

Hypertension therapy that  
**Lessens the  
burden of  
"tolerable"  
side effects**

**Low-dose composition minimizes overall incidence of side effects<sup>1</sup>**

- ZIAC avoids beta-blocker-associated side effects<sup>1</sup>
  - The two most common side effects—dizziness (3.2%) and fatigue (3.0%)—occurred at rates comparable to placebo
- ZIAC has a low incidence of cough (1.5%), peripheral edema (0.9%), and headache (0.4%)—which occurred at rates comparable to placebo<sup>2</sup>

**Up to 80% of patients controlled with equivalent efficacy regardless of age, race, or gender<sup>1,3\*</sup>**

ZIAC is contraindicated in patients in cardiogenic shock, overt cardiac failure, second- or third-degree AV block, marked sinus bradycardia, anuria, and hypersensitivity to either component of this product or to other sulfonamide-derived drugs.

\*Clinical trial response rates were: 2.5 mg—61%; 5 mg—73%; 10 mg—80%.

Please see Brief Summary of Prescribing Information on adjacent page.

First-line therapy option

**Lessen the  
side-effect  
burden**

**ZIAC**<sup>®</sup>

(bisoprolol fumarate-hydrochlorothiazide)  
2.5, 5, & 10 mg Tablets with 6.25 mg HCTZ



# Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition™ — Primary Care Version (DSM-IV™ -PC)

New

American Psychiatric Association

In collaboration with representatives of

- ◆ American Academy of Family Physicians
- ◆ American Academy of Pediatrics
- ◆ American Board of Family Practice
- ◆ American College of Obstetricians and Gynecologists
- ◆ American College of Physicians
- ◆ American Medical Association
- ◆ American Psychiatric Association
- ◆ Association of Departments of Family Medicine
- ◆ Society of General Internal Medicine
- ◆ Society of Teachers of Family Medicine

Primary care physicians are often the first or only medical professionals to see patients with psychiatric and mental disorders.

Until now, they have lacked a diagnostic tool geared to the primary care setting. *DSM-IV-PC* is the first manual of mental disorders created specifically for use by primary care physicians.

Developed as a collaborative effort between psychiatric and primary care organizations, this concise, user-friendly manual is a "must have" resource for every primary care physician. Unlike other versions of DSM-IV, this manual is compatible with how the physician manages the primary care visit.

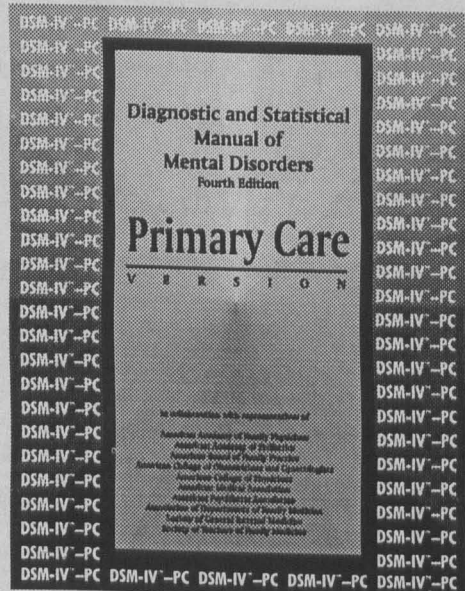
To aid the primary care physician's diagnosis, *DSM-IV-PC* focuses on common conditions, such as anxiety, depression, and substance abuse. It is epidemiologically oriented, with the most common and most important disorders listed first. This unique publication includes conditions that are common in primary care but that are not as well characterized in DSM-IV. Using an algorithmic format, *DSM-IV-PC* assists practitioners in moving from presenting symptoms to diagnosis. Symptoms and features that discriminate among disorders are emphasized. Students and residents will also benefit from this new format, making this text an outstanding curriculum tool for medical education.

Additional benefits of *DSM-IV-PC* include its compatibility with other prevailing coding schema, including DSM and ICD-9-CM. Thus, it enhances reliable, valid communication among health specialties and ensures applicability for coding and reimbursement. It also includes an abbreviated description of disorders usually first diagnosed in childhood.

**Contents.** Using the DSM-IV-PC. DSM-IV-PC classification coding guide. Quick reference to the diagnostic algorithms. Algorithms for common primary care presentations. Psychosocial problems. Other mental disorders. Disorders usually first diagnosed in infancy, childhood, or adolescence. Appendix A: DSM-IV multiaxial system. Appendix B: DSM-IV-PC advisers. Appendix C: DSM-IV-PC symptom index for common presentations. Index.

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