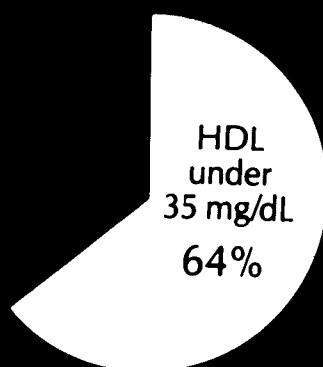


240_{TOTAL}
—
<35_{HDL}

Low HDL with elevated
LDL and triglycerides:
A common denominator of
many heart attack victims

Mixed hyperlipidemias—elevated cholesterol and triglycerides—are common among heart attack victims,¹ and nearly two thirds of people who developed myocardial infarction in the PROCAM trial had a low (< 35 mg/dL) baseline level of HDL cholesterol. TOPIRO (gemfibrozil) is not indicated for the treatment of patients with low HDL cholesterol as their only lipid abnormality.

HEART ATTACK PATIENTS
(PROCAM TRIAL)²



A powerful case for **LOPID**[®] (gemfibrozil) 600-mg Tablets

LOPID is indicated for reducing the risk of coronary heart disease in type IIb patients with low HDL, in addition to elevated LDL and triglycerides, and who have had an inadequate response to weight loss, diet, exercise, and other pharmacologic agents such as bile acid sequestrants and nicotinic acid.

Raised low HDL 25%

—in patients whose baseline HDL was below 35 mg/dL in the landmark Helsinki Heart Study (HHS).³

Reduced heart attack incidence up to 62%*

—in these HHS patients. Incidence of serious coronary events was similar for LOPID and placebo subgroups with baseline HDL above the median (46.4 mg/dL).³

RAISES HDL, LOWERS LDL AND TRIGLYCERIDES DRAMATICALLY REDUCES HEART ATTACK

Contraindicated in patients with hepatic or severe renal dysfunction, including primary biliary cirrhosis, preexisting gallbladder disease, or hypersensitivity to gemfibrozil. LOPID may increase cholesterol secretion into the bile, leading to cholelithiasis. Caution should be exercised when anticoagulants are given in conjunction with LOPID.

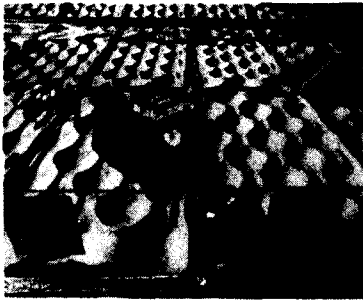
*Defined as a combination of definite coronary death and/or definite myocardial infarction.
P = .013; 95% CI 13.3-111.5.

References 1. Goldstein JL, Hazzard WR, Schrott HG, Bierman EL, Motulsky AG. Hyperlipidemia in coronary heart disease. I. Lipid levels in 500 survivors of myocardial infarction. *J Clin Invest.* 1973;52:1533-1543.
2. Assmann G, Schulte H. PROCAM-Trial: Prospective Cardiovascular Münster Trial. Zürich: Panscientia Verlag; 1986:8-9. 3. Data on file, Medical Affairs Dept, Parke-Davis.

Please see last page of this advertisement for warnings, contraindications, and brief summary of prescribing information.

PD-56-1A-6767-B1(2-91)

Food Fight Erupts in Neighborhood Supermarket



Produce section after recent food fight.

Carrots, broccoli, tomatoes, even brussels sprouts were flying into grocery carts as **The Great American Food Fight Against Cancer** broke out in area supermarkets.

Consumers are reacting to studies which show that foods high in vitamins A and C, high in fiber and low in fat, may help reduce cancer risk.

"My husband is getting whole grain toast tomorrow morning," one shopper declared. A mother was seen throwing carrots into her bag. "Snacks for the kids," she said.

Grocers are, of course, delighted. "This food fight is pretty exciting," said one produce manager, "and there's nothing for me to clean up!"

The American Cancer Society, sponsor of the Food Fight, has more information. Call 1-800-ACS-2345.

And, be on the lookout for Community Crusade volunteers armed with shopping lists.

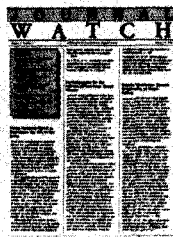


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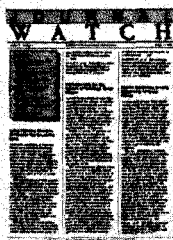
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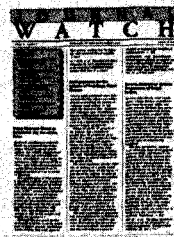
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2. Bearn AG. Wilson's disease. In: Stanbury JB, Wyngaarden JB, Fredrickson DS, eds. *The metabolic basis of inherited disease*. New York: McGraw-Hill, 1972:1033-50.
3. Pellegrin FA, Ramcharan S, Fisch IR, Phillips NR. The noncontraceptive effects of oral contraceptive drugs: the Kaiser-Permanente Study. In: Ramcharan S, ed. *The Walnut Creek Contraceptive Drug Study: a prospective study of the side effects of oral contraceptives*. Vol. 1. Bethesda, Md.: National Institutes of Health, 1974:1-19. (DHEW publication no. (NIH)74-562).

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Please see brief summary of Prescribing
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Use in Specific Populations:
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