In osteoarthritis and adult rheumatoid arthritis

Get

*Usual adult dosage is 1200 mg (two 600-mg caplets) once a day. For osteoarthritis patients of low body weight or with milder disease, an initial dosage of one 600-mg caplet once a day may be appropriate.

*As with all NSAIDs (nonsteroidal anti-inflammatory drugs), the most frequently reported adverse reactions were related to the GI tract: nausea (8%) and dyspepsia (8%). In patients treated with DAYPRO, as with other NSAIDs in the long-term, serious GI toxicity such as bleeding, ulceration, and perforation can occur and patients should be selected accordingly.

Please see brief summary of prescribing information on last page of this advertisement.

SEARLE
© 1993 Searle
Two caplets, once a day *

**DAYPRO**

(oxaprozin) 600-mg caplets

☑️ **Efficacy**
From the same chemical class as naproxen and ibuprofen, but with the extended duration of action of piroxicam

☑️ **Tolerability**
GI tolerability without a loss of therapeutic efficacy

☑️ **Once-a-day dosing**
Usual adult dosage is 1200 mg/day (two 600-mg caplets)*

---

want in an **NSAID**
Experience with NSAIDs has shown that starting therapy with maximal doses in elderly patients or those with CHF, hepatic impairment, or mild-to-moderate renal insufficiency is likely to increase the frequency of adverse events and is not recommended.

For osteoarthritic patients of low body weight or with milder disease, an initial dosage of one 600-mg caplet once a day may be appropriate.
INFORMATION FOR READERS

The Journal of the American Board of Family Practice
Official Publication of the American Board of Family Practice
2228 Young Drive, Lexington, KY 40505

EDITORS
John P. Geyman, M.D., Editor
Paul R. Young, M.D., Executive Editor
Alfred O. Berg, M.D., Associate Editor
Paul Brucker, M.D., Associate Editor
G. Gayle Stephens, M.D., Associate Editor
Claire Z. Fenwick, Assistant Editor
Ann Stockham, Copy Editor and Assistant Executive Editor
Virginia M. Gessner, Senior Editorial Assistant
Debbie Wilson, Production Assistant
Mary K. Lowell, Reference Verification

PUBLISHING SERVICES
Publishing Division, Massachusetts Medical Society
Robert D. Bovenschenke, Vice President for Publishing
William H. Paige, Executive Director for Operations
Christopher R. Lynch, Executive Director for Product Management
Dolores Fletcher, Rights and Permissions

SUBSCRIPTION INFORMATION AND SERVICES
The Journal of the American Board of Family Practice is supplied free of charge to 50,400 Diplomates and Residents of the American Board of Family Practice. For information please contact:
American Board of Family Practice
2228 Young Drive
Lexington, KY 40505
Tel: (606) 269-5626
FAX: (606) 266-9699

For all other subscribers please contact:
The Journal of the American Board of Family Practice
Subscription Department
1440 Main Street
Waltham, MA 02154-1649
(617) 893-3800, ext. 1199
Telex: 5106017779 NEJM BOS
FAX: (617) 893-0413

SUBSCRIPTION RATES

<table>
<thead>
<tr>
<th>Domestic</th>
<th>International*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions</td>
<td>$38.00</td>
</tr>
<tr>
<td>Physicians</td>
<td>$35.00</td>
</tr>
<tr>
<td>Residents/Students</td>
<td>$20.00</td>
</tr>
</tbody>
</table>


OTHER SUBSCRIPTION INFORMATION
Diplomates should make address changes on the form accompanying this issue and forward to the Diplomate address listed above. All other subscribers should forward changes to the Waltham, Mass., address listed on this page. Changes must be received at least six weeks in advance of intended move. Please send new address, old address, and expected date of change.

ISSUES NOT RECEIVED
Missing issues will be replaced for up to three months from the issue date without charge. Diplomates and other subscribers who fail to notify the Lexington, Ky., or the Waltham, Mass., office of address changes will not be eligible for free replacement issues. Claims beyond the three-month limit must be prepaid at the backcopy rate. Claims should be sent to either the Diplomate or regular subscriber address listed on this page.

BACK COPIES
If you wish to purchase back copies (issues published prior to your effective start date) of the Journal of the American Board of Family Practice, there is a charge of $12.50 per issue. Contact the Waltham, Mass., address listed above for information.

REPRINTS
Individual copies of articles are available from the Waltham, Mass., office. If you wish to order bulk reprints (minimum order of 100) please contact the Reprint Department (617) 893-3800, ext. 1279, at the Waltham, Mass., office.

COPYRIGHT
Material appearing in the Journal of the American Board of Family Practice is covered by copyright. Copying beyond the quantities permitted under "fair use" as defined by U.S. copyright law is allowed provided the stated fee of $2.20 per page is paid through the Copyright Clearance Center, 21 Congress St., Salem, MA 01970. This consent does not extend to other copying, such as copying for advertising or promotional purposes. Single copies for personal or internal use are allowed at no charge. Nonprofit institutions may make copies provided they obtain prior consent from the Journal of the American Board of Family Practice, Rights and Permissions Department, 1440 Main Street, Waltham, MA 02154-1649, (617) 893-3800, ext. 1413.

INDEXING AND MICROFORM
The Journal of the American Board of Family Practice is indexed in Index Medicus and is available in microform from University Microfilms International.
INFORMATION FOR AUTHORS

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 an 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, prepared 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.

MANUSCRIPT SUBMISSION

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.”

The Journal expects authors to take public responsibility for their manuscripts, including conception and design of the work, data analysis, writing, and review of the paper. Authors are expected to stand behind the validity of their data and, if asked by the Editor, to submit the actual data for editorial review with the manuscript.

The Journal also expects authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. Consultancies, stock ownership or other equity interests, patent-licensing arrangements, and other kinds of associations that might involve conflict of interest should be disclosed to the Editor in a covering letter at the time of submission. Such information will be held in confidence while the paper is under review and will not influence the editorial decision. If the manuscript is accepted, the Editor will discuss with the authors how best to disclose the relevant information. Questions about this policy should be directed to the Editor.

MANUSCRIPTS

Titles and Authors’ Names

With the manuscript, provide a page giving the title of the paper; a running title 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
should all institutional or corporate affiliations of the authors. Two to four key words should be submitted with the manuscripts to be used for purposes of classification by subject. Use terms from the Medical Subject Headings from Index Medicus when possible.

Abstracts
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.

References
References must be typed in double spacing and numbered consecutively as they are cited. References first cited in tables or figure legends must be numbered so that they will be in sequence with references cited in the text. The style of references is that of the Index Medicus. List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, then "et al." Sample references are as follows:

Organization as Author

Book

Chapter in Book

Government Agency

Personal Communications
Numbered references to personal communications, unpublished data, and manuscripts either "in preparation" or "submitted for publication" are unacceptable (see "Permissions"). If essential, such material may be incorporated in the appropriate place in the text.

Tables
Type tables in double spacing on separate sheets, and provide a title for each. For footnotes, use the following symbols, in this sequence: *, †, ‡, §, ¶, †‡, etc. Excessive tabular data are discouraged. If an article is accepted, the Journal will arrange to deposit extensive tables of important data with the National Auxiliary Publications Service (NAPS); we will pay for the deposit and add an appropriate footnote to the text. This service makes microfiche or photocopies of tables available at moderate charges to those who request them.

Illustrations
Figures should be professionally designed. Glossy, black-and-white photographs are requested. Symbols, lettering, and numbering should be clear, and these elements should be large enough to remain legible after the figure has been reduced to fit the width of a single column.

The back of each figure should include the sequence number, the name of the author, and the proper orientation (e.g., "top"). Do not mount the figure on cardboard. Photomicrographs should be cropped to a width of 8 cm, and electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permissions forms are available from the Editor.

Legends for illustrations should be typed-written (double-spaced) on a separate sheet and should not appear on the illustrations.

Color illustrations are used from time to time. Send both transparencies and prints for this purpose.

Permissions
Every effort (short of changing the patient data) should be made by the author to protect the anonymity of patients (and relatives) in any published work. If identification is unavoidable, informed consent should be obtained and attached with the submitted letter: in the case of minors or incompetent patients, consent should be obtained from relatives or guardians.

Materials taken from other sources must be accompanied by a written statement from both author and publisher giving permission to the Journal for reproduction. Obtain permission in writing from at least one author of papers still in press, of unpublished data, and of personal communications.

REVIEW AND ACTION
Manuscripts are examined by the editorial staff and are usually sent to outside reviewers. Authors will remain anonymous to outside reviewers and vice versa. External statistical review will be accomplished where appropriate. Every effort will be made to complete the review process as expeditiously as possible.

Copyright Transfer Forms
Transfer of copyright to the Journal is requested upon acceptance of the material for publication. Copyright transfer is required of all materials to be published in the Journal, including Letters to the Editor and Book Reviews.

Reprints
Authors will receive reprint information and rates when they are sent their galley proofs. Reprints ordered at that time will be shipped about 3 weeks after the publication date.
If you're like most physicians, you've been relying on journals like *The New England Journal of Medicine* for years to locate the best practice opportunities. Now, learn about career openings by phone, too -- 24 hours a day, 7 days a week. Introducing the National TeleAccess Network, a revolutionary new service that is:

**Free.** There are no charges of any kind for physician callers.

**Confidential.** You decide whether or not to contact potential employers.

**Targeted.** Specify your career interest, geographic preferences, and more.

**Fast.** Request and receive details on openings that interest you by fax or mail.

**Comprehensive.** Browse through a variety of opportunities from all across the country.

Put your career search in high gear. Turn to classified ads in leading medical journals and call the National TeleAccess Network today at 1-800-682-1191. It's an unbeatable combination.

1-800-682-1191

In cooperation with
A publication of the Massachusetts Medical Society
Untie the knot of tension headache

Extra Strength Esgicplus™ TABLETS
Butalbital 50mg (Warning: May be habit forming)/Acetaminophen 500mg/Caffeine 40mg

Few complications-no aspirin-related side effects
More analgesic power for fast acting relief
Convenience of a nonscheduled* analgesic

Analgesic power patients need... gentleness they deserve.

*In more states

Please see brief summary of full prescribing information on adjacent page.
If you’ve ever been involved with Easter Seals, you’re history.

If you’ve ever been involved with Easter Seals, you’re part of the history we’re missing. It’s all part of our 75th Anniversary celebration. So give us a ring today.

Tomorrow, you could be history.

The Easter Seal Story Search 1-800-STORIES (Voice or TDD)