

TUSSI-ORGANIDIN™
TUSSI-ORGANIDIN™ DM

Before prescribing, please consult complete product information, a summary of which follows:

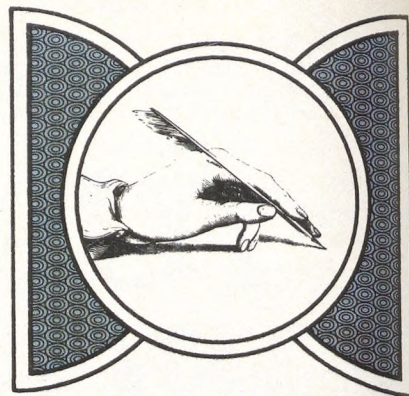
INDICATIONS AND USAGE: For the symptomatic relief of irritating, nonproductive cough associated with respiratory tract conditions such as chronic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of cough accompanying other respiratory tract conditions such as laryngitis, pharyngitis, croup, pertussis and emphysema. Appropriate therapy should be provided for the primary disease. **CONTRAINDICATIONS:** History of marked sensitivity to inorganic iodides; hypersensitivity to any of the ingredients or related compounds; pregnancy; newborns; and nursing mothers. The human fetal thyroid begins to concentrate iodine in the 12th to 14th week of gestation and the use of inorganic iodides in pregnant women during this period and thereafter has rarely been reported to induce fetal goiter (with or without hypothyroidism) with the potential for airway obstruction. If the patient becomes pregnant while taking any of these products, the drug should be discontinued and the patient should be apprised of the potential risk to the fetus. **WARNINGS:** These products contain an antihistamine which may cause drowsiness and may have additive central nervous system (CNS) effects with alcohol or other CNS depressants (e.g., hypnotics, sedatives, tranquilizers). Discontinue use if rash or other evidence of hypersensitivity appears. Use with caution or avoid use in patients with history or evidence of thyroid disease. **PRECAUTIONS: General—**Antihistamines may produce excitation, particularly in children. Iodides have been reported to cause a flare-up of adolescent acne. Children with cystic fibrosis appear to have an exaggerated susceptibility to the goitrogenic effects of iodides. Dermatitis and other reversible manifestations of iodism have been reported with chronic use of inorganic iodides. Although these have not been a problem clinically with Organidin formulations, they should be kept in mind in patients receiving these preparations for prolonged periods. **Information for Patients—**Caution patients against drinking alcoholic beverages or engaging in potentially hazardous activities requiring alertness, such as driving a car or operating machinery, while using these products. **Drug Interactions—**Iodides may potentiate the hypothyroid effect of lithium and other antithyroid drugs. MAO inhibitors may prolong the anticholinergic effects of antihistamines. **Carcinogenesis, Mutagenesis, Impairment of Fertility—**No long-term animal studies have been performed with Tussi-Organidin or Tussi-Organidin DM. **Pregnancy—**Teratogenic effects: Pregnancy Category X (see CONTRAINDICATIONS). **Nursing Mothers—**Tussi-Organidin or Tussi-Organidin DM should not be administered to a nursing woman. **ADVERSE REACTIONS:** Side effects with Tussi-Organidin and Tussi-Organidin DM have been rare, including those which may occur with the individual ingredients and which may be modified as a result of their combination. **Organidin—**Rare side effects include gastrointestinal irritation, rash, hypersensitivity, thyroid gland enlargement, and acute parotitis. **Codeine—**(Tussi-Organidin only): Nausea, vomiting, constipation, drowsiness, dizziness, and miosis have been reported. **Dextromethorphan—**(Tussi-Organidin DM only): Rarely produces drowsiness or gastrointestinal disturbances. **Chlorpheniramine—**The most common side effects of antihistamines have been drowsiness, sedation, dryness of the mucous membranes, and gastrointestinal effects. Less commonly reported have been dizziness, headache, heartburn, dysuria, polyuria, visual disturbances, and excitation (particularly in children). Serious adverse effects are rare. **DRUG ABUSE AND DEPENDENCE** (Tussi-Organidin only): **Controlled Substance—**Schedule V. **Dependence—**Codeine may be habit-forming. **The following sections are optional: OVERDOSAGE:** There have been no reports of any serious problems from overdosage with Tussi-Organidin nor Tussi-Organidin DM. **DOSAGE AND ADMINISTRATION Adults:** 1 to 2 teaspoonfuls every 4 hours. **Children:** 1/2 to 1 teaspoonful every 4 hours. **HOW SUPPLIED: Tussi-Organidin Elixir—**clear red liquid, in bottles of one pint (NDC 0037-4811-10) and one gallon (NDC 0037-4811-20). **Tussi-Organidin DM Elixir—**clear yellow liquid, in bottles of one pint (NDC 0037-4711-10). Storage: Store at room temperature; avoid excessive heat. Keep bottle tightly closed.

Rev. 2/80



WALLACE LABORATORIES
Division of Carter-Wallace, Inc.
Cranbury, New Jersey 08512

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.

Preventive Medicine in Family Practice

To the Editor:

For the third year, the UCLA Family Practice Group will be measuring physician-trainee compliance with establishing an effective data base and then implementing appropriate preventive medicine strategies. We too have found that, with a modest educational program and a committed faculty, significant changes in physician compliance can occur. Adult medical record reviews in 1979 (n=182) and 1980 (n=189) revealed noted improvement in Pap smear acquisition but continued deficiencies, particularly in adult immunization for tetanus and pneumococcal vaccine. Fewer than 10 percent of eligible adults were noted to be immunized for these two diseases.

In support of the findings by Chu and Day (*J Fam Pract* 12:657, 1981), we found that our physicians recorded smoking status in only 50.4 percent of the charts reviewed over two years. Alcohol consumption was noted in 47.4 percent. These health risks are not trivial. It is our belief that the medical record can be redesigned to assist in physician compliance with these issues. This design must anticipate future chart review as a quality control measure.

Dr. Mahn and Dr. Sackett have commented on the need for fol-

low-up measures to determine whether such changes in physician or patient behavior remain permanent without further monitoring.^{1,2} Just as chart review is a mandatory part of the American Board of Family Practice's recertification process, we urge such activity as a routine ongoing credibility check for preventive medicine teaching in residency training programs.

Wm. MacMillan Rodney, MD
Assistant Professor
of Family Medicine

Director, Residency Program
UCLA Division of Family Medicine
Los Angeles, California

References

1. Mahan JM: Education of residents. *JAMA* 245:1910, 1981
2. Sackett DL: Compliance trials and the clinician. *Arch Intern Med* 138:23, 1978

Drug Samples in a Model Unit

To the Editor:

Recent articles have directed attention to the relationship of the clinical pharmacist to the family physician, either in practice or in residency training.¹⁻³ These initial assessments underscore a potential educational function for both physicians and patients. In many settings, there is no formal partnership with the clinical pharmacist, and

Continued on page 805

**PRO-BANTHINE® (propantheline bromide)
Tablets, 7½ mg. and 15 mg.**

INDICATION: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer.

CONTRAINDICATIONS: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, severe ulcerative colitis or toxic megacolon, unstable cardiovascular adjustment in acute hemorrhage, or myasthenia gravis.

WARNINGS: Heat prostration can occur with use of the drug in hot weather.

Diarrhea, especially in an ileostomy or colostomy patient, may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Pro-Banthine may produce drowsiness or blurred vision.

With overdosage, a curare-like action may occur, i.e., neuromuscular blockade leading to muscular weakness and possible paralysis.

Use with caution in patients with severe cardiac disease if an increase in heart rate is undesirable.

Safe use in pregnancy has not been established. Use during pregnancy only when the benefits outweigh any possible risk.

Uncontrolled data derived from marketing experience do not suggest that significant quantities of Pro-Banthine are secreted in breast milk.

Safety and efficacy in children have not been established.

PRECAUTIONS: Use with caution in the elderly and in all patients with autonomic neuropathy, hepatic or renal disease, hyperthyroidism, coronary heart disease, congestive heart failure, cardiac tachyarrhythmias, hypertension, or hiatal hernia associated with reflux esophagitis.

Large doses should be avoided or the drug discontinued in patients with ulcerative colitis.

ADVERSE REACTIONS: Varying degrees of drying of salivary secretions may occur as well as decreased sweating, blurred vision, mydriasis, cycloplegia, and increased ocular tension. Other reported adverse reactions include urinary hesitancy and retention, tachycardia, palpitations, loss of the sense of taste, headache, nervousness, mental confusion, drowsiness, weakness, dizziness, insomnia, nausea, vomiting, constipation, bloated feeling, impotence, suppression of lactation, and allergic reactions or drug idiosyncrasies including anaphylaxis, urticaria and other dermal manifestations.

OVERDOSAGE: The symptoms of Pro-Banthine overdosage include CNS disturbances, circulatory changes, respiratory failure, paralysis and coma. See complete prescribing information for appropriate treatment.

DOSAGE AND ADMINISTRATION: The usual initial adult dose of Pro-Banthine tablets is 15 mg. taken 30 minutes before each meal and 30 mg. at bedtime (a total of 75 mg. daily). Subsequent dosage adjustment should be made according to the patient's individual response and tolerance.

The administration of one 7½-mg. tablet three times a day is convenient for patients with mild manifestations and for geriatric patients and for those of small stature.

Searle & Co.
San Juan, Puerto Rico 00936

Address medical inquiries to:
G.D. Searle & Co.
Medical Communications Department
Box 5110, Chicago, Illinois 60680

SEARLE

Continued from page 802

drug information may be collected in a less centralized fashion, such as from texts, journals, newsletters, advertising, or pharmaceutical representatives. As sample drugs are often a legacy of a representative's visit, it is not unusual to find a "sample" pharmacy in an office practice. A "sample" pharmacy was created in this manner at the Family Medicine Center of the Deaconess/Buffalo General Hospital and State University of New York at Buffalo, Department of Family Medicine.

The center's policy permits pharmaceutical representatives to visit the office, speak informally with the residents, and leave sample drugs. An average of three separate representatives visit each week. These samples are periodically inventoried to identify outdated items, but no restrictions (other than a prohibition of controlled drugs) are applied. No formal relationship with a clinical pharmacist existed at the center prior to this study.

In December 1980 the available products in the center's sample pharmacy were surveyed, and a total of 185 items was found. Major pharmacologic classes included antiseptics (16 percent), bronchodilators (15 percent), antihypertensives (8 percent), cough and cold preparations (8 percent), potassium supplements (6 percent), oral contraceptives (6 percent), laxatives (4 percent), and dermatologics (5 percent).

All drugs were reviewed by a clinical pharmacist to ascertain their efficacy and appropriateness. Criteria for inappropriate formulations included combinations of drugs in subtherapeutic doses or with agents lacking documented efficacy, dosage forms without therapeutic or cost advantages over generic products, and products containing

potentially harmful reactions with little or no therapeutic effects. Nearly one third (31 percent) of the inventory was classified as inappropriate.

Resident physicians at the center are receptive to the idea that these products are made available free of charge. They frequently dispense these products to patients in an effort to defray the cost of the prescription. In addition, these samples are convenient "starter doses," or are useful when Medicaid does not reimburse the prescription.

Potential problems arise in this environment of free samples. Physicians become familiar with certain brand name products that become costly purchases for the consumer. Selection of products based on familiarity without rational pharmaceutical evaluation exposes patients to less than ideal and potentially harmful drug exposure.

We find that the unmonitored sample formulary contains a significant number of inappropriate pharmaceuticals, a fact which may permit the development of suboptimal prescribing patterns. The involvement of the clinical pharmacist in a continuous review of office "sample pharmacies" could minimize their hazards yet preserve their advantages.

Daniel Morelli, MD
Barbara Bertram, PharmD
State University of New York
at Buffalo
Deaconess/Buffalo General
Hospitals
Buffalo, New York

References

1. Love DW, Hodge NA, Foley WA: The clinical pharmacist in a family practice residency program. *J Fam Pract* 10:67, 1980
2. Geyman JP: Clinical pharmacy in family practice. *J Fam Pract* 10:21, 1980
3. Robertson DL, Groh MJ, Papadopoulos DA: Family pharmacy and family medicine: A viable private practice alliance. *J Fam Pract* 11:273, 1980