

# Diet & Diabinese

(chlorpropamide)

Tablets 100 mg and 250 mg

A proven regimen... continue it with confidence.

## BRIEF SUMMARY

### DIABINESE® (chlorpropamide) Tablets

**Contraindications:** Diabinese is not indicated in patients having juvenile or growth-onset diabetes mellitus, severe or unstable "brittle" diabetes, and diabetes complicated by ketosis and acidosis, diabetic coma, major surgery, severe infection, or severe trauma. Diabinese is contraindicated during pregnancy. Serious consideration should be given to the potential hazard of its use in women of childbearing age who may become pregnant.

Diabinese is contraindicated in patients with serious impairment of hepatic, renal, or thyroid function.

**Precautions:** Use chlorpropamide with caution with barbiturates, in patients with Addison's disease or in those ingesting: alcohol, antibacterial sulfonamides, thiazides, phenylbutazone, salicylates, probenecid, dicoumarol or MAO inhibitors. Adequate dietary intake should be assured in all patients using Diabinese.

**Warnings:** DIABINESE (CHLORPROPAMIDE) SHOULD NOT BE USED IN JUVENILE DIABETES OR IN DIABETES COMPLICATED BY ACIDOSIS, COMA, SEVERE INFECTION, MAJOR SURGICAL PROCEDURES, SEVERE TRAUMA, SEVERE DIARRHEA, NAUSEA AND VOMITING, ETC. HERE, INSULIN IS INDISPENSABLE.

HYPOGLYCEMIA, IF IT OCCURS, MAY BE PROLONGED. (SEE ADVERSE REACTIONS.) IN INSTANCES OF CONCOMITANT USE WITH INSULIN, PATIENTS SHOULD BE CAREFULLY MONITORED.

**Adverse Reactions:** Usually dose-related and generally respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance; weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice, skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. They occur characteristically during the first six weeks of therapy. With a few exceptions, these manifestations have been mild and readily reversible on the withdrawal of the drug. The more severe manifestations may require other therapeutic measures, including corticosteroid therapy. Diabinese should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCIPIENT JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG. Leukopenia, thrombocytopenia and mild anemia, which occur occasionally, are generally benign and revert to normal, following cessation of the drug.

Cases of aplastic anemia and agranulocytosis, generally similar to blood dyscrasias associated with other sulfonylureas, have been reported. BECAUSE OF THE PROLONGED HYPOLYCEMIC ACTION OF DIABINESE, PATIENTS WHO BECOME HYPOLYCEMIC DURING THERAPY WITH THIS DRUG REQUIRE CLOSE SUPERVISION FOR A MINIMUM PERIOD OF 3 TO 5 DAYS, during which time frequent feedings or glucose administration are essential. The anorectic patient or the profoundly hypoglycemic patient should be hospitalized.

Rare cases of phototoxic reactions have been reported. Edema associated with hyponatremia has been infrequently reported. It is usually readily reversible when medication is discontinued.

**Dosage:** The total daily dosage is generally taken at a single time each morning with breakfast. Occasionally, cases of gastrointestinal intolerance may be relieved by dividing the daily dosage. A LOADING OR PRIMING DOSE IS NOT NECESSARY AND SHOULD NOT BE USED. The mild to moderately severe, middle-aged, stable diabetic should be started on 250 mg daily. Because the geriatric diabetic patient appears to be more sensitive to the hypoglycemic effect of sulfonylurea drugs, older patients should be started on smaller amounts of Diabinese, in the range of 100 to 125 mg daily.

After five to seven days following initiation of therapy, dosage may be adjusted upward or downward in increments of 50 to 125 mg at intervals of three to five days. PATIENTS WHO DO NOT RESPOND COMPLETELY TO 500 MG DAILY WILL USUALLY NOT RESPOND TO HIGHER DOSES. Maintenance doses above 750 mg daily should be avoided.

**Supply:** 100 mg and 250 mg, blue, 'D'-shaped, scored tablets.

More detailed professional information available on request.

**Pfizer** LABORATORIES DIVISION  
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Leaders in Oral Diabetic Therapy

## Book Reviews

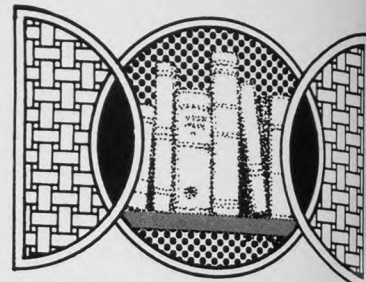
**Management of Common Problems in Geriatric Medicine.** Franklin G. Ebaugh, Jr. (ed). Addison-Wesley Publishing, Menlo Park, California, 1981, 388 pp., \$29.95.

The editor relates that this book is not intended to be an all-encompassing general reference text on geriatric problems. It does not concern itself with diseases that are uncommon or significantly different in their management from those found in younger age groups. The book addresses a number of selected problems common to the elderly.

The 19 chapters can be loosely grouped into six categories: (1) chapters that deal with skeletal-sensory impairment, (2) chapters concerning common medical problems of the elderly whose management and therapy are uniquely different from the younger population, (3) chapters that deal with depression, dementia, and stroke, (4) chapters concerning cardiovascular diseases, (5) chapters concerning urologic problems, and (6) one chapter on management of terminally ill patients.

The content of the chapters addresses conditions that are frequently encountered in the family physician's practice. The material is displayed in an easily read manner. The illustrations, graphs, and pictures are simple but accurate.

There is a paucity of information in the text concerning social problems of aging, money, transportation, family interactions, and stressful adaptations of aging. There are frequent comments urging referral with little mention of continuity of care. Sexual problems



receive one short paragraph.

The text deals largely with medical problems and medical surgical treatment. The family practice attitude and approach to comprehensive care to an individual and family are not evident in the book.

This textbook does not address issues in depth. Most discussions are quite brief and serve only as a rapid review, with little new information provided for the family physician. The audience best served by the textbook would be medical and nursing students. For the busy physician desiring a superficial review, the text could have some usefulness.

Donald McHard, MD  
Phoenix, Arizona

**Interpreting the Medical Literature: A Clinician's Guide.** Stephen H. Gehlbach. D. C. Heath & Company, 1982, Lexington, Massachusetts, 1982, 234 pp., \$12.95 (paper).

This work is well designed to assist anyone—student, family physician, allied health professional, or academician—in the art and science of reading and interpreting the medical literature. The text, however, goes beyond its title in scope and is a well-done beginner's compendium on research methodology.

The chapter headings cover virtually all important areas, including issues of study design, measurement, and interpretation of results. Each chapter is concluded with a concise summary of pertinent material covered. The format is well attuned to the audience, using a

Continued on page 1094

# Routine Vi-Flor™ supplementation

to help you guard appropriate patients against caries risk and nutritional risk.

**POLY-VI-FLOR® 0.25 mg drops**  
**POLY-VI-FLOR® 1.0 mg tablets**  
**TRI-VI-FLOR® 0.25 mg drops w/Iron**  
**Combined Brief Summary**

**CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION**

**Description:** Each 1 ml dose of POLY-VI-FLOR® 0.25 mg drops contains 0.25 mg of fluoride and certain essential vitamins. Each POLY-VI-FLOR® 1.0 mg chewable tablet contains 1.0 mg fluoride and certain essential vitamins. Each 1 ml dose of TRI-VI-FLOR® 0.25 mg drops with iron contains 0.25 mg of fluoride, Vitamins A, D & C, and ferrous sulfate.

**Indications and Usage:** It is well established that fluoridation of the water supply (1 ppm fluoride) during the period of tooth development leads to a significant decrease in the incidence of dental caries.

The American Academy of Pediatrics recommends that children up to age 16, in areas where drinking water contains less than optimal levels of fluoride, receive daily fluoride supplementation for caries prophylaxis.

**Warnings:** As in the case of all medications, keep out of the reach of children.

**Precautions:** Before prescribing VI-FLOR™ products the physician should determine the amount of fluoride which the child is receiving. The suggested dose should not be exceeded since dental fluorosis may result from continued ingestion of large amounts of fluoride.

**Adverse Reactions:** Allergic rash and other idiosyncrasies have been rarely reported.

**Dosage and Administration:** As prescribed by the physician. VI-FLOR 0.25 mg drops provide fluoride in drop form for infants and young children from birth to 2 years of age in areas where the drinking water contains less than 0.3 ppm of fluoride and for children ages 2-3 years in areas where the drinking water contains 0.3 thru 0.7 ppm of fluoride. Each 1.0 ml supplies sodium fluoride (0.25 mg fluoride) plus certain essential vitamins. VI-FLOR 1.0 chewable tablets contain fluoride for children over 3 years of age in areas where water fluoride is less than 0.3 ppm. Each tablet supplies sodium fluoride (1.0 mg fluoride) plus certain essential vitamins.

**How Supplied:** VI-FLOR Drops are supplied in 50 ml bottles. VI-FLOR Chewable Tablets are supplied in bottles of 100.

## References:

1. Source: Preliminary three-day dietary reports data from USDA Nationwide Food Consumption Survey conducted 4/77-3/78 using Food and Nutrition Board 1980 Recommended Dietary Allowances. Data exclude nutrient contribution from vitamin and mineral supplements.
2. 1980 Recommended Dietary Allowance.
3. Lubin B (ed): The role of vitamins and minerals in the school-age child, in *Essentials for Growth: The School Age Child*. New York, Medcom, 1982, 4:3.
4. Fluoridation Census 1975. United States Public Health Service Center for Disease Control, April, 1977.
5. Data on file, Mead Johnson Nutritional Division.
6. Wei, SHY. Fluoride Supplementation in Moss SJ (ed): *Pediatric Dental Care*. New York, Medcom, 1978, p. 28.
7. American Academy of Pediatrics, Committee on Nutrition: Fluoride Supplementation: Revised Dosage Schedule. *Pediatrics* 63:150, 1979.
8. Accepted Dental Therapeutics, Ed. 38, Chicago, American Dental Association, 1979, p. 321.



**Vi-Sol®/Vi-Flor™ products are the nation's most prescribed children's vitamin and fluoride-vitamin supplements.**

(For complete details, please consult full prescribing information.)

# Mead Johnson

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## BOOK REVIEWS

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panoply of published articles (well referenced) to illustrate the vicissitudes of research and the problems one may encounter in issues such as population selection, unrecognized bias, and confounding. Original articles are frequently supplemented by somewhat humorous hypothetical examples, which are a useful addition.

The content of this book is certainly readable and relevant to family practice as well as appropriate for anyone interested in a "thinking person's" approach to the medical literature. The writing is well organized, and the illustrations are well done and easily understood.

If I had any suggestions to make about the content, I would only have added an emphasis on follow-up of "letters to the editor" when one feels an article is important. There is a good deal of sophistication needed to ferret out holes in research design. Opinions voiced by others in the field may well shed light that will assist the reader with the "final judgment."

This text should be required reading for all family practice residents and could be the basis for a course for residents or students in research design and critical interpretation of the medical literature.

*William C. Fowkes, Jr., MD*  
*Stanford University*  
*San Jose, California*

**Soft Tissue Rheumatic Pain: Recognition, Management, Prevention.**

*Robert P. Sheon, Roland W. Moskowitz, Victor M. Goldberg, Lea & Febiger, Philadelphia, 1982, 302 pp., price not available.*

Tennis elbow, nerve entrapment disorders, and plantar fasciitis,

among other topics covered in this book, are commonly seen entities that are often diagnostically and therapeutically perplexing. Management of such disorders frequently includes a combination of medical folklore, injections, and hope. A more scientific approach to these conditions is needed.

The authors attempt to fill the void of medical literature in this area. Organized by anatomic regions of the body, the topics covered seem at first glance to be highly relevant to family physicians. The book is described by the authors as a "what is it?" and "how to treat it" book. They further contend that "physicians concerned with cost effectiveness are recommending many of the treatment modalities described in this book." Unfortunately, the "physicians concerned" cited within the book are the actual authors of the text. The authors further state that they encourage readers to try the recommended measures even though there is no proven efficacy, yet efficacy is exactly what the reader needs most.

The content of the book is superficial. Complex and baffling conditions such as low back pain are treated in a quick-draw fashion, implying that the suggested cookbook approach will lead to results. Prognosis is rarely discussed; neither is differential diagnosis. Organizationally, the book is equally flawed. Diagnostic techniques are described in such unclear fashion as to make them nonreplicable. Discussion of one condition often merges incoherently with discussion of a second. Illustrations are frequently of poor quality and rarely follow the text.

In summary, the book is a disappointment. Perhaps its main contribution is that it illustrates again

the need for high-quality textbook material in this area.

Raymond Y. Demers, MD  
Detroit, Michigan

**Health Promotion: Principles and Clinical Applications.** Robert Taylor (ed), John Ureda, John Denham (assoc eds). Appleton-Century-Crofts, E. Norwalk, Connecticut, 1982, 462 pp., \$38.50.

With the increasing concern on a national basis of cost effectiveness, this book has been published at a most opportune time. The editor and associate editors have emphasized those areas of health promotion that will have a tremendous impact on preventing illness and increasing the quality of life in the future. The enormity of this problem is emphasized when one realizes that up to one half of all deaths in America during 1976 were attributed to unhealthy behavior or lifestyle.

This book is especially important for the family physician, who is in an excellent position to serve as a patient advisor and confidant. The authors stress an important impediment to the clinical application of health promotion. Many physicians feel uncomfortable advising patients concerning health-promoting behavior. This feeling is probably due to an insecure data base of health promotion, and the failure of the traditional medical education system to prepare physicians for the role in health practices counseling. The information in this book can go a long way in correcting these feelings of insecurity about the physician's role in health promotion.

The book is interesting, informative, well referenced, and easy to read, and has excellent illustrations in the form of graphs and tables.

# Patients want to hear from their primary care physicians more often — according to the results of a recent survey

We asked patients how they felt about receiving a newsletter from their physicians which contained brief articles about some of the more recent discoveries and advancements in the field of medicine, explained how best to use the services of their family doctor, and offered practical tips to improve their own and their family's health.

**90% of those surveyed were ready to receive a regular newsletter from their physicians. In fact, almost 80% not only were ready but expressed great enthusiasm with such comments as these...**

- I would be favorably impressed and would feel he was thinking about me.
- It would be like the old days when doctors really cared.
- Good — it would be the voice of authority.
- I'd be very pleased. I'd have much more respect.
- I would have respect for him if he took the time to do that.

**Respect was an important issue with more than half of the respondents who stated they would have more respect for their physician if he took the time to send them a newsletter on a regular basis.**



For complete survey results and information on a special newsletter, "For Your Health," specifically designed for primary care physicians to send to their patients on a regular basis complete coupon at right.

FP1283

**Yes.** I am interested in how patients feel about their family physician. Please send:

- Complete survey results and newsletter information
- FREE mini-report on a "no-hassle" way to maintain a patient mailing list.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Patient Survey  
5 Willowbrook Court  
Potomac, MD. 20854

The editors' goals for this book were to have the health care practitioner be able to do the following: (1) understand the epidemiological, biomedical, statistical, behavioral, and educational principles of health promotion, (2) determine

the health promotion needs of the individual family, (3) describe specific health practices appropriate for each individual's age, sex, health status, and belief systems, and (4) maintain continuing supervision in accordance with up-to-

date scientific data.

The authors have accomplished these goals by carefully selecting health practices based on current medical information and opinion. The book emphasizes eight main areas: nutrition, weight control, exercise, alcohol use, tobacco use, the appropriate use of drugs, rest and sleep, and stress management.

The book is organized into three parts. Part I deals with the principles of health promotion, epidemiology, biomedical aspects of health promotion, prospective medicine and the health hazard appraisal, behavior modification and health care systems, and health promotion in the medical encounter. Part II consists of the applications of health promotion in the areas of nutrition, weight control, exercise, alcohol use, tobacco, the appropriate use of drugs, rest and sleep, and stress management. Part III describes some of the issues and resources of health promotion such as medical activism, health promotion, ethical considerations, future directions of health promotion, literature resources, and institutional resources.

There is no doubt in my mind that an improved level of health care would be obtained if each provider of primary care—the family physician, general internist, obstetrician-gynecologist, and pediatrician—would read this book. The information gained may also be useful in narrowing the gap between physician beliefs and actions regarding both personal habits and prescribing activities.

Ideally these principles should be taught in medical school curriculum, college and universities, high schools, and areas of employment as well as by the individual physician.

Lawrence Perry, MD  
Kansas City, Kansas

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