

Continued from previous page

you to be certain that your security can't be breached; all electronic communications that contain any protected health information (PHI) must be encrypted. That means more security upgrades and strengthening of computer firewalls. As an aside, I hope all of you have paid attention to the electronic security provisions of HIPAA that just went into effect. If not, get moving on it, because it already is the law of the land.

Sometimes I wonder if we each need a full-time computer technocrat on our office staff. This expert might be fully com-

pensated from expected e-mail revenues.

Finally, e-mail raises a concern about medical liability. Documentation should keep you out of hot water for the most part. However, e-mail is not like telephone encounters, in which the office staff can detect nuances of concern in a parent's voice that cue the staff to fit in a visit more quickly. Those vocal inflections cannot be detected in e-mail, and in my opinion there may be a slight increase in risk when giving medical advice via computer.

Furthermore, giving medical advice by phone usually follows accepted protocols and is defensible; similar guidelines would likely hold for e-mail communication. But

I suspect those guidelines would less likely be followed. It could be argued that a doctor giving e-mail advice is preferable to a nurse giving phone advice—I suspect that may be true in most (but not all) cases—but those utilizing e-mail as a method of relaying medical advice need to document carefully.

I have responded to e-mail inquiries from a few patients, but only from family friends who happen also to be patients/parents in my practice. I am careful about the types of advice I give them, and I do not charge these friends for my expertise.

But if I begin to offer e-mail services to

my regular patients, I absolutely will charge for my responses. I will carefully document the exchange, and will use the phone to bring the patient in to the office when I think the computer may be in over its monitor.

E-mail communication may be the wave of the future, and you certainly should feel free to jump on the bandwagon and participate. But do be careful with respect to the concerns outlined above—and then, tap away! ■

DR. SCOTT is in private practice in Medford, N.J., and is a member of the PEDIATRIC NEWS Editorial Advisory Board.

## F Y I

### NIH Starts Obesity Prevention Plan

The National Institutes of Health has unveiled an education program, "We Can! Ways to Enhance Children's Activity & Nutrition," to help prevent overweight and obesity among children aged 8-13 years. More information on the program is available at <http://wecan.nhlbi.nih.gov>. Copies of the free parent handbook in English or Spanish can be requested by calling 866-359-3226.

### Occupational Exposure Advice

The National HIV/AIDS Clinicians' Consultation Center, located at the University of California, San Francisco, offers the PEpline, a postexposure-prophylaxis hotline for clinicians. Experts provide around-the-clock information and advice on managing occupational exposures to HIV and hepatitis B and C. Call 888-448-4911.

### Help Available for Talks on Sexuality

The U.S. Department of Health and Human Services is offering resources to help parents have talks with their teens about sex and relationships. The tools include a Web site and guidebooks. For more information, visit [www.4parents.gov](http://www.4parents.gov).

### Web Site Offers Asthma Education

Everydaykidz, a Web site presented by AstraZeneca, offers tools for parents of children with asthma. The site includes facts on pediatric asthma, treatment information, and tools for helping parents better communicate with pediatricians and family physicians. For more information, visit [www.everydaykidz.com](http://www.everydaykidz.com).

### Phone for SCHIP, Medicaid Eligibility

The Robert Wood Johnson Foundation is asking physicians to urge parents to call a toll-free number, 877-KIDS-NOW, to find out if their uninsured children are eligible for Medicaid or the State Children's Health Insurance Program. The Southern Institute on Children and Families, Columbia, S.C., serves as the national program office for the Covering Kids and Families initiative. For more information, visit [www.the-southerninstitute.org](http://www.the-southerninstitute.org).

### Getting Speech Therapy at School

The Stuttering Foundation has released "Special Education Law and Stuttering," a brochure to help parents obtain speech therapy for a child in the school system. To obtain a free copy, contact the Stuttering Foundation by calling 800-992-9392 or by visiting [www.stutteringhelp.org](http://www.stutteringhelp.org).



Clearly ahead

#### DESCRIPTION

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is a sterile ophthalmic solution containing olopatadine, a relatively selective H<sub>1</sub>-receptor antagonist and inhibitor of histamine release from the mast cell for topical administration to the eyes.

#### INDICATIONS AND USAGE

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is indicated for the treatment of the signs and symptoms of allergic conjunctivitis.

#### CONTRAINDICATIONS

PATANOL® is contraindicated in persons with a known hypersensitivity to olopatadine hydrochloride or any components of PATANOL®.

#### WARNINGS

PATANOL® is for topical use only and not for injection or oral use.

#### PRECAUTIONS

**Information for Patients:** To prevent contaminating the dropper tip and solution, care should be taken not to touch the eyelids or surrounding areas with the dropper tip of the bottle. Keep bottle tightly closed when not in use.

Patients should be advised not to wear a contact lens if their eye is red. PATANOL® should not be used to treat contact lens related irritation. The preservative in PATANOL®, benzalkonium chloride, may be absorbed by soft contact lenses. Patients who wear soft contact lenses and **whose eyes are not red** should be instructed to wait at least ten minutes after instilling PATANOL® before they insert their contact lenses.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Olopatadine administered orally was not carcinogenic in mice and rats in doses up to 500 mg/kg/day and 200 mg/kg/day, respectively. Based on a 40 µL drop size, these doses were 78,125 and 31,250 times higher than the maximum recommended ocular human dose (MROHD). No mutagenic potential was observed when olopatadine was tested in an *in vitro* bacterial reverse mutation (Ames) test, an *in vitro* mammalian chromosome aberration assay, or an *in vivo* mouse micronucleus test. Olopatadine administered to male and female rats at oral doses of 62,500 times MROHD level resulted in a slight decrease in the fertility index and reduced implantation rate; no effects on reproductive function were observed at doses of 7,800 times the maximum recommended ocular human use level.

**Pregnancy: Pregnancy Category C.** Olopatadine was found not to be teratogenic in rats and rabbits. However, rats treated at 600 mg/kg/day or 93,750 times the MROHD and rabbits treated at 400 mg/kg/day or 62,500 times the MROHD during organogenesis showed a decrease in live fetuses. There are, however, no adequate and well-controlled studies in pregnant women. Because animal studies are not always predictive of human responses, this drug should be used in pregnant women only if the potential benefit to the mother justifies the potential risk to the embryo or fetus.

**Nursing Mothers:** Olopatadine has been identified in the milk of nursing rats following oral administration. It is not known whether topical ocular administration could result in sufficient systemic absorption to produce detectable quantities in the human breast milk. Nevertheless, caution should be exercised when PATANOL® is administered to a nursing mother.

**Pediatric Use:** Safety and effectiveness in pediatric patients below the age of 3 years have not been established.

**Geriatric Use:** No overall differences in safety or effectiveness have been observed between elderly and younger patients.

#### ADVERSE REACTIONS

Headaches have been reported at an incidence of 7%. The following adverse experiences have been reported in less than 5% of patients: Asthenia, blurred vision, burning or stinging, cold syndrome, dry eye, foreign body sensation, hyperemia, hypersensitivity, keratitis, lid edema, nausea, pharyngitis, pruritus, rhinitis, sinusitis, and taste perversion. Some of these events were similar to the underlying disease being studied.

#### DOSAGE AND ADMINISTRATION

The recommended dose is one drop in each affected eye two times per day at an interval of 6 to 8 hours.

#### HOW SUPPLIED

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is supplied as follows:  
5 mL in plastic DROP-TAINER® dispenser.  
5 mL NDC 0065-0271-05.

#### Rx Only

U.S. Patents Nos. 4,871,865; 4,923,892; 5,116,863; 5,641,805.  
Revised: December 2003

#### References:

1. Lanier BQ, Abelson MB, Berger WE, et al. Comparison of the efficacy of combined fluticasone propionate and olopatadine versus combined fluticasone propionate and fexofenadine for the treatment of allergic rhinoconjunctivitis induced by conjunctival allergen challenge. *Clin Ther.* 2002;24:1161-1174.
2. Berger W, Beck M, Kimura S, Westbrook T, Storms W, Galant S. A multicenter, open-label, crossover, environmental model evaluation of the effect of an adjuvant therapy of Patanol® (olopatadine HCl 0.1%) ophthalmic solution on quality of life of patients with allergic rhinitis using systemic and/or nasal therapy. Submitted for publication.

**Alcon**®

ALCON LABORATORIES, INC.  
Fort Worth, Texas 76134  
[www.alconlabs.com](http://www.alconlabs.com)