

# Sanorex® (mazindol)

**Indication:** In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

**Contraindications:** Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

**Warnings:** Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

**Drug Interactions:** May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given a pressor amine agent (e.g., levarterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

**Drug Dependence:** Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

**Usage in Pregnancy:** An increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

**Usage in Children:** Not recommended for use in children under 12 years of age.

**Precautions:** Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdosage. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

**Adverse Reactions:** Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

**Dosage and Administration:** Usual dosage is 1 mg, three times daily, one hour before meals, or 2 mg, once daily, one hour before lunch. Use lowest effective dose, which can be determined by starting therapy at 1 mg, once a day and adjusting to the need and response of the patient. Should GI discomfort occur, mazindol may be taken with meals.

**Overdosage:** There are no data as yet on acute overdosage with mazindol in humans. Manifestations of acute overdosage with amphetamines and related substances include restlessness, tremor, rapid respiration, dizziness. Fatigue and depression may follow the stimulatory phase of overdosage. Cardiovascular effects include tachycardia, hypertension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting and abdominal cramps. While similar manifestations of overdosage may be seen with mazindol, their exact nature have yet to be determined. The management of acute intoxication is largely symptomatic. Data are not available on the treatment of acute intoxication with mazindol by hemodialysis or peritoneal dialysis, but the substance is poorly soluble except at very acid pH.

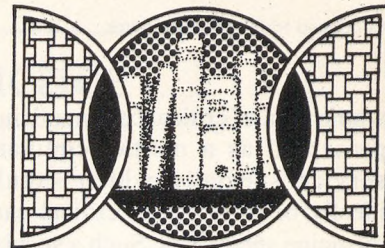
**How Supplied:** Tablets, 1 mg, and 2 mg, in packages of 100.

Before prescribing or administering, see package circular for Prescribing Information



SANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936

## Book Reviews



**The Critically Ill Child: Diagnosis and Management (2nd Edition).** *Clement A. Smith, W.B. Saunders Company, Philadelphia, 1977, 363 pp., \$13.50.*

This is the second edition of a book whose thrust is therapy rather than diagnosis. The book originates from a series of individual articles dealing with the critically ill child which appeared in *Pediatrics*, the publication of the American Academy of Pediatrics. Each one of 25 chapters deals with a separate disease entity and approaches it from the standpoint of management in an acute hospital setting, most often the intensive care unit. Because of this, most family physicians would find the information inappropriate to their care of ill children, which usually takes place in an ambulatory setting. As an exception, several chapters do discuss relevant problems including Emergency Room treatment of shock and trauma, status epilepticus, respiratory arrest, and anaphylaxis. The last chapter, dealing with psychiatric emergencies is worth reading because of its relevance to primary care. Its inclusion

at the end is perhaps the best indication that this book is intended for other than the generalist.

In spite of the many authors involved, this book is pleasantly readable. The photographs are few and except for those included in the chapter on respiratory arrest, contribute little.

*Louis Menachof, MD  
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**Critical Care Medicine: Current Principles and Practices.** *Max Harry Weil and Herbert Shubin, Harper & Row, Inc., Hagerstown, Maryland, 1976, 192 pp., \$12.95.*

This book represents a concise compilation of 21 contributions originally published in *The Journal of the American Medical Association* between 1968 and 1972, somewhat updated. The book is designed as a brief outline review of the

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whole area of critical care medicine, presented as a multidisciplinary service specialty which should ideally be directed by critical care medicine specialists. Such a specialist directs the operations of critical care units which are organized in large hospitals either by organ systems, by clinical syndromes, or for specific patient populations.

The content is organized into 21 brief (four-to-six-page) chapters, well-indexed for quick reference, with a major syndrome covered in outline form. The few tables and illustrations which are included appear to be accurate and useful, although not extensive or exhaustive.

While the book cannot serve alone as a complete guidebook to critical care, it can be informative for any physician who is interested in the development of critical care medicine as a service specialty, or who is responsible for the development of a critical care unit in his own hospital. For the family physician it might serve as a quick checklist to assess the thoroughness of his initial assessment of the patient and his plan for immediate care.

*Harley J. Racer, MD  
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at Meadowbrook  
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**Clinical Interviewing Skills (3rd Edition).** Robert E. Froelich and F. Marian Bishop. C.V. Mosby Company, Saint Louis, 1977, 203 pp., \$7.50.

The third edition of this book provides a welcome addition to the literature on one of the basic skills

which relates to family medicine. No matter how good a clinician may be, the ability to intervene effectively in any particular patient's illness, or in a family situation, will depend almost entirely upon the physician's ability to utilize interviewing skills. Upon this will depend not only his/her effectiveness in eliciting relevant information, but also his ability to impart information about treatment and prognosis, and even his ability to use the interview itself as a therapeutic tool. All the topics are well and ably introduced in this comparatively short and readable book. However, as is not infrequently the case, the subtitle of the book causes more trouble than its general intent. In this case, the subtitle is "A Programmed Manual for Data Gathering, Evaluation, and Patient Management." While the book is interspersed with questions and answers, in no way can this be described as a programmed learning manual. This reviewer does not see how in fact it could be effectively amended to become a programmed manual in this particular subject. The questions and answers provide very good illustrations, brighten the text, and make the book much more readable. It is impossible however to treat it as a programmed learning experience, since the text is determined by whatever response the student has made to a given question. It seems a great pity that the authors, who obviously are very skilled in interviewing techniques, seem not to be more familiar in this particular instance with educational terminology and techniques, which had led them to describe inaccurately their otherwise very valuable book.

*Robin J. O. Catlin, MD  
University of Massachusetts  
Worcester*

## Tablets

**Percodan®** (C)

**DESCRIPTION** Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (WARNING: May be habit forming), 0.38 mg. oxycodone terephthalate (WARNING: May be habit forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

**INDICATIONS** For the relief of moderate to moderately severe pain.

**CONTRAINDICATIONS** Hypersensitivity to oxycodone, aspirin, phenacetin or caffeine.

**WARNINGS Drug Dependence** Oxycodone may produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCODAN®, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCODAN® is subject to the Federal Controlled Substances Act.

**Usage in ambulatory patients** Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCODAN® should be cautioned accordingly.

**Interaction with other central nervous system depressants** Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCODAN® may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

**Usage in pregnancy** Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCODAN® should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

**Usage in children** PERCODAN® should not be administered to children.

Salicylates should be used with caution in the presence of peptic ulcer or coagulation abnormalities.

**PRECAUTIONS Head injury and increased intracranial pressure** The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

**Acute abdominal conditions** The administration of PERCODAN® or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

**Special risk patients** PERCODAN® should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

Phenacetin has been reported to damage the kidneys when taken in excessive amounts for a long time.

**ADVERSE REACTIONS** The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

**DOSAGE AND ADMINISTRATION** Dosage should be adjusted according to the severity of the pain and the response of the patient. The usual adult dose is one tablet every 6 hours as needed for pain.

**DRUG INTERACTIONS** The CNS depressant effects of PERCODAN® may be additive with that of other CNS depressants. See WARNINGS.

DEA Order Form Required.

**Endo Inc.**

Manati, Puerto Rico 00701  
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