INTRODUCING DIFLUCAN® (FLUCONAZOLE) 150 MG

"Just one pill, it was so easy."  "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 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).†

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.‡§

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%).¶

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

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

*Due to Candida

NEW INDICATION
DIFLUCAN®
(fluconazole 150-mg tablet)

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

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

*Due to Candida
Please see brief summary of prescribing information on this page.

DIELUCAN® (fluconazole 150-mg tablet) is indicated for the treatment of vaginal candidiasis (vaginal yeast infections due to Candida).

INDICATION
DIELUCAN® (fluconazole 150-mg oral tablet) is indicated for the treatment of vaginal candidiasis (vaginal yeast infections due to C. albicans).

CONTRAINDICATIONS
DIELUCAN® (fluconazole) is contraindicated in patients who have shown hypersensitivity to fluconazole or to any of its excipients. There is no information regarding cross-hypersensitivity between fluconazole and other azole antifungal agents. Caution should be used in prescribing DIELUCAN® to patients with hypersensitivity to other azoles.

WARNINGS
(1) Hepatic Injury: DIELUCAN® has been associated with rare cases of serious hepatic toxicity, including fatalities primarily in patients with serious underlying medical conditions. In cases of DIELUCAN® associated hepatotoxicity, no obvious relationship to total daily dose, duration of therapy, sex or age of the patient has been observed. Patients who develop abnormal liver function tests during DIELUCAN® therapy should be monitored for the development of more severe hepatic injury.

(2) Anaphylaxis: In rare cases, anaphylaxis has been reported.

(3) Dermatologic: Patients have rarely developed exfoliative skin disorders during treatment with DIELUCAN®. Patients who develop rash during treatment with DIELUCAN® should be monitored closely.

PRECAUTIONS
The convenience and efficacy of the single dose oral tablet of fluconazole regimen for the treatment of vaginal yeast infections should be weighed against the acceptability of a higher incidence of drug-related adverse events with DIELUCAN® (10%) versus topical agents (6%) in U.S. comparative clinical studies (See Adverse Reactions.)

Drug Interactions
Clinically significant hypoglycemia may be precipitated by the use of DIELUCAN® with oral hypoglycemic agents; severe hypoglycemia has been reported from hypoglycemia in association with combined DIELUCAN® and glyburide use. DIELUCAN® reduces the metabolism of tolbutamide, glyburide, and glipizide and increases the plasma concentration of these agents. When DIELUCAN® is used concomitantly with these or other sulfonylurea oral hypoglycemic agents, blood glucose concentrations should be carefully monitored and the dose of the sulfonylurea should be adjusted as necessary.

REFERENCES:

PROBROMIN® time may be increased in patients receiving concomitant DIELUCAN® and coumarin-type anticoagulants. Careful monitoring of probromin time in patients receiving DIELUCAN® and coumarin-type anticoagulants is recommended.

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

DIELUCAN® 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 DIELUCAN® and cyclosporine.

Rilamipen enhances the metabolism of concurrently administered DIELUCAN®. Depending on clinical circumstances, consideration should be given to increasing the dose of DIELUCAN® when it is administered with rilamipen.

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

Because of the occurrence of serious cardiac dysrhythmias in patients receiving other azole antifungals in conjunction with rifampin, an interaction study has been performed, and it is believed to demonstrate a clinically significant drug interaction. Although these events have not been observed in patients receiving DIELUCAN®, the co-administration of DIELUCAN® and rifampin 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 47% and 31% of ethinyl estradiol and levonorgestrel levels. The data presently available indicate that the decreases in some individual ethinyl estradiol and levonorgestrel AUC 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.

Contraception, Maturation 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 or 10 mg/kg/day (approximately 7-24 times 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. Cyto genetic studies in vivo (murine bone marrow cells, following oral administration of fluconazole) and in vitro (human lymphocytes exposed to fluconazole at 10,000 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 5, 10 or 20 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 intraperitoneal study in rats at 5, 20 and 40 mg/kg, dysmoria and prolongation of parturition were observed in a few dams at 20 mg/kg, and approximately 5-15% of 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 stillborn 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 hormon change has not been observed in women treated with fluconazole.

Pregnancy
Teratogenic 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 75 mg/kg (approximately 20-40 times 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 20 and 40 mg/kg. There were no fetal effects at 5 or 10 mg/kg; increases in fetal anatomical variants (supernumerary ribs, renal pelvis dilation) 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 times the recommended human dose) to 320 mg/kg, embryolethality in rats was increased and fetal abnormalities included wavy ribs, cleft palate and aborted craniofacial clefts. These effects are 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. DIELUCAN® 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, use of DIELUCAN® in nursing mothers is not recommended.

Pediatric Use
DIELUCAN® has not been established in children. A small number of patients from age 3 to 13 years have been treated safely with DIELUCAN® using doses of 3-6 mg/kg daily.

The safety and effectiveness of DIELUCAN® 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 DIELUCAN®, 150 mg single dose. The overall incidence of side effects possibly related to DIELUCAN® was 26%. In 422 patients receiving active comparative agents, the incidence was 16%. The most common treatment-related adverse events reported in the patients who received 150 mg single dose fluconazole for vaginitis were headache (13%), nausea (7%) and abdominal pain (6%). Other side effects reported with an incidence equal to or greater than 5% included diarhrea (6%), dyspepsia (1%), diarrhea (5%), and taste perversion (5%). Most of the reported side effects were mild to moderate in severity. Rarely, angioedema and anaphylactic reaction have been reported in marketing experience.
The ARCHIVES OF FAMILY MEDICINE is a member of the consortium of AMA journals listed below. The ARCHIVES reaches more than 81,500 readers in family and general practice per month, in addition to paid subscribers. The complete text of all AMA journals is available on the MEDIS database from Mead Data Central, Dayton, Ohio.

The Journal of the American Medical Association (JAMA)
Archives of Dermatology
Archives of Family Medicine
Archives of General Psychiatry
Archives of Internal Medicine
Archives of Neurology
Archives of Ophthalmology
Archives of Otolaryngology—Head & Neck Surgery
Archives of Pathology & Laboratory Medicine
Archives of Pediatrics & Adolescent Medicine
Archives of Surgery

The ARCHIVES OF FAMILY MEDICINE is published monthly by the American Medical Association, 515 N State St, Chicago, IL 60610, and is an official publication of the Association. Second-class postage paid at Chicago and at additional mailing offices. GST registration number R125 225 356. Canada Post International Publications Mail (Canadian Distribution) Sales Agreement No. 319600. Printed in the USA.

SUBSCRIPTION RATES—The subscription rates for the ARCHIVES OF FAMILY MEDICINE are as follows: $95 for 1 year, $173 for 2 years in the United States and US possessions; other countries, one year, $130; 2 years, $243. (Rates for subscriptions for delivery to Japan or South Korea are available through exclusive agents—contact the publisher.) Special rates for residents and medical students in the United States and US possessions are available. Address inquiries to Subscriber Services Center, American Medical Association, PO Box 10945, Chicago, IL 60610. Phone: (800) 262-2350. Fax: (312) 464-9831. For mailing addresses outside the US and US possessions, see International Subscription Information.

CHANGE OF ADDRESS—POSTMASTER, send all address changes to Archives of Family Medicine, c/o Subscriber Services, American Medical Association, 515 N State St, Chicago, IL 60610. Please notify us of address change at least 6 weeks in advance to ensure uninterrupted service. Include both old and new addresses, a recent mailing label, and new ZIP code. For mailing addresses outside the US and US possessions, see International Subscription Information.

SUBSCRIBER SERVICES—For information about subscribing to any of the AMA publications, change of address, missing issues, or purchasing back issues, please contact Subscriber Services Center, American Medical Association, PO Box 10945, Chicago, IL 60610, or call (312) 670-SUBS (670-7827) between 8:30 AM and 4:30 pm CST. Fax: (312) 464-5831. For mailing addresses outside the US and US possessions, see International Subscription Information.

INTERNATIONAL SUBSCRIPTION INFORMATION—Subscriptions outside the United States and US possessions are served according to geographic region. Please address correspondence to the following offices: For subscription delivery in North America, Central America, and South America, contact Subscriber Services Center, American Medical Association, PO Box 10945, Chicago, IL 60610, USA. Tel: 1-312-760-7827. Fax: 1-312-464-5831. For subscription delivery in all other areas, contact: JAMA & Archives Journals Reader Services Centre, PO Box 299, London, England WClH 9TD. Tel: (44)-(0)71-383-6270 Fax: (44)-(0)71-383-6402.

REPRINTS—Authors place their reprint order at the time the edited typescript is reviewed and should allow 4 to 6 weeks for delivery following publication. Requests for individual reprints should be sent directly to the author at the address shown in the article.

For bulk reprint orders for commercial distribution, please contact Mark Kuhn, 600 Third Ave, New York, NY 10016. Phone: (212) 867-6640. Fax: (212) 953-2497. For reprint orders in limited quantities for educational distribution, please contact Rita Houston, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2512. Fax: (312) 464-5835.

PERMISSIONS—Contact Laslo Hunyady, Permissions Assistant, 515 N State St, Chicago, IL 60610. Phone: (312) 464-2513.

ADVERTISING PRINCIPLES—Each advertisement in this issue has been reviewed and complies with the principles governing advertising in AMA scientific publications. A copy of these principles is available on request. The appearance of advertising in AMA publications is not an AMA guarantee or endorsement of the product or the claims made for the product by the manufacturer.
The Call Home
John Graham-Pole, MD, MRCP

Pharmaceutical Advertising:
The FDA Does Not Protect Us
Allen F. Shaughnessy, PharmD; David C. Slawson, MD; Joshua C. Bennett, MD

Pharmaceutical Marketing
Rob Scott Thompson, DO, MS

Is Pharmaceutical Marketing Valuable?
M. Lee Chambliss, MD

Value and Need for Pharmaceutical Promotion Disputed
Robert L. Deamer, PharmD, BCPS

Pharmacoeconomic Considerations in Pharmaceutical Company Promotions
Adam O. Goldstein, MD, Timothy J. Ives, PharmD, MPH

In Reply
Richard Levy, PhD

Editor’s Note
Marjorie A. Bowman, MD, MPA, Editor

Special Article
The Advanced Life Support in Obstetrics Course: A National Program to Enhance Obstetric Emergency Skills and to Support Maternity Care Practice
John W. Beasley, MD; James R. Damos, MD; Richard G. Roberts, MD, JD; Thomas S. Nesbitt, MD

Original Contributions
A Comparative Study of Eight Fecal Occult Blood Tests and HemoQuant in Patients in Whom Colonoscopy Is Indicated
N. Gopalswamy, MD; Herbert P. Stelling, MD; Ronald J. Markert, PhD; Henry N. Maimon, MD; Sheri D. Wahlen, MD; Richard I. Haddy, MD

American Medical Association
Physicians dedicated to the health of America

Copyright 1994 by the American Medical Association. All rights reserved. Reproduction without permission is prohibited.

All articles published, including editorials, letters, and book reviews, represent the opinions of the authors and do not reflect the policy of the American Medical Association, the Editorial Board, or the institution with which the author is affiliated, unless this is clearly specified.
Those who work with HCPCS know Medicode has the friendliest book on the market. It's easy to work with and the one many coders feel comfortable using.

**Medicode HCPCS 1995**

The Medicode HCPCS is better than ever. It's an essential tool for any medical office. This easy-to-use, spiral-bound, 8 1/2 x 11" edition includes:

- a cross-referencing of generic drugs with the most frequently prescribed brand-name equivalents
- links between deleted HCPCS codes and active codes
- an expanded index of all entries

It's an effective and valuable reference for coding all your durable medical equipment, drugs, and select medical services.

**Medicode HCPCS 1995**
Order #: OP057395NQ
AMA member price: $29.95
Nonmember price: $34.95

To order, call toll free 800 621-8335
MasterCard, VISA, American Express, and Optima accepted. State sales taxes and shipping/handling charges apply.

Order today!

American Medical Association
Physicians dedicated to the health of America
Interactions
Medical Staff Leadership Conference — January 13-15, San Antonio, Texas

Health system reform might seem like a never-ending battle, but with leadership, vision, and perseverance, you and your medical staff can overcome any obstacle. Learn what it takes to succeed in today’s rapidly changing environment. Come to Interactions in beautiful San Antonio, Texas, January 13-15.

Experience a new way of thinking about the future.
This year’s conference, “Physician Empowerment and Teamwork in a Changing Environment,” will help you experience a change of perspective on the 21st Century.

Learn how to manage change.
During Interactions, we will address emerging trends in health care delivery and how best to manage them. Among the trends we will discuss are:

- Physician/hospital relationships
- Physician autonomy
- Economic competition
- Resource allocation
- Regulatory constraints
- Communication

Gain new leadership skills.
Special emphasis will also be placed on developing and refining your strategic planning, team building, and communication skills. Each participant will learn how to be a more effective arbitrator, facilitator, manager, negotiator, problem solver, and peacemaker.

Your team leaders.
Sponsored by the American Medical Association, in cooperation with the National Association Medical Staff Services and the Texas Medical Association, this conference features well known experts from the health care field.

Who should attend.
The curriculum is designed to benefit experienced and newly elected or appointed medical staff leaders; including: chiefs of staff, department chairs, vice presidents of medical affairs, medical staff committee chairs, and medical staff services professionals. Bring a team from your hospital.

For more information or to register, call 800 621-8395.

* The AMA designates the Interactions conference for 18 credit hours of Category 1 of the Physician’s Recognition Award of the AMA.

American Medical Association
Physicians dedicated to the health of America
For some of your patients, this list could be a life saver.

- Feelings of sadness or irritability
- Loss of interest or pleasure in activities once enjoyed
- Changes in weight or appetite
- Changes in sleeping pattern
- Feeling guilty, hopeless or worthless
- Inability to concentrate, remember things or make decisions
- Fatigue or loss of energy
- Restlessness or decreased activity
- Complaints of physical aches and pains for which no medical explanation can be found
- Thoughts of death or suicide

This list of symptoms is being featured in a print ad as part of the National Mental Health Association’s (NMHA) National Public Education Campaign on Clinical Depression. The campaign communicates these basic messages: Clinical depression is a medical illness. Effective treatments are available. See a doctor. A free booklet on clinical depression is available by calling NMHA at 1-800-228-1114.

The National Public Education Campaign on Clinical Depression is being co-sponsored by the American Medical Association along with nine other national professional health and mental health associations.

American Medical Association
Physicians dedicated to the health of America

Affordable Patient Education
Introducing the AMA Healthy Heart Series

Today, physicians think twice about using high priced educational materials. Yet informing patients about the risk factors of heart disease is vital to their health. The solution – the AMA’s new Healthy Heart Series. Features 4 magazine style booklets and 4 attention getting videos, all for a price that won’t break your budget. Use them alone or in tandem. AMA member discounts apply. 30 day money back guarantee.

- Guide To Stop Smoking
- Guide To Your Healthy Heart
- Guide To High Blood Pressure Control
- Guide To Controlling Your Cholesterol

For more information and free booklet sample
Call Toll Free (800) 432-8433

Distributed by Miller-Fenwick, Inc.
2129 Greenspring Dr., Timonium, MD 21093

Have a question...

with your subscription to an American Medical Association publication. Call 1-800-AMA-2350. FAX 312-464-5831. Our Subscriber Services Center is ready to help you. Just call. Your questions can be answered in minutes.

American Medical Association
Physicians dedicated to the health of America
A Little Means A Lot To The Older Hypertensive

Comparable antihypertensive efficacy to 2.5 mg1 with the safety profile of a lower once-daily dose

Favorable metabolic profile1—no adverse effect on lipids; only 29% incidence of clinical hypokalemia2

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

INDAPAMIDE TABLETS

LOZOL® (indapamide) 1.25 mg and 2.5 mg tablets

BRIEF SUMMARY

INDICATIONS: LOZOL (indapamide) is indicated for the treatment of hypertension, alone or in combination with other antihypertensive drugs, and for the treatment of salt and fluid retention associated with congestive heart failure. Use for hypertension is not recommended in patients with GFR < 30 mL/min.

CONTRAINDICATIONS: Anuria, hypersensitivity to indapamide or other sulfonamide-derived drugs

WARNINGS: Intentional cases of severe hypokalemia, accompanied by hypocalcemia, have been reported with 2.5 mg and 5.0 mg indapamide primarily in elderly patients. Symptoms were reported by electrocardiographic changes. Hypokalemia manifested clinically, possibly significantly (<3.5 mEq/L) has not been observed in clinical trials with the 1.25 mg dose (see PRECAUTIONS). Hypokalemia occurs commonly with diuretics (see ADVERSE REACTIONS). Hypokalemia is also possible with other antihypertensive agents containing a thiazide or thiazide-like diuretic. Hypokalemia occurs commonly with diuretics (see ADVERSE REACTIONS; hypotension, and serum potassium levels are abnormal in patients treated with thiazide or thiazide-like diuretics. Indapamide may decrease renal potassium excretion and result in hypokalemia. Hypokalemia can aggravate the responses to the hypotensive effects of thiazide and thiazide-like diuretics. To counteract hypokalemia, potassium-sparing diuretics may be used, but this may not be adequate alone. Use with caution in patients with renal disease. Use in patients with severe renal disease may be contraindicated. Monitor serum potassium and renal function in these patients.

PRECAUTIONS: Use with caution in patients with renal impairment, since diuretics can cause increased serum creatinine. Use with caution in patients with impaired hepatic function or progressive liver disease. Use with caution in patients with impaired hepatic function or progressive liver disease.

ADVERSE REACTIONS: Adverse reactions associated with the use of indapamide include headache, dizziness, flushing, diarrhea, dry mouth, nausea, and vomiting.

The following adverse reactions have been reported with indapamide: hyperkalemia, hyperuricemia, hypercholesterolemia, hyperglycemia, weight gain, dry cough, and tremor. These reactions are more common with indapamide than with other thiazide diuretics.

REFERENCES: For complete prescribing information, please see Summary of prescribing information.

Information to share

Authorized reprints are the convenient way to provide students or colleagues with important articles.

We take care of all the work

When you have an educational use for an original article from JAMA: The Journal of the American Medical Association or the Archives journals, save the time and effort of obtaining permissions, organizing and copying. Just place an order to purchase authorized reprints of original articles. Reprints will be delivered ready for distribution in the classroom, at seminars and conferences, or to your colleagues in medicine.

Quality, fully-authorized reprints

Printed in black ink on glossy, high-quality paper, reprints reproduce the original article as it first appeared in JAMA or the Archives. Reprints measure 8 x 10 3/4 inches (205 x 275 mm), and include full credit information. Reprints are available for purchase in any quantity of 300 or more. Service is also available for articles with color photographs, charts, and illustrations. Optional features include 3-hole punches and shrink-wrapping. For other special requirements, contact the Reprints Coordinator at the address below.

For more information...

☐ Please send me information on purchasing authorized educational reprints in bulk for articles published in JAMA: The Journal of the American Medical Association and the Archives journals.

Name ________________________________
Company or Organization ________________________________
Address ________________________________
City & Postal Code ________________________________ Country ________________________________
FAX ________________________________

Mail to: Reprints Coordinator
515 North State Street
Chicago, IL 60610 USA
Tel: 1-312-464-2512 FAX: 1-312-464-5831

American Medical Association
Physicians dedicated to the health of America
Every cancer patient should have one.

The corporate jet. You'd be surprised who's flying on it these days. But Corporate Angel Network (CAN) isn't. CAN is a nationwide program designed to help cancer patients of all ages travel free to or from recognized treatment. CAN arranges with corporations to utilize the empty seats on their corporate aircraft operating on business flights. This unique program allows cancer patients to travel in comfort and dignity. And best of all, the CAN program is free and it's easy. Since its inception in 1981, CAN has already helped thousands of patients across the country. If you'd like to find out more, call Corporate Angel Network at 914-328-1313.
Your association is giving you a new business advantage. (We think you'll agree it's a sharp idea.)

As an American Medical Association member, you're entitled to member-only discounts on certain AT&T business long distance services, including domestic, international, and 800 Service calls.

You're also entitled to the high-quality service and reliability that AT&T provides. In short, you're entitled to the AT&T Business Advantage. And it's never been easier to put it to work for your business.

Thanks to AT&T Profit By Association — an exclusive arrangement between AMA Financing & Practice Services, Inc., a subsidiary of the American Medical Association, and AT&T — you can get substantial member-only discounts simply by calling us at 1-800-367-3604 ext. 184A.

You'll also enjoy the best long distance service, the fastest connections and the most reliable network in the industry. So whether you're already an AT&T customer, or you'd like to become one, take advantage of your unique status as a member. Call 1-800-367-3604 ext. 184A and get the AT&T Business Advantage.

AMA Financing & Practice Services, Inc.
A Subsidiary of the American Medical Association
Keep your professional career on the right track . . .

The Future of Medical Practice
This major new study from the AMA Council on Long Range Planning and Development analyzes 33 potential trends that are likely to occur during the next 10 to 15 years. Provides solid, reliable information about the future of medicine to use to develop effective strategies for dealing with the fast-changing health care system. An indispensable guide to ensuring the future success of any medical practice.
Order #: OP21159+NT. AMA member price: $35.00. Nonmember price: $49.00.

Whether you're starting a new practice or moving an established one, this new edition will save you time and aggravation. It's the only reference that gives statistics and licensure information for every state in the US in a single source.
• All state board licensing policies as of January 1994. • New US Medical Licensing Examination information. • National Board and ECFMG requirements. • Reciprocity and endorsement policies. • Fees, renewal intervals, and CME requirements. • Current guidance for Department of Defense licensure. • Immigration overview of international medical graduates
The most up-to-date, practical guide for students, residents, graduates of foreign medical schools, and physicians contemplating a move.
Order #: OP39009+NT. AMA member price: $50.00. Nonmember price: $75.00.

Guide to Locum Tenens Recruitment
Recruiting locum tenens physicians? This resource describes how to create and manage an effective recruitment program for physicians who will take temporary assignments in a practice. Includes how to find qualified candidates, design a compensation package, and write an employment contract as well as details on practice and professional liability.

Leaving the Bedside: The Search for a Non-clinical Medical Career
Physicians in the process of considering a career change need information about themselves and their options in order to make informed decisions. Leaving the Bedside offers physicians guidance in assessing professional and personal strengths, developing self-marketing strategies, and identifying and evaluating career options for the future.

To order, call toll free 800 621-8335

American Medical Association
Physicians dedicated to the health of America
Every month *Archives of Family Medicine* offers a broad array of peer-reviewed original articles, commentary, and other features on the art, science, and practice of family medicine.

- Original clinical studies
- Prevention and health promotion
- Science and technology
- Medicine, ethics, and the law
- Practice management

Plus abstracts from other journals, book and software reviews, editorials, and letters to the editor.

The only peer-reviewed, primary source, association-based journal written and edited specifically for the entire specialty.


Family medicine has a new face and the clinical journal the specialty demands — *Archives of Family Medicine*. Peer reviewed, cutting-edge, primary source material. Easily read. Immediately applicable to daily practice.

**For subscriber information, call toll-free: 800-AMA-2350.**

**ARCHIVES OF FAMILY MEDICINE**

Read it and lead!

American Medical Association
Physicians dedicated to the health of America
The More Medicine Changes

There's one essential source for what you need to know about the pressures on the practice of medicine today -- American Medical News. Spending a few minutes each week with American Medical News keeps you in the know about the economic, social and legislative changes affecting medical care.

And you don't have to choose between timely reporting and in-depth analysis -- American Medical News informs you about the industry better than any other single publication. You'll find its coverage of medicine's key issues has never been faster, easier to absorb or more useful.

Get the important news in medicine as it breaks. Plus penetrating coverage of critical subjects such as:
- Health system reform
- Federal and state legislation
- Antitrust issues
- Supreme Court rulings
- Medicare
- AIDS and other public health issues
- Practice guidelines
- And much more

For the news you need, when you need it, turn to American Medical News.

Subscribe to American Medical News and receive one year (48 issues) for $99.00

Name ________________________________ __ MD/DO __ Other __________
Address ______________________________
City __________________________ State ______ Zip __________

Please indicate your payment choice:

_ Check enclosed made payable to The American Medical Association
_ Please debit my credit card: __ VISA __ MasterCard __ American Express
Card No. __________________________ Exp. _____/_____

Signature __________________________

Call 1-800-AMA-2350 to order by credit card today! Or fax your order to 312-464-5831.
Mail to: American Medical Association, Subscription Department, 515 North State Street, Chicago, Illinois 60610. Rate subject to change without notice.
ANNOUNCING
THE
GRAND OPENING OF

ONCE-A-DAY VERELAN®
Verapamil HCl 120 mg
180 mg
340 mg
PELLET-FILLED CAPSULES

☐ The only antihypertensive proven bioequivalent whether capsules are opened and sprinkled on food* or swallowed intact1,2
☐ Convenient for patients who have difficulty swallowing any capsule or tablet
☐ Crushing other extended-release products such as Procardia XL® is not recommended since it may alter their release properties2,3

☐ Effective 24-hour BP control from 120 mg to 480 mg/day4,5
☐ Excellent tolerability—negligible dropout rate6,7

Constipation, which can be easily managed in most patients, is the most frequently reported side effect of verapamil.

Please see brief summary of Prescribing Information including CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS on adjacent page.

* When sprinkling VERELAN on a spoonful of applesauce, entire contents of capsule must be ingested, not crushed or chewed.

1 Procardia XL is a registered trademark of Parke-Davis Pharmaceuticals Division, Pfizer Inc.