

## Azo Gantrisin®/Roche

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

**Indications:** In adults, urinary tract infections complicated by pain (primarily cystitis, pyelitis and pyelonephritis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and, less frequently, *Proteus vulgaris*) in the absence of obstructive uropathy or foreign bodies.

**Important Note:** Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response. Add aminobenzoic acid to culture media for patients already taking sulfonamides. Increasing frequency of resistant organisms currently is a limitation of the usefulness of antibacterial agents including the sulfonamides. Blood levels should be measured in patients receiving sulfonamides for serious infections, since there may be wide variations with identical doses; 12 to 15 mg/100 ml is considered optimal for serious infections; 20 mg/100 ml should be the maximum total sulfonamide level, as adverse reactions occur more frequently above this level.

**Contraindications:** Children below age 12; sulfonamide hypersensitivity; pregnancy at term and during nursing period. Contraindicated in glomerulonephritis, severe hepatitis, uremia, and pyelonephritis of pregnancy with gastrointestinal disturbances, because of phenazopyridine HCl component.

**Warnings:** Safe use in pregnancy has not been established. Teratogenicity potential has not been thoroughly investigated. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported; clinical signs such as sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. Complete blood counts and urinalysis with careful microscopic examination should be performed frequently during sulfonamide therapy.

**Precautions:** Use with caution in patients with impaired renal or hepatic function, severe allergy, bronchial asthma and in glucose-6-phosphate dehydrogenase-deficient individuals. In the latter, hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

**Adverse Reactions:** *Blood dyscrasias:* Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme (Stevens-Johnson syndrome), skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis. *C.N.S. reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, polyarteritis nodosa and L. E. phenomenon. Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide and thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia. Cross-sensitivity with these agents may exist.

**Dosage:** Usual adult dosage for acute, painful phase of urinary tract infections is 4 to 6 tablets initially, then 2 tablets four times daily for up to 3 days. If pain persists causes other than infection should be sought. After relief of pain has been obtained, continued treatment of the infection with Gantrisin (sulfisoxazole/Roche) may be considered.

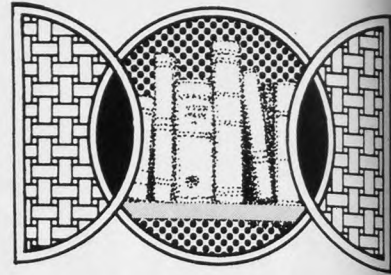
**NOTE:** Patients should be told that the orange-red dye (phenazopyridine HCl) will color the urine soon after ingestion.

**How Supplied:** Tablets, each containing 0.5 Gm sulfisoxazole and 50 mg phenazopyridine HCl—bottles of 100 and 500.



ROCHE LABORATORIES  
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Nutley, New Jersey 07110

## Book Reviews



**The Year Book of Drug Therapy—1979.** Leo E. Hollister (ed). Year Book Medical Publishers, Chicago, 1979, 437 pp., \$27.50.

A short description of the manner in which *The Year Book* is prepared tells us that the editors select and abstract articles. The editors say that they like to think *The Year Book* is read, primarily because their readers want to make the most effective use of drugs for treating their patients.

A special article in the 1979 *Year Book* deals with some of the hazards of social drugs. The other sections are labeled General Information, Drug Actions, Adverse Drug Effects, Allergic Disorders, Blood Diseases, Cardiovascular Diseases, Endocrine and Metabolic Disorders, Eye, Ear, and Facial Nerve Disorders, Gastrointestinal Diseases, Genitourinary Tract Disorders, Infectious Diseases, Neoplastic Diseases, Neurological Disease, Psychiatric Diseases, Obstetric and Gynecologic Disorders, Respiratory Tract Disorders, Rheumatic and Arthritic Diseases, Skin Diseases, and Surgery. A current literature quiz and answers to it are appended.

It should be emphasized that this is not a drug formulary or pharmacology textbook. I looked for information concerning questions I had about certain drugs and did not find it. Apparently no articles containing answers to those questions

had been abstracted by the editors. The abstractions appear to be well done. They are concise and most of them are followed by a short discussion by an editor. There are a good number of tables and graphs and 60 figures, with very few actual pictures. The typography is excellent.

This book would be most useful to the clinician, such as the family physician or internist, who wants to know what was published about drugs last year. It is not comprehensive enough for the student.

Eldon B. Berglund, MD  
Hennepin County Medical Center  
Minneapolis, Minnesota

**Diagnosis of Acute Abdominal Disease.** John M. Beal, John G. Raf-fensperger. Lea and Febiger, Philadelphia, 1979, 169 pp., \$9.00 (paper).

With many demands for a physician's time, care must be taken to select books which are concise, relevant, and easy to read. *Diagnosis of Acute Abdominal Disease* meets these criteria. This highly readable guide achieves its goal of stressing history taking and physical examination in arriving at a correct and early decision.

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# LOMOTIL®

brand of diphenoxylate hydrochloride  
with atropine sulfate

**IMPORTANT INFORMATION:** This is a Schedule V controlled substance by federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage, treatment is similar to that for meperidine or morphine intoxication (with prolonged and careful monitoring). Respiratory depression may occur as late as 30 hours after ingestion and may recur in spite of initial response to narcotic antagonists. A subtherapeutic amount of atropine sulfate is present to discourage deliberate overdosage. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. KEEP THIS MEDICATION OUT OF REACH OF CHILDREN.

**Indications:** For adjunctive therapy in management of diarrhea.

**Contraindications:** In children less than 2 years due to decreased margin of safety in younger age groups, in patients hypersensitive to diphenoxylate HCl or atropine, in patients with obstructive jaundice, and in diarrhea associated with pseudomembranous enterocolitis.

**Warnings:** Use with special caution in young children because of variable response. Dehydration may cause variability of response. In severe dehydration or electrolyte imbalance, withhold Lomotil until corrective therapy has been initiated.

Lomotil should not be used in diarrhea associated with organisms that penetrate the intestinal mucosa.

Patients with acute ulcerative colitis should be carefully observed and Lomotil therapy discontinued if abdominal distention or other untoward symptoms develop.

Concurrent use of Lomotil with monoamine oxidase inhibitors may precipitate hypertensive crisis.

Use with extreme caution in patients with advanced hepatorenal disease or abnormal liver function since hepatic coma may occur.

Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol.

**Precautions:** Use with caution in children since signs of atropinism may occur even with recommended doses, particularly in patients with Down's syndrome.

Addiction to diphenoxylate HCl is possible at high doses.

The use of any drug during pregnancy, lactation or in women of childbearing age requires that the potential benefits of the drug be weighed against any possible hazard to the mother and child.

Diphenoxylate HCl and atropine are excreted in breast milk of nursing mothers.

**Adverse Reactions:** Atropine effects, such as dryness of the skin and mucous membranes, flushing, hyperthermia, tachycardia and urinary retention may occur, especially in children. Other adverse reactions reported with Lomotil use are: anorexia, nausea, vomiting, abdominal discomfort, paralytic ileus, toxic megacolon, pruritis, swelling of gums, giant urticaria, angioneurotic edema, dizziness, drowsiness/sedation, headache, malaise/lethargy, restlessness, euphoria, depression, respiratory depression, coma, numbness of extremities.

**Overdosage:** Keep the medication out of reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include dryness of the skin and mucous membranes, flushing, hyperthermia, tachycardia, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, and respiratory depression that may occur 12 to 30 hours after overdose. Induce vomiting, evacuate stomach by lavage, establish a patent airway and when necessary, assist respiration mechanically. A narcotic antagonist without agonist activity should be used in respiratory depression. Observation should extend over at least 48 hours.

Searle & Co.  
San Juan, Puerto Rico 00936

Address medical inquiries to:  
G. D. Searle & Co.  
Medical Communications Department  
Box 5110, Chicago, Illinois 60680

## SEARLE

## BOOK REVIEWS

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The initial three chapters deal with the pathophysiology and anatomy of abdominal pain, history taking, and physical examination. Although short, the chapters on the history and examination cover these topics extremely well. The next three chapters deal with etiological mechanisms in abdominal pain: inflammation (appendicitis, diverticulitis, pancreatitis), obstruction (small intestine, large intestine, cholecystitis, renal colic), and perforations.

Chapter Seven concerns abdominal emergencies in the infant. The last four sections deal with vascular diseases (aneurysms, arterial occlusion), gynecological emergencies, trauma, and miscellaneous etiologies.

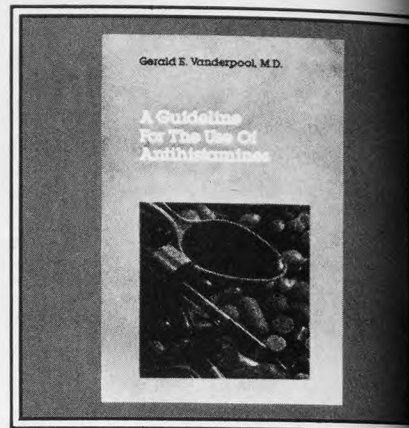
Throughout the book, the authors stress basic principles in the interpretation of history and clinical findings in a clear and understandable manner. There are several tables helpful in differential diagnosis, and a number of drawings and x-ray films of pathological findings. Interspersed throughout the book are a number of italicized "maxims" which emphasize many useful pearls. Each chapter has recent references with brief abstracts of the more relevant ones. Of course, a complete index follows the last chapter.

The strong points of this book are its readability, its logical approach, and its emphasis on the most common abdominal diseases. Although it is a small book, easily carried in your coat pocket, it contains a great deal of information and is by no means an oversimplification. It should be extremely useful to medical students and resi-

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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.

### USUAL DOSAGE OF RONDEC Tablet

age	dose	frequency
adults and children 6 years and older	1 tablet	4 times a day

For full prescribing information, see package insert.

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



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dents in learning an approach to abdominal problems, and equally useful to the practicing family physician who deals with acute abdominal disease and "acute" decision making.

Don M. Zacharias, MD  
Akron, Ohio

**Drug Interactions: Clinical Significance of Drug-Drug Interactions and Drug Effects on Clinical Laboratory Results (4th Edition).** Philip D. Hansten. Lea & Febiger, Philadelphia, 1979, 552 pp., \$16.00 (paper).

Drug therapy plays a significant role in the family physician's ability to control the course or the clinical manifestations of disease. Studies report that physicians in the primary care specialties are the most frequent prescribers of drugs. Estimates of the number of prescriptions written per patient visit approach one per visit. Certainly it is not unusual that a given patient will be taking more than one drug concomitantly. In many instances, drug therapy, intended to restore or maintain health, results in additional patient illness. The author notes that such iatrogenic disease can be recognized in the form of an adverse drug reaction or an adverse drug-drug interaction. Adverse drug reactions are often unpredictable and not preventable, being considered necessary consequences of the treatment plan. In contrast, drug-drug interactions are usually predictable and are almost always preventable. Dr. Hansten goes on to note that predicting and preventing

these drug-drug interactions cannot be accomplished by a person with a superficial knowledge of their mechanisms or a skeptical view of their significance.

Hansten's *Drug Interactions*, now in its fourth edition, remains the most comprehensive source of information on drug-drug interactions and drug effects on clinical laboratory test results available to the family physician. The information is presented clearly and concisely, utilizing a unique type-coded indexing system for determining clinical significance. Interactions presented in bold type are well documented both in quantity of documentation and potential for harming the patient and are considered of major clinical significance. Interactions appearing in italics are of moderate clinical significance. Roman type indicates minor clinical significance, including interactions requiring further documentation, those having a low order of potential harm, and those with a low order of occurrence. In contrast to other such references, Hansten offers the clinician useful information on how to manage each reported interaction. All interactions are extensively referenced and pertain to studies in man unless specifically stated otherwise.

The fourth edition has been expanded to include 200 additional drug-drug and drug-food interactions, while 70 previously reported drug-drug interactions have undergone extensive revision. The section on drug effects on clinical laboratory test results has been revised and additional chapters on serum gamma glutamyl transpeptidase, serum prolactin, and serum growth hormone are included. Eight algorithms have been added to assist the clinician in resolving

specific problems related to drug-drug interactions. Additionally, this edition includes a table of the effects of hepatotoxic drugs on liver function tests.

With the fourth edition, Hansten has made an already indispensable book even more valuable. This reference is highly recommended for inclusion in the office library of all physicians.

Robert K. Maudlin, PharmD  
Family Medicine Spokane  
Spokane, Washington

**Interviewing and Patient Care (2nd Edition).** Allen J. Enelow, Scott N. Swisher. Oxford University Press, New York, 1979, 255 pp., \$12.95 (cloth), \$5.95 (paper).

This is a well-written book, both readable and well organized. Since family physicians in many medical schools are teaching interviewing skills, it is particularly recommended for this purpose and for teaching approach to the patient in general. Certain parts of the book would also be relevant for use in teaching or re-teaching interviewing skills to family practice residents early in their training. The chapter on basic interviewing is an excellent review of fundamental skills in this area.

The chapter on interviewing children and parents is particularly pertinent and addresses itself in a clear way to problems involved in interviewing children. The chapter on interviewing the family is good, although it is hoped that these are concepts with which family prac-

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tice residents are already familiar. The chapter on emotional behavioral responses to illness and to the interview is very good and might be especially helpful for those residents involved in Balint-type seminars.

Overall, this is the best book on interviewing that I have seen.

C. Kent Smith, MD  
University of Washington  
Seattle

**Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration.** Norman Cousins. WW Norton, New York, 1979, 173 pp., \$9.95.

This highly readable book grew out of an article written for *The New England Journal of Medicine* in 1964. Receiving over 3,000 letters from physicians after its publication, Norman Cousins (for over 30 years the editor of the prestigious *Saturday Review* and now its editorial chairman), began collecting material for a longer work—hence this book, 15 years later.

He wrote the original article after suffering a debilitating “collagen disease of unknown origin.” Since he was advised that the chances against recovery were 500 to 1, Mr. Cousins, with the help of his personal physician, decided to try some unusual therapies.

Believing that the major part of his illness was caused by air pollution, excessive work, and mental stress, he decided to try to learn how to allow the body to heal itself.

His treatment included large doses (25 gm a day) of Vitamin C intravenously, termination of all medication (which included aspirin, butazolidine, codeine, and sedatives), and a program of “laugh therapy.” The latter was undertaken, in part, through nightly screenings of old Marx Brothers movies, and the reading of such humorists as James Thurber, Ogden Nash, and E.B. White. (“Laughing,” Cousins says, “is like jogging internally, without having to go outdoors.”)

As a patient actively involved in his own care, Cousins requested that sedimentation rates be taken after these “laugh therapy” sessions; interestingly enough, each such episode uniformly resulted in a drop of the sedimentation rate of at least 5 mm.

The second half of his book may be of particular interest to family physicians, as Cousins makes a strong case for the “laying on of hands rather than tools.” He says that if “trust does not become an important part of the physician-patient relationship, it is unlikely that healing will occur.”

This is a remarkable and thoughtful book by a highly intelligent and well-informed layman who has long been friendly to medicine. He explores the interactions of the physician-patient relationship, the placebo affect, the will to live, and some of today’s problems in medicine based on a careful review of the medical literature (about 200 references are included in the book). He makes an articulate plea for physicians and patients to work together in a partnership effort, with patients taking a more active and dignified role in their own care.

Emogene Geyman  
Seattle, Washington

## VALIUM® diazepam/Roche

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

**Indications:** Tension and anxiety associated with anxiety disorders, transient situational disturbances and functional or organic disorders, psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation, apprehension, fatigue, acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal, adjunctionally in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy). The effectiveness of Valium (diazepam/Roche) in long term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma, may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctionally in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms similar to those with barbiturates and alcohol have been observed with abrupt discontinuation, usually limited to extended use and excessive doses. Infrequently, milder withdrawal symptoms have been reported following abrupt discontinuation of benzodiazepines after continuous use, generally at higher therapeutic levels, for at least several months. After extended therapy, gradually taper dosage. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

**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:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed, drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other anticonvulsants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states: 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed, adjunctionally in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctionally in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium® (diazepam/Roche) Tablets, 2 mg, 5 mg and 10 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 in trays of 10.

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