Information for Contributors

The JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION is the scholarly publication of the osteopathic medical profession. It provides a forum for communicating and disseminating philosophical concepts, clinical practice observations, and scientific information, and for defining the current status of the profession. It is directed toward the osteopathic primary care physician with a broad range of interests and provides a clinical and scientific update for the osteopathic specialist.

JAOA is the official scientific publication of the American Osteopathic Association. **Articles are accepted with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.** Priority in publication is given to original work. Where appropriate, an osteopathic medical slant is expected.

JAOA publishes original investigations, current reviews with an expert critical viewpoint, and didactic discourses in a wide variety of clinical fields.

JAOA welcomes submission of papers in the following categories:

Original Contributions

Documentation of original clinical or applied research. Basic science research will be accepted only in abstract form unless the work is specifically related to clinical application. Length of the paper is optional but references are limited to 30.

Brief Reports

Substantive, but brief, documentation of clinical information, pilot investigation, theoretical concepts, clinical "pearls," etc. Length limited to 750 words, a maximum of 10 references, and 1 or 2 figures.

Case Reports

Unusual clinical presentations with newly recognized or rarely reported features. Length is limited to 1500 words, 4 illustrations, and 10 references.

Clinical Practice

Articles that have practical application for both general practitioners and specialists and present an expert critical viewpoint. Length is limited to 1500 words, 2 illustrations, and 10 references.

Medical Education

Articles on undergraduate and graduate osteopathic medical education. Length is optional. Illustrative tables and graphs are welcomed.

Special Communications

Informed commentary and hypotheses on medical scientific topics, including controversial issues: Text length, 1500 to 2000 words. Appropriate illustrations will be considered.

Letters to the Editor

Comment on articles published in the JAOA or new information on clinical topics. Length is limited to 500 words with a maximum of 5 references and 2 illustrations.

Contributions are accepted from members of the American Osteopathic Association, faculty members in osteopathic medical colleges, and, in unusual circumstances, from others, such as guest lecturers at osteopathic medical meetings.

In all but rare instances, trainee papers must include the trainer as an author. The coauthorship implies review and additional material from the experience of the senior physician.

Submission

Submit all papers to Thomas Wesley Allen, DO, Editor in Chief, JAOA, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Editorial review

All papers received for JAOA consideration are submitted to referees in the field(s) of interest represented by the paper. Notification of acceptance or rejection usually is given within three months after acknowledgment of the paper; publication follows as soon as possible thereafter, depending on the current backlog of papers.

Because of the large number of manuscripts considered by JAOA, some are necessarily rejected through no fault in the paper, but because of duplication of subject matter, a preference for original material over some forms of review, or the necessity to establish priorities on the use of limited space.

Checklist of submission requirements

- *Manuscript*

  1. Type all text, references, and tabular material caps and lower case double-spaced with 1-inch margins all around. (No script type face. Do not use daisy wheel typewriter or printer.) Number all pages consecutively.
  2. Submit original plus 4 photocopies. Be sure to retain one copy for your files.
  3. Check that all references, tables, and figures are cited in the text and in numerical order.
  4. Include a cover letter that gives the author's full name and address, telephone number, institution from which work initiated, and academic title or position.

- *Illustrations*

  1. Submit at least 3 sets of illustrations and clearly label each.
  2. Photos should be submitted as 5 × 7 glossy black and white prints with high contrast. On the back of each, clearly indicate the top of the photo. Use a photocopy to indicate the placement of arrows and other markers on the photos. If color is necessary, submit clearly labeled 35-mm slides with the tops marked on the frames. All illustrations will be returned to the authors of published manuscripts.

3. Include a caption for each figure. For photomicrographs, indicate the original magnification and staining methods used.
4. Drawings and charts should be professionally drawn with India ink on poster board or heavy white paper. You may submit good quality photos of art rather than the originals.

- *Permissions*
  Obtain written permission from the publisher and author to use previously published illustrations, and submit these letters with the manuscript. You also must obtain written permission from patients to use their photos if there is a possibility that they might be identified. In the case of children, permission must be obtained from a parent or guardian.
- *Abstract*
  Provide a 150-word abstract that summarizes the main points of the paper and its conclusions.
- *References*
  1. References are required for all material derived from the work of others. Cite all references in numerical order in the text. If there are references used as general source material, but from which no specific information was taken, list them in alphabetical order following the numbered references.
  2. For journals, include the names of all authors, complete title of the article, name of the journal, volume number, date, and **inclusive** page numbers. For books, include the name(s) of the editor(s), name and location of publisher, and year of publication. Give page numbers for exact quotations.
- *Editorial processing and reprints*
  All accepted articles are subject to copy editing. For Original Contributions and Brief Reports, authors must provide photocopies of all references so that statements cited in the text may be verified. Authors receive a typescript (or galley proofs) and proofs of the illustrations for approval before publication. Authors are responsible for all statements, including changes made by the manuscript editor.

  Twenty-five tear sheets are provided free to each author and coauthor. Information for ordering reprints is supplied on request. Three copies of the JAOA containing the author's article will be sent on request. Papers will be entered automatically for CME credit where appropriate.

  No material may be reprinted from JAOA without the written permission of the editor and the author(s).

Seldane®
(terfenadine) 60 mg Tablets

BRIEF SUMMARY

CAUTION: Federal law prohibits dispensing without prescription.

DESCRIPTION

Seldane (terfenadine) is available as tablets for oral administration. Each tablet contains 60 mg terfenadine. Tablets also contain, as inactive ingredients: corn starch, gelatin, lactose, magnesium stearate, and sodium bicarbonate.

INDICATIONS AND USAGE

Seldane is indicated for the relief of symptoms associated with seasonal allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation.

CONTRAINDICATIONS

Seldane is contraindicated in patients with a known hypersensitivity to terfenadine or any of its ingredients.

PRECAUTIONS

General: Terfenadine undergoes extensive metabolism in the liver. Patients with impaired hepatic function (alcoholic cirrhosis, hepatitis), or on ketoconazole or troleandomycin therapy, or having conditions leading to QT prolongation (e.g. hypokalemia, congenital QT syndrome) may experience QT prolongation and/or ventricular tachycardia at the recommended dose. The effect of terfenadine in patients who are receiving agents which alter the QT interval is not known. These events have also occurred in patients on macrolide antibiotics, including erythromycin, but causality is unclear. The events may be related to altered metabolism of the drug, to electrolyte imbalance, or both.

Information for patients: Patients taking Seldane should receive the following information and instructions. Antihistamines are prescribed to reduce allergic symptoms. Patients should be questioned about pregnancy or lactation before starting Seldane therapy, since the drug should be used in pregnancy or lactation only if the potential benefit justifies the potential risk to fetus or baby. Patients should be instructed to take Seldane only as needed and not to exceed the prescribed dose. Patients should also be instructed to store this medication in a tightly closed container in a cool, dry place, away from heat or direct sunlight, and away from children.

Drug Interactions: Preliminary evidence exists that concurrent ketoconazole or macrolide administration significantly alters the metabolism of terfenadine. Concurrent use of Seldane with ketoconazole or troleandomycin is not recommended. Concurrent use of other macrolides should be approached with caution.

Carcinogenesis, mutagenesis, impairment of fertility: Oral doses of terfenadine, corresponding to 63 times the recommended human daily dose, in mice for 18 months or in rats for 24 months, revealed no evidence of tumorigenicity. Microbial and micronucleus test assays with terfenadine have revealed no evidence of mutagenesis.

Reproduction and fertility studies in rats showed no effects on male or female fertility at oral doses of up to 21 times the human daily dose. At 63 times the human daily dose there was a small but significant reduction in implants and at 125 times the human daily dose reduced implants and increased post-implantation losses were observed, which were judged to be secondary to maternal toxicity.

Pregnancy Category C: There was no evidence of animal teratogenicity. Reproduction studies have been performed in rats at doses 63 times and 125 times the human daily dose and have revealed decreased pup weight gain and survival when terfenadine was administered throughout pregnancy and lactation. There are no adequate and well-controlled studies in pregnant women. Seldane should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Seldane is not recommended for nursing women. The drug has caused decreased pup weight gain and survival in rats given doses 63 times and 125 times the human daily dose throughout pregnancy and lactation. Effects on pups exposed to Seldane only during lactation are not known, and there are no adequate and well-controlled studies in women during lactation.

Pediatric use: Safety and effectiveness of Seldane in children below the age of 12 years have not been established.

ADVERSE REACTIONS

Experience from clinical studies, including both controlled and uncontrolled studies involving more than 2,400 patients who received Seldane, provides information on adverse experience incidence for periods of a few days up to six months. The usual dose in these studies was 60 mg twice daily, but in a small number of patients, the dose was as low as 20 mg twice a day, or as high as 600 mg daily.

In controlled clinical studies using the recommended dose of 60 mg b.i.d., the incidence of reported adverse effects in patients receiving Seldane was similar to that reported in patients receiving placebo. (See Table below.)

ADVERSE EVENTS REPORTED IN CLINICAL TRIALS

	Percent of Patients Reporting				
	Controlled Studies*			All Clinical Studies**	
Adverse Event	Seldane N=781	Placebo N=665	Control N=626***	Seldane N=2462	Placebo N=1478
Central Nervous System					
Drowsiness	9.0	8.1	18.1	8.5	8.2
Headache	6.3	7.4	3.8	15.8	11.2
Fatigue	2.9	0.9	5.8	4.5	3.0
Dizziness	1.4	1.1	1.0	1.5	1.2
Nervousness	0.9	0.2	0.6	1.7	1.0
Weakness	0.9	0.6	0.2	0.6	0.5
Appetite Increase	0.6	0.0	0.0	0.5	0.0
Gastrointestinal System					
Gastrointestinal Distress (Abdominal distress, Nausea, Vomiting, Change in Bowel habits)	4.6	3.0	2.7	7.6	5.4
Eye, Ear, Nose, and Throat					
Dry Mouth/Nose/Throat	2.3	1.8	3.5	4.8	3.1
Cough	0.9	0.2	0.5	2.5	1.7
Sore Throat	0.5	0.3	0.5	3.2	1.6
Epistaxis	0.0	0.8	0.2	0.7	0.4
Skin					
Eruption (including rash and urticaria) or itching	1.0	1.7	1.4	1.6	2.0

* Duration of treatment in "CONTROLLED STUDIES" was usually 7-14 DAYS.
** Duration of treatment in "ALL CLINICAL STUDIES" was up to 6 months.
*** CONTROL DRUGS: Chlorpheniramine (291 patients), d-Chlorpheniramine (189 patients), Clemastine (146 patients)

Rare reports of severe cardiovascular adverse effects have been received which include arrhythmias (ventricular tachyarrhythmia, torsades de pointes, ventricular fibrillation), hypotension, palpitations, and syncope. In controlled clinical trials in otherwise normal patients with rhinitis, at doses of 60 mg b.i.d. small increases in QTc interval were observed. Changes of this magnitude in a normal population are of doubtful clinical significance. However, in another study (N=20 patients) at 300 mg b.i.d. a mean increase in QTc of 10% (range -4% to +30%) (mean increase of 46 msec) was observed without clinical signs or symptoms.

In addition to the more frequent side effects reported in clinical trials (See Table), adverse effects have been reported at a lower incidence in clinical trials and/or spontaneously during marketing of Seldane that warrant listing as possibly associated with drug administration. These include: alopecia (hair loss or thinning), anaphylaxis, angioedema, bronchospasm, confusion, depression, galactorrhea, insomnia, menstrual disorders (including dysmenorrhea), musculoskeletal symptoms, nightmares, paresthesia, photosensitivity, seizures, sinus tachycardia, sweating, tremor, urinary frequency, and visual disturbance.

In clinical trials, several instances of mild, or in one case, moderate transaminase elevations were seen in patients receiving Seldane. Mild elavations were also seen in placebo treated patients. Marketing experiences include isolated reports of jaundice, cholestatic hepatitis, and hepatitis. In most cases available information is incomplete.

OVERDOSAGE

Information concerning possible overdosage and its treatment appears in Full Prescribing Information.

DOSAGE AND ADMINISTRATION

One tablet (60 mg) twice daily for adults and children 12 years and older.

Product Information as of July, 1990
MARION MERRELL DOW INC.
Prescription Products Division
Kansas City, MO 64114

THINK IMPAIRMENT-FREE*

THINK SELDANE

SELDANE®

(terfenadine) 60 mg tablets for seasonal allergic rhinitis

*Seldane shows no more performance impairment than placebo.

Please see the brief summary of prescribing information.

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