

Nix FOR LICE[®]

CREME RINSE

permethrin 1%

BOOK REVIEWS

PEDICULICIDAL/OVICIDAL ACTIVITIES: *In vitro* data indicate that permethrin has pediculicidal and ovicidal activity against *Pediculus humanus var. capitis*. The high cure rate (97-99%) of Nix in patients with head lice demonstrated at 14 days following a single application is attributable to a combination of its pediculicidal and ovicidal activities and its residual persistence on the hair which may also prevent reinfestation.

INDICATIONS AND USAGE: Nix is indicated for the single-application treatment of infestation with *Pediculus humanus var. capitis* (the head louse) and its nits (eggs). Retreatment for recurrences is required in less than 1% of patients since the ovicidal activity may be supplemented by residual persistence in the hair. If live lice are observed after at least seven days following the initial application, a second application can be given.

CONTRAINDICATIONS: Nix is contraindicated in patients with known hypersensitivity to any of its components, to any synthetic pyrethroid or pyrethrin, or to chrysanthemums.

WARNING: If hypersensitivity to Nix occurs, discontinue use.

PRECAUTIONS:

General: Head lice infestation is often accompanied by pruritus, erythema, and edema. Treatment with Nix may temporarily exacerbate these conditions.

Information for Patients: Patients with head lice should be advised that itching, redness, or swelling of the scalp may occur after application of Nix. If irritation persists, they should consult their physician. Nix is not irritating to the eyes; however, patients should be advised to avoid contact with eyes during application and to flush with water immediately if Nix gets in the eyes. In order to prevent accidental ingestion by children, the remaining contents of Nix should be discarded after use.

Combing of nits following treatment with Nix is not necessary for effective treatment. However, patients may do so for cosmetic or other reasons. The nits are easily combed from the hair treated with Nix after drying.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Six carcinogenicity bioassays were evaluated with permethrin, three each in rats and mice. No tumorigenicity was seen in the rat studies. However, species-specific increases in pulmonary adenomas, a common benign tumor of mice of high spontaneous background incidence, were seen in the three mouse studies. In one of these studies there was an increased incidence of pulmonary alveolar-cell carcinomas and benign liver adenomas only in female mice when permethrin was given in their food at a concentration of 5000 ppm. Mutagenicity assays, which give useful correlative data for interpreting results from carcinogenicity bioassays in rodents, were negative. Permethrin showed no evidence of mutagenic potential in a battery of *in vitro* and *in vivo* genetic toxicity studies.

Permethrin did not have any adverse effect on reproductive function at a dose of 180 mg/kg/day orally in a three-generation rat study.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in mice, rats, and rabbits (200-400 mg/kg/day orally) and have revealed no evidence of impaired fertility or harm to the fetus due to permethrin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy 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 and because of the evidence for tumorigenic potential of permethrin in animal studies, consideration should be given to discontinuing nursing temporarily or withholding the drug while the mother is nursing.

Pediatric Use: Nix is safe and effective in children two years of age and older. Safety and effectiveness in children less than two years of age have not been established.

ADVERSE REACTIONS: The most frequent adverse reaction to Nix is pruritus. This is usually a consequence of head lice infestation itself, but may be temporarily aggravated following treatment with Nix. 5.9% of patients in clinical studies experienced mild temporary itching; 3.4% experienced mild transient burning/stinging, tingling, numbness, or scalp discomfort; and 2.1% experienced mild transient erythema, edema, or rash of the scalp.

DOSE AND ADMINISTRATION:

Adults and Children: Nix is intended for use after the hair has been washed with shampoo, rinsed with water and towel dried. Apply a sufficient volume of Nix to saturate the hair and scalp. Nix should remain on the hair for 10 minutes before being rinsed off with water. A single treatment is sufficient to eliminate head lice infestation. Combing of nits is not required for therapeutic efficacy, but may be done for cosmetic or other reasons.

SHAKE WELL BEFORE USING.

HOW SUPPLIED: Nix (Permethrin) 1% (wt./wt.) Creme Rinse is supplied in plastic squeeze bottles that contain 2 fl. oz. weighing 56 g. (NDC-0081-0780-81)

Store at 15°-25°C (59°-77°F).

1 DiNapoli J, Austin R, Englander S, et al: Eradication of lice with a single treatment (unpublished data, 1987). 2 Taplin D, Meincking T, Castillero P, et al: Permethrin 1% creme rinse for the treatment of pediculus humanus var capitis infestation. *Pediatr Dermatol* 1986; 3:4:344-348. 3 Davies J, Dedhia H, Morgade C, et al: Lindane poisonings. *Arch Dermatol* 1983; 119:142-144.

Handbook of Pediatric Orthopedics (12th edition). Stanley M. K. Chung, Van Nostrand, Reinhold Company, New York, 1986, 270 pp., \$42.95.

The goal of this book is an excellent one—a reference manual and handbook with the subject matter organized to find immediate answers to clinical problems. Each chapter begins with a box of headings in alphabetical order, numbered to correspond with their sequence in the chapter. Each chapter ends with a summary, including a list of diagnoses, the treatment of each, and complications and pitfalls associated with each. The plan is promising.

The execution, however, is uneven and clumsy. The text is often confusing, as, for example, in the descriptions of and treatment recommendations for “tidy” and “untidy” wounds. There is an unreality about some treatment recommendations. Ice massage is advised for contusions and hematoma, applied by using “five or six ice cubes in a plastic bag.” Careless remarks are frequent. In the multiple-injured patient we are advised, “if he cannot turn over, palpate the spinal process to see if tenderness is present.” The battered child and the “shaken” child are used interchangeably.

Line drawings by the author's son are numerous and are often effective and appropriate. Some are simplistic, and several are misleading or incorrect (Figures 4b-3, 4b-7, and 4b-10).

In the final analysis, what limits the usefulness of this book is its lack of direction. Listings of laboratory tests appear with little relation to clinical settings and with inadequate recommendations about the sequence in which they are appropriate. Advice on differential diagnosis is often diffuse: priorities are not defined. Treatment

recommendations are no better. In discussing the management of infection of the vertebral body or disc space, bed rest, heat, and massage head the list. No sense of urgency is conveyed. Follow-up of the limping child in whom “no diagnosis can be made after the first visit and series of diagnostic tests” is recommended in two to three weeks. That is a long time for an undiagnosed limp.

There is a lot of useful information, but this book could be a minefield to the uninitiated.

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Urban Family Medicine. Richard B. Birrer (ed.). Springer-Verlag, New York, 1987, 287 pp., \$65.00.

The urbanization of America in conjunction with the increasing role of family medicine in caring for the urban population makes imperative a textbook on urban family medicine. This text is a good first effort to create such a reference. Parts of the book are relevant and well done, while other sections contain only standard family medicine concepts attached to the word “urban.”

The chapters on compliance (an unfortunate term discussed by the author), the urban high-risk patient, the urban adolescent, the urban elderly, psychiatry, epidemiology, community resources, home visits, urban community diagnosis, practice options, and graduate training for urban family practice are particularly relevant. They address the unique characteristics and challenges of practice in a large city. The chapter entitled “Families of Mexican Descent: A Contextual Approach” will assist physicians to work with any culture different from their own. A section

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Entex[®] LA

PHENYLEPHRINE HYDROCHLORIDE 75 mg
GUAIFENESIN 400 mg

IN A SPECIAL BASE TO PROVIDE A PROLONGED THERAPEUTIC EFFECT.

OR

Entex[®] LIQUID

Each 5 ml (one teaspoonful) contains:
PHENYLEPHRINE HYDROCHLORIDE 5 mg
PHENYLEPHRINE HYDROCHLORIDE 20 mg
GUAIFENESIN 100 mg
ALCOHOL 5%

Before prescribing or administering, see package circular for full product information. The following is a brief summary.

INDICATIONS AND USAGE: Entex is indicated for the symptomatic relief of sinusitis, bronchitis, pharyngitis, and coryza when these conditions are associated with nasal congestion and viscous mucus in the lower respiratory tract.

CONTRAINDICATIONS: Entex is contraindicated in individuals with known hypersensitivity to sympathomimetics, severe hypertension, or in patients receiving monoamine oxidase inhibitors.

WARNINGS: Sympathomimetic amines should be used with caution in patients with hypertension, diabetes mellitus, heart disease, peripheral vascular disease, increased intraocular pressure, hyperthyroidism, or prostatic hypertrophy.

PRECAUTIONS: Information for Patients: Do not crush or chew Entex LA tablets prior to swallowing.

Drug Interactions: Entex should not be used in patients taking monoamine oxidase inhibitors or other sympathomimetics.

Drug/Laboratory Test Interactions: Guafenesin has been reported to interfere with clinical laboratory determinations of urinary 5-hydroxyindoleacetic acid (5-HIAA) and urinary vanilmandelic acid (VMA).

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

Nursing Mothers: It is not known whether the drugs in Entex are excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the product, taking into account the importance of the drug to the mother.

Pediatric Use: Entex LA: Safety and effectiveness of Entex LA tablets in children below the age of 6 have not been established.

Entex Liquid: Safety and effectiveness of Entex Liquid in children below the age of 2 have not been established.

ADVERSE REACTIONS: Possible adverse reactions include nervousness, insomnia, restlessness, headache, nausea, or gastric irritation. These reactions seldom, if ever, require discontinuation of therapy. Urinary retention may occur in patients with prostatic hypertrophy.

OVERDOSAGE: The treatment of overdosage should provide symptomatic and supportive care. If the amount ingested is considered dangerous or excessive, induce vomiting with ipecac syrup unless the patient is convulsing, comatose, or has lost the gag reflex, in which case perform gastric lavage using a large-bore tube. If indicated, follow with activated charcoal and a saline cathartic. Since the effects of Entex may last up to 12 hours, treatment should be continued for at least that length of time.

DOSAGE AND ADMINISTRATION: Entex LA: Adults and children 12 years of age and older — one tablet twice daily (every 12 hours); children 6 to under 12 years — one-half (1/2) tablet twice daily (every 12 hours). Entex LA is not recommended for children under 6 years of age. Tablets may be broken in half for ease of administration without affecting release of medication but should not be crushed or chewed prior to swallowing.

Entex Liquid: All dosage should be administered four times daily (every 6 hours).

Children:
2 to under 4 years 1/2 teaspoonful (2.5 ml)
4 to under 6 years 1 teaspoonful (5.0 ml)
6 to under 12 years 1 1/2 teaspoonfuls (7.5 ml)

Adults and children 12 years of age and older:
2 teaspoonfuls (10.0 ml)

HOW SUPPLIED: Entex LA is available as a blue, scored tablet imprinted with "ENTEX LA" on the smooth side. **Entex Liquid** is available as an orange-colored, pleasant-tasting liquid.

Entex LA

NDC 0149-0436-01 bottle of 100

NDC 0149-0436-05 bottle of 500

Entex Liquid

NDC 0149-0414-16 16 FL. OZ. (1 Pint) bottle

CAUTION: Federal law prohibits dispensing without prescription.

LQ-BSS/LA-BSS

REVISED JULY 1985 (Entex LA)

REVISED SEPTEMBER 1985 (Entex Liquid)

Norwich Eaton

Norwich Eaton Pharmaceuticals, Inc.

A Procter & Gamble Company

Norwich, New York 13815-0231

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BOOK REVIEWS

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on working with interpreters is noticeably absent, however.

The chapter on family medicine research concentrates on traditional quantitative approaches, ignoring naturalistic, qualitative methodologies that are equally valid for research in family medicine.

The book would be more readable (and perhaps less expensive) with the elimination of repetition and content not relevant specifically to urban practice. For example, information in the chapters on the periodic health examination could be combined effectively with material from the chapter on screening. The chapter on working with family systems and biopsychosocial problems repeats components of the section on the urban family. Most of the material on families is highly theoretical and dense.

In summary, the subject of urban family medicine is important and timely. *Urban Family Medicine* contains many laudable elements. Improvements in subsequent editions could make it a classical basic text for students, residents, and practitioners.

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Vaccination Certificate Requirements and Health Advice for International Travel. *World Health Organization, Geneva, 1987, 83 pp., \$8.40 (paper).*

Vaccination Certificate Requirements and Health Advice for International Travel. *World Health Organization, Geneva, 1987, 83 pp., \$8.40 (paper).*

This annually updated World Health Organization booklet is invaluable for physicians advising patients about the health consequences of international travel. In general terms it describes what people can do to reduce the risk of transmissible diseases and illness while traveling. For example, avoid fatigue, excessive sun exposure and alcohol, and uncooked vegetables and thin-skinned fruits. Specifically, the booklet details the immunization requirements for entry into 199 countries, from Afghanistan to Zimbabwe, and one can readily determine the most current requirements for immunizations against cholera or yellow fever.

The authors reduce the complexities of malaria prophylaxis to simple principles. Specific prophylactic agents are recommended by geographic location with mention given to the degree of drug-resistant strains. The extent of malaria risk as well as peak seasons of risk are provided.

A five-page table at the end of the booklet lists certain food- and water-borne diseases, their mode of transmission, and geographic occurrence. This segment accentuates the concise, practical, well-organized nature of the book. Its contents are essential to those serving to advise people on healthy international travel.

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