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 application form and answer sheet on page 32 and mail 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 selfassessment 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

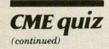
- 1. The circuit weight training protocol in the study by Butler and coworkers incorporated the use of high resistance (80% of the one-movement maximum) and low (four to five) repetitions.
 - ____(a) True. ____(b) False.
- Patients who can be considsered for circuit weight training in early cardiac rehabilitation include all of the following except:
 - ____(a) Stable postcoronary

angioplasty patients without symptoms of congestive heart failure.

- __(b) Stable postcoronary bypass patients without congestive heart failure.
- (c) Stable patients with one- and two-vessel coronary artery disease without symptoms of congestive heart failure.
- ____(d) Cardiac patients
 with uncontrolled hypertension.
- 3. Which of the following statements is false?
 - (a) Of patients with a clinical diagnosis of acute appendicitis, 15% to 20% will go to the operating room and have operative findings inconsistent with acute appendicitis.
 - ____(b) According to some studies, graded compression ultrasound may aid in diagnosing acute appendicitis.
 - ____(c) Nonvisualization of the appendix on barium enema studies is pathognomonic for acute appendicitis.
 - _____(d) An appendicolith on plain x-ray film of the abdomen is an absolute indication to take a patient to surgery.
 - —(e) The best way to diagnose acute appendicitis is through sound clinical judgment based on a thorough history

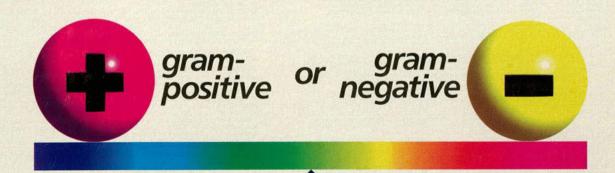
and physical examination, x-ray studies, and laboratory analysis.

- 4. Which of the following statements is false?
 - —(a) The biggest problem with performing graded compression ultrasound of the right lower quadrant is the elimination of bowel
 - (b) When performed correctly, graded compression ultrasonography of the right lower quadrant can be a relatively painless procedure in those patients with acute appendicitis.
 - (c) The procedure can accurately diagnose the presence of an appendiculate of the time.
 (d) Graded compression ultrasonography of the right lower quadrant is best performed and interpreted by radiologists trained in doing this procedure.
 - (e) Graded compression
 ultrasonography of the
 right lower quadrant is
 a safe procedure and
 has no true contraindications.
- 5. A 33-year-old woman reports multiple, spontaneous episodes of tachycardia, sweating, nausea, chest pain, and fear of imminent doom. She has the same symptoms invariably while giving a speech and feels very self-conscious. Organic disease has



been ruled out. What is this patient's likely diagnosis? —(a) Panic disorder. —(b) Social phobia. —(c) Generalized anxiety disorder. —(d) Both a and b. A 23-year-old woman who has panic disorder has been started on a regimen of imipramine, 50 mg at bedtime. She returns to the physician the following day complaining of intensified anxiety, stating that she cannot take that medicine anymore as she is	"allergic" to it. What should the practitioner do to effectively treat this patient? ——(a) Reassure the patient, restart imipramine or desipramine at a dosage of 10 mg, add alprazolam at a dosage of 0.5 mg two or three times a day, and slowly increase the imipramine (desipramine) dosage over several weeks. ——(b) Tell the patient that the medication will make her more anxious before it alleviates her	anxiety, and tell her to continue the present dosage for 1 more week. —(c) Tell the patient that this medicine is ineffective and start haloperidol therapy at a dosage of 5 mg two or three times a day. —(d) Give up on imipramine and start desipramine therapy at a dosage of 50 mg to 100 mg at bedtime. 7. Massive pulmonary embolism may follow the institution of systemic thrombolytic therapy for deep venous thrombosis. —(a) True. —(b) False.
positions avai Health Syste Residency in V We are a full dent program applicants int superior train care managem program is 20 adelphia, Per hour from the beaches and is hospital. Program positive histor	ALE 1-1 and 1992 PGY-2 lable at West Jersey m Family Practice boorhees, New Jersey. 1-2 y accredited 18-resi- looking for qualified berested in obtaining bing in the primary bent of patients. Our minutes from Phil- bansylvania and one bine South Jersey be based at a 275 bed by gram has had long, by of DO/MD mix. 1-2 y of DO/MD mix. 1-3 y of DO/MD mix. 1-4 call Joan Mc- 1-5 y of DO-795-7075.	8. Interruption of the vena cava (eg, placement of a Greenfield Caval Filter) may be performed after open pulmonary embolectomy to prevent recurrent thromboembolism. ——(a) True. ——(b) False. 9. Complications of acute mastoditis include which of the following? ——(a) Meningitis. ——(b) Hearing loss. ——(c) Intracerebral abscess formation. ——(d) All of the above.
Donnell at		sults in acute mastoiditis(a) True(b) False.

For Community-Acquired
Lower Respiratory Tract Infections





ZINACEF®

cefuroxime sodium/GLAXO

Balanced Empiric Therapy

When it's time to convert from IV to oral ...

CEFTIN BID TABLETS (cefuroxime axetil)

For continuity of care

Please consult Brief Summaries of Prescribing Information for ZINACEF and CEFTIN on following page.





The following is a brief summary only. Before prescribing, see complete prescribing information in Zinacet* (sterile ceturoxime sodium relection) product labeling. INDICATIONS AND USAGE: Zinacet is indicated for the treatment of patients with infections caused by susceptible

| INDICATIONS AND USAGE: Zinacet* is indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms in the following diseases:

1. Lower Respiratory Tract Infections, including pinciple in the property of the property o

7. Sone and Joint Infections caused by Staphylococcus aureus (including penicillinase- and non-penicillinase-producing strains).
Clinical microbiological studies in skin and skin structure infections frequently reveal the growth of susceptible strains of both aerobic and anaerobic organisms. Zinacet has been used successfully in these mixed infections in which several organisms have been isolated. Appropriate cultures and susceptibility studies should be performed to determine the susceptibility of the causative organisms to Zinacet.
Therapy may be started while awaiting the results of these studies; however, once these results become available, the antibiotic treatment should be adjusted accordingly. In certain cases of confirmed or suspected gram-positive or gram-negative sepsis or in patients with other serious infections in which the causative organism has not been identified, Zinacef may be used concomitantly with an aminoplycoside (see PFECAUTIONS). The recommended doses of both antibiotics may be given depending on the severity of the infection and the patient's condition.
Prevention: The properative prophylactic administration of Zinacef may prevent the growth of susceptible disease-causing bacteria and thereby may reduce the incidence of certain postoperative infections in patients undergoing surgical procedures and patients and prophylactic use of ambitotics may reduce the incidence of certain postoperative infections in patients undergoing surgical procedure prophylactic use of ambitotics in surgery depends on the time of administration? Zinacef should usually be given one-halt to hour before the operation to allow sufficient time to achieve effective ambitotic concentrations in the wound tissues during the new many prophylactic administration of surgery to surgical procedures, continuing prophylactic administration of any ambitotic does not reduce the incidence of subsequent infections but will increase the possibility of adverse reactions and the development of bacterial res

CONTINUATION CATIONS. Linace** is contraindicated in patients with known airery to the cephalosponin group of ambibilities.

WARNINGS: BEFORE THERAPY WITH ZINACEF* IS INSTITUTED, CARFEUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. THIS PRODUCT SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. ANTIBIOTICS SHOULD BE ADMINISTERED WITH CAUTION TO ANY PATIENT WHO HAS DEMONSTRATE SOME FORM OF ALLERGY. PARTICULARLY TO DRUGS. IF AN ALLERGIC REACTION TO ZINACEF OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE PENIPEYHIRIS. AND OTHER ELREGROMY MEASURES. Pseudomembranous colitis has been reported with the use of cephalosporins (and other broad-spectrum antibiotics). Herefore, it is important to consider its diagnosis in patients who develop diarrhea in association with antibiotic use; treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a town produced by Ciostridium difficile is one primary cause of antibiotics-associated colitis. Cholestyramine and colestipol resins have been shown to bind the toxin in wird. Mild cases of colitis may respond to drug discontinuation anden. Moderate to severe cases should be managed with fluid, electrolyte, and protein supplementation as indicated.

When the colitis is not relieved by drug discontinuation on home. Moderate to severe cases should be managed with fluid, electrolyte, and protein supplementation as indicated.

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considered.

PRECAUTIONS: Although Zinacef* rarely produces alterations in kidney function, evaluation of renal status during therapy is recommended, especially in seriously ill patients receiving the maximum doses. Cephalosporins should be given with caution to patients receiving concurrent treatment with potent diuretics as these regimens are suspected of adversely affecting renal function.

The total daily dose of Zinacef should be reduced in patients with transient or persistent renal insufficiency (see DOSAGE AND ADMINISTRATION), because high and prolonged serum antibiotic concentrations can occur in such individuals from u

AND ADMINISTRATION), because high and prolonged serum antibiotic concentrations can occur in such individuals from usual doses.

As with other antibiotics, prolonged use of Zinacef may result in overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. It superinfection occurs during therapy, appropriate measures should be taken. Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly collists.

Nephrotoxicity has been reported following concomitant administration of aminoglycoside antibiotics and cephalosporins. As with other therapeutic regimens used in the treatment of meningitis, mild-to-moderate hearing loss has been reported in a few pediatric patients treated with celtruxories sodium. Persistence of positive CSF (cerebrospinal fluid) cultures at 18 to 3 hours has also been noted with celtruxories sodium injection, as well as with other arbibiotic harapies, however, the clinical relevance of this is unknown.

Generalized to reliable the control of the control of plucose in the urine may occur with copper reduction tests. Generalized to the control one with Clinicales tables) but not with enzyme-based tests for glocosistic (e.g., Tec-Tapes). As a false-negative result may occur in the ferricyanide test, it is recommended that either the glucose oxidase or hexokinase method be used to determine blood plasma glucose levels in patients receiving "Qinacet." Celuroxime was of the patients receiving "Qinacet." Celuroxime does not interfere with the assay of serum and urine creatinine by the alialine picrate method. Carcinogenesis, Mutagenesis, Impairment of Fertility; altohylin ho long-term studies in animals have been performed to evaluate carcinogenic potential, no mutagenic potential of cefuroxime was found in standard laboratory tests. Reproduction studies revealed no impairment of fertility in animals.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in m

Nursing Mothers: Since ceturoxime is excreted in human milk, caution should be exercised when Zinacet is administered to a nursing worman. Pediatric Use: Safety and effectiveness in children below 3 months of age have not been established. Accumulation of members of the cephalosporin class in newborn infants (with resulting prolongation of drug half-life) has been reported.

ADVERSE REACTIONS: Zinacet's is generally well tolerated. The most common adverse effects have been local reactions following IV administration. Other adverse reactions have been encountered only rarely. Local Reactions: Thrombophilobitis has occurred with IV administration in 1 in 60 patients.

Gastrointestinal: Gastrointestinal symptoms occurred in 11 in 150 patients and included diarrhea (1 in 220 patients) and nausea (1 in 140 patients). Onset of pseudomembranous colitis symptoms only control undirection of the properties of the control of the properties of th

WARNINGS).

**Hypersensitivity Reactions: Hypersensitivity reactions have been reported in fewer than 1% of the patients treated with Zinacel and include rash (1 in 125). Pruritus, urticaria, and positive Coombs' test each occurred in fewer than 1 in 250 patients, and as with other cephalosporins, rare cases of anaphytixus, drug flever, erythema multiforme, toxic epidermal necrolysis, and Stevens-Johnson syndrome have occurred.

**Blood: A decrease in hemoglobin and hematocrit has been observed in 1 in 10 patients and transient eosinophilia in 1 in 14 patients. Less common reactions seen were transient neutropenia (fewer than 1 in 100 patients) and leukopenia (1 in 750 patients). A similar pattern and incidence were seen with other cephalosporins used in controlled studies.

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**All patients.] A similar pattern and incidence were seen with other cephalosporins used in controlled studies.

**All patients.] A similar pattern and retrieval in the control of the

In addition to the adverse reactions listed above that have been observed in patients treated with ceturoxime, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics: Adverse Reactions: Vomiting, advormal pain, collist, vagnitis including vaginal candidasts, toxic nephropathy, bepatic dysfunction including cholestass, aphastic anemia, hernohytic anemia, hernorhage of the property of the particularly in patients with renal services and cephalosporins have been implicated in triggeting setzures, particularly in patients with renal parament when the dosage was not reduced (see DUSAGE AND ANNINSTRATION). If setzures associated with implication by should occur, the drug should be discontinued. Anthonomisma threapy can be given if clinically indicated.

Aftered Laboratory Tests: Prolonged prothrombin time, pancytopenia, agranulocytosis, thrombocytopenia.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zinacete product tabeling.)

Impaired Renal Function: A reduced dosage must be employed when renal function is impaired. Dosage should be determined by the degree of renal impairment and the susceptibility of the causative organism (see Table 1 in product package

Insert)
HOW SUPPLIED: Zinacel* in the dry state should be stored between 15° and 30°C (59° and 86°F) and protected from light.
Zinacel is a dry, white to off-white powder supplied in vials and infusion packs as follows:
NDC 0173-0352-31 750-mg* vial (Tray of 25)
NDC 0173-0353-42 750-mg* infusion Pack (Tray of 10)
NDC 0173-0353-32 750-mg* infusion Pack (Tray of 10)
NDC 0173-0355-62 15-g* infusion Pack (Tray of 10)
NDC 0173-0456-32 15-g* parmacy Buik Package (Tray of 6)
Zinacel frozen as a premixed solution of celluroziome sodium should not be stored above -20°C. Zinacel is supplied frozen in 50-ml., single-dose, plastic containers as follows:
NDC 0173-0424-00 750-mg* Plastic Container (Carton of 24)
NDC 0173-0425-00 15-g* Plastic Container (Carton of 24)
Followalent to celtroxime.



B1-129 February 1991

Glaxo Pharmaceuticals

The following is a brief summary only. Before prescribing, see complete prescribing in (cefuroxime axetiii) Tablets product labeling.

Ceftin* (cefuroxime axetil) Tablets

INDICATIONS AND USAGE: Ceftin® Tablets are indicated for the treatment of patients with

INDICATIONS AND USAGE: Cettin* labiets are indicated for the treatment of patients with infections caused by susceptible staries of the designated organisms in the following diseases:

1. Pharyngitis and Tonstillitis caused by Streptococcus progenes (group A beta-hemolytic streptococci). Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Cettin Tablets are generally effective in the eradication of streptococci from the oropharynx. Cettin Tablets are not indicated for the prophylaxis of subsequent rheumatic fever because data to support such use are not yet

avaiane.)

2. Otitis Media caused by Streptococcus pneumoniae, Haemophilus Influenzae (ampicillinsusceptible and ampicillin-resistant strains), Moraxella catarhalis (ampicillin-susceptible strains),
and Streptococcus progenes (group A beta-hemolytic streptococci).

3. Lower Respiratory Tract Infections (bronchitis) caused by Streptococcus pneumoniae,
Haemophilus Influenzae (ampicillin-susceptible strains), and Haemophilus parainfluenzae
(ampicillin-susceptible strains).

4. Urinary Tract Infections caused by Escherichia coli and Klebsiella pneumoniae in the absence of
unplocidar complications.

urological complications.

5. Skin and Skin Structure Infections caused by Staphylococcus aureus and Streptococcus pyogenes (group A beta-hemolytic streptococci).

Bacteriologic studies to determine the causative organism and its susceptibility to cefuroxime should be performed. Therapy may be started while awaiting the results of these studies. Once these results become available, antibiotic treatment should be adjusted accordingly.

CONTRAINDICATIONS: Ceftin* Tablets are contraindicated in patients with known allergy to the

WARNINGS: BEFORE THERAPY WITH CEFTIM* TABLETS IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE TO DETERMINE WHETHER THE PATIENT HAS HAD PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS, PENICILLINS, OR OTHER DRUGS. THIS PRODUCT SHOULD BE GIVEN CAU-TIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. ANTIBIOTICS SHOULD BE ADMINISTERED WITH CAUTION TO ANY PATIENT WHO HAS DEMONSTRATES SOME FORM OF ALLERGY PATRICULARLY TO DRUGS. IF AN ALLERGIC REACTION TO CEFTIM TABLETS OCCURS, DISCONTINUE THE DRUG. SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE PENPERHIEN AND OTHER EMERGENCY MEASURES. As with other cephalosporins (and other broad-spectrum antibiotics), pseudomembranous colitis has been reported with the use of Ceftir; therefore, it is important to consider its diagnosis in patients who develop disarrhes in association with antibiotics afters normal flora of the colon and may permit overgrowth develop disarrhes in association with antibiotics afters normal flora of the colon and may permit overgrowth clostridia. Studies indicate that a toon produced by Clostridium difficile is one primary cause of another clostridia. Studies indicate that a toon produced by Clostridium difficile is one primary cause of another in vitro. WARNINGS: BEFORE THERAPY WITH CEFTIN® TABLETS IS INSTITUTED, CAREFUL INQUIRY SHOULD

in vitro.

Mild cases of colitis may respond to drug discontinuation alone. Moderate to severe cases should be managed with fluid, electrolyte, and protein supplementation as indicated. Elderly patients may be susceptible to fluid losses and should be treated appressively, Antiprestation agents such as opiated diphenoxylate with atropine (e.g., Lomoill*) may protong and/or worsen the condition and should be avoided if pseudomembranous colitis is uspected.

When the collitis is not relieved by drug discontinuation or when it is severe, metronidazole and oral vancomycin have been shown to be beneficial. Oral vancomycin his the treatment of choice for arbibiotic-associated pseudomembranous collis produced by Clostridium difficile. Other causes of colitis should also be considered.

PRECAUTIONS: General: If an allergic reaction to Ceftin* Tablets occurs, the drug should be considered.

PRECAUTIONS: General: If an allergic reaction to Ceftin* Tablets occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., antihistamines, pressor amines, or conticosteroids.

As with other antibiotics, prolonged use of Ceftin Tablets may result in overgrowth of nonsusceptible organisms. If superinfection occurs during therapy, appropriate measures should be taken.

Broad-spectrum antibiotics should be prescribed with caution for individuals with a history of colitis. Information for Patients: (Pediatric) Cefts is only available in tablet form. During clinical trials, the tablet was well toterated by children who could swallow the tablet whole. Children who cannot svallow the tablet whole may have the tablet crushed and mixed with food (e.g., applesauce, lee cream). However, it should be noted that the crushed tablet has a strong, persistent, biter taste. Discontinuation of thranzy due to the taste and/or problems of administering this drug occurred in 13% of children (range, 2% to 28% across centers). Thus, the physician and parent should ascertain, preferably while still in the physician's office, that the child can inspet Ceftin Tablets reliably. In a charactive therapy should be considered.

Drug Laboratory Test Interactions. A false-negative reaction for placece in the urine may occur with copper reduction tests (Benedict's or Fehling's solution or with Children's tablets), but not with enzyme-based test is recommended that either the glucose odicase or hexolenase method be used to determine blood a falsen glucose levels in patients receiving Ceftin Tablets.

Celtinoxine does not interfere with the assay of serum and urine creatinine by the alkaline picrate method. Carcinogenesis, Mutagenesis, impairment of Fertility, Although no long-term studies in arminals have been performed to devolute acrinceleption potential, no mutagenic potential of

performed to evaluate carcinogenic potentiam.

Reproductive studies revealed no impairment of fertility in animals.

Reproductive studies revealed no impairment of fertility in animals.

Pregnancy: Pregnancy: Category 8: Reproduction studies have been performed in rats and mice at doses up to 50 in 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to celturoxime avetil. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Since celturoxime is excreted in human milk, consideration should be given to discontinuing nursing temporarily during treatment with Celtin Tablets.

Nursing Mothers: Since cefuroxime is excreted in human milit, consideration should be given to discontinuing pursing temporary during treatment with Ceftin Tablets.

ADVERSE REACTIONS: The adverse reactions to Ceftin Tablets are similar to reactions to other orally administered cephalosporins. Ceftin Tablets were usually well tolerated in controlled clinical trials. Pediatric patients taking purposed tablets during clinical trials complained of the bitter taste of Ceftin Tablets (see ADVERSE REACTIONS: Castrointestinal and PRECAUTIONS: Information for Patients: (Pediatric)). The majority of adverse events were mild, reversible in nature, and did not require discontinuation of the drug. The incidence of gastrointestinal adverse events increased with the higher recommended doses. Twenty-free (25) patients are received Ceftin Tablets 500 mg twice a day for one to 2.5 months with no increase in frequency or severity of adverse events. Increased with the higher recommended doses. Twenty-free (25) patients glavese reactions have been reported.

Castrointestinal: Nausea occurred in 2.4% of patients. Vomiting occurred in 2.0% of patients. Disarrhea occurred in 3.5% of patients. Loose stoods occurred in 1.3% of patients. There have been reports of pseudomembranous collis (see WARNWIGS).

Crushed tablets have a bitter taste. In pediatric clinical studies conducted with crushed tablets, complaints due to take arranged from 08 (0%) in one center to 47/77 (6%) in another center. Whyersensitivity: Rash (0.6% of patients), pruritus (0.3% of patients), and urticaria (0.2% of patients) have been observed. Doe case of severe bronchospasm has been reported among the approximately 1,600 anients treated with Ceftin Tablets and the cephalosporins, hypersensitivity reactions including Stevens-Johnson syndrome, erythema multiforme, took epidermal necrolysis, drug lever, and anaphysios have been reported.

Central Nervous System: Headache occurred in less than 0.7% of patients), ALT (SGPT, 1.6% of patients), and DH (1.0% of patients) h

In addition to the adverse reactions listed above that have been observed in patients treated with Certin blets, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-

Adverse Reactions: Allergic reactions including colitis, renal dysfunction, toxic nephropathy, hepatic dysfunction including cholestasis, abdominal pain, superinfection, aplastic ameriia, hemolytic anemia, hemorrhage, and pain and/or phiebitis at the injection site.

site.
Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment when the dosage was not reduced. If seizures associated with drug therapy should occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

Altered Laboratory Tests: increased porthrombin time, increased BUN, increased creatinine, false-positive test for urinary glucose, increased alkaline phosphatase, neutropenia, thrombocytopenia, leukopenia, elevated bilirubin, pancytopenia, and agranulocytosis.

Allen & Hanburys

arch Triangle Park, NC 27709

ZN2010

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