

Only one beta blocker offers all these advantages for patients with PVCs

An established starting dose
and dosage range for PVCs

Cardioselectivity with
no adverse effect on lipids

Safety demonstrated
in post-MI patients

Widely studied and clinically
proven for PVC control

See brief summary of
prescribing information
on adjacent page.

© 1991, Wyeth-Ayerst Laboratories

Sectral[®] 200 mg
400 mg
CAPSULES
acebutolol HCl

THE CARDIOSELECTIVE BETA BLOCKER FOR PVC CONTROL

A Shape Of Quality



Potassium and magnesium conservation^{1,2}
with the optimal ratio (1.5 to 1) of triamterene
to hydrochlorothiazide³

79% of mildly hypertensive patients
normalized* within 4 weeks^{1†}

Twice the bioavailability of Dyazide^{® 3-3}

Once-a-day **MAXZIDE[®] 25 MG**

† MAXZIDE

Help Keep Your Patients In Good Shape



- MAXZIDE-25 MG effectively controls mild-to-moderate hypertension and potassium loss¹
- **Keeping Fit: Learning to Live With Your High Blood Pressure**, a free booklet addressing compliance, exercise, diet, and medication
- For Patient Aid Booklets, CALL 1-800-322-2550

Once-a-day MAXZIDE®-25 MG

Triamterene 37.5 mg/Hydrochlorothiazide 25 mg

MAXZIDE® and MAXZIDE®-25 MG Tablets Triamterene and Hydrochlorothiazide

Brief Summary

Please see package insert for full prescribing information.

INDICATIONS AND USAGE

This fixed combination drug is not indicated for the initial therapy of edema or hypertension except in individuals in whom the development of hypokalemia cannot be risked.

CONTRAINDICATIONS

Elevated serum potassium levels (≥ 5.5 mEq/L). Discontinue if hyperkalemia develops. Concomitant use with other potassium-sparing agents. Concomitant potassium supplementation. Anuria, acute and chronic renal insufficiency, significant renal impairment. Hypersensitivity to either component or to other sulfonamide-derived drugs.

WARNINGS

Hyperkalemia: Abnormal elevation of serum potassium levels (≥ 5.5 mEq/L) can occur with all potassium-conserving agents including MAXZIDE. Hyperkalemia is more likely to occur in patients with renal impairment, diabetes (even without evidence of renal impairment), or elderly or severely ill patients. Since uncorrected hyperkalemia may be fatal, serum potassium levels must be monitored at frequent intervals, especially in patients first receiving MAXZIDE, when dosages are changed, or with any illness that may influence renal function.

Obtain ECG if signs and symptoms of hyperkalemia occur. Discontinue MAXZIDE immediately if hyperkalemia is present. If the serum potassium level exceeds 6.5 mEq/L, more vigorous therapy is required. Avoid MAXZIDE in diabetic patients. If used, monitor serum electrolytes. Avoid in severely ill patients in whom respiratory or metabolic acidosis may occur. If MAXZIDE is used, frequently evaluate acid/base and serum electrolytes.

Use cautiously, if at all, with angiotensin-converting enzyme (ACE) inhibitors. (See PRECAUTIONS, Drug Interactions.)

PRECAUTIONS

Monitor for fluid or electrolyte imbalances at appropriate intervals. Do frequent serum and urine electrolyte determinations (especially when the patient is vomiting or receiving parenteral fluids). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy usually is water restriction. In actual salt depletion, appropriate replacement is the therapy of choice.

Hypokalemia may develop with thiazide therapy, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids, ACTH, amphotericin B or after prolonged thiazide therapy.

Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g., increased ventricular irritability).

MAXZIDE may produce an elevated blood urea nitrogen level (BUN), creatinine level, or both. Elevations in BUN and creatinine levels may be more frequent in patients receiving divided dose diuretic therapy. Discontinue if azotemia increases.

Use with caution in patients with impaired hepatic function or progressive liver disease and in patients with histories of renal lithiasis. Triamterene is a weak folic acid antagonist. Periodic blood evaluations are recommended. Hyperuricemia may occur or acute gout may be precipitated in certain patients receiving thiazide therapy. The thiazides may decrease serum PBI level without signs of thyroid disturbance.

Calcium excretion is decreased by thiazides. Pathological changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. Discontinue thiazides before conducting tests for parathyroid function.

Insulin requirements in diabetic patients may be changed. Thiazides may cause manifestation of latent diabetes mellitus. Sensitivity reactions to thiazides may occur in patients with or

MAXZIDE® and MAXZIDE®-25 MG Tablets Triamterene and Hydrochlorothiazide

without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus by thiazides has been reported.

Thiazides may add to or potentiate the action of other antihypertensive drugs. Thiazides may decrease arterial responsiveness to norepinephrine. Thiazides have also been shown to increase responsiveness to tubocurarine. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Acute renal failure has been reported in a few patients receiving indomethacin and other formulations containing triamterene and hydrochlorothiazide. Caution is therefore advised when administering nonsteroidal anti-inflammatory agents with MAXZIDE.

Use potassium-sparing agents very cautiously, if at all, in conjunction with angiotensin-converting enzyme (ACE) inhibitors due to a greatly increased risk of hyperkalemia. Monitor serum potassium frequently.

MAXZIDE may interfere with quinidine measurement. **Pregnancy Category C:** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, pancreatitis, and possibly other adverse reactions which have occurred in the adult.

Thiazides appear in breast milk. If use is essential, the patient should stop nursing. Adequate information on use in children is not available.

ADVERSE REACTIONS

Side effects observed in association with the use of MAXZIDE, other combination products containing triamterene/hydrochlorothiazide, and products containing triamterene or hydrochlorothiazide include the following:

Gastrointestinal: jaundice (intrahepatic cholestatic jaundice), pancreatitis, nausea, appetite disturbance, taste alteration, vomiting, diarrhea, constipation, anorexia, gastric irritation, cramping. **Central Nervous System:** drowsiness and fatigue, insomnia, headache, dizziness, dry mouth, depression, anxiety, vertigo, restlessness, paresthesias. **Cardiovascular:** tachycardia, shortness of breath and chest pain, orthostatic hypotension (may be aggravated by alcohol, barbiturates or narcotics). **Renal:** acute renal failure, acute interstitial nephritis, renal stones composed of triamterene in association with other calculus materials, urine discoloration. **Hematologic:** leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia, hemolytic anemia and megaloblastosis. **Ophthalmic:** xanthopsia, transient blurred vision.

Hypersensitivity: anaphylaxis, photosensitivity, rash, urticaria, purpura, necrotizing angitis (vasculitis, cutaneous vasculitis), fever, respiratory distress including pneumonitis. **Other:** muscle cramps and weakness, decreased sexual performance and saladenitis. Whenever adverse reactions are moderate to severe, therapy should be reduced or withdrawn. **Altered Laboratory Findings:** Serum Electrolytes: hyperkalemia, hypokalemia, hyponatremia, hypomagnesemia, hypochloremia (see WARNINGS, PRECAUTIONS). Creatinine, Blood Urea Nitrogen: Reversible elevations in BUN and serum creatinine have been observed in hypertensive patients treated with MAXZIDE. Glucose: hyperglycemia, glycosuria and diabetes mellitus (see PRECAUTIONS). Serum Uric Acid, PBI and Calcium: (see PRECAUTIONS). **Other:** Elevated liver enzymes have been reported in patients receiving MAXZIDE.

Rev. A/90
2/90/25

References

1. Schnaper HW, Maxwell MH. Efficacy and safety of triamterene/hydrochlorothiazide combinations in mild systemic hypertension. *Am J Cardiol*. 1989; 65:328-368.
2. Data on file, Lederle Laboratories, Pearl River, NY.
3. *Physicians' Desk Reference (PDR)*, ed. 45. Oradell, NJ: Medical Economics Co Inc; 1991.



LEDERLE LABORATORIES
A Division of American Cyanamid Company
Wayne, New Jersey 07470

© 1991 Lederle Laboratories

July 1991

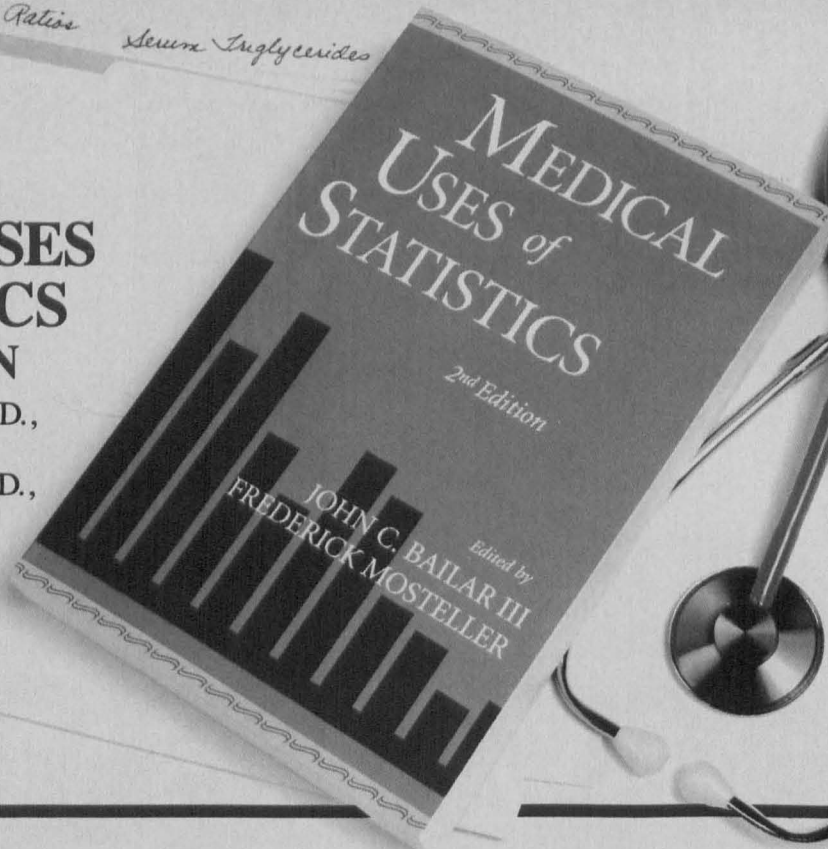
101141

NEW!

MEDICAL USES OF STATISTICS

SECOND EDITION

John C. Bailar III, M.D., Ph.D.,
McGill University;
and Frederick Mosteller, Ph.D.,
Harvard School of Public
Health; with 32
distinguished contributors



SECOND EDITION!

A Practical Approach to Statistics

Can you evaluate the validity of published studies?

Do you know when and why to use certain statistical techniques?

Bailar & Mosteller provide you with the expert guidance you need.

If you've been looking for an overview of medical statistics that's understandable, easy to apply, and up-to-date, order your own copy today!

©1992, 480 pages, 90 illus., paperback
ISBN 0-910133-36-0

Contents: Revised & Updated — Plus 7 New Chapters

■ Broad Concepts and Analytical Techniques

The basic principles behind statistical techniques with a *new* chapter on uses of statistical thinking.

■ Design

The strengths and weaknesses in current research design.

■ Analysis

How to evaluate statistical tools—with *new* chapters on decision analysis, statistical analysis of survival data, and contingency tables in medical studies.

■ Communicating Results

How to present the data clearly—plus *new* guidelines for statistical reporting in medical journals.

■ Reviews and Meta-studies

How to appraise research and analyze data combined from several studies. Plus *new* chapters on medical technology assessment and an update of the quality and methodology of meta-analysis.

☐ **YES**, send me a copy of the new Second Edition of *Medical Uses of Statistics* for my risk-free trial.

☐ Check enclosed for \$39.95,* plus \$3.50 postage and handling. (Make check payable to NEJM Books)
(*Massachusetts Residents add 5% sales tax.)

☐ Charge my ☐ VISA ☐ MasterCard ☐ AmEx

CARD NO. _____

EXP. DATE _____

SIGNATURE _____

SDSFI

REQUIRED FOR CHARGE ORDERS

NAME/SPECIALTY _____ (PLEASE PRINT)

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SATISFACTION GUARANTEED

You must be completely satisfied with the Second Edition of *Medical Uses of Statistics* or you may return the book within 30 days and receive a FULL REFUND.

Please allow 4–6 weeks for delivery.

Send to: **NEJM BOOKS**



The New England Journal of Medicine
P.O. Box 9130, Waltham, MA 02254-9130
or call 1-800-THE-NEJM FAX: 617-893-0413

NOW you can HEAR what you've been missing!

**Announcing Journal Watch - The Audio Cassette Service -
the fastest way to keep up with what's new and important in medicine**

Twice a month, Journal Watch - The Audio Cassette Service brings you 60 minutes of clear, concise summaries of the latest advances published in more than 20 major journals.

Journal Watch - The Audio Cassette Service is written exclusively by practicing physicians. With your subscription you can earn two Category I CME credits per one hour program - at no additional cost.

Using Journal Watch's convenient, easy to listen to audio cassettes, you can schedule when and where to listen.

- In your car
- At the gym
- During meal time
- Between patients
- During your daily routines
- Or simply spare moments of the day

Brought to you by two leaders in medical information - Audio-Digest Foundation, producers of "The Thirteen Spoken Medical Journals[®]" and the Massachusetts Medical Society, publishers of the *New England Journal of Medicine*, *Journal Watch* (the newsletter), and *AIDS Clinical Care*.

FREE SAMPLE CASSETTE!

☐ **YES!** Please rush my FREE sample cassette, Volume 1, Issue 1 of *Journal Watch - The Audio Cassette Service*. If I decide to become a charter subscriber, I'll receive 9 months, 18 issues at the special introductory price of \$113.75.

NAME _____
(PLEASE PRINT)
ADDRESS _____
CITY _____
STATE _____ ZIP _____

Mail to:

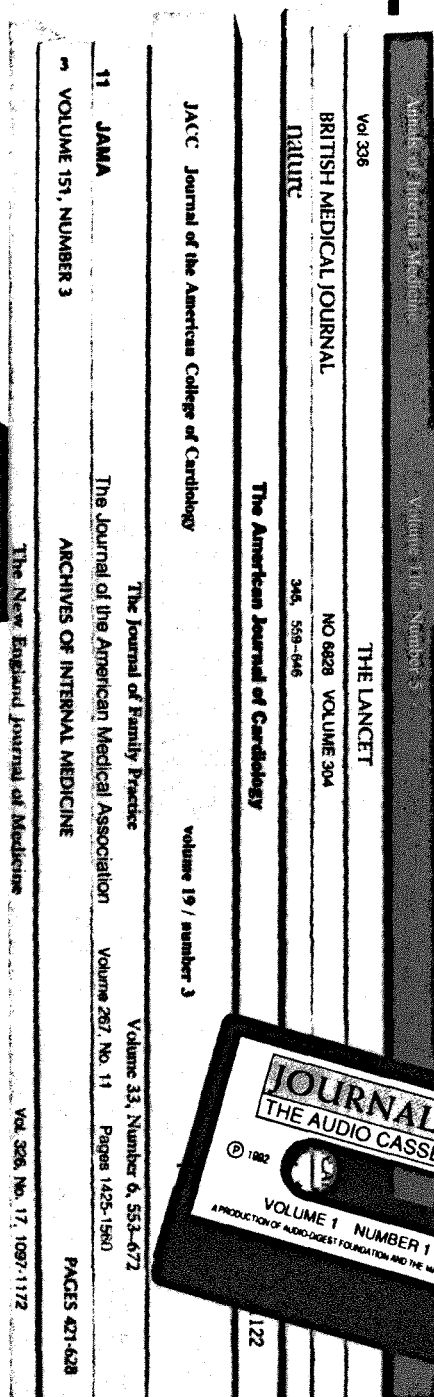
Audio-Digest Foundation[®]

A Non-Profit Subsidiary of the California Medical Association

1577 East Chevy Chase Drive
Glendale, CA 91206

Or
Call Toll Free:
1-800-423-2308
(8 am to 5 pm, Pacific Time)

FAX Toll Free:
1-800-845-4375
(24 hours)



75% of primary care physicians have treated patients with HIV infection.

Do you have the information you need?

Every month, *AIDS Clinical Care* brings you the latest clinically relevant information in a concise, easy-to-scan newsletter.

Feature articles written by leading AIDS clinicians provide hands-on information about the management of HIV-related diseases.

Topics include:

- AIDS/HIV Clinical Trial Updates
- New Antiretroviral Therapies
- Treating and Preventing Opportunistic Infections
- HIV Infection in Women
- Pediatric AIDS
- Drug Interactions
- Psychosocial Issues

The new **Case History** column answers clinical questions on the complex, overlapping manifestations of HIV infection by presenting actual case histories with diagnoses and patient follow-up.

Research Notes summarize and comment on the most relevant articles from the medical literature. **Charts and tables** clearly show clinical presentations, diagnostic methods, treatment regimens, and epidemiologic trends.



EDITORS

Deborah J. Cotton, MD, MPH

Division of Infectious Diseases, Beth Israel Hospital, Boston; Assistant Professor of Health Policy and Management, Harvard School of Public Health



Gerald H. Friedland, MD

Director, AIDS Program, Professor of Medicine, Yale University School of Medicine, Yale-New Haven Hospital

Subscribe today. Simply fill out the coupon, or order by FAX: (617) 893-0413

☐ YES, please start my subscription to AIDS Clinical Care.

I will receive 12 monthly issues delivered first class for the special price of \$89.

- ☐ Payment enclosed* ☐ Bill me
☐ Charge my credit card ☐ VISA ☐ MasterCard ☐ AmEx

Card # _____ Exp Date _____

Signature _____

Name _____

Address _____ (Please print)

City _____ State _____ Zip _____

Specialty: _____

Credit card orders, call toll-free
1-800-843-6356
 In MA: 617-893-3800 X1199

Mail to: AIDS Clinical Care,
 PO Box 9085, Waltham, MA 02254-9085

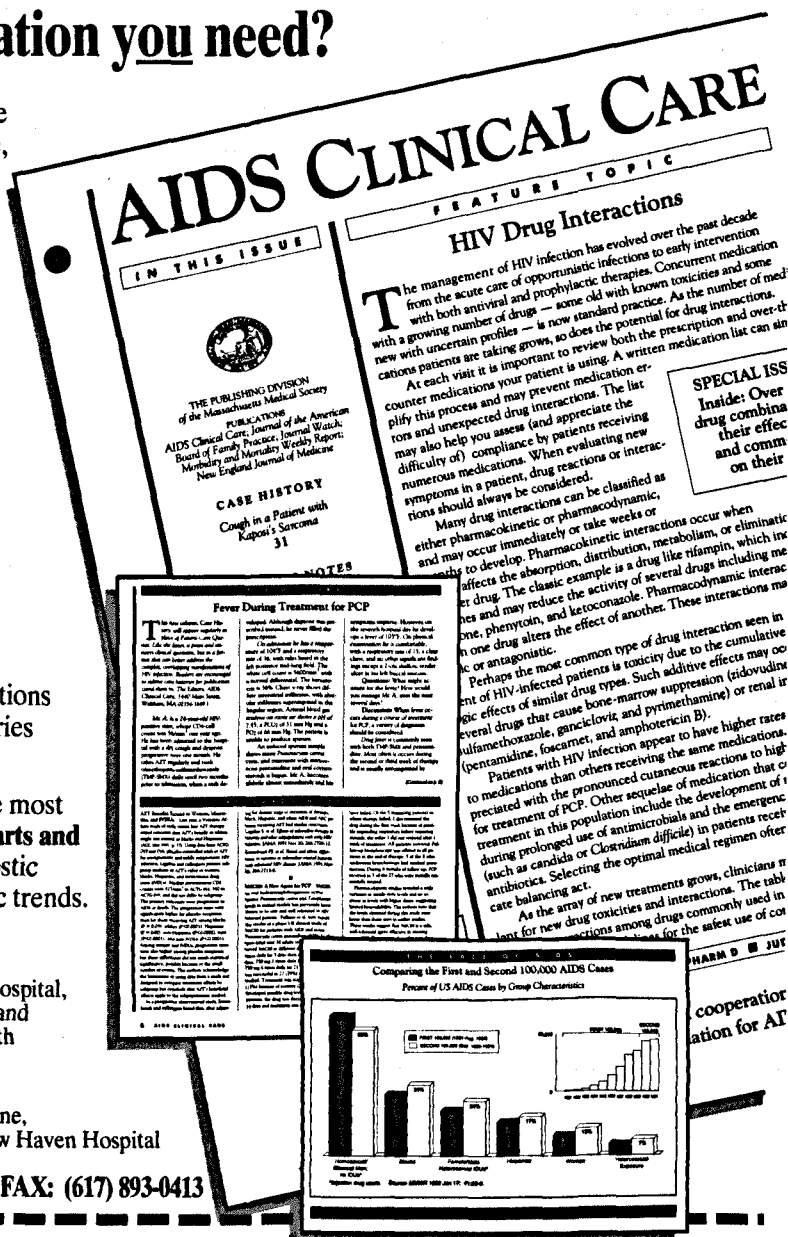
* Make check payable to AIDS Clinical Care.
 Allow 4-6 weeks for delivery.

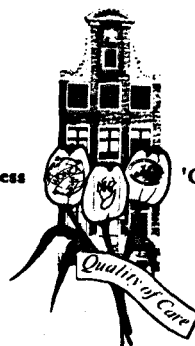


**Publishing Division of the
 Massachusetts Medical Society**
 Founded in Cooperation with the American
 Foundation for AIDS Research (AmFAR).

ISSN: 1043-1543

SDMFI





WONCA/SIMG Congress
June, 13-17 1993
The Hague, the Netherlands

WONCA and SIMG granted the NHG the initiative to organize a joint congress in June, 1993. The theme of this congress is: 'Quality of Care in Family Medicine/General Practice', this theme fits well in the development of general practice in Europe. This ongoing process is characterized by:

- description of the place and position of general practice;
- description of the contents of general practice;
- establishment of vocational training;
- increasing research activities and development of research techniques;
- defined relations with specialist care.

The quality of care will be of increasing importance in the future. The overall theme is worked out in the main program on the four congress days.

In parallel sessions, workshops, free standing papers, poster sessions and pre/post congress conferences, views will be presented of 'the state of the art' in general practice in European countries.

What shall be offered to the participating general practitioner?

If you are interested and involved in research, refresher courses or the development of standards and protocols, you will meet the specialists on these fields in an atmosphere enabling a free but thorough exchange of ideas and experiences.

If you are a general practitioner especially interested in the aspects of every day practice, you will find a lot of practical information and the opportunity to acquire new knowledge and skills in meeting other colleagues from Europe and other continents.

There will be opportunities to meet friends, to join social events or to visit nice touristic areas at the end of each congress day or after the congress.

The Hague is situated on the North Seacoast, and has a beautiful seaside resort. Within a range of fifty kilometres you can find the cultural treasures of The Netherlands. It is an impressing, lively town, a perfect town to plan a congress like this.

Information for participants and those who like to present a paper or a poster, please write to:

NHG, WONCA/SIMG Congress 1993
P.O. Box 3231
3502 GE Utrecht
The Netherlands.

Telephone: (31-30) 88 17 00
Telefax: (31-30) 87 06 68

Reserve in your agenda: June, 13-17 1993 Meeting General Practitioners Europe, The Hague, The Netherlands

Instant access.

**Access the *New England Journal of Medicine*
on-line or on CD-ROM.**

Now you can access the most important medical
research in an instant. The *New England Journal
of Medicine* is available on-line and on CD-ROM.

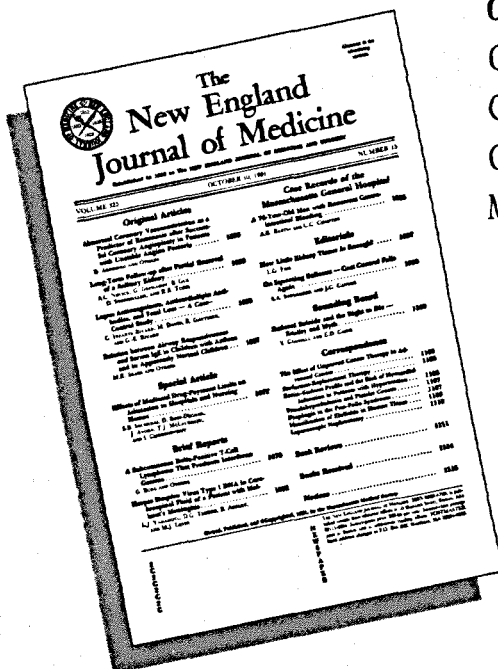
Here's where to find us:

On-line

BRS Colleague	1-800-289-4277
Dialog	1-800-334-2564

On CD-ROM

Cambridge Scientific Abstracts	1-800-843-7751
CD Plus	1-212-563-3006
CMC Research	1-800-262-7668
Maxwell Electronic Publishing	1-800-342-1338



The New England Journal of Medicine
1440 Main Street, Waltham, MA 02154
617-893-3800

A New Reprint Collection from the
New England Journal of Medicine . . .

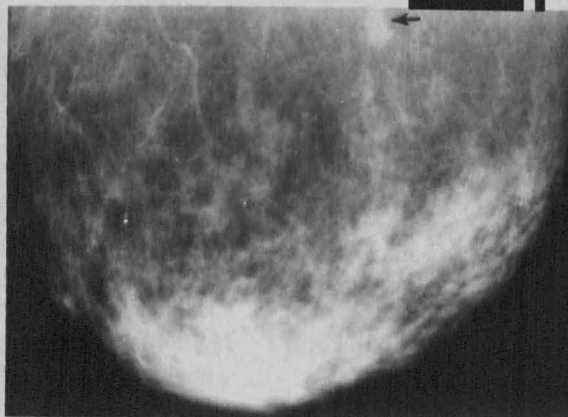
BREAST CANCER

VOLUME 1

BREAST CANCER — and your patients' fears of breast cancer — put you face to face with some of the thorniest issues in medical practice.

When you counsel your patients and make your clinical decisions, be sure to have the facts at hand.

The *New England Journal of Medicine* has gathered ten years' worth of breast cancer articles into a convenient, fully indexed volume. Included is the seminal research that made adjuvant therapy standard for the vast majority of women with node-positive disease, as well as the studies that resulted in the virtual elimination of the radical mastectomy from medical practice.



(From Case 9-1988)

BREAST CANCER: Volume 1

■ Introduction by Robert J. Mayer, M.D., Dana-Farber Cancer Institute, Harvard Medical School ■ Contains 35 Original Articles, plus Editorials, Case Records, and Special Reports —

over 65 articles in all . . . plus related Correspondence ■ 420 pages, 8 color plates, over 265 charts and illustrations. Included are:

Part I: EPIDEMIOLOGY AND RISK FACTORS

- Alcohol Consumption and Breast Cancer
- Dietary Fat and the Risk of Breast Cancer
- Goodbye to "Fibrocystic Disease"
- Prolactin and Breast Cancer

Part II: DIAGNOSIS

- Prognosis in Node-Negative Disease
- Hormone Receptors as Prognostic Factors
- Assessing the Risk of Recurrence
- Oncogenes and Breast Cancer

Part III: TREATMENT

- Adjuvant Therapy of Node-Negative Disease
- Total Mastectomy versus Lumpectomy and Radiation
- Treating the Patient, Not Just the Cancer

Yes, please send me *Breast Cancer: Volume 1*, as indicated.

☐ **Softcover**, ISBN 0-910133-18-2,
 @ \$39* + \$3.95 postage &
 handling per copy.
 ——— copies.

☐ **Hardcover**, ISBN 0-910133-24-7,
 @ \$65* + \$4.50 postage &
 handling per copy.
 ——— copies.

☐ Enclosed is a check for \$ _____*

☐ Please charge my ☐ Visa ☐ MasterCard ☐ AMEX in the amount of \$ _____

Card # _____ Exp. Date _____

Signature _____

Name _____

Specialty _____

Address _____

City _____ State _____ ZIP _____

*Prepaid orders only. Please make check payable to the *New England Journal of Medicine*. Mass. residents add 5% sales tax. Allow 4-6 weeks for delivery. 30-day return privileges guarantee your satisfaction.

Send to: the *New England Journal of Medicine*, P.O. Box 9130, Waltham, MA 02254-9130.



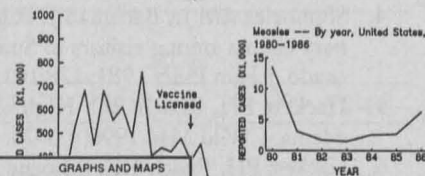
The New England Journal of Medicine

FOR FASTEST SERVICE:
 FAX: (617) 893-0413 or call
 TOLL FREE: 1-800-THE-NEJM.
 Inside MA: (617) 893-3800 x1199

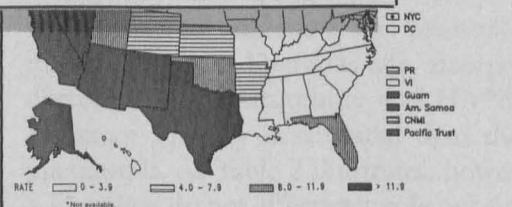
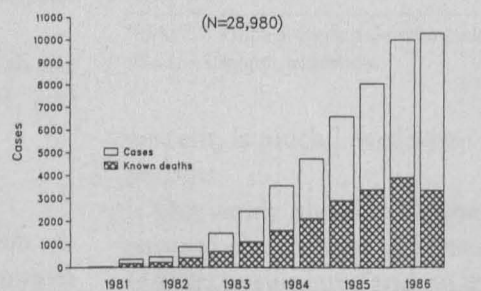
SAA01

Your Best Lines of Defense Against Disease are

MEASLES (rubeola) — By year, United States, 1950-1986



ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — Cases and known deaths, by 6-month periods of report to CDC, United States, 1981-1986



NOTIFIABLE DISEASES—Summary of reported cases, by age group, United States, 1986

Disease	Total	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-49	50-59	60-69	70+
AIDS	12,922	68	12	25	5	67	616	2,106	4,026	3,545	976	542	54
Cholera	23	—	1	2	2	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Guinea worm	900,000*	—	—	—	—	—	—	—	—	—	—	—	—
Hepatitis A	25,100	16	1,560	2,074	1,810	1,987	2,353	4,205	5,215	1,407	2,891	1,000	1,000
Hepatitis B	29,127	115	145	134	203	224	224	5,755	5,755	2,031	1,131	1,311	1,311
Hepatitis non-A non-B	2,654	17	121	127	127	127	127	127	127	127	127	127	127
Measles, unreported	3,940	16	121	324	321	311	476	727	762	212	143	143	143
Measles, reported	8,262	670	1,741	2,074	1,810	1,987	2,353	4,205	5,215	1,407	2,891	1,000	1,000
Meningococcal infections, total	2,554	608	643	183	127	254	142	76	125	301	301	301	301
Scarlet fever	3	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever, reported	2,337	608	643	183	127	254	142	76	125	301	301	301	301
Scarlet fever, unreported	7,956	142	588	1,760	2,074	1,810	1,987	2,353	4,205	5,215	1,407	2,891	1,000
Scarlet fever, total	10,293	750	1,231	1,943	2,197	2,794	3,331	4,428	5,620	2,708	3,702	3,702	3,702
Scarlet fever, reported	10	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever, unreported	551	52	79	48	21	44	60	72	13	207	41	41	41
Scarlet fever, total	157	52	79	48	21	44	60	72	13	207	41	41	41
Scarlet fever, reported	17,136	554	1,231	2,074	1,810	1,987	2,353	4,205	5,215	1,407	2,891	1,000	1,000
Scarlet fever, unreported	27,821	17	121	127	127	127	127	127	127	127	127	127	127
Scarlet fever, total	44	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever, reported	32,165	109	675	—	—	—	—	—	—	—	—	—	—
Scarlet fever, unreported	32,165	109	675	—	—	—	—	—	—	—	—	—	—
Scarlet fever, total	32,165	109	675	—	—	—	—	—	—	—	—	—	—

the Facts

Morbidity & Mortality Weekly Report gives you the facts.

Every week the experts at the Centers for Disease Control report the facts on disease trends, epidemiological reports and health recommendations. Better than mere summaries, these reports (complete with charts, maps and tables) *pinpoint disease trends by region*. You'll know exactly what's happening in your part of the world as it occurs. No other source can offer you this fast breaking information — *as it happens*. Subscribe today, and get the facts.

☐ **YES!** I want the facts on the latest medical trends as reported by the C.D.C. Please enter my one-year subscription (51 weekly issues) to **MMWR** for \$46.00.*

SPECIAL BONUS: Subscribe today and receive FREE surveillance summaries & supplements as released by the C.D.C.

☐ My payment for _____ is enclosed.*

☐ Please charge to my credit card:

☐ MasterCard ☐ Visa ☐ AmEx

Expire Date _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Medical Specialty _____

Please allow 4-6 weeks for delivery of first issue. Rates subject to change without notice.

* Make checks payable to **MMWR**. First class delivery available for \$69.00.

RISK-FREE GUARANTEE: You may cancel your subscription at any time and receive a full refund on all unmailed issues.

Massachusetts Medical Society, P.O. Box 9120, Waltham, MA 02254-9120
Credit Card Orders: Call 1 (800) 843-6356

Geisinger Clinic

DIRECTOR Family Practice

The Geisinger Clinic seeks a director for the department of Family Practice which includes 10 staff physicians, 16 family practice residents, and 6 physician assistants. The department is associated with the Geisinger Medical Center, a regional referral center for central and northeastern Pennsylvania and is the primary care provider for Geisinger Health Plan (HMO) subscribers residing in the Danville area.

Candidates will bring an interest in developing innovative methods to promote efficient health care delivery while providing a quality educational experience for residents and medical students. Will help coordinate and integrate the activities of 90 family practices located at other clinic sites throughout the system. Requires strong academic interest and proven administrative experience.

Geisinger offers an excellent compensation package, a family oriented life style and easy access to metropolitan areas. Contact A. Thomas Colley, M.D., Chairman, Family Practice Search Committee, Geisinger Medical Center, Danville, PA 17822-2111.

Geisinger.

E.O.E.
M/F/H/V



State Your Preference.

Family Physicians looking for the ideal place to practice can stop here. Whatever your style, Humana® has hospitals and health care plans located in a variety of settings and locations that provide a number of practice opportunities. These include Private Practice, Managed Care and Employment opportunities. If you're BE/BC and would like to receive confidential information regarding our uniquely specialized placement services, call 1-800-626-1590, Ext. 265. Or send your C.V. to Humana Inc., Professional Recruitment, Dept. AB7-2D P.O. Box 1438, Louisville, KY 40201. And state your preference.

Humana®

Physician Placement Services

University of Kentucky

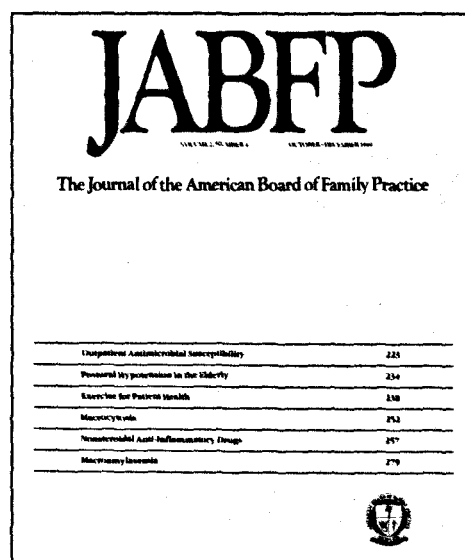
Physician Placement Service

Openings are available in all specialties
throughout the Commonwealth
including academic appointments

Contact: Don Buecker
Room 202 HSLC,
Lexington, Kentucky 40536-0232
(606)233-8018
(606)258-1043 FAX



▼
**You're
looking at
the answer
to your
recruitment
problems!**



It's the *Journal of the American Board of Family Practice*. Where you reach the best job candidates. More of them. More often. To find out more, just contact Classified Advertising at (617) 893-3800.



**The Journal of the American Board
of Family Practice**

ATTENTION

DIPLOMATES OF THE ABFP ADDRESS CHANGE FORM

***** 3-DIGIT-080
0028 12345 76/88 ABFP
BEVERLY J. CLARK MD
24 LEXINGTON ST
AKRON OH 44309

5-digit ABFP Identification Number

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, up-dated 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 _____

Street _____

City/State _____

City/State _____

Zip Code _____

Zip Code _____

Effective Date of Change _____

Signature of Diplomat _____

ABFP Identification Number _____
(5-digit number above name on mailing label)

Year of Certification or Recertification _____

Return to:

Ann Stockham
The American Board of Family Practice
2228 Young Drive
Lexington, KY 40505

JUST PUBLISHED!

Many physicians are finding it difficult to keep current on the effectiveness and safety of prescribed products.

Drug Therapy, Volume 8 can help you review changes in drug use, the implications of using drugs in combination, and the comparative efficacy of different drugs.

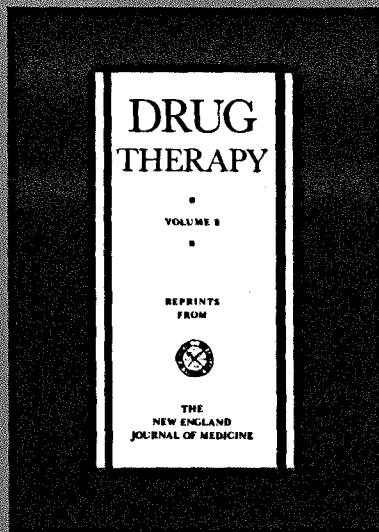
Drug Therapy, Volume 8 includes 24 review articles originally published in the *New England Journal of Medicine* from 1985 to 1990, plus related Correspondence and Addenda by the original authors, providing updates from new research and clinical experience.

Drug Therapy, Volume 8

© 1991. □ Edited by John A.

Oates, M.D. and Alastair J.J. Wood, M.D., Department of Medicine, Vanderbilt University School of Medicine □ 300 pages, including index and over 75 charts & illustrations.

DRUG THERAPY Volume 8



CONTENTS:

ANTIARRHYTHMICS

(Encainide, Flecainide, Tocainide, Amiodarone, Mexiletine)

VASODILATORS AND ANTITHROMBOTICS

(Combined Beta-Adrenergic and Calcium-Entry Blockade in Angina Pectoris, Nitrate Therapy in Stable Angina Pectoris, Converting-Enzyme Inhibitors, Tissue Plasminogen Activator, Dipyridamole)

ANTIBIOTICS

(Beta-Lactam Antibiotics, Bactericidal Activity as a Monitor of Antibiotic Therapy, Antimicrobial Prophylaxis)

ANTICANCER DRUGS

(Etoposide, Ketoconazole as an Inhibitor of Steroid Production)

BRONCHODILATORS

Ipratropium Bromide, New Approach to the Treatment of Asthma)

OTHERS

(Drug Therapy in the Elderly, Cyclosporine, Oral Hypoglycemic Agents, AZT (Zidovudine) and Related Dideoxynucleosides, Physiologic Replacement of Insulin, HMG-CoA Reductase Inhibitors, Cigarette Smoking and Nicotine Addiction)

THE LATEST REPRINT COLLECTION FROM THE NEW ENGLAND JOURNAL OF MEDICINE . . .

Yes, please send me
Drug Therapy, Volume 8:

☐ **Softcover**, ISBN 0-910133-23-9,
@ \$34.00 + \$3.50 postage &
handling per copy. _____ copies.

☐ **Hardcover**, ISBN 0-910133-33-6,
@ \$49.00 + \$3.95 postage &
handling per copy. _____ copies.

TOLL FREE (800) THE-NEJM
Inside MA: (617) 893-3800 x1199
FAX: (617) 893-0413

☐ Enclosed is a check for \$ _____ *

☐ Please charge my ☐ Visa ☐ MasterCard ☐ AmEx in the amount of \$ _____

Card# Exp. Date

Signature _____

Name/Specialty _____
(please print)

Organization _____

Address _____

City _____ State _____ ZIP _____

*Prepaid orders only. Please make payable to the *New England Journal of Medicine*. MA residents please add 5% sales tax. Allow 4-6 weeks for delivery. Prices subject to change without notice.

30-day return privileges guarantee your satisfaction.



The New England Journal of Medicine
P.O. Box 9130, Waltham, MA 02254-9130

SBD08

Are you prepared to deal with the medical/legal complexities of modern health care?

It would be difficult to find a better guide to this complicated and controversial topic than William J. Curran's, *Law-Medicine Notes: Progress in Medicolegal Relations*.

As one of the nation's foremost medico-legal authorities, he has been instrumental in shaping almost every medical/legal issue of the last twenty-five years, from the right to die to standards for committing mental patients.

Now, in this annotated collection of essays drawn from his column in the *New England Journal of Medicine*, Curran gives us a unique opportunity to explore the complexities of the medical/legal relationship.



Law-Medicine Notes: Progress in Medicolegal Relations

William J. Curran

Collected and annotated, with a preface by Arnold S. Relman, M.D., and an Introduction by the author. 450 pages. Softcover. \$38.50.

Chapter 1: Medical malpractice Good Samaritan laws...peer-review programs...informed consent...clinical experimentation...diagnostic errors.

Chapter 2: Hospitals: the new legal doctrines Liability for quality of care...malpractice arbitration...conditional medical treatment...cost-containment.

Chapter 3: Forensic medicine and the law Scientific evidence and the courts...damage suits...personal-injury law and lawyers...mass disasters.

Chapter 4: Insanity, psychiatry, and the armor of the law Proof of mental illness for

commitment...confidentiality in psychiatric practice...competency of the mentally retarded.

Chapter 5: Ethics in medical practice Compulsory drug testing...confidentiality in epidemiologic investigations...care for the dying...the patient's bill of rights.

Chapter 6: Legal/moral problems in human reproduction Birth control and privacy...abortion law...sterilization of the poor...fetal research...the thalidomide tragedy.

Chapter 7: Life and death The uniform anatomical gift act...crib death...legal and medical death...brain death statutes...the right to die.

Please send me _____ copies of William J. Curran's, ***Law-Medicine Notes: Progress in Medicolegal Relations***.

\$38.50 each (Massachusetts residents add 5% sales tax.) _____

Plus \$2.50 postage and handling per copy _____

☐ Enclosed is my check for: _____

Make checks payable to the New England Journal of Medicine.

☐ Charge my: _____ VISA _____ MasterCard
_____ American Express

Signature _____

Card Number _____ Exp Date _____

Name _____

Specialty _____

Organization _____

Address _____

City _____ State _____ Zip _____

Send to: The New England Journal of Medicine, P.O. Box 9130, Waltham, MA 02254-9130 To order by phone: (617) 893-3800 ext. 1259 (Inside MA) 1-800-843-6356 (Outside MA).

Allow four to six weeks for delivery.

SBV01



Sectral[®] 200 mg 400 mg acebutolol HCl CAPSULES

THE CARDIOSELECTIVE BETA BLOCKER FOR PVC CONTROL

Usual starting dose	200 mg b.i.d.
Optimal PVC response	600 mg to 1200 mg per day
Use in elderly	Doses above 800 mg per day should be avoided

(Brief Summary. See Package Circular for full prescribing information.)

CONTRAINDICATIONS: SECTRAL is contraindicated in: 1) persistently severe bradycardia; 2) second- and third-degree heart block; 3) overt cardiac failure; 4) cardiogenic shock. (See WARNINGS)

WARNINGS: Cardiac Failure: Sympathetic stimulation may be essential for support of circulation in patients with diminished myocardial contractility and inhibition by β -adrenergic receptor blockade may precipitate more severe failure. Although β -blockers should be avoided in overt cardiac failure, SECTRAL can be used cautiously when heart failure is controlled with digitalis and/or diuretics. Digitalis and SECTRAL impair AV conduction. Withdraw SECTRAL if cardiac failure persists.

In Patients Without a History of Cardiac Failure: In patients with aortic or mitral valve disease or compromised left ventricular function, continued depression of the myocardium with β -blockers over time may lead to cardiac failure. Digitalize patients at first signs of failure, and/or give a diuretic and observe closely. Withdraw SECTRAL if cardiac failure persists.

Exacerbation of Ischemic Heart Disease Following Abrupt Withdrawal: Abrupt discontinuation of some β -blockers in coronary artery disease patients may exacerbate angina; in some cases, myocardial infarction and death have been reported. Caution such patients against interruption of therapy without a physician's advice. Even in the absence of overt ischemic heart disease, withdraw SECTRAL gradually over a period of about two weeks; observe carefully and advise patients to minimize physical activity during this time. (If desired, patients may be transferred directly to comparable doses of an alternative β -blocker without interruption of β -blocking therapy.) If exacerbation of angina occurs, restart full-dose anti-anginal therapy immediately and hospitalize patient until stabilized.

Peripheral Vascular Disease: β -antagonists reduce cardiac output and can precipitate/aggravate arterial insufficiency in patients with peripheral or mesenteric vascular disease. Exercise caution and observe such patients closely for progression of arterial obstruction.

Bronchospastic Diseases: Patients with Bronchospastic Disease Should, in General, Not Receive a β -Blocker. Because of its relative β_1 -selectivity, low doses of SECTRAL may be used cautiously in such patients who do not respond to, or cannot tolerate, alternative treatment. Since β_1 -selectivity is not absolute and is dose-dependent, use lowest possible dose of SECTRAL initially, preferably in divided doses. Make bronchodilator, e.g., theophylline, or a β_2 -stimulant, available in advance with instructions for use.

Anesthesia and Major Surgery: The necessity/desirability of withdrawing β -blockers prior to major surgery is controversial; the heart's impaired ability to respond to β -adrenergically mediated reflex stimuli may enhance the risk of excessive myocardial depression during general anesthesia. Difficulty in restarting and maintaining the heartbeat also has been reported with β -blockers. If treatment is continued, take special care when using anesthetics that depress the myocardium; use lowest possible SECTRAL dose. SECTRAL, like other β -blockers, is a competitive inhibitor of β -receptor agonists, so its effects can be reversed by cautious administration of such agents (e.g., dobutamine or isoproterenol). Symptoms of excessive vagal tone (e.g., profound bradycardia, hypotension) may be corrected with atropine.

Diabetes and Hypoglycemia: β -blockers may potentiate insulin-induced hypoglycemia and mask some symptoms such as tachycardia; dizziness and sweating are usually not significantly affected. Warn diabetics of possible masked hypoglycemia.

Thyrotoxicosis: β -adrenergic blockade may mask some clinical signs (tachycardia) of hyperthyroidism. Abrupt withdrawal of SECTRAL may precipitate a thyroid storm in patients suspected of developing thyrotoxicosis.

PRECAUTIONS: Impaired Renal or Hepatic Function: While there are no U.S. studies, foreign published experience shows that acebutolol has been used successfully in chronic renal insufficiency. Acebutolol is excreted via the G.I. tract, but the active metabolite, diacetolol, is eliminated mainly by the kidney. A linear relationship exists between renal clearance of diacetolol and creatinine clearance (Cl_{Cr}); reduce daily dose of acebutolol by 50% when Cl_{Cr} is less than 50 mL/min and by 75% when it is less than 25 mL/min. Use cautiously in patients with impaired hepatic function.

SECTRAL has been used successfully and without problems in elderly patients in U.S. clinical trials without specific dosage adjustment. However, in the elderly, lower maintenance doses may be required because bioavailability of SECTRAL and its metabolite are approximately doubled.

Information for Patients: Warn patients, especially those with evidence of coronary artery disease, against interruption or discontinuation of SECTRAL without physician supervision. Although cardiac failure rarely occurs in properly selected patients, advise patients to consult a physician if signs or symptoms suggestive of impending CHF, or unexplained respiratory symptoms, develop.

Warn patients of possible severe hypertensive reactions from concomitant use of α -adrenergic stimulants, e.g., nasal decongestants used in OTC cold medicines and nasal drops.

Clinical Laboratory Findings: SECTRAL, like other β -blockers has been associated with development of antinuclear antibodies (ANA). In prospective clinical trials, patients receiving SECTRAL had a dose-dependent increase in the development of positive ANA titers. Symptoms related to this laboratory abnormality were infrequent. Symptoms and ANA titers were reversible upon discontinuation of SECTRAL.

Drug Interactions: Catecholamine-depleting drugs may have additive effects when given with β -blockers. Observe patients treated with both agents closely for evidence of marked bradycardia or hypotension which may present as vertigo, syncope/presyncope, or orthostatic changes in blood pressure without compensatory tachycardia. Exaggerated hypertensive responses have been reported from use of β -adrenergic antagonists with α -adrenergic stimulants, including those in OTC cold remedies and vasoconstrictive nasal drops. Nonsteroidal anti-inflammatory drugs may blunt antihypertensive effects of β -blockers.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Chronic oral toxicity studies in rats and mice, at doses 15 times the maximum recommended (60 kg) human dose, did not indicate carcinogenic potential for SECTRAL. Diacetolol, the major metabolite in man, was without carcinogenic potential in rats at doses up to 1800 mg/kg/d. SECTRAL and diacetolol also had no mutagenic potential in the Ames Test. No significant impact on reproductive performance or fertility was found in rats following SECTRAL or diacetolol doses of up to 240 or 1000 mg/kg/d, respectively.

Pregnancy: Teratogenic Effects: Pregnancy Category B: No teratogenic effects were seen in rat or rabbit reproduction studies utilizing SECTRAL doses that were, respectively, approximately 31.5 and 6.8 times the maximum recommended human dose. At this dose in the rabbit, slight fetal growth retardation was noted; this was considered to be a result of maternal toxicity (evidenced by reduced food intake, lowered rate of body weight gain, mortality). Diacetolol studies (doses up to 450 mg/kg/d in rabbits and up to 1800 mg/kg/d in rats) showed no evidence of fetal harm other than a significant elevation in postimplantation loss with 450 mg/kg/d, a level at which food consumption and body weight gain were reduced in rabbit dams; there was a nonstatistically significant increase in incidence of bilateral cataract in rat fetuses from dams treated with 1800 mg/kg/d. There are no adequate and well-controlled trials in pregnant women; SECTRAL should be used during pregnancy only if potential benefit justifies risk to the fetus.

Nonteratogenic Effects: Human studies indicate that acebutolol and diacetolol cross the placenta. Neonates of mothers who received acebutolol during pregnancy have reduced birth weight, decreased blood pressure, and decreased heart rate.

Labor and Delivery: Effect on labor and delivery in pregnant women is unknown. Animal studies have shown no effect of SECTRAL on the usual course of labor and delivery.

Nursing Mothers: Acebutolol and diacetolol appear in breast milk (milk: plasma ratio of 7.1 and 12.2, respectively). Use in nursing mothers is not recommended.

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

ADVERSE REACTIONS: SECTRAL is well tolerated in properly selected patients. Most adverse effects have been mild, not required therapy discontinuation, and tended to decrease as treatment duration increases.

The incidence of treatment-related side effects (volunteered and elicited) derived from U.S. controlled clinical trials in patients with hypertension, angina and arrhythmia follows. Numbers represent percentage incidence for SECTRAL (N = 1002) versus placebo (N = 314), respectively.

Cardiovascular: Chest pain 2%, 1%; Edema 2%, 1%. **CNS:** Depression 2%, 1%; Dizziness 6%, 2%; Fatigue 11%, 4%; Headache 6%, 4%; Insomnia 3%, 1%; Abnormal dreams 2%, 1%. **Dermatologic:** Rash 2%, 1%. **Gastrointestinal:** Constipation 4%, 0%; Diarrhea 4%, 1%; Dyspepsia 4%, 1%; Flatulence 3%, 1%; Nausea 4%, 0%. **Genitourinary:** Micturition (frequency) 3%, <1%. **Musculoskeletal:** Arthralgia 2%, 2%; Myalgia 2%, 0%. **Respiratory:** Cough 1%, 0%; Dyspnea 4%, 2%; Rhinitis 2%, <1%. **Special Senses:** Abnormal Vision 2%, 0%.

The following selected (potentially important) side effects were seen in up to 2% of SECTRAL patients: **Cardiovascular:** hypotension, bradycardia, heart failure. **CNS:** anxiety hyper/hypoesthesia, impotence. **Skin:** pruritus. **Gastrointestinal:** vomiting, abdominal pain. **Genitourinary:** dysuria, nocturia. **Liver and Biliary:** small number of reported cases of liver abnormalities (increased SGOT, SGPT, LDH). In some cases, increased bilirubin or alkaline phosphatase, fever, malaise, dark urine, anorexia, nausea, headache, and/or other symptoms have been reported. In some cases, symptoms and signs were confirmed by rechallenge. Abnormalities were reversible upon drug cessation. **Musculoskeletal:** back and joint pain. **Respiratory:** pharyngitis, wheezing. **Special Senses:** conjunctivitis, dry eye, eye pain. **Autoimmune:** extremely rare reports of systemic lupus erythematosus.

Incidence of drug-related adverse effects (volunteered and solicited) based on SECTRAL dose is shown below. (Data from 266 hypertensive patients treated for 3 months on a constant dose.)

Body System	400 mg/day (N = 132)	800 mg/day (N = 63)	1200 mg/day (N = 71)
Cardiovascular	5%	2%	1%
Gastrointestinal	3%	3%	7%
Musculoskeletal	2%	3%	4%
Central Nervous System	9%	13%	17%
Respiratory	1%	5%	6%
Skin	1%	2%	1%
Special Senses	2%	2%	6%
Genitourinary	2%	3%	1%

Potential Adverse Effects: Certain adverse effects not listed above have been reported with other β -blocking agents and should be considered as potential adverse effects of SECTRAL.

CNS: Reversible mental depression progressing to cataplexy, an acute syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics.

Cardiovascular: Intensification of AV block (see CONTRAINDICATIONS). **Allergic:** Erythematous rash, fever with aching and sore throat, laryngospasm, respiratory distress.

Hematologic: Agranulocytosis, nonthrombocytopenic and thrombocytopenic purpura. **Gastrointestinal:** Mesenteric arterial thrombosis, ischemic colitis.

Miscellaneous: Reversible alopecia, Peyronie's disease. The oculomucocutaneous syndrome associated with prazosin has not been reported with SECTRAL.

Keep at room temperature, Approximately 25°C (77°F).

3482-5 6/21/89

**WYETH-AYERST
LABORATORIES**
Philadelphia, PA 19101

©1991, Wyeth Ayerst Laboratories