

Keflex®
cephalexin

Brief Summary. Consult the package literature for prescribing information.

Indications: Keflex is indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus (Diplococcus) pneumoniae* and group A beta-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflex is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflex in the subsequent prevention of rheumatic fever are not available at present.)

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

Contraindication: Keflex is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflex.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflex occurs, the drug should be discontinued and the patient treated with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflex may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Keflex should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflex, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Adverse Reactions: *Gastrointestinal*—The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Nausea, vomiting, dyspepsia, and abdominal pain have also occurred.

As with other broad-spectrum antibiotics, colitis, including rare instances of pseudomembranous colitis, has been reported in conjunction with therapy with Keflex.

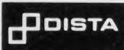
Hypersensitivity—Allergies (in the form of rash, urticaria, and angioedema) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, and slight elevations in SGOT and SGPT have been reported.

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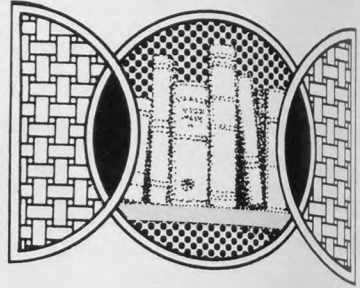
Additional information available to the profession on request from Dista Products Company, Division of Eli Lilly and Company, Indianapolis, Indiana 46285.

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Book Reviews



Common Diseases: Their Nature, Incidence, and Care (2nd Edition).

John Fry. JB Lippincott Company, Philadelphia and London, 1979, 423 pp., \$14.00.

John Fry has contributed much to general practice, both by the thorough nature of 25 years of practice based epidemiology, and by his enthusiasm for writing about ideas and observations. He has followed the tradition of Will Pickles by observing illness over time and relating it to a defined population, adding greatly to our understanding of the natural history of many common illnesses. One of the problems with our interventionist oriented medical system in the United States is that we rarely use patience and observation of a medical problem to understand better what "tincture of time" means, in a solid clinical sense. Dr. Fry has been doing that for years and documenting his findings. His curiosity about process and outcome has extended to the organization of medical care, described in his excellent earlier book, *Medicine in Three Societies*, which was an analysis of very different ways of delivering primary care.

This second edition of *Common Diseases*, while full of useful information about the expected prevalence of chronic illnesses and incidence of new disorders seen in

an average practice—information which should lie at the heart of education and health planning—nevertheless has the problem of extrapolating from one physician's practice to general principles of management. The book is organized roughly along the lines of organ systems, and addresses specific illnesses within those systems. Some chapters, such as that on peptic ulcer disease, the "acute back," and asthma are good examples of the valuable observations of the generalist on the "outcome" of significant illness. Many others, however, suffer from questionable management and pharmacologic decisions which are more illustrative of Dr. Fry's individual treatment preference than that which is the current state of medical knowledge. The text also suffers from an aggravating lack of references for tables and figures, leaving the reader to decide exactly what the data represent.

Common Diseases is an example of a particular type of individual epidemiology merging the innate curiosity of the good clinician with the method of collection and analysis of morbidity data. From

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