A Positive Point About Breast Cancer.

Now we can see it before you can feel it. When it's no bigger than the dot on this page.

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JAOA

CME quiz

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 19 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 are computed tomographic findings of pneumocephalus?
   _____ (a) Mass effect
   _____ (b) Effacement of lateral ventricles
   _____ (c) Displacement of cerebral mantle
   _____ (d) All of the above
   _____ (e) None of the above

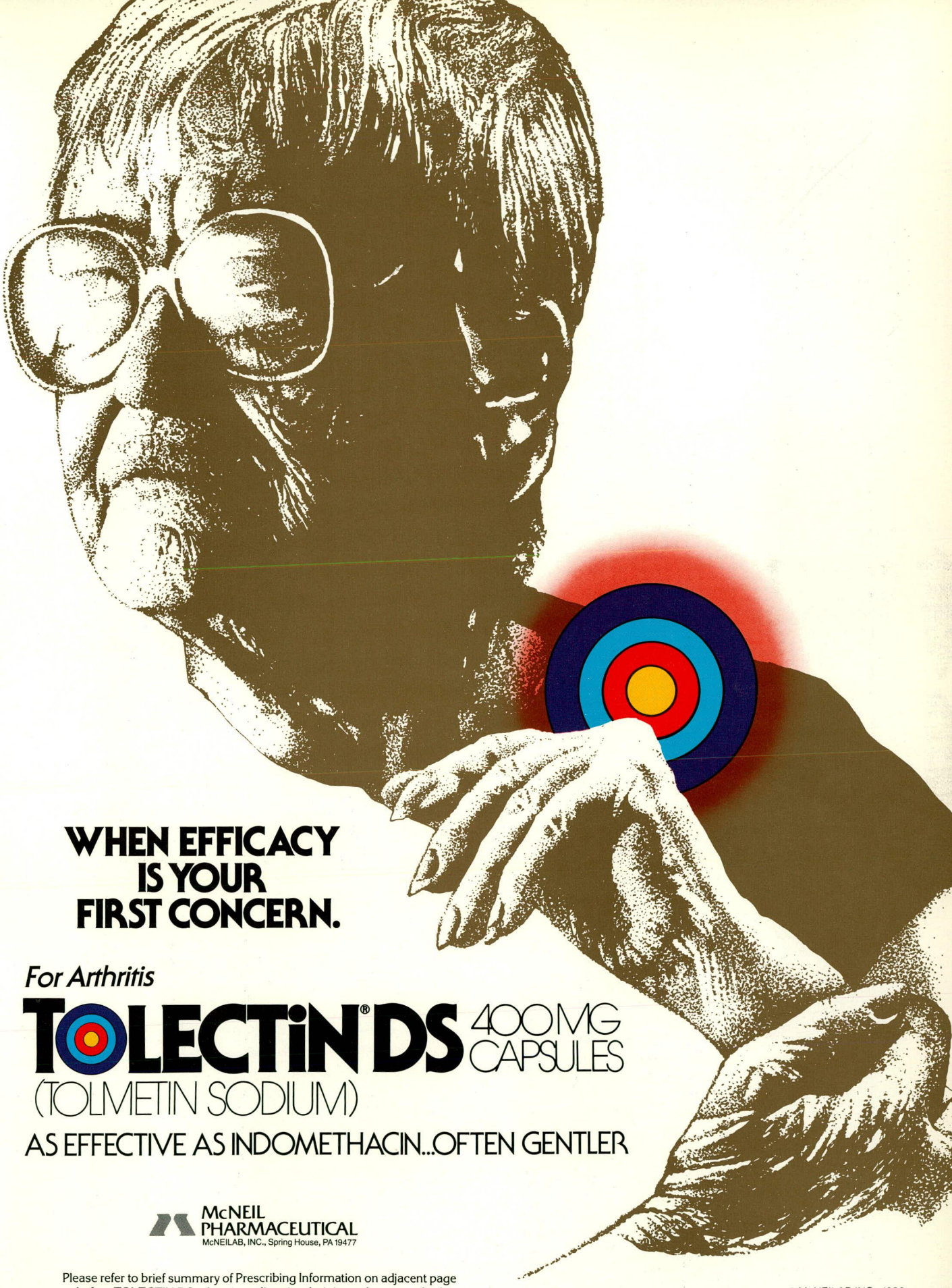
2. Subdural tension pneumocephalus will demonstrate peaking of the frontal lobes.
   _____ (a) True
   _____ (b) False

3. Prompt reduction of a tension pneumocephalus is NOT the customary treatment of pneumocephalus.
   _____ (a) True
   _____ (b) False

4. Toxic megacolon is most commonly associated with which condition?
   _____ (a) Crohn's disease
   _____ (b) Ischemic colitis
   _____ (c) Pseudomembranous colitis
   _____ (d) Ulcerative colitis

5. Which factor is NOT a suspected cause of toxic megacolon?
   _____ (a) Barium enema
   _____ (b) Antibiotic-resistant enteric pathogens
   _____ (c) Anticholinergics
   _____ (d) Aerophagia

6. According to Babaknia and associates, the incidence of acute appendicitis in pregnancy is
   _____ (a) 1/1000.
   _____ (b) 1/1500.
   _____ (c) 1/5000.



WHEN EFFICACY IS YOUR FIRST CONCERN.

For Arthritis

TOLECTIN® DS 400 MG CAPSULES

(TOLMETIN SODIUM)

AS EFFECTIVE AS INDOMETHACIN...OFTEN GENTLER

McNEIL PHARMACEUTICAL
McNEILAB, INC., Spring House, PA 19477

Please refer to brief summary of Prescribing Information on adjacent page before TOLECTIN DS tolmetin sodium is administered or prescribed.

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WHEN EFFICACY IS YOUR FIRST CONCERN.

There may be times when price and convenience are considerations in your choice of an NSAID. But when your primary concern is anti-arthritic efficacy, consider TOLECTIN DS tolmetin sodium.

TOLECTIN DS reduces arthritis pain and inflammation while improving functional capacity—as effectively as indomethacin.[1]

Yet, long-term, double-blind studies show that TOLECTIN DS, unlike indomethacin, rarely causes CNS side effects such as dizziness and light-headedness. The most frequent side effects were GI related in both treatment groups.[1]

So, when your first concern is anti-arthritic efficacy, your first choice should be TOLECTIN DS—as effective as indomethacin, but often gentler.

1. Caldwell J, Brandon ML, Franz KH, et al: A double-blind comparison of the efficacy and side effect liability of tolmetin and indomethacin. Presented at a symposium, *Tolmetin: A New Non-Steroidal Anti-Inflammatory Agent.* Washington, DC, April 1975. *Excerpta Medica,* 1976, pp 57–70.

For Arthritis

TOLECTIN® DS 400 MG CAPSULES (TOLMETIN SODIUM)

AS EFFECTIVE AS INDOMETHACIN...OFTEN GENTLER

TOLECTIN® (tolmetin sodium)

The following is a brief summary only. Before prescribing, see complete prescribing information in TOLECTIN product labeling.

Contraindications: Anaphylactoid reactions have been reported with TOLECTIN as with other nonsteroidal anti-inflammatory drugs. Because of the possibility for cross-sensitivity, TOLECTIN should not be given to patients in whom aspirin and other nonsteroidal anti-inflammatory drugs (particularly zomepirac sodium) induce symptoms of asthma, rhinitis, urticaria or other symptoms of allergic or anaphylactoid reactions. Patients experiencing anaphylactoid reactions on TOLECTIN should be treated with conventional therapy, such as epinephrine, antihistamine and/or steroids.

Warnings: Give under close supervision to patients with a history of upper gastrointestinal tract disease and only after consulting the "Adverse Reactions" section. Peptic ulceration and gastrointestinal bleeding, sometimes severe, have been reported. If TOLECTIN must be given to patients with active peptic ulcer, closely supervise for signs of ulcer perforations or severe gastrointestinal bleeding.

Precautions: Patients who develop visual disturbances during treatment with TOLECTIN should have ophthalmologic evaluations and follow-up.

Cases of acute interstitial nephritis with hematuria, proteinuria, and occasionally nephrotic syndrome have been reported. Closely monitor patients with impaired renal function; they may require lower doses.

In patients with prerenal conditions leading to a reduction of renal blood flow or blood volume, administration of an NSAID may precipitate overt renal decompensation. Patients at greatest risk are those with heart failure, liver dysfunction, those taking diuretics, and the elderly.

TOLECTIN prolongs bleeding time. Patients who may be adversely affected by prolongation of bleeding time should be carefully observed when TOLECTIN is administered.

In patients receiving concomitant TOLECTIN-steroid therapy, any reduction in steroid dosage should be gradual to avoid the possible complications of sudden steroid withdrawal.

TOLECTIN should be used with caution in patients with compromised cardiac function, hypertension, or other conditions predisposing to fluid retention.

A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe hepatic reactions while on therapy with TOLECTIN. Severe hepatic reactions, including jaundice and fatal hepatitis, have been reported with TOLECTIN as with other nonsteroidal anti-inflammatory drugs. Although such reactions are rare, if abnormal liver tests persist or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g. eosinophilia, rash, etc.), discontinue TOLECTIN.

Carcinogenesis, Mutagenesis, Impairment of Fertility—Tolmetin sodium did not possess any carcinogenic liability, mutagenic potential or impairment of fertility in standard *in vitro* tests and/or in tests in animals. Effects on parturition (including increased incidences of dystocia and delayed parturition) have been shown, however, as with other prostaglandin inhibitors.

Pregnancy—TOLECTIN has not been studied in pregnant women. Drugs in this class have known effects on the fetal cardiovascular system which may cause constriction of the ductus arteriosus *in utero* during the third trimester of pregnancy, which may result in persistent pulmonary hypertension of the newborn. Therefore, TOLECTIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Because TOLECTIN is secreted in human milk, nursing should not be undertaken while a patient is on this drug.

Pediatric Use—The safety and effectiveness of TOLECTIN for children under 2 years of age have not been established.

Drug Interactions—Increased prothrombin time and bleeding have been reported in patients on concomitant TOLECTIN and warfarin therapy; caution should be exercised when administering TOLECTIN to patients on anticoagulants.

Drug/Laboratory Test Interaction—Metabolites of tolmetin in urine have been found to give positive tests for proteinuria using tests which rely on acid precipitation as their endpoint. No interference is seen in the tests for proteinuria using dye-impregnated commercially available reagent strips.

Drug-Food Interaction—In a controlled single dose study, administration of TOLECTIN with milk had no effect on peak plasma tolmetin concentration, but decreased total tolmetin bioavailability by 16%. When TOLECTIN was taken immediately after a meal, peak plasma tolmetin concentration and total bioavailability were reduced by 50% and 16%, respectively.

Adverse Reactions: Incidence Greater Than 1%—The following adverse reactions which occurred more frequently than 1 in 100 were reported in controlled clinical trials.

Gastrointestinal: Nausea (11%), dyspepsia,* gastrointestinal distress,* abdominal pain,* diarrhea,* flatulence,* vomiting,* constipation, gastritis, and peptic ulcer.

Body as a Whole: Headache,* asthenia,* chest pain

Cardiovascular: Elevated blood pressure,* edema*

Central Nervous System: Dizziness,* drowsiness, depression

Metabolic/Nutritional: Weight gain,* weight loss*

Dermatologic: Skin irritation

Special Senses: Tinnitus, visual disturbance

Hematologic: Small and transient decreases in hemoglobin and hematocrit not associated with gastrointestinal bleeding have occurred.

Urogenital: Elevated BUN, urinary tract infection

*Reactions occurring in 3% to 9% of patients treated with TOLECTIN. Reactions occurring in fewer than 3% of the patients are unmarked.

Incidence Less Than 1% (Causal Relationship Probable)—*Gastrointestinal:* Gastrointestinal bleeding with or without evidence of peptic ulcer, glossitis, stomatitis, hepatitis, liver function abnormalities

Body as a Whole: Anaphylactoid reactions, fever, lymphadenopathy, serum sickness

Hematologic: Hemolytic anemia, thrombocytopenia, granulocytopenia, agranulocytosis

Cardiovascular: Congestive heart failure in patients with marginal cardiac function

Dermatologic: Urticaria, purpura, erythema multiforme, toxic epidermal necrolysis

Urogenital: Hematuria, proteinuria, dysuria, renal failure

Incidence Less Than 1% (Causal Relationship Unknown)—*Body as a Whole:* Epistaxis

Special Senses: Optic neuropathy, retinal and macular changes

Full directions for use should be read before administering or prescribing.

For information on symptoms and treatment of overdosage, see full prescribing information.

11/20/85

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