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<i>Issue Date</i>	<i>Closing Date</i>	<i>Issue Date</i>	<i>Closing Date</i>
January-February	December 1, 1993	March-April	February 1, 1994
May-June	April 1, 1994	July-August	June 1, 1994

## MIDWEST

**METROPOLITAN ST. LOUIS** — Board eligible or board certified Family Practitioner needed to join established two person practice. Practice location is in a suburban Illinois community 20 miles from St. Louis. Excellent salary and benefits. Send CV to: Linda Tucker, c/o Illini Family Medicine, 980 South 59th Street, Belleville, IL 62223.

**FAMILY MEDICINE:** — Unique opportunity to blend an active clinical practice with teaching responsibilities in a new family medicine program. Our clinic is a well-established community clinic with a 15 year history of serving the community providing the full range of family medicine. St. Paul is a progressive medical community that is very family medicine friendly. Responsibilities would include outpatient care, inpatient care and teaching residents. Obstetrics desired. Very competitive salary and benefit package commensurate with experience. Please send curriculum vitae to Dr. Tim Rumsey or Dr. Kally Macken. United Family Health Center/HealthSpan, Family Medicine Residency, 545 West 7th Street, St. Paul, MN 55102. Phone (612) 293-9199. Immediate openings available.

**HOSPITAL-SPONSORED PRIMARY CARE NETWORK** — 26 provider network with aggressive expansion plans located along the Lake Michigan shoreline in Western Michigan. Family practice physicians needed at multiple sites, with long-term employment package, continuing medical education, incentive compensation program, relocation and expenses. Interested candidates should contact Mary Nisbet at Mercy Hospital, (616) 739-3655.

**ACADEMIC FAMILY PRACTICE FELLOWSHIP POSITION** — The Department of Family & Community Medicine at the University of Missouri-Columbia is accepting applications for positions in our two-year Academic Family Practice Fellowship to start in the summer of 1994. Since 1991, 37 family physicians have completed fellowship training, over 80% are in full-time academia. The fellowship emphasizes acquisition of knowledge and skills in the areas of research, teaching, patient care, administration, and leadership. Fellows have the opportunity to earn an M.S.P.H. A geriatrics track is available that leads to eligibility for a certificate of added qualifications. Tracks in sports medicine and health policy are also available. Send or fax resume to Robert L. Blake, Jr., M.D., M222 Medical Sciences Building, Family & Community Medicine, University of Missouri, School of Medicine, Columbia, Missouri 65212. Phone: (314) 882-7683. Fax [314] 882-9096. The University of Missouri-Columbia complies with the guidelines of the Americans With Disabilities Act of 1990. If you have special needs as addressed by the Americans With Disabilities Act and need assistance with this or any portion of the recruitment process, notify Dr. Blake at the

address or telephone number above as soon as possible. Reasonable efforts will be made to accommodate your special needs. This University is an equal opportunity/affirmative action employer.

## NORTHEAST

**NEW ENGLAND** — Live in most beautiful region of the country and leave big city hassles. Easy commute to city life. Assume an immediate patient load of 1500-2000 patients and help build a family practice department your way. Exceptional salary, benefits and sign-on bonus incentives. Excellent call schedule. This is a wonderful place to raise your children and enjoy skiing, Tanglewood concerts, Broadway summer theatre and more. Ann Breitner, Breitner, Clark and Hall 800-858-4225.

**NEW ENGLAND** — Booming area near Boston seeks FP who does OB. Strong FP department and support from the hospital. Young families moving to the area. Hospital boasts 85% occupancy rate. Great place to raise your kids. Close to city, beaches and skiing. Excellent compensation structure. Ann Breitner, Breitner, Clark and Hall, 800-858-4225.

**NEW ENGLAND** — Massachusetts Oceanside 400-bed hospital is expanding FP department. Join the hospital staff or choose a group practice. Hospital has enjoyed financial success. Excellent salary and benefits. Beautiful estate homes at reasonable prices. Commuting distance to Cape Cod, Boston and Providence. Ann Breitner, Breitner, Clark and Hall, 800-858-4225.

**ASSOCIATE DIRECTOR** — Family Practice Residency Program — Fully accredited — 18 residents. Balance of teaching, patient care, research and scholarly activities. Community hospital with mission of compassion and caring. Two private practice training sites. Competitive salary and benefit package including: 20 days vacation, 10 days CME, 10 paid holidays, \$3,000 CME allowance, faculty development funds, health, dental, life and malpractice insurance. Young dynamic company. Contact Raymond S. Buch, M.D., Program Director, Sacred Heart Hospital, Allentown, PA, 215-776-4888.

## PACIFIC

**FAMILY PRACTICE** — Premier multispecialty group near Portland, Oregon has two excellent opportunities for BC/BE family practitioners. Join one of two satellite clinics in which FPs and PAs currently practice. Superb lifestyle, abundant recreational opportunities, and generous benefits package. Send CV to: Karen Stanton, c/o The Vancouver Clinic, 700 NE 87th Ave., Vancouver, WA 98664.

**WASHINGTON** — Family Practitioners wanted for creation of a Non-obstetrical Family Practice Department. Prominent, 100-physician, multi-specialty clinic with a significant interest in expanding primary care. Ideal opportunity to contribute new creative ideas in an interesting environment. Guaranteed salary and partnership track available. Excellent benefit package. Abundant four-season recreational opportunities in family-oriented community. Send C.V. to William Danke, M.D., P.O. Box 489, Wenatchee, WA 98807.

**TACOMA FAMILY MEDICINE (TFM)** — Family Practice Residency Program is seeking to replace outgoing Program Director. TFM is a fifteen-year-old family practice residency program that is affiliated with the University of Washington, Department of Family Medicine and Family medicine Residency Network Programs that is recognized nationally for its history of training physicians for rural and underserved practice.

The residency is a 6-6-6 program, based at Tacoma General Hospital and Mary Bridge Children's Hospital (489 bed facility) and is sponsored by MultiCare Medical Center. TFM also offers a Fellowship in rural Family Medicine, established in 1989, which provides training for six fellows. In addition, TFM has also just launched a new satellite program (2-2-2), Puyallup Valley Family Practice Residency which is also sponsored by Good Samaritan Hospital in Puyallup, Washington. All programs are community-based and provide the only residency training in their respective communities. The core group of faculty is composed of eight family physicians, three internists, four OB/Gyn's, one pediatrician, and one behavioral scientist.

Tacoma is a medium-sized city, located on the beautiful Puget Sound, and offers a myriad of recreational and cultural opportunities. The close proximity of Mt. Rainier and the Olympic National Park systems offer outstanding outdoor recreation.

The successful candidate must be a residency trained family physician with a minimum of two years practice experience, board certification by the ABFP, and demonstrated skills in leadership and teaching. OB experience required. We seek an energetic leader who shares our vision of family practice, and is committed to our mission of training physicians for rural and underserved practice. Salary is attractive and commensurate with experience and training, and supplemented by a competi-

tive benefit package. Faculty appointment with the Department of Family Medicine, University of Washington granted based on experience. We are an equal opportunity employer. Please respond with letter of interest and C.V. to: David A. Acosta, M.D., Associate Director, Tacoma Family Medicine, Family Practice Residency Program, 521 South K Street, Tacoma, Washington 98405-4272.

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## SOUTHEAST

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**CHARLOTTESVILLE, VIRGINIA** — Excellent opportunity for BC/BE family physician to join established group practice. Pleasant, well-equipped office. Superb community hospital. No obstetrics. Excellent university and school system. 30 Mins. to Shenandoah National Park and other abundant recreational opportunities. Send CV to Ernest Pugh, MD, 3025 Berkmar DR, Charlottesville, VA 22901.

**SOUTH CAROLINA** — The Department of Family Medicine at the Medical University of South Carolina is in the process of supplementing its faculty with several well qualified family physicians to provide patient care in the metropolitan Charleston, South Carolina area.

Faculty positions are available in a variety of practice sites, including rural private practice, urban private practice and university-based ambulatory practice settings. All sites are equipped with a complete, computerized medical record that issues reminders for preventive health care. In addition to patient care, each faculty member will have a designated percentage of time for teaching medical students and residents.

An attractive package of benefits with salaries comparable to those available in the best private practice settings is being offered.

Interested family physicians should contact Cleve Hutson, M.D., Chairman, Department of Family Medicine, Medical University of South Carolina, 171 Ashley Avenue, Charleston, SC 29425, 803-792-2383.

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## SOUTHERN EXPOSURE

Knoxville, Tennessee — one of the South's most livable cities. Scenic Knoxville offers the hospitality and tradition of a historic riverfront community as well as the culture and diversity of a university town. Beautiful lakes, mountains, and four temperate seasons make this city of 350,000 a recreation attraction as well. 531-bed JCAH hospital provides practice support for Family Practice M.D.s. Six positions available in '94. For more information on a confidential basis, contact Mr. Gerry Chapman, St. Mary's Medical Center, 900 East Oak Hill Avenue, Knoxville, TN 37917, (615) 545-6579.

## KENTUCKY

The University of Kentucky Physician Placement Service currently has over 50 openings listed for Family Practice Physicians. These openings are located throughout Kentucky and represent practice sites in urban, suburban and rural parts of the Commonwealth. Various types of opportunities are listed including partnerships, multi-specialty groups, salaried positions, locum tenens, solo practice, income guarantees/loan repayment. Don Buecker or Beth Shedd at 1-800-0658 or (606) 233-6842. FAX (606) 258-1043. University of Kentucky — Physician Placement Service, 202 HSLC, Lexington, KY 40536-0232.



**President, Fort Wayne Medical  
Education Program  
Director, Family Practice Residency**

Due to the scheduled retirement of our current Director, an exceptional opportunity is available to join the largest Family Practice Residency Program in the State of Indiana! Established in 1971, our community based program provides for rotation at three major hospitals with a total of more than 1200 beds. Our family practice center is one of the finest in the state with over 20,000 patient visits annually. Five full time and four part time faculty members as well as 175 volunteer faculty provide a dynamic academically based program. We accept eight residents per year into the family practice residency program with an additional four per year in our transitional residence program. With an affiliation with I.U. School of Medicine, our program offers an extremely challenging and rewarding educational and clinical experience. The chosen candidate for this position will be responsible for graduate and undergraduate family medicine activities as well as continuing medical education.

With a metropolitan population of over 325,000, Fort Wayne is in the midst of America's heartland and was recently awarded Most Livable City and All American City status. Four season recreation is readily available with its numerous area lakes and parks. Cultural, educational, and sports activities abound with our philharmonic, civic theater, art museum, five university/college level institutions, and sporting events including an IHL hockey team, CBA basketball team, and a midwest league baseball team.

Candidates must be board certified in family practice and eligible for licensure in the State of Indiana. Previous teaching, administrative, and clinical experience is preferred with knowledge of curriculum development and evaluations.

We offer a competitive salary and benefit package. Please send your letter of interest and curriculum vitae, to be received no later than 12/31/93, to:



Chairman, Search and Screen Committee  
Fort Wayne Medical Education Program  
2448 Lake Avenue • Fort Wayne, Indiana 46805  
219-422-6573 EOE m/f/d/v



**Associate Director  
Family Practice Residency**

The largest family practice residency program in the State of Indiana is currently searching for an individual to replace our current Associate Director, who is retiring. Our community based program, in existence since 1971, provides for rotations at three major hospitals with a total of more than 1200 beds. With five full time and four part time faculty members and 175 volunteer faculty, we provide a dynamic academically based program for eight new residents per year as well as four residents per year in our transitional residency program. With an affiliation with I.U. School of Medicine, our program offers an extremely challenging and rewarding educational and clinical experience.

With a metropolitan population of over 325,000, the Fort Wayne area offers a variety of cultural, educational, and sporting events. Four season recreation is readily available with its numerous area lakes and parks. Our philharmonic, civic theater, art museum and variety of professional sports teams offer many options for social activities. Five University/College Institutions are available for continuing education needs.

Candidates must be board certified in family practice and eligible for licensure in the State of Indiana, demonstrate competency in the areas of medical judgement, and possess clinical ability as an educator, advisor, administrator, and consultant.

We offer a competitive salary and benefit package. Please send your letter of interest and curriculum vitae, to be received no later than 12/31/93, to:



Chairman, Search and Screen Committee  
Ft. Wayne Medical Education Program  
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# WE COULDN'T HAVE SAID IT BETTER



STATE OF WYOMING  
OFFICE OF THE GOVERNOR  
CHEYENNE 82002

MIKE SULLIVAN  
GOVERNOR

August 12, 1993

Kirk Alan Bollinger  
University of Utah  
School of Medicine  
50 North Medical Drive  
Salt Lake City, Utah 84132

Dear Kirk:

*I was pleased to hear of the recent honor bestowed you as one of the 1993 recipients of the Pisacano Scholarship. This is an outstanding tribute paid to a Wyoming native son.*

*The Pisacano Scholarship is special to Wyoming because of its commitment to the profession of family practice medicine, a field that is integral to the vitality of Wyoming's rural healthcare needs. I applaud your commitment to family practice medicine and sincerely hope Wyoming is the beneficiary of your talents when you begin your practice.*

*Kirk, you have brought distinction not only to yourself, but to your alma mater, the University of Wyoming and your native state of Wyoming. On behalf of all of its citizens, I congratulate you on receiving this prestigious scholarship. You are most deserving.*

With best regards, I am

Very truly yours,

Mike Sullivan  
Governor

MS:ah

We are delighted that all ten of our Pisacano Scholars have received letters just like this one. Each letter adds public confirmation and support to the vision that Dr. Pisacano started with over 25 years ago.

These letters further complement the efforts of the Foundation and the 300 volunteer ABFP certified physicians who have interviewed students across the U.S. Most importantly, it highlights the scholars' achievements and continues to acknowledge that the specialty of Family Practice is desperately needed to provide affordable health care to all people.

In continuing the work that Dr. Pisacano started, we are proud to announce that applications for the 1994 Pisacano Scholars program are available at all AAMC medical schools. We encourage all third- and fourth-year medical students committed to Family Practice to apply. The deadline for applications to be received in the Nicholas J. Pisacano, M.D. Memorial Foundation, Inc. office is March 1, 1994.

We invite all ABFP certified physicians who are interested in becoming part of the Foundation's effort, to contact Robert J. Cattoi, Executive Director, 606-269-5626, Ext. 248.

NICHOLAS J. PISACANO, M.D.  
MEMORIAL FOUNDATION, INC.



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### (SECTRAL - Brief Summary of 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  $\beta$ -adrenergic receptor blockade may precipitate more severe failure. Although  $\beta$ -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  $\beta$ -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  $\beta$ -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  $\beta$ -blocker without interruption of  $\beta$ -blocking therapy). If exacerbation of angina occurs, restart full-dose anti-anginal therapy immediately and hospitalize patient until stabilized.

**Peripheral Vascular Disease:**  $\beta$ -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  $\beta$ -Blocker.** Because of its relative  $\beta_1$ -selectivity, low doses of SECTRAL may be used cautiously in such patients who do not respond to, or cannot tolerate, alternative treatment.

Since  $\beta_1$ -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  $\beta_2$ -stimulant, available in advance with instructions for use.

**Anesthesia and Major Surgery:** The necessity/desirability of withdrawing  $\beta$ -blockers prior to major surgery is controversial; the heart's impaired ability to respond to  $\beta$ -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  $\beta$ -blockers. If treatment is continued, take special care when using anesthetics that depress the myocardium; use lowest possible SECTRAL dose. SECTRAL, like other  $\beta$ -blockers, is a competitive inhibitor of  $\beta$ -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:**  $\beta$ -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:**  $\beta$ -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, low 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  $\alpha$ -adrenergic stimulants, e.g., nasal decongestants used in OTC cold medicines and nasal drops.

**Clinical Laboratory Findings:** SECTRAL, like other  $\beta$ -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  $\beta$ -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  $\beta$ -adrenergic antagonists with  $\alpha$ -adrenergic stimulants, including those in OTC cold remedies and vasoconstrictive nasal drops. Nonsteroidal anti-inflammatory drugs may blunt antihypertensive effects of  $\beta$ -blockers.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Chronic oral toxicity studies in rats and mice, at doses 15 times the maximum recommended (60 mg) 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  $\beta$ -blocking agents and should be considered as potential adverse effects of SECTRAL.

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

**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).**

3482-6 8/13/92

### Reference:

1. Data on file, Wyeth-Ayerst Laboratories.

**WYETH-AYERST**  
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