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ORUDIS® (ketoprofen)
STRONG • FAST • NONADDICTING

Please see adjoining page for brief summary of prescribing information.
A name to remember

Zantac
ranitidine HCl/Glaxo

ZANTAC 300 mg tablets
ZANTAC 150 mg tablets
ZANTAC INJECTION

Glaxo/ROCHE
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Edited by Anthony Komaroff, M.D. Published by the Medical Publishing Group, a division of the Massachusetts Medical Society.
Initial monotherapy regardless of age* or race

Therapeutic goal achieved in more than 80% of patients

Eighty percent of 100 patients, aged 18 to 70, reached goal (DBP < 95 mm Hg) in a multicenter, 12-month open study.

Eighty-three percent of 59 patients, aged 18 to 80, reached goal (DBP ≤ 90 mm Hg) in a 4-month, double-blind randomized study.

*For adult hypertensives only.
Once-a-day antihypertensive monotherapy

- Calan SR provides effective monotherapy in more than 80% of all adult patients.\(^1,2\)

- 91% of patients take Calan SR once a day—a more convenient dosage schedule, resulting in better compliance than twice-daily therapy.\(^3\)

- Unlike ACE inhibitors, Calan SR is equally effective in black and white adult patients, regardless of age.\(^4\)

- Physicians have demonstrated their confidence in Calan SR—more than 10 million prescriptions have been filled.

Improved quality of life

- In an open study, 56% of newly diagnosed patients noted an improvement in general well-being on Calan SR.\(^2\)

  Constipation, which can be easily managed in most patients, is the most commonly reported side effect with Calan SR.

Please see the last page of this advertisement for references and a brief summary of the complete prescribing information.
**BRIEF SUMMARY**

**Contraindications:** Severe LV dysfunction (see Warnings), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil. 

**Warnings:** Verapamil should be avoided in patients with severe LV dysfunction (ie, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with adequate digitalization and/or diuretics before Calan SR® is used. Verapamil may occasionally produce hypotension. Detections of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digoxin). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy.

Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

**Precautions:** Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol clearance may occur with combined use. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity in patients with heart failure. Verapamil may reduce total body clearance and extrarenal clearance of digoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disease should not be withdrawn within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. Adequate antihypertensive studies have not been performed. One study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

**Adverse Reactions:** Constipation (7.3%), diarrhea (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dizziness (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°, 2°, 3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.8%), elevations liver enzymes. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vascular), syncope, diarrhea, dry mouth, gastrointestinal distress, gynecologic hyperplasia, eczema or nodular, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychiatric symptoms, shakiness, somnolence, arthralgia and rash, extrathome, hair loss, hyperkalemia, macules, sweetening, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, increased urination, spotty menstruation, impotence. 


**Effective date of:** ____________

**Your number**

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**Name**

**Address**

**City_____ State_____ Zip_____**

**New Address**

**Name**

**Address**

**City_____ State_____ Zip_____**

If any temporary change, please complete:

Starting date ____________ Change back date ____________

The Journal of The American Board of Family Practice

2228 Young Drive

Lexington, KY 40505
What will you tell her about screening mammography?

Many of your patients will hear about screening mammography through a program launched by the American Cancer Society and the American College of Radiology, and they may come to you with questions. What will you tell them?

We hope you’ll encourage them to have a screening mammogram, because that, along with your regular breast examinations and their monthly self examinations, offers the best chance of early detection of breast cancer, a disease which will strike one woman in 10.

If you have questions about breast cancer detection for asymptomatic women, please contact us.