"Just one pill, it was so easy."

"I didn't have to deal with any of the mess."

"I like that you can take it anytime."

"I felt better the first day, and great the second."

---

† Two open-label, multicenter, randomized trials comparing a single oral Diflucan tablet (150 mg) with either 2% miconazole cream (100 mg) once nightly for 7 days or clotrimazole vaginal tablets (100 mg) once nightly for 7 days in 870 women with vaginal yeast infection due to Candida. Clinical cure: complete resolution of signs and symptoms present at the initial assessment, mycologic cure: negative results from both vaginal fungal culture and KOH preparation.

‡ Results of two open, multicenter studies of single-dose Diflucan (150 mg) in 188 and 180 women, respectively, with vaginal yeast infections. Patients responding to treatment were asked to estimate times from start of therapy to onset of relief and to complete relief.

§ Wholesale acquisition cost (WAC) provided by Medi-Span®, July 1994. WAC may not necessarily reflect actual pharmacy or out-of-pocket costs. In studies of Diflucan, the clinical and mycologic cure rates in the fluconazole group were comparable with those of the vaginal product group (clotrimazole and miconazole). WAC includes Gyne-Lotrimin® (a registered trademark of Schering-Plough Corp.) and Terazol® and Monistat® 7 (both registered trademarks of Ortho Pharmaceutical Corp.).

Please see brief summary of prescribing information on last page of this advertisement.
THE ONLY ORAL one-dose cure FOR MOST VAGINAL YEAST* INFECTIONS

GREAT NEWS FOR WOMEN IS HERE

Clinical and mycologic cure comparable with 7-day topicals in two separate trials—
One oral Diflucan 150-mg tablet has been shown to be as effective as
7 nights of 2% miconazole cream (100 mg) or 7 nights of clotrimazole
vaginal tablets (100 mg).1

Early symptom relief—In two additional studies of 368 women taking Diflucan,
median time to start of symptom relief was 1 day (range: 0.04 to 10 days)
and 2 days (range: 0.5 to 20 days) to complete relief.1,14

Patients may require reevaluation should symptoms not improve within
3 to 5 days.

Established safety experience—More than 9 million patient days of therapy at the
150-mg dose worldwide. In US clinical trials with 870 women, the most
common side effects with Diflucan were headache (13%), nausea (7%), and
abdominal pain (6%).1

Patients respond to one-dose oral convenience
Easy to take—Diflucan can be taken anytime, anywhere, day or night, with
or without food.1

Less expensive—Diflucan provides full-course therapy that costs less than
leading prescription and most OTC products.15

*Due to Candida

NEW INDICATION

Diflucan®
(fluconazole 150-mg tablet)

THE EASY ORAL CURE
NEWS OF THE EASY ORAL CURE HAS WOMEN TALKING

DOrazing:
A single 150-mg oral tablet for most vaginal yeast* infections

New Indication

Diflucan
(fluconazole 150-mg tablet)

*Due to Candida

Please see brief summary of prescribing information on this page.

Prothrombin time may be increased in patients receiving concomitant DIFLUCAN and coumarin-type anticoagulants. Careful monitoring of prothrombin time in patients receiving DIFLUCAN and coumarin-type anticoagulants is recommended.

DIFLUCAN increases the plasma concentrations of phenytoin. Careful monitoring of phenytoin concentrations in patients receiving DIFLUCAN and phenytoin is recommended.

DIFLUCAN may significantly increase cyclosporine levels in renal transplant patients with or without renal impairment. Careful monitoring of cyclosporine concentrations and serum creatinine is recommended in patients receiving DIFLUCAN and cyclosporine.

Rifampin enhances the metabolism of concurrently administered DIFLUCAN. Depending on clinical circumstances, consideration should be given to increasing the dose of DIFLUCAN when it is administered with rifampin.

DIFLUCAN increased the serum concentrations of theophylline. Careful monitoring of serum theophylline concentrations in patients receiving DIFLUCAN and theophylline is recommended.

Because of the occurrence of serious cardiac dysrhythmias in patients receiving other azole antifungals in conjunction with tefradoline, an interaction study has been performed, and failed to demonstrate a clinically significant drug interaction. Although these events have not been observed in patients receiving DIFLUCAN, the co-administration of DIFLUCAN and tefradoline should be carefully monitored.

Fluconazole tablets coadministered with ethinyl estradiol- and levonorgestrel-containing oral contraceptives produced an overall mean increase in ethinyl estradiol and levonorgestrel levels; however, in some patients there were decreases up to 45% and 31% of ethinyl estradiol and levonorgestrel levels. The data presently available indicate that the decreases in some individual ethinyl estradiol and levonorgestrel ALIC values with fluconazole treatment are likely the result of random variation. While there is evidence that fluconazole can inhibit the metabolism of ethinyl estradiol and levonorgestrel, there is no evidence that fluconazole is a net inducer of ethinyl estradiol or levonorgestrel metabolism. The clinical significance of these effects is presently unknown.

Physicians should be aware that interaction studies with medications other than those listed in the Clinical Pharmacology section have not been conducted, but such interactions may occur.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
Fluconazole showed no evidence of carcinogenic potential in mice and rats treated orally for 24 months at doses of 2.5, 5, 10, or 15 mg/kg/day (approximately 2-7× the recommended human dose). Male rats treated with 5 and 10 mg/kg/day had an increased incidence of hepatocellular adenomas.

Fluconazole, with or without metabolic activation, was negative in tests for mutagenicity in 4 strains of S. typhimurium, and in the mouse lymphoma L5178Y system. Cytogenetic studies in vivo (marine bone marrow cells, following oral administration of fluconazole) and in vitro (human lymphocytes exposed to fluconazole at 1000 µg/mL) showed no evidence of chromosomal mutations.

Fluconazole did not affect the fertility of male or female rats treated orally with daily doses of 10, 20, or 40 mg/kg or with parenteral doses of 5, 25, or 75 mg/kg, although the onset of parturition was slightly delayed at 20 mg/kg p.o. In an intravenous perinatal study in rats at 5, 20, and 40 mg/kg, dystocia and prolongation of parturition were observed in 2% of dams at 20 mg/kg (approximately 5× the recommended human dose) and 40 mg/kg, but not at 5 mg/kg. The disturbances in parturition were reflected by a slight increase in the number of still-born pups and decrease of neonatal survival at these dose levels. The effects on parturition in rats are consistent with the species-specific estrogen-lowering property produced by high doses of fluconazole. Such a hormone change has not been observed in women treated with fluconazole.

Pregnancy
Teraotogenic Effects. Pregnancy Category C: Fluconazole was administered orally to pregnant rabbits during organogenesis in two studies, at 5, 10, and 20 mg/kg, and at 5, 25, and 75 mg/kg, respectively. Maternal weight gain was impaired at all dose levels, and abortions occurred at 7.5 mg/kg (approximately 20× the recommended human dose); no adverse fetal effects were detected. In several studies in which pregnant rats were treated orally with fluconazole during organogenesis, maternal weight gain was impaired and placental weights were increased at 25 mg/kg. There were no fetal effects at 5 or 10 mg/kg; increases in fetal anatomical variants (undermedinated ribs, renal pelvis dilatation) and delays in ossification were observed at 25 and 50 mg/kg and higher doses. At doses ranging from 80 mg/kg (approximately 20-60× the recommended human dose) to 320 mg/kg, embryolachy was increased in rats and was increased in fetal mortality. Inclusion of waythe, included waythe, and abnormal cranio-facial structures were consistent with the inhibition of estrogen synthesis in rats and may be a result of known effects of lowered estrogen on pregnancy, organogenesis and parturition. There are no adequate and well controlled studies in pregnant women. DIFLUCAN should be used in pregnancy only if the potential benefit justifies the possible risk to the fetus.

Nursing Mothers
Fluconazole is secreted in human milk at concentrations similar to plasma. Therefore, the use of DIFLUCAN in nursing mothers is not recommended.

Pediatric Use
Efficacy of DIFLUCAN has not been established in children. A small number of patients from age 3 to 13 years have been treated safely with DIFLUCAN using doses of 3-6 mg/kg daily. The safety and effectiveness of DIFLUCAN 150 mg tablets in the treatment of vaginal candidiasis in patients under 18 years of age have not been established.

ADVERSE REACTIONS
In patients receiving a single dose for vaginal candidiasis.

During comparative clinical studies conducted in the United States, 448 patients with vaginal candidiasis were treated with DIFLUCAN, 150 mg single dose. The overall incidence of side effects possibly related to DIFLUCAN was 26%. In 422 patients receiving active comparative agents, the incidence was 48%. The most common treatment-related adverse events reported in the patients who received 150 mg single dose Fluconazole for vaginitis were headache (18%), nausea (7%) and abdominal pain (6%). Other side effects reported with an incidence equal to or greater than 3% included diarrhea (3%), dyspepsia (3%), dizziness (3%), and taste perversion (2%). Most of the reported side effects were mild to moderate in severity. Rarely, angioedema and anaphylactic reaction have been reported in marketing experience.
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TAKE EFFECTIVE CONTROL OF BED-WETTING

• Significant improvement in number of dry nights shown in controlled studies\(^1\)\(^2\)
• Rapid response—substantial effect seen in as few as 1 to 3 nights of treatment\(^3\)
• A combined 15-year record of successful and safe use in the U.S. and Europe\(^4\)

Nighttime fluid intake should be restricted to decrease the potential occurrence of fluid overload; serum electrolytes should be checked at least once when therapy is continued beyond 7 days.

DDAVP \(^\text{®} \) Nasal Spray
(desmopressin acetate) 5mL

DRY NIGHTS FOR GOOD MORNINGS

Please see brief summary of prescribing information on adjacent page.
Living in Medicine

The Pain
John Graham-Pole, MD, MRCP

Letters to the Editor

Headache Classification
Stephen H. Landy, MD, Judy McGinnis, RN

Diabetes Mellitus Management
‘PENTAD’
Frank Lawler, MD

In Reply
Claude K. Lardinois, MD

Assessing Consumer Expectations and Patient Satisfaction: Passing Fad, Mission Impossible, or ‘Just What the Doctor Ordered’?
Jeffrey L. Susman, MD

Original Contributions

The Physician’s Role: Views of the Public and the Profession on Seven Aspects of Patient Care
Christine A. McBride, PhD; Daniel A. Shugars, DDS, PhD, MPH; M. Robin DiMatteo, PhD; Heidi S. Lepper, MA; Edward H. O’Neil, PhD; Teresa M. Damush, MA

Psyllium for the Reduction of Cholestyramine-Associated Gastrointestinal Symptoms in the Treatment of Primary Hypercholesterolemia
James J. Maciejko, MS, PhD; Ronald Brazg, MD; Aajay Shah, MD; Sanjay Patil, MD; Melvyn Rubenfire, MD

Patients’ Interpretation of Qualitative Probability Statements
Kimberley Koons Woloshin, MD; Mack T. Ruffin IV, MD, MPH; Daniel W. Gorenflo, PhD

American Medical Association
Physicians dedicated to the health of America
ONCE-A-DAY

CARDIZEM® CD
(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

IN HYPERTENSION
OR ANGINA
IN HYPERTENSION OR ANGINA

CARDIZEM® CD
(diltiazem HCl)

FOR EFFECTIVE
24-HOUR CONTROL

ONCE A DAY
HEMODYNAMIC EFFECTS

In hypertension\(^1\)
- The magnitude of blood pressure reduction is related to the degree of hypertension
- Low incidence of vasodilatory side effects
- No reflex tachycardia is associated with chronic antihypertensive effects

In angina\(^1\)
- Potent dilator of coronary arteries\(^*\) and reduces vasospasm
- Appropriate decrease in heart rate with a low incidence (<1%) of reflex tachycardia
- Little or no negative inotropic effect in patients with normal ventricular function\(^\dagger\)

WELL-TOLERATED CONTROL REGARDLESS OF AGE OR GENDER\(^\ddagger\)
- A side-effect discontinuation rate comparable to placebo in both hypertension and angina trials\(^2\)
- Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)\(^1\)

\(^*\) Demonstrated in patients with vasospastic angina.
\(^\dagger\) See Warnings and Clinical Pharmacology sections in prescribing information.
\(^\ddagger\) In clinical trials with Cardizem CD.

Please see brief summary of prescribing information on next page.
ONCE-A-DAY
(diltiazem HCl)
190- 180-, 240-, 300-mg Capsules

FOR HYPERTENSION OR ANGINA

Summary of Prescribing Information as of April 1993

CARDIZEM® CD (diltiazem HCl)
Capsules

Concerns and Indications

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with束束 bundle branch block, (3) patients with conduction disturbances of any degree, (4) patients with intraventricular or conduction disturbances, (5) patients with acute myocardial infarction and pulmonary congestion documented by cough or admission.

WARNINGS

Cardiovascular Conduction: CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may result in abnormal slow heart rate, particularly in patients with sick sinus syndrome or second- or third-degree AV block (3% to 3.2% of patients). Congestive failure due to diltiazem or digitalis may result in additive effects on cardiovascular conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after the intake of diltiazem.

2. Congestive Heart Failure: Although diltiazem has a negative inotropic effect in isolated animal heart preparations, the clinical experience in patients with normal ventricular function have not shown a reduction in cardiac index or consistent negative effects on contractility (dp/dtmax). An acute study of oral diltiazem in patients with impaired renal function demonstrated a negative inotropic effect (approximately 24 to 46% decreased improvement in venous return function without significant decrease in contractile function (dp/dtmax). Warning of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM in hypertension with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.

3. Hypotension: Cardiac conduction abnormalities which may occur occasionally result in symptomatic hypotension.

4. Acute Hepatic Injury: Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, GGT, SGPT, and SGOT have been reported. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible on withdrawal of therapy. The relationship to CARDIZEM is uncertain in some cases, but probably in some.

Precautions

Cardiovascular: Diltiazem hydrochloride is extensively metabolized by the liver and excreted by the kidneys and in bile. Administration of any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drugs should be used with caution in patients with impaired renal or hepatic function. In patients with hepatic dysfunction, cardiac and hepatic disease should be considered in the differential diagnosis of any signs of hepatic damage. In patients with decompensated hepatic disease, drug therapy may be contraindicated. In dogs, doses of 75 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interactions

Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with other drugs known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when used in combination with other drugs that affect AV conduction, such as beta blockers, L-arginine, angiotensin-converting enzyme inhibitors, and calcium channel antagonists. As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes metabolism by cytochrome P450 mixed function oxidase. Co-administration of CARDIZEM with other agents which follow this metabolic pathway may result in an enhancement of the therapeutic effects of the concomitantly administered metabolites. Especially in patients with renal or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered drugs to achieve treatment posterior compensation of metabolism. In these patients, treatment should be initiated at the lowest achievable dosage, and the dosage should be increased gradually to achieve adequate therapy. In general, the use of multiple drugs with a potential for additive effects may be contraindicated, as the potential for additive effects is increased. If concomitant use of these agents is considered necessary, the patient should be closely monitored for adverse reactions and appropriate dose adjustments made. If a potentially additive effect is observed, the next dose of one or both drugs should be decreased or the dosing interval lengthened, as appropriate. The patient should be monitored for the development of adverse events in these patients. If a potentially additive effect is demonstrated, the concomitant use of these drugs should be discontinued. The potential for additive effects is increased. If a potentially additive effect is observed, the next dose of one or both drugs should be decreased or the dosing interval lengthened, as appropriate. The patient should be monitored for the development of adverse events in these patients. If a potentially additive effect is demonstrated, the concomitant use of these drugs should be discontinued. In clinical trials of CARDIZEM capsules, tablets, and CARDIZEM SR capsules, polyethylene glycol 3350 and dextrin have been used to reduce the incidence of nausea and vomiting. These agents are known to reduce gastrointestinal absorption. In addition, the following side effects were reported infrequently (less than 1%) in angina or hypertension trials: CARDIZEM tablets and CARDIZEM SR capsules involving over 30000 patients, the incidence of dizziness was 1.2%, nausea 1.4%, vomiting 0.8%, and rash 1.2%. In addition, the following side effects were reported infrequently (less than 1%) in angina or hypertension trials: CARDIZEM tablets and CARDIZEM SR capsules involving over 30000 patients, the incidence of dizziness was 1.2%, nausea 1.4%, vomiting 0.8%, and rash 1.2%.

References:
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Comparative antihypertensive efficacy to 2.5 mg* with the safety profile of a lower once-daily dose

Favorable metabolic profile†—no adverse effect on lipids; only 2% incidence of clinical hypokalemia‡

Safe and effective for step-down therapy
Side-effect profile compatible with other antihypertensive agents

LOZOL 1.25 mg once daily is now the recommended starting dose for indapamide in hypertension

LOW-DOSE
ONCE-DAILY
INDAPAMIDE TABLETS

† In patients with mild or moderate hypertension, a 4-week, single-blind placebo washout period was followed by an 8-week, open-label treatment period with LOZOL 2.5 mg. Patients responding to LOZOL 2.5 mg entered an 8-week, double-blind, randomized treatment period with either LOZOL 2.5 mg or LOZOL 1.25 mg. Treatment success was defined as a decrease in supine diastolic blood pressure to 90 mm Hg or less by week 8 of the double-blind period.

‡ Because of the diuretic effects of LOZOL 1.25, changes in certain electrolytes and blood chemistries can occur. Serum electrolytes and blood chemistries should therefore be monitored.

§ 19.6% of patients had values less than 3.4 mEq/L. Only 7.5% had potassium levels below 3.2 mEq/L and less than 1% fell below 3.0 mEq/L. Metabolic changes at higher doses of indapamide may be greater.

As in all step-down therapy, the patient should be monitored for maintenance of blood pressure control.

Please see brief summary of prescribing information below.
INTRODUCING

THE COUGH LIQUIDATOR

Cough relief designed to make remaining coughs more productive.
Now, help relieve dry, hacking coughs and make the most of remaining coughs with new Brontex—the codeine formula with the most guaifenesin.

3 times more guaifenesin per tablet than a teaspoon of other codeine brands.*
Only new Brontex combines 10 mg codeine—the most commonly prescribed level of the antitussive many doctors prefer—with 300 mg guaifenesin—the expectorant with the time-proven safety profile—in a convenient, single-tablet dose.

Only Brontex exceeds the minimum therapeutic requirements for guaifenesin.
Unlike other codeine brands, new Brontex, with its convenient dosing regimen, reaches well into the daily therapeutic range for guaifenesin (1,200 mg to 2,400 mg) set by federal guidelines.
Now for dry, unproductive coughs, there's new Brontex—the codeine cough formula with the most guaifenesin.

FROM THE MAKERS OF ENTEX PRODUCTS

NEW Brontex

CODEINE PHOSPHATE...10 mg
(Warning: May be habit forming)
GUAIFFENESIN...........300 mg

FEWER COUGHS, WETTER COUGHS

Please see brief summary of prescribing information on next page.
Cough relief designed to make remaining coughs more productive

Up to 3 times more guaifenesin than other codeine brands

Exceeds the minimum therapeutic requirements for guaifenesin set by federal guidelines

FEWER COUGHS, WETTER COUGHS

Codiene may cause sedation and have additive sedative effects with other CNS depressants.

*Recommended dosing for most codeine/guaifenesin products is two to three doses every hour.

**New Brontex**

codine PHOSPHATE...10mg
GUAINFESIN..........300mg

FROM THE MAKERS OF ENTEX PRODUCTS

**NEW Brontex**

codine phosphate/guaifenesin tablets

**DESCRIPTION** Each Brontex* tablet and 4 teaspoons (20 mL) of Brontex* liquid contain codine phosphate 10 mg and guaifenesin 300 mg. Warning — May be habit forming

**INDICATIONS AND USAGE** Temporarily relieves cough due to minor throat and bronchial irritation as may occur with a cold, or initial influenza. Helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passages of phlegm from asthma.

**CONTRAINDICATIONS** Brontex* tablets are contraindicated in patients with known hypersensitivity to any of its ingredients. Brontex* tablets are contraindicated in use in patients with asthma.

**WARNING** Codiene is not recommended for use in children under 12 years of age. Children under 2 years may be more susceptible to the respiratory depressant effects of codeine, including respiratory arrest, coma, and death.

**PRECAUTIONS** General: Codiene should be used with caution in patients with severe liver damage, respiratory depression, or those prone to respiratory depression, acute alcoholism, chronic pulmonary disease and those with substantially decreased respiratory reserve. Codiene should be administered with caution in patients with acute abdominal conditions, convulsive disorders, significant hepatic or renal impairment, fever, hyperthyroidism, Addison’s disease, ulcerative colitis, prostatic hypertrophy in patients with recent gastrointestinal or urinary tract surgery, and in the very young or elderly or debilitated patients.

**ADVERSE REACTIONS** Head Injuries and Increased Intracranial Pressure: The risk of respiratory depression and elevation of cerebral spinal fluid pressure is increased by opiate agonists, including codiene, in the presence of head injury, intracranial lesions, or a pre-existing increase in intracranial pressure. They may also produce adverse reactions such as sedation and pulmonary changes which may obscure the clinical course of patients with head injuries.

**Respiratory Conditions** with Predisitive Cough or Chronic Respiratory Disease: The risks and benefits of codeine agonists or cough suppressants, including codiene, should be carefully considered in illness associated with productive cough or chronic respiratory disease when interference with the ability to clear the bronchial tree of secretions would have deleterious effects on the patient’s respiratory function.

**Information for Patients: Brontex tablets may cause marked drowsiness or may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. Ambulatory patients should be advised to avoid engaging in activities until it is known that they do not become drowsy.

**DOSAGE AND ADMINISTRATION** Brontex tablets are not recommended for children under 12 years of age.

**How Supplied**

**Brontex tablets** are available as a red, capsule-shaped tablet, embossed "BRONTEX". NDC 0149-4404-01 bottle of 100

**Brontex liquid** is available as NDC 0149-0441-15 15 mL per (42.4 mL) bottle.

**Sugar controlled**room temperature (59°F to 86°F/15°C to 30°C).

**CAUTION** Federal law prohibits dispensing without prescription.

Proctor & Gamble Pharmaceuticals
Cincinnati, Ohio 45202

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**Stipend**
A stipend of $40,000 will be provided to the successful candidate to cover the 1-year period.

**Application Forms**
For an application blank, please write to Richard M. Glass, MD, Deputy Editor, The Journal of the American Medical Association, 515 N State St, Chicago, IL 60610.

**Deadline for Applying**
Completed applications should be forwarded as soon as possible and must be received no later than January 13, 1995.

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fracture is located from the metacarpal neck, the lower the acceptable amount of angulation (Figure 6, right). Fractures at the base of the fifth metacarpal, while less common, will require orthopedic pinning to achieve satisfactory stability.

The advantage of splinting a fifth metacarpal fracture rather than circumferential casting is that splinting eliminates many of the risks associated with a circumferential cast. Patients who are involved in altercations and sustain this injury are frequently intoxicated. Should the patient be noncompliant with instructions on care of a circumferential cast, neurovascular supply to the extremity may be compromised. This is particularly true if the patient falls asleep while intoxicated and allows the arm to hang down shortly after the circumferential cast has been applied.

In evaluation of any fifth metacarpal injury, special care must be given to anyone who has a concomitant laceration near the fifth MCP joint. An attacking clenched fist may contact the mouth of the other fighter and the fifth MCP joint space may be entered by a tooth. Since the MCP joint is superficial, joint injury is easily incurred. If not immediately identified, a septic arthritis of the MCP joint may ensue, with potential problems of osteomyelitis and residual osteoarthrosis. All lacerations over the fifth MCP joint should be considered to be human bites until proven otherwise and aggressively treated with early orthopedic evaluation, frequently including operative exploration and débridement. A low threshold of suspicion is necessary since many of these patients will have no recollection of the injury or will deliberately lie about the nature of the injury.

CONCLUSIONS

The five hand fractures that are discussed in this article are common injuries that will be seen in an office setting. By understanding those circumstances for each problem that will require orthopedic intervention or specialized treatment, the family physician can totally treat the majority of these fractures. The factors that are likely to be more difficult complications include displaced or irreducible fractures, intra-articular fracture with large fragments, comminuted fractures, and those with associated neurovascular or tendon injury.

Accepted for publication June 23, 1994.
Correspondence to Family Practice Residency Program, Saint Margaret Memorial Hospital, 815 Freeport Rd, Pittsburgh, PA 15215 (Dr Schaffer).

REFERENCES


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Calan® SR (verapamil hydrochloride)

BRIEF SUMMARY

Contraindications: Severe LV dysfunction (see Warnings), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory ( bypass tract (e.g., WPW or LGL syndromes), hypersensitivity to verapamil.

Warnings: Verapamil should be avoided in patients with severe LV dysfunction (e.g., fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with an increased degree of ventricular dysrythmia. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be induced by verapamil. Periods of atrioventricular block ( AV block) in patients on verapamil are usually. Some patients with symptomatic atrioventricular block or accelerated idioventricular rhythm have been treated with verapamil.

Precautions: Verapamil should be given cautiously to patients with impaired hepatic function ( in severe hepatic disease use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuro muscular transmission in patients with Guillain-Barré syndrome and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with impaired neuro muscular function. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/ or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metabolism and propofol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of anesthetics. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with digitalis toxicity, verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have no additive effect in patients receiving blood-pressure-lowering agents. Asparagine should not be given within 24 hours before or 24 hours after verapamil administration. Concomitant use of Reserpine and verapamil may have additive effects on myocardial contractility, AV conduction, and neurohypophysis. Combined verapamil and quinidine therapy in patients with hypertensive cardiovascular disease should be avoided. Some significant hypertension may result. Concomitant use of lithium and verapamil may result in an increased sensitivity to lithium (neurotoxicity), with either no change or an increase in serum lithium levels; however, it may also result in a lowering of serum lithium levels. Patients receiving both drugs must be monitored carefully. Verapamil may increase carboxyhemoglobin concentrations during or in the post-anesthetic period. Nitroglycerin may reduce verapamil bioavailability. Phenoxybenzamine may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of antihypertensive, calcium antagonists may potentiate the hypotensive effect of verapamil. Verapamil may potentiate the action of other vasodilators (bitter-like and depressing), and dosage reduction may be required. There was no evidence of a carcinogenic potential of verapamil administered to rats for 2 years. A study in rats did suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

Adverse Reactions: Constipation (3.1%), dryness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.9%), fatigue (1.7%), ar¬rhythmia (1.4%), bradycardia; HR < 50/min (1.4%), AV block¬bing 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.8%), elevated liver enzymes, reversible non-obstructive pri¬mary ileus. The following reactions, reported in 0.1% or less of patients, occurred under conditions where a causal relationship is uncertain: anemia, pancytopenia, leukopenia, granulocytopenia, agranulocytosis, lymphocytosis, reduced serum proteins, leukopenia, thrombocytopenia, pancytopenia, anemia, aplastic anemia, agranulocytosis, and eosinophilia. Drug fever, rash, hypotension, hypertension, nausea, vomiting, abdominal pain, and diarrhea. CNS: headache, dizziness, drowsiness, anorexia, somnolence, abnormal thinking, anxiety, confusion, depression, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insomnia, irritability, agitation, anxiety, confusion, emotional lability, mania, seizures, emotional lability, depression, dizziness, drowsiness, headache, insulin
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Please see following page for brief summary of complete prescribing information.

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