VERELAN
AS EFFECTIVE AS PROCARDIA XL
IN REDUCING BP AT THE 24TH HOUR

Reduction in mean DBP measured 24±2 hours after dosing.

No significant difference between groups in the number of titrations to goal DBP (<90 mm Hg).

Procardia XL is a registered trademark of Pfizer Inc.

Constipation, which can easily be managed in most patients, is the most frequently reported side effect of verapamil.

Please see brief summary of Prescribing Information including CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS on last page.
EXCELLENT TOLERABILITY SIMILAR TO PLACEBO IN A DOUBLE-BLIND STUDY

Incidence of side effects commonly associated with calcium channel blockers

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Results: 24-week, double-blind, placebo-controlled study of patients with essential hypertension. VERELAN: 40 mg/day n = 85, 20 mg/day n = 83, placebo n = 86.

No patients discontinued VERELAN therapy due to constipation, headache, dizziness, or edema.

ONCE-A-DAY

VERELAN
Verapamil HCl
PELLET-FILLED CAPSULES
CLINICAL PHARMACOLOGY

Food: Does not affect the extent or rate of absorption of verapamil from the controlled release VERELAN capsule.

Absorption: Verapamil is rapidly absorbed after oral administration. The bioavailability of verapamil is about 90%.

Distribution: Verapamil is widely distributed throughout the body. It crosses the placenta and enters breast milk.

Metabolism and Excretion: Verapamil is extensively metabolized by the liver. The major metabolites are Norverapamil and N-desbenzoylverapamil, which are converted back to verapamil in the liver.

Duration of Action: The duration of action of oral verapamil depends on the dose and the route of administration. The half-life of verapamil is approximately 3 to 5 hours in healthy volunteers, but it may be prolonged in patients with hepatic impairment.

CLINICAL PHARMACOLOGY

VERELAN® (verapamil HCl)

VERELAN® is a white, oblong, oral controlled-release capsule, 120 mg and 240 mg.

INDICATIONS AND USAGE

VERELAN® is indicated for the management of the following indications:

- Prevention and treatment of angina pectoris
- Control of supraventricular tachycardias
- Control of hypertension
- Management of chronic stable atrial fibrillation
- Management of chronic atrial flutter
- Management of asymptomatic left ventricular hypertrophy

CONTRAINdications

VERELAN® is contraindicated in patients with severe left ventricular (LV) dysfunction with a systolic blood pressure less than 90 mmHg, severe aortic stenosis, complete atrioventricular (AV) block (except in patients with a functioning pacemaker), and moderate to severe mitral or tricuspid regurgitation.

Precautions: Administration of verapamil after a myocardial infarction should be used with caution and only after intubation and adequate support for hemodynamic instability have been established.

ADVERSE REACTIONS

The following adverse reactions have been reported in clinical studies with VERELAN:

- Gastrointestinal: abdominal pain, diarrhea, flatulence, nausea, vomiting, constipation
- Cardiac: atrioventricular (AV) block, heart failure, hypotension, bradycardia
- Pulmonary: respiratory arrest, bronchospasm
- Hematologic: anemia, leukopenia
- Dermatologic: flushing, erythema multiforme, photosensitivity reactions
- CNS: headache, dizziness, peripheral paresthesia
- Other: weight loss

In clinical trials with VERELAN, the most common adverse reactions reported were headache (2.7%), dizziness (2.2%), and constipation (6.0%).

Allergic Reactions: Anaphylactic reactions have been reported with verapamil.

Drug Interactions: Verapamil can interact with other medications, such as digoxin, nitrates, and diuretics. It is important to monitor patients closely for these interactions.

DOSAGE AND ADMINISTRATION

- Angina: The usual starting dose is 120 mg twice daily, increased as needed to a maximum of 240 mg twice daily.
- Supraventricular tachycardia: The initial dose is 120 mg twice daily, increased as needed to a maximum of 240 mg twice daily.
- Hypertension: The initial dose is 120 mg twice daily, increased as needed to a maximum of 240 mg twice daily.
- Atrial fibrillation: The initial dose is 120 mg twice daily, increased as needed to a maximum of 240 mg twice daily.

EDUCATION

VERELAN® is a controlled-release formulation of verapamil hydrochloride, which should be administered as a once-daily dose.

Please refer to the complete Prescribing Information for VERELAN® for the full prescribing information, including contraindications, warnings, precautions, adverse reactions, drug interactions, and dosing information.

VERELAN® (verapamil HCl)

VERELAN® 120 mg, 240 mg

PILL-FILLED CAPSULES

VERELAN® is a white, oblong, oral controlled-release capsule, 120 mg and 240 mg.

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September 1992
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INTRODUCING—THE FIRST 10 mg HYDROCODONE PAIN RELIEVER

Now whenever your patients need potent pain relief, you can take an aggressive approach to pain control with NEW LORCET® 10/650.

- More convenient than Class II products. Can be prescribed by phone,* with up to five refills in six months, and requires no triplicates
- More potent than any other hydrocodone product available
- The only formulation that provides the 10 mg starting dose for hydrocodone recommended by a 1992 interdisciplinary panel on acute pain control in one convenient, scored tablet
- Fast-acting—with a more rapid onset of action than codeine
- Well-tolerated—with a better side-effect profile than codeine or oxycodone

Each tablet contains: 10 mg hydrocodone bitartrate (Warning: May be habit-forming) and 650 mg acetaminophen.

The Phone-In Pain Relief with the Most Power

*In most states

For references and brief summary of prescribing information, see adjacent page.
INDICATIONS AND USAGE: Hydrocodone bitartrate is a potent centrally-acting analgesic, an antitussive, and a sedative. It is indicated for the relief of moderate to moderately severe pain. Hydrocodone is also indicated for the treatment of cough associated with respiratory allergy or colds, and for the symptomatic relief of anxiety, agitation, or insomnia associated with opiate withdrawal syndrome.

CONTRAINDICATIONS:

1. History of addiction to opioids, including heroin.
2. Known or suspected sensitivity to components of the formulation.
3. Hypersensitivity to any ingredient in the formulation.
4. Acute or severe episodes of bronchial asthma or chronic obstructive pulmonary disease.
5. Severe uncontrolled shallow breaths.
6. Hepatic insufficiency.
7. Uncontrolled narrow-angle glaucoma.
8. Severe respiratory depression due to other causes.

WARNINGS:

1. Addiction and Dependence: Hydrocodone bitartrate should be prescribed and administered only by healthcare professionals who are experienced in the use of opioid analgesics. The use of opioids in patients with a history of substance abuse should be initiated only after assessing the patient's health history, drug tolerance, and the potential for drug abuse.
2. Abuse and Diversion: Hydrocodone bitartrate is a controlled substance (Schedule III) under the Federal Controlled Substances Act and has a potential for abuse.
3. Respiratory Depression: Hydrocodone may produce dose-related respiratory depression by acting directly on the brainstem respiratory center. Hydrocodone also affects the cerebellum, reticular formation, and other brainstem areas involved in the control of respiration. Hydrocodone bitartrate should be used with caution in individuals with a history of respiratory or cardiovascular disease, or in individuals with a history of drug or alcohol abuse.
4. Dizziness, Vertigo, and Syncope: Hydrocodone bitartrate may produce dizziness, vertigo, and syncope, especially in elderly patients. These effects are more likely to occur in patients who are not familiar with the effects of opioid analgesics.
5. Altered Mental Function: Hydrocodone bitartrate may produce confusion, drowsiness, and sedation, which may impair the ability to perform tasks requiring mental or physical activity.
6. Reactions to Overdose: In overdose situations, naloxone hydrochloride is an effective antidote for opioid overdose, including hydrocodone overdose.

PRECAUTIONS:

1. Pregnancy: Hydrocodone bitartrate is a Category C drug. Studies in animals have shown that opioids can cause fetal harm when administered at therapeutic doses. The drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Hydrocodone bitartrate is not recommended for use during pregnancy except when clearly needed for pain.
2. Breastfeeding: Hydrocodone bitartrate may be excreted in human milk. The potential for a newborn to become dependent on opioids should be considered when the drug is administered to a breastfeeding mother.
3. Renal Impairment: Hydrocodone bitartrate may accumulate in patients with renal impairment, resulting in increased respiratory depression, drowsiness, and sedation. The dose should be adjusted in these patients.
4. Hepatic Impairment: Hydrocodone bitartrate may accumulate in patients with hepatic impairment, resulting in increased respiratory depression, drowsiness, and sedation. The dose should be adjusted in these patients.
5. Elderly: Hydrocodone bitartrate may produce dizziness, vertigo, and syncope in elderly patients. The dose should be adjusted in these patients.

ADVERSE REACTIONS:

1. Central Nervous System: Hydrocodone bitartrate may cause drowsiness, dizziness, dizziness, slurred speech, confusion, agitation, somnolence, tachycardia, mydriasis, and pupillary dilation.
2. Respiratory System: Hydrocodone bitartrate may cause respiratory depression, including respiratory arrest and death. The respiratory depression may be reversed by the use of naloxone hydrochloride.
3. Cardiac: Hydrocodone bitartrate may cause cardiovascular effects, including hypotension, hypertension, bradycardia, and tachycardia. These effects may be life-threatening in patients with a history of cardiovascular disease.
4. Gastrointestinal: Hydrocodone bitartrate may cause constipation, which may be dose-related. The dose should be adjusted to minimize constipation.
5. Other: Hydrocodone bitartrate may cause nausea, vomiting, anorexia, weight loss, decreased appetite, and oral Ulceration.

DRUG INTERACTIONS:

1. Opioids: Hydrocodone bitartrate may interact with other opioids, sedative-hypnotics, and other central nervous system depressants, leading to increased respiratory depression, drowsiness, and sedation. The dose should be adjusted in these patients.
2. Other: Hydrocodone bitartrate may interact with other medications, such as tricyclic antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors, leading to increased cardiovascular effects, including hypertension, bradycardia, and tachycardia. The dose should be adjusted in these patients.

DOSE AND ADMINISTRATION:

1. Pain: Hydrocodone bitartrate should be used only when opioid analgesics are needed for pain. The total 24-hour dose should not exceed 6 tablets.
2. Adult Patients: Hydrocodone bitartrate should be used for a short time for the relief of pain. The dose should be adjusted to the individual patient's needs.
3. Children: Hydrocodone bitartrate should be used with caution in children, especially those with a history of respiratory or cardiovascular disease. The dose should be adjusted to the individual patient's needs.

OVERDOSAGE:

1. Symptoms: Hydrocodone bitartrate overdose may cause respiratory depression, hypotension, bradycardia, and death. Early symptoms may include drowsiness, vomiting, tachycardia, and fever. The symptoms may be reversed by the use of naloxone hydrochloride.
2. Treatment: The treatment of opioid overdose should include supportive care, including the maintenance of ventilation and oxygen saturation. Naloxone hydrochloride is an effective antidote for opioid overdose, including hydrocodone overdose. Medications should be administered according to the manufacturer's instructions.
The Journal of the American Board of Family Practice welcomes for editorial review manuscripts that contribute to family practice as a clinical scientific discipline. High priority is given to reports of clinically relevant studies that have practical implications for improved patient care. Manuscripts are considered in relation to the extent to which they represent original work, their significance to the advancement of family medicine, and their interest to the practicing family physician. Some papers that are accepted by the Journal will be selected for accompanying guest editorial or concurrent commentary by other invited authors addressing issues raised by the papers. The Journal publishes the following features:

**Original Articles.** Reports of original research, usually dealing with a clinical, health services, or other clinically relevant study.

**Medical Practice.** Scholarly articles that relate directly to clinical topics useful in everyday family practice, whether dealing with diagnostic or therapeutic roles of the family physician or reporting studies of what family physicians do in practice.

**Clinical Review.** In-depth reviews of specific clinical problems, disease entities, or treatment modalities; comprehensive and critical analysis of the literature is required (usual maximum length 5000 words).

**Clinical Guidelines and Primary Care.** Summaries of major clinical guidelines proposed by various specialty, governmental, or health care organizations, with critical commentary from a primary care perspective.

**Family Practice and the Health Care System.** Articles reporting studies and scholarly commentary on changing trends and patterns of care in family practice, primary care, and the health care system.

**Special Articles.** Articles in other areas that may relate to the role of the family physician, education for family practice, or other subjects important to family practice as a clinical specialty.

**Brief Reports.** Short reports of pilot studies or case reports with a teaching point of clinical relevance (usual length 1000 - 1500 words).

**Family Practice — World Perspective.** Papers reporting developments related to the practice or education of family physicians in various countries around the world (usual length 1200-1800 words).

**Reflections in Family Practice.** Papers in narrative or essay format that illuminate qualitative aspects of family practice, including such areas as ethical issues, the physician-patient relationship, or the diverse roles of the family physician.

**Editorial.** Focused opinion or commentary that bears on an issue relevant to the field. May or may not accompany an original article in the same issue (usual length 1000 - 1500 words).

**Letters to the Editor.** Observations, opinion, or comment on topics under discussion in the Journal, usually not to exceed 500 words.

**Book Reviews.** Books for review and book reviews should be sent to Dr. John P. Geyman, Editor, the Journal of the American Board of Family Practice, Department of Family Medicine (HQ-30), School of Medicine, University of Washington, Seattle, WA 98195.

The following guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." The current (fourth) edition was published in the February 7, 1991, issue of the New England Journal of Medicine.

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Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere before appearing in the Journal. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any possibly duplicative manuscripts should be submitted to the Editor along with the manuscript that is to be considered by the Journal. The Journal strongly discourages the submission of more than one article dealing with related aspects of the same study. In almost all cases, a single study is best reported in a single paper.

Submit an original and 3 copies of the complete manuscript, including text pages, legends, tables, references, and glossy prints of figures. Only typed copy, on standard-sized typewriter paper and double-spaced throughout, with margins of at least 2.5 cm, is acceptable. Address all submissions to John P. Geyman, M.D., Editor, the Journal of the American Board of Family Practice, Department of Family Medicine (HQ-30), School of Medicine, University of Washington, Seattle, WA 98195. A covering letter should identify the person (with the address and telephone number) responsible for negotiations concerning the manuscript; the letter should make it clear that the final manuscript has been seen and approved by all authors. If authors acknowledge by name persons who provided important technical, advisory, or reviewer contributions, the corresponding author should sign the following statement: “I have obtained written permission from all persons named in the acknowledgment.”

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With the manuscript, provide a page giving the title of the paper; a running foot of fewer than 40 letter spaces; the name(s) of the author(s), including first name(s) and academic degree(s); the name of the department and institution in which the work was done; and the name and address of the author to whom reprint requests should be addressed. All funding sources supporting the work should be routinely acknowledged on the title page, as
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Use another page to provide an abstract of not more than 200 words. This abstract should be factual, not descriptive, with its content appropriate to the type of paper. For original articles reporting results of studies, a four-paragraph format should be used labeled Background, Methods, Results, and Conclusions. These should briefly describe, respectively, the object of the study, the methods used, the major results, and the author(s) conclusions. Abstracts are not necessary for Brief Reports or World Perspective papers.

Abbreviations

Except for units of measurement, abbreviations are discouraged. Consult the Council of Biology Editors Style Manual (Fifth edition. Bethesda, MD: Council of Biology Editors, 1983) for lists of standard abbreviations. The first time an abbreviation appears, it should be preceded by the words for which it stands.

Drug Names

Generic names should, in general, be used. If an author so desires, brand names may be inserted in parentheses.

Inclusive Language

Sex bias should be avoided and gender-inclusive language used whenever possible.

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