, MD

DERMATOLOGY

Luciann L. Hruza, MD

INFECTIOUS DISEASE/AIDS

Victoria Fraser, MD
Mary Horgan, MD

PSYCHIATRY

Elizabeth F. Priber, MD

PAIN/ANESTHESIA

Robert Parker, DO

AMERICAN MEDICAL WOMEN'S ASSOCIATION

Donnica Moore, MD

ALLIED HEALTH

Catherine Garner, RNC, DrPH, FAAN
Nancy Morrow-Howell, PhD
Shannon E. Perry, RN, PhD, FAAN

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* online, 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.

Ordering Full Text of Articles

Most of the journals from which *Journal Club* articles are selected participate in one or more document delivery services. Full-text copies of the original articles are available through the following sources. Per-copy charges for these articles are established by the individual publishers, not by the AMA or the *Archives Journal Club*.

Genuine Article/Institute for Scientific Information

Phone: 215-386-0100, ext. 1140-1145

Fax: 215-386-4343 and 215-222-0840

Internet: TGA@ISINET.COM

Uncover Company

Phone: 303-758-3030

Fax: 303-758-5946

Internet: database.carl.org

UMI InfoStore

Phone: 800-248-0360

Fax: 415-433-0100

Questions or Comments About Archives Journal Club

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.

Reader Information

CD/ROM

JAMA & Archives Journals
 Subscriber Services, American Medical Association
 515 North State Street, Chicago, IL 60610
 Phone: 800-AMA-2350/312-670-7827; Fax: 312-464-5831
Electronic subscription to AMA scientific journals. Full text format includes color graphics and line art. Information available beginning with 1994 data.



INTERNET

Visit the AMA's new home page on the World Wide Web:
<http://www.ama-assn.org>
Access current abstracts from JAMA and the Archives journals, full text of the new Archives Journal Club/Women's Health, article highlights from American Medical News, career opportunities in the Physician Recruitment section, immediate links to other pertinent medical resources on the Internet, and much more.



ONLINE SERVICES

Ovid Technologies, Inc.
 333 Seventh Avenue, New York, NY 10001
 Phone: 212-563-3006; Fax: 212-563-3784
Full-text articles from JAMA



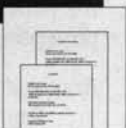
Dialog Information Services, Inc.
 3460 Hillview Avenue, PO Box 10010, Palo Alto, CA 94303
 Phone: 800-3-DIALOG; Fax: 415-858-7069
Full-text articles from JAMA and the Archives

Information Access Company
 362 Lakeside Drive, Foster City, CA 94404
 Phone: 800-227-8431; Fax: 415-378-5369
Full-text articles from JAMA, the Archives and American Medical News

DOCUMENT DELIVERY

Copies of complete articles from JAMA and the Archives journals

Genuine Article/Institute for Scientific Information
 3501 Market Street, Philadelphia, PA 19104
 Phone: 215-386-0100, ext. 1140-1145; Fax: 215-386-4343
 and 215-222-0840; Internet: TGA @ ISINET.COM



Uncover Company
 3801 E. Florida, Suite 200, Denver, CO 80210
 Phone: 303-758-3030; Fax: 303-758-5946; Internet: database.carl.org

UMI InfoStore
 500 Sansome Street, Suite 400, San Francisco, CA 94111
 Phone: 800-248-0360; Fax: 415-433-0100

ALERT SERVICE

Individual Inc.
 8 New England Executive Park West, Burlington, MA 01803
 Phone: 800-866-2266; Fax: 617-273-6060
Provides abstracts only for current issues of JAMA and the Archives by fax



MICROFILM

UMI
 300 North Zeeb Road, Ann Arbor, MI 48106-1346
 Phone: 313-761-4700; Fax: 313-973-2088
JAMA and the Archives journals available



SUBSCRIBER SERVICES

For information regarding subscriptions, change of address, missing issues, or purchasing back issues, please contact Subscriber Services Center, PO Box 10945, Chicago, IL 60610, at the numbers below. The Center's hours are between 8:30 am and 4:30 pm CST.

JAMA BOUND VOLUMES

Preserve a complete year of JAMA with an archival, bound volume set. Issues are printed on acid-free paper and include full-color covers. Each compact volume holds six months of issues and is just 2 1/4 inches thick for easy handling. Bound volume sets are available beginning with 1994. See information below to order. Please specify 1994 or 1995 subscription year when ordering.

SINGLE COPY SALES

Issues published in the last two years are available for purchase, subject to availability. Single copy rates for delivery in the US are: \$11 per copy of JAMA; \$16 per copy of the Archives journals; and \$8 per copy of American Medical News. Prepayment is required. Issues can be ordered by phone, mail, or fax through Subscriber Services at the numbers below.

REPRINTS

Authorized reprints may be purchased in quantities of 300 or more. For smaller quantities, back issues may be purchased at the single copy rate. For prices and ordering information, contact the Reprints Coordinator, PO Box 10945, Chicago, IL 60610. Phone: 312-464-2521.

PHYSICIAN RECRUITMENT ADVERTISING

JAMA physician recruitment advertising rates are \$4.25 per word, per issue (bold type is \$4.65 per word, per issue), with a minimum of 20 words. Blind Box Service is available at an additional cost of \$20 per issue. For further information and rates on physician recruitment advertising and network buys for all AMA publications, contact an AMA Physician Recruitment Representative at 312-464-2475/2490/2491/4485; Fax: 312-464-5909.

SUBSCRIBE TO AMA PUBLICATIONS

For information on any of these AMA publications, or to place an order, contact Subscriber Services at 800-AMA-2350 (Fax: 312-464-5831). A surcharge for expedited airmail delivery will be added for all orders outside the US. Mail your order to: Subscriber Services Center, PO Box 10945, Chicago, IL 60610.

1995 Subscription Rates

Individual Institution

JAMA: The Journal of the American Medical Association (48 issues)	\$120	\$140
Archives of Dermatology (12 issues)	\$135	\$150
Archives of Family Medicine (12 issues)	\$ 95	\$105
Archives of General Psychiatry (12 issues)	\$ 95	\$110
Archives of Internal Medicine (22 issues)	\$115	\$135
Archives of Neurology (12 issues)	\$145	\$175
Archives of Ophthalmology (12 issues)	\$110	\$125
Archives of Otolaryngology—		
Head & Neck Surgery (12 issues)	\$125	\$145
Archives of Pediatrics & Adolescent Medicine (12 issues)	\$100	\$125
Archives of Surgery (12 issues)	\$100	\$115
American Medical News (48 issues)	\$ 99	\$139
New! JAMA Bound Volumes (2 archival volumes)	Set \$ 95	\$ 95

PHONE: 312-670-SUBS [670-7827]

FAX: 312-464-5831

E-MAIL: AMA-SUBS@AMA-ASSN.ORG

phenomenon, and there could have been more of an emphasis, whether via the type size and color or via bold typeface, on the acute therapies for arrhythmias. The chapter on tracheostomy (percutaneous and surgical) was an excellent one, written by Franklin and Friedman from Cook County Hospital, Chicago, Ill. The chapter on severity of illness scoring systems was rather short, only 15 pages, but I like the way it delineated the scoring systems into disease-specific and general severity scoring systems. Unfortunately, there are sections on APACHE (Acute Physiology and Chronic Health Evaluation) I and II, but APACHE III is only mentioned. There is a similar problem with the discussion of the simplified acute physiology score (SAPS), in that SAPS is mentioned but not SAPS II. This is in contradistinction to the 33-page chapter in *The High Risk Patient: Management of the Critically Ill*, by Ed Sivak, MD (Baltimore, Md, Williams & Wilkins, 1995), also just published, in which

SAPS II is covered in its own separate section. Sivak's book is slightly longer at 1753 pages, and the text is set in smaller print. The chapters are similar, but there is a larger section on managerial and quality assurance issues. There are no separate sections on procedures; however, there is a chapter on procedure standards, indications, and quality.

Comparing this book with the second edition of *Intensive Care Medicine* by James M. Rippe, MD (Boston, Mass, Little Brown & Co, 1991), which is its nearest competition, there are 214 pages of procedures in Rippe's book (section 1) and 287 in that of Parillo and Bone. The outlines of both books are almost exactly the same, except that there is a section on overdoses and poisonings and surgical problems in the intensive care unit, as well as a section on transplantation, in Rippe's book. Rippe's text is slightly harder to read because of the smaller print, but at 2071 pages there is more to it.

For the family physician, there

is no mention of family physicians and their interaction with the intensivist or the stabilization of critically ill patients and their transfer out of the smaller hospitals that are incapable of caring for the critically ill patient. Very little biopsychosocial model information is provided.

Is this a good text for family physicians? It is hard to say. It depends on whether they are aggressive family physicians working in a situation in which they provide critical care or critical care stabilization. Fully 10% of Health Care Financing Administration's current procedural terminology intensive care unit code 99291 (intensive care unit care) is provided by family physicians and general practitioners—for those physicians, this would be a nice resource, except for the deficiencies listed above.

Len Scarpinato, DO, FCCP
Medical College of Wisconsin
Milwaukee



The nation's number one source for socioeconomic news in medicine

With health reform's status in Washington unclear, market upheaval and smaller-scale innovations promise the most dramatic changes for 1995. Will you know what to expect? You will—if you read American Medical News.

Comprehensive coverage: The latest on all aspects of health care including market developments, the impact of managed care, antitrust issues, the tort reform debate, and more

To-the-point information: How the news affects you and your clients

The inside story: Relevant information on what's happening in organized medicine

Expert viewpoint: Balanced and fair coverage of legal, political, economic and social issues in medicine

The more medicine changes, the more you need AMNews

Join the more than 350,000 readers involved in health care who depend on AMNews weekly. They already know why it's the most widely read publication of its kind.

Stay on top of the latest in healthcare 48 times each year for only \$99.

Call 800-AMA-2350 (FAX 312-464-5831) to subscribe today!

American Medical Association • PO Box 10945 • Chicago, IL 60610



ONCE - A - DAY CARDIZEM® CD

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

FOR HYPERTENSION OR ANGINA

R_x
Cardizem CD
Start with one
180-mg
capsule daily

Brief Summary of
Prescribing Information as of January 1995

CARDIZEM® CD (diltiazem HCl) Capsules

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (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 congestion documented by x-ray on admission.

WARNINGS

- Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
- 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 nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction $24\% \pm 6\%$) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
- Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
- Acute Hepatic Injury.** Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General

CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As 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 subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interactions

Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomi-

tantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered diltiazem to maintain optimum therapeutic blood levels.

Beta-blockers. Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities. Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltiazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)

Cimetidine. A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1200 mg per day and a single dose of diltiazem 60 mg. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.

Digitalis. Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)

Anesthetics. The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.

Cyclosporine. A pharmacokinetic interaction between diltiazem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 48% was necessary to maintain cyclosporine trough concentrations similar to those seen prior to the addition of diltiazem. If these agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is initiated, adjusted, or discontinued.

The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.

Carbamazepine. Concomitant administration of diltiazem with carbamazepine has been reported to result in elevated serum levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs concurrently should be monitored for a potential drug interaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility

A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy

Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recom-

mended 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, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Diltiazem is excreted 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.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

Adverse Reactions	Cardizem CD (n=607)	Placebo (n=301)
Headache	5.4%	5.0%
Dizziness	3.0%	3.0%
Bradycardia	3.3%	1.3%
AV Block First Degree	3.3%	0.0%
Edema	2.6%	1.3%
ECG Abnormality	1.6%	2.3%
Asthenia	1.8%	1.7%

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3200 patients, the most common events (ie, greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (1.4%), and rash (1.2%).

In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:

Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles

Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor

Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, dyspepsia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase

Dermatological: Patechiae, photosensitivity, pruritus, urticaria

Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarthicular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established.

Prescribing Information as of January 1995

Marion Merrell Dow Inc.
Kansas City, MO 64114

cod0195c

References: 1. Food and Drug Administration. *Approved Drug Products With Therapeutic Equivalence Evaluations* (Orange Book), US Dept of Health and Human Services. 14th ed. Washington, DC; 1994. 2. Cardizem CD prescribing information 3. Data on file, Marion Merrell Dow Inc.



MARION MERRELL DOW INC.
U S A
KANSAS CITY, MO 64114

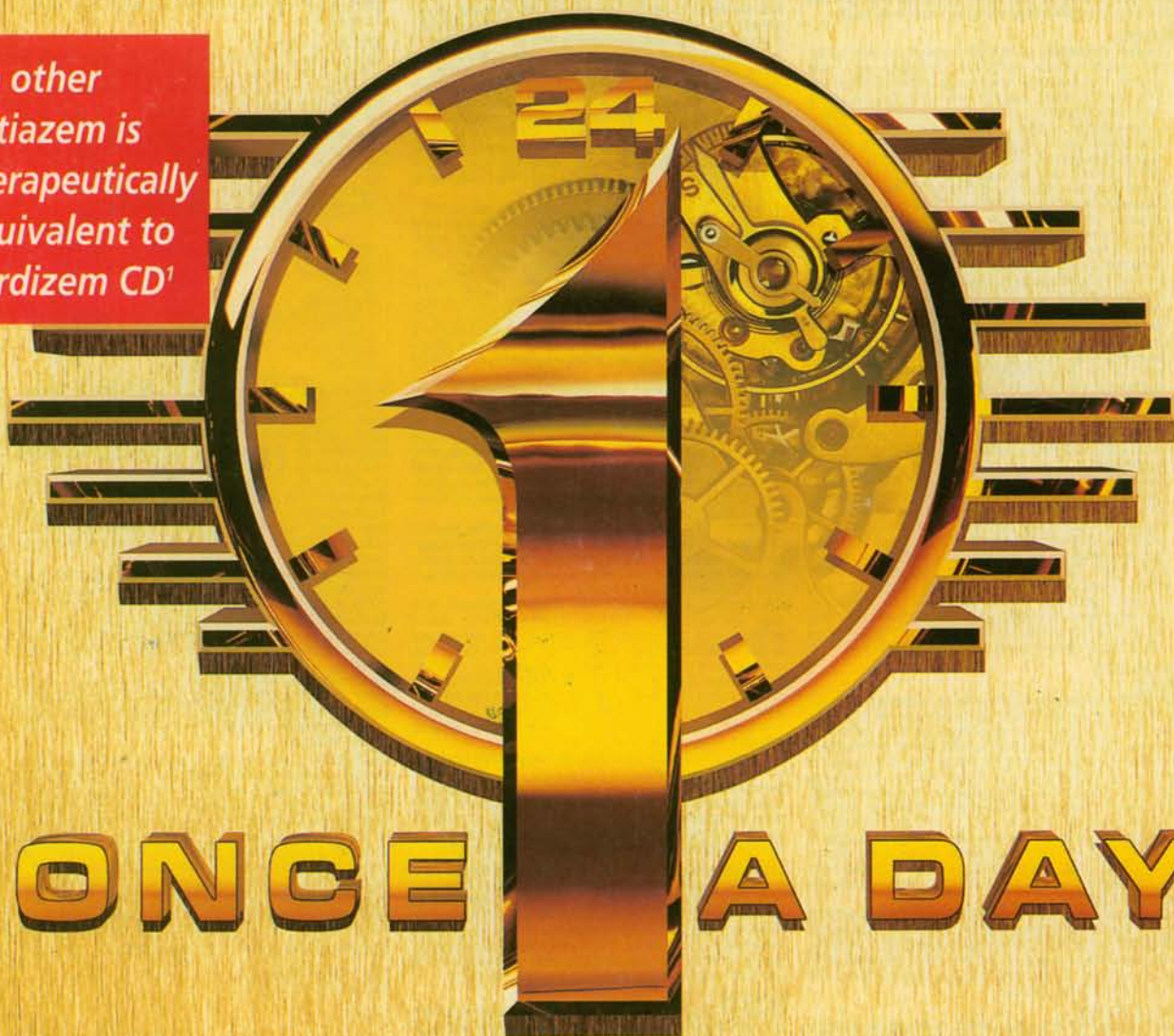
IN HYPERTENSION OR ANGINA

CARDIZEM[®] CD

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

**FOR EFFECTIVE
24-HOUR CONTROL**

No other
diltiazem is
therapeutically
equivalent to
Cardizem CD¹



ONCE A DAY

**A unique hemodynamic and safety profile
for hypertension or angina^{2,3}**

- A side-effect discontinuation rate comparable to placebo in both hypertension and angina trials³
- 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%)²

Please see brief summary of prescribing information on adjacent page.