

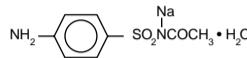
Rosac® Cream With Sunscreens

(sodium sulfacetamide 10% and sulfur 5%)

Rx only

DESCRIPTION: Each gram of Rosac Cream with Sunscreens contains 100 mg of sodium sulfacetamide and 50 mg of sulfur in a cream containing avobenzene, benzyl alcohol, C12-15 alkyl benzoate, cetostearyl alcohol, dimethicone, edetate disodium, emulsifying wax, monobasic sodium phosphate, octinoxate, propylene glycol, purified water, sodium thiosulfate, stearate-2, stearate-21.

Sodium sulfacetamide is a sulfonamide with antibacterial activity while sulfur acts as a keratolytic agent. Chemically, sodium sulfacetamide is N-[(4-aminophenyl) sulfonyl]-acetamide, monosodium salt, monohydrate. The structural formula is:



CLINICAL PHARMACOLOGY: The most widely accepted mechanism of action of sulfonamides is the Woods-Fildes theory which is based on the fact that sulfonamides act as competitive antagonists to para-aminobenzoic acid (PABA), an essential component for bacterial growth. While absorption through intact skin has not been determined, sodium sulfacetamide is readily absorbed from the gastrointestinal tract when taken orally and excreted in the urine, largely unchanged. The biological half-life has variously been reported as 7 to 12.8 hours.

The exact mode of action of sulfur in the treatment of acne is unknown, but it has been reported that it inhibits the growth of *Propionibacterium acnes* and the formation of free fatty acids.

INDICATIONS AND USAGE: Rosac Cream with Sunscreens is indicated in the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis.

CONTRAINDICATIONS: Rosac Cream with Sunscreens is contraindicated for use by patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation. This drug is not to be used by patients with kidney disease.

WARNINGS: Although rare, sensitivity to sodium sulfacetamide may occur. Therefore, caution and careful supervision should be observed when prescribing this drug for patients who may be prone to hypersensitivity to topical sulfonamides. Systemic toxic reactions such as agranulocytosis, acute hemolytic anemia, purpura hemorrhagica, drug fever, jaundice, and contact dermatitis indicate hypersensitivity to sulfonamides. Particular caution should be employed if areas of denuded or abraded skin are involved.

PRECAUTIONS: General — If irritation develops, use of the product should be discontinued and appropriate therapy instituted. For external use only. Keep away from eyes. Patients should be carefully observed for possible local irritation or sensitization during long-term therapy. The object of this therapy is to achieve desquamation without irritation, but sodium sulfacetamide and sulfur can cause reddening and scaling of epidermis. These side effects are not unusual in the treatment of acne vulgaris, but patients should be cautioned about the possibility. Keep out of reach of children.

Carcinogenesis, Mutagenesis and Impairment of Fertility — Long-term studies in animals have not been performed to evaluate carcinogenic potential.

Pregnancy — Category C. Animal reproduction studies have not been conducted with Rosac Cream with Sunscreens. It is also not known whether this drug can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. It should be given to a pregnant woman only if clearly needed.

Nursing Mothers — It is not known whether sodium sulfacetamide is excreted in human milk following topical use of Rosac Cream with Sunscreens. However, small amounts of orally administered sulfonamides have been reported to be eliminated in human milk. In view of this and because many drugs are excreted in human milk, caution should be exercised when this drug is administered to a nursing woman.

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

ADVERSE REACTIONS: Although rare, sodium sulfacetamide may cause local irritation.

DOSAGE AND ADMINISTRATION: Apply a thin film of Rosac Cream with Sunscreens to affected areas 1 to 3 times daily.

HOW SUPPLIED: 45 g tubes (NDC 0145-2617-05)

Store at controlled room temperature 15°-30°C (59°-86°F).

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Patent Pending

Rev. 0403

THE REST OF YOUR LIFE

Adding Exercise to Your Routine

BY DOUG BRUNK
San Diego Bureau

Brooke Jackson, M.D., describes herself as a "late bloomer" to the notion of exercising on a regular basis.

Her turning point came in 1997, when she moved to Houston for her Mohs fellowship at Baylor College of Medicine. One day she spotted a newspaper ad placed by a group of local runners.

"The ad said, 'We'll train you to run a marathon,'" Dr. Jackson recalled. "I had no intention of ever doing a marathon. I had never run a race in my life. I just figured it would be nice to get out with a group of people and run a little bit. I'd be happy getting up to 5 miles."

Only 6 months later, she found herself at the starting line of her first marathon, "wondering what I had gotten myself into," she said. "I had such a good time doing it that I went back the next year."

After running her second marathon and completing her Mohs fellowship, Dr. Jackson moved to Chicago's South Side in 1999 to set up a dermatology practice. One of her first priorities was finding a group of people to run with. "A couple of nights a week, most running stores will have a group of people that will go out and run 3, 4, or 5 miles," she said. "I joined that group. That's how I met my husband."

She also formed a marathon-training group as a way to meet people and inspire others to exercise. In that first year, 75 people

joined the group. By 2003, the number grew to 400.

The way she sees it, running is "something you can do anywhere, at any time, with anybody," said Dr. Jackson. "It's a great way to meet people and take care of yourself, too. I'm a firm believer that until you take good care of yourself, you really aren't in the position to take care of anybody else."

Although the clinical benefits of even moderate exercise—like a brisk walk—are well known, few physicians make concerted efforts to incorporate it into their daily routine, according to Tedd Mitchell, M.D. He described the fitness levels and habits of physicians, priests, preachers, and rabbis as "abysmal" compared with that of the general population because of the service-related nature of their work. In these professions, "it's all about everyone else, not about you," noted Dr. Mitchell, an internist who is vice president of the Cooper Clinic in Dallas.

One reason physicians as a group may not exercise "is because inconsistency is built into your schedule," he said. "You have call; that affects your routine. Your day-to-day schedule is not that of a banker, so it makes it more difficult to follow any

type of routine consistently, whether it's exercise or good nutrition."

He shared the following tips that he and his associates share with patients who attend the Cooper Clinic:

► **Know the "FIT" principle of aerobic training.** "F" stands for frequency of exercise sessions; "I" stands for intensity of the exercise, and "T" stands for length of time per session.

Of the three variables, frequency is the most important, said Dr. Mitchell, who is also a member of the President's Council on Physical Fitness and Sports. "Think of exercise as another medication," he said. "If you're not taking your medicine regularly, you don't get the benefit. It's the same thing with exercise. From a frequency standpoint, if your weight is not an issue and all you're after is some health benefits, exercising three times a week is okay. However, if you have any tendency toward high cholesterol, triglycerides, blood pressure, weight, or stress, you need it five times a week."

Once you establish the frequency, the next most important variable is the length of time you exercise. "Thirty minutes is great," he said. "You can walk for 30 minutes or jog for 20."

Intensity is the last variable you tackle. Consistent, moderate exercise is what you're after. "Physicians tend to work out infrequently and hard," Dr. Mitchell noted. "That formula is backward for the benefits, but it's just right for pulling hamstrings."

► **Exercise in the morning.** People who routinely exercise in the morning are more likely to do it long term compared with people who try to exercise at other times of the day, "because you can control the morning schedule better than you can control anything else," Dr. Mitchell said. "Even the surgeons can do this. Rather than always taking the 7 a.m. time slot in the [operating room], give yourself an 8 a.m. time slot and get the activity done."

Continued on following page



Dr. Brooke Jackson ran her first marathon in 1997 and now leads a 400-member marathon group.

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Making a Plan for Exercise? No Sweat.

The skinny on exercise boils down to this: If you can find time for three 10-minute walks a day, you'll achieve certain health benefits.

"I don't care how busy you are. You can find a way to do that on most days if you do a little planning and problem-solving," said 65-year-old Steven N. Blair, president and CEO of the Cooper Institute in Dallas and primary author of 'Active Living Every Day: 20 Weeks to Lifelong Vitality' (Champaign, Ill.: Human Kinetics Publishers, 2001).

Mr. Blair has been a daily runner for more than 35 years. Although his habit of being physically active is long established, he still asks himself two questions every evening: "What's my schedule tomorrow?" and "When do I have time to fit in my exercise?"

"I always start with my personal assumption that I'm going to get some exercise tomorrow," said Mr. Blair.

"Exercise is a high priority. I know it's very important to health, so I'm going to find [a way] to do it tomorrow sometime."

He offered the following hypothetical schedule to illustrate how he would manage to meet his exercise goal despite apparent obstacles.

"Tomorrow I leave the house at 6 a.m. and I'm flying to Seattle to give a

presentation," he said. "I arrive in Seattle at 5 p.m. and my talk is at 6 p.m. It doesn't look like I'll be able to run, but I am changing planes in Denver, and I have an hour and a half layover. I can't run in the Denver airport, but I sure can get a 30-minute walk in."

Findings from studies conducted at the Cooper Institute have concluded that patients who use such planning and problem-solving techniques are more likely to establish long-term exercise habits than are those who don't. These same patients will also make commitments like, "I vow to be active nearly every day."

The consensus public health recommendations on physical activity that emerged in the mid-1990s from the Centers for Disease Control and Prevention, the American College of Sports Medicine, and the U.S. Surgeon General's report recommended that people accumulate at least 30 minutes of moderate intensity activity on most days of the week.

"'Most' means 5 days, so 30 minutes of walking 5 days a week," Dr. Blair said. "'Accumulate' means you don't have to go for a 30-minute walk. You can go for two 15-minute walks or three 10-minute walks, or four 8-minute walks."

Continued from previous page

Nicolette Horbach, M.D., started working out at a local gym with a personal trainer 4 years ago. She meets with the trainer at 7 a.m. on 2 days during the workweek. "I plan to see patients on those days at 8:45 a.m. instead of at 8 a.m." said Dr. Horbach, a urogynecologist in private practice in Annandale, Va. "That extra 45 minutes gives me the time to do what I need to do."

► **Keep it simple and practical.** "You're better off having a treadmill at your house than you can use every morning than you are joining the best club in town if it means you've got to get in a car and drive over there," Dr. Mitchell said.

At his ob.gyn. group practice in Naperville, Ill., Christopher Olson, M.D., converted a procedure room into an ex-

Medical Debt More Common Among Full-Time Workers

WASHINGTON — Medical debt is more common among families with full-time workers than among families whose members work part-time, according to University of Iowa researchers at the annual meeting of the American Public Health Association.

"Medical debt can result in credit problems and force people to file for bankruptcy," said Matthew Levi, a graduate research assistant in the department of community and behavioral health at the university. "These problems can be worsened if an individual stops going in for care and using prescription drugs because untreated problems can prevent a person from returning to work. People with medical debt also report increased levels of stress and anxiety."

The researchers looked at Urban Institute data from interviews with more than 1,400 residents, some done in person and some by phone. Subjects were located either in low-income areas of Des Moines or in surrounding Polk County.

Data came primarily from a single question in the survey asking whether the subject or their spouse was paying off any medical debt, although a few other responses also were included.

Surprisingly, people with full-time jobs were more likely to report medical debt, said Anne Wallis, Ph.D., of the department of community and behavioral health at the university.

Families with private health insurance were more likely to report medical debt than families without such insurance. However, this result may have been due to the way data were collected, since Medicaid data were reported separately.

Another surprising finding had to do with the household incomes of people reporting medical debt. "We see almost an upside-down 'U' shape where, with increases in income, up to a point, people are more likely to have medical debt," she said. "They're less likely to have Medicaid or some other type of coverage, and more likely to be among the working poor." Respondents on welfare also were more likely to have medical debt, she added.

—Joyce Frieden

ercise room with a step machine, a stationary bike, and some free weights. Intended for use by his entire staff, the exercise room is where Dr. Olson typically works out during the Chicago winter months, although he prefers outdoor activities like jogging and golf during warmer months. "There's a shower in the office, too, so it makes it harder to come up with excuses" for not using the room, said Dr. Olson.

He added that his office, house, and nearest golf club are within 1.5 miles of each other, "so I can play six holes at dusk and be home for dinner, and it's very convenient," he said. "To me, one of the se-

crets to playing hard and working hard is that I try to keep everything very convenient. If it's not convenient, I'm never going to do it."

If you travel frequently, bring along your running or walking shoes and carve out some time for exercise when you reach your destination. "Running is one of the things that you can do anywhere, so there's no excuse," Dr. Jackson said. "It doesn't take a lot of time. All you need is a pair of shoes."

► **Keep it short.** Physicians tend to embrace the notion of "all or none" or "no pain, no gain," Dr. Mitchell said. "If you could walk 30 minutes in the morning on

a treadmill or around the neighborhood at a brisk pace, or if you could jog for 20 minutes, you will get far better benefit doing that than joining a club and going over there once or twice a week and [overdoing] it," he noted.

► **Keep it consistent.** Schedule each session of preferred physical activity just as you schedule patient appointments and everything else. "Keep a workweek mindset," Dr. Mitchell advised. "For example, I went up to Washington a couple weeks ago and we had meetings all day for the president's council. As we were setting meeting times, I said, 'Don't start them before this time, because I'm going to exercise.'"



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¹Measured at follow-up (1 week after end of therapy)
²Based on Average Wholesale Price (AWP)
References: 1. Krivda MS. Tips for selecting appropriate cleansers and moisturizers for patients who have special skincare needs. *Skin & Aging*. June 2004:65-71. 2. Centany [prescribing information]. Skillman, NJ: OrthoNeutrogena; May 2003.
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