

Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

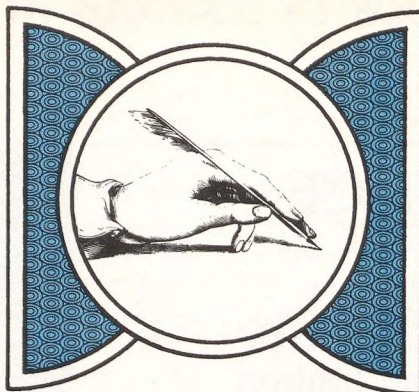
Health Care in Nicaragua

To the Editor:

We returned from Nicaragua as part of the largest delegation of US health care workers ever to visit that country. While attending the Second US-Nicaragua Colloquium on Health, we were impressed by the significant, well-documented progress made in providing health care since the overthrow of Somoza's dictatorship in 1979.

Infant diarrhea was responsible five years ago for killing children at the rate of 120/1,000 live births; today, by setting up oral rehydration centers, Nicaragua has cut this toll to 58/1,000. Poliomyelitis has been virtually eliminated, and incidences of tetanus, diphtheria, whooping cough, and malaria have been vastly reduced. Malnutrition is being corrected by assuring an adequate diet to every family, and vaccination campaigns have conquered the most serious contagious diseases. Psychiatric patients, instead of imprisonment and torture, instead of electric shock therapy administered by cattle prods, now received team-centered family and group therapy and progressive outpatient care.

Yet, this progress is seriously threatened by the covert war being conducted by US proxies on Nicaraguan borders. The Contra guerrillas select health workers and installations as special targets of their violence: 38 health posts have been destroyed, 100 health workers, including two physicians, have been murdered; others have been tortured and raped. Health workers in the immunization campaigns in



the north are now forced to go into the countryside with their supplies under one arm and a rifle under the other. Progress in malaria control has been significantly slowed; malnutrition in contested areas is worsening as Contras disrupt the food supply and destroy crops. One hospital in Jenataga, near the contested area, has trouble maintaining an operating room schedule—its water supply is polluted, and the trip to a nearby source of clean water has become too dangerous, so the operating room laundry cannot be done. This is to say nothing of the added burden on the health system caused by injuries associated with 7,000 deaths, of stress and grief in a country unable to obtain sufficient medical supplies because of a US economic blockade.

Nicaragua is a poor country of 3 million. Its people, now struggling to make a decent life for themselves, pose no threat to us. By continuing to support aggression against them, we debase our principles and dishonor our own struggle for a decent life.

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TRINSICON® Capsules
HEMATINIC CONCENTRATE
WITH INTRINSIC FACTOR/GLAXO

Brief Summary of Prescribing Information

DESCRIPTION

Each capsule contains—
Special Liver-Stomach Concentrate,
(containing Intrinsic Factor) 240 mg
Vitamin B₁₂ (Activity Equivalent) 15 mcg
Iron, Elemental (as Ferrous Fumarate) 110 mg
Ascorbic Acid (Vitamin C) 75 mg
Folic Acid 0.5 mg
with other factors of Vitamin B Complex present in the
Liver-Stomach Concentrate.

Usual dosage: One Trinsicon Capsule twice a day.

INDICATIONS AND USAGE

Trinsicon® (hematinic concentrate with intrinsic factor) is a multifactor preparation effective in the treatment of anemias that respond to oral hematinics, including pernicious anemia and other megaloblastic anemias and also iron-deficiency anemia. Therapeutic quantities of hematoopoietic factors that are known to be important are present in the recommended daily dose.

CONTRAINDICATIONS

Hemochromatosis and hemosiderosis are contraindications to iron therapy.

PRECAUTIONS

General Precautions—Anemia is a manifestation that requires appropriate investigation to determine its cause or causes.

Folic acid *alone* is unwarranted in the treatment of pure vitamin B₁₂ deficiency states, such as pernicious anemia. Folic acid may obscure pernicious anemia in that the blood picture may revert to normal while neurological manifestations remain progressive.

As with all preparations containing intrinsic factor, resistance may develop in some cases of pernicious anemia to the potentiation of absorption of physiologic doses of vitamin B₁₂. If resistance occurs, parenteral therapy, or oral therapy with so-called massive doses of vitamin B₁₂, may be necessary for adequate treatment of the patient. No single regimen fits all cases, and the status of the patient observed in follow-up is the final criterion for adequacy of therapy. Periodic clinical and laboratory studies are considered essential and are recommended.

Usage in Pregnancy—Pregnancy Category C—Animal reproduction studies have not been conducted with Trinsicon. It is also not known whether Trinsicon can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Trinsicon should be given to a pregnant woman only if clearly needed.

Nursing Mothers—It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Trinsicon is administered to a nursing woman.

Usage in Children—Safety and effectiveness in children below the age of 10 have not been established.

ADVERSE REACTIONS

Rarely, iron in therapeutic doses produces gastrointestinal reactions, such as diarrhea or constipation. Reducing the dose and administering it with meals will minimize these effects in the iron-sensitive patient.

In extremely rare instances, skin rash suggesting allergy has been noted following the oral administration of liver-stomach material. Allergic sensitization has been reported following both oral and parenteral administration of folic acid.

OVERDOSAGE

Symptoms—Those of iron intoxication, which may include pallor and cyanosis, vomiting, hematemesis, diarrhea, melena, shock, drowsiness, and coma.

Treatment—For specific therapy, exchange transfusion and chelating agents. For general management, gastric and rectal lavage with sodium bicarbonate solution or milk, administration of intravenous fluids and electrolytes, and use of oxygen.

HOW SUPPLIED

Capsules, dark pink and dark red (No. 2). Bottles of 60 (NDC 0173-0364-22), bottles of 500 (NDC 0173-0364-24), and Unit Dose Packs of 100 capsules (NDC 0173-0364-27).

Literature Revised October, 1983.

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by Eli Lilly & Co., Indianapolis, IN 46285.

Glaxo

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