THE REST OF YOUR LIFE

Keep Up With Your Reading by Joining a Club

Richard Nixon was in the middle of his presidency when Richard J. Castiello, M.D., helped form a small dermatology journal club that still meets every month to discuss the latest research and development in the field.

One of the founding members, Gary W. Cage, M.D., moved his practice from Bethesda, Md., to Avon, Colo., but the rest—Robert J. Carnathan, M.D., Robert Katz, M.D., and his brother Stephen I. Katz, M.D.—meet once a month at each other's homes in the Washington, D.C., suburbs, just as they have since 1971.

They usually meet on a weeknight from 7:30 p.m. to 10 p.m. to talk about articles in the Archives of Dermatology, the Journal of the American Academy of Dermatology, and ancillary articles of interest they might find in publications such as JAMA and the New England Journal of Medicine.

"It keeps us reading and keeps us interested, because it's also a social event," said Dr. Castiello, a dermatologist who practices in Chevy Chase, Md. "We'll have a beer and some pretzels, but we're serious. What the journal club has helped me to do is to think and read critically. Many articles make statements of fact that aren't validated by the data they use to present those facts. They make conclusions, but they can't really back them up."

Dr. Castiello considers his participation as more than a platform for professional development. It keeps him enthusiastic about the field of medicine, which, he said, could use a big dose of collegiality.

"There was a time when I belonged to three different organizations of general doctors," he said. "They're all defunct now, because people just don't get together [to] be collegial."

Another club member, Dr. Stephen Katz, said his participation helps keep him "in touch with the real world" of clinical medicine.

"There's nothing like sitting down with three people who are in practice," said Dr. Katz, a dermatologist and immunologist who is the director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases in Bethesda, Md. "The first 20 minutes or so may be spent discussing recent developments, or the American Academy of Dermatology elections, or what the academy is doing with regard to supporting residency programs. It may [concern] some of our colleagues or new approaches to treatment, or it may concern a meeting one of us has recently been to."

He went on to offer these tips on how to assemble a journal club:

- ▶ Be selective about who participates. "It has to be people who are interested in continuing to learn," he said. Limiting the group to four or five people keeps it manageable.
- ► Consider your proximity to one another. "You have to have people who live pretty close together, because after a long day at work, you don't want to start driving," he said.
- ▶ Bring a calendar to each meeting. This helps you plan the next meeting.

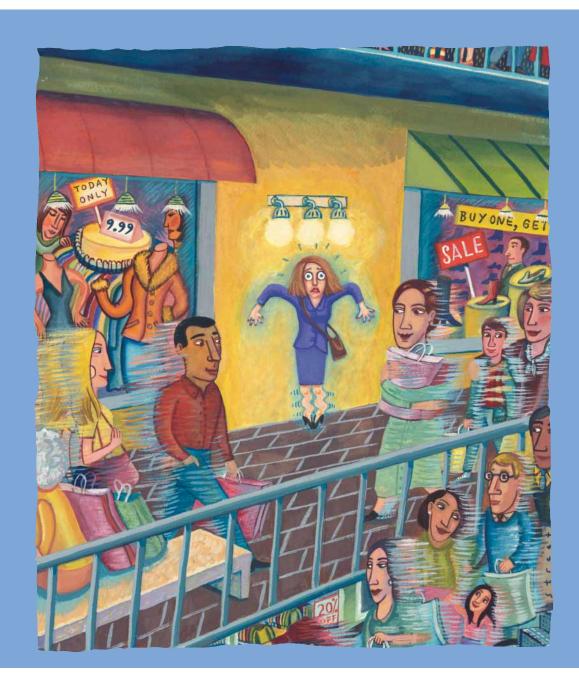
- ▶ Read the journals before each meeting. "That's the only way you can have a useful discussion," Dr. Stephen Katz said. "We make the assumption that everybody has read the journals before we start."
- ▶ Keep it simple in terms of refreshments. "We have a rule that the refreshments are not done by our spouses," he said. "It's 'open a bag' of chips or pretzels and 'open a bottle' [of] beer, water, or seltzer. It's very simple."

An informal journal club is just one way to keep up with the medical literature. Other avenues include taking part in existing journal clubs that might meet in a university or hospital setting, scanning headlines in the news for studies that you might want to follow up on, or carving out personal time to read print or online versions of journals relevant to your field. Most journals will send the table of contents to your e-mail address if you

sign up for that feature at their Web site.

Dilip V. Jeste, M.D., editor-in-chief of the American Journal of Geriatric Psychiatry, noted that while physicians might feel stretched for time to keep up with medical journals relevant to their field, it's important to devote *some* time to the endeavor.

"Patients are becoming increasingly sophisticated and increasingly knowledgeable because of the publications in the me-



NIRAVAM is contraindicated in patients with known sensitivity to this drug or other benzodiazepines, in patients with acute narrow-angle glaucoma, and in patients taking potent CYP3A inhibitors, such as ketoconazole and itraconazole.

At doses greater than 4 mg per day (often required for panic disorder), the risk of dependence may be higher than in those taking smaller doses.

Since NIRAVAM has a CNS depressant effect, patients should be cautioned about mental alertness, impaired performance and taking alcohol or other CNS depressant drugs during treatment with alprazolam. If alprazolam is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus.

Adverse events (≥5% and at least 50% greater than placebo) in clinical trials include drowsiness, impaired coordination, memory impairment, dysarthria, increased or decreased libido, and constipation.

Certain adverse clinical events are a direct consequence of physical dependence to alprazolam. These include a spectrum of withdrawal symptoms, the most important being seizure.

Please see brief summary of the complete Prescribing Information on the adjacent page.

dia," said Dr. Jeste, who is chief of the division of geriatric psychiatry at the University of California, San Diego, School of Medicine

"They are also going outside of psychiatry when they read that some study found that vitamin E is associated with increased mortality. A patient will say, 'I'm taking vitamin E because I know it's an antioxidant. Should I stop taking it because of the increased risk of mortality?' If the physician is not knowledgeable about the study, I think that will create a problem."

Dr. Jeste added that medical journals could do a better job of making material

less, well, boring. "There's definitely a lot of technical jargon in some of the journals," he said. "Clinicians may not find something that is really appealing to them in an understandable language."

He noted that some subscribers to the American Journal of Geriatric Psychiatry have asked to see more clinical reviews of a topic in the journal and fewer scholarly reviews that may contain 100 references.

"The idea is to have a clinical review [that] is shorter, more succinct, with fewer references, and yet authoritative," he said.

By Doug Brunk, San Diego Bureau



The journal club participants at one of their earlier meetings (from left): Dr. Robert Katz, Dr. Richard J. Castiello, Dr. Stephen I. Katz, Dr. Robert J. Carnathan, and Dr. Gary Cage, circa 1971.

Introducing NIRAVAM[™] The Orally Dissolving Alprazolam

- The most widely prescribed benzodiazepine now in a convenient, orally dissolving formulation¹
- The known performance and safety profile of alprazolam
- An alternative to conventional alprazolam tablets for:
- Generalized Anxiety Disorder (GAD)
- Short-term relief of anxiety symptoms
- Anxiety associated with depression
- Panic Disorder with or without agoraphobia

Prescribe NIRAVAM for Patients Who:

- Want to take their medication discreetly
- Want immediate accessibility to alprazolam wherever and whenever, as directed
- Want the convenience of an orally dissolving tablet when water isn't readily available

The Benefits of RapiTab™ Technology

- Dispensed like a conventional tablet
- Unlike other orally dissolving tablets, there is no blister packaging required
- Scored tablet can be cut to allow maximum dosing flexibility



Easy-to-take
NIRAVAM™



(alprazolam orally disintegrating tablets) 0.25 mg • 0.5 mg • 1.0 mg • 2.0 mg