

The Journal of the American Board of Family Practice

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Please refer to the schedule below for closing

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Issue Date	Closing Date
January-February	December 1
March-April	February 2
May-June	April 1
July-August	June 3
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NORTHWESTERN NEW JERSEY—Practice opportunities with competitive compensation package available for BE/BC FAMILY PHYSICIANS. Send CV to: Ellen Pelka, Northwest Covenant Medical Center, SSM Ambulatory Care Corporate Offices, 715 Route 10 East, Randolph, NJ 07869. Fax: 973-442-2330. Phone: 973-442-2376.

CHAIR, FAMILY MEDICINE

Georgetown University Medical Center (GUMC) seeks a chairperson for its Department of Family Medicine. The Department encompasses a diverse array of clinicians and investigators involved in clinical care, education, and research in a variety of in-patient and ambulatory settings.

GUMC has made a commitment to expand the activities of the Department in its plans for an extended primary care network, and to enhance already strong programs in clinical research, particularly health services research, clinical economics, and health care policy. It is anticipated that the successful candidate will lead the Department to an increasingly important role at GUMC.

Applicants should be board certified in Family Medicine with leadership experience and a commitment to academic excellence. Women and minorities are encouraged to apply.

A curriculum vitae and cover letter should be sent to: Paul Katz, M.D., Chair, Department of Medicine, GUMC, 3800 Reservoir Rd., Washington, DC 20007-2197.

Georgetown University is an affirmative action, equal opportunity employer.

GERIATRIC FELLOWSHIPS

Available July 1, 1998, in an established ACGME accredited geriatric fellowship program. One-

and two-year positions available. Strong clinical component. Faculty development including research design, pedagogic skills, curriculum design and evaluation and administrative development.

Apply to: Kenneth Steinweg, MD, Department

of Family Medicine, Brody 4N-72, East Carolina University School of Medicine, Greenville, NC 27858-4354. Equal Opportunity/Affirmative Action University. Accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act.

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:

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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
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800 Park Boulevard
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Midwest

AHEC - FORT SMITH, ARKANSAS is recruiting a family physician for a full-time faculty position. Community-based, university-administered 6-6-6 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 Jimmy Acklin, 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.

ESTABLISHED, COMMUNITY-BASED, UNIVERSITY-AFFILIATED, 6-6-6 residency enjoying strong hospital and medical community support seeks a residency-trained board-certified physician. Position includes teaching and patient care, including obstetrics. Administrative responsibilities commensurate with interest and experience. Competitive salary and benefits. Send CV to: John Sutherland, M.D., Northeast Iowa Family Practice Residency Program, 2055 Kimball Avenue, Waterloo, IA 50702. Telephone: 319-272-2532.

IOWA

Faculty position for a well-established community-based family practice program in Davenport, Iowa, affiliated with the University of Iowa. Seeking board-certified family physician to join four full-time teaching family physicians, a clinical pharmacist, a behavioral scientist, and our program administrator in a team approach to practicing and teaching the full range of family medicine. Our program emphasizes a true individual family practice experience for each resident in parallel to experience with enthusiastic community preceptors. Davenport is part of the Quad Cities, a large metropolitan area in the Mississippi River Valley on the Illinois and Iowa border. The community includes outstanding cultural and entertainment offerings; a strong, diversified economy and excellent school systems. Experience in practice or teaching valuable but not required. Obstetrics required. Development of special interests is encouraged. Excellent benefit package, competitive salary commensurate with experience. A faculty appointment is available in the University of Iowa Department of Family Medicine. Contact: Monte L. Skaufle, M.D., Director, Quad Cities Genesis Family Practice Residency Program, 516 W. 35th Street, Davenport, Iowa 52806.

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your recruitment
problems!



JABFP

CLASSIFIED ADS

DELIVER

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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.

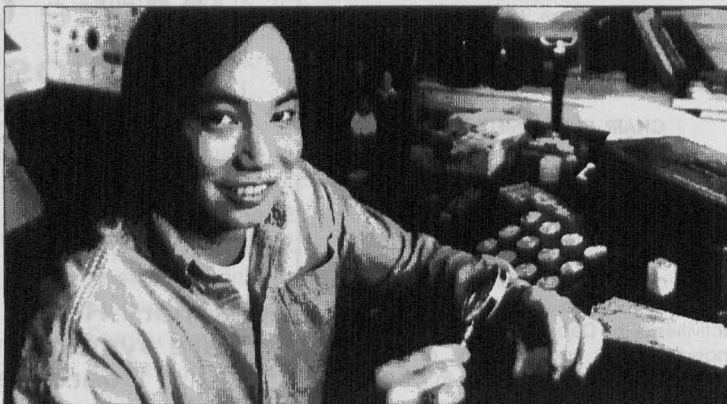
You'll work in clinical settings in the United States and around the world with top professionals and state-of-the-art equipment and facilities. Through funded continuing medical education and specialty training, you'll have the opportunity to develop your full professional potential as well as the freedom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

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

Ask for operator 36.

My dad showed me the difference between collecting coins and saving money.

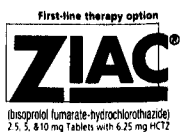


Dad told me Savings Bonds earn interest for up to 30 years. And their value is guaranteed to grow at market-based rates. That's insuring the future.

*Ask your employer or banker about saving with
U.S. Savings Bonds. For all the right reasons.*



A public service of this magazine



Hardworking therapy patients hardly notice

References: 1. Neutel JM, Rolf CN, Valentine SN, et al. Low-dose combination therapy as first line treatment of mild-to-moderate hypertension. *Cardiovasc Rev Rep* 1996;17:33-45. 2. Zachariah PK, Messerli FH, Mroczek W. Low-dose bisoprolol/hydrochlorothiazide: an option in first-line, antihypertensive treatment. *Clin Ther* 1993;15:779-787. 3. Prisant LM, Weir MR, Papademetriou V, et al. Low-dose drug combination therapy: an alternative first-line approach to hypertension treatment. *Am Heart J* 1995;130:359-366. 4. DeQuattro V, Weir MR. Bisoprolol fumarate/hydrochlorothiazide 6.25 mg: a new low-dose option for first-line antihypertensive therapy. *Adv Ther* 1993;10:197-206.

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 synthetic beta₁-selective (cardioselective) adrenoceptor blocking agent (bisoprolol fumarate) and a benzothiazidine diuretic (hydrochlorothiazide).

CLINICAL PHARMACOLOGY

At doses ≥ 20 mg bisoprolol fumarate inhibits beta₁-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-blocking agents should be avoided in patients with overt congestive failure. **Patients Without a History of Cardiac Failure:** Continued depression of the myocardium with beta-blockers can precipitate cardiac failure. At the first signs or symptoms of heart failure, discontinuation of ZIAC should be considered.

Abrupt Cessation 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 careful 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 Disease: PATIENTS WITH BRONCHOSPASTIC PULMONARY DISEASE SHOULD, IN GENERAL, NOT RECEIVE BETA-BLOCKERS.

Anesthesia and Major Surgery: If used perioperatively, particular care should be taken when anesthetic agents that depress myocardial function, such as ether, cyclopropane, and trichloroethylene, are used.

Diabetes and Hypoglycemia: Beta-blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Patients subject to spontaneous hypoglycemia, or diabetic patients receiving insulin or oral hypoglycemic agents, should be cautioned. Also, latent diabetes mellitus may become manifest and diabetic patients given thiazides may require adjustment of their insulin dose.

Thyrotoxicosis: Beta-adrenergic blockade may mask clinical signs of hyperthyroidism. Abrupt withdrawal of beta-blocker may be followed by an exacerbation of the symptoms of hyperthyroidism or may precipitate thyroid 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 40 mL/min, the plasma half-life of bisoprolol fumarate is increased up to threefold, as compared to healthy subjects.

Hepatic Disease: 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; this may result in hypomagnesemia.

Hypokalemia may develop. Hypokalemia and hypomagnesemia can provoke ventricular arrhythmias or sensitivity or exaggerate the response of the heart to the toxic effects of digitalis.

Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than salt administration, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Parathyroid Disease: Calcium excretion is decreased by thiazides, and pathologic changes in the parathyroid glands, with hypercalcemia and hypophosphatemia, have been observed in a few patients on prolonged thiazide therapy.

Hyperuricemia: Hyperuricemia or acute gout may be precipitated in certain patients receiving thiazide diuretics. Bisoprolol fumarate, alone or in combination with HCTZ, has been associated with increases in uric acid.

Drug Interactions: ZIAC may potentiate the action of other antihypertensive agents used concomitantly. ZIAC should not be combined with other beta-blocking agents. In patients receiving concurrent therapy with clonidine, if therapy is to be discontinued, it is suggested that ZIAC be discontinued for several days before the withdrawal of clonidine.

ZIAC should be used with caution when myocardial depressants or inhibitors of AV conduction or antiarrhythmic agents are used concurrently.

Bisoprolol Fumarate: Concurrent use of rifampin increases the metabolic clearance of bisoprolol fumarate, shortening its elimination half-life. Pharmacokinetic studies document no clinically relevant interactions with other agents given concomitantly, including thiazide diuretics, digoxin and cimetidine. There was no effect of bisoprolol fumarate on prothrombin times in patients on stable doses of warfarin.

Risk of Anaphylactic Reaction: While taking beta-blockers, patients with a history of severe anaphylactic reaction may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic and may be unresponsive to the usual doses of epinephrine used to treat allergic reactions.

Hydrochlorothiazide: The following drugs may interact with thiazide diuretics. Alcohol, barbiturates, or narcotics—potentiation of orthostatic hypotension may occur. Dosage adjustment of the antidiabetic drugs (oral agents and insulin) may be required. Other antihypertensive drugs—additive effect or potentiation. Cholestyramine and colestipol resins—single doses of cholestyramine and colestipol resins bind the hydrochlorothiazide and reduce its absorption in the gastrointestinal tract by up to 85 percent and 43 percent, respectively. Corticosteroids, ACTH—intensified electrolyte depletion, particularly hypokalemia. Possible decreased response to pressor amines but not sufficient to preclude their use. Possible increased responsiveness to muscle relaxants, nondepolarizing. Generally, lithium should not be given with diuretics. Diuretic agents reduce the renal clearance of lithium and add a high risk of lithium toxicity. The administration of a nonsteroidal anti-inflammatory agent can reduce the diuretic, natriuretic, and antihypertensive effects of loop, potassium-sparing and thiazide diuretics.

In patients receiving thiazides, sensitivity reactions may occur with or without a history of allergy or bronchial asthma. Photosensitivity reactions and possible exacerbation or activation of systemic lupus erythematosus have been reported in patients receiving thiazides. The antihypertensive effects of thiazides may be enhanced in the post-sympathectomy patient.

Laboratory Test Interactions: Based on reports involving thiazides, ZIAC may decrease serum levels of protein-bound iodine without signs of thyroid disturbance. Because it includes a thiazide, ZIAC should be discontinued before carrying out tests for parathyroid function (see **PRECAUTIONS—Parathyroid Disease**).

ADVERSE REACTIONS

ZIAC: Bisoprolol fumarate/H6.25 mg is well tolerated in most patients. Most adverse effects (AEs) have been mild and transient. In more than 65,000 patients treated worldwide with bisoprolol fumarate, occurrences of bronchospasm have been rare. Discontinuation rates for AEs were similar for B/H6.25 mg and placebo-treated patients. In the United States, 252 patients received bisoprolol fumarate (2.5, 5, 10, or 40 mg)/H6.25 mg and 144 patients received placebo in two controlled trials. In Study 1, bisoprolol fumarate 5/H6.25 mg was administered for 4 weeks. In Study 2, bisoprolol fumarate 2.5, 10 or 40/H6.25 mg was administered for 12 weeks. All adverse experiences, whether drug-related or not, and drug-related adverse experiences in patients treated with B2.5-10/H6.25 mg, reported during comparable, 4 week treatment periods by at least 2% of bisoprolol fumarate/H6.25 mg-treated patients (plus additional selected adverse experiences) are presented in the following table:

ZIAC® (Bisoprolol Fumarate and Hydrochlorothiazide) Tablets

% of Patients with Adverse Experiences*

Body System/ Adverse Experience	All Adverse Experiences		Drug-Related Adverse Experiences	
	Placebo ¹	B2.5-40/H6.25 ²	Placebo ¹	B2.5-10/H6.25 ²
	(n=144) %	(n=252) %	(n=144) %	(n=221) %
Cardiovascular				
bradycardia	0.7	1.1	0.7	0.9
arrhythmia	1.4	0.4	0.0	0.0
peripheral ischemia	0.9	0.7	0.9	0.4
chest pain	0.7	1.8	0.7	0.9
Respiratory				
bronchospasm	0.0	0.0	0.0	0.0
cough	1.0	2.2	0.7	1.5
rhinitis	2.0	0.7	0.7	0.9
URI	2.3	2.1	0.0	0.0
Body as a Whole				
asthenia	0.0	0.0	0.0	0.0
fatigue	2.7	4.6	1.7	3.0
peripheral edema	0.7	1.1	0.7	0.9
Central Nervous System				
dizziness	1.8	5.1	1.8	3.2
headache	4.7	4.5	2.7	0.4
Musculoskeletal				
muscle cramps	0.7	1.2	0.7	1.1
myalgia	1.4	2.4	0.0	0.0
Psychiatric				
insomnia	2.4	1.1	2.0	1.2
somnolence	0.7	1.1	0.7	0.9
loss of libido	1.2	0.4	1.2	0.4
impotence	0.7	1.1	0.7	1.1
Gastrointestinal				
diarrhea	1.4	4.3	1.2	1.1
nausea	0.9	1.1	0.9	0.9
dyspepsia	0.7	1.2	0.7	0.9

*Averages adjusted to combine across studies.
¹Combined across studies.

Other adverse experiences that have been reported with the individual components are listed below. **Bisoprolol Fumarate:** In clinical trials worldwide, a variety of other AEs, in addition to those listed above, have been reported. While in many cases it is not known whether a causal relationship exists between bisoprolol and these AEs, they are listed to alert the physician to a possible relationship. **Central Nervous System:** Unsteadiness, vertigo, syncope, paresthesia, hyperesthesia, sleep disturbance/vivid dreams, depression, anxiety/restlessness, decreased concentration/memory. **Cardiovascular:** Palpitations and other rhythm disturbances, cold extremities, claudication, hypotension, orthostatic hypotension, chest pain, congestive heart failure. **Gastrointestinal:** Gastric/epigastric/abdominal pain, peptic ulcer, gastritis, vomiting, constipation, dry mouth. **Musculoskeletal:** Arthralgia, muscle/joint pain, back/neck pain, twitching/tremor. **Skin:** Rash, acne, eczema, psoriasis, skin irritation, pruritus, purpura, flushing, sweating, alopecia, dermatitis, exfoliative dermatitis (very rarely), cutaneous vasculitis. **Special Senses:** Visual disturbances, ocular pain/pressure, abnormal lacrimation, tinnitus, decreased hearing, earache, taste abnormalities. **Metabolic:** Gout. **Respiratory:** Asthma, bronchitis, dyspnea, pharyngitis, sinusitis. **Genitourinary:** Peyronie's disease (very rarely), cystitis, renal colic, polyuria. **General:** Malaise, edema, weight gain, angioedema.

In addition, a variety of adverse effects have been reported with other beta-adrenergic blocking agents and should be considered potential adverse effects: **Central Nervous System:** Reversible mental depression progressing to catatonia, hallucinations, an acute reversible syndrome characterized by disorientation to time and place, emotional lability, slightly clouded sensorium. **Allergic:** Fever, combined with aching and sore throat, laryngospasm, and respiratory distress. **Hematologic:** Agranulocytosis, thrombocytopenia. **Gastrointestinal:** Mesenteric arterial thrombosis and ischemic colitis. **Miscellaneous:** The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with bisoprolol fumarate during investigational use or extensive foreign marketing experience.

Hydrochlorothiazide: The following adverse experiences, in addition to those listed in the above table, have been reported with hydrochlorothiazide (generally with doses of 25 mg or greater). **General:** Weakness. **Central Nervous System:** Vertigo, paresthesia, restlessness. **Cardiovascular:** Orthostatic hypotension (may be potentiated by alcohol, barbiturates, or narcotics). **Gastrointestinal:** Anorexia, gastric irritation, cramping, constipation, jaundice (intrahepatic cholestatic jaundice), pancreatitis, cholecystitis, sialadenitis, dry mouth. **Musculoskeletal:** Muscle spasms. **Hypersensitive Reactions:** Purpura, photosensitivity, rash, urticaria, necrotizing angitis (vasculitis and cutaneous vasculitis), fever, respiratory distress including pneumonitis and pulmonary edema, anaphylactic reactions. **Special Senses:** Transient blurred vision, xanthopsia. **Metabolic:** Gout. **Genitourinary:** Sexual dysfunction, renal failure, renal dysfunction, interstitial nephritis.

LABORATORY ABNORMALITIES

ZIAC: Because of the low dose of hydrochlorothiazide in ZIAC, adverse metabolic effects with B/H6.25 mg are less frequent and of smaller magnitude than with HCTZ 25 mg.

Treatment with both beta-blockers and thiazide diuretics is associated with increases in uric acid. Mean increases in serum triglycerides were observed in patients treated with bisoprolol fumarate and hydrochlorothiazide 6.25 mg. Total cholesterol was generally unaffected, but small decreases in HDL cholesterol were noted.

Other laboratory abnormalities that have been reported with the individual components are listed below. **Bisoprolol Fumarate:** In clinical trials, the most frequently reported laboratory change was an increase in serum triglycerides, but this was not a consistent finding.

Sporadic liver test abnormalities have been reported. In the U.S. controlled trials experience with bisoprolol fumarate treatment for 4 to 12 weeks, the incidence of concomitant elevations in SGOT and SGPT of between 1 to 2 times normal was 3.9%, compared to 2.5% for placebo. No patient had concomitant elevations greater than twice normal.

In the long-term, uncontrolled experience with bisoprolol fumarate treatment for 6 to 18 months, the incidence of one or more concomitant elevations in SGOT and SGPT of between 1-2 times normal was 6.2%. The incidence of multiple occurrences was 1.9%. For concomitant elevations in SGOT and SGPT of greater than twice normal, the incidence was 1.5%. The incidence of multiple occurrences was 0.3%. In many cases these elevations were attributed to underlying disorders, or resolved during continued treatment with bisoprolol fumarate.

Other laboratory changes included small increases in uric acid, creatinine, BUN, serum potassium, glucose, and phosphorus and decreases in WBC and platelets. There have been occasional reports of eosinophilia. These were generally not of clinical importance and rarely resulted in discontinuation of bisoprolol fumarate.

As with other beta-blockers, ANA conversions have also been reported on bisoprolol fumarate. About 15% of patients in long-term studies converted to a positive titer, although about one-third of these patients subsequently converted to a negative titer while on continued therapy.

Hydrochlorothiazide: Hyperglycemia, glycosuria, hyperuricemia, hypokalemia and other electrolyte imbalances (see **PRECAUTIONS**), hyperlipidemia, hypercalcemia, leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia, and hemolytic anemia have been associated with HCTZ therapy.

See **DOSE AND ADMINISTRATION** section in package insert for complete dosing and precautionary information.



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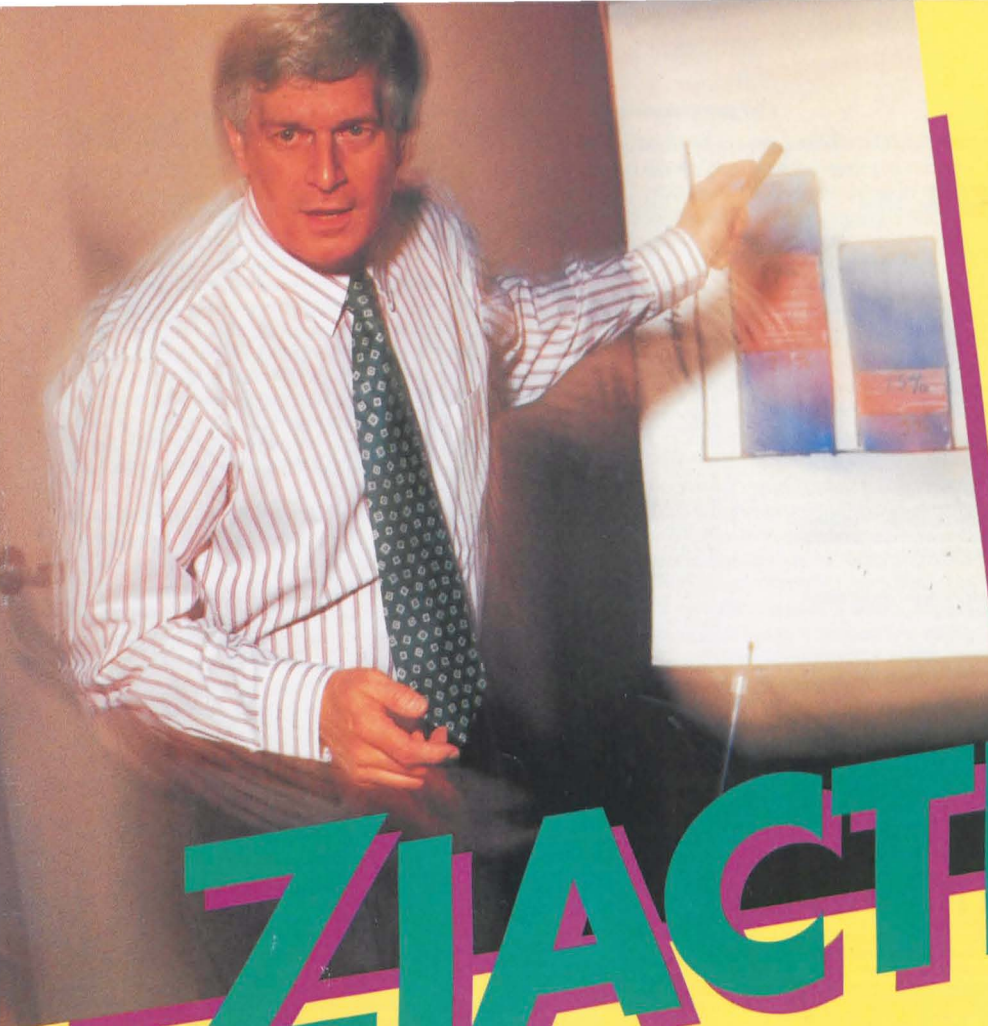
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Hypertension control that lets patients stay active

ZIACTM

In a recent clinical trial, ZIAC provided...

- **An overall response rate of up to 84%^{1*}**
- **Overall side-effect profile comparable to placebo^{1,2†}**
- **Minimal metabolic impact¹⁻⁴**

In pivotal clinical studies, the two most common side effects with ZIAC were dizziness (3.2%) and fatigue (3.0%). ZIAC is contraindicated in patients in cardiogenic shock, overt cardiac failure, second- or third-degree AV block, marked sinus bradycardia, anuria, and hypersensitivity to either component of this product or to other sulfonamide-derived drugs. Patients with bronchospastic pulmonary disease should, in general, not receive beta-blockers.

*Response rates in pivotal trials were 2.5 mg—61%, 5 mg—73%, and 10 mg—80%. Response: Sitting diastolic blood pressure ≤ 90 mm Hg or ≥ 10 mm Hg decrease. In a second confirmatory randomized controlled trial involving 218 patients, the overall response rate for ZIAC-treated patients was 71%.

†Due to its low-dose composition.

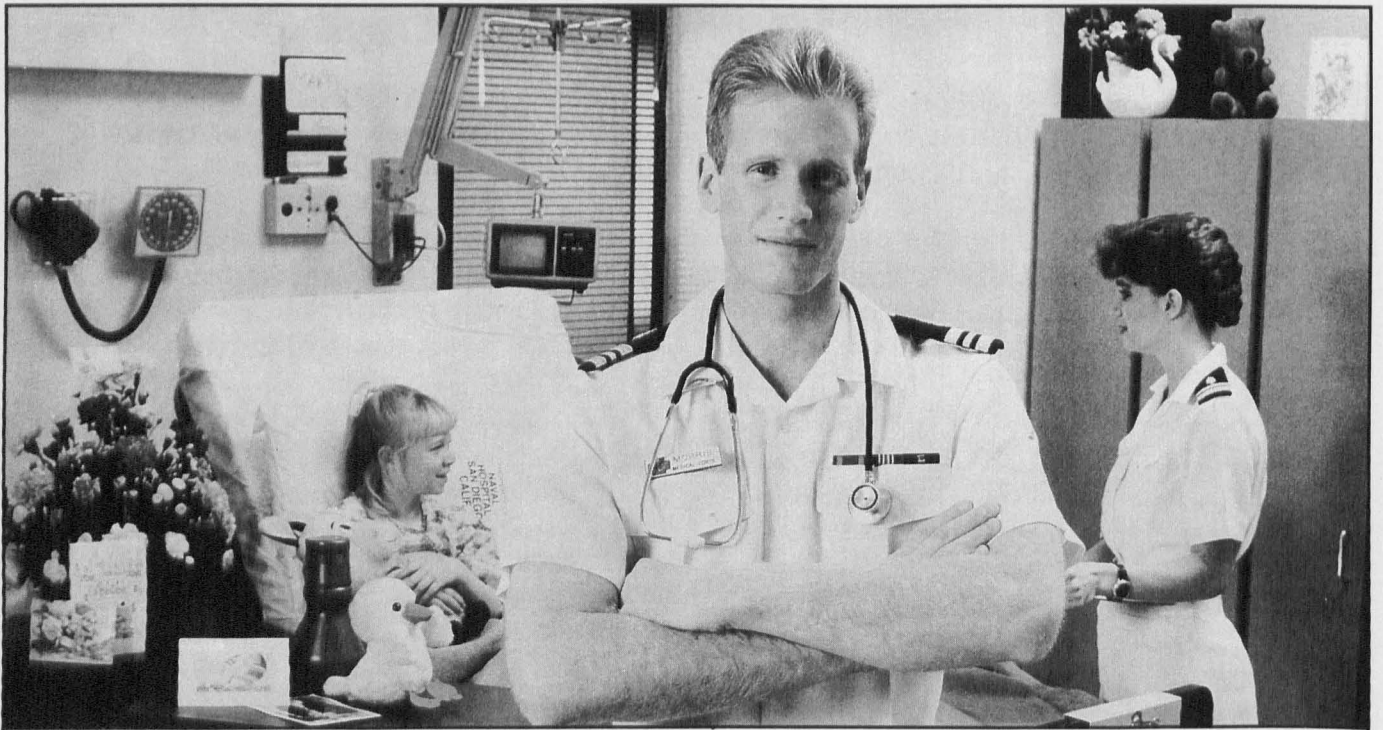
Please see brief summary of Prescribing Information on adjacent page.

First-line therapy option

ZIAC[®]

(bisoprolol fumarate-hydrochlorothiazide)
2.5, 5, & 10 mg Tablets with 6.25 mg HCTZ

Hardworking therapy patients hardly notice



A PRACTICE THAT OFFERS THE WORLD

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.

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NAVY

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FULL SPEED AHEAD.**