ARCHIVES OF FAMILY MEDICINE

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See Special Selection, page 65.

THE EMOTIONAL IMPACT OF MISTAKES ON FAMILY PHYSICIANS

A PRIMARY CARE APPROACH TO THE ADULT PATIENT WITH NODULAR THYROID DISEASE

CURRENT MANAGEMENT OF ACUTE BRONCHITIS IN AMBULATORY CARE

HUMAN IMMUNODEFICIENCY VIRUS-INFECTED HEALTH CARE WORKERS

ELDER ABUSE

AN OFFICE SYSTEM FOR ORGANIZING PREVENTIVE SERVICES

American Medical Association
Physicians dedicated to the health of America
than a separate respiratory disease.\textsuperscript{15} 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.

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REFERENCES

Pituitary incidentalomas are unsuspected and endocrinologically silent (average follow-up, 6 years). Of those less than 10 mm, there was no change over several years. Of those larger than 10 mm, two of 16 experienced complications and one required surgery; four of 16 enlarged. Thus, small ones remain benign at least for several years. (Arch Intern Med. 1995;155:181-183.)
IN HYPERTENSION OR ANGINA

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

FOR EFFECTIVE 24-HOUR CONTROL

ONCE A DAY

A unique hemodynamic and safety profile for hypertension or angina

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

Please see brief summary of prescribing information on adjacent page.