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SPECIAL SELECTION

Radiology in Family Practice
Manoj Bhatia, MD; Jeannie Hill, MD;
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LETTERS TO THE EDITOR

Inmate Access to Postrelease Medical Care: Public Health Implications
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Developing a Strategy for Managing Behavioral Health Care Within the Context of Primary Care
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The ‘Usual Care’ of Major Depression in Primary Care Practice
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EDITORIAL

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Edmund S. Higgins, MD

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Women’s Triage and Management Preferences for Cervical Cytologic Reports Demonstrating Atypical Squamous Cells of Undetermined Significance and Low-grade Squamous Intraepithelial Lesions
Daron G. Ferris, MD; David Kriegel;
Lise Cote, MD; Mark Litaker, MS;
Lisa Woodward

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independence

Liberating patients from arthritis pain.

All in pursuit of the freedom of movement.

Two caplets, once a day

DAYPRO®
(oxaprozin)
600-mg caplets

Daylong Confidence. Proactive Control.

DAYPRO® is indicated for the treatment of the signs and symptoms of OA and RA.

Usual adult dosage is 1200 mg (two 600-mg caplets) once a day. For osteoarthritis patients of low body weight or with milder disease, an initial dosage of one 600-mg caplet once a day, or an optional one-time loading dose of 1200 mg, may be appropriate. Dosage should be individualized to the lowest effective dose; the maximum recommended total daily dosage is 1800 mg or 26 mg/kg, whichever is fewer, in divided doses.

Contraindicated in patients with hypersensitivity to DAYPRO® or in individuals with nasal polyps, angioedema, or bronchospastic reactivity to aspirin or other NSAIDs. Severe and occasionally fatal asthmatic and anaphylactic reactions to NSAIDs have been reported; there have been rare reports of anaphylaxis with DAYPRO®. As with other NSAIDs, the most frequently reported adverse reactions were related to the GI tract. In patients treated chronically with NSAID therapy, serious GI toxicity, such as bleeding, ulceration, and perforation, can occur. Severe renal and hepatic reactions have been reported. There may be a risk of fatal hepatitis with oxaprozin, such as has been seen with other NSAIDs.

Please see brief summary of prescribing information on adjacent page.
hepatic, hematologic, and dermatologic adverse effects. Laboratory test interactions

False-positive urine immunoassay screening tests for benzodiazepines have been reported in patients taking Daypro. This is due to lack of specificity of the screening tests. False-
positive test results may be expected for the benzodiazepine component of Daypro therapy. Confirmatory urine tests, such as gas chromatography/mass spectrometry, will
discriminate Daypro from benzodiazepines. The clinical importance of the admin-
istration of Daypro and aspirin is not recommended because oxaprazin displaces salicylates
from plasma binding sites. Coadministration would be expected to increase the
plasma level of aspirin, and the toxic potential of aspirin should be considered. Patients
taking Daypro were not affected by the coadministration of 1200 mg/day of Daypro. Nevertheless,
care should be exercised when Daypro is used concomitantly with aspirin. The total
regimen of patients receiving oral anticoagulants, H2-receptor antagonists, the total

BRIEF SUMMARY – DAYPRO® (oxaprazin) 600-mg caplets

Before prescribing please see full prescribing information.

INDICATIONS AND USAGE: Daypro is indicated for the treatment of the signs and symp-
toms of OA and RA.

CONTRAINDICATIONS: Hypersensitivity to oxaprazin or any of its components or in-
dividuals with a history of anaphylaxis. Oxaprazin's cholinergic effects, particularly
cholinergic reactions in patients treated with nonsteroidal anti-inflammatory drugs (NSAIDs). Severe and occasionally fatal anaphylactic and anaphylactoid reactions have been reported in patients receiving NSAIDs. There have been reports of anaphylaxis in patients taking
Daypro.

WARNINGS: RISK OF GASTROINTESTINAL (GI) ULCERATION, BLEEDING, AND PERFOR-
RATION WITH NONSTEROIDAL ANTI-INFLAMMATORY DRUG THERAPY: Serious gastro-
inestinal toxicity, such as bleeding, ulceration, and perforation, can occur at any time,
with or without warning symptoms, in patients treated with NSAIDs. Although minor
upper gastrointestinal problems, such as dyspepsia, are common, and usually develop
early in therapy, physicians should remain alert for ulceration and bleeding in patients
treated chronically with NSAIDs, even in the absence of previous GI tract symptoms. In
patients observed in controlled clinical trials for several months to 2 years, symptomatic upper GI ulcers, glossitis, or bleeding, or perforation appear to occur in approximately 1% of patients treated for 3 to 6 months, and in about 2% to 4% of patients treated for 1 year. Physicians
should inform patients about the signs and symptoms of serious gastrointestinal toxicity and what steps to take if they occur. Patients at risk for developing serious upper gastrointestinal sys-
tems are those with a prior history of serious GI events, alcoholism, smoking, or other factors
known to be associated with peptic ulcer disease. Extensive bleeding or perforation may
seem tolerable ulceration or bleeding less well than other individuals, and most spontaneous
reports of fatal GI events are in these populations. Studies to date are inconclusive con-
cerning the relative risk of various NSAIDs in causing such events. The risk associated
with any NSAID probably carry a greater risk of these reactions, and substantial benefit
should be anticipated in the treatment of these patients.

PRECAUTIONS: General: Hepatic effects: As with other NSAIDs, bordereline elevations of
one or more liver tests may occur in up to 15% of patients. These abnormalities may
progress, but have been essentially unchanged, or resolved, with continued therapy. Use
of SGOT (ALT) test is probably the most sensitive indicator of liver dysfunction. Meaningful
the upper limit of normal values of SGOT (AST) occurred in controlled clinical trials of
Daypro in the treatment of OA and RA. As with other NSAIDs, Daypro, like all NSAIDs,
should be used with caution in patients with a history of liver disease. In patients with
serious hepatic disease, the use of any NSAID should be avoided. Daypro may be used
in patients who have used other NSAIDs in the past without any untoward reaction. Se-
vere hepatic reactions including jaundice have been reported with Daypro, and there
may be a risk of fatal hepatitis with oxaprazin, as has been seen with other
NSAIDs. Although most of these tests persist in patients with persistent
clinical signs and symptoms consistent with liver disease develop, or systemic manifestations
occur (anasarca, hepatomegaly, fever). Daypro should be discontinued. Major
hepatic and/or bone marrow effects, including anaphylaxis and serum sickness, edema, blood pressure changes, pancytopenia and/or
GI bleeding (see Warnings), liver function abnormalities including hepatitis (see Precau-
tions), stomatitis, hemorhoidal or rectal bleeding, pancreatitis, anemia, thrombocyto-
openia, leukopenia, ecchymoses, agranulocytosis, pancytopenia, weight gain, weight loss,
weakness, malaise, symptoms of upper respiratory infection, pruritus, urticaria,
photosensitivity, pseudosclerotic, exfoliative dermatitis, erythma multiforme, Stevens-
Johnson syndrome, toxic epidermal necrolysis (Lyell's syndrome, blured vision, con-
junctivitis, papilledema, intraocular hypertension, kidney failure, decreased

ADVERSE REACTIONS: The most frequently reported adverse reactions were related to the
gastrointestinal tract. They were nausea (5%) and dyspepsia (8%). INCIDENT OF BLEEDING: In a long-term, multicenter,
incidence greater than 1% and are probably related to treatment. Reactions occurring in
in patients with a history of peptic ulcer disease. As with other NSAIDs, Daypro should have
in less than 3% of patients are uncommon. Abdominal pain/distress, anorexia, constipa-
diabetes, flatulence, nausea, vomiting, CNS inhibition (depression, somnolence), convul-
big problem of concern because these reactions were less frequent and not relate
drug, like other drugs of its class, nonsteroidal anti-inflammatory drugs (NSAIDs), is not free of
side effects. The side effects of these drugs can cause discomfort and, rarely, serious
side effects, such as gastrointestinal toxicity, bleeding, and perforation, which may result
in fatal outcomes. NSAIDs are often essential agents in the management of arthritis, but
they may also be commonly employed for conditions that are less serious. Physicians
may wish to discuss this with their patients the potential side effects (Daypro, Warnings, Precau-
tions, Adverse Reactions) and likely benefits of Daypro treatment; particularly in less serious
conditions where treatment without Daypro may represent an acceptable alternative
to both the patient and the physician. Patients receiving Daypro may benefit from physician
instruct in the symptoms of the more common or serious gastrointestinal, renal,

Daypro® (oxaprazin) 600-mg caplets

BENZODIAZEPINE BETA-BLOCKER INTERACTIONS: The effect of oxaprazin on benzodiaz-
epine metabolism is not known to have any clinical relevance. Therefore, the use of oxaprazin should be considered in these patients when starting Daypro therapy.

Other drugs: The coadmin-
istration of oxaprazin and anesthetics, acetoaminophen, or conjugated estrogen medications in results in no known to have any clinical relevance. Therefore, the use of oxaprazin should be considered in these patients when starting Daypro therapy.
tor reduction that addresses these changing family dynamics would be successful.

Family medicine is a specialty that seeks to incorporate the role of family in its practice. Here is an excellent model to see whether using the family as the unit of intervention makes a difference in the outcome of our patients with regard to CHD risk factors. Coronary heart disease is the No. 1 killer in the United States and Canada and truly is a familial disease. Isn't it appropriate that family physicians focus on the prevention of CHD through a family-centered approach and perform research to demonstrate that this approach has benefit?

Charles B. Eaton, MD
Memorial Hospital of Rhode Island
Pawtucket

REFERENCES
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MANUAL OF SKIN SURGERY
A Practical Guide to Dermatologic Procedures

David J. Leffell, M.D., Associate Professor of Dermatology, Plastic Surgery and Otolaryngology, Yale University School of Medicine, New Haven, CT; and Marc D. Brown, M.D., Associate Professor of Dermatology, University of Rochester Medical Center, Rochester, NY


“This superb book is extremely well illustrated and the text is clear, detailed, and enjoyable to read. [Manual of Skin Surgery] will be of great practical value to students and clinicians, regardless of specialty.” — Neil Swanson, Professor and Chairman, Department of Dermatology, Professor of Otolaryngology, Oregon Health Sciences University, Portland, OR

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- A convenient format designed for practical use — plus special features on running a successful practice, medicolegal issues, and much more.

- Helpful appendices — provide rapid access to action guides to skin biopsies, pigmented lesions, cancers, and complications; as well as a current list of vendors of dermatologic surgery equipment.

No other resource provides such a wealth of authoritative and up-to-date information in so concise a format. For hands-on information, the Manual of Skin Surgery is the ideal choice of dermatologists, dermatology residents, medical students, and family practitioners alike! Order your copy now.


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By Toshio Ohshiro, M.D., Keio University School of Medicine and Japan Medical Laser Laboratory, Tokyo, Japan; With contributions from John Carruth, Kouichi Oohara, and Mari Trellis


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Prices may vary and are subject to change without notice.

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Carbamazepine: Concomitant administration of diltiazem with carbamazepine has been reported to result in increased peak plasma levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs concurrently should be monitored for a potential drug interaction.

Cyclosporine: Administration of diltiazem to patients receiving cyclosporine has been observed to result in increased peak plasma levels of cyclosporine (up to 60%). This interaction may result in toxicity in a subset of patients. Cyclosporine levels should be monitored carefully in patients receiving concurrent diltiazem therapy.

Ticlopidine: Administration of diltiazem to patients receiving ticlopidine has been reported to result in increased peak plasma levels of ticlopidine (up to 100%). This interaction may result in toxicity in a subset of patients. Ticlopidine levels should be monitored carefully in patients receiving concurrent diltiazem therapy.

Erythromycin: Administration of diltiazem to patients receiving erythromycin has been reported to result in increased peak plasma levels of erythromycin (up to 65%). This interaction may result in toxicity in a subset of patients. Erythromycin levels should be monitored carefully in patients receiving concurrent diltiazem therapy.

Grapefruit Juice: Administration of diltiazem to patients who consume grapefruit juice has been reported to result in increased peak plasma levels of diltiazem (up to 50%). This interaction may result in toxicity in a subset of patients. Patients should be advised to avoid grapefruit juice while receiving concurrent diltiazem therapy.

Contraindications

Cardiovascular: Patients with severe hypotension or congestive heart failure, or those who are allergic to diltiazem, should avoid this medication. Infusion of a drug (hypotensive or vasodilator) or a drug that increases the risk of hypotension should be avoided in patients receiving simultaneous administration of diltiazem.

Renal: Diltiazem is excreted renally, and patients with impaired renal function should be monitored carefully. The dose should be reduced in patients with impaired renal function (creatinine clearance <30 mL/min).

Gastrointestinal: Diltiazem should be used with caution in patients with a history of GI disorders, such as peptic ulcer disease or bowel obstruction. Gastrointestinal symptoms, such as nausea, vomiting, constipation, and diarrhea, may occur.

Precautions

Geriatric: Diltiazem is metabolized almost completely by the liver and excreted by the kidneys. Elderly patients may have altered pharmacokinetics and may require a reduction in the starting dose. The elderly should be monitored carefully for adverse effects.

Pregnancy: Diltiazem is classified as Pregnancy Category C. It has been shown to cause fetal harm when administered to pregnant women. Women who are pregnant should not use diltiazem unless the potential benefit justifies the potential risk to the fetus.

Lactation: It is unknown if diltiazem is excreted in human milk. Breastfeeding is not recommended.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.

The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 369 mg with rates in placebos patients shown for comparison.

| CARDIZEM CD Capsules Placebo-Controlled Angina and Hypertension Trials Combined |
|-----------------|-----------------|-----------------|-----------------|
| Adverse Reactions | Cardizem CD | Placebo | Cardizem CD |
| Headache | 5.4% | 5.6% | 5.4% |
| Dizziness | 3.0% | 3.6% | 3.0% |
| Bradycardia | 3.3% | 1.3% | 3.3% |
| AV Block First Degree | 3.3% | 0.6% | 3.3% |
| Diarrhea | 2.6% | 3.0% | 2.6% |
| ECG Abnormalities | 1.8% | 2.2% | 1.8% |
| Asthenia | 1.8% | 1.7% | 1.8% |

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3,200 patients, the most common events were edema (4.6%), headache (4.5%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (0.3%), and diarrhea (0.3%).

In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:

Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles.

Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesias, paranoid reactions, somnolence, vertigo.

Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dyspepsia, dysuria, mild elevations of transaminases, and alkaline phosphatase (not due to hepatitis), thirst, vomiting, weight increase.

Dermatological: Petechiae, photophobia, pruritus, urticaria.

Other: Amblyopia, CPK increase, diplopia, eye irritation, pupil reaction, hyperglycemia, hyperuricemia, fever, flushing, pneumonia, pneumonia (pneumonia, acute respiratory distress syndrome), respiratory arrest, skin rash, Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis, exanthematous, drug eruption, exfoliative dermatitis, drug reaction with eosinophilia and systemic symptoms (eosinophilia, leukocytosis, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia). In addition, events such as myasthenic effect have been observed which are not readily distinguishable from the natural history of the disease in these patients.

A number of well-documented cases of generalized rash, some characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and the use of diltiazem has not yet been established.

Prescribing Information as of December 1996:

Hoechst Marion Roussel, Inc.
Kansas City, Missouri 64103 USA

cdb12954e

References:

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Well-tolerated control regardless of age or gender†
- A side-effect discontinuation rate comparable to placebo²³
- 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%)†

True 24-hour control from a unique patented delivery system
- No other diltiazem is therapeutically equivalent to Cardizem CD⁴⁴

*Cardizem CD is a benzothiazepine calcium channel blocker.
† In clinical trials with Cardizem CD.
‡ FDA does not, at this time, consider other diltiazems to be therapeutically equivalent because bioequivalence has not been demonstrated through appropriate studies.

Please see brief summary of prescribing information on adjacent page.

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

No other diltiazem is therapeutically equivalent⁴⁴

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