The Journal of the American Board of Family Practice

Classified Advertising Section

The classified rate is $1.40 per word (minimum charge of $75.00 per ad insertion) and $90.00 per column inch for classified display ads. Please call 1-800-635-6991 and ask for classified advertising for rate information on various classified display ad sizes. Prepayment in full is required with all classified advertising. We accept American Express, VISA, or MasterCard. Confidential reply boxes are an additional $10.00 per insertion. Responses are sent directly every Tuesday and Thursday, and the box will remain open for three months.

Note: Our classified advertisements are all set in the same typeface and format. All ads are listed by geographic territory.

Classified advertisements placed with JABFP are restricted to physician recruitment, faculty positions, CME courses/seminars, and practices for sale. All ads must relate to the medical field and are subject to approval.

Please refer to the schedule below for closing dates. All advertisements for employment must be nondiscriminatory and comply with all applicable laws and regulations. Ads that discriminate against applicants based on sex, age, race, religion, marital status or physical handicap will not be accepted.

Classified advertising orders, correspondence, and payments should be directed to:

Classified Advertising
JABFP
1440 Main Street
Waltham, MA 02154

or call 1-800-635-6991
(617-893-3800 in MA)
FAX: 617-895-1045

Classified Advertising Deadlines

Issue Date	Closing Date
November-December	October 1
January-February	December 1

Northeast

PRIMARY CARE OPPORTUNITY — Premier small group practice in suburban Boston's most desirable suburban area. Outstanding compensation package and early partnership. Write: Reply Box 10193, JABFP

FAMILY PRACTICE BC/BE MD OR DO — For established primary care practice and walk-in center. Eight physicians, plus excellent support staff. Every fifth night call schedule. Located in excellent suburban area, offering the finest schools, homes, and close proximity to every type of recreational activity. Competitive financial package and benefits. CV to: Jean McAuliffe, Administrator, Suburban Healthcare Center, 1 Stevens Street, Andover, MA 01810.

PRACTICE IN DOWNTOWN BOSTON — FP needed to join growing, well-established practice with New England Medical Center. Excellent support and coverage arrangements. Competitive salary. Send CV to: Arthur A. Wills, III, MD, Downtown Medical Associates, 294 Washington Street, Boston, MA 02108.

FAMILY PRACTICE — Opportunities available in beautiful seacoast New Hampshire for qualified family practitioners. Very competitive salaries, full benefits, expanded call, no state income/sales tax, one hour from Boston, beautiful Phillips Exeter Academy and University of New Hampshire nearby. Send curriculum vitae to: Exeter Hospital, 10 Buzzell Avenue, Exeter, NH 03833, Attn: Ron Goodspeed.

HKA LOCUM TENENS is looking for quality Family Practice physicians to do Locum Tenens. We have opportunities coast-to-coast. We furnish Occurence Malpractice Insurance (no tail necessary). Please call:
HKA LOCUM TENENS
at (800) 226-6347, extension AM7.1

INTERNAL MEDICINE — Opportunities available in beautiful seacoast New Hampshire for BC/BE internist. No state income/sales tax, competitive salary, full benefits, expanded call. Send curriculum vitae to: Exeter Hospital, 10 Buzzell Avenue, Exeter, NH 03833. Attn: Ron Goodspeed.

LEADERSHIP/SUPERVISORY OPPORTUNITY — Coastal Southern Maine, for experienced BC Family Practitioner to work in one of five multispecialty health center locations. Join largest primary care group in state. Enjoy nearby ocean, mountains and lakes, plus cultural and college-town amenities. Progressive environment with emphasis on managed care offers teamwork, reasonable working hours, 1:4-5 call. Financial security of competitive salary, incentive bonus plan, excellent benefits package. Satisfy family needs for excellent education and safety of small city living with easy commute to Portland. Great skiing, sailing, hiking and more. Wonderful place to raise your children. Please call or send CV to: Renee Campbell, Physician Recruitment, Martin's Point Health Care Centers, PO Box 9746, Portland, ME 04104-5040, 800-348-9804.

COASTAL SOUTHERN MAINE & NEW HAMPSHIRE — Largest primary care group in Maine expanding — seeks additional BC/BE family practitioners in several of five multispecialty health center locations in Maine and NH. Enjoy nearby ocean, mountains and lakes, plus cultural and academic amenities. Progressive environment with emphasis on managed care offers teamwork, reasonable working hours, 1:4-5 call. Financial security of competitive salary, incentive bonus plan, excellent benefits package. Satisfy family needs for excellent education and safety of small city living with easy commute to Portland and Boston. Great skiing, sailing, hiking and more. Wonderful place to raise your children. Please call or send CV to: Renee Campbell, Physician Recruitment, Martin's Point Health Care Centers, PO Box 9746, Portland, ME 04104-5040, 800-348-9804.

FAMILY PRACTICE FACULTY — The JFK Family Practice Residency is seeking a fifth full-time faculty member available immediately. Fully accredited, 7-7-7 program. Responsibilities include teaching, direct patient care, and administration. Requirements: board certified/board eligible in family practice by 7/1/94, geriatric interest a plus. Competitive salary and benefit package. JFK located 45 minutes from New York City and 90 minutes from Philadelphia. CV and pertinent materials to: Robin O. Winter, MD, Director, JFK Family Practice Center, 65 James Street, Edison, NJ 08818.

MORRIS/SUSSEX COUNTIES, NEW JERSEY — Full-time opportunity exists for BC/BE family practitioner in family health center in rural Sussex County. Competitive compensation package including professional liability, CME and three weeks vacation. Position is affiliated with northwestern New Jersey's largest health care system that includes St. Clares-Riverside Medical Center (400+ beds) and Sussex Division (100+ beds). Recent graduates are encouraged to respond. Please send CV in confidence to: FP, PO Box E, Denville, NJ 07834.

EXCELLENT FAMILY PRACTICE OPPORTUNITY — With The Jackson Clinic Professional Association, an 80-physician multispecialty group in West Tennessee. Positions are for various satellite locations in communities ranging from 5,000 to 50,000 in population. Attractive call coverage arrangements allow balance between work and private life. As the largest multispecialty group in Tennessee and a major health care provider, we are uniquely positioned to adapt to changes in health care in the future. Reply Box 10166, JABFP

COLLEGE HEALTH — BC/BE FP Physicians needed for full-time and part-time positions to provide primary care in progressive College Health Facilities. Experience in adolescent medicine a plus. Contact: Susan Skalsky, MD, Clinic Director, Hurtado Health Center, 11 Bishop Place, New Brunswick, NJ 08903. Telephone: 908-932-1991.

ASSISTANT DIRECTOR FOR PREDOCTORAL EDUCATION — The Memorial Hospital of Rhode Island is seeking a board certified family physician to help develop and implement a required clerkship in family medicine. Responsibilities include medical student teaching, direct patient care, resident teaching and scholarly work. Individuals with training to conduct educational research are particularly encouraged to apply. Applicants must be able to qualify for appointment at the level of Instructor or Assistant Professor at Brown University, and for Rhode Island medical licensure. Applications are requested by October 26, 1994 and should be addressed to: Charles B. Eaton, MD, Department of Family Medicine, Memorial Hospital of Rhode Island, 111 Brewster Street, Pawtucket, RI 02860. Screening will begin on that date and continue until a candidate is selected or the search is closed. The Memorial Hospital of Rhode Island is an EEO Employer and encourages applications from minorities and protected groups.

FREE STANDING AMBULATORY CARE — Community health center located in Hartford, Connecticut is seeking three family practitioners to provide primary care services to a multiethnic and multicultural population. Daily visits to the health center are equally distributed between pediatrics and adults. A competitive salary plus incentives with benefits offered. For more information, contact: Durham Medical Search, Inc., 6300 Transit Road, PO Box 478, Depew, NY 14043. 800-633-7724 (USA); 800-367-2356 (NYS); 716-681-7408. (FAX).

FAMILY PRACTITIONER — Penn Yan, New York. Provide comprehensive medical services to families; examine patients; elicit medical histories; order/execute tests; analyze results; diagnose conditions; prescribe/administer treatment and medications; advise regarding preventive medicine; supervise receptionist and three nurses; serve as employee health physician and participate in meetings as needed; recommend cost-effective measures; assist in public relations activities (public speaking, health screening). Must have MD or DO and be eligible for NYS medical license upon commencing employment; must have completed residency at accredited program in: family medicine or internal medicine with additional residency training in pediatrics/OB-GYN equivalent to that found in family residency, or internal medicine plus five years FT family practice experience that includes pediatrics/OB-GYN. Three physicians needed 8am-5pm, plus on-call, 48 hours/week, Monday-Friday, $125,000/year. Send resumes in duplicate to: M. Greco, NY0506265, NYS Department of Labor, 276 Waring Road, Rochester, NY 14609.

FAMILY PRACTICE — We are a growing multispecialty group of thirty-five exceptionally collegial and well-trained physicians seeking a second BE/BC FP interested in practicing 50% OB (C-Section privileges considered). Our friendly, safe, family-oriented community has a diversified economy and offers pleasant small city living, numerous cultural and community activities, convenient skiing, parks, lakes, golf, and excellent schools and universities. We are located in the beautiful southern tier of Western New York next door to a progressive regional referral center which is family practice friendly. We offer a guarantee plus bonus, leading to partnership within two years, (and we are ideally positioned to thrive with the changes in healthcare). Please send CV to: Karen Voorhees, Olean Medical Group, 535 Main Street, Olean, NY 14760. 716-375-6106.

INTERNIST/FAMILY PRACTITIONER — B/C/BE. Interest in purchasing existing practice in Northeastern Pennsylvania. Excellent potential. Financial assistance may be available for the practice as well as relocation. Reply Box 10197, JABFP

KAISER PERMANENTE℠

INTERNISTS

Career opportunities exist in Hartford, CT, and Springfield, MA for a BC/BE Internist to join our busy multi-specialty group.

Kaiser Permanente is the nation's largest physician managed group practice. We provide health care services exclusively for Kaiser Foundation Health Plan Members. This is an exemplary practice. We offer an excellent comprehensive benefits package, competitive salary, shareholder participation, and the collaborative support of knowledgeable colleagues in multi-specialties. Send CV to:

Simi Lyss, MD
Regional Medical Director
NORTHEAST
PERMANENTE MEDICAL
GROUP P.C.
76 Batterson Park Road
Farmington, CT 06034

Hawaii Is Calling

For Family Practice Physicians

Imagine an active practice in an atmosphere of unending tropical beauty, near perfect climate, year-round recreational activities and abundant cultural diversity.

Straub Clinic & Hospital is seeking board certified/eligible Family Practice physicians for open positions on the islands of Oahu, Hawaii and Lanai. Straub offers attractive salaries and liberal benefits, including malpractice insurance and relocation allowance.

Established in Hawaii over 70 years, Straub Clinic & Hospital is a fully integrated, physician owned and operated health care organization. Our 160 physicians cover 30 specialties. Facilities include our main clinic and a 159-bed hospital in Honolulu and eight satellite clinics on Oahu and neighbor islands.

For more information, send CV to:
Ms. Ellen Sakai
Physician Recruitment Coordinator
Straub Clinic & Hospital, Inc.
888 South King Street
Honolulu, Hawaii 96813
Phone: 1-800-5-STRAUB
Fax: (808) 522-4111

Straub
CLINIC & HOSPITAL

COASTAL NEW ENGLAND — Outstanding opportunity to join a young, board certified family physician whose practice, emphasizing maternal/child care, has experienced dramatic growth. $110K/year plus bonus, paid relocation and early partnership. Brand new offices in medical arts building minutes from the 350-bed hospital. Less than one hour from Boston's cultural amenities without the high cost of living. Documentable community need due to impending retirement of existing physicians. Call: Thomas E. Bell at 800-238-7150 or fax CV to: 610-975-0574.

NEW ENGLAND — CAPE COD — Two-person family practice group seeking a third BC/BQ FP. Young, dynamic medical staff; progressive hospital; waterfront community one hour from Providence, RI and Boston. Excellent schools; low crime - perfect place to raise a family! Contact: Mary Roeckel: 800-842-2050. Gilbert Tweed Associates, 3411 Silverside Road, 100 Hagley Building, Wilmington, DE 19810. Fax: 302-479-5197.

NEW YORK — FINGER LAKES — Step into a thriving family medicine practice established by a well-respected, retiring physician and benefit from ready-made patient base, one-in-seven call, exceptional salary plus bonuses and great benefits package! Your success, both professional and personal, is guaranteed in this scenic community where family values count and the great outdoors is your playground. Call for details: Gil Gillespie, 800-654-2854 or fax your CV to: 404-417-2170.

MAINE — Scenic New England community needs primary care physician. This position offers one-in-seven call, new hospital facilities and two year guaranteed income. For more information call: Bill Selvey at Medical Doctor Associates: 800-780-3500 extension 222.

Southeast

MANAGED CARE BLUES? — Try primary-care without the headaches! Internists or Family Practitioners (BC) to join practices in our growing retirement communities in suburbs of Baltimore. Practice financially supported by communities to allow for high quality care in a stable "Health Care Reform Proof" environment. Diverse positions with rewarding clinical practice, research opportunities, administration and teaching. Faculty appointment at Johns Hopkins University commensurate with qualifications. Geriatric experience preferred but not required. Communities have full range of clinical and social services to support a multi-disciplinary approach to the practice of medicine. Very competitive salary and generous benefit package including health, life, disability and malpractice insurance, flexible benefits program five weeks vacation/personal and one week CME. Send CV to: Gary Applebaum, MD, VP, Medical Services, Senior Campus Living, 711 Maiden Choice Lane, Baltimore, MD 21228, or call: 410-247-5602.

Response.
Response.
Response.
JABFP classified ads deliver.

PENN
UNIVERSITY of PENNSYLVANIA

Chair, Department of Family Practice and Community Medicine

The University of Pennsylvania School of Medicine seeks outstanding candidates for the position of Professor and Chair of the newly created Department of Family Practice and Community Medicine.

The successful applicant will be a national leader in the field and will provide academic leadership to establish a premier department of family practice and community medicine. Applicants should have demonstrated qualifications in education, research, administration, and patient care.

The University is an equal opportunity, affirmative action employer. Women, minority, and international candidates are encouraged to apply. Letters of interest, CV, and names of references should be sent to:

Mark A. Kelley, M.D.
Chair, Family Practice and Community Medicine
Search Committee
Vice Dean for Clinical Affairs
University of Pennsylvania
School of Medicine
21 Penn Tower
3400 Spruce Street
Philadelphia, PA 19104-4385

THE MEDICAL CENTER OF CENTRAL MASSACHUSETTS

The Medical Center of Central Massachusetts, a 535-bed referral center for Central Massachusetts and an affiliated hospital of the University of Massachusetts Medical School, seeks candidates for the following opportunities:

Medical Director

The Med Center seeks a dynamic, progressive ABFP-certified Family Physician to serve as Medical Director for the Hahnemann Family Health Center in Worcester. The Center, which is a training site for 12 UMass FP residents and medical students, has 25,000 visits annually and multiple outreach programs. OB required. Credentials must be suitable for appointment in the Department of Family Practice of UMass Medical School. Strong clinical teaching background preferred.

Clinical Faculty

The Med Center also seeks energetic ABFP-certified Family Physician to join four others at the Regional Family Health Center in Barre, Massachusetts, 24 miles from Worcester. The Center is the site for the University of Massachusetts Rural Residency track. OB required. Credentials must be suitable for appointment in the Department of Family Practice of UMass Medical School.

Excellent lifestyle, competitive salary and benefits. Please send CV to: **Cynthia Germain, Manager, System Support, The Medical Center of Central Massachusetts, 119 Belmont Street, Worcester, MA 01605-2982.** An Equal Opportunity Employer.

VIRGINIA — Enjoy the rolling hills of southern Virginia with numerous nearby lakes and easy access to the mountains and the ocean in a community of 60,000 where you can make a difference. A variety of opportunities to associate with established well-respected Family Physicians in salaried or fee-for-service arrangements or start a practice of your own. One of the sites provides loan forgiveness. Affiliate with Danville Regional Medical Center which is the sole provider of hospital care in Danville and the surrounding county. Send CV to: Sandra Hardy or Kris Zipin, Danville Regional Medical Center, Department JFP,142, South Main Street, Danville, VA 24541, Fax: 804-799-4408 or call: 800-688-3762.

NORTH CAROLINA — BC/BE Internist and Family Practitioner needed to join two separate, single-specialty group practices. Call for each practice will be 1:6 and 1:12 for unassigned patients. Family oriented, growing town with more Fortune 500 companies per populated square mile than any other county in the state! Located just 35 minutes from golf resort of Pinehurst and two hours or less from beaches and all four of the state's largest metro areas. Progressive 125-bed hospital with young, growing staff. Competitive compensation package with substantial bonus. Contact: Melisa Clarrocca 800-764-7497 or fax CV to: 910-276-4702.

SUPURB OPPORTUNITY WITHIN ONE HOUR OF WASHINGTON, DC/BALTIMORE — To join single specialty group, one-in-seven call, traditional practice - no OB. New office facility, excellent lifestyle. Competitive financial package and benefits. Please send your curriculum vitae or call: Richard Whidby, Jackson & Coker, 115 Perimeter Center Place, Suite 380 (13978), Atlanta, GA 30346. Fax: 404-399-4753. Telephone: 800-272-2707 extension 13978.

EXCEPTIONAL OPPORTUNITY FOR A FAMILY PRACTITIONER — Located in Southwest Kentucky. New (grand opening 8/93) 107-bed medical facility offers state-of-the-art equipment and patient care. Doctor professional building is attached to the hospital which also offers the newest in business systems. Primary service area of 135,000 with one in eight call coverage or outpatient clinic practice setting. Very competitive financial package. Family oriented community with schools nationally recognized for their academic excellence. Cultural amenities include community theater, nearby university and area symphony. Just minutes from two of the largest man-made lakes in the world. For more information, send your CV or call: Richard Whidby, Jackson & Coker, 115 Perimeter Center Place, Suite 380 (14023), Atlanta, GA 30346; Telephone: 800-272-2707, extension 14023.

ASSOCIATE DEAN, UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE HUNTSVILLE PROGRAM AND DEAN UNIVERSITY OF ALABAMA HUNTSVILLE SCHOOL OF PRIMARY MEDICAL CARE — The University of Alabama School of Medicine is seeking nominations and applications for the position of Associate Dean for the Huntsville Program. The University of Alabama at Huntsville is seeking nominations and applications for the the position of Dean of the School of Primary Medical Care, in anticipation that the same individual will be named to both positions. THe Huntsville Program is a branch campus of the medical school and as such is responsible for the medical education of third and fourth year medical students at that campus. The School of Primary Medical Care is an academic unit of the University of Alabama at Huntsville and co-equal with other colleges on the campus and is responsible for academic programs related to medicine health care. The incumbent should have a terminal degree (MD or PhD or equivalent) and, if an MD, should be board certified in some specialty, preferably a primary care specialty. He or she should be committed to high quality medical education and related fields in a manner compatible with the aims, goals and mission statements of the medical school and university. He or she should have administrative experience in a medical school preferably one with multiple campuses, and should have skills in managerial work in an evolving matrix organization. For further information or to make nominations or application, please send curriculum vitae to: Amy Thompson, Director, Administrative Services, Medical Dean's Office - MEB 310, University of Alabama School of Medicine, Birmingham, AL 35294-3293. 205-934-1111. Fax: 205-934-0333. The University of Alabama System is an Equal Opportunity/Affirmative Action Employer.

ATLANTA, GEORGIA — FACULTY — FAMILY PRACTICE — Georgia Baptist Medical Center. Family Practice Residency Program, 1000 Corporate Center Drive, Suite 200, Morrow, GA 30260. 404-968-6464 or 800-851-1078. Fax: 404-968-6455. The Opportunity: Georgia Baptist Medical Center, a 523-bed tertiary care facility, affiliated with the Medical College of Georgia, is actively recruiting a BC/BE Family Practice Physician for a faculty position with the Family Practice Residency Program, located in Morrow, Georgia (17) miles south of downtown Atlanta. Candidates must hold an MD degree and be board certified or eligible in family practice and do OB. The residency program is procedurally oriented, therefore applicants should possess strong clinical skills and dynamic teaching abilities. Responsibilities include precepting residents and inpatient and outpatient care. The Community: Atlanta, population 2.8 million is located in North Central Georgia. Atlanta's geographic location offers a comfortable lifestyle, affordable housing, with a blend of rural beauty and urban accessibility. The area also offers numerous outdoor activities, universities, four star restaurants, cultural amenities and major league sporting events (Braves, Hawks and Falcons). Com-pensation: Competitive salary, malpractice in-surance, health and dental insurance, long termdisability, retirement program, CME stipend andallocated time off, tax sheltered annuities.

EXCELLENT FAMILY PRACTICE OPPORTUNITY — With The Jackson Clinic Professional Association, an 80-physician multispecialty group in West Tennessee. Outpatient, walk-in clinic with scheduled hours and no night call. As the largest multispecialty group in Tennessee and a major health care provider, we are uniquely positioned to adapt to changes in health care in the future. Reply Box 10165, JABFP

EAST COAST, FLORIDA — Multispecialty group, call 1:6, traditional practice, sports medicine (optional). If you are BE/BC Family Practitioner, Florida licensed and available January 1995 or sooner, call today! Lucinda Seymour: 800-678-7858, or fax CV to: 314-726-0026.

Midwest

ASSOCIATE MEDICAL DIRECTOR — Leading group health insurance company, N-Central USA. Should be B/C in FP or IM, have medical practice/management/leadership experience, plus peer/utilization/QA review experience, plus business sense. Outstanding compensation package and advancement potential. Call: Patty VanGulick, SNW, Inc., 800-634-0837 or fax CV to her at: 201-746-0414.

MULTI-HOSPITAL EMERGENCY GROUP — Seeks board certified or board eligible internist or Family Practitioner who wishes to develop a career in emergency medicine. Training is available in a supportive environment, remuneration is excellent. Please contact: Ken Adams at Emergency Physicians Medical Group, PC. 800-466-3764.

OCCUPATIONAL & ENVIRONMENTAL MEDICINE RESIDENCY/FELLOWSHIP — Exciting opportunity for comprehensive graduate medical education with a practical focus. The Wayne State University medical school's partnership with the Detroit Medical Center and the affiliation with major employers in Michigan will provide the appropriate knowledge, skills and hands-on experience needed to meet the demand for trained occupational and environmental physicians in medical centers, industry, academia and government. This two-year program, leading to board eligibility in occupational medicine, offers competitive salary and benefits. Positions available for July 1995. Contact: Mark Upfal, MD, MPH, Wayne State University, Division of Occupational and Environmental Medicine, 4201 St. Antoine, UHC-4J, Detroit, MI 48201. Call: Lisa Berry 313-577-8788. WSU is an AA/EEO Employer.

BC FAMILY PRACTITIONERS — Needed for various satellite locations of 84-physician multispciality group at Dubuque, Iowa. Practices available in Iowa, Illinois, and Wisconsin. Community sizes from 6,000 to 60,000. Practices have two to four partners. OB optional. Physicians own and manage clinic as well as an HMO. Outstanding family lifestyle, excellent income guarantee, com-plete benefits and ownership eligibility. Call orsend CV to: Denis Albright, Medical Associates Clinic, 1000 Langworthy, Dubuque, IA 52001. 800-648-6868.

IOWA — A FAMILY PHYSICIAN'S FAMILY HAVEN — Bring your family to a safe wholesome area rich with leisure, cultural and educational opportunities. We are in need of BE/BC Family Physicians to join our growing PHO of primary care physicians. Highly competitive salary and compensation package. Practice patient-oriented medicine in a group concerned with your quality of life. Send CV to: Theresa Alberts, Recruiting Specialist, 855 A Avenue NE, Suite 100, Cedar Rapids, IA 52402. Telephone: 319-366-3400.

JANESVILLE, WISCONSIN — Dean Medical Center, a 300-physician multispecialty group, is actively recruiting additional BE/BC family physicians to practice at the Riverview Clinic locations in Janesville, Milton and Delevan, Wisconsin. Traditional family practice and urgent care opportunities are available. Janesville, population 55,000, is a beautiful, family-oriented community with excellent schools and abundant recreational activities. Excellent compensation and benefits are provided with employment leading to shareholder status. Send CV to: Stan Gruhn, MD, Riverview Clinic, PO Box 551, Janesville, WI 53547 or call: 608-755-3500. An Equal Opportunity Employer.

CHICAGO, NORTHERN SUBURBS — Excellent private practice opportunities for BC/BE family physicians to join well-established groups or to open new practices. A full complement of practice development services exists. Our progressive community hospital features a strong Department of Family Practice and is situated in a high growth service area with a sound payor mix, family-centered communities, outstanding schools and easy access to Chicago. Contact: Susan Kilpatrick, Condell Medical Center. Phone: 708-362-2905, extension 5280 or fax: 708-362-1721.

GROUP PRACTICE — Join progressive group practice with five BC family physicians at Saint Francis Medical Center, Peoria, Illinois. Strong primary care network promotes quality patient care, with office management handled by experts in that field. Practice at modern 750-bed medical center with full range of ancillary services on site. Faculty appointment at University of Illinois College of Medicine at Peoria is an option. Peoria, with metropolitan population of 250,000, offers many opportunities for recreation and culture; excellent schools at all levels. For more information contact: Dawn Hamman, Saint Francis, Inc., 4541 North Prospect, Peoria, IL 61614. Phone: 800-438-3740. Fax: 309-685-1997.

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 & 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 faculty

Contact:
Raymond Buch, M.D., Program Director
Sacred Heart Hospital, Allentown, PA
(215) 776-4888

SOUTHEAST MISSOURI — Excellent opportunity for BC/BE Family Practitioner to establish primary care practice located 90 miles southwest of St. Louis, Missouri in Pilot Knob, Missouri. Rural location within minutes of surrounding lakes and Mark Twain National Forest. Competitive compensation offering choice of full employment or income guarantee. Fully staffed office with clinic subspecialist support. Both practice and hospital sponsored by the SSM Health Care System. For more details, please contact: SSM Physician Recruitment at 800-841-3674.

Southwest

OKLAHOMA — Four-physician group looking for a BC/BE GP/FP Physician to join them in a management free practice and receive a first year guarantee of $110,000, plus 60% of clinic and 80% of hospital practice. No obstetrics. Call one-and-five. Fantastic community, excellent schools, located just minutes from Tulsa. Call: Cathy Scalercio 800-466-3500 or fax your CV to: 303-694-6648.

OKLAHOMA — Experience the hospitality of the southwest in Oklahoma. We are interested in the addition of BC/BE family physicians to join our growing multispecialty group practice. Salary guarantee, incentive bonus and generous benefits are offered. Contact: Debbie Jones, Oklahoma City Clinic, 701 NE 10th, Oklahoma City, OK 73104. 800-522-0224, ext. 2591.

PHOENIX FAMILY PHYSICIAN — BC/BE physician sought to join prestigious, well-established, private practice group. Minimum income guaranteed, partnership provision and benefits. Contact: Don Morris, Arizona HealthCare Placement, 800-240-1954 or send CV to: 2720 North 20th Street, Suite 220, Phoenix, AZ 85006. Fax: 602-468-2843.

YOU CAN'T SEE THE AIR BUT YOU CAN SEE THE STARS — That's stars in the sky, not the kind in Hollywood. But Portales, New Mexico does have a lot to brag about; booming agriculture, a local university, and a nearby growing Air Force base. Plus it's a clean and friendly town with plenty of need and community support for a family practice physician. So come on out and see the stars for yourself. We'll even take you around town in the daylight so you can get a look at it, too. For more information call: Bill Norris, Presbyterian Healthcare Services, 800-545-4030, extension 6320, or send your CV to: PO Box 26666, Albuquerque, NM 87125-6666.

ALBUQUERQUE, NEW MEXICO — BE/BC Family Practice Physicians. Numerous opportunities with the region's leading healthcare system. Competitive salary, personalized benefits and potential for incentive compensation. Send CV: Kay Kernaghan, Physician Coordinator, Presbyterian Healthcare Services, PO Box 26666, Albuquerque, NM 87125. Telephone: 800-545-4030, x6330. Fax: 505-260-6393.

Pacific

MAUI, HAWAII — MEDICAL DIRECTOR — FAMILY PRACTICE — Escape the hassles of private practice while you live and work in paradise! We have an excellent full-time opportunity for a Medical Director who is BC/BE in family practice. Limited in-house responsibility with shared call, 40 hours a week clinically. Competitive remuneration, plus additional annual stipend for administrative duties. We offer participation in an occurrence malpractice insurance program and a full benefits package, including 401K after one year of service. Please call: Ev Walters 800-288-8044 or fax CV to: 719-598-7945.

BC/E FAMILY PHYSICIAN — CALIFORNIA — Exceptional opportunity provides guaranteed net income while you establish your own private practice in desirable central California location. Your choice of practice options. Full-service 112-bed hospital, excellent ancillaries, ample coverage. Small city near Sequoia National Park offers excellent family lifestyle, abundant recreation. Beautiful homes, close to office and hospital, are reasonably priced. No OB. Tulare District Hospital Physician Recruiting Office: 800-468-2687. Fax: 310-216-7364.

West

CHAIRMAN/PROFESSOR/ASSOCIATE PROFESSOR — Administrator, clinician, educator to lead the growing Las Vegas programs of the Department of Family and Community Medicine. This exciting program has filled residency and required third year clerkship in department named "Outstanding Clinical Department" by the classes of 1991, 1992, and 1993. Requires administrative and teaching skills and participation in clinical activities including obstetrics. Board certified Family Physician eligible for licensure in Nevada. Administrative, clinical, and teaching experience required with experience as residency, group practice or medical director preferred. The School of Medicine is statewide medical school experiencing exciting growth and development of its Las Vegas Clinical Campus and implementation of new generalist curriculum. Competitive salary and benefits. Open until filled. AA/EOE. Submit letter of application, curriculum vitae and references to: George H. Hess, MD, UNSOM Brigham Bldg/316, Reno, NV 89557-0046.

FAMILY PRACTICE — OREGON AND SOUTHWEST WASHINGTON — Northwest Permanente, PC, a *stable, physician-managed group providing* quality care to 380,000 members of Kaiser Permanente in Oregon and Southwest Washington, has excellent opportunities for board certified or eligible Family Physicians. Positions are available in the Portland/Vancouver area; Salem, Oregon; and Longview, Washington. A variety of full-time and part-time opportunities are available in general family practice (some with or without OB) or urgent care. In Salem, openings exist for Family Physicians who have a special interest or expertise in geriatrics. Our program offers a collegial and stimulating practice in one of the most successful managed care systems in the country. We also offer a competitive salary, signing bonus and full benefits package which includes an excellent retirement program, professional liability, sabbatical leave and more. To receive more information, forward inquiry and CV to: N.J. Weiland, MD, Regional Medical Director, Northwest Permanente, PC, 2701 Northwest Vaughn Street, #300, Portland, OR 97210-5398. EOE.

SOUTHERN CALIFORNIA — Excellent opportunity for BC/BE Internist/Family Practitioner to join a group. Competitive salary and benefit package. Great location. Easy access to ski resorts and beaches. Send CV to: Reply Box 10206, NEJM

OREGON — Director, OHSU Family Practice Residency Program. Seeking a talented, energetic *physician to lead this successful program with* thirty residents. Must be board certified in family practice with experience in administration, education and residency training. Obstetrics required. Interested applicants should send a CV and three references to: Robert B. Taylor, MD, Department of Family Medicine, Oregon Health Sciences University, Mail Code FP, Portland, OR 97201-3098. AA/EO Employer.

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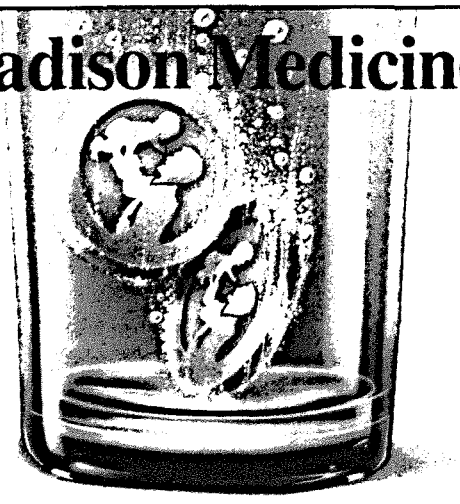

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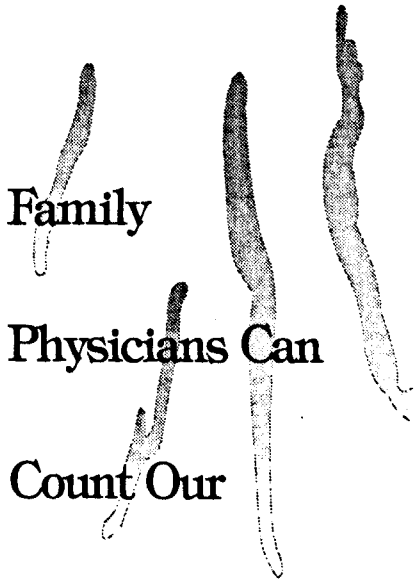

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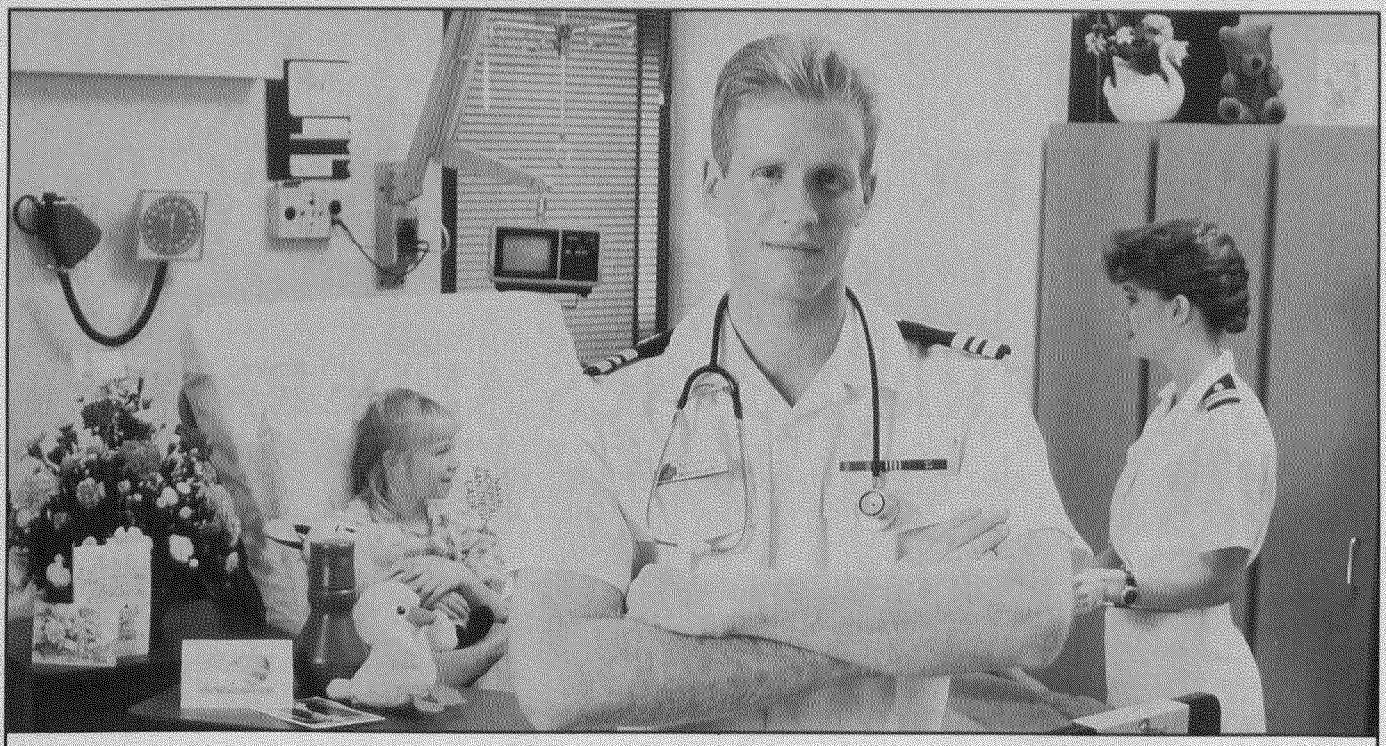

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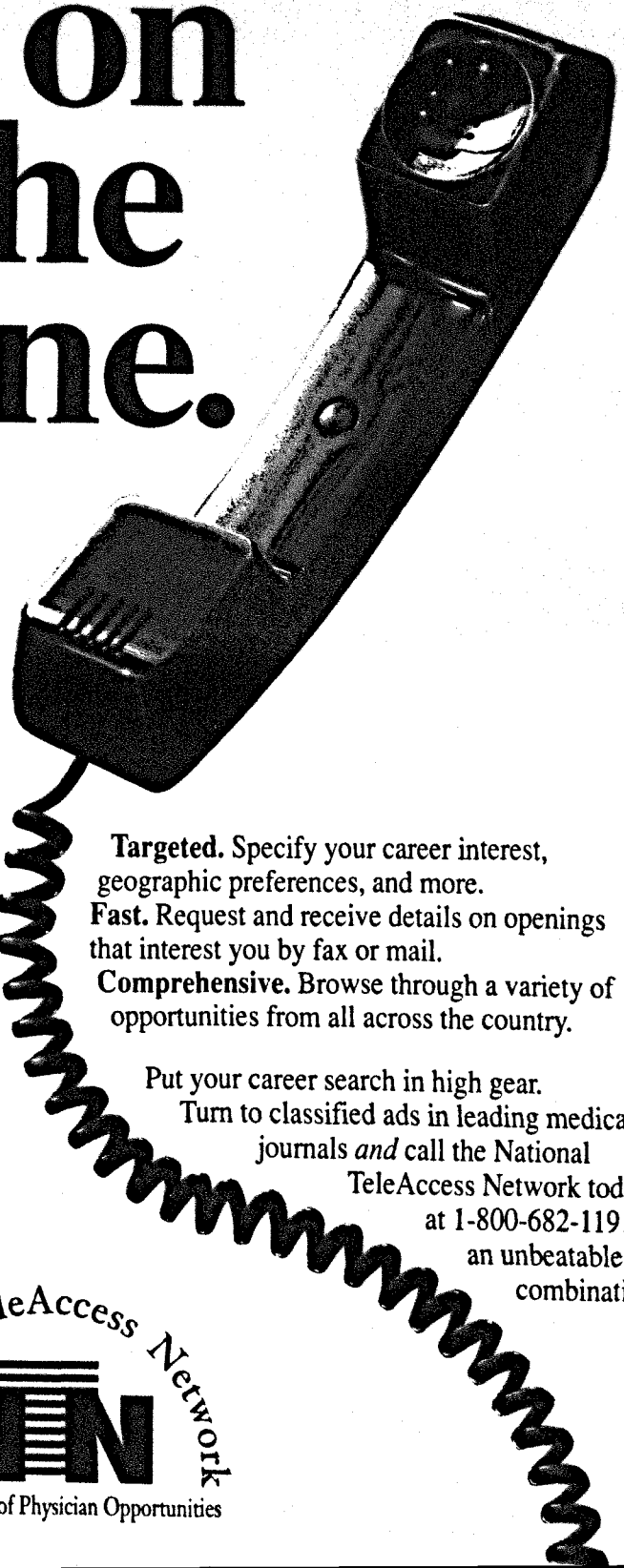

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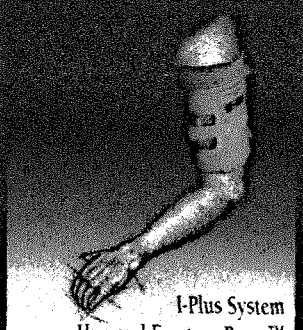

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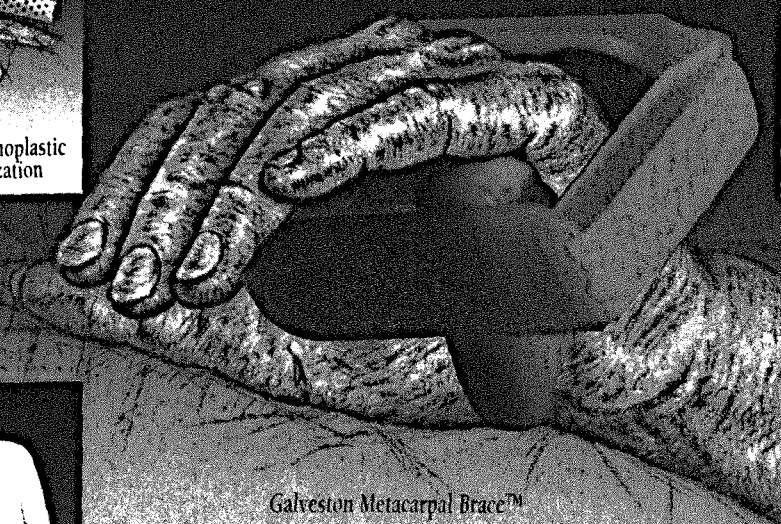

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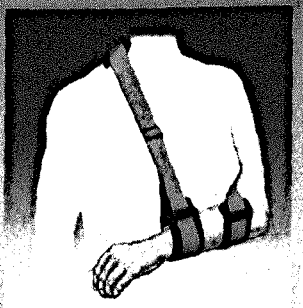

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BRIEF SUMMARY

TABLETS

PLENDIL®

(FELODIPINE)

EXTENDED-RELEASE TABLETS

INDICATIONS AND USAGE

PLENDIL* is indicated for the treatment of hypertension. PLENDIL may be used alone or concomitantly with other antihypertensive agents.

CONTRAINDICATIONS

PLENDIL is contraindicated in patients who are hypersensitive to this product.

PRECAUTIONS

General

Hypotension: Felodipine, like other calcium antagonists, may occasionally precipitate significant hypotension and rarely syncope. It may lead to reflex tachycardia which in susceptible individuals may precipitate angina pectoris. (See ADVERSE REACTIONS.)

Heart Failure: Although acute hemodynamic studies in a small number of patients with NYHA Class II or III heart failure treated with felodipine have not demonstrated negative inotropic effects, safety in patients with heart failure has not been established. Caution therefore should be exercised when using PLENDIL in patients with heart failure or compromised ventricular function, particularly in combination with a beta blocker.

Elderly Patients or Patients with Impaired Liver Function: Patients over 65 years of age or patients with impaired liver function may have elevated plasma concentrations of felodipine and may therefore respond to lower doses of PLENDIL. These patients should have their blood pressure monitored closely during dosage adjustment of PLENDIL and should rarely require doses above 10 mg. (See CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION sections of complete Prescribing Information.)

Peripheral Edema: Peripheral edema, generally mild and not associated with generalized fluid retention, was the most common adverse event in the clinical trials. The incidence of peripheral edema was both dose- and age-dependent. Frequency of peripheral edema ranged from about 10 percent in patients under 50 years of age taking 5 mg daily to about 30 percent in those over 60 years of age taking 20 mg daily. This adverse effect generally occurs within 2-3 weeks of the initiation of treatment.

Information for Patients

Patients should be instructed to take PLENDIL whole and not to crush or chew the tablets. They should be told that mild gingival hyperplasia (gum swelling) has been reported. Good dental hygiene decreases its incidence and severity.

NOTE: As with many other drugs, certain advice to patients being treated with PLENDIL is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions

Beta-Blocking Agents: A pharmacokinetic study of felodipine in conjunction with metoprolol demonstrated no significant effects on the pharmacokinetics of felodipine. The AUC and C_{max} of metoprolol, however, were increased approximately 31 and 38 percent, respectively. In controlled clinical trials, however, beta blockers including metoprolol were concurrently administered with felodipine and were well tolerated.

Cimetidine: In healthy subjects pharmacokinetic studies showed an approximately 50 percent increase in the area under the plasma concentration time curve (AUC) as well as the C_{max} of felodipine when given concomitantly with cimetidine. It is anticipated that a clinically significant interaction may occur in some hypertensive patients. Therefore, it is recommended that low doses of PLENDIL be used when given concomitantly with cimetidine.

Digoxin: When given concomitantly with felodipine the peak plasma concentration of digoxin was significantly increased. There was, however, no significant change in the AUC of digoxin.

Anticonvulsants: In a pharmacokinetic study, maximum plasma concentrations of felodipine were considerably lower in epileptic patients on long-term anticonvulsant therapy (e.g., phenytoin, carbamazepine, or phenobarbital) than in healthy volunteers. In such patients, the mean area under the felodipine plasma concentration-time curve was also reduced to approximately six percent of that observed in healthy volunteers. Since a clinically significant interaction may be anticipated, alternative antihypertensive therapy should be considered in these patients.

Other Concomitant Therapy: In healthy subjects there were no clinically significant interactions when felodipine was given concomitantly with indomethacin or spironolactone.

Interaction with Food: See CLINICAL PHARMACOLOGY, *Pharmacokinetics and Metabolism* section of complete Prescribing Information.

Carcinogenesis, Mutagenesis, Impairment of Fertility

In a two-year carcinogenicity study in rats fed felodipine at doses of 7.7, 23.1 or 69.3 mg/kg/day (up to 28 times' the maximum recommended human dose on a mg/m² basis), a dose related increase in the incidence of benign interstitial cell tumors of the testes (Leydig cell tumors) was observed in treated male rats. These tumors were not observed in a similar study in mice at doses up to 138.6 mg/kg/day (28 times' the maximum recommended human dose on a mg/m² basis). Felodipine, at the doses employed in the two-year rat study, has been shown to lower testicular testosterone and to produce a corresponding increase in serum luteinizing hormone in rats. The Leydig cell tumor development is possibly secondary to these hormonal effects which have not been observed in man.

In this same rat study a dose-related increase in the incidence of focal squamous cell hyperplasia compared to control was observed in the esophageal groove of male and female rats in all dose groups. No other drug-related esophageal or gastric pathology was observed in the rats or with chronic administration in mice and dogs. The latter species, like man, has no anatomical structure comparable to the esophageal groove.

Felodipine was not carcinogenic when fed to mice at doses of up to 138.6 mg/kg/day (28 times' the maximum recommended human dose on a mg/m² basis) for periods of up to 80 weeks in males and 99 weeks in females.

Felodipine did not display any mutagenic activity *in vitro* in the Ames microbial mutagenicity test or in the mouse lymphoma forward mutation assay. No clastogenic potential was seen *in vivo* in the mouse micronucleus test at oral doses up to 2500 mg/kg (506 times' the maximum recommended human dose on a mg/m² basis) or *in vitro* in a human lymphocyte chromosome aberration assay.

A fertility study in which male and female rats were administered doses of 3.8, 9.6 or 26.9 mg/kg/day showed no significant effect of felodipine on reproductive performance.

Pregnancy

Pregnancy Category C

Teratogenic Effects: Studies in pregnant rabbits administered doses of 0.46, 1.2, 2.3 and 4.6 mg/kg/day (from 0.4 to 4 times' the maximum recommended human dose on a mg/m² basis) showed digital anomalies consisting of reduction in size and degree of ossification of the terminal phalanges in the fetuses. The frequency and severity of the changes appeared dose-related and were noted even at the lowest dose. These changes have been shown to occur with other members of the dihydropyridine class and are possibly a result of compromised uterine blood flow. Similar fetal anomalies were not observed in rats given felodipine.

In a teratology study in cynomolgus monkeys no reduction in the size of the terminal phalanges was observed but an abnormal position of the distal phalanges was noted in about 40 percent of the fetuses.

Nonteratogenic Effects: A prolongation of parturition with difficult labor and an increased frequency of fetal and early postnatal deaths were observed in rats administered doses of 9.6 mg/kg/day (4 times' the maximum human dose on a mg/m² basis) and above.

Significant enlargement of the mammary glands in excess of the normal enlargement for pregnant rabbits was found with doses greater than or equal to 1.2 mg/kg/day (equal to the maximum human dose on a mg/m² basis). This effect occurred only in pregnant rabbits and regressed during lactation. Similar changes in the mammary glands were not observed in rats or monkeys.

There are no adequate and well-controlled studies in pregnant women. If felodipine is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential hazard to the fetus, possible digital anomalies of the infant, and the potential effects of felodipine on labor and delivery, and on the mammary glands of pregnant females.

Nursing Mothers

It is not known whether this drug is secreted in human milk and because of the potential for serious adverse reactions from felodipine in the infant, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

In controlled studies in the United States and overseas approximately 3000 patients were treated with felodipine as either the extended-release or the immediate-release formulation.

The most common clinical adverse experiences reported with PLENDIL® (Felodipine) administered as monotherapy in all settings and with all dosage forms of felodipine were peripheral edema and headache. Peripheral edema was generally mild, but it was age- and dose-related and resulted in discontinuation of therapy in about 4 percent of the enrolled patients. Discontinuation of therapy due to any clinical adverse experience occurred in about 9 percent of the patients receiving PLENDIL, principally for peripheral edema, headache, or flushing.

Adverse experiences that occurred with an incidence of 1.5 percent or greater during monotherapy with PLENDIL without regard to causality are compared to placebo in the table below.

Percent of Patients with Adverse Effects in Controlled Trials of PLENDIL as Monotherapy (incidence of discontinuations shown in parentheses)

Adverse Effect	PLENDIL% N = 730	Placebo % N = 283
Peripheral Edema	22.3 (4.2)	3.5
Headache	18.6 (2.1)	10.6
Flushing	6.4 (1.0)	1.1
Dizziness	5.8 (0.8)	3.2
Upper Respiratory Infection	5.5 (0.1)	1.1
Asthenia	4.7 (0.1)	2.8
Cough	2.9 (0.0)	0.4
Paresthesia	2.5 (0.1)	1.8
Dyspepsia	2.3 (0.0)	1.4
Chest Pain	2.1 (0.1)	1.4
Nausea	1.9 (0.8)	1.1
Muscle Cramps	1.9 (0.0)	1.1
Palpitation	1.8 (0.5)	2.5
Abdominal Pain	1.8 (0.3)	1.1
Constipation	1.6 (0.1)	1.1
Diarrhea	1.6 (0.1)	1.1
Pharyngitis	1.6 (0.0)	0.4
Rhinorrhea	1.6 (0.0)	0.0
Back Pain	1.6 (0.0)	1.1
Rash	1.5 (0.1)	1.1

In the two dose response studies using PLENDIL as monotherapy, the following table describes the incidence (percent) of adverse experiences that were dose-related. The incidence of discontinuations due to these adverse experiences are shown in parentheses.

Adverse Effect	Placebo N = 121	2.5 mg N = 71	5.0 mg N = 72	10.0 mg N = 123	20 mg N = 50
Peripheral Edema	2.5 (1.6)	1.4 (0.0)	13.9 (2.8)	19.5 (2.4)	36.0 (10.0)
Palpitation	0.8 (0.8)	1.4 (0.0)	0.0 (0.0)	2.4 (0.8)	12.0 (8.0)
Headache	12.4 (0.0)	11.3 (1.4)	11.1 (0.0)	18.7 (4.1)	28.0 (18.0)
Flushing	0.0 (0.0)	4.2 (0.0)	2.8 (0.0)	8.1 (0.8)	20.0 (8.0)

In addition, adverse experiences that occurred in 0.5 up to 1.5 percent of patients who received PLENDIL® (Felodipine) in all controlled clinical studies (listed in order of decreasing severity within each category) and serious adverse events that occurred at a lower rate or were found during marketing experience (those lower rate events are in italics) were: *Body as a Whole:* Facial edema, warm sensation; *Cardiovascular:* Tachycardia, *myocardial infarction, hypotension, syncope, angina pectoris,* arrhythmia; *Digestive:* Vomiting, dry mouth, flatulence; *Hematologic: Anemia; Musculoskeletal:* Arthralgia, arm pain, knee pain, leg pain, foot pain, hip pain, myalgia; *Nervous/Psychiatric:* Depression, anxiety disorders, insomnia, irritability, nervousness, somnolence; *Respiratory:* Bronchitis, influenza, sinusitis, dyspnea, epistaxis, respiratory infection, sneezing; *Skin:* Contusion, erythema, urticaria; *Urogenital:* Decreased libido, impotence, urinary frequency, urinary urgency, dysuria.

Felodipine, as an immediate release formulation, has also been studied as monotherapy in 680 patients with hypertension in U.S. and overseas controlled clinical studies. Other adverse experiences not listed above and with an incidence of 0.5 percent or greater include: *Body as a Whole:* Fatigue; *Digestive:* Gastrointestinal pain; *Musculoskeletal:* Arthritis, local weakness, neck pain, shoulder pain, ankle pain; *Nervous/Psychiatric:* Tremor; *Respiratory:* Rhinitis; *Skin:* Hyperhidrosis, pruritus; *Special Senses:* Blurred vision, tinnitus; *Urogenital:* Nocturia.

Gingival Hyperplasia: Gingival hyperplasia, usually mild, occurred in <0.5 percent of patients in controlled studies. This condition may be avoided or may regress with improved dental hygiene. (See PRECAUTIONS, *Information for Patients.*)

Clinical Laboratory Test Findings

Serum Electrolytes: No significant effects on serum electrolytes were observed during short- and long-term therapy.

Serum Glucose: No significant effects on fasting serum glucose were observed in patients treated with PLENDIL in the U.S. controlled study.

Liver Enzymes: One of two episodes of elevated serum transaminases decreased once drug was discontinued in clinical studies; no follow-up was available for the other patient.

OVERDOSAGE

Oral doses of 240 mg/kg and 264 mg/kg in male and female mice, respectively and 2390 mg/kg and 2250 mg/kg in male and female rats, respectively, caused significant lethality.

In a suicide attempt, one patient took 150 mg felodipine together with 15 tablets each of atenolol and spironolactone and 20 tablets of nitrazepam. The patient's blood pressure and heart rate were normal on admission to hospital; he subsequently recovered without significant sequelae.

Overdosage might be expected to cause excessive peripheral vasodilation with marked hypotension and possibly bradycardia.

If severe hypotension occurs, symptomatic treatment should be instituted. The patient should be placed supine with the legs elevated. The administration of intravenous fluids may be useful to treat hypotension due to overdosage with calcium antagonists. In case of accompanying bradycardia, atropine (0.5-1 mg) should be administered intravenously. Sympathomimetic drugs may also be given if the physician feels they are warranted.

It has not been established whether felodipine can be removed from the circulation by hemodialysis.

DOSAGE AND ADMINISTRATION

The recommended initial dose is 5 mg once a day. Therapy should be adjusted individually according to patient response, generally at intervals of not less than two weeks. The usual dosage range is 5-10 mg once daily. The maximum recommended daily dose is 20 mg once a day. That dose in clinical trials showed an increased blood pressure response but a large increase in the rate of peripheral edema and other vasodilatory adverse events (see ADVERSE REACTIONS). Modification of the recommended dosage is usually not required in patients with renal impairment.

PLENDIL should be swallowed whole and not crushed or chewed.

Use in the Elderly or Patients with Impaired Liver Function: Patients over 65 years of age or patients with impaired liver function, because they may develop higher plasma concentrations of felodipine, should have their blood pressure monitored closely during dosage adjustment (see PRECAUTIONS). In general, doses above 10 mg should not be considered in these patients.

ASTRA/MERCK GROUP

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For more detailed information, consult your Astra/Merck Specialist or see complete Prescribing Information.

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†Based on patient weight of 50 kg

AMBIEN®
(ZOLPIDEM TARTRATE) C-IV
5-MG & 10-MG TABLETS

From a unique chemical class of non-benzodiazepine sleep agents

More sleep

Total sleep time is significantly increased compared with placebo. Patients fall asleep quickly; generally within 20 to 30 minutes.[1-3]

Better sleep

Awakenings were reduced, compared to placebo.

Through the night

No evidence of increased wakefulness during the last third of the night. Normal sleep stages are generally preserved[1] (clinical significance unknown).

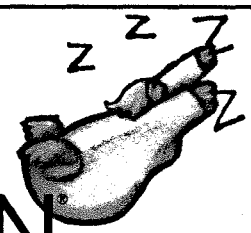
With no objective evidence of tolerance or rebound insomnia

In studies of up to 35 consecutive nights at recommended doses.[1,2]

Favorable safety and tolerability profile

Adverse events with dosages of ≤ 10 mg that were statistically significant vs placebo

Short-term: ≤10 nights		Long-term: 28 to 35 nights	
drowsiness	2%	dizziness	5%
dizziness	1%	drugged feelings	3%
diarrhea	1%		



AMBIEN®
(ZOLPIDEM TARTRATE) C-IV 5-MG & 10-MG TABLETS

In the short-term treatment of insomnia

First in a unique chemical class of non-benzodiazepine sleep agents

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

AMBIEN
(ZOLPIDEM TARTRATE) C
5-MG & 10-MG TABLETS

References: 1. Data on file, Searle. 2. Vogel G, Scharf M, Walsh J, et al. Effects of chronically administered zolpidem on the sleep of healthy insomniacs. *Sleep Research*. 1989;18:80. Abstract. 3. Walsh JK, Schweitzer PK, Sugerman JL, et al. Transient insomnia associated with a 3-hour phase advance of sleep time and treatment with zolpidem. *J Clin Psychopharmacol*. 1990;10:184-189.

BRIEF SUMMARY

INDICATIONS AND USAGE

Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks.

Ambien should not be prescribed in quantities exceeding a 1-month supply (see *Warnings*).

CONTRAINDICATIONS

None known.

WARNINGS

Since sleep disturbances may be the presenting manifestation of a physical and/or psychiatric disorder, symptomatic treatment of insomnia should be initiated only after a careful evaluation of the patient. The failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness which should be evaluated. Worsening of insomnia or the emergence of new thinking or behavior abnormalities may be the consequence of an unrecognized psychiatric or physical disorder. Such findings have emerged during the course of treatment with sedative/hypnotic drugs, including Ambien. Because some of the important adverse effects of Ambien appear to be dose related (see *Precautions* and *Dosage and Administration*), it is important to use the smallest possible effective dose, especially in the elderly.

A variety of abnormal thinking and behavior changes have been reported to occur in association with the use of sedative/hypnotics. Some of these changes may be characterized by decreased inhibition (eg, aggressiveness and extroversion that seemed out of character), similar to effects produced by alcohol and other CNS depressants. Other reported behavioral changes have included bizarre behavior, agitation, hallucinations, and depersonalization. Amnesia and other neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal thinking, has been reported in association with the use of sedative/hypnotics.

It can rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nonetheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation.

Following the rapid dose decrease or abrupt discontinuation of sedative/hypnotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS-depressant drugs (see *Drug Abuse and Dependence*).

Ambien, like other sedative/hypnotic drugs, has CNS-depressant effects. Due to the rapid onset of action, Ambien should only be ingested immediately prior to going to bed. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination such as operating machinery or driving a motor vehicle after ingesting the drug, including potential impairment of the performance of such activities that may occur the day following ingestion of Ambien. Ambien showed additive effects when combined with alcohol and should not be taken with alcohol. Patients should also be cautioned about possible combined effects with other CNS-depressant drugs. Dosage adjustments may be necessary when Ambien is administered with such agents because of the potentially additive effects.

PRECAUTIONS

General

Use in the elderly and/or debilitated patients: Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. Therefore, the recommended Ambien dosage is 5 mg in such patients (see *Dosage and Administration*) to decrease the possibility of side effects. These patients should be closely monitored.

Use in patients with concomitant illness: Clinical experience with Ambien in patients with concomitant systemic illness is limited. Caution is advisable in using Ambien in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Although preliminary studies did not reveal respiratory depressant effects at hypnotic doses of Ambien in normals, precautions should be observed if Ambien is prescribed to patients with compromised respiratory function, since sedative/hypnotics have the capacity to depress respiratory drive. Post-marketing reports of respiratory insufficiency, most of which involved patients with pre-existing respiratory impairment, have been received. Data in end-stage renal failure patients repeatedly treated with Ambien did not demonstrate drug accumulation or alterations in pharmacokinetic parameters. No dosage adjustment in renally impaired patients is required; however, these patients should be closely monitored (see *Pharmacokinetics*). A study in subjects with hepatic impairment did reveal prolonged elimination in this group; therefore, treatment should be initiated with 5 mg in patients with hepatic compromise, and they should be closely monitored.

Use in depression: As with other sedative/hypnotic drugs, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional overdosage is more common in this group of patients; therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

Information for patients: Patient information is printed in the complete prescribing information and is available in pads for distribution to patients.

Laboratory tests: There are no specific laboratory tests recommended.

Drug interactions

CNS-active drugs: Ambien was evaluated in healthy volunteers in single-dose interaction studies for several CNS drugs. A study involving haloperidol and zolpidem revealed no effect of haloperidol on the pharmacokinetics or pharmacodynamics of zolpidem. Imipramine in combination with zolpidem produced no pharmacokinetic interaction other than a 20% decrease in peak levels of imipramine, but there was an additive effect of decreased alertness. Similarly, chlorpromazine in combination with zolpidem produced no pharmacokinetic interaction, but there was an additive effect of decreased alertness and psychomotor performance. The lack of a drug interaction following single-dose administration does not predict a lack following chronic administration.

An additive effect on psychomotor performance between alcohol and zolpidem was demonstrated.

Since the systematic evaluations of Ambien in combination with other CNS-active drugs have been limited, careful consideration should be given to the pharmacology of any CNS-active drug to be used with zolpidem. Any drug with CNS-depressant effects could potentially enhance the CNS-depressant effects of zolpidem.

Other drugs: A study involving cimetidine/zolpidem and ranitidine/zolpidem combinations revealed no effect of either drug on the pharmacokinetics or pharmacodynamics of zolpidem. Zolpidem had no effect on digoxin kinetics and did not affect prothrombin time when given with warfarin in normal subjects. Zolpidem's sedative/hypnotic effect was reversed by flumazenil; however, no significant alterations in zolpidem pharmacokinetics were found.

Drug/Laboratory test interactions: Zolpidem is not known to interfere with commonly employed clinical laboratory tests.

Carcinogenesis, mutagenesis, impairment of fertility

Carcinogenesis: Zolpidem was administered to rats and mice for 2 years at dietary dosages of 4, 18, and 80 mg/kg/day. In mice, these doses are 26 to 520 times or 2 to 35 times the maximum 10-mg human dose on a mg/kg or mg/m² basis, respectively. In rats these doses are 43 to 876 times or 6 to 115 times the maximum 10-mg human dose on a mg/kg or mg/m² basis, respectively. No evidence of carcinogenic potential was observed in mice. Renal liposarcomas were seen in 4/100 rats (3 males, 1 female) receiving 80 mg/kg/day and a renal lipoma was observed in one male rat at the 18 mg/kg/day dose. Incidence rates of lipoma and liposarcoma for zolpidem were comparable to those seen in historical controls and the tumor findings are thought to be a spontaneous occurrence.

Mutagenesis: Zolpidem did not have mutagenic activity in several tests including the Ames test, genotoxicity in mouse lymphoma cells in vitro, chromosomal aberrations in cultured human lymphocytes, unscheduled DNA synthesis in rat hepatocytes in vitro, and the micronucleus test in mice.

Impairment of fertility: In a rat reproduction study, the high dose (100 mg base/kg) of zolpidem resulted in irregular estrus cycles and prolonged precoital intervals, but there was no effect on male or female fertility after daily oral doses of 4 to 100 mg base/kg or 5 to 130 times the recommended human dose in mg/m². No effects on any other fertility parameters were noted.

Pregnancy

Category B. Studies to assess the effects of zolpidem on human reproduction and development have not been conducted.

Teratology studies were conducted in rats and rabbits.

In rats, adverse maternal and fetal effects occurred at 20 and 100 mg base/kg and included dose-related maternal lethargy and ataxia and a dose-related trend to incompiete ossification of fetal skull bones.

In rabbits, dose-related maternal sedation and decreased weight gain occurred at all doses tested. At the high dose, 16 mg base/kg, there was an increase in postimplantation fetal loss and underossification of sternebrae in viable fetuses.

This drug should be used during pregnancy only if clearly needed.

Nonteratogenic effects: Studies to assess the effects on children whose mothers took zolpidem during pregnancy have not been conducted. However, children born of mothers taking sedative/hypnotic drugs may be at some risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatal flaccidity has been reported in infants born of mothers who received sedative/hypnotic drugs during pregnancy.

Labor and delivery: Ambien has no established use in labor and delivery.

Nursing mothers: Studies in lactating mothers indicate that between 0.004 and 0.019% of the total administered dose is excreted into milk, but the effect of zolpidem on the infant is unknown.

The use of Ambien in nursing mothers is not recommended.

Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS

Associated with discontinuation of treatment: Approximately 4% of 1,701 patients who received zolpidem at all doses (1.25 to 90 mg) in U.S. premarketing clinical trials discontinued treatment because of an adverse clinical event. Events most commonly associated with discontinuation from U.S. trials were daytime drowsiness (0.5%), dizziness (0.4%), headache (0.5%), nausea (0.6%), and vomiting (0.5%).

Approximately 6% of 1,320 patients who received zolpidem at all doses (5 to 50 mg) in similar foreign trials discontinued treatment because of an adverse event. Events most commonly associated with discontinuation from these trials were daytime drowsiness (1.6%), amnesia (0.6%), dizziness (0.6%), headache (0.6%), and nausea (0.6%).

Incidence in controlled clinical trials

Most commonly observed adverse events in controlled trials: During short-term treatment (up to 10 nights) with Ambien at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were drowsiness (reported by 2% of zolpidem patients), dizziness (1%), and diarrhea (1%). During longer-term treatment (28 to 35 nights) with zolpidem at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were dizziness (5%) and drugged feelings (3%).

Incidence of Treatment-Emergent Adverse Experiences in Short-term Placebo-Controlled Clinical Trials
(Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤ 10 mg) (N=685)	Placebo (N=473)
Central and Peripheral Nervous System		
Headache	7	6
Drowsiness	2	–
Dizziness	1	–
Gastrointestinal System		
Nausea	2	3
Diarrhea	1	–
Musculoskeletal System		
Myalgia	1	2

*Events reported by at least 1% of Ambien patients are included.

Incidence of Treatment-Emergent Adverse Experiences in Long-term Placebo-Controlled Clinical Trials
(Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤ 10 mg) (N=152)	Placebo (N=161)
Autonomic Nervous System		
Dry mouth	3	1
Body as a Whole		
Allergy	4	1
Back pain	3	2
Influenza-like symptoms	2	–
Chest pain	1	–
Fatigue	1	2
Cardiovascular System		
Palpitation	2	–
Central and Peripheral Nervous System		
Headache	19	22
Drowsiness	8	5
Dizziness	5	1
Lethargy	3	1
Drugged feeling	3	–
Lightheadedness	2	1
Depression	2	1
Abnormal dreams	1	–
Amnesia	1	–
Anxiety	1	1
Nervousness	1	3
Sleep disorder	1	–
Gastrointestinal System		
Nausea	6	6
Dyspepsia	5	6
Diarrhea	3	2
Abdominal pain	2	2
Constipation	2	1
Anorexia	1	1
Vomiting	1	1
Immunologic System		
Infection	1	1
Musculoskeletal System		
Myalgia	7	7
Arthralgia	4	4

Incidence of Treatment-Emergent Adverse Experiences in Long-term Placebo-Controlled Clinical Trials (Cont'd)
(Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤ 10 mg) (N=152)	Placebo (N=161)
Respiratory System		
Upper respiratory infection	5	6
Sinusitis	4	2
Pharyngitis	3	1
Rhinitis	1	3
Skin and Appendages		
Rash	2	1
Urogenital System		
Urinary tract infection	2	2

*Events reported by at least 1% of patients treated with Ambien.

There is evidence from dose comparison trials suggesting a dose relationship for many of the adverse events associated with zolpidem use, particularly for certain CNS and gastrointestinal adverse events.

Adverse events are further classified and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in greater than 1/100 subjects; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Frequent: abdominal pain, amnesia, ataxia, confusion, depression, diarrhea, diplopia, dizziness, dreaming abnormal, drowsiness, drugged feeling, dry mouth, dyspepsia, euphoria, fatigue, headache, insomnia, lethargy, lightheadedness, myalgia, nausea, upper respiratory infection, vertigo, vision abnormal, vomiting.

Infrequent: agitation, allergy, anorexia, anxiety, arthralgia, arthritis, asthenia, back pain, bronchitis, cerebrovascular disorder, chest pain, constipation, coughing, cystitis, decreased cognition, detached, difficulty concentrating, dysarthria, dysphagia, dyspnea, edema, emotional lability, eye irritation, falling, fever, flatulence, gastroenteritis, hallucination, hiccup, hyperglycemia, hypertension, hypoesthesia, infection, influenza-like symptoms, malaise, menstrual disorder, migraine, nervousness, pallor, palpitation, paresthesia, pharyngitis, postural hypotension, pruritus, rash, rhinitis, scleritis, SGPT increased, sinusitis, sleep disorder, sleeping (after daytime dosing), stupor, sweating increased, tachycardia, taste perversion, tinnitus, tooth disorder, trauma, tremor, urinary incontinence, urinary tract infection, vaginitis.

Rare: abdominal body sensation, abscess, acne, acute renal failure, aggressive reaction, allergic reaction, allergy aggravated, anaphylactic shock, anemia, appetite increased, arrhythmia, arteritis, arthrosis, bilirubinemia, breast fibroadenosis, breast neoplasm, breast pain female, bronchospasm, bullous eruption, BUN increased, circulatory failure, corneal ulceration, delusion, dementia, depersonalization, dermatitis, dysphasia, dysuria, edema periorbital, enteritis, epistaxis, eructation, esophagospasm, ESR increased, extrasystoles, eye pain, face edema, feeling strange, flushing, furunculosis, gastritis, glaucoma, gout, hemorrhoids, hepatic function abnormal, herpes simplex, herpes zoster, hot flashes, hypercholesteremia, hyperhemoglobinemia, hyperlipidemia, hypertension aggravated, hypotension, hypotonia, hypoxia, hysteria, illusion, impotence, injection site inflammation, intestinal obstruction, intoxicated feeling, lacrimation abnormal, laryngitis, leg cramps, leukopenia, libido decreased, lymphadenopathy, macrocytic anemia, manic reaction, micturition frequency, muscle weakness, myocardial infarction, neuralgia, neuritis, neuropathy, neurosis, otitis externa, otitis media, pain, panic attack, paresis, personality disorder, phlebitis, photopsia, photosensitivity reaction, pneumonia, polyuria, pulmonary edema, pulmonary embolism, purpura, pyelonephritis, rectal hemorrhage, renal pain, restless legs, rigors, saliva altered, sciatica, SGOT increased, somnambulism, suicide attempt, syncope, tendinitis, tenesmus, tetany, thinking abnormal, thirst, tolerance increased, tooth caries, urinary retention, urticaria, varicose veins, ventricular tachycardia, weight decrease, yawning.

DRUG ABUSE AND DEPENDENCE

Controlled substance: Schedule IV.

Abuse and dependence: Studies of abuse potential in former drug abusers found that the effects of single doses of zolpidem tartrate 40 mg were similar, but not identical, to diazepam 20 mg, while zolpidem tartrate 10 mg was difficult to distinguish from placebo.

Sedative/hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. These reported symptoms range from mild dysphoria and insomnia to a withdrawal syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. The U.S. clinical trial experience from zolpidem does not reveal any clear evidence for withdrawal syndrome. Nevertheless, the following adverse events included in DSM-III-R criteria for uncomplicated sedative/hypnotic withdrawal were reported at an incidence of ≤1% during U.S. clinical trials following placebo substitution occurring within 48 hours following last zolpidem treatment: fatigue, nausea, flushing, lightheadedness, uncontrolled crying, emesis, stomach cramps, panic attack, nervousness, and abdominal discomfort.

Individuals with a history of addiction to, or abuse of, drugs or alcohol are at risk of habituation and dependence; they should be under careful surveillance when receiving any hypnotic.

OVERDOSAGE

Signs and symptoms: In European postmarketing reports of overdose with zolpidem alone, impairment of consciousness has ranged from somnolence to light coma, with one case each of cardiovascular and respiratory compromise. Individuals have fully recovered from zolpidem tartrate overdoses up to 400 mg (40 times the maximum recommended dose). Overdose cases involving multiple CNS-depressant agents, including zolpidem, have resulted in more severe symptomatology, including fatal outcomes.

Recommended treatment: General symptomatic and supportive measures should be used along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. Flumazenil may be useful. Respiration, pulse, blood pressure, and other appropriate signs should be monitored and general supportive measures employed. Sedating drugs should be withheld following zolpidem overdosage. Zolpidem is not dialyzable.

The possibility of multiple drug ingestion should be considered.

Caution: Federal law prohibits dispensing without prescription.

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