FOR TYPE II DIABETICS LIFE IS **DEMANDING** ENOUGH...
TODAY'S LIFE DEMANDS
INSULIN ON DEMAND

GLUCOTROL® (glipizide) provides patients with insulin when needed, responding on demand to meals and rising blood sugar.¹

GLUCOTROL, with insulin on demand, controls blood sugar quickly and effectively—all day and all night.¹

GLUCOTROL works in response to meals; returning insulin to near-normal levels once the meal challenge subsides.¹,²

When diet alone fails in NIDDM...°

Glucotrol (glipizide) 5-mg and 10-mg Scored Tablets

° Non-insulin-dependent diabetes mellitus. As with all sulfonylureas, hypoglycemia may occur.
INSULIN ON DEMAND RESPONDS TO MEALS—AND REMAINS AT BASAL LEVELS DURING FASTING

Day 1 (with meals)

<table>
<thead>
<tr>
<th>TIME (HOURS)</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Blood glucose (mg/dl)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Glucotrol</td>
<td>0</td>
<td>0</td>
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<tr>
<td>12</td>
<td>0</td>
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<tr>
<td>16</td>
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</table>

Day 2 (without meals)

<table>
<thead>
<tr>
<th>TIME (HOURS)</th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
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</thead>
<tbody>
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<td>16</td>
<td>0</td>
<td>0</td>
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</table>

When diet alone fails in NIDDM...

Glucotrol (glipizide)

5 mg and 10-mg Scored Tablets

For Type II Diabetes, Today's Life Demands... Insulin on Demand

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Allen J. Dietrich, MD
Konrad P. Kotrady, MD

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Michael L. Parchman, MD

Prevention: Not a Panacea for National Health Budgets
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Thirty-Month Evaluation of a Popular Very-Low-Calorie Diet Program
Thomas J. Flynn, MD,
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Original Contributions

Are Anorectic Agents the 'Magic Bullet' for Obesity?
Susan Zelitch Yanovski, MD

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TO THE OLDER PATIENT WITH MILD TO MODERATE HYPERTENSION

Efficacy comparable to higher doses of indapamide with the benefits of a lower, once-daily dose.

Favorable metabolic profile — no effect on lipids, only 2% incidence of clinical hypokalemia.

Less patient discontinuation than with placebo.

Side-effect profile compatible with other antihypertensive agents.

Please see brief summary of prescribing information on this page.
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Serious allergies require serious care—the kind that only well-trained professionals can provide. But if we're going to knock-out allergies, we need team work! That's where the Asthma and Allergy Foundation of America can help.

We're dedicated to helping you help your patients. We offer a toll-free patient information number, a full range of educational materials for adults and children and special school and community programs. Plus, we can put them in touch with our nationwide network of chapters and support groups.

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ONCE DAILY FOR RELIEF

Once daily for convenience
- Once daily for comfort
- Once daily for unsurpassed safety

ONCE DAILY Nasacort Nasal Inhaler
(triamcinolone acetonide)

Turns patient complaints...Into patient compliance

Please see brief summary of prescribing information on adjacent page.
ONCE DAILY FOR RELIEF
ONCE DAILY Nasacort Nasal Inhaler
(triamcinolone acetonide)

For Intranasal Use Only
Shake Well Before Using

BRIEF SUMMARY

CONTRAINDICATIONS: Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS: The replacement of a systemic corticosteroid with a topical corticosteroid may be associated with adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, e.g., joint and or muscular pain, lassitude and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients with diabetes, mild to severe clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroid treatment may cause a severe exacerbation of their symptoms.

Children who are on immunosuppressant drugs are more susceptible to infections than healthy children. Chickenpox and measles, for example, can have a more serious or even fatal course in children on immunosuppressant doses of corticosteroids. In such children, or in adults who may have had these diseases, particular care should be taken to avoid exposure. If exposed, therapy with varicella zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG) as appropriate, may be indicated. If chickenpox develops, treatment with antiviral agents may be considered.

The use of Nasacort Nasal Inhaler with alternate-day systemic prednisone could increase the likelihood of hypothalamic-pituitary-adrenal (HPA) suppression compared to a therapeutic dose of either one alone. Therefore, Nasacort Nasal Inhaler should be used with caution in patients already receiving alternate-day prednisone treatment for any disease.

PRECAUTIONS

General: In clinical studies with triamcinolone acetonide administered intranasally, the development of localized infections of the nose and pharynx with Candida albicans has rarely occurred. When such infections do develop, it may require treatment with appropriate local therapy and discontinuance of treatment with Nasacort Nasal Inhaler.

Triamcinolone acetonide administered intranasally has been shown to be absorbed into the systemic circulation of humans. Patients with active rhinitis showed absorption similar to that found in normal volunteers. Nasacort at 440 mcg/day for 42 days did not measurably affect adrenal response to a 24-hour cortisol suppression test. In the same study, prednisolone 10 mg/day showed a significantly reduced adrenal response to ACTH over the same period (see CLINICAL TRIALS section).

Nasacort Nasal Inhaler should be used with caution, if at all, in patients with active or quiescent tuberculosis of the respiratory tract or in patients with untreated fungal, bacterial, or systemic viral infections or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing in patients who have experienced recent nasal septal warts, nasal surgery or trauma, a corticosteroid should be used with caution until healing has occurred.

When used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, Nasacort Nasal Inhaler should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with Nasacort Nasal Inhaler should receive the following information and instructions. Patients who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles and, if exposed, to obtain medical advice.

Patients who use Nasacort Nasal Inhaler at regular intervals since its effectiveness depends on its regular use. A decrease in symptoms may occur as soon as 12 hours after starting steroid therapy, and generally can be expected to occur within a few days of initiating therapy in allergic rhinitis. The patient should take the medication as directed and should not exceed the prescribed dosage. The patient should contact the physician if symptoms do not improve after three weeks, or if the condition worsens. Nasal irrigation and/or burning or stinging after use of the spray occur only rarely with this product. The patient should contact the pharmacist if they occur. For the proper use of this unit and to obtain maximum improvement, the patient should read and follow the accompanying patient instructions carefully. Because the amount dispensed per puff may not be consistent, it is important to shake the canister well. Also, the canister should be discarded after 100 100 100 administrable doses have been delivered.

Carcinogenesis, Mutagenesis: Animal studies of triamcinolone acetonide to test its carcinogenic potential are underway.

Immunosuppression: Intranasal corticosteroids have been administered to large numbers of patients. No adverse effects due to these treatments were observed. In a study in which corticosteroids were administered in patients with seasonal allergic rhinitis in a double-blind, placebo-controlled study. The primary end point was symptom improvement of triamcinolone acetonide in patients with seasonal allergic rhinitis. Medical Interface 1992(2), suppl.16; 2. Data on file, Rhone-Poulenc Rorer Pharmaceuticals Inc. 3. Findley T., Huber F., Garcia J. et al. Efficacy of once-daily intranasal administration of triamcinolone acetonide to patients with seasonal allergic rhinitis. Ann Allergy 1992(2), suppl.16; 228- 232. 4. Gomes W., Brosnay E., Findley T., Huber F. Comparison of triamcinolone acetonide nasal spray is effective for the treatment of perennial allergic rhinitis. Allergy 1991(56),339-344. 5. Feins G., Lauer M., Roes D. et al. A controlled, double-blind, placebo, randomized study of an intranasal corticosteroid aerosol (ITAA) and prednisolone on adrenocortical function. J Allergy Clin Immunol 1992(2), suppl.16; 115-119.

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Effective lipid management doesn't have to be tough

PRAVACHOL® (pravastatin sodium) is indicated as an adjunct to diet for the reduction of elevated total and LDL-cholesterol levels in patients with primary hypercholesterolemia (Types Ila and IIb) when the response to diet alone has not been adequate.
Effective lipid management—improves key lipids

Significantly reduces LDL-C. Increases beneficial HDL-C.

![Graph showing mean percentage change from baseline after 8 weeks of treatment with 10 to 40 mg of pravastatin.*]

-22 to -34%
-16 to -25%
-11 to -24%
+2 to +12%

*Each arrow represents a range of means derived from a single placebo-controlled study that included 35 patients treated with pravastatin.

Excellent safety/tolerability profile for patients

- Low incidence of side effects
- Discontinuation rate from pravastatin (1.7%) was not statistically different from that of placebo (1.2%)
- Active liver disease or unexplained transaminase elevations, pregnancy and lactation are contraindications to the use of pravastatin

Easy dosing regimen and other patient benefits

- Usual dose: 20mg once daily at bedtime, with or without food
- PRAVACHOL can be used confidently with many other medications

PRAVACHOL®
pravastatin sodium 20 mg tablets

Bristol-Myers Squibb Company

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.
After a crossover study involving 18 healthy male subjects given pravastatin and dipivoxil for 4 weeks, the plasma concentrations of pravastatin and its active metabolite were increased by approximately 2.5- and 10-fold, respectively. However, the total area under the curve of pravastatin was not significantly different from that obtained with pravastatin alone.

Concomitant Administration of Other Drugs

The effects of concomitant administration of other drugs on pravastatin disposition were studied in healthy male volunteers. The results of these studies are summarized in the table below.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effect on Pravastatin</th>
<th>Effect on Metabolite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cimetidine</td>
<td>Decreased</td>
<td>Increased</td>
</tr>
<tr>
<td>Midazolam</td>
<td>Increased</td>
<td>Increased</td>
</tr>
<tr>
<td>Dipeclis</td>
<td>Decreased</td>
<td>Increased</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Increased</td>
<td>Increased</td>
</tr>
<tr>
<td>Verapamil</td>
<td>Increased</td>
<td>Increased</td>
</tr>
<tr>
<td>Diltiazem</td>
<td>Increased</td>
<td>Increased</td>
</tr>
</tbody>
</table>

Drug interactions with other drugs are generally considered to be of little clinical significance. However, the clinician should be aware of the potential for interactions and monitor patients closely for any adverse effects.

Patient Monitoring

Patients should be monitored for the development of myopathy, including CPK elevation, during treatment with pravastatin. Myopathy, including CPK elevation, has been reported with other HMG-CoA reductase inhibitors and may be associated with a genetic predisposition. Therefore, patients should be counseled to report any signs or symptoms of muscle pain, tenderness, or weakness, particularly in the legs. Myopathy, including CPK elevation, should be considered in patients with symptoms suggestive of muscle pain, tenderness, or weakness, particularly in the legs.

References


PRAROLCHOL (Pravastatin Sodium Tablets)

CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Pregnancy and lactation: pravastatin is not expected to cause impaired fetal development, as shown in rats and rabbits at doses that are likely to be 100 times and 3 times the usual human dose, respectively.

Concurrent use of pravastatin and other drugs that may affect the metabolism of pravastatin should be avoided.

LIVER ENZYMES: HMG-CoA reductase inhibitors, like other lipid-lowering therapies, have been associated with increases in liver enzyme levels above the normal range. When pravastatin was administered to the patients, the mean increase in alanine aminotransferase (ALT) levels was 2.9 times the upper limit of normal, and the mean increase in aspartate aminotransferase (AST) levels was 2.0 times the upper limit of normal. These increases were not associated with clinical symptoms and were not considered to be treatment-related.

The incidence of alkaline phosphatase (ALKP) elevation was observed in approximately 25% of patients taking pravastatin. The clinical significance of this finding is unclear. However, these elevations are not considered to be treatment-related. The clinical significance of these elevations is considered to be of little clinical significance. Therefore, the clinician should not discontinue pravastatin based on the presence of these elevations.

CNS: pravastatin has been shown to have a minimal impact on the central nervous system. However, in a study of healthy volunteers, the incidence of dizziness was increased in patients taking pravastatin compared to placebo.

Renal: pravastatin has been shown to have a minimal impact on renal function. However, in a study of healthy volunteers, the incidence of increased BUN levels was increased in patients taking pravastatin compared to placebo.

INTERACTIONS:

Drug/herb: pravastatin interacts with a variety of drugs and herbal products. These interactions are generally considered to be of little clinical significance. However, the clinician should be aware of the potential for interactions and monitor patients closely for any adverse effects.

Drug/lifestyle: pravastatin is expected to have a minimal impact on lifestyle and activity. However, the clinician should be aware of the potential for interactions and monitor patients closely for any adverse effects.

Drug/therapy: pravastatin is expected to have a minimal impact on therapy. However, the clinician should be aware of the potential for interactions and monitor patients closely for any adverse effects.

Drug/other: pravastatin is expected to have a minimal impact on other drugs. However, the clinician should be aware of the potential for interactions and monitor patients closely for any adverse effects.

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References

Would woman abuse remain harmless if not acknowledged and discussed? Given that people usually do not volunteer the history of abuse unless asked, is there any benefit to screening—that is, asking patients if they have been threatened, assaulted, or injured? In the strict sense, it is true that such “screening” is not “evidence-based.” But neither are most other questions that we ask as part of a medical history. Sometimes the answer can make sense of a confusing array of symptoms and signs of distress, and can suggest what to do. It is true that interventions have not yet been proven to stop woman abuse or to help women to heal. Funding and scientific examination of treatment and prevention for family violence should be a priority. Do we really believe that we can and should ignore this problem until the evidence for a benefit from diagnosing woman abuse is in?

Finally, although most people are in relatively powerless situations sometime during their lives, and indeed, violence is ubiquitous in our culture, women rarely assault, molest, or rape men. Thus, secondary prevention of further harm to those at risk can be targeted at women (and other less powerful groups, such as children and dependent elders). On the other hand, primary prevention of interpersonal violence would involve almost everyone in learning different ways of conflict resolution, eschewing violent models, redressing power imbalances in what we believe should be symmetrical relationships, and teaching everyone self-love and self-protection. Such a social transformation will never be based on evidence, but on values.

Louise Acheson, MD
Case Western Reserve University
Cleveland, Ohio

NEW LODINE® 400mg ETODOLAC TABLETS

Extra Strength, 400 mg, That Works In Osteoarthritis

Simple B.I.D. Choice*

Same Favorable LODINE Tolerability†

NEW LODINE® 400mg ETODOLAC TABLETS

More Strength To Live With Osteoarthritis

* Recommended starting dosage in OA is 800 mg to 1,200 mg/day in divided doses.
† As with other NSAIDs, the most frequent complaints relate to the GI tract. In patients treated chronically with NSAID therapy, serious GI toxicity such as perforation, ulceration, and bleeding can occur.

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Alcohol Free

New Expectorant Vicodin TuSS Sugar Free

(hydrocodone bitartrate 5mg (May be habit forming) and guaifenesin 100mg per (5mL) teaspoon)

Dual Action Cough Therapy
Combines the antitussive action of hydrocodone with the expectorant action of guaifenesin.

- Hydrocodone helps suppress dry, hacking coughs for up to 6 hours.
- Guaifenesin enables those coughs that do occur to be more productive.
- Long lasting relief in a sugar-free, alcohol-free, dye-free, cherry flavored formula.
- Adult Dose: 1 teaspoon (5mL) every 4-6 hours not to exceed 6 teaspoons in a 24 hour period.
IN MANY CHRONIC ARTHRITIS PATIENTS

Expect Success from the #1 Prescribed NSAID*

A proven efficacy and safety profile backed by 16 years of clinical success.

As with other NSAIDs, the most frequent complaints are gastrointestinal, and rare hepatic and renal reactions have been reported.

Please see brief summary of prescribing information on adjacent page.

EXPECT SUCCESS FROM NAPROSYN®
(NAPROXEN) 500 mg tablets

Also available in 375 and 250 mg tablets and in suspension 125 mg/5 mL

PEDIATRICS ISN'T JUST A BUNCH OF KID STUFF.

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Edited by Catherine DeAngelis, MD, Archives will be devoted to the entire spectrum of pediatric primary care, with special attention to adolescents.

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Shape Your Future

at the Physicians' Forum on Health System Reform.

The times and places for open discussions of physicians' concerns

October 22-24 in San Francisco
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November 19-21 in Philadelphia

Now is the time for direct dialogue with members of the Administration and Congress. And now, the American Medical Association (AMA) brings you the Physicians' Forum: Agenda for Action, an unprecedented opportunity for every physician to interact with policy makers and help shape the way health care will be delivered.

Speak face to face with Congressional leaders, Presidential advisors and top Administration officials on the political pressures that will ultimately form health care policy. Help ensure that patients' needs remain the focus of reform. Hear governors and heads of state health departments describe how their states are preparing for a new national policy.

The Physicians' Forum series of conferences invites all physicians, not just AMA members, to join the dialogue on issues vital to their practices. Physicians, board members and officers of the AMA will come together to reach common ground.

Voice your concerns about the coming changes. Do not wait passively for those changes to be imposed without your input. The Physicians' Forum is the time and place to speak out and make an impact.

Your attendance is crucial. Call toll free 800 621-8335. Conference fee for meeting facilities and food service—AMA members $50, nonmembers $125. MasterCard, Visa, American Express, Optima are accepted.

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30mg, 60mg & 90mg

Real Value for Real People with Hypertension

Candidate Profile
Name: Loretta D.
Age: 63
Residence: Cleveland
Pretreatment BP: 152/96
Marital Status: widowed
Health Ins: $500 deductible, no Rx plan

STOP
Once-A-Day

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30mg, 60mg & 90mg

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- Real therapeutic value to meet the need for efficacy and reliability
- Real human value to meet the need for tolerability and convenience
- Real economic value to meet the need for cost control and savings
That's two weeks' worth of groceries."

Real Therapeutic Value

- The benefits of long-acting nifedipine
- Sustained blood pressure reduction over 24 hours
- Significant reduction in both diastolic and systolic blood pressure

Mean changes from baseline in supine diastolic and systolic BP: average of 24-hour, in-clinic data from weeks 5 and 6 of therapy

Real People, Real Needs, Real Value

Please see brief summary of Prescribing Information on the last page of this advertisement.
Real Human Value in Antihypertensive Therapy

- Once-daily regimen could enhance compliance
- Long-acting nifedipine therapy that is well-tolerated
- Frequency and type of side effects are typical of dihydropyridine calcium channel blockers. Peripheral edema and headache were the most common dose-related adverse events reported; flushing/heat sensation, dizziness, and fatigue/asthenia were all reported at an incidence of 4%
- Contraindications: known hypersensitivity to nifedipine

Real Economic Value

- "The cost of therapy may be a barrier to controlling hypertension"²
- Adalat® CC is priced (AWP) 25% below the Average Wholesale Price of Procardia XL®₁³
- Adalat® CC brings Cost Control to once-daily nifedipine therapy for hypertension; it is not indicated for angina
- Adalat® CC should be administered on an empty stomach
- Careful titration may be necessary when switching between Procardia XL® and Adalat® CC

<table>
<thead>
<tr>
<th>Projected annual savings per hypertensive patient</th>
<th>Annualized Average Wholesale Price†</th>
<th>Potential Annual Patient Savings†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalat® CC 30 mg Procardia XL® 30 mg</td>
<td>$306.97</td>
<td>$111</td>
</tr>
<tr>
<td></td>
<td>$417.71</td>
<td></td>
</tr>
<tr>
<td>Adalat® CC 60 mg Procardia XL® 60 mg</td>
<td>$531.08</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>$722.74</td>
<td></td>
</tr>
<tr>
<td>Adalat® CC 90 mg Procardia XL® 90 mg</td>
<td>$650.54</td>
<td>$217</td>
</tr>
<tr>
<td></td>
<td>$867.35</td>
<td></td>
</tr>
</tbody>
</table>

*Procardia XL is a registered trademark of Pfizer Labs Division, Pfizer Inc.
†Calculations based on suggested Average Wholesale Price (AWP).³

"Save up to $192 a year?"
New Adalat® CC nifedipine
EXTENDED RELEASE TABLETS
30mg, 60mg & 90mg

Real People, Real Needs, Real Value

Please see brief summary of Prescribing Information on the last page of this advertisement.

Candidate Profile
Name.....................Frank K.
Age.........................68
Residence...............San Francisco
Pretreatment BP..........160/104
Marital Status............married
Health Ins...............Medicare

That's a few months' gas and electric.
**BRIEF SUMMARY**

**CONSIDER PACKAGE INSERT FOR FULL PRESCRIPTION INSTRUCTION FOR ORAL USE.**

**INDICATION AND USAGE:** ADALAT CC is indicated for the treatment of hypertension. ADALAT CC is also indicated for the treatment of angina pectoris.

**CONTRAINdications:** Known hypersensitivity to nifedipine. Patients should not be treated with nifedipine if they are taking other calcium channel blockers or if they have had a previous episode of angina pectoris.

**WARNING:** Excessive or prolonged anginal attacks have been reported in patients pretreated with nifedipine or placebo and then randomized to treatment with either nifedipine or placebo. Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, care should be exercised in patients with renal impairment.

**DOSE AND ADMINISTRATION:** Start with 30 mg of ADALAT CC, once daily. The dose may be increased at intervals of one week up to a maximum of 60 mg once daily if necessary. ADALAT CC is not intended for immediate effort management of severe hypertension. Dosage should be increased gradually, and patients should be observed closely for adverse reactions.

**SIDE EFFECTS:** The most common side effects are headache, flushing, and peripheral edema. Rarely, angina pectoris may be precipitated. The incidence of peripheral edema increases with higher doses. Nausea, vomiting, and diarrhea may occur. Occasionally, constipation may be experienced.

**DOSAGE AND ADMINISTRATION:** ADALAT CC should be administered orally, usually once daily, but may be divided if necessary. ADALAT CC is not recommended for use in patients with severe left ventricular dysfunction or in patients with a history of pulmonary edema.

**REFERENCES:**

1. Data on file, Miles Inc.

**Calculations based on suggested Average Wholesale Price (AUP).**

Procardia XL is a registered trademark of Pfizer Labs Division, Pfizer Inc.

**MILES**

Pharmaceutical Division

Distributed by:

Miles Inc.

Pharmaceutical Division

400 Morgan Lane

West Haven, CT 06516 USA

Made in Germany

© June 1993, Miles Inc., Pharmaceutical Division

X90032

M-11767
**TENORMIN** (atenolol) 50, 100, 160 tablets

In a study of 477 patients, the following adverse events were reported during various trials and observational studies:

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradycardia</td>
<td>10%</td>
</tr>
<tr>
<td>Hypotension</td>
<td>8%</td>
</tr>
<tr>
<td>Orthostatic hypotension</td>
<td>6%</td>
</tr>
<tr>
<td>Asthenia</td>
<td>5%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4%</td>
</tr>
<tr>
<td>Nausea</td>
<td>4%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3%</td>
</tr>
<tr>
<td>Constipation</td>
<td>3%</td>
</tr>
<tr>
<td>Flatulence</td>
<td>3%</td>
</tr>
<tr>
<td>Rash</td>
<td>2%</td>
</tr>
<tr>
<td>Headache</td>
<td>2%</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>2%</td>
</tr>
<tr>
<td>夢遊症</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Potentially adverse effects in addition to those listed above with other beta-blocking agents, and may be considered potential adverse effects of TENORMIN**

- **Asthma:** Patients who are bronchial hyperreactive should, in normal therapy, be closely monitored for any deterioration in their condition.
- **Cardiovascular:** Manifestations of cardiovascular disease should, in normal therapy, be closely monitored for any deterioration in their condition.
- **Depression:** Patients who are predisposed to depression should have their use of beta-blockers closely monitored.
- **Gastrointestinal:** Patients with previous gastrointestinal effects should have their use of beta-blockers closely monitored.
- **Headache:** Patients with previous headaches should have their use of beta-blockers closely monitored.
- **Hypotension:** Patients with previous hypotension should have their use of beta-blockers closely monitored.
- **Malignant hypertension:** Patients with previous malignant hypertension should have their use of beta-blockers closely monitored.
- **Myocardial infarction:** Patients with previous myocardial infarction should have their use of beta-blockers closely monitored.
- **Pneumonia:** Patients with previous pneumonia should have their use of beta-blockers closely monitored.
- **Respiratory:** Patients with previous respiratory effects should have their use of beta-blockers closely monitored.
- **Systolic hypertension:** Patients with previous systolic hypertension should have their use of beta-blockers closely monitored.
- **Tachycardia:** Patients with previous tachycardia should have their use of beta-blockers closely monitored.
- **Ventricular arrhythmias:** Patients with previous ventricular arrhythmias should have their use of beta-blockers closely monitored.
- **Renal failure:** Patients with previous renal failure should have their use of beta-blockers closely monitored.
- **Hepatic failure:** Patients with previous hepatic failure should have their use of beta-blockers closely monitored.
- **Seizures:** Patients with previous seizures should have their use of beta-blockers closely monitored.
- **Skin reactions:** Patients with previous skin reactions should have their use of beta-blockers closely monitored.
- **Sweating:** Patients with previous sweating should have their use of beta-blockers closely monitored.

**WARNINGS AND PRECAUTIONS**

- **Renal Failure:** Patients with renal failure should be closely monitored for any deterioration in their condition.
- **Hepatic Failure:** Patients with hepatic failure should be closely monitored for any deterioration in their condition.
- **Diabetes:** Patients with diabetes should be closely monitored for any deterioration in their condition.
- **Chronic obstructive pulmonary disease:** Patients with chronic obstructive pulmonary disease should be closely monitored for any deterioration in their condition.
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**CONTRAINDICATIONS**

- **Cardiovascular:** Patients who are bronchial hyperreactive should have their use of beta-blockers closely monitored.
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**ADVERSE REACTIONS**

- **Cardiovascular:** Manifestations of cardiovascular disease should be closely monitored for any deterioration in their condition.
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**DRUG INTERACTIONS**

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- **Depression:** Patients who are predisposed to depression should have their use of beta-blockers closely monitored.
- **Gastrointestinal:** Patients with previous gastrointestinal effects should have their use of beta-blockers closely monitored.
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**Why Consider Tenormin Before All Other Beta Blockers?**

- Convenient, once-daily dosing for all indications
- Effective control of blood pressure and angina
- Cardioprotection—improving survival during and after MI¹,²*
- Well-tolerated

*Good clinical judgment suggests that patients who are dependent on sympathetic stimulation for adequate cardiac output and BP are not good candidates for beta blockade. In addition to patients excluded from the ISIS-1 study, those with borderline BP (ie, systolic < 120, especially if over age 60) are less likely to benefit.


See adjacent page for brief summary of prescribing information.
FOR CHRONIC

EXPECT

REDUCTION IN MORNING STIFFNESS

Color-enhanced 3-D CT images and MRI supplied by David W. Stoller, MD, of California Advanced Imaging.
ONIC ARTHRITIS

NOTHING LESS

REDUCTION IN JOINT PAIN AND TENDERNESS

INCREASED RANGE OF MOTION

FAVORABLE SAFETY PROFILE

As with other NSAIDs, the most frequent complaints are gastrointestinal, and rare hepatic and renal reactions have been reported.

Please see brief summary of prescribing information on adjacent page.

EXPECT SUCCESS FROM

NAPROSYN
(NAPROXEN) 500 mg tablets

Also available in 375 and 250 mg tablets and in suspension 125 mg/5 mL.

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Recognizing and Treating Depression in the Elderly

The recognition of depression may be more difficult in late compared with early life. In the elderly age group, both clinicians and patients may incorrectly attribute depressive symptoms to the aging process. Estimates of depression in elderly people vary widely; however, there is consensus that the size of the problem is underestimated. Furthermore, victims of depression, generally are not seen by mental health professionals.

Major depressive episodes require treatment in all age groups, including the elderly. All depressions negatively affect quality of life and are associated with increased risk of comorbid medical illnesses and suicide. They are not "normal and acceptable" features of aging and warrant early attention by physicians.

Families and primary care physicians remain at the front line in recognizing depression and facilitating patient access to professional help.

Three Regional Workshops are being offered to you at no cost.

The American Medical Association, through a grant from the National Institute of Mental Health, will present 3 regional workshops on the "Recognition and Treatment of Depression in the Elderly". They have been scheduled in regions having a high density of elderly in their populations. The workshops will discuss:

- depression in late life vs. earlier life
- diagnosis of depression
- risk factors for depression
- epidemiology of depression
- differentiation of depression from other psychiatric illnesses including dementia
- what to look for and how to evaluate suicide potential
- treatment, including psychotherapies (individual, family and group), pharmacotherapies, electroconvulsive therapy
- prognosis
- preventing relapses

Clinical vignettes will be presented and will be the focus for discussion.

Who Should Attend

Primary care physicians, including family and general practitioners, internists, geriatricians, OB/GYN as well as other allied health professionals caring for the elderly.

CME Credits

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The AMA designates this continuing medical education activity for 5 hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association.
HOW MUCH HAVE YOUR MIGRAINE PATIENTS TOLD YOU LATELY ABOUT THEIR CURRENT TREATMENT?

“My medicine knocks the pain out, but it knocks me out too...
I guess it’s probably the best I can hope for.”
The most frequently reported adverse events associated with IMITREX are injection-site reactions (59%), atypical sensations (e.g., tingling, warm/hot sensation) (42%), and dizziness/vertigo (12%). IMITREX is contraindicated in patients with ischemic heart disease, symptoms or signs consistent with ischemic heart disease, or Prinzmetal’s angina because of the potential to cause coronary vasospasm. IMITREX is contraindicated in patients with uncontrolled hypertension because it can give rise to increases in blood pressure (usually small). IMITREX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. (Please see Precautions.) IMITREX should not be administered to patients with basilar or hemiplegic migraine.

BENEFIT FROM IMITREX

Because it works well.¹

Because it is nonsedating.

SUBCUTANEOUS IMITREX™ SUMATRIPTAN SUCCINATE

MIGRAINE RELIEF THAT CAN CHANGE PATIENTS’ LIVES

Please consult Brief Summary of Prescribing Information on last page of this advertisement.
For Subcutaneous Use Only

The following is a brief summary only. Before prescribing, see corresponding prescribing information labeling.

INDICATIONS AND USAGE: Imitrex\textsuperscript{\textregistered} is indicated for the acute treatment of migraine attacks with or without aura without regard to time of day.

Imitrex Injection is not for use in the management of headache or migraine-like pain (see WARNINGS).

Imitrex Injection is recommended for patients with ischemic heart disease if the episode of ischemia is not severe, is short-lasting, and has a benign outcome.

Imitrex Injection is contraindicated in patients with a history of hypersensitivity to sumatriptan or another triptan.

WARNINGS: Imitrex\textsuperscript{\textregistered} injection should not be administered to patients with a history of angina pectoris, or who have been treated with ergot alkaloids, unless there is a compelling need.

Cardiac Events/Coronary Constriction: Serious coronary events following Imitrex Injection can occur but are extremely rare. In one study, there were four reports of serious coronary events following Imitrex Injection. No other events were noted in any of these reports. Imitrex Injection may cause coronary constriction, transient elevation of blood pressure and peripheral vasoconstriction.

Imitrex Injection is contraindicated in patients with known allergy to ergot products, as there is an increased risk of systemic side effects. Imitrex Injection is contraindicated in patients with a history of ischemic heart disease or myocardial infarction.

Imitrex Injection should not be administered to patients with a history of ischemic heart disease, or who have been treated with ergot alkaloids, unless there is a compelling need.

Imitrex Injection is recommended for patients with ischemic heart disease if the episode of ischemia is not severe, is short-lasting, and has a benign outcome.

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I certify that I have participated sufficiently in the conception and design of this work and the analysis of the data (where applicable), as well as in the writing of the manuscript, to take public responsibility for it. I believe the manuscript represents valid work. I have reviewed the final version of the manuscript and approve it for publication.

Author(s) Signature(s)

2. Financial Disclosure

I certify that I have no affiliation with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the manuscript (e.g.,

Author(s) Signature(s)

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Date Signed

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Furthermore, I attest that I shall produce the data upon which the manuscript is based for examination by the editors or their assignees should they request it.

Date Signed

employment, consultancies, stock ownership, honoraria), except as disclosed in an attachment.

Any financial project support of this research is identified in an acknowledgment in the manuscript.

Date Signed

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On street corners. In churches. Even under bridges.
Healthy Babies Project workers scour streets most people are afraid to drive down, looking for mothers-to-be who aren’t getting prenatal care.

They help them find medical attention, food, clothing and counseling.
Anything it takes for them to have a healthy, happy baby.

Please, join our Campaign for Healthier Babies.
FOR CHRONIC ARTHRITIS

EXPECT AN INCREASED RANGE OF MOTION

Color-enhanced 3-D MRI of OA knee with medial compartment narrowing and anterior osteophytes in red. Supplied by David W. Stoller, MD, of California Advanced Imaging.

As with other NSAIDs, the most frequent complaints are gastrointestinal.

Please see brief summary of prescribing information on adjacent page.

EXPECT SUCCESS FROM

NAPROSYN®
(NAPROXEN) 500 mg tablets

Also available in 375 and 250 mg tablets and in suspension 125 mg/5 mL

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