Make your reading count.

Earn career-enhancing CME credit free with the Archives of Family Medicine.

Archives of Family Medicine is more valuable than ever, because now you can earn CME credit, in addition to getting hard-hitting practical science. The Archives CME Program helps you turn information into knowledge by giving you:

- The opportunity to earn up to 3 hours of AMA PRA category 1 credit and AAFP Prescribed credit with each issue.
- Access to original articles that are clinically relevant and academically sound, with a comprehensive curriculum of topics developed annually by our editorial board.
- A unique learning experience that includes a self-assessment quiz, which enables you to regularly test your progress while learning at your own pace.
- The opportunity to make the Archives of Family Medicine more useful to you and to your specialty, by providing feedback on the educational value of every issue.

Find out how you can qualify for a free subscription to Archives of Family Medicine today by calling 1-312-670-SUBS.*

*Free subscriptions available to qualified GPs, FP's, and DOs. Call for additional information.
SPECIAL SELECTION

Clinical Picture 521
Mukadder A. Selimoglu, MD; Ugur Dilmen, MD; Cahit Karakelleoglu, MD; Hurel Bitlisli, MD; Walter W. Tunnessen, Jr, MD

ARCHIVES CME

The Archives of Family Medicine 523
Continuing Medical Education Program

LETTERS TO THE EDITOR

What Is a Cost-effectiveness Analysis? 527
Diane M. Harper, MD, MPH

In Reply 528
Marcia J. Chesebro, MD; W. Douglas Everett, MD, MPH

SPECIAL ARTICLES

The Impact of Title VII Departmental and Predoctoral Support on the Production of Generalist Physicians in Private Medical Schools 531
Robert M. Politzer, ScD; Stan Horab, MPH; Enrique Fernandez, MD; Sandy Gambil, MD; Walter W. Tunnessen, Jr, MD

Concerns Regarding Universal Varicella Immunization: Time Will Tell 537
Lori L. MacFarlane, PharmD, BCPS; Melissa L. Sanders, PharmD; Peter J. Carek, MD, MS

ORIGINAL CONTRIBUTION

Do Physicians Do as They Say? 543
The Case of Mammography
Barry G. Saver, MD, MPH; Thomas R. Taylor, MD, PhD; Jonathan R. Treadwell, PhD; William G. Cole, PhD

EDITORIAL

Do as I Do, Not as I Say 549
Electra D. Paskett, PhD

American Medical Association
Physicians dedicated to the health of America

Copyright 1997 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.
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 lower, 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.
BRIEF SUMMARY—DAYPRO® (oxaprozin) 600-mg caplets

Before prescribing please see full prescribing information.

INDICATIONS AND USAGE: Daypro is indicated for the treatment of the signs and symptoms of OA and rheumatoid arthritis.

CONTRAINDICATIONS: Hypersensitivity to oxaprozin or any of its components or in individuals with the complete or partial syndrome of nasal polyposis, angioneurotic edema, and cholestatic jaundice or hepatoxicity. GI ulcer complications, including perforation and bleeding, can occur in patients taking NSAIDs, and there have been rare reports of anaphylaxis in patients taking oxaprozin.

WARNINGS: RISK OF GASTROINTESTINAL (GI) ULCERATION, BLEEDING, AND PERFORATION WITH NONSTEROIDAL ANTI-INFLAMMATORY DRUG THERAPY: Serious gastrointestinal (GI) adverse events, including cases of fatal bleeding, have occurred in patients taking NSAIDs. The NSAID class of which oxaprozin is a member is associated with an increased risk of serious GI toxicity in all NSAID-treated patients. The magnitude of the increase is not known with certainty for oxaprozin. NSAIDs, including oxaprozin, can increase the risk of serious GI events (including bleeding, ulceration, and perforation) with the upper alimentary tract) and can present clinically as nonspecific symptoms that can mimic other medical conditions. Patients with a history of ulcerative disease, those taking aspirin regularly, or those with other risk factors for GI bleeding are at higher risk. Daypro is contraindicated in patients who have had a previous allergic reaction to oxaprozin. Daypro is not recommended for use in patients with active bleeding or ulceration.

PRECAUTIONS: General: Hepatic Effects: As with other NSAIDs, borderline elevations of one or more liver function tests may occur in up to 20% of patients. Tests for patients, who are stable and in good health, remain essentially unchanged, or resolved with continued therapy. The SGPT (ALT) test is probably the most sensitive indicator of liver dysfunction. Meaningsful (10-fold) increases in ALT and ALT activity have been reported in 1 to 2% of patients taking Daypro in clinical trials. Daypro is contraindicated in patients with a history of hepatic disease, who have a history of hepatic disease, or who have a history of hepatic disease, or who have a history of hepatic disease, or who have a history of hepatic disease, or who have a history of hepatic disease, or who have a history of hepatic disease. Daypro may cause a reduction in the number of granulocytes and in the number of granulocytes and in the number of granulocytes.

ADVERSE REACTIONS: The most frequent reported adverse reactions were related to the gastrointestinal tract. These reactions included nausea, flatulence, diarrhea, and constipation and occurred in greater than 2% of patients. Other adverse reactions that were reported in greater than 2% of patients included vomiting, bloating, gas, flatulence, dyspepsia, and heartburn. Adverse reactions that were reported in less than 2% of patients included headache, dizziness, vision disturbances, somnolence, mood swings, and angina.

INFORMATION FOR PATIENTS: As with other NSAIDs, patients should report to their physician any signs or symptoms of hepatic dysfunction, such as pain and tenderness in the upper right abdomen, nausea, vomiting, or diarrhea. Patients should also report any signs or symptoms of GI bleeding, such as black or tarry stools, melena, or coffee-ground emesis. Patients should be advised to report any signs or symptoms of skin rashes, allergic reactions, or drug eruption.

See package insert for complete prescribing information.

G.D. Searle & Co.

Address medical inquiries to:
G.D. Searle & Co.
Healthcare Information Services

2000 Old Cook Road
Skokie, IL 60077


With the most current, accurate, detailed information on the characteristics and distribution of the country’s 738,000 physicians at your fingertips, you can quickly pinpoint areas relatively underserved by physicians. Easily identify trends and patterns that will highlight future needs. Forecast future physician supply by specialty and locale. Accurately determine optimal areas for expansion or market emphasis. The applications are virtually unlimited!

**One Resource. Many Uses.**
Nowhere else will you find a more comprehensive reference that can be used in so many different ways. Health care personnel planning. Policy development. Research studies. And much more. This powerful resource is one that you will turn to again and again.

**New Information and Tables at User Request!**
The latest edition also features federal and non-federal physician data by location, professional activity, specialty, race/ethnicity, gender, and more. Designed for easy reference, the five primary sections of Physician Characteristics and Distribution offer multiple perspectives on the entire US physician marketplace. Features seven all-new tables.

Call Today! 800 621-8335
Priority Code: AGF

Visit the AMA web site at http://www.ama-assn.org

New Edition! New Data! New Tables!

Softbound, 350 pages, 70 summary and detail tables
Published October 1997
Order #: OP900297AGF
AMA member price: $99.95
Nonmember price: $125.95

Satisfaction Guaranteed.
Return within 30 days if not satisfied.

American Medical Association
Physicians dedicated to the health of America

150 Years of Caring for the Country
1847 • 1997
Sometimes you just need to know now. And thanks to the new Archives of Family Medicine World Wide Web site, now is just a click away.

Locating practical clinical information has never been easier. Or faster. Pinpoint current and past Archives articles, access informative summaries and abstracts, review full tables of contents, and more.

Whether you need instant information or want to make better use of your printed journal, you’ll find our Website just what you ordered.

http://www.ama-assn.org

CLICK ON ARCHIVES JOURNALS TODAY
NEW from W.B. SAUNDERS COMPANY!

6 premier resources for success!

PRIMARITY CARE DERMATOLOGY
64 highly acclaimed specialists guide you, step-by-step, to the accurate diagnosis and effective treatment of commonly encountered skin disorders. Abundantly illustrated!


RHEUMATOLOGY IN PRIMARY CARE
Provides the guidelines you need to take a history, conduct a physical examination, order laboratory investigations and imaging procedures, and prescribe treatment for rheumatic disorders.

By Juan J. Canosa, MD, FACP, Feb. 1997. 382 pp. 137 figs., 133 tables. $45.00. Order #W6080-0.

INSTRUCTIONS FOR PATIENTS: Spanish Version
"Succinct and written in a style the patient can readily comprehend."
(The Jnl. of the Amer. Board of Family Prac., rev. of 5th Ed. of English Version) Improve communications with your Spanish-speaking patients by photocopying and personalizing these handy guidelines.


BASIC CANCER MEDICINE
Here’s fast, convenient access to essential guidance on cancer management. Four sections address fundamental cancer topics, individual types of cancer, newer management approaches, and frequently used cancer drugs.


GYNECOLOGY FOR THE PRIMARY CARE PROVIDER
This practical resource offers in-depth guidance for diagnosing, treating, and managing a full range of common gynecologic problems—from contraception and amenorrhea...to menopause, and much more.


OPHTHALMOLOGY FOR PRIMARY CARE
Here’s expert guidance for evaluating and managing common eye disorders, diseases, and injuries. Each chapter examines anatomy • epidemiology • signs and symptoms • examination techniques • management • referral • and more!


Call W.B. Saunders Company toll-free
1-800-545-2522
(8:30-7:00 Eastern Time) to order!
Be sure to mention DM41856.
Or mail coupon to address below.

YES! Please rush my copy of the book(s) checked below. If not completely satisfied, I may return the book(s) with the invoice within 30 days at no further obligation.

[Check the appropriate boxes]

W6096-7 Arndt et al. $49.95
W6080-0 Canosa $45.00
W6997-2 Griffith $49.95
W5824-5 Markman $35.00
W6432-4 Ransom & McNeely $45.00
W5076-3 Wu $35.00

Also send:

W2859-1 Dorland’s Illustrated Medical Dictionary, 28th Edition $43.00

Bill me later □ Check enclosed □ VISA □ MC □ AmEx

Card #: ____________________________
Exp.: __________________

Add the applicable sales tax for your area. Prepaid orders save shipping. Make checks payable to W.B. SAUNDERS COMPANY. Staple this to your purchase order to expedite delivery.

Name: ____________________________
Address: ____________________________
City: __________________ State: __________ Zip: __________

Telephone (_____) ____________________________

©W.B. SAUNDERS COMPANY 1997. Professional references may be tax-deductible. Offer valid in USA only. Prices subject to change without notice.

W.B. SAUNDERS COMPANY
A Division of Harcourt Brace & Company
Order Fulfillment Department
6277 Sea Harbor Drive, Orlando, Florida 32887-4430
Take A Closer Look

At the issues affecting your practice, your patients, your future.

Events and trends that directly influence your practice, your patients, and ultimately your future are unfolding rapidly — the effort to restructure Medicare and Medicaid, for example, and the effect of managed care on the practice of medicine in your region and specialty.

Every week, American Medical News takes a closer look at these and similar issues, and reports them in a concise, organized fashion. We make it easy for physicians to stay informed of the daily events that greatly affect their world.

Take a closer look at American Medical News and the issues that influence your success. Give us a call at 800-AMA-2350 to order your subscription today!

American Medical News
http://www.ama-assn.org

American Medical Association
Physicians dedicated to the health of America.
Physician practice management companies are becoming an appealing option for a growing number of practitioners.

But there are both advantages and challenges you should be aware of before you sign with a practice management company.

**Get the expert view from the American Medical Association.**

*Physician Practice Management Companies: What You Need to Know* helps explain all facets of this burgeoning new practice management environment alternative.

Written by experts with experience working with both physicians and management groups, *Physician Practice Management Companies* gives you unbiased, up-to-date, and essential information:

- how to evaluate whether affiliation is right for your practice
- a historical view of the practice management company industry, and a look to the future
- a close look at the pros and cons of affiliation
- how to identify candidates for affiliation
- a step-by-step guide of the transaction process
- insight into how Wall Street views these firms

*Physician Practice Management Companies* gives you the information you need to make an informed decision.

**Order today—without risk! Call 800 621-8335.**

Priority Code ADT
Order #: OP316696ADT
AMA member price: $29.95
Nonmember price: $39.95

Mastercard, VISA, American Express, and Optima accepted. State sales taxes and shipping/handling charges apply.

If for any reason you are not pleased with your purchase after 30 days, simply return the book for a prompt and courteous refund.


American Medical Association
Physicians dedicated to the health of America

150 Years of Caring for the Country
1847 • 1997
AMA Health Insight
A Web Site You and Your Patients Can Use

http://www.amo-assn.org

A trusted source for quality medical information
In today's evolving health care environment, patients want to be as informed as possible about their own, and their family's, medical care.

AMA Health Insight, the consumer branch of the award-winning American Medical Association (AMA) web site, provides an invaluable public service by offering immediate, up-to-date medical information for you and your patients that meets the AMA's standards of quality and excellence.

What can you find on AMA Health Insight?
• Patients can improve their own health and nutrition by linking to the interactive modules in "Your Health:" Create an ongoing personal/family health history; have a fun and informative visit to the "Human Atlas" to discover facts about the human body; and locate everything from first-aid tips to healthy gourmet recipes from famous chefs.
• Health care professionals and the public can learn more about women's and adolescents' health issues. And discover the latest scientific and clinical advances on specific conditions like asthma and migraine with high-quality content produced by top authorities.

Log on today to the AMA!
And put the power of medical knowledge and information at your fingertips.
Announcing
The American Medical Association
Morris Fishbein Fellowship
July 1, 1998, through June 30, 1999

Applications are now being taken for the Morris Fishbein Fellowship in Medical Editing sponsored by the American Medical Association. Physicians interested in making a substantial commitment to medical editing are invited to apply for this full-time, one-year fellowship program.

Work With JAMA
The successful candidate will work with the editorial and production staff of The Journal of the American Medical Association in all facets of editing and publishing a major weekly journal. At the completion of the program, it is expected that the candidate will be proficient in manuscript review and selection, issue makeup, copy editing and styling, art and layout of articles, and issue planning and managing, in addition to the many other elements of journal publication. He/she will also become familiar with electronic publishing.

Editing and Writing
The candidate must have proven writing ability at the time of application, since he/she will be required during the course of the year to prepare articles for publication. Although the fellow will work under the supervision of a physician-editor, ability to work independently is a must.

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

Application Forms
For an application form, please write to Richard M. Glass, MD, Deputy Editor, The Journal of the American Medical Association, 515 N State St, Chicago, IL 60610 (or Fax: 312 464-5824)

Deadline for Applying
Completed applications should be forwarded as soon as possible and must be received no later than December 19, 1997.
Introducing the full text and graphics of JAMA & Archives Journals on CD-ROM. Mine a wealth of medical information from 10 of the world’s most respected journals right on your computer.

- Complete content including full text and graphics:
  - 1995 Archival Disk $150
  - 1996 Archival Disk $150
- Familiar, browsable format
- Search software by OVID Technologies, Inc.
- MEDLINE Reference Links and 5-Year Abstracts
- 5-Year JAMA & Archives Index
- Print/Save—print full text and graphics, save text as ASCII file
- Windows version

(For institutional and foreign rates)

To order by phone, call:
1-800-AMA-2350
Fax: 312-464-5831
Cardizem CD (diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

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

Cardiogenic Shock, Myocardial Infarction, Impairment of Fertility

A 24-hour study in rats at oral dosages levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosages levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was no mutagenic response in vivo or in vitro in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 160 mg/kg/day. Pregnancy

Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses up to 500 times the recommended human doses of diltiazem has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater. There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

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 and hypertension trials in patients receiving CARDIZEM CD capsules up to 360 mg with rates in placebo patients shown for comparison.

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3000 patients, the most common events (in greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), nausea (1.4%), rash (1.2%), and abnormal liver function test (1.2%).

A large 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 CARDIZEM therapy is yet to be established.

Prescribing Information as of December 1995A

Hoehst Marion Roussel, Inc.

References:


2. Data on file, Hoehst Marion Roussel.

3. Procardia XL® prescribing information.


5. Sular® prescribing information.

Hoechst Marion Roussel

Hoechst Marion Roussel, Inc. • Kansas City, MO 64134 USA

A member of the Hoechst Group

9726220/1917M7 © 1997, Hoehst Marion Roussel, Inc.
In Hypertension

- In a randomized, double-blind study of 127 hypertensives, 86% of patients reaching goal of blood pressure on CARDIZEM CD were controlled at 240 mg or less.1

In Angina

- CARDIZEM CD is effective as monotherapy and adds efficacy to beta-blocker and/or nitrate therapy.2

Safety

- Unlike many short-acting and long-acting dihydropyridine products (nifedipine, amlodipine, nisoldipine), no warnings for increased incidence (rare) of myocardial infarction.3-5

- Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), asthenia (1.8%), and ECG abnormality (1.6%).

* Experience with use of CARDIZEM in combination with beta-blockers in patients with impaired ventricular function is limited. Available data are not sufficient to predict the effects of concomitant treatment with CARDIZEM CD and beta-blockers in patients with left ventricular dysfunction or cardiac conduction abnormalities. Caution should be exercised when using this combination. [See Warnings and Precautions in prescribing information.]