

# Fastin® 30 mg. <sup>IV</sup> (phentermine HCl)

Before prescribing FASTIN® (phentermine HCl), please consult Complete Product Information, a summary of which follows:

**INDICATION:** FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

**CONTRAINDICATIONS:** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma. Agitated states.

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**Drug Dependence:** FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

**Usage in Pregnancy:** Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Usage in Children:** FASTIN is not recommended for use in children under 12 years of age.

**PRECAUTIONS:** Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

**ADVERSE REACTIONS:** *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. *Central Nervous System:* Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

**DOSAGE AND ADMINISTRATION:** *Exogenous Obesity:* One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg.) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours. FASTIN is not recommended for use in children under 12 years of age.

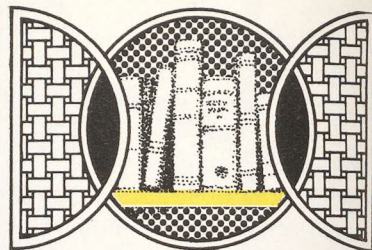
**OVERDOSAGE:** Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phenolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdosage.

**CAUTION:** Federal law prohibits dispensing without prescription.

**Beecham**  
laboratories  
Bristol, Tennessee 37620

## Book Reviews



**Grants: How To Find Out About Them and What To Do Next.** Virginia P. White. Plenum Press, New York, 1975, 354 pp., \$19.50.

This is a book not only for those who have never applied for a grant but also for those who have some experience in applying for grants, yet wish to know more about the subject. With the grant making boom of the 1950s and 1960s having passed into history, and with funds shrinking in both the public and private sectors, it is becoming increasingly difficult to write a successful grant. Grant seekers today must be prepared to meet powerful competition by larger numbers of scholars and researchers who are well trained and competent in their fields of specialization.

The author's stated purpose of the book is to provide a basic guide for grant writing which will enable the grant seeker to identify the organization most likely to be interested in his/her proposal, and which will also suggest a format for approaching and applying to potential funders once they have been identified.

The first section of the book deals with basic sources of information on how to find out about grants and who awards them. The informational sources described include libraries, reference volumes and periodical literature, institutional grants offices, subscription information services, workshops and institutes, and the news media.

The next section of the book deals with the three grant making sectors—the Government, foundations, and business and industry—with the material arranged in order of grant making volume. Each grant making sector is described in detail, identifying the major funding agencies and purposes of funding in the Government sector and discussing the major foundations, availability of funds, and purposes for which foundation grant funds are likely to be given. A very brief section is devoted to the business and industry sector. Apparently, the corporate community is not a rich source of grant funds.

One section of the book is devoted to the grant proposal itself, and is divided into the preapplication phase (what to do before you apply) and the application phase (the actual writing of the grant proposal). Useful information is contained in this section which should help the grant writer to avoid serious errors or costly omissions that could jeopardize the success of the grant proposal.

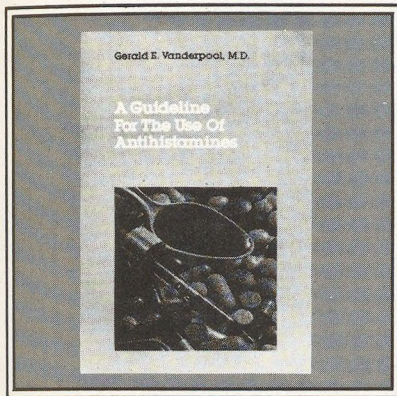
Included in the book are extensive appendices which list types of grants, US federal agency acronyms, federal information centers and telephone numbers, and names and addresses of regional collection centers providing information on various foundations.

This book should prove to be a useful guide and a valuable source

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## A Special Service From Ross Laboratories

Ross Laboratories is pleased to make available the booklet, *A Guideline for the Use of Antihistamines*, by Gerald E. Vanderpool, MD. This is an excellent guide to antihistamines and their clinical application. Requests for free copies should be sent to Ross Laboratories, PO Box 1317, Columbus, OH 43216.



## RONDEC Tablet

(carbinoxamine maleate, 4 mg; pseudoephedrine HCl, 60 mg per tablet) R

### BRIEF SUMMARY:

**ADVERSE REACTIONS:** Those patients sensitive to pseudoephedrine may note mild central nervous system stimulation. Sedation has been observed with the use of carbinoxamine maleate. Patients particularly sensitive to antihistamines may experience moderate to severe drowsiness.

**PRECAUTIONS:** Use pseudoephedrine with caution in patients with hypertension. Because of carbinoxamine maleate, patients should be cautioned to exercise care in driving or operating machinery until the possibility of drowsiness is determined. If sensitivity reaction or idiosyncrasy should occur, withdraw the drug. Safety in pregnancy has not been determined. **RONDEC Tablet** should be used in pregnant women only when the benefits outweigh the risks.

**CONTRAINDICATIONS:** There are no known contraindications for the use of **RONDEC Tablet**.

**INDICATIONS:** **RONDEC Tablet** is indicated for seasonal and perennial allergic rhinitis and vasomotor rhinitis.

For full prescribing information, see package insert.

**ROSS LABORATORIES**  
COLUMBUS, OHIO 43216  
Division of Abbott Laboratories, USA

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of information for family medicine faculty and administrators involved in the continuing search for funds to support scholarly endeavors. I would suggest that a copy of the book be added to each department library.

Don G. Donahou  
University of Washington  
Seattle

**Behavioral Methods for Chronic Pain and Illness.** Wilbert E. Fordyce. C.V. Mosby Company, St. Louis, 1976, 235 pp., \$9.50.

One of my major problems as a family physician has been learning a management framework for patient problems that do not fit the "medical model." This book provides an understanding of the "learning model" that is extremely useful in teaching and practice. Patients' problems are frustrating when they do not lend themselves to the standard analysis that uncovers an "underlying pathology," for this is the basis of our training in medicine. However, clinical experience soon points up the inadequacy of this approach as we discover problems with major adaptive advantage that determine the cause or persistence especially of pain and disability.

Dr. Fordyce applies his long experience in a highly successful Pain Clinic at the University of Washington to the difficult task of elucidating practical behavioral methods for approaching chronic pain and illness. Major sections deal with conceptual background, evaluation, and treatment. The family physician will understand the psychological theory underlying these principles because the author assumes essentially no pre-

vious training in behavioral modification or learning theory. Though his writing style is not dynamic, the book is very cohesive, consistently using clinical examples and building upon information from earlier chapters. The family physician must extrapolate the content to the primary care, ambulatory setting; examples of severe chronic pain in hospitalized patients must be translated to less severe problems of ambulatory patients. This is more difficult in the section on treatment. The controlled circumstances of the hospital ward lend themselves better to the consistent application of reinforcement techniques for "wellness behavior" than do office or home settings. Still, the principles become clear: the physician and staff are potent reinforcers who can be effective in supporting more functional living. Medications, as well as attention and social responsiveness, can be given in ways that discourage dependence and disability. Symptoms and symptom reporting are behaviors that the patient can modify by the application of behavioral modification regimens if he/she chooses to do so. Families can assist the patient in modifying behavior. Exercise and other activity levels can be improved in a stepwise manner by altering contingencies.

Family medicine, as a discipline, includes a new emphasis upon the processes of family practice. The management of illness behavior is becoming a major interest in our multidisciplinary approach to research and teaching. We slowly learn the relevant terminology and principles from books such as *Behavioral Methods for Chronic Pain and Illness*. Immediate applicability will be seen for "problem

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Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states. Efficacy beyond four months not established by systematic clinical studies. Periodic reassessment of therapy recommended.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage: withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. *Oral—Adults:* Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

**Supplied:** Librium® (chloridiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chloridiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

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patients" or the "thick chart syndrome." More potential relevance can be drawn from the book for every patient encounter, though the techniques must be altered for the style of the health care professional and the family practice situation. Dr. Fordyce provides in this book a useful beginning to more comprehensive understanding of symptoms and more effective skills in helping the patient to achieve desired function.

Richard M. Baker, MD  
University of North Carolina  
Chapel Hill

**Handbook of Traction, Casting, and Splinting Techniques.** Royce C. Lewis, Jr. J. B. Lippincott Company, Philadelphia, 1977, 129 pp., \$13.00.

Bringing together many bits of information on the chosen topics, the author has attempted to clarify some of the general concepts pertaining to traction, casting, and splinting. The title is an accurate description; the book is a handbook, not a textbook. Although the subject matter is well organized and clearly written, the discussion does not present enough depth or detail to be completely adequate for an inexperienced clinician. The book would be of greater usefulness for the professional who already had some knowledge or experience with the techniques.

Two chapters on traction deal with a general description of its purpose and other such topics as types of traction, care of traction, and specific body areas where traction may be useful. The chapter on casting and splinting is a concise, general discussion of those techniques. As far as providing de-

tails, the chapter which discusses techniques for applying plaster casts is best.

One hundred twenty-eight illustrations (including photographs and diagrams) depict techniques, concepts, and equipment. These are clearly labeled and significantly enhance the book. The photographs demonstrating application of plaster casts are excellent.

The book presents a clear approach to the subject and succeeds in bringing related material together under one cover. The content is clearly relevant to the family physician, resident, or student. It is a book which could serve as a useful summary of the techniques discussed for any medical personnel who are likely to make frequent use of them.

James L. Wilson, MD  
University of Iowa  
Iowa City

**Emotional Problems of Adolescents (3rd Edition).** J. Roswell Gallagher, Herbert I. Harris. Oxford University Press, New York, 1976, 218 pp., \$8.95.

This book was written for parents, teachers, and health care professionals who advise and care for adolescent patients. The authors are eminently qualified by training and experience to offer advice to anyone trying to understand the turmoil that frequently surrounds this age group. The language is understandable and free of psychiatric jargon. Before submitting this review, I lent a copy of the book to a few patients who were struggling with adolescents. The appraisal that follows is a compilation of my thoughts and the thoughts of that small group of parents and adolescents.

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The first chapter reassures the reader that adolescence is a normal stage of human development, and that any individual who does not accomplish the tasks important for this stage is at high risk for being maladjusted as an adult. The chapter on adolescent sexuality was particularly well done. Since so few parents are able to talk freely about sexual matters with their children, the adolescent himself profits greatly from reading this chapter. The factual material is presented in a very straightforward manner. The chapter on achieving independence is an extension of the discussion of normal adolescence. The first half of the book ends with the chapter,

“Ways to Help Adolescents.” This offers some very concrete hints for the reader who would like to help the young person during these difficult years. The first major suggestion is that it is frequently more valuable for the adult to listen than to give advice. An adult can be most helpful by encouraging the young person to speak out his feelings.

The second half of the book deals with specific disorders: mental and psychosomatic complaints, severe depression and suicide, antisocial behavior, alcohol abuse, and scholastic failure. These chapters provide a level of understanding for the family physician who might read the text. However, the little bit of knowledge presented

here reinforces my personal belief that the family physician confronted with these major problems needs to collaborate with experienced mental health professionals to provide optimal management for the adolescent and his family. The book has an extensive reading list.

The book should be read by every person who has the responsibility of guiding today’s adolescents and by every family physician who cannot avoid being drawn into the midst of family turmoil created by adolescent behavior. The first half of the book is excellent reading for every parent as his/her children approach puberty.

*David D. Schmidt, MD  
University Hospital of Cleveland  
Cleveland, Ohio*

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