WINNER! by a nose...

FLONASE is indicated for management of seasonal and perennial allergic rhinitis in patients 12 years and older. It is not indicated for nonallergic rhinitis.
FLONASE—Greater overall nasal symptom relief than Seldane®

In seasonal allergic rhinitis

| Patient-Rated Percent Reduction in Total Nasal Symptom Scores at Days 11-14 |
|-----------------------------|------------------|----------------|------------------|------------------|------------------|
| 0%                          | 10%              | 20%            | 30%              | 40%              | 50%              |
| Seldane                    | 36%              |                |                  |                  |                  |
| FLONASE                     | 50%              |                |                  |                  |                  |

Nasal symptoms studied were nasal obstruction, rhinorrhea, sneezing, and nasal itching. Symptom scores were based on a visual analogue scale from 0 = "absent" to 100 = "severe" for each symptom.

In a second study comparing FLONASE 200 µg QD, Seldane 60 mg BID, and placebo, at days 11-14 FLONASE demonstrated a 50% reduction in total nasal symptom scores, Seldane demonstrated a 32% reduction (P<0.001).

- Relief of nasal symptoms may begin within 12 hours.
- Effectiveness depends on regular use.
- Maximum benefit may take several days. Onset of action and degree of relief may vary in individual patients.

Works Topically, Not Systemically
- Absolute bioavailability averaging <2%
- No contraindications with antibiotics or antifungals
- No restrictions in patients with cardiovascular disease
- CNS effects such as nervousness and dizziness comparable to placebo
- Side effects occurring at >1% (causal relationship possible) included epistaxis and nasal burning (3% to 6%) and nasal irritation, headache, and pharyngitis (1% to 3%).

CAUTION: Adrenal insufficiency may occur when patients are transferred from systemic steroids. Please consult complete Prescribing Information, including Warnings.

Once-a-Day Dosing

Focused Relief for Allergic Rhinitis...

FLONASE (fluticasone propionate)

The Aqueous/Once-a-Day ANTI-RHINITIC

* Seldane (terfenadine) is a registered trademark of Marion Merrell Dow Inc.

Please consult Brief Summary of Prescribing Information for FLONASE on adjacent page.
Fionase® (fluticasone propionate) Nasal Spray, 0.05% w/w

For Intranasal Use Only.

The following is a brief summary only. Before prescribing, see complete prescribing information in Fionase® Nasal Spray product labeling.

CONTRAINDICATIONS: Fionase® Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients.

WARNINGS: The replacement of a systemic glucocorticoid with a topical glucocorticoid can be accompa-
nied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of with-
drawal, e.g., joint and/or muscular pain, fatigue, and depression. Patients previously treated for prolonged periods with high-potency topical glucocorticoids and transferred to topical glucocorticoids should be carefully moni-
tored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clin-
ical conditions requiring long-term systemic glucocorticoid treatment, too rapid a decrease in systemic glu-
corticoid use may be a cause of serious, even life-threatening, adverse reactions. The use of Fionase® Nasal Spray with alternate-day systemic prednisone could increase the likelihood of hypothalamic-pituitary-adrenal (HPA) suppression compared with a therapeutic dose of either one alone. Therefore, Fionase Nasal Spray should be used with caution in patients already receiving alternate-day prednisone treatment for any disease. In addition, the concomitant use of Fionase Nasal Spray with other oral glucocorticoids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis.

Patients who are on immunosuppressive drugs are more susceptible to infections than healthy individu-
als. Chronic oral and/or topical glucocorticoids, for example, can have a more serious or even fatal course in patients on immunosuppressive doses of corticosteroids. In such patients who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying dis-
ease and/or prior corticosteroid treatment to the risk is also not known. If exposed to infection, prophyl-
axis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intravenous immunoglobulin (IVIG) may be indicated. (See the respective package lab-
eluets for VZIG and IVIG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the intranasal administration of fluticasone propionate. Rare instances of wheezing, nasal septum perforation, catarrh, glaucoma, and increased intracranial pressure have been reported following the intranasal application of glucocorticosteroids.

Use of excessive doses of glucocorticoids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or suppression of growth in children and teenagers. Kneemistry studies in athletic children on fluticasone propionate demonstrated inhibitory effects on bone turnover and the growth rate. The relationship between short-term changes in lower leg growth and long-term effects on growth is unclear at this time. Physicians should closely follow the growth of adolescents taking glucocorticoids, and at any time, the growth of glucocorticoids should be carefully monitored. The growth curve may be used to detect an early acceleration or decrease in linear growth.

Some systemic effects have been minimally recommended dosages of Fionase® Nasal Spray, poten-
tially increased risk in children with asthma. Therefore, longer than recommended dosages of Fionase Nasal Spray should be avoided.

When used at higher doses, systemic glucocorticoid effects such as hypercorticism and adrenal suppres-
sion may appear. If such changes occur, the dosage of Fionase Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral glucocorticoids.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and paranasal sinuses with Candida albicans has occurred rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with Fionase Nasal Spray. Patients using Fionase Nasal Spray over several months or longer should be exam-
ined periodically for evidence of Candida infection or other signs of adverse effects on the nasal mucosa.

Fionase Nasal Spray should be used with caution, if at all, in patients with active or quiescent tubercu-
losis infections; untreated fungal, bacterial, or viral infections; or ocular herpes simplex.

Because of the inhibitory effect of glucocorticoids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal glucocorticoid until heal-
ing has occurred.

Information for Patients: Patients being treated with Fionase Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox and measles and, if exposed, to consult their physician without delay.

Patients should use Fionase Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with Fionase Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of Fionase Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the pre-
scribed dosage if symptoms do not improve or if the condition worsens.

The proper use of the nasal spray and to attain maximum improvement, the patient should read and fol-
lower carefully the patient’s instructions accompanying the product.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumori-
genetic potential in studies of oral doses up to 1.0 mg/kg (3 mg/m² as calculated on a surface area basis) for 78 weeks in the mouse or intravenous dose of up to 57 mg/kg (530 mg/m²) for 14 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No signif-
ificant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test, with stored and unstored cells. In addition, no significant increase in micronucleus formation was observed in the postmitotic test in rats from an oral or subcutaneous route. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 75 mg/kg (1000 mg/m²) in males and females. However, prostate weight was significantly reduced in rats.

Teratogenic Effects: Pregnancy Category C: Subcutaneous studies in the mouse and rat at 45 and 100 mg/kg, respectively (150 and 590 mg/kg, respectively, as calculated on a surface area basis) revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryotoxic growth retardation, oral clefts, and retinal coloboma.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous dosages of 4 mg/kg (41 mg/m²).

However, following oral administration of up to 100 mg/kg (3.6 mg/m²) of fluticasone propionate to the rabbit, there were no maternal effects or increased incidence of external, visceral, or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability of the following oral administration (see CLINICAL PHARMACOLOGY section of the full prescribing information).

Less than 0.008% of the dose crosses the placenta following oral administration to rats (100 mg/kg, 550 mg/m²) and 0.003% (300 mg/kg, 681 mg/m²) to rabbits.

References:

1. Data on file, Glaxo Wellcome Inc.
SPECIAL SELECTION

Chronic Alopecia
Johnson Clark, Jr, MD; Thomas N. Helm, MD; Wilma F. Bergfeld, MD; The Cleveland (Ohio) Clinic Foundation

LETTERS TO THE EDITOR

Alcohol and Injuries
James T. Hamilton, MD, JD

In Reply
Robert D. Brewer, MD, MSPH, David Sleet, PhD

Physician Patterns in the Provision of Health Care to Their Own Employees
Richard M. Gebhart, MD, Edwin A. Olson

In Reply
Randy A. Sansone, MD; Lori A. Sansone, MD; Michael W. Wiederman, PhD

ORIGINAL CONTRIBUTION

The Emotional Impact of Mistakes on Family Physicians
Marc C. Newman, MD

Physicians' Mistakes: Will Your Colleagues Offer Support?
John W. Ely, MD, MSPH

ORIGINAL CONTRIBUTION

Current Management of Acute Bronchitis in Ambulatory Care: The Use of Antibiotics and Bronchodilators
Arch G. Mainous III, PhD; Roger J. Zoorob, MD, MPH; William J. Hueston, MD
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Individual Coaching Sessions:

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Canadian residents add 7% Goods and Service Tax.
than a separate respiratory disease. Further research to define the role of acute bronchitis in causing chronic respiratory disease would be welcome. The appropriate answers to some of these questions will likely precipitate a more rapid change in physician prescribing behavior.

Harold A. Williamson, Jr, MD, MSPH
University of Missouri School of Medicine Columbia

REFERENCES

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**CONTRAINDICATIONS**
Cardizem is contraindicated in patients with sick sinus syndrome 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**
1. 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 result in abnormal, slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block of 13 of 3000 patients or 0.5%.
Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with premature atrial contractions should be monitored during titration. If no serious adverse effects are apparent, a gradual increase in the dose of diltiazem may be made without significant risk of cardiac blocks or AV block.
2. Hypersensitivity. Hypersensitivity reactions have been reported with Cardizem. In such cases, the drug should be discontinued.
3. Pulmonary Hypertension. Patients with pulmonary hypertension should be monitored during titration. If no serious adverse effects are apparent, a gradual increase in the dose of diltiazem may be made without significant risk of cardiac blocks or AV block.

**ADVERSE REACTIONS**
Serious adverse reactions have been rarely reported in studies carried out to date. The following adverse reactions have been associated with the use of Cardizem: increase in blood pressure, palpitations, headache, dizziness, nausea, vomiting, diarrhea, constipation, flatulence, rash, pruritis, dyspepsia, polyuria, polydipsia, and decreased weight. The following adverse reactions have been observed: anorexia, constipation, diarrhea, flatulence, abdominal pain, nausea, vomiting, dyspepsia, paresthesia, muscle cramps, cortical blindness, somnolence, weight gain, and all the reactions that have been noted with other calcium channel blockers. The following adverse reactions have been noted in clinical studies: angina, chest pain, dizziness, dysuria, fatigue, epigastric pain, fever, flu-like syndrome, headache, dizziness, dyspnea, fever, flushing, hypotension, oliguria, peripheral edema, peripheral neuropathy, puffy face, pruritis, rash, upper respiratory tract infection, vaginitis, and weight gain.

**References**
3. Data on file, Marion Merrell Dow Inc.
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Please see brief summary of prescribing information on adjacent page.