American Osteopathic Association
Continuing Medical Education

CERTIFICATION OF HOME STUDY

This is to certify that I, _____ completed the following activity for AOA CME credits.
Please print

Type of activity (such as reading or listening) _____

Name of journal(s) *or* audio-tape and date(s) of issue(s): _____

_____

_____

_____

_____

(One-half CREDIT may be granted for each issue or tape)

_____ _____
AOA number D.O.'s signature

_____ _____
College and year of graduation Current address (including zip code)

MAIL TO: AOA Division of CME, 142 East Ontario Street, Chicago, Illinois 60611

KEEP A DUPLICATE FOR YOUR RECORDS!

The **Home Study** form is intended to document individual reading of recognized scientific journals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category **2-B.**

Only one type of home study, such as reading, should be indicated on a single form, though multiple issues of scientific journals may be listed.

This form should **not** be used, however, when CME quiz cards for the AOA Journal are submitted separately.

FOR OFFICE USE ONLY

Cat. 2-B Credits _____

Date _____

Program # _____

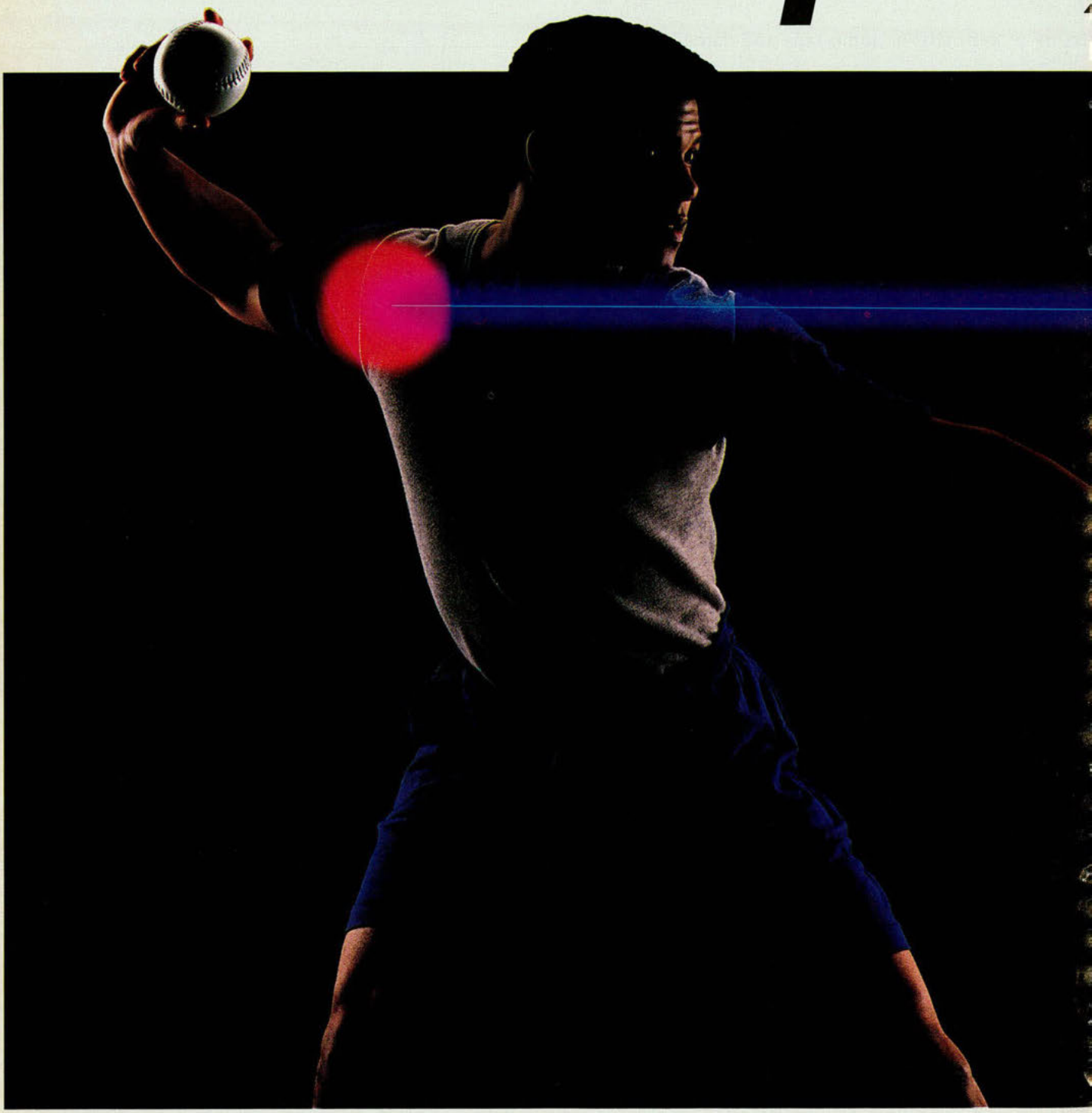
Doctor # _____

Doctor's Name _____

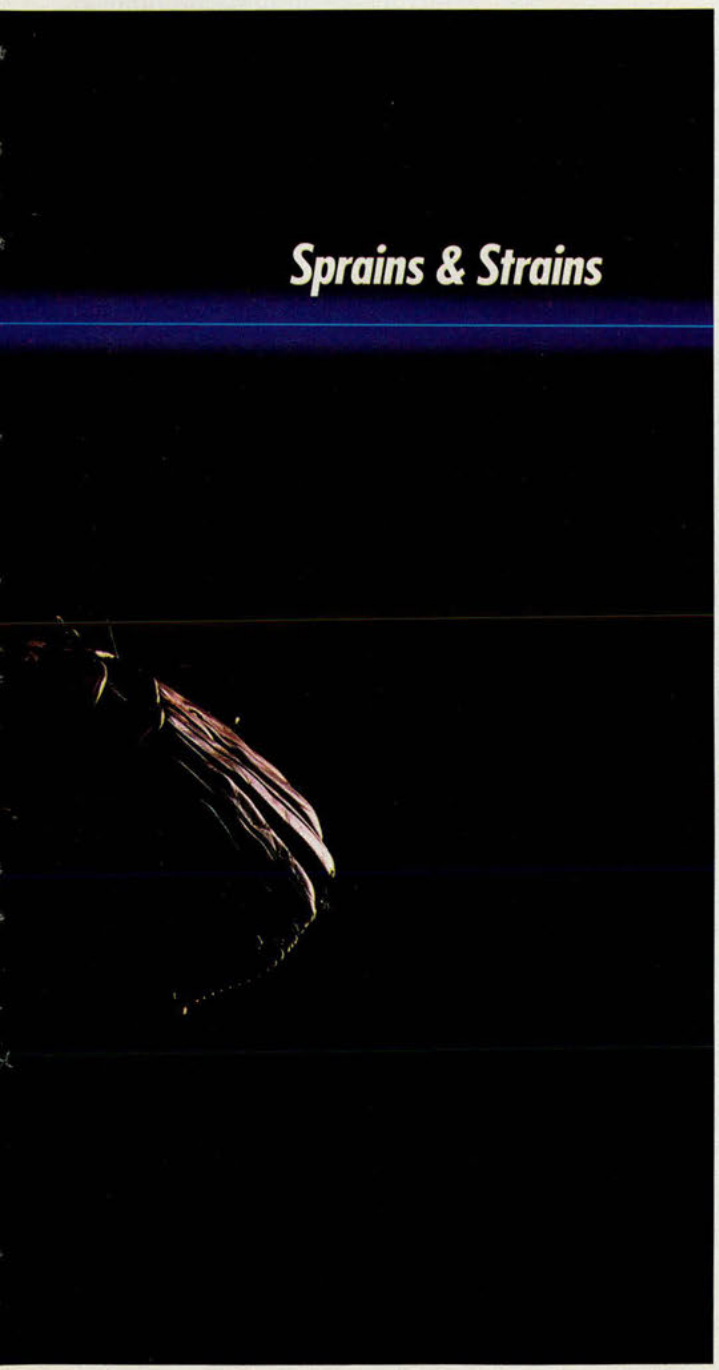
Please refer to the revised CME GUIDE for additional information.

Form Revised: 1/77

ANAPROX DS.
relief for pain



Fast, powerful inflammation.



"...significantly more rapid recovery with less pain, less synovitis, less effusion, and more rapid return of movement..."[1]

ANAPROX DS is convenient, well-tolerated,* T.I.D.† therapy with low abuse potential.

Fast Relief. Fast Recovery.

550 MG TABLETS

Anaprox® DS

(NAPROXEN SODIUM)

1. Ogilvie-Harris DJ, et al: Prostaglandin inhibition and the rate of recovery after arthroscopic meniscectomy. *J Bone Joint Surg* 1985;67-B:567-571.

*The most frequent complaints with ANAPROX DS are gastrointestinal. See Warnings and Precautions sections of prescribing information.

†The daily dosage of 1650 mg can be used for limited periods when a higher level of analgesic/anti-inflammatory activity is required.

For brief summary of prescribing information, see next page.

SYNTEX

SYNTEX PUERTO RICO, INC.
HUMACAO, PR. 00661

Intranasal cocaine and coronary artery vasoconstriction

Although "recreational" use of intranasal cocaine has been associated with chest pain and myocardial infarction, no such association has been documented when cocaine is used in low doses as a topical anesthetic.

This study examines the effects of intranasal cocaine (10% cocaine hydrochloride; 2 mg/kg of body weight) on the blood flow in and dimensions of the coronary arteries and on myocardial oxygen demand in 45 patients, aged 36 to 67 years of age. All patients were undergoing cardiac catheterization to evaluate chest pain. Heart rate, arterial pressure, blood flow in the coronary sinus (measured by thermodilution), and the dimensions of the epicardial left coronary artery were measured. Evaluations were done before and 15 minutes after intranasal administration of saline solution or cocaine.

No variables changed after the saline administration. After the administration of cocaine, the heart rate and arterial pressure rose, while the coronary sinus blood flow fell, from a mean [± SD] of 149 ± 59 mL/min to 124 ± 53 mL/min. The diameter of the left coronary artery decreased by 8% to 12%.

No patient had chest pain or electrocardiographic evidence of myocardial ischemia after the administration of cocaine. Subsequently, the administration of the α-adrenegic blocking agent phentolamine caused all these values to return to baseline levels. No difference in response was noted between patients found to have left coronary artery disease (n = 28) and those without disease (n = 17).

In light of these findings, the intranasal administration of cocaine near the dose used for topical anesthesia causes vasoconstriction of the coronary arteries. A decrease in coronary blood flow occurs, despite an increase in myocardial oxygen demand. Alpha-adrenergic stimulation mediates these effects, which would be more pronounced at the much higher doses associated with recreational cocaine use.

Lange RA, Cigarroa RG, Yancy CW, Jr, et al: Cocaine-induced coronary-artery vasoconstriction. *N Engl J Med* 1989; 321:1557-1562.

rhGM-CSF increases neutrophil counts

Researchers in this open-label, phase II study examined the clinical and hematologic effects of recombinant human granulocyte-macrophage colony-stimulating factor (rhGM-CSF) on patients with chronic severe neutropenia.

Of the four patients participating in this study, two had severe infection. (One patient had perianal fistula, the other complete rectal prolapse.) Two patients had chronic idiopathic neutropenia (myelokathexis), and one had autoimmune neutropenia.

The rhGM-CSF was given intravenously or subcutaneously at starting dosages of 150 $\mu g/m^2$ to 1000 $\mu g/m^2$ body surface area for 12 to 14 days. Two patients re-

(continued on page 118)

RELIEVES A FLOOD OF MISERIES.

Starting with the first dose, Bromfed® relieves the miseries of a cold: the sneezing, the sinus and nasal congestion, the runny nose, watery eyes and scratchy throat.

Bromfed contains a proven decongestant, pseudoephedrine HCl, and an effective antihistamine, brompheniramine maleate. With Bromfed, the symptoms are relieved long before the cold is gone.

Also available as Bromfed-PD® Timed-release Capsules (brompheniramine maleate 6 mg and pseudoephedrine HCl 60 mg), Bromfed® Tablets (brompheniramine maleate 4 mg and pseudoephedrine HCl 60 mg) and Bromfed® Syrup (each 5 mL contains brompheniramine maleate 2 mg and pseudoephedrine HCl 30 mg).

BROMFED®
TIMED-RELEASE CAPSULES
(brompheniramine maleate 12 mg and pseudoephedrine HCl 120 mg)

Muro

Please see adjacent page for brief summary of prescribing information.

ceived a second daily course after a nontreatment interval of 14 to 20 days.

The absolute neutrophil counts increased in all patients from $< 0.25 \times 10^9$/L to 3.2 to 19.2 $\times 10^9$/L within 2 weeks of initiating therapy. Two patients had life-threatening infections that resolved during therapy. The remaining patients had major anorectal surgery during rhGM-CSF treatment with no postoperative infections.

Therefore, rhGM-CSF may increase neutrophil counts in patients with chronic neutropenia. This therapy may prove a useful adjunct to antibiotic therapy for patients with infection and perioperatively for patients having anorectal surgery.

Ganser A, Ottmann OG, Erdmann H, et al: The effect of recombinant human granulocyte-macrophage colony-stimulating factor on neutropenia and related morbidity in chronic severe neutropenia. *Ann Intern Med* 1989; 111:887-892.

Ultrasound screening in early ovarian cancer

In this prospective London study, 5479 asymptomatic women, mean age 52 years, underwent three annual ultrasound screenings at one institution. Of the 14,594 screenings performed, 338 screenings (2.3%) were positive, affecting 326 women.

Five patients with primary ovarian cancer were identified along with four patients with metastatic ovarian cancer. The apparent overall detection rate was 100%.

It was not possible to differentiate between the ultrasonic appearance of early malignant and benign tumors. The rate of false-positive results for primary ovarian cancer was 3.5% at the first screening, 1.8% at the second, and 1.2% at the third. Overall, the rate of false-positive results was 2.3%; the specificity was 97.7%, and the predictive value of a positive result on screening was 1.5%. The odds that a positive result on screening indicated the presence of an ovarian tumor, any ovarian cancer, or primary ovarian cancer were about one to two, one to 37, and one to 67, respectively.

These findings confirm the use of ultrasonography as a screening modality in asymptomatic women with persistent ovarian masses that include early ovarian cancer.

Campbell S, Bhan V, Royston P, et al: Transabdominal ultrasound screening for early ovarian cancer. *Br Med J* 1989; 299:1363-1367.

The National Osteopathic Foundation Announces:

Mead Johnson Awards

FOR GRADUATE TRAINING

- Six $5,000 awards in 1990 plus round trip transportation to AOA annual meeting.
- Award recipients will be the guests of honor at an awards breakfast to be hosted by Mead Johnson at the AOA Annual Meeting
- For residency training in AOA approved specialties
- The National Osteopathic Foundation administers all funds and selection of recipients

The Mead Johnson Awards for Graduate Training in osteopathic medicine provide financial assistance to selected graduates toward completion of a year of residency training. Mead Johnson has participated by providing funds for this joint endeavor since 1956.

Grants are available to any osteopathic physician within four years of date of graduation from an osteopathic college. The recipient may choose any hospital approved for residency training by the American Osteopathic Association.

Application forms may be obtained by writing to:

Committee on Educational Grants
The National Osteopathic Foundation
142 E. Ontario, 2nd Floor
Chicago, Illinois 60611
(800) 621-1773 (Ext. 5850)

FORMS MUST BE RETURNED BY APRIL 15, 1990

G-N17-8-88

Ansaid 100 mg: 1 Tablet BID or TID

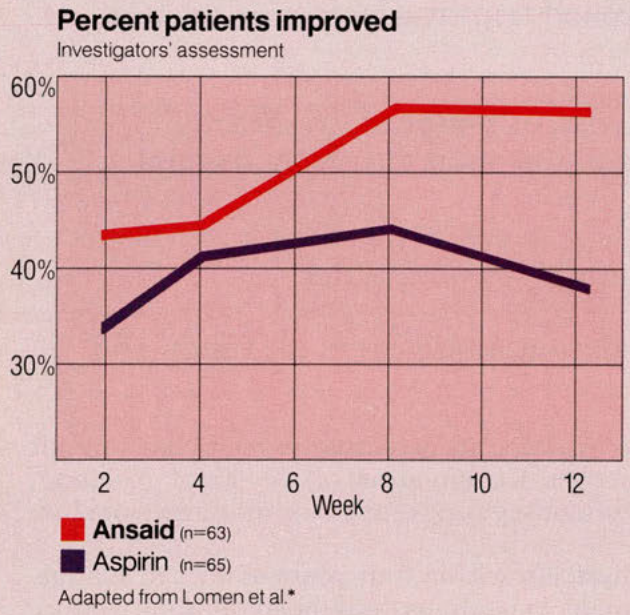
(flurbiprofen)

for Arthritis

Osteoarthritis

ANSAID Tablets lessen disability

- Diagnosis: Osteoarthritis of the knee.
- Study: Double blind, randomized.
- Treatment: **Ansaid**, up to 200 mg/day, or aspirin, up to 4,000 mg/day.*



Adapted from Lomen et al.*

Rheumatoid arthritis

ANSAID Tablets improve mobility

A 52-week, double-blind, randomized study of 822 patients in the United States demonstrated that **Ansaid** (flurbiprofen) 200 to 300 mg/day relieves rheumatoid arthritis pain and inflammation as effectively as comparable dosages of aspirin.

Efficacy was confirmed by improvement in such parameters as grip strength, duration of morning stiffness, and time to onset of fatigue

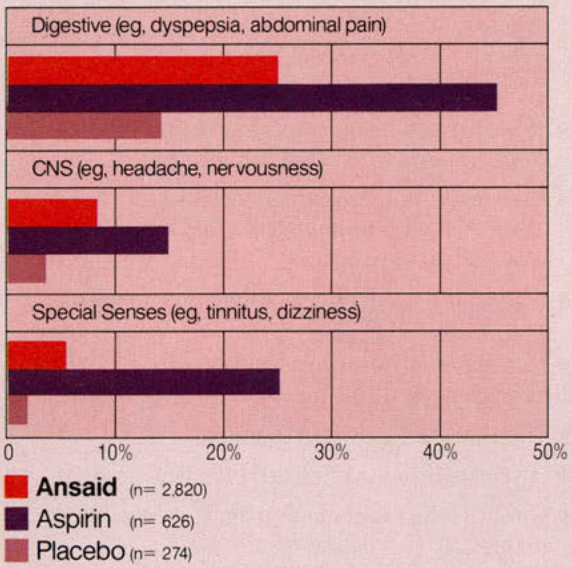
Effective...improves patient mobility

EFFICACY
SAFETY
EXPERIENCE

An excellent safety record worldwide

- 1 billion patient days of treatment with flurbiprofen since 1977.
- Experience in 70 countries.

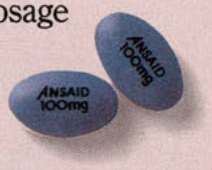
Incidence of side effects in three body systems during clinical trials with ANSAID



Convenient dosage

The dosage of **Ansaid** tablets is 200 mg or 300 mg daily, administered BID or TID. (Most experience in RA has been with TID or QID dosage.)

Recommended starting dosage is 100 mg BID.



*Lomen PL, Lamborn KR, Porter GH, et al. Treatment of osteoarthritis of the knee: A comparison of flurbiprofen and aspirin. *Am J Med*. 1986;80 (suppl 3A):97-102.

Upjohn The Upjohn Company
Kalamazoo, MI 49001, USA

Ansaid® 100 mg Tablets
FLURBIPROFEN
FOR **Arthritis**

For a brief summary of prescribing information for **Ansaid** (flurbiprofen), please turn the page.

Coming in . . .

THE DO

It was anything but a small world at the annual AOA Convention and Scientific Seminar, held just up the street from Disneyland in Anaheim, Calif, late last fall. The March issue of *The DO* covers highlights from the meeting, including the keynote address delivered by Louis W. Sullivan, MD, Secretary of the US Department of Health and Human Services. Other coverage will include reviews of the specialty colleges' didactic programs and a look at the 50th anniversary celebration of the Auxiliary to the AOA.

JAOA

- The cytoskeleton of cultured skin fibroblasts from patients with Huntington's chorea
- Risk factors of nosocomial bacteremia associated with pulmonary artery catheters in a critical care unit
- Laser surgery for the treatment of squamous cell carcinoma of the penis
- Utilization of Veterans Administration outpatient facilities by older, rural veterans
- The radiology of stress fractures
- Is schizophrenia genetically transmitted?
- Quality assurance monitoring of osteopathic manipulative treatments
- Psychiatric aspects of chronic disease in adolescents
- Combination antihypertensive therapy: Rational selection
- The effect of inoculum quantity of *Neisseria gonorrhoeae* on refrigerated versus room temperature media
- The Century Club: A model for staff-supported medical education
- Lose a piece of the rock: Physician liability for failing to notify private third parties of HIV risk

In hypertension, There's safety in these numbers.

MINIPRESS® (prazosin HCl) Blood pressure control that leaves other CHD risk factors unaffected

1. Effectively reduces high blood pressure[1]
2. Does not adversely affect the lipid profile[2-6]
3. Does not impair exercise capacity[1]
4. Has no significant effect on glucose metabolism[7,8]

Minipress®
(prazosin HCl) Capsules 1 mg, 2 mg, 5 mg
For Initial Therapy of Hypertension

Most common side effects, generally mild and transient, are: dizziness, headache, drowsiness, palpitations, and nausea. Syncope has been reported in about 0.15% of patients at the recommended initial dose of 1 mg.

Please see MINIPRESS® (prazosin HCl) brief summary on adjacent page.