

ZARONTIN® (Ethosuximide Capsules, USP)

Before prescribing, please consult full prescribing information. A brief summary follows:

Indication: Zarontin is indicated for the control of absence (petit mal) epilepsy.

Contraindication: Ethosuximide should not be used in patients with a history of hypersensitivity to succinimides.

Warnings: Blood dyscrasias, including some with fatal outcome, have been reported to be associated with the use of ethosuximide; therefore, periodic blood counts should be performed.

Ethosuximide is capable of producing morphological and functional changes in the animal liver. In humans, abnormal liver and renal function studies have been reported.

Ethosuximide should be administered with extreme caution to patients with known liver or renal disease. Periodic urinalysis and liver function studies are advised for all patients receiving the drug.

Cases of systemic lupus erythematosus have been reported with the use of ethosuximide. The physician should be alert to this possibility.

Usage in Pregnancy: The effects of Zarontin in human pregnancy and nursing infants are unknown.

Recent reports suggest an association between the use of anticonvulsant drugs by women with epilepsy and an elevated incidence of birth defects in children born to these women. Data are more extensive with respect to phenytoin and phenobarbital, but these are also the most commonly prescribed anticonvulsants; less systematic or anecdotal reports suggest a possible similar association with the use of all known anticonvulsant drugs.

The reports suggesting an elevated incidence of birth defects in children of drug-treated epileptic women cannot be regarded as adequate to prove a definite cause-and-effect relationship. There are intrinsic methodologic problems in obtaining adequate data on drug teratogenicity in humans; the possibility also exists that other factors, eg, genetic factors or the epileptic condition itself, may be more important than drug therapy in leading to birth defects. The great majority of mothers on anticonvulsant medication deliver normal infants. It is important to note that anticonvulsant drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. In individual cases where the severity and frequency of the seizure disorder are such that the removal of medication does not pose a serious threat to the patient, discontinuation of the drug may be considered prior to and during pregnancy, although it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

The prescribing physician will wish to weigh these considerations in treating or counseling epileptic women of childbearing potential.

Hazardous Activities: Ethosuximide may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a motor vehicle or other such activity requiring alertness; therefore, the patient should be cautioned accordingly.

Precautions: Ethosuximide, when used alone in mixed types of epilepsy, may increase the frequency of grand mal seizures in some patients.

As with other anticonvulsants, it is important to proceed slowly when increasing or decreasing dosage, as well as when adding or eliminating other medication. Abrupt withdrawal of anticonvulsant medication may precipitate absence (petit mal) status.

Adverse Reactions

Gastrointestinal System: Gastrointestinal symptoms occur frequently and include anorexia, vague gastric upset, nausea and vomiting, cramps, epigastric and abdominal pain, weight loss, and diarrhea.

Hemopoietic System: Hemopoietic complications associated with the administration of ethosuximide have included leukopenia, agranulocytosis, pancytopenia, aplastic anemia, and eosinophilia.

Nervous System: Neurologic and sensory reactions reported during therapy with ethosuximide have included drowsiness, headache, dizziness, euphoria, hiccups, irritability, hyperactivity, lethargy, fatigue, and ataxia. Psychiatric or psychological aberrations associated with ethosuximide administration have included disturbances of sleep, night terrors, inability to concentrate, and aggressiveness. These effects may be noted particularly in patients who have previously exhibited psychological abnormalities. There have been rare reports of paranoid psychosis, increased libido, and increased state of depression with overt suicidal intentions.

Integumentary System: Dermatologic manifestations which have occurred with the administration of ethosuximide have included urticaria, Stevens-Johnson syndrome, systemic lupus erythematosus, and pruritic erythematous rashes.

Miscellaneous: Other reactions reported have included myopia, vaginal bleeding, swelling of the tongue, gum hypertrophy, and hirsutism.

YC

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.

Use of a Word Processor

To the Editor:

During the fourth week of January 1980, most physicians received a letter from Smith, Kline and French Laboratories marked "Urgent." This letter informed us that the drug ticrynafen (Selacryn®) was being recalled because it could produce adverse effects considered life threatening to patients who were using it.

How could a physician in practice identify which of his patients were taking this medication? At our family practice center we were able to acknowledge within 24 hours 169 patients who had hypertension, 5 of whom were taking ticrynafen. These five patients were then notified shortly thereafter that they should discontinue this medication since it might be potentially harmful to them.

We were able to accomplish the objective of locating those patients who were taking ticrynafen by using an IBM word processor called System 6. This unit is not cost prohibitive and can be operated by a person who needs only standard office skills and a one- to two-week hands-on training period.

A system was needed at our LSU affiliated family practice center and hospital for storage and retrieval of medical data. After con-

siderable searching, the IBM Office System 6 was the unit selected to process the necessary data. The System 6 is a word processor which offers a wide range of filing and text processing capabilities. The System 6 consists of a keyboard, display, diskette unit, printer, and mag card unit. It can process files on patients or prepare memos to hospital personnel or patients. One of the first files incorporated into the System 6 was the family practice medical record file consisting of basic information abstracted from the patients' medical folders and then typed into the System 6. The files are stored on high density diskettes. A regular monthly and quarterly report is generated from this file and presented at the Family Practice Quarterly Meeting.

A word processor is ideal for storage and retrieval of medical data. It can be operated by a person with standard office skills and its cost of operation is not prohibitive. A very practical application of its use has been given, namely, identifying a group of patients who were taking a potentially dangerous drug.

Sanford W. Tuthill, MD

Marlin R. Welch, BA

Department of Family Medicine

Louisiana State University

School of Medicine

New Orleans, Louisiana

PARKE-DAVIS

Div of Warner-Lambert Co
Morris Plains, NJ 07950 USA