RUNNING AND ITS EFFECT ON FAMILY LIFE

THE P-450 SYSTEM: DEFINITION AND RELEVANCE TO THE USE OF ANTIDEPRESSANTS IN MEDICAL PRACTICE

PRIMARY CARE PHYSICIANS’ USE OF OFFICE RESOURCES IN THE PROVISION OF PREVENTIVE CARE

BLOOD PRESSURE-LOWERING EFFECT OF ADDING GRAPEFRUIT JUICE TO NIFEDIPINE AND TERAZOSIN IN A PATIENT WITH SEVERE RENOVASCULAR HYPERTENSION

American Medical Association
Physicians dedicated to the health of America
anatomic site, oral stimulation, and body position on estimates of body temperature.

Results: Mean rectal temperatures exceeded concurrent oral readings by 0.4°C ± 0.4°C (0.8°F ± 0.7°F), which, in turn, exceeded concurrent tympanic membrane readings (obtained with a digital thermometer [IVAC Corp, San Diego, Calif]) by 0.4°C ± 1.1°C (0.7°F ± 2.0°F). Tympanic membrane readings were significantly more variable (both intrasubject and intersubject) than rectal or oral readings, especially when cerumen was present in the external ear canal being examined (P<.05). Mastication and smoking both caused significant increases in oral temperature that persisted for greater than 20 minutes. Drinking ice water caused a significant but more transient decrease in oral temperature. Of these activities, only mastication appeared to influence tympanic membrane readings. Body position exerted a modest effect on rectal temperature readings, but did not significantly affect oral or tympanic membrane readings.

Conclusions: These findings indicate that, in addition to diurnal fluctuations in body temperature, the effects of anatomic site, oral stimulation, and body position should be considered in establishing criteria for the febrile state.

RALPH'S UTI DIDN'T KEEP HIM UP LAST NIGHT.

(His granddaugher did.)

For a while, the urgency of a UTI secondary to benign prostatic hyperplasia was keeping Ralph awake nights.

Thanks to Cipro®, with 97% clinical efficacy in UTIs, he's sleeping well again. That is, for as long as his granddaughter allows.

Cipro Tablets are indicated for mild/moderate/severe/complicated UTIs caused by Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, Serratia marcescens, Proteus mirabilis, Providencia rettgeri, Morganella morganii, Citrobacter diversus, Citrobacter freundii, Pseudomonas aeruginosa, Staphylococcus epidermidis, Enterococcus faecalis.

NOTE: SERIOUS AND FATAL REACTIONS HAVE BEEN REPORTED IN PATIENTS RECEIVING CONCURRENT ADMINISTRATION OF CIPROFLOXACIN AND THEOPHYLLINE. If concomitant use cannot be avoided, serum levels of theophylline should be monitored and dosage adjustments made as appropriate.

Most frequently reported adverse events (>1%): nausea; diarrhea; vomiting; abdominal pain/discomfort; headache; rash; restlessness.

Please see brief summary of prescribing information on adjacent page.