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Issue Date
March-April
July-August

Closing Date
February 1, 1994
June 1, 1994

Issue Date
May-June
Sept.-Oct.

Closing Date
April 1, 1994
August 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.

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Qualifications: Minnesota licensure eligibility, ABFP Certification or eligibility. Evidence of professional goals and values consistent with a career in academic medicine. Fellowship awards begin on July 1, 1994 with annual stipend of \$38,000 and tuition. To apply, contact: Edward W. Cirlacy, M.D., Professor and Head, Family Practice and Community Health, University of Minnesota, Medical School, Box 381 UMHC, Minneapolis, Minnesota 55455.

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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 fellow-

ship 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.

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PACIFIC

FELLOWSHIPS AVAILABLE FOR PRIMARY CARE RESEARCH AT THE UNIVERSITY OF WASHINGTON — The Department of Family Medicine offers two-year National Research Service Award Fellowships for research training in family medicine that include the MPH degree. Fellows incur a service obligation to continue in academic family medicine. All positions available July 1, 1994. Applications received by January 31, 1994 will be processed at that time. Applications received after January 31, 1994 will be accepted as space is available. Contact Thomas R. Taylor, MD, PhD (NRSA Fellowship), Department of Family Medicine, HQ-30, University of Washington, Seattle, WA 98195, 206-543-2461, an Equal Opportunity/Affirmative Action employer.

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.

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For more information call **Jilly Ducatman, Professional Recruitment**, or send your CV to: **KAISER PERMANENTE, SCPMG DEPT. 633, Walnut Center, Pasadena, CA 91188-8013.**

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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.

SOUTHEAST

UNIVERSITY OF LOUISVILLE: Chair, Department of Family and Community Medicine — The University of Louisville School of Medicine is currently searching for a Chair of its Department of Family and Community Medicine. Requirements for this position include a doctorate in medicine, as well as qualifications and experience commensurate with a senior academic rank. Academic leadership, administrative ability, evidence of continued scientific productivity and excellence in teaching are essential qualities for the person assuming this position. Candidates should be Board Certified in family medicine and eligible for licensure in the Commonwealth of Kentucky. If you are interested in this position, please send a letter of application and your curriculum vitae by February 1, 1994 to Dr. Hugh Peterson, Chair, Family and Community Medicine Chair Search Committee, Office of the Dean, School of Medicine, University of Louisville, Louisville, KY 40292. More detailed description available on request. The University of Louisville is an Affirmative Action, Equal Opportunity Employer.

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, 803-792-2382.

KENTUCKY — The University of Kentucky Department of Family Practice is presently recruiting two year and three month faculty development fellows. The two year fellowship offered at the University of Kentucky in Lexington, Kentucky will prepare residency-trained family physicians for full-time tenure track faculty appointments with a program focused on educational, research, clinical, and administrative development. Two year fellows receive a Master of Science in Public Health degree. The three month fellowship is offered to part-time and full-time physicians who wish to include academics in their practice. Scheduling is flexible to meet the candidates' needs. The Department of Family Practice is a full academic department of the University of Kentucky College of Medicine. Forward inquiries to: Ann Bretz, Curriculum Coordinator, K302 Department of Family Practice, University of Kentucky, KY Clinic, Lexington, Kentucky 40536-0284. Phone (606) 257-1387, Fax (606) 233-6661.

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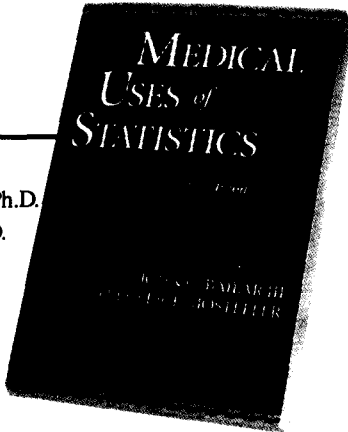
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References: 1. Laska EM, Sunshine A, Miller F et al. Caffeine as an analgesic adjuvant. *JAMA*. 1984;251:1711-18. 2. Benson GD. Hepatotoxicity following the therapeutic use of antipyretic analgesics. *Am J Med*. 1983;75(suppl 5A):95-9. 3. Jick H. Effects of aspirin and acetaminophen in gastrointestinal hemorrhage. *Arch Intern Med*. 1981;141:316-321. 4. Mielke CH Jr. Comparative effects of aspirin and acetaminophen on hemostasis. *Arch Intern Med*. 1981;305-310. 5. Hansten PD. *Drug Interactions*, ed. 5. Philadelphia: Lea & Febiger, 1985, p. 95.

ESGIC-PLUS™

Tablets (Butalbital, Acetaminophen and Caffeine Tablets, USP)
50mg/500mg/40mg

Brief Prescribing Information: (Please see package insert for full prescribing information)

DESCRIPTION: Each ESGIC-PLUS™ tablet for oral administration contains:

Butalbital 50 mg
*WARNING: May be habit forming
Acetaminophen 500 mg
Caffeine 40 mg

CLINICAL PHARMACOLOGY: Pharmacologically, ESGIC-PLUS™ combines the analgesic properties of acetaminophen-caffeine with the anxiolytic and muscle relaxant properties of butalbital.

CONTRAINDICATIONS: Hypersensitivity to acetaminophen, caffeine, or barbiturates. Patients with porphyria.

PRECAUTIONS: General: Barbiturates should be administered with caution, if at all, to patients who are mentally depressed, have suicidal tendencies, or a history of drug abuse.

Elderly or debilitated patients may react to barbiturates with marked excitement, depression, and confusion. In some persons, barbiturates repeatedly produce excitement rather than depression.

Drug Interactions: Patients receiving narcotic analgesics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with ESGIC-PLUS™ (Butalbital, Acetaminophen, and Caffeine) may exhibit additive CNS depressant effects.

Drugs

Butalbital with coumarin anticoagulants

Butalbital with tricyclic antidepressants

Effect

Decreased effect of anticoagulant because of increased metabolism resulting from enzyme induction.

Decreased blood levels of the antidepressant.

Usage in Pregnancy: Adequate studies have not been performed in animals to determine whether this drug affects fertility in males or females, has teratogenic potential or has other adverse effects on the fetus. There are no well-controlled studies in pregnant women. Although there is no clearly defined risk, one cannot exclude the possibility of infrequent or subtle damage to the human fetus. ESGIC-PLUS™ should be used in pregnant women only when clearly needed.

Nursing Mothers: The effects of ESGIC-PLUS™ on infants of nursing mothers are not known. Barbiturates are excreted in the breast milk of nursing mothers. The serum levels in infants are believed to be insignificant with therapeutic doses.

Pediatric Use: Safety and effectiveness in children below the age of 12 have not been established.

ADVERSE REACTIONS: The most frequent adverse reactions are drowsiness and dizziness. Less frequent adverse reactions are lightheadedness and gastrointestinal disturbances including nausea, vomiting and flatulence. Mental confusion or depression can occur due to intolerance or overdose of butalbital.

Several cases of dermatological reactions including toxic epidermal necrolysis and erythema multiforme have been reported.

DRUG ABUSE & DEPENDENCE: Prolonged use of barbiturates can produce drug dependence, characterized by psychic dependence and tolerance. The abuse liability of ESGIC-PLUS™ is similar to that of other barbiturate-containing drug combinations. Caution should be exercised when prescribing medication for patients with a known propensity for taking excessive quantities of drugs, which is not uncommon in patients with chronic tension headache.

OVERDOSAGE: The toxic effects of acute overdosage of ESGIC-PLUS™ are attributable mainly to its barbiturate component, and, to a lesser extent, acetaminophen. Because toxic effects of caffeine occur in very high dosages only, the possibility of significant caffeine toxicity from ESGIC-PLUS™ overdosage is unlikely.

Barbiturate: Signs and Symptoms: Drowsiness, confusion, coma; respiratory depression; hypotension; shock.

Treatment:

1. Maintenance of an adequate airway, with assisted respiration and oxygen administration as necessary.
2. Monitoring of vital signs and fluid balance.
3. If the patient is conscious and has not lost the gag reflex, emesis may be induced with ipecac. Care should be taken to prevent pulmonary aspiration of vomitus. After completion of vomiting, 30 grams of activated charcoal in a glass of water may be administered.
4. If emesis is contraindicated, gastric lavage may be performed with a cuffed endotracheal tube in place with the patient in the face-down position. Activated charcoal may be left in the emptied stomach and a saline cathartic administered.
5. Fluid therapy and other standard treatment for shock, if needed.
6. If renal function is normal, forced diuresis may aid in the elimination of the barbiturate. Alkalinization of the urine increases renal excretion of some barbiturates, especially phenobarbital.
7. Although not recommended as a routine procedure, hemodialysis may be used in severe barbiturate intoxication or if the patient is anuric or in shock.

Acetaminophen: Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur.

In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 grams and fatalities with less than 15 grams. Importantly, young children seem to be more resistant than adults to the hepatotoxic effect of an acetaminophen overdose.

Early symptoms following a potentially hepatotoxic overdosage may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may be apparent until 48 to 72 hours post-ingestion.

Treatment: The stomach should be emptied promptly by lavage or by induction of emesis with syrup of ipecac. Patients' estimates of the quantity of drug ingested are notoriously unreliable. Therefore, if an acetaminophen overdose is suspected, a serum acetaminophen assay should be obtained as early as possible, but no sooner than four hours following ingestion. Liver function studies should be obtained initially and repeated at 24-hour intervals.

The antidote, N-acetylcysteine, should be administered as early as possible, preferably within 16 hours of the overdose ingestion for optimal results, but in any case, within 24 hours. Following recovery, there are no residual, structural or functional hepatic abnormalities.

DOSEAGE AND ADMINISTRATION: Oral: One ESGIC-PLUS™ tablet every four hours as needed. Do not exceed six tablets or capsules per day.

HOW SUPPLIED: ESGIC-PLUS™ (Butalbital) 50 mg [*WARNING—May be habit forming], Acetaminophen 500 mg and Caffeine 40 mg Tablets are white, capsule-shaped, single-scored, and are debossed "FOREST" on the upper side, "678" on one side of the score on the lower side. They are supplied as: Bottles of 100—NDC 0456-0678-01.

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Dispense in a tight, light-resistant container with a child-resistant closure.

CAUTION: Federal law prohibits dispensing without prescription.

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