FLONASE is indicated for management of seasonal and perennial allergic rhinitis in patients 12 years and older. It is not indicated for nonallergic rhinitis.

* Claritin (loratadine) is a registered trademark of Schering Corp.
by a clear nose...

More nasal symptom-free days than Claritin™

In seasonal allergic rhinitis (SAR)...

Patient-Rated Nasal Symptom-Free Days
Over 4 Weeks

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Claritin (4%)</th>
<th>FLONASE (21%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patients evaluated the following symptoms daily: daytime obstruction, rhinorrhea, sneezing, and itching.

† A multicenter, randomized, double-blind, double-dummy, parallel-group, 4-week study in 102 patients with SAR comparing FLONASE 200 μg QD and loratadine 10 mg QD.

‡ In a second multicenter, randomized, double-blind, double-dummy, parallel-group, 4-week study in 240 adolescent patients with SAR comparing FLONASE 200 μg QD and loratadine 10 mg QD. FLONASE demonstrated a significantly higher percentage of symptom-free days (20.5%) than loratadine (6.9%). P<0.001.

At a cost per day 30% less than Claritin†

<table>
<thead>
<tr>
<th></th>
<th>Adult Daily Dosage</th>
<th>AWP5</th>
<th>Cost Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claritin</td>
<td>1 tablet QD</td>
<td>(100s)</td>
<td>$193.54</td>
</tr>
<tr>
<td>tablets</td>
<td></td>
<td></td>
<td>1.94</td>
</tr>
<tr>
<td>FLONASE</td>
<td>one to two sprays/</td>
<td>.68-</td>
<td>1.35</td>
</tr>
<tr>
<td>120 actuations</td>
<td>nostril QD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average wholesale price (AWP) based on Redbook, November 1986. Prices presented may not necessarily reflect the actual prices paid by health care facilities or consumers.

Claritin Tablets exhibit an antihistaminic effect beginning within 1-3 hours, reaching its maximum at 8-12 hours.

A decrease in nasal symptoms has been noted in some patients 12 hours after initial treatment with FLONASE Nasal Spray. Maximum benefit may not be reached for several days. Effectiveness depends on regular use.

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%).

Focused Relief Once a Day...

FLONASE®
(fluticasone propionate) QD AQ
NASAL SPRAY, 0.05%

ANTI-RHINITIC™ Benefits by Molecular Design

Please consult Brief Summary of Prescribing Information for FLONASE on adjacent page.
**Flonase® (fluticasone propionate)**  
**Nasal Spray, 0.05% w/v**  
**Intranasal Use Only.**

**CONTRAINDICATIONS:** Flonase® 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 accompanied by a rapid taper in dosage and may lead to adverse reactions. A withdrawal syndrome has been reported in patients who have been treated with systemic glucocorticoids. Symptoms of a withdrawal syndrome may develop within days to weeks after systemic corticosteroid withdrawal. In addition, withdrawal symptoms may be exacerbated by other medical conditions, such as allergy, trauma, stress, or infection. These symptoms may include headache, dizziness, nausea, vomiting, and myalgia. The abrupt withdrawal of systemic corticosteroids, such as prednisone, may cause a withdrawal syndrome similar to that observed with systemic corticosteroid withdrawal. These symptoms may include headache, dizziness, nausea, vomiting, and myalgia.

**Shake Gently Before Use.**

The following is a brief summary; see full prescribing information for complete product information.

**ADVERSE REACTIONS:** In controlled US studies, 24,377 patients received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle. The company did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle and active comparators.

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

**Use of excesses of glucocorticoids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or suppression of growth in children or teenagers.**

**Skin and Appendages:** Urticaria.  
**Postmarketing Experience:** In addition to the events from clinical trials, the following have been reported during postmarketing experience.

**Hypersensitivity reactions, including skin rash, edema of the face and tongue, and rarely bronchospasm, have been reported.**

**OVERDOSAGE:** There are no data available on the effects of acute or chronic overdosage with Flonase® Nasal Spray. Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers did not produce toxic effects. The company did not usually interfere with treatment. Adverse reactions were reported with mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of Flonase Nasal Spray contains approximately 8 mg of fluticasone propionate. Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS).

**Reference:**  
1. Data on file, Gloxwo Wellcome Inc.
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 paid at Chicago and at additional mailing offices. GST registration number R126 235 546. Canada Post International Publications Mail (Canadian Distribution) Agreement No. 319600. Printed in the USA.

SUBSCRIPTION RATES—The personal subscription rates for the ARCHIVES OF FAMILY MEDICINE are $100 for 1 year (10 issues) in the United States and US possessions: $130 in the Americas; $150 outside the Americas. The institution rates for 1 year are $115 in the US; $150 in the Americas; £105 outside the Americas. Special rates for residents and medical students are available. Address all subscription communications to: Subscriber Services Center, American Medical Association, PO Box 10946, Chicago, IL 60610. Phone: (800) 262-2350. Fax: (312) 464-5831. E-mail: am-sub@web.ama-assn.org. For mailing addresses outside the US 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.

The ARCHIVES OF FAMILY MEDICINE is indexed in MEDLINE, HealthSTAR, and several other indexing services.
SPECIAL SELECTION

Enlarging Scalp Nodule
Stella M. Bulengo-Ransby, MD;
Carole Johnson, MD;
John S. Metcalf, MD

LETTERS TO THE EDITOR

Melatonin
Ray Sahelian, MD

Health Professional Shortage Areas, Health Status, and Reform
Robert G. Good, DO
In Reply
Patrick Dowling, MD, MPH

Physician Suicide
Gayleen M. Eilers, MD
In Reply
Kay A. Bauman, MD, MPH

LIVING IN MEDICINE

Cranial Nerve VIII
Timothy J. Wolter, MD

ORIGINAL CONTRIBUTIONS

Physicians, Pharmaceutical Sales Representatives, and the Cost of Prescribing
T. Shawn Caudill, MD;
Mitzi S. Johnson, PhD;
Eugene C. Rich, MD;
W. Paul McKinney, MD

Impact of Advance Directive Videotape on Patient Comprehension and Treatment Preferences
Elisabeth A. Siegert, MD;
Elizabeth C. Clipp, PhD;
Paul Mulhausen, MD;
Gary Kochersberger, MD

EDITORIAL

The Challenges of Teaching and Learning About Cardiopulmonary Resuscitation in the Nursing Home
Steven Zweig, MD, MSPH
Introducing the complete text and graphics of JAMA & Archives Journals on CD-ROM. Mine the wealth of medical information from 10 of the world's most respected journals by tapping a few buttons on your computer.

This practice-enhancing tool provides powerful search capabilities (keyword, subject, article type, etc.) in an easily browsable format that journal readers will find appealing and familiar.

Research that used to take hours now takes minutes. You'll be more apt to seek information when it's this easy to locate, print and save. Anyone in your practice can do it.

See how simple CD-ROM can be with this special offer, featuring:

- Complete Editorial content
- Reference Links - click on cited reference for pop-up citation
- Full MEDLINE® Record Links and 5-Year Abstracts
- 5-Year Journal Index
- Print/Save - print full text and graphics, save full text into ASCII file
- Quick Outline Viewing - locate article sections

Yes, please send me JAMA & Archives Journals on CD-ROM

To order by phone, call: 1-800-AMA-2350
Or, fax to 312-464-5831
Mail coupon to: AMA Subscription Dept. CD, PO.10946, Chicago, IL 60610-6946.

» 1995 Archival Disk $150*
One disk includes editorial content from January-December 1995 for JAMA and all nine Archives journals. 1995 Archival Disk will be shipped in February 1996.

» 1996 Quarterly Subscription $250*
The first disk, containing editorial content for January through March 1996, will be shipped in April 1996. Each subsequent quarterly disk will be cumulative with the final disk in the subscription term containing the entire editorial content for 1996.

Minimum Windows System Requirements: 386-63, 540 KB hard disk space, 4 MB RAM, VGA monitor. Macintosh format not yet available. OVID Software from OVID Technologies, Inc.

Please complete and return with your order:

Name
MD/DO Other (please specify)
Address
City State
Country
Zip/Postal Code
Phone Fax
Check made payable to AMA
VISA MC AmEx Optima
Card # Exp. Date Signature

*Residents in AZ, CA, CT, DC, IL, IA, ME, MI, NJ, NY, NC, WI, and required state for. In Canada, add GST. Contact AMA Subscription Dept. for institutions and foreign rates. Rates subject to change. Payment must accompany order. Nonrefundable

PHEAA
Now just one stop on the information superhighway gives you the latest information from American Medical Association (AMA) publications — JAMA, the Archives journals, and American Medical News. Plus, you can connect immediately to other home pages in medicine.

http://www.ama-assn.org

- Abstracts, tables of contents and medical news briefs
- Weekly science news releases
- Current career opportunities
- Full text of Archives Journal Club/ Women's Health
- Links to other medical resources
- More features coming soon!
Your step by step guide
to implementing your
physician organization

Proven advice on helping
you successfully implement
the actual operations of your
new or existing physician
owned organization.

Implementing
a Physician
Organization

Guarantee Your satisfaction is
guaranteed. If Implementing
a Physician Organization does not
provide you the benefits described,
return the book within 30 days for
full refund.

To have information on additional
managed care products faxed directly
to you, call the AMA Information on
Request Faxline at 800 621-8335.
Press 4.

The planning, capitalization and legal structuring of your PHO, IPA or PO
is behind you and the business plan is complete. Your next step is actually
implementing your physician organization. Implementing a Physician
Organization is the first and only full length publication currently available
that can help you increase the probability of successfully implementing
the required operations of your new business.

This new easy-to-read book, written specifically for the physician, will
enhance your knowledge of key business practices, and define various
methods for scheduling, monitoring, and controlling the implementation
process.

All of the major activities required in successfully implementing your
physician organization are discussed:

- **Human Resources Management**: develop position descriptions and
recruiting/personnel policies, devise pay scales, estimate initial payroll costs,
and recruit personnel.

- **Financial Management**: develop a working budget, capital budget and
Chart of Accounts, define accounting subsystems such as payroll and
accounts payable, and identify management reporting requirements.

- **Management Information Systems**: define the functional and managed care
related information needs, and select the best computer system for the most
reasonable price.

- **Market Planning and Management**: define the mission and develop strategies
for obtaining and retaining patients, physician members and managed care
contracts.

You can enter the implementation stage of your organization with the assurance
that you have qualified help by your side. Larry Wolper, MBA, author of
Implementing a Physician Organization, has been consulting for 15 years to
the health care industry. His use of case studies, interviews and primary
research can move new physician-owners past the common business
obstacles faced in implementing physician organizations.

Implementing a Physician Organization
Order #: OP601695UA
AMA member price: $49.95
Nonmember price: $68.95

800 621-8335
Priority Code UA
Visa, MasterCard, American Express and Optima accepted.
Shipping charges apply. Add local taxes if applicable.

American Medical Association
Physicians dedicated to the health of America
The reminder system was very effective in this clinic population and improved the on-time injection rate to 96% when the 14-day grace period was included. Women receiving injections at this clinic were primarily young, single, white, and poor and had several prior pregnancies. It is not known how typical these women are when compared with medroxyprogesterone users in other locations in the United States. Because medroxyprogesterone was approved relatively recently, little has been published about its use in the United States. In a report of 199 primarily black, low-socioeconomic status adolescents, medroxyprogesterone was especially appealing to the teenagers who had been pregnant or had difficulty with oral contraceptive pills. Although it is unknown whether a reminder system would be as effective in clinic settings with different patient demographics, its success with these women, who appear to be at high risk for contraceptive failure, is very encouraging. The study results also suggest that black and married women may be particularly at risk of receiving their injections late.

The reminder system used was a simple manual mail one that could be easily adapted to other clinic settings. Although telephone reminder systems have been successful in other settings, telephone reminders were not considered for this study because of previously described difficulties in reaching clinic patients by telephone. Although the mail reminder system was designed to require minimal nursing staff time, the time needed to determine the date of the patients’ last Papanicolaou test was apparently time-consuming and frequently omitted. Unfortunately, many women inadvertently were quite late for their Papanicolaou testing. A computerized reminder system could potentially avoid this problem but would be more complex and expensive to initiate than a manual one.

In conclusion, clinicians who offer medroxyprogesterone injections should consider providing a mail reminder system for their patients. However, clinics adopting such a system will need to ensure that other important preventive health services continue to be provided.

Accepted for publication October 6, 1995.

Correspondence to Department of Family and Community Medicine, St Paul Ramsey Medical Center, 640 Jackson St, St Paul, MN 55101 (Dr Madlon-Kay).

REFERENCES

As a family physician, who has been practicing acupuncture for 12 years, I am continually impressed by the depth that acupuncture has added to my practice. Acupuncture has given me another filter through which to sift the information that patients provide regarding their distress. Combining the Oriental and Western perspectives has enhanced my diagnostic ability as well as broadened the therapeutic options that I can offer my patients. As a result of integrating acupuncture into my practice, I believe that it has made me a better family practitioner.

Dr. Peterson's article on acupuncture is a sign of the times. What was once considered a fringe medical technique is now slowly becoming established as an accepted medical modality. In fact, acupuncture has been endorsed as an accepted part of medical practice by the American Osteopathic Association, Chicago, Ill., since 1988, although the American Medical Association, Chicago, Ill., continues to regard acupuncture as an experimental medical modality. Presently, there are 3000 to 4000 physicians practicing acupuncture in the United States. Physicians who practice acupuncture are represented nationally by the American Academy of Medical Acupuncture, Santa Monica, Calif.

Acupuncture's clinical efficacy has been demonstrated in hundreds of thousands of patients in a multitude of cultures over at least 2500 years. Studies completed and now under way in the United States are confirming these millennia of clinical observations in Western terms. Acupuncture's mechanism of action remains obscure to us. Clearly, effects of acupuncture on neurotransmitter systems have been demonstrated, but much more work needs to be done. It is possible that the evolving fields of bioelectric medicine and quantum biology may have much more to offer us as to how acupuncture works. If this, indeed, becomes the case, then acupuncture and Western medicine may be the yin and yang of the medical system that is yet to come.

Gary Kaplan, DO
Family Practice Associates of Arlington, PC
Arlington, Va
This new 1995 edition of *Physician Marketplace Statistics* provides the very latest statistics — at the most detailed level possible — for answering questions about the practice environment of today’s patient care physician. This edition is published only 8 weeks after the survey data are processed so you are using the most timely information available.

This year’s edition, available in textbook and diskette, incorporates information on federal physicians. It further adds new tables on physician involvement with Medicare and Medicaid managed care contracts, and proportion of time delivering primary services by specialty, practice size and type including geographic regions.

Topics covered in the tables include:
- weeks worked
- hours and visits in different settings
- fees for visits
- expenses for six categories
- physician net income
- Medicare practice characteristics
- physician revenue by source of payor
- involvement with managed care systems
- distribution of physicians by employment status

Statistics are broken out for 18 specialties, 9 geographic regions and the ten largest states (excluding income). Softbound, 150 pages, over 100 tables and 25 figures. Published December 1995.

**Physician Marketplace Statistics 1995**
Order #: OP193195VC
AMA member price: $199.95
Nonmember price: $329.95

800 621-8335
Visa, American Express, MasterCard and Optima accepted

Mail your check to Order Department, AMA, PO Box 7046, Dover, DE 19903.

<table>
<thead>
<tr>
<th>Sales Tax Chart</th>
<th>Shipping &amp; Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ 7.05 IA 6 NJ 6</td>
<td>$150-$199.99 $15.95</td>
</tr>
<tr>
<td>CA 8.25 IL 8.75 NY 8.25</td>
<td>$25-$199.99 $19.95</td>
</tr>
<tr>
<td>CT 6 MN 7 WI 5.50</td>
<td>Over $200 $19.95</td>
</tr>
<tr>
<td>DC 6 NC 6</td>
<td></td>
</tr>
</tbody>
</table>

Canadian residents add 7% Goods and Service Tax.
**The Osler Institute**

**Family Practice Board Review Courses**

April 28 - May 4, 1996 – San Francisco  
June 16-22, 1996 – Baltimore  
May 19-25, 1996 – Dallas  
July 4-10, 1996 – Chicago

Plus optional day each of obstetrics and practice management before and after course

**OBJECTIVES**
- To improve basic and clinical knowledge in family practice
- To provide family practitioners with a review and update
- To prepare candidates to take family practice board exams

**METHODS**
- SELF-DIRECTED STUDY questions, answers, and assignments
- SEMINAR with projection slides and lecture-note syllabus
- PRACTICE EXAMS with written questions and answers

<table>
<thead>
<tr>
<th>SEVEN DAY CORE COURSE</th>
<th>Rheumatology</th>
<th>Surgery</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine and Gerontology</strong></td>
<td>Rheumatic Syndromes</td>
<td>Acute Abdomen</td>
<td>Course enrollment is limited to 140 to give personal attention to your questions. Self-directed study questions will be sent before the course – which will include lectures with slides and syllabus as well as board-type quizzes and discussion of the answers.</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td>Inflammatory Arthritis</td>
<td>Breast Diseases</td>
<td>“Accommodations were comfortable....”*</td>
</tr>
<tr>
<td>ECGs and Arrhythmias</td>
<td>Fibromyalgia</td>
<td>Trauma Assessment</td>
<td>Locations and Travel</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td><strong>Radiology and Sports</strong></td>
<td>Vascular Problems</td>
<td>The courses will be at the Park Plaza Hotel, San Francisco Airport, the Radisson Hotel, Dallas; the Holiday Inn College Park near Baltimore, and the Radisson Lisle near Chicago. For personal service with travel, please call 800-356-7537 ext. 218.</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>Chest X-ray Review</td>
<td>Common Eye Problems</td>
<td>“…the most education for the money.”*</td>
</tr>
<tr>
<td>Congestive Failure</td>
<td>Abdominal X-rays</td>
<td>Hand Injuries</td>
<td>Fees and Course Hours</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>Sports Medicine</td>
<td>Office Orthopedics</td>
<td>Physician or Resident:</td>
</tr>
<tr>
<td><strong>Pulmonology</strong></td>
<td>Sports Injuries</td>
<td>Otitis and Sinusitis</td>
<td><strong>Physy.</strong></td>
</tr>
<tr>
<td>Asthma Management</td>
<td><strong>Derm and Pharm</strong></td>
<td>Head and Neck Masses</td>
<td>• 7 Day Core Course</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Common Dermatosis</td>
<td>Prostate Problems</td>
<td>Repeating within 2 yrs.</td>
</tr>
<tr>
<td>Pulmonary Infections</td>
<td>Systemic Disease Signs</td>
<td>Hemorrhoids &amp; Hernias</td>
<td>• Optional Day Before</td>
</tr>
<tr>
<td><strong>Gastroenterology</strong></td>
<td>Geriatric Pharmacology</td>
<td><strong>Gynecology</strong></td>
<td>• Optional Day After</td>
</tr>
<tr>
<td>Mouth and Esophagus</td>
<td>Drug Interactions</td>
<td>Gynecologic Infections</td>
<td>• 9 Day Course</td>
</tr>
<tr>
<td>Peptic Ulcers</td>
<td><strong>Potpourri</strong></td>
<td>Menstrual Disorders</td>
<td>• Add 10% within 10 days of the course.</td>
</tr>
<tr>
<td>Hepatitis and Cirrhosis</td>
<td>Ethical &amp; Legal Issues</td>
<td>Pelvic Pain Evaluation</td>
<td>• Not in course hotel package add $34 per day.</td>
</tr>
<tr>
<td>Gallbladder &amp; Pancreas</td>
<td>Low Back Pain</td>
<td>Contraception</td>
<td>• Subject to $100 fee, refunds will be made until the seminar begins.</td>
</tr>
<tr>
<td>Chronic Bowel Disease</td>
<td>Pain Management</td>
<td>Infertility Options</td>
<td>“…home study...was extremely helpful.”*</td>
</tr>
<tr>
<td><strong>Infectious Diseases</strong></td>
<td>Domestic Violence</td>
<td>Sexual Assault</td>
<td><strong>AAFP Prescribed Credit</strong></td>
</tr>
<tr>
<td>Antibiotic Choices</td>
<td>Impotence</td>
<td>Abnormal Pap Smears</td>
<td>This program has been reviewed and is acceptable for up to 87 Prescribed hours by the AAFP. AAFP Prescribed credit is accepted by the AMA as equivalent to AMA PRA Category 1 for the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed hours earned must be reported as Prescribed hours, not as Category 1.</td>
</tr>
<tr>
<td>AIDS and Other STDs</td>
<td>Incontinence</td>
<td>Menopause</td>
<td>“I feel [the course] helped me pass...”*</td>
</tr>
<tr>
<td>Common Infections</td>
<td><strong>Psychiatry</strong></td>
<td>Obstetrics</td>
<td><strong>Call Today</strong> for information and registration, hotel and travel reservations:</td>
</tr>
<tr>
<td>Otitis and Sinusitis</td>
<td>Mood Disorders</td>
<td>Prenatal Care</td>
<td>(800) 356-7537 or (812) 299-5658</td>
</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td>Anxiety Disorders</td>
<td>Preeclampsia</td>
<td>FAX (812) 299-2775</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Obsessive/Compulsive</td>
<td>Diabetes in Pregnancy</td>
<td>*Comments by participants</td>
</tr>
<tr>
<td>Thyroid &amp; Emergencies</td>
<td>Somatiform Disorders</td>
<td>Bleeding in Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Parathyroid</td>
<td>Alcohol &amp; Drug Abuse</td>
<td>Fetal Monitoring</td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Eating &amp; Sleep Disorders</td>
<td>Preterm Labor/PROM</td>
<td></td>
</tr>
<tr>
<td><strong>Nephrology</strong></td>
<td>Sexual Dysfunction</td>
<td>Obstetric Analgesia</td>
<td></td>
</tr>
<tr>
<td>Acid Base &amp; &quot;lytes&quot;</td>
<td>Attention Deficit</td>
<td>Induction of Labor</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Geriatric Psychiatry</td>
<td>Forceps and Vacuum</td>
<td></td>
</tr>
<tr>
<td>Renal Failure</td>
<td>Psych. Emergencies</td>
<td>Malpresentations</td>
<td></td>
</tr>
<tr>
<td><strong>Heme and Oncology</strong></td>
<td>Vaccinations</td>
<td>Peripartum Emergencies</td>
<td></td>
</tr>
<tr>
<td>Anemia Dx and Rx</td>
<td>Fever and Infections</td>
<td>Neonatal Resuscitation</td>
<td></td>
</tr>
<tr>
<td>Abnormal White Count</td>
<td>Vomiting and Diarrhea</td>
<td><strong>Practice Mgmt.</strong></td>
<td></td>
</tr>
<tr>
<td>Bleeding Disorders</td>
<td>Seizures and Epilepsy</td>
<td>Economics and Trends</td>
<td></td>
</tr>
<tr>
<td>Cancer Prevention</td>
<td>Allergy &amp; Immunology</td>
<td>Starting Your Practice</td>
<td></td>
</tr>
<tr>
<td>Cancer Detection</td>
<td>Common Exanthemas</td>
<td>Building Your Practice</td>
<td></td>
</tr>
<tr>
<td><strong>Neurology</strong></td>
<td>Child Abuse</td>
<td>Getting Paid for Services</td>
<td></td>
</tr>
<tr>
<td>Headache &amp; Dizziness</td>
<td>Adolescent Medicine</td>
<td>Risk Management</td>
<td></td>
</tr>
<tr>
<td>Delirium and Dementia</td>
<td>Pediatric Orthopedies</td>
<td>Medical-legal Issues</td>
<td></td>
</tr>
<tr>
<td>Stroke &amp; Mpl Sclerosis</td>
<td>Pediatric Poisoning</td>
<td>Choosing an Attorney</td>
<td></td>
</tr>
<tr>
<td>Epilepsy &amp; Parkinson's</td>
<td>Community Med.</td>
<td>Negotiating Contracts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive Health Care</td>
<td>Contracts with Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational Medicine</td>
<td>Managed Care Contracts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environmental Medicine</td>
<td>Computers in Medicine</td>
<td></td>
</tr>
</tbody>
</table>

*Optional courses in italics.*

**Contact Information:**
- AAFP (800) 356-7537 or (812) 299-5658
- FAX (812) 299-2775

*Comments by participants.*
No other diltiazem is therapeutically equivalent.

A UNIQUE HEMODYNAMIC AND SAFETY PROFILE DIFFERENT FROM DIHYDROPYRIDINES

Effective 24-hour control of hypertension or angina
- Reduces blood pressure with no reflex tachycardia
- Increases exercise tolerance, reduces vasospasm, and decreases heart rate in angina

Well tolerated control regardless of age or gender
- A side-effect discontinuation rate comparable to placebo
- 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%)

True 24-hour control from a unique patented delivery system
- No other diltiazem is therapeutically equivalent to Cardizem CD

*Cardizem CD is a benzothiazepine calcium channel blocker.

† In clinical trials with Cardizem CD.
‡ FDA does not, at this time, consider other diltiazems to be therapeutically equivalent because bioequivalence has not been demonstrated through appropriate studies.

Please see brief summary of prescribing information on adjacent page.

FOR HYPERTENSION OR ANGINA

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

No other diltiazem is therapeutically equivalent.