

American Osteopathic Association
Continuing Medical Education

CERTIFICATION OF HOME STUDY

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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 _____

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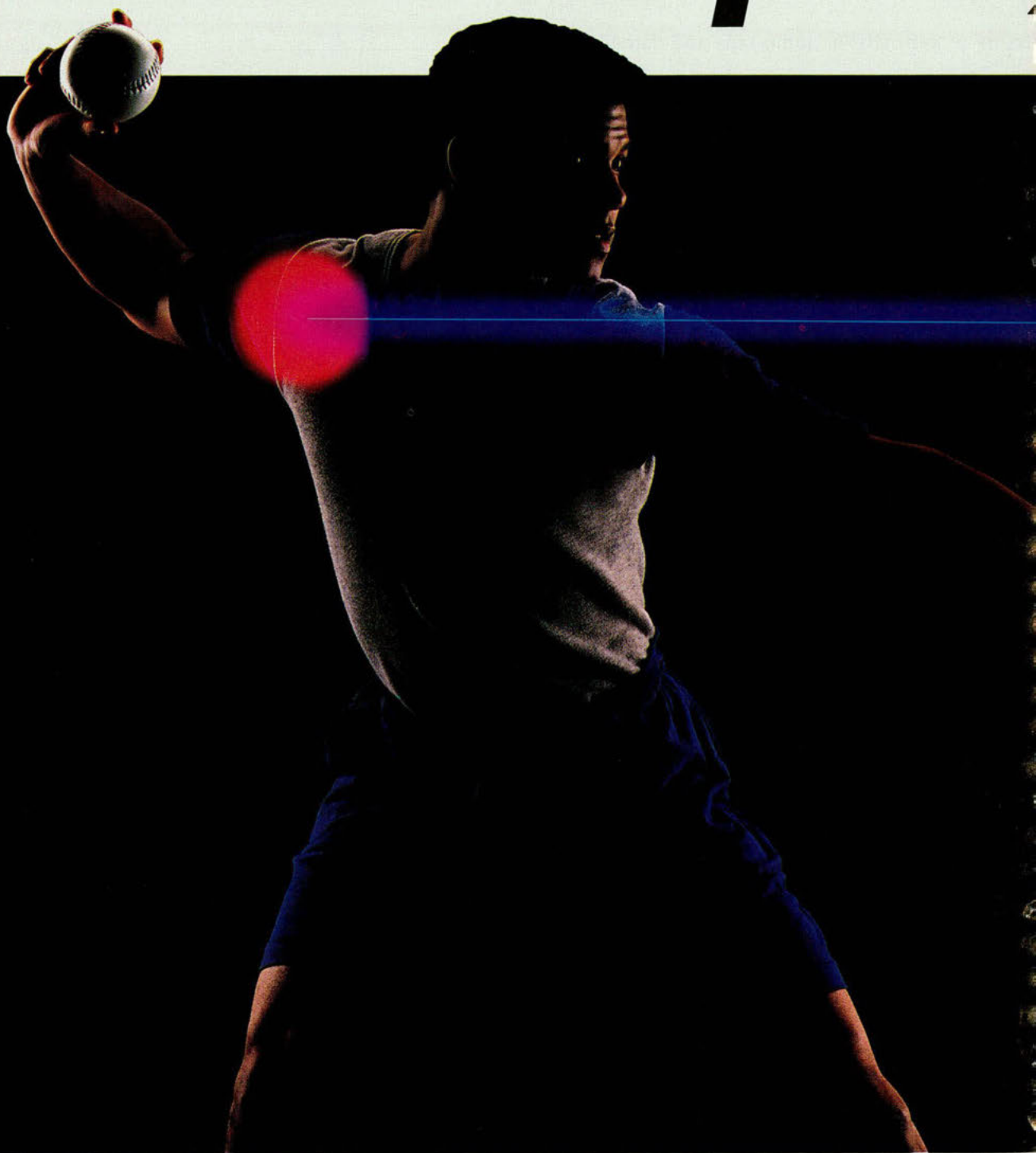
Doctor # _____

Doctor's Name _____

Please refer to the revised CME GUIDE for additional information.

ANAPROX DS.

relief for pain



Fast, powerful inflammation.

Sprains & Strains



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

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 PUERTO RICO, INC.
HUMACAO, PR. 00661

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Brief Summary:

Contraindications: Patients who have had allergic reactions to NAPROSYN, ANAPROX or ANAPROX DS or in whom aspirin or other NSAIDs induce the syndrome of asthma, rhinitis, and nasal polyps. Because anaphylactic reactions usually occur in patients with a history of such reactions, question patients for asthma, nasal polyps, urticaria, and hypotension associated with NSAIDs before starting therapy. If such symptoms occur, discontinue the drug.

Warnings: Serious GI toxicity such as bleeding, ulceration, and perforation, can occur at any time, with or without warning symptoms, in patients treated chronically with NSAIDs. Remain alert for ulceration and bleeding even in the absence of previous GI tract symptoms. In clinical trials, symptomatic upper GI ulcers, gross bleeding or perforation occur in about 1% of patients treated for 3-6 months, and in about 2-4% of patients treated for one year. Inform patients of signs and/or symptoms of serious GI toxicity and what steps to take if they occur.

Studies have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious GI events and other risk factors associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well and most spontaneous reports of fatal GI events are in this population. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of GI toxicity.

Precautions: DO NOT GIVE NAPROSYN® (NAPROXEN) CONCOMITANTLY WITH ANAPROX® OR ANAPROX® DS (NAPROXEN SODIUM) SINCE THEY CIRCULATE IN PLASMA AS THE NAPROXEN ANION. Acute interstitial nephritis with hematuria, proteinuria, and nephrotic syndrome has been reported. Patients with impaired renal function, heart failure, liver dysfunction, patients taking diuretics, and the elderly are at greater risk of overt renal decompensation. If this occurs, discontinue the drug. Use with caution and monitor serum creatinine and/or creatinine clearance in patients with significantly impaired renal function. Use caution in patients with baseline creatinine clearance less than 20 mL/minute. Use the lowest effective dose in the elderly or in patients with chronic alcoholic liver disease or cirrhosis. Borderline elevations of liver tests may occur in up to 15% of patients. Elevations of SGPT or SGOT occurred in controlled trials in less than 1% of patients. Severe hepatic reactions, including jaundice and fatal hepatitis, have been reported rarely. If liver disease develops or if systemic manifestations occur (e.g., eosinophilia or rash), discontinue therapy. If steroid dosage is reduced or eliminated during therapy, do so slowly and observe patients closely for adverse effects, including adrenal insufficiency and exacerbation of arthritis symptoms. Determine hemoglobin values periodically for patients with initial values of 10 grams or less who receive long-term therapy. A peripheral edema has been reported. For patients with restricted sodium intake, note that each tablet contains approximately 25 or 50 mg (1 or 2 mEq) sodium. Use with caution in patients with fluid retention, hypertension or heart failure. The drug may reduce fever and inflammation, diminishing their diagnostic value. Conduct ophthalmic studies if any change or disturbance in vision occurs. **Information for Patients:** Side effects can cause discomfort and, rarely, more serious side effects, such as GI bleeding, may result in hospitalization and even fatal outcomes. Physicians may wish to discuss with patients potential risks and benefits of NSAIDs, particularly when they are used for less serious conditions where treatment without NSAIDs may be acceptable. Patients should use caution for activities requiring alertness if they experience drowsiness, dizziness, vertigo or depression during therapy. **Laboratory Tests:** Because serious GI tract ulceration and bleeding can occur without warning symptoms, follow chronically treated patients and inform them of the importance of the follow-up. **Drug Interactions:** Use caution when giving concomitantly with coumarin-type anticoagulants; a hydantoin, sulfonamide or sulfonylurea; furosemide; lithium; beta-blockers; probenecid; or methotrexate. **Drug/Laboratory Test Interactions:** May decrease platelet aggregation and prolong bleeding time or increase urinary values for 17-ketogenic steroids. Temporarily stop therapy for 72 hours before adrenal function tests. May interfere with urinary assays of 5-HIAA. **Carcinogenesis:** A 2-year rat study showed no evidence of carcinogenicity. **Pregnancy:** Category B. Do not use during pregnancy unless clearly needed. Avoid use during late pregnancy. **Nursing Mothers:** Avoid use. **Pediatric Use:** Single doses of 2.5-5 mg/kg (as naproxen suspension), with total daily dose not exceeding 15 mg/kg/day, are safe in children over 2 years of age.

Adverse Reactions: In a study, GI reactions were more frequent and severe in rheumatoid arthritis patients on 1650 mg/day naproxen sodium than in those on 825 mg/day. In children with juvenile arthritis, rash and prolonged bleeding times were more frequent, GI and CNS reactions about the same, and other reactions less frequent than in adults. Incidence Greater Than 1%, Probable Causal Relationship: GI: The most frequent complaints related to the GI tract: constipation; heartburn; abdominal pain; nausea; dyspepsia, diarrhea, stomatitis, CNS: headache; dizziness; drowsiness; light-headedness; vertigo. Dermatologic: itching (pruritus); skin eruptions; ecchymoses; sweating, purpura. Special Senses: tinnitus; hearing disturbances, visual disturbances. Cardiovascular: edema; dyspnea; palpitations. General: thirst. *Incidence of reported reaction 3%-9%. Where unmarked, incidence less than 3%. Incidence Less Than 1%: Probable Causal Relationship: GI: abnormal liver function tests, colitis, GI bleeding and/or perforation, vomiting, Renal: glomerular nephritis, hematuria, interstitial nephritis, nephrotic syndrome, renal disease. Hematologic: agranulocytosis, eosinophilia, granulocytopenia, leukopenia, thrombocytopenia. CNS: depression, dream abnormalities, inability to concentrate, insomnia, malaise, myalgia and muscle weakness. Dermatologic: alopecia, photosensitive dermatitis, skin rashes. Special Senses: hearing impairment. Cardiovascular: congestive heart failure. Respiratory: eosinophilic pneumonitis. General: anaphylactoid reactions, menstrual disorders, pyrexia (chills and fever). Causal Relationship Unknown: Hematologic: aplastic anemia, hemolytic anemia. CNS: cognitive dysfunction. Dermatologic: epidermal necrolysis, erythema multiforme, Stevens-Johnson syndrome, urticaria. GI: non-peptic ulceration, ulcerative stomatitis. Cardiovascular: vasculitis. General: angioneurotic edema, hyperglycemia, hypoglycemia.

Overdosage: May have drowsiness, heartburn, indigestion, nausea, vomiting. Empty stomach and use usual supportive measures. In animals 0.5 g/kg of activated charcoal reduced plasma levels of naproxen. **Dosage and Administration for Mild to Moderate Pain, Dysmenorrhea and Acute Tendinitis and Bursitis:** Recommended starting dose is 550 mg, followed by 275 mg every 6 to 8 hours. Total daily dose should not exceed 1375 mg. **Dosage and Administration for Rheumatoid Arthritis, Osteoarthritis and Ankylosing Spondylitis:** Recommended dose in adults is 275 mg or 550 mg twice daily. In patients who tolerate lower doses well, the dose may be increased to 1650 mg per day for limited periods when a higher level of anti-inflammatory/analgesic activity is required. At this dosage, physicians should observe sufficient increased clinical benefits to offset potential increased risk. **Caution:** Federal law prohibits dispensing without prescription. See package insert for full Prescribing Information. © Revised 10/88

Anaprox DS
(NAPROXEN SODIUM)

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 ($\pm$ 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 -adrenergic 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 $150 \mu\text{g}/\text{m}^2$ to $1000 \mu\text{g}/\text{m}^2$ body surface area for 12 to 14 days. Two patients re-

(continued on page 118)



RELIEVES A FLOOD OF MISERIES.

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

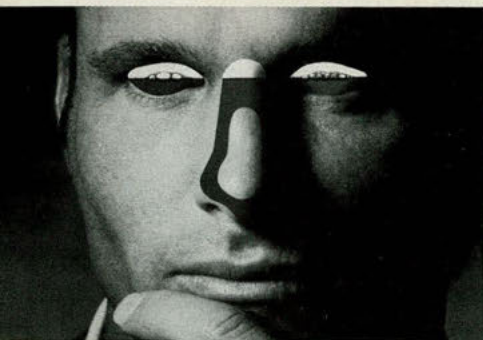
Starting with the first dose, Bromfed[®] relieves the miseries of a cold: the sneezing, the sinus and nasal congestion, the runny nose, watery eyes and scratchy throat.

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).

Muro

Please see adjacent page for
brief summary of prescribing information.



RELIEVES A FLOOD OF MISERIES.

- ☐ Effective decongestant.
- ☐ Well-tolerated antihistamine.
- ☐ Convenient b.i.d. dosing.

BROMFED®

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

BROMFED-PD®

TIMED-RELEASE CAPSULES
(brompheniramine maleate 6 mg and
pseudoephedrine HCl 60 mg)

Brief Summary

CONTRAINDICATIONS Hypersensitivity to any of the ingredients. Also contraindicated in patients with severe hypertension, severe coronary artery disease, patients on MAO inhibitor therapy, patients with narrow-angle glaucoma, urinary retention, peptic ulcer and during an asthmatic attack.

WARNINGS Considerable caution should be exercised in patients with hypertension, diabetes mellitus, ischemic heart disease, hyperthyroidism, increased intraocular pressure and prostatic hypertrophy. The elderly (60 years or older) are more likely to exhibit adverse reactions.

Antihistamines may cause excitability, especially in children. At dosages higher than the recommended dose, nervousness, dizziness or sleeplessness may occur.

PRECAUTIONS General: Caution should be exercised in patients with high blood pressure, heart disease, diabetes or thyroid disease. The antihistamine in this product may exhibit additive effects with other CNS depressants, including alcohol.

Information for Patients: Antihistamines may cause drowsiness and ambulatory patients who operate machinery or motor vehicles should be cautioned accordingly.

Drug Interactions: MAO inhibitors and beta adrenergic blockers increase the effects of sympathomimetics. Sympathomimetics may reduce the antihypertensive effects of methylidopa, mecamylamine, reserpine and veratrum alkaloids. Concomitant use of antihistamines with alcohol and other CNS depressants may have an additive effect.

Pregnancy: The safety of use of this product in pregnancy has not been established.

ADVERSE REACTIONS Adverse reactions include drowsiness, lassitude, nausea, giddiness, dryness of the mouth, blurred vision, cardiac palpitations, flushing, increased irritability or excitement (especially in children).

Dosage and Administration

BROMFED® CAPSULES Adults and children over 12 years of age: 1 capsule every 12 hours.

BROMFED-PD® CAPSULES Children 6 to 12 years of age: 1 capsule every 12 hours.

BROMFED® TABLETS Adults and children 12 and over: One tablet every 4 hours not to exceed 6 doses in 24 hours. Children 6 to 12 years: One-half tablet every 4 hours not to exceed 6 doses in 24 hours. Do not give to children under 6 years except under the advice and supervision of a physician.

CAUTION: FEDERAL (U.S.A.) LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION.

BS-4000

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TEWKSBURY, MA 01876-9987

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B-4000-9

MU BR-1103R

medi-notes

(continued)

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

Ansaid 100mg: 1 Tablet BID or TID (flurbiprofen) for Arthritis

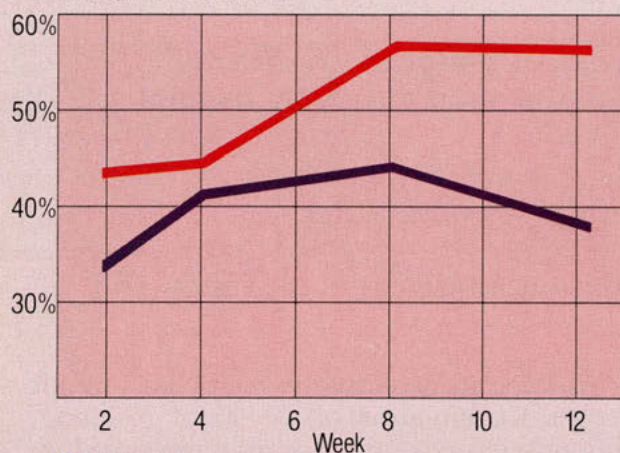
Osteoarthritis

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.*

Percent patients improved

Investigators' assessment



■ **Ansaïd** (n=63)

■ **Aspirin** (n=65)

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 **Ansaïd** (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.

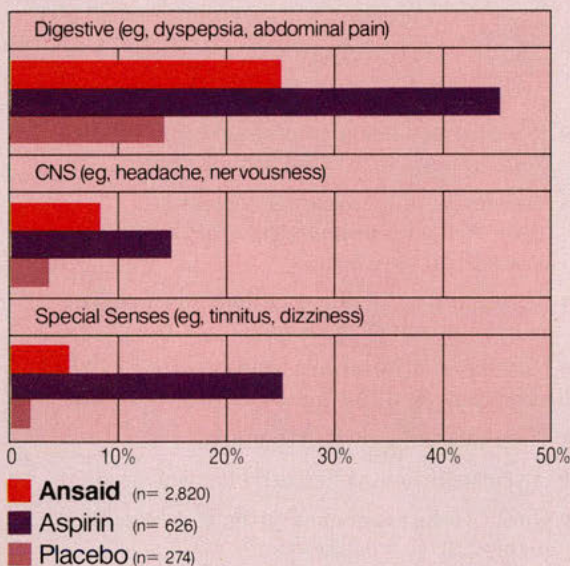
Effective...improves patient mobility

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 **Ansaïd** 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.



Ansaïd[®] 100mg Tablets
FLURBIPROFEN
FOR **Arthritis**

Upjohn The Upjohn Company
Kalamazoo, MI 49001, USA

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

Ansaid 100mg Tablets FLURBIPROFEN FOR **Arthritis**

INDICATIONS: Acute and long term treatment of signs and symptoms of rheumatoid arthritis and osteoarthritis.

CONTRAINDICATIONS: Hypersensitivity to ANSAID, or if aspirin or any other nonsteroidal anti-inflammatory agent induces asthma, urticaria or other allergic type reactions. Fatal asthmatic reactions have been reported in such patients.

WARNINGS: Gastrointestinal effects: Risk of GI ulcerations, bleeding and perforation with nonsteroidal anti-inflammatory therapy: Serious GI toxicity can occur at any time, with or without warning symptoms, during chronic treatment. The occurrence is about 1% after 3-6 months, 2-4% after a year. Patients should be informed of signs and symptoms of serious GI toxicity and what to do if it occurs. No subset of patients not at risk has been identified. Prior history of serious GI events and other risk factors of peptic ulcer disease, e.g., alcoholism, smoking, etc., have been associated with increased risk. The elderly and debilitated tolerate ulceration and bleeding less well. Higher doses probably carry a greater risk. GI ulceration and bleeding can occur without warning symptoms and chronically treated patients should be followed.

PRECAUTIONS: Patients with impaired renal or hepatic function: Use ANSAID and similar agents cautiously. Pharmacokinetics have not been studied in patients with decreased liver function.

Renal Effects: Rats develop renal papillary necrosis at dosages equivalent to human therapeutic levels, as do monkeys given 20-40 times the human dose. In clinical studies of ANSAID, kidney function tests were done monthly and renal effects were similar to those seen with other nonsteroidal anti-inflammatory drugs. A second form of renal toxicity has been seen in patients with prerenal conditions that reduce renal blood flow or blood volume. A nonsteroidal anti-inflammatory drug may cause dose-dependent reduction in prostaglandin formation and precipitate overt renal decompensation. Patients at greatest risk are those with impaired renal or hepatic function, heart failure, those taking diuretics or the elderly. Drug discontinuation usually leads to recovery. Patients at high risk on chronic treatment should have renal function monitored if they have signs or symptoms that may be consistent with mild azotemia, e.g., malaise, fatigue, loss of appetite. Occasionally BUN and serum creatinine may be elevated without signs or symptoms. Flurbiprofen is excreted by the kidneys and pharmacokinetics are changed by renal failure so patients with renal failure should be monitored and may require a reduction of dosage to avoid accumulation of flurbiprofen metabolites.

Liver tests: Borderline elevations of liver function tests may occur in up to 15% of patients, and may progress, remain unchanged or disappear with continued treatment. Patients with signs and/or symptoms or with an abnormal liver function test should be evaluated further.

Anemia: Patients treated long term who have initial hemoglobin values under 10 g/dL, should have periodic hemoglobin values.

Fluid retention and edema: Fluid retention and edema have been reported so use ANSAID with caution in patients with conditions such as cardiac decompensation or hypertension.

Vision Changes: Blurred and/or diminished vision has been reported. Patients with eye complaints should have periodic ophthalmologic exams.

Effect on platelets and coagulation: Platelet aggregation is inhibited and bleeding time prolonged; patients who may be adversely affected should be carefully observed.

Information for patients: Physicians and patients may wish to discuss potential risks and likely benefits.

Drug Interactions: Anticoagulants: Bleeding parameters are affected, clinical bleeding has been reported. *Aspirin:* Flurbiprofen levels were 50% lower. Concurrent use is not recommended. *Beta-adrenergic Blockers:* Pharmacokinetics and heart rate reduction are not affected, hypotensive effect of propranolol but not atenolol was attenuated. *Cimetidine, Ranitidine:* Cimetidine causes a 13% increase in area under the flurbiprofen serum concentration curve. *Diuretics:* Patients receiving furosemide or thiazides should be closely observed to make sure the desired effect is obtained.

Carcinogenesis, mutagenesis, impairment of fertility: No evidence.

Teratogenic effects: Pregnancy category B: No effect in animals. Not recommended for use in pregnancy.

Labor and delivery, nursing mothers, pediatric use: Use is not recommended.

ADVERSE REACTIONS: 9.4% of 4123 patients dropped out of studies because of an a.d.r. **Incidence >1%:** *Gastrointestinal:* Dyspepsia*, diarrhea*, abdominal pain*, nausea*, constipation, GI bleeding, flatulence, elevated liver enzymes and vomiting. *Central nervous system:* Headache*, "stimulation" (e.g., anxiety, insomnia, reflexes increased, tremor) and "inhibition" (e.g., amnesia, asthenia, somnolence, malaise and depression). *Respiratory:* Rhinitis. *Dermatologic:* Rash. *Special senses:* Dizziness, tinnitus and changes in vision. *Genitourinary:* Signs and symptoms suggesting a urinary tract infection* *Body as a whole:* Edema* *Metabolic/nutritional:* Body weight changes.

*Reaction in 3 to 7% of patients.

Incidence <1% (Causal relationship probable): *Gastrointestinal:* Peptic ulcer disease (See Warnings), gastritis, bloody diarrhea, stomatitis, esophageal disease, hematemesis and hepatitis, cholestatic and non-cholestatic jaundice. *Central nervous system:* Ataxia, cerebrovascular ischemia, confusion, paresthesia and twitching. *Hematologic:* Decrease in hemoglobin and hematocrit, iron deficiency anemia, leukopenia, eosinophilia and ecchymosis, thrombocytopenia, hemolytic anemia and aplastic anemia. (See Precautions) *Respiratory:* Asthma and epistaxis. *Dermatologic:* Angioedema, urticaria, eczema and pruritus; photosensitivity, toxic epidermal necrolysis and exfoliative dermatitis. *Special senses:* Conjunctivitis and parosmia. *Genitourinary:* Hematuria and impairment of renal function, interstitial nephritis. *Body as a whole:* Anaphylactic reactions, chills, fever. *Metabolic/Nutritional:* Hyperuricemia. *Cardiovascular:* Heart failure, hypertension, vascular disease and vasodilatation.

Incidence <1% (Causal relationship unknown): *Gastrointestinal:* Periodontal abscess, appetite changes, cholecystitis and dry mouth. *CNS:* Convulsion, meningitis, hyperreflexia, hypertonia, cerebrovascular accident, emotional lability and subarachnoid hemorrhage. *Hematologic:* Lymphadenopathy. *Respiratory:* Bronchitis, laryngitis, dyspnea, pulmonary embolism, pulmonary infarct, hyperventilation. *Dermatologic:* Alopecia, nail disorder, herpes, dry skin and sweating. *Special senses:* Ear disease, corneal opacity, glaucoma, retrobulbar neuritis, change in taste, transient hearing loss, retinal hemorrhage. *Genitourinary:* Menstrual disturbances, vaginal and uterine hemorrhage, vulvovaginitis, prostate disease. *Metabolic/nutritional:* Hyperkalemia. *Cardiovascular:* Arrhythmias, angina pectoris and myocardial infarction. *Musculoskeletal:* Myasthenia.

DOSAGE AND ADMINISTRATION: 200 to 300 mg daily, administered bid, tid or qid. (Most experience in rheumatoid arthritis has been with tid or qid dosage). Dose should be tailored to severity of symptoms and patient response.

Store at controlled room temperature (15-30°C).

Federal law prohibits dispensing without a prescription.

Upjohn The Upjohn Company
 Kalamazoo, MI 49001

B-1-S

June, 1989

J-1491

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 pressure¹
2. Does not adversely affect the lipid profile²⁻⁶
3. Does not impair exercise capacity¹
4. Has no significant effect on glucose metabolism^{7,8}

Minipress®
(prazosin HCl) Capsules 1mg 2mg 5mg
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.