JAOA

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—Wanted—

DO Emergency Room Director

—14,000 annual visits, salary $100,000 plus, excellent opportunity.

Contact
R. Hemphill, D.O.,
Saginaw Osteopathic Hospital,
515 North Michigan,
Saginaw, MI 48602.

Phone
517-755-0901

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Before prescribing, please see complete product information, a summary of which follows:
CONTRAINDICATIONS: Contraindicated in cases of known hypersensitivity to the drug, and during the acute recovery period after myocardial infarction. The possibility of cross-sensitivity to other dibenzazepine compounds should be kept in mind. Surmontil (trimipramine maleate) should not be given in conjunction with drugs of the monoamine oxidase inhibitor (MAOI) class. At least two weeks should elapse between cessation of therapy with an MAOI and institution of therapy with Surmontil (trimipramine maleate).
WARNINGS: Children: This drug is not recommended for use in children, since safety and effectiveness in the pediatric age group have not been established. **Adults:** Use extreme caution in giving the drug to patients with evidence of cardiovascular disease. Caution is advised in patients with: increased intraocular pressure, history of urinary retention, narrow-angle glaucoma, seizure disorder, hyperthyroidism, a need for thyroid medication. In patients receiving guanethidine or similar agents, Surmontil may block the pharmacologic effects of these drugs. Warn patients that the drug may impair the mental or physical abilities required for driving or performing other potentially hazardous tasks.
PRECAUTIONS: Because of an inherently serious suicide potential, the nonhospitalized severely depressed patient should be given the smallest drug amount feasible. In schizophrenic patients, activation of the psychosis may occur and require reduction of dosage or the addition of a major tranquilizer to the medication schedule. Manic or hypomanic episodes may occur, especially in patients with cyclic-type disorders; Surmontil may have to be discontinued until the episode is relieved and reinstituted, if required, at lower dosage. Limit concurrent administration of Surmontil and electroconvulsive therapy to those patients for whom it is essential. When possible, discontinue the drug for several days prior to elective surgery. The use of alcoholic drinks during therapy may provoke exaggerated response. Potentiation of effects has been reported when tricyclic antidepressants were administered with sympathomimetic amines, local decongestants, local anesthetics containing epinephrine, atropine, or drugs with an anticholinergic effect. Drugs having a parasympathetic effect, including tricyclic antidepressants, may alter ejaculatory response.
Usage in pregnancy: Pregnancy Category C. Surmontil has shown evidence of embryotoxicity and/or increased incidence of major anomalies in rats or rabbits at doses 20 times the human dose. There are no adequate and well-controlled studies in pregnant women. Surmontil should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Cardiovascular—Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke.
Psychiatric—Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis.
Neurologic—Numbness, tingling, paresthesias of extremities; incoordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alterations in EEG patterns; tinnitus.
Anticholinergic—Dry mouth and, rarely, associated sublingual adenitis; blurred vision, disturbances of accommodation, mydriasis, constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.
Allergic—Skin rash, petechiae, urticaria, itching, photosensitization, edema of face and tongue.
Hematologic—Bone-marrow depression including agranulocytosis, eosinophilia; purpura; thrombocytopenia. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is evidence of pathologic neutrophil depression.
Gastrointestinal—Nausea and vomiting, anorexia, epigastric distress, diarrhea, peculiar taste, stomatitis, abdominal cramps, black tongue.
Endocrine—Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido; impotence; testicular swelling; elevation or depression of blood-sugar levels.
Other—Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency; drowsiness, dizziness, weakness, and fatigue; headache; parotid swelling; alopecia.
Withdrawal Symptoms—Though not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache, and malaise.
SUPPLIED: 25 mg in bottles of 100 opaque blue and yellow capsules, 50 mg in bottles of 100 opaque blue and orange capsules.

Imagine you're depressed.

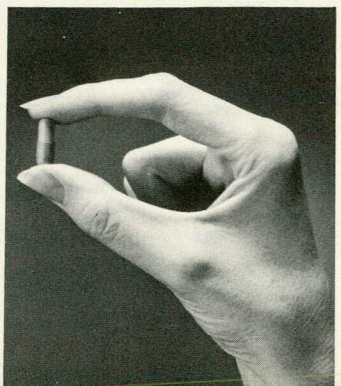
Imagine your dry mouth.
Imagine your palpitations.
Imagine your dizziness.

Imagine taking your next dose.

(Imagine how many patients don't.)

a depressed patient shouldn't have to feel bad to feel better

SURMONTIL®
(trimipramine maleate)



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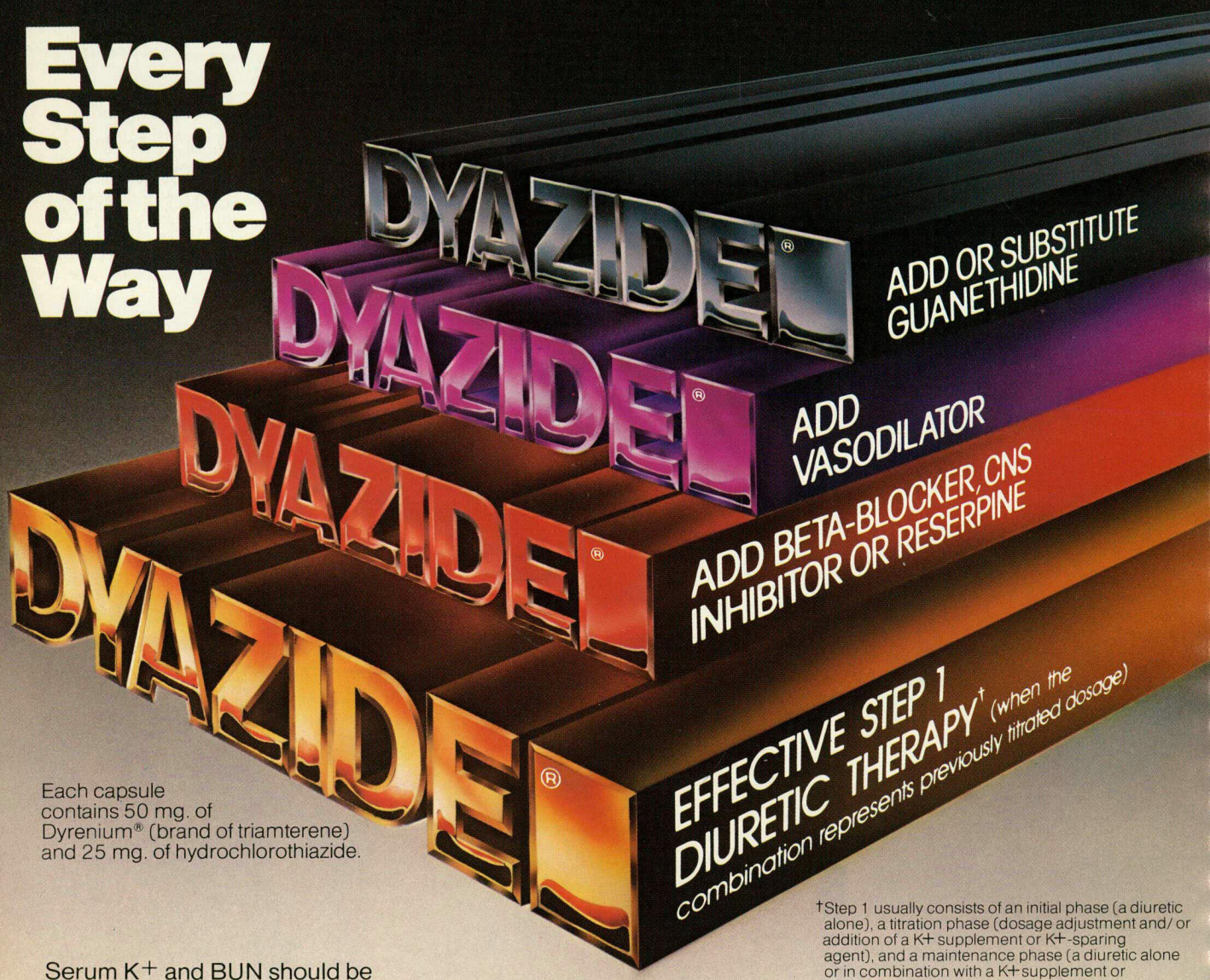
In Hypertension*...When You Need to Conserve K^+

Every Step of the Way



Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

†Step 1 usually consists of an initial phase (a diuretic alone), a titration phase (dosage adjustment and/or addition of a K^+ supplement or K^+-sparing agent), and a maintenance phase (a diuretic alone or in combination with a K^+ supplement or K^+-sparing agent).

Serum K^+ and BUN should be checked periodically (see Warnings).

Before prescribing, see complete prescribing information in SK&F Co. literature or *PDR*. The following is a brief summary.

* **WARNING**

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Watch for signs of impending coma in severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis and aplastic anemia have been reported with thiazides. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function.

Thiazides may add to or potentiate the action of other antihypertensive drugs.

Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis and of impotence have been reported with the use of 'Dyazide', although a causal relationship has not been established.

Supplied: Bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

SK&F CO.
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Carolina, P.R. 00630

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