If you’re a family physician looking for a professional life that keeps you attuned to high-tech medical advances and offers you financial rewards, opportunities for career development, excellent benefits and world travel, the Navy Medical Corps may be for you. As a Navy physician, you’ll practice in a collegial environment where physicians support each other. You’ll be a commissioned officer and a respected member of the Navy’s prestigious health care delivery team. You’ll work in clinical settings in the United States and around the world with top professionals and state-of-the-art equipment and facilities. Through funded continuing education and specialty training, you’ll have the opportunity to develop your full professional potential as well as the freedom to move from practice to research or teaching without losing seniority, salary level or retirement benefits.

You’ll earn an excellent starting salary based on your credentials and years of experience, and federal law provides free medical liability protection to Navy physicians. You may also be entitled to special pay in addition to your regular salary and allowances. Navy benefits include 30 days of paid vacation earned each year, free medical and dental care, tax-free housing and food allowance, an excellent retirement system and opportunities for free travel to some of the most exotic and beautiful places in the world.

For more information, contact your local Navy Medical Programs officer, or if you’d like to talk to a Navy physician, call 1-800-USA-NAVY. Ask for operator 10.
For bacterial vaginosis*

MetroGel-Vaginal®
(metronidazole vaginal gel)
0.75% Vaginal Gel

The Clear Choice.

• the #1 local therapy
• efficacy equal to oral metronidazole
• minimal side effects
  —low incidence of GI upset (3.4%)
  —low incidence of nausea (2.0%)
  —low incidence of metallic taste (1.7%)
• minimal chance of alcohol interaction
• low incidence of yeast overgrowth (6.1%)

Please see adjacent page for brief summary of prescribing information.

*Bacterial vaginosis formerly known as Gardnerella vaginitis, nonspecific vaginitis, Haemophilus vaginitis, anaerobic vaginosis, or Corynebacterium vaginitis.

MetroGel-Vaginal®
Only 5 Day Therapy
A clinical diagnosis of bacterial vaginosis is usually defined by the presence of a homogeneous vaginal discharge that (a) has a pH > 4.5, (b) emits a “fishy” amine odor when mixed with a 10% KOH solution, and (c) contains clue cells on microscopic examination. Gram’s stain results consistent with a diagnosis of bacterial vaginosis include (a) markedly reduced or absent Lactobacillus morphology, (b) predominance of Gardnerella morphotype, and (c) absent or few white blood cells. Other pathogens commonly associated with vulvovaginitis, eg, Trichomonas vaginalis, Chlamydia trachomatis, Neisseria gonorrhoeae, and herpes simplex virus should be ruled out.

Psychotic Reactions: Psychological reactions have been reported in alcoholic patients who were using oral metronidazole and disulfiram concurrently. Metronidazole vaginal gel should not be administered to patients who have taken disulfiram within the last two weeks.

PRECAUTIONS: General: Patients with severe hepatic disease metabolize metronidazole slowly. Accordingly, for such patients, metronidazole vaginal gel should be administered cautiously. Known or previously unrecognized vaginal candidiasis may present more prominent symptoms during therapy with metronidazole vaginal gel. Disulfiram-like reaction to alcohol has been reported with oral metronidazole, thus the possibility of such a reaction occurring while on metronidazole vaginal gel therapy cannot be excluded. METROGEL-VAGINAL contains ingredients that may cause burning and irritation of the eye.

Drug Interactions: Oral metronidazole has been reported to potentiate the anticoagulant effect of warfarin and other coumarin anticoagulants, resulting in a prolongation of prothrombin time.

Drugs Laboratory Tests Interactions: Metronidazole may interfere with certain types of determinations of serum chemistry values, such as aspartate aminotransferase (AST, SGOT), alanine aminotransferase (ALT, SGPT), lactate dehydrogenase (LDH), triglycerides, and glucose hexokinase. Values of zero may be observed.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic oral administration in mice and rats but not in studies involving hamsters. These studies have not been conducted with 0.75% metronidazole vaginal gel, which would result in significantly lower systemic blood levels than those obtained with oral formulations. Although metronidazole has shown mutagenic activity in a number of in vitro assay systems, studies in mammals (in vivo) have failed to demonstrate a potential for genetic damage. Fertility studies have been performed in mice up to six times the recommended human vaginal dose (based on mg/m²) and have revealed no evidence of impaired fertility.

Fertility: Teratogenic Effects: Pregnancy Category B: There has been no experience to date with the use of METROGEL-VAGINAL in pregnant patients. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity or teratogenicity was observed when metronidazole was administered orally to pregnant mice at six times the recommended human vaginal dose (based on mg/m²); however, in a small study small where the drug was administered intraperitoneally, some intrauterine deaths were observed. The relationship of these findings to the drug is uncertain. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, and because metronidazole is a carbocation in rodents, this drug should be used during pregnancy only if clearly needed.

NURSING MOTHERS: Specific studies of metronidazole levels in human milk following intravaginally administered metronidazole have not been performed. However, metronidazole is secreted in human milk in concentrations similar to those found in plasma following oral administration of metronidazole. Because of the potential for tumorigenicity shown for metronidazole in mouse and rat studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

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

ADVERSE REACTIONS: Adverse experiences reported in clinical trials involving 295 patients consisted mainly of problems related to drug administration. Intraday therapy produced no unusual reactions. Among those patients treated with oral metronidazole, the possibility of adverse reactions like those seen with oral metronidazole cannot be ruled out. Oral metronidazole has produced cardiovascular, central nervous system, gastrointestinal, genitourinary, hematopoietic, hypersensitivity and renal reactions. The recommended dose is one applicator full of METROGEL-VAGINAL (approximately 5 grams containing approximately 37.5 mg of metronidazole) intravaginally twice daily for 5 days. The medication should be applied once in the morning and once in the evening.

HOW SUPPLIED: METROGEL-VAGINAL (metronidazole vaginal gel) is supplied in a 7 gram aluminum tube and packaged with a 5 gram vaginal applicator. NDC number is 55526-200-25.

Caution: Federal law prohibits dispensing without a prescription.


For more information call: 1-800-4BV-NEWS (1-800-428-6397)
Visit us on the Web

The American Board of Family Practice invites you to visit its Web site at http://www.abfp.org. The site includes the following topics:

- Requirements for residency training
- Requirements for certification
- Requirements for recertification
- Requirements for Certificates of Added Qualifications in Geriatric Medicine and Sports Medicine
- Future examination dates
- Information on ABFP publications including the Journal of the American Board of Family Practice, the Directory of Diplomates, and ABFP Reference Guides
- A listing of current and past members of the ABFP Board of Directors
- A staff listing and telephone directory
- The meaning of the ABFP emblem
- Official definitions and policies
- A brief history of the specialty
- Access by city and state to names of ABFP-Certified Family Physicians
- Access by city and state to names of ABFP-Certified Family Physicians with a Certificate of Added Qualifications in Geriatric Medicine
- Access by city and state to names of ABFP-Certified Family Physicians with a Certificate of Added Qualifications in Sports Medicine

We welcome your comments and suggestions.
ATTENTION

DIPLOMATES OF THE ABFP
ADDRESS CHANGE FORM

The Board prefers the use of professional addresses, because the address given will become your “address of record” with the Board and will be published in our Directory of Diplomates.

Current addresses for all Diplomates are necessary for communication from the Board relating to the Examinations, updated Recertification information, etc., as well as to ensure the receipt of the Journal of the American Board of Family Practice.

Name_____________________________________________________

Current Address                                                                 New Address
Street______________________________________________________
 __________________________________________________________
City/State__________________________________________________
Zip Code___________________________________________________

Effective Date of Change_____________________________________

Signature of Diplomate_______________________________________

ABFP Identification Number__________________________________
(S-digit number above name on mailing label)

Year of Certification or Recertification________________________

Return to: The American Board of Family Practice
2228 Young Drive
Lexington, KY 40505
The Journal of the American Board of Family Practice

The classified rate is $1.75 per word (minimum charge of $75.00 per ad insertion) and $100.00 per column inch for classified display ads. Please call (609) 768-9360 and ask for classified advertising rate information on various classified display ad sizes. Prepayment in full is required with all classified advertising.

Confidential reply boxes are available at an additional charge of $75.00 per ad insertion and $10.00 per insertion. Responses are sent directly to the advertiser every Tuesday and Thursday, and the box will remain open for three months.

Note: Our classified advertisements are all set in the same typeface and format.Italic, underlining or special typefaces are not available. All ads are listed by geographic location. Classified advertisements placed with JABFP are restricted to physician recruitment, faculty positions, CME courses, seminars, and practices for sale. All ads must relate to the medical field and are subject to approval.

Please refer to the schedule below for closing dates. All advertisements for employment must be nondiscriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted.

Classified advertising orders and correspondence should be directed to:

Katherine Forelle
Advertising Manager
MRA Publications, Inc.
2 Greenwich Office Park
Greenwich, CT 06878
Tel (203) 629-3550
Fax (203) 629-2536

---

**Ambulatory Family Practice Group** in Harrisburg area seeking sixth physician to meet growing demand. Attractive salary and excellent benefits including retirement for BC/BE candidate. Call David Finney, Howe, Lawlor and Associates at 800-238-7150 or fax CV to 610-975-0574.

**Northwestern New Jersey**—Practice opportunities with competitive compensation package available for BE/BC FAMILY PHYSICIANS. Send CV to: Elizabeth Lejeune, Northwestern Community Medical Center, SSM Ambulatory Care Corporate Offices, 715 Route 10 East, Randolph, NJ 07869. Fax: 201-442-2330. Phone: 201-442-2307.

**Suburban Pittsburgh—Family Practice Faculty**—An excellent opportunity exists for a BC Family Practitioner to become a member of a prestigious faculty group. This fully accredited program, which currently consists of 20 residents, is anticipating expansion. The program is sponsored by a progressive, midsize community hospital noted for its outstanding medical staff. Opportunity to live in a community that provides all of the benefits of a small town and an easy commute to a major metropolitan city. Enjoy award winning school districts, quality affordable housing and a vast array of cultural amenities. Excellent compensation/benefits. For more information, please contact: Elaine Botsis at Daniel Stern & Associates; The Medical Center East; 211 N. Whitfield Street; Pittsburgh, PA 15202; Call 1-800-438-2476 or FAX 1-800-892-2781.

**Jackson, Tennessee:** Open rank, full-time faculty. The University of Tennessee Jackson—Madison County General Hospital Family Medicine Residency Program is seeking faculty. Candidates should be residency trained, ABFP certified MD or DO physicians that qualify for an unrestricted Tennessee medical license. Must have skills to qualify for normal deliveries, ATLS, ACLS, and AAFP preferred. Tenure track or clinical track with opportunities in teaching, patient care, scholarship and faculty development. Salary and academic appointment commensurate with training and experience. Interested candidates should send a CV including personal goals to David E. Roberts, M.D., Program Director; UT Family Medicine; 294 Summar Drive; Jackson, TN 38301. The University of Tennessee is an Equal Opportunity/Affirmative Action/Title VI/Title IX/Section 504/ADA employer.

**South Carolina:** Graduating residents and experienced practitioners are invited to contact Dr. Cheryl at 800-866-6046 to discuss exceptional practice opportunities. City of 50,000; superb location between two major cities and the mountains and beaches. Salaried and private practice positions available.

**Dean, College of Community Health Sciences and Associate Dean, University of Alabama School of Medicine, Tuscaloosa Program.** The University of Alabama School of Medicine is seeking nominations and applications for the position of Dean, College of Community Health Sciences/Associate Dean, University of Alabama School of Medicine—Tuscaloosa Program. The medical program is a branch campus of the medical school in Birmingham. It is responsible for the medical education of third and fourth year medical students. The college includes a large, well known Family Practice program that is supported by both the University and DCH Regional Medical Center, a 600+ bed regional referral center. The successful candidate will have a terminal degree (MD or PhD or equivalent) and, if an MD, be board certified in a specialty, preferably in a primary care specialty. The candidate must be committed to high quality medical education and related fields in a manner compatible with the aims, goals and mission of the medical school and the university. Research in health care delivery systems, outcome studies, rural issues and medical education is preferred. Administrative experience in a medical school, preferably one with an evolving matrix organization and multiple campuses is desirable.

Other related colleges and schools of The University of Alabama include: School of Social Work, Nursing, Human Environmental Sciences, Education, and Arts and Sciences. The University of Alabama, the state’s oldest public university and the senior comprehensive doctoral level institution in Alabama, is located in Tuscaloosa, a metropolitan area of approximately 100,000 with a vibrant economy, moderate climate, and a reputation across the South as an innovative, progressive community with a high quality of life. For further information or to make nominations or application, please send curriculum vitae to: Amy Thompson, Director, Administrative Services, Medical Dean’s Office—MB 310, University of Alabama School of Medicine, Birmingham, AL 35294-3293, Telephone 205-934-1111, Fax 205-934-0333. The University of Alabama is an Equal Opportunity/Affirmative Action Employer.

**Chicago, Teaching & Practice Opportunities:** Board-certified Family practitioners are needed for part-time or full-time positions in one of the newest and most competitive FP residency training programs in the country—in the Department of Family Practice at Cook County Hospital. Join this dynamic group of family practitioners who are committed to training FP’s to care for the medically underserved in a program proud of its tradition of cultural diversity and commitment to the underserved. Practice opportunities for physicians seeking to practice the full scope of family medicine (including OB) are available at the soon to expand Dr. Jorge Prieto HC in the South Lawndale community and at the Englewood Clinic in that community. Full- and part-time faculty positions also available. Competitive salary, good benefits package.
Training available for new teachers in the well-known Faculty Development Center to develop skills in education, policy, and research. If interested, contact Carolyn Lopez, MD, Chair, Department of Family Practice, Cook County Hospital, 1900 West Polk Street, Chicago 60612 or 312-633-8587.

SEEKING FULL TIME BC/BE FAMILY PHYSICIAN. To supervise quality primary patient care while teaching in a highly respected family practice residency program. OB experience preferred. Dept. of Community and Family Medicine—University of Missouri-Kansas City. Contact with current CV: Paul A. Williams, M.D., Chairman, Truman Medical Center-East, 7900 Lee's Summit Road, Kansas City, MO 64139, 816-537-4485 x 1021, e-mail address: paulawms@qni.com.

AHEC—FORT SMITH, ARKANSAS is recruiting a family physician for a full-time faculty position. Community-based, university-administered 6-6 Program in community of 75,000 in scenic Arkansas river valley near Ozark and Ouachita Mountains. Temperate climate with four seasons. Duties include teaching residents and medical students and direct patient care including operative OB. Competitive salary with excellent benefit package. Must be ABFP certified and able to obtain an Arkansas license. Call 501-785-2431 for Larry L. Hanley, M.D., Program Director or L.C. Price, M.D., AHEC Director, or send CV to 612 So. 12th St., Fort Smith, AR 72901-4702. EOE.

MOTION PICTURE AND TV FUND—Primary Care Physicians (Family Practice or Internal Medicine) wanted for Health Centers located Tolucal Lake (Burbank), California. BC a must with a minimum of three years of outpatient experience in a managed care setting. Salary plus bonus, paid malpractice, CME time and expenses. Call is 'phone' only (2 weeks per year). CONTACT: Sharon Tanabe 310-843-4179 or FAX CV to 310-553-6452.

NATIVIDAD MEDICAL CENTER FAMILY PRACTICE RESIDENCY is a 21-resident program at the County Hospital of Monterey in Salinas, California. The Family Practice Residency is the only residency at the hospital. We will have an opening in the second year class beginning July, 1997. Interested applicants should forward a CV to: Richard Brunader, M.D., Program Director, Family Practice Residency, Natividad Medical Center, 1330 Natividad Road, Salinas, CA 93906, 408-755-4201. AA/EEO/M/F/H.

PROFESSIONAL OPPORTUNITIES SEATTLE/PUGET SOUND AREA—Successful family practice for sale. Clinic specializes in women's health care in affluent suburb 10 miles east of Seattle. Opportunity to form group practice, and also to join prestigious teaching/research oriented hospitals in Seattle and on the eastside. Call/lvite J. Buchanan, 2300 88th Ave NE, Bellevue, WA 98004 (206-453-9381). or e-mail kbuchan@aol.com.

### Make One Of America’s “Most Livable Cities” Even Better. ###

Come to work here.

Primary Health, Idaho’s largest integrated health care system, has a tremendous opportunity for Board-Certified Family Practitioners.

**Where you’ll live:**
Boise, Idaho. A pristine city with one of the lowest crime rates in the country. A great place to raise a family with incredible outdoor recreation, one of the finest performing arts centers in the Northwest, universities and colleges, 20-minute commutes, top-quality schools and excellent hospitals.

**What you’ll get:**
Competitive salary package, ownership options, flexible work and call schedules, professional growth opportunities, full benefits package including medical and dental coverage, the chance to take care of people rather than your business and much more.

Submit CV and questions to:

Becky Nelson
(800) 688-5008 ext. 507
FAX (208) 344-4262

Physician Recruitment
800 Park Boulevard
Suite 760
Boise, Idaho 83712
Family Practice Physicians

If you’re a physician looking for a professional life that keeps you attuned to high-tech medical advances and offers you financial rewards, opportunities for career development and excellent benefits, the Navy Medical Corps may be for you. As a Navy physician, you’ll practice in a truly collegial environment, where physicians support each other rather than engage in economic competition. You’ll be a commissioned officer and a respected member of the Navy’s prestigious health care delivery team.

You’ll work in clinical settings in the United States and around the world with top professionals and state-of-the-art equipment and facilities. Through funded continuing medical education and specialty training, you’ll have the opportunity to develop your full professional potential as well as the freedom to move from practice to research or teaching without losing seniority, salary level, or retirement benefits.

You’ll earn an excellent starting salary based on your ability and experience, and federal law provides free medical liability protection to Navy physicians. You may also be entitled to special pay in addition to your regular salary and allowances. Navy benefits include 30 days of paid vacation earned each year, free medical and dental care, tax-free housing and food allowance, an excellent retirement system and opportunities for free travel to some of the most exotic and beautiful places in the world.

For more information, contact your local Navy Medical Programs officer or call 1-800-USA-NAVY. Ask for operator 36.

Join Our Success Story

Natividad Medical Center is currently recruiting Family Practitioners to join our California success story. Our well-established, integrated health care services campus will soon feature a $90 million replacement facility to modernize our current hospital and better respond to changing health care needs. These immediately available positions will play a key role in shaping the future of our family medicine practice. Join us today.

FAMILY PRACTITIONERS

We are seeking a BC/BE Family Physician to join our existing family medicine group that is part of a larger multi-specialty group associated with a UCSF Family Practice residency program. Serving the needs of a bilingual (English/Spanish) community, this group practices comprehensive inpatient and outpatient family medicine, including obstetrics with supportive specialty back-up.

Along with challenging clinical opportunities and a competitive compensation program, our HPSA designation offers the potential for loan repayment. Our highly desirable Salinas location is just 17 miles inland from the Monterey Bay and presents a diverse community of 120,000 with moderate year-round weather. Come share our success! Send your CV with letter of interest to: Medical Staff Office, Natividad Medical Center, 1330 Natividad Road, P.O. Box 81611, Salinas, CA 93912-1611, or call (408) 755-4196. AA/EOE/M/F/H.

NATIVIDAD MEDICAL CENTER
Friendly People, Family Medicine.

Spectrum Healthcare Services

Locum Tenens & Physician Recruiting Operations

Successfully recruiting physicians nationwide for over two decades.

Call today for a complete listing of Locum Tenens & Permanent Positions.

1-800-444-7009
Hardworking therapy patients hardly notice


Brief Summary
Ziac® (Bisoprolol Fumarate and Hydrochlorothiazide) Tablets

For FULL PRESCRIBING INFORMATION, PLEASE CONSULT PACKAGE INSERT.

DESCRIPTION
Ziac® (bisoprolol fumarate and hydrochlorothiazide) is indicated for the treatment of hypertension. It combines two antihypertensive agents in a once-daily dosage: a beta-selective (cardioselective) adrenoceptor blocking agent (bisoprolol fumarate) and a benzothiazide diuretic (hydrochlorothiazide).

CLINICAL PHARMACOLOGY
At doses ≥ 20 mg bisoprolol fumarate inhibits beta-1 adrenoceptors located in bronchial and vascular musculature. To retain relative selectivity, it is important to use the lowest effective dose.

CONTRAINDICATIONS
Cardiogenic shock, overt cardiac failure (see WARNINGS), second- or third-degree AV block, marked sinus bradycardia, anuria, and hypersensitivity to either component of this product or to other sulfonamide-derived drugs.

WARNINGS
Cardiac Failure: Beta-blockers should be avoided in patients with overt cardiac failure.

Patients Without a History of Cardiac Failure: Continued failure to control blood pressure with beta-blockers can precipitate an acute episode of heart failure. Onset of heart failure is also a frequent sign of symptoms of heart failure, discontinuation of Ziac should be considered.

Aureg Calls of Therapy: Abrupt cessation of beta-blockers should be avoided. Even in patients without overt coronary artery disease, it may be advisable to taper therapy with Ziac over approximately 1 week with the patient under medical observation. If withdrawal symptoms occur, beta-blocking agent therapy should be reinstated, at least temporarily.

Peripheral Vascular Disease: Beta-blockers should be used with caution in patients with peripheral vascular disease.

Bronchospastic Pulmonary Disease: Patients with chronic obstructive pulmonary disease should be treated with caution.

Other Information: A history of teratogenicity exists with bisoprolol fumarate; therefore, bisoprolol fumarate should not be used in pregnant women. The oculomucocutaneous syndrome associated with bisoprolol fumarate may mask some of the manifestations of hypothyroidism, particularly tachycardia. Patients subject to spontaneous hypoglycemia, or diabetic patients receiving insulin or orally hypoglycemic agents may be more prone to hypoglycemia from Ziac and diabetic patients given thiazides may require adjustment of their insulin dose.

Beta-blockers should be used with caution in patients with signs of thyroid dysfunction. Abrupt withdrawal of beta-blockers may be followed by an exacerbation of the symptoms of hypothyroidism or may precipitate thyrotoxic storm.

RENAL DISEASE: Cumulative effects of the thiazides may develop in patients with impaired renal function. In such patients, thiazides may precipitate azotemia. In subjects with creatinine clearance less than 10 mL/min, the plasma half-life of bisoprolol fumarate is increased up to threefold, as compared to healthy subjects. The pharmacokinetics of hydrochlorothiazide are not altered by impairment of renal function. The plasma half-life of bisoprolol fumarate is increased up to threefold, as compared to healthy subjects. The pharmacokinetics of hydrochlorothiazide are not altered by impairment of renal function.

Hypokalemia may develop. Hypokalemia and hypomagnesemia can provoke ventricular arrhythmias or sensitize the myocardium to the arrhythmogenic effects of catecholamines. In patients on long-term beta-blocker therapy, potassium supplementation is generally not required. In patients with mild hypokalemia, potassium supplementation might be considered. In patients with moderate to severe hypokalemia, potassium supplementation is generally required. In patients with severe hypokalemia, potassium supplementation is generally required. In patients with severe hypokalemia, potassium supplementation is generally required.

Ziac should be used with caution in patients with impaired hepatic function or progressive liver disease.

PRECAUTIONS
General: Electrolyte and Fluid Balance Status: Periodic determination of serum electrolytes should be performed, and patients should be observed for signs of fluid or electrolyte disturbances. Thiazides have been shown to increase the urinary excretion of magnesium, but this effect is not usually of clinical importance in the absence of associated factors.

Hypersensitivity: Hypersensitivity to any component of Ziac, including bisoprolol fumarate or hydrochlorothiazide, is a contraindication for this drug.

The occurrence of a syndrome resembling lupus erythematosus, including photosensitivity, photosensitivity reactions, livedo reticularis, pruritus, urticaria, and arthralgia, has been reported with both beta-blockers and thiazide diuretics. In some cases, this syndrome has been associated with eosinophilia. These reactions may mask or be associated with 'diffuse connective tissue diseases'. Screening tests for ANA should be considered for patients in whom these reactions are observed.

Drug Interactions: Ziac may potentiate the action of other antihypertensive agents used concomitantly. Ziac should not be used in patients with a history of asthma. Care should be taken when switching from other beta-blockers. All diuretics have a potential for lowering serum potassium levels, but this effect may be unmasked in patients receiving beta-blockers. Beta-blockers may also potentiate the effect of other diuretics, such as potassium-sparing diuretics, which may cause serum potassium levels to exceed the normal range. Beta-blockers should be discontinued at least temporarily if the patient is to be converted to a potassium sparing diuretic. If therapy is to be discontinued, it is suggested that Ziac be discontinued for several days before the withdrawal of clonidine.

Drug-Related Adverse Experiences: All Adverse Experiences

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>(n = 144)</td>
<td>(n = 144)</td>
<td>(n = 144)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>bradycardia</td>
<td>0.7</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>paroxysmal atrial</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>fibrillation</td>
<td>0.5</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>chest pain</td>
<td>0.5</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Respiratory</td>
<td>respiratory</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>cough</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>rhinitis</td>
<td>0.7</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Urinary</td>
<td>incontinence</td>
<td>2.3</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Body as a Whole</td>
<td>asthenia</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>sweating</td>
<td>0.7</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>weakness</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>fatigue</td>
<td>0.7</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>dyspnea</td>
<td>0.7</td>
<td>1.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Miscellaneous: Averages adjusted to combine across studies.

Combining studies...