

The purpose of this quiz is to provide a convenient means of self-assessment of your reading of the scientific content of this issue of JAOA. Enter your answers to the questions in the spaces provided so that you can easily check them with the answers that will be published next month.

To apply for CME credit, transfer your answers to the mail-in card on page 17 and return it to the CME office. So that you may complete this self-assessment in privacy, use only your member number to apply for CME credit. The CME office will record only the fact that you have completed the self-assessment test. Any grading will be done by the Editorial Department only for the purpose of planning areas of study which may be helpful to cover in future issues of JAOA.

1. Which of the following nationality groups has the lowest threshold to pain?
☐ (a) Scandinavian
☐ (b) Mediterranean
☐ (c) Central European
2. Narcotics have no effect on long-term pain and headache.
☐ (a) True
☐ (b) False
3. Direct-action myofascial stretching to relieve migraine should be carried out
☐ (a) slowly.
☐ (b) quickly.
4. The incidence of mitral anular calcification in autopsy series in elderly patients is
☐ (a) 2.5 to 5 percent.
☐ (b) 8.5 to 10 percent.
☐ (c) 13.5 to 15 percent.
5. In echocardiographic studies of patients with mitral anular calcification, the closing velocity is
☐ (a) reduced.
☐ (b) increased.
6. When tubo-ovarian abscess is related to the use of an intra-uterine contraceptive device, it usually is
☐ (a) unilateral.
☐ (b) bilateral.
☐ (c) either of the above.
7. When medical therapy alone is used for tubo-ovarian abscess, late sequelae often require surgery.
☐ (a) True
☐ (b) False
8. Most investigators believe that the postlumbar puncture headache is caused by the leakage of spinal fluid through the puncture site.

WANT TO KILL A CONVERSATION?
JUST MENTION
COLON AND
RECTUM CANCER.

TELL ME
WHEN
YOU'RE
FINISHED.

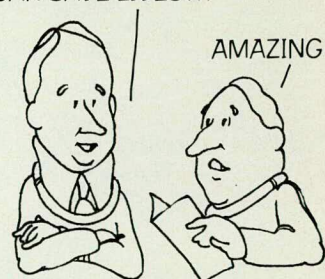


SEE? EVEN THOUGH
IT'S ONE OF THE
MOST TREATABLE
KINDS OF
CANCER...

I DON'T
WANT
TO TALK
ABOUT
IT.

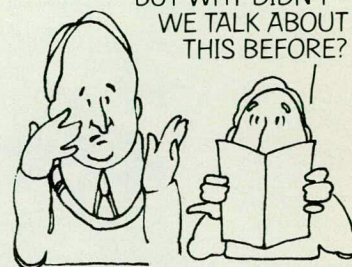


WELL THEN, AT
LEAST READ ABOUT IT...
ABOUT A SIMPLE
TESTING PROCEDURE...
ABOUT HOW EARLY
DETECTION AND TREATMENT
CAN SAVE LIVES...



AMAZING!

BUT WHY DIDN'T
WE TALK ABOUT
THIS BEFORE?



LET'S TALK. For a free booklet
on colon & rectum cancer
contact your local ACS office.

American Cancer Society

This space contributed as a public service.



Individualize your
weight control program...

Maximize Your Success

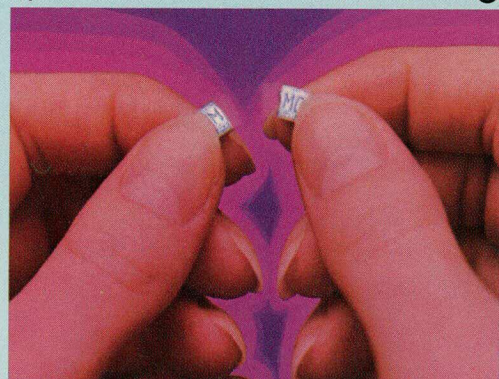


- Individualize your diet regimen
- Individualize your exercise program
- Individualize your behavior modification therapy
- When an anorectic is indicated

prescribe...

ADIPEX-P[®] (IV)

(phentermine HCl) 37.5 mg



The only full strength
phentermine tablet scored
for individualized
dosage adjustment

Please see summary of
product information on adjacent page.

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ADIPEX-P[®] (IV)

(phentermine HCl) 37.5 mg

SUMMARY OF PRESCRIBING INFORMATION

(See package insert for full prescribing information)

Actions: Pentermine hydrochloride is a sympathomimetic amine with pharmacologic activity similar to the amphetamines. Actions include CNS stimulation, blood pressure elevation, tachyphylaxis and tolerance. It has not been proved to act primarily by appetite suppression; other actions—CNS or metabolic—may be involved.

Obese adults treated with drug and diet lose more weight than those treated with placebo and diet, in short-term studies. The difference in weight loss averages a fraction of a pound a week. The amount of weight loss varies from trial to trial, and is influenced by the physician, the population treated, and the diet as well as the drug. The studies cited are of a few weeks duration, while obesity goes on for years; thus the total impact of the drug must be considered clinically limited.

Indications: In the management of exogenous obesity as a short-term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see Actions) should be measured against possible risk factors (see below).

Contraindications: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, hypersensitivity or idiosyncrasy, glaucoma, agitated states, drug abuse. During or within 14 days after administration of monoamine oxidase inhibitors.

Warnings: Tolerance to the anorectic effect develops within a few weeks; discontinue drug rather than exceeding recommended dose. The patient should be cautioned about operating machinery or driving.

Since phentermine is related to the amphetamines, the possibility of abuse must be considered. Patients may increase the dosage to many times that recommended. Abrupt cessation after prolonged high dosage results in serious CNS adverse effects. Chronic intoxication with anorectics may produce dermatoses, insomnia, irritability, hyperactivity, personality changes. The most severe effect is a psychosis resembling schizophrenia.

Pregnancy: There are no published reproduction or teratology studies. Therefore, use of phentermine in women who are or who may become pregnant requires that the potential benefit be weighed against the possible hazard.

Children: Not recommended for use in children under 12 years.

Precautions: Caution should be exercised in prescribing phentermine for patients with mild hypertension or diabetes mellitus. Pentermine may reduce the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time.

Adverse Reactions: Cardiovascular (palpitation, tachycardia, B. P. elevation); CNS (overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache, psychotic episodes); GI (mouth dryness, unpleasant taste, diarrhea, constipation, other); Allergic (urticaria); Endocrine (impotence, altered libido).

Dosage and Administration: One tablet daily, before breakfast or 1-2 hours after breakfast. Dosage may be adjusted to the patient's need.

Overdosage: Acute overdosage produces restlessness, tremor, hyper-reflexia, rapid respiration, confusion, assaultive behavior, hallucinations, panic states. Fatigue and depression usually follow CNS stimulation. CV effects: arrhythmias, hyper- or hypotension, circulatory collapse. GI symptoms: nausea, vomiting, diarrhea, cramps. Convulsions and coma usually precede death. Management of acute poisoning is symptomatic, e.g. lavage and sedation. Experience with dialysis is inadequate. Acidification of urine promotes drug excretion. I.V. phentolamine is suggested for acute severe hypertension.

How Supplied: List No. 9, bottles of 100, 400 and 1000 tablets.

- ____ (a) True
____ (b) False

9. Which of the following are diagnostic features of post saddle block anesthesia headache?

- ____ (a) It is generalized over the calvarium, but is most severe in the occipital region.
____ (b) It is throbbing in

character.

- ____ (c) It may be associated with a stiff neck.
____ (d) It is exacerbated when the patient sits up or stands. Resumption of the recumbent position offers relief.
____ (e) All of the above are true.
____ (f) None of the above is true.

Official Call

To the officers and members of the American Osteopathic Association:

You are hereby notified that the annual meeting of the American Osteopathic Association will be held in Dearborn, Michigan, July 15-20, 1982, at the Hyatt Regency Dearborn.

The opening session of the annual meeting of the Board of Trustees will be held at 9:00 a.m., Thursday, July 15.

The House of Delegates will convene for the annual business session of the Association at 1:00 p.m., Sunday, July 18. All meetings of the House of Delegates will be held at the Hyatt Regency Dearborn. The Committee on Credentials will register delegates and alternate delegates beginning at 11:00 a.m. on Sunday, July 18.

At least 30 days prior to the first day of the annual meeting, the secretary of each divisional society must certify to the American Osteopathic Association a list of the names and addresses of delegates and alternate delegates.

Frank J. McDevitt, D.O., President

Samuel B. Ganz, D.O., Speaker, House of Delegates

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