

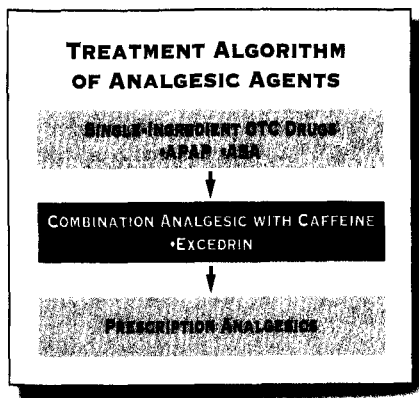
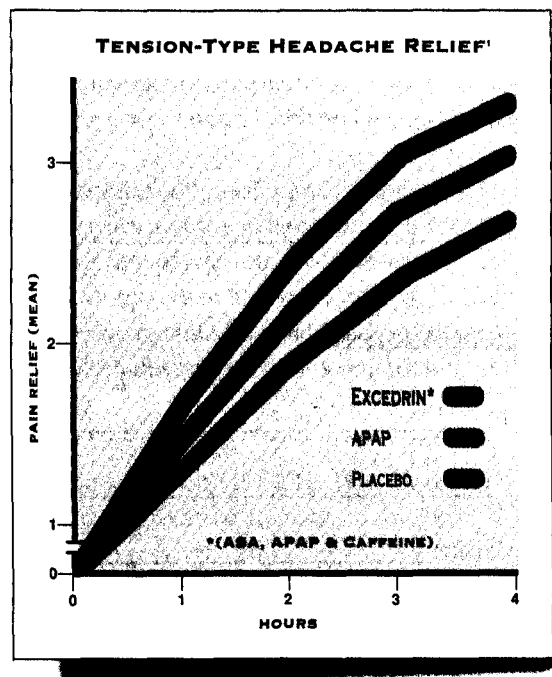
For Tension-Type Headache: The Best Prescription May Be No Prescription.

Before you write a prescription for tension-type headache, consider Excedrin.

Why? Clinical studies show that patients get significantly ($p < 0.001$) greater pain relief from its aspirin-acetaminophen-caffeine combination than they do from acetaminophen alone.¹

The reason? The analgesic adjuvancy of caffeine. You would have to increase the amount of aspirin or acetaminophen you give by almost 40% to get the analgesic benefits derived from the addition of caffeine.²

When your patients need relief from tension-type headache pain, consider



a therapeutic choice that's highly effective before you write a prescription. Excedrin.

For additional clinical information and study results, please call 1-800-422-4568.



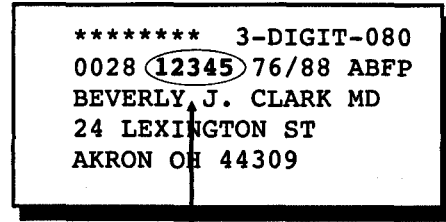
THE HEADACHE MEDICINE™

Use only as directed. © Copyright 1995 Bristol-Myers Products

References: 1. Migliardi JR, Armellino JJ, Friedman M, Gillings DB, Beaver WT. Caffeine as an analgesic adjuvant in tension headache. *Clin Pharmacol Ther.* 1994;56:576-585. 2. Laska EM, Sunshine A, Mueller F, Elvers WB, Siegel C, Rubin A. Caffeine as an analgesic adjuvant. *JAMA.* 1984;251:1711-1718. Laska et al reported the overall pooled relative potency estimate to be 1.38 for the 14 studies comparing a combination of acetaminophen-aspirin-caffeine to either aspirin, acetaminophen, or a combination of the two without caffeine, with 95% confidence limits of 1.11 to 1.78.

ATTENTION

DIPLOMATES OF THE ABFP ADDRESS CHANGE FORM



5-digit ABFP Identification Number

The Board prefers the use of *professional addresses*, because the address given will become your "address of record" with the Board and will be published in our Directory of Diplomates.

Current addresses for all Diplomates are necessary for communication from the Board relating to the Examinations, up-dated Recertification information, etc., as well as to ensure the receipt of *The Journal of the American Board of Family Practice*.

Name _____

Current Address

New Address

Street _____

Street _____

City/State _____

City/State _____

Zip Code _____

Zip Code _____

Effective Date of Change _____

Signature of Diplomate _____

ABFP Identification Number _____

(5-digit number above name on mailing label)

Year of Certification or Recertification _____

Return to:

**Ann Stockham
The American Board of Family Practice
2228 Young Drive
Lexington, KY 40505**