

Tenuate® (diethylpropion hydrochloride USP)

Tenuate Dospan® (diethylpropion hydrochloride USP)

controlled-release
AVAILABLE ONLY ON PRESCRIPTION

Brief Summary

INDICATION: Tenuate and Tenuate Dospan are indicated in the management of exogenous obesity as a short-term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma. A fatal states. Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors, (hypertensive crises may result).

WARNINGS: If tolerance develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued. Tenuate may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly. When central nervous system active agents are used, consideration must always be given to the possibility of adverse interactions with alcohol. **Drug Dependence:** Tenuate has some chemical and pharmacologic similarities to the amphetamines and other related stimulant drugs that have been extensively abused. There have been reports of subjects becoming psychologically dependent on diethylpropion. The possibility of abuse should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with varying degrees of psychological dependence and social dysfunction which, in the case of certain drugs, may be severe. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia. **Use in Pregnancy:** Although rat and human reproductive studies have not indicated adverse effects, the use of Tenuate by women who are pregnant or may become pregnant requires that the potential benefits be weighed against the potential risks. **Use in Children:** Tenuate is not recommended for use in children under 12 years of age.

PRECAUTIONS: Caution is to be exercised in prescribing Tenuate for patients with hypertension or with symptomatic cardiovascular disease, including arrhythmias. Tenuate should not be administered to patients with severe hypertension. Insulin requirements in diabetes mellitus may be altered in association with the use of Tenuate and the concomitant dietary regimen. Tenuate may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage. Reports suggest that Tenuate may increase convulsions in some epileptics. Therefore, epileptics receiving Tenuate should be carefully monitored. Titration of dose or discontinuance of Tenuate may be necessary.

ADVERSE REACTIONS: **Cardiovascular:** Palpitation, tachycardia, elevation of blood pressure, precordial pain, arrhythmia. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride. **Central Nervous System:** Overstimulation, nervousness, restlessness, dizziness, jitteriness, insomnia, anxiety, euphoria, depression, dysphoria, tremor, dyskinesia, mydriasis, drowsiness, malaise, headache, rarely psychotic episodes at recommended doses. In a few epileptics an increase in convulsive episodes has been reported. **Gastrointestinal:** Dryness of the mouth, unpleasant taste, nausea, vomiting, abdominal discomfort, diarrhea, constipation, other gastrointestinal disturbances. **Allergic:** Urticaria, rash, ecchymosis, erythema. **Endocrine:** Impotence, changes in libido, gynecomastia, menstrual upset. **Hematopoietic System:** Bone marrow depression, agranulocytosis, leukopenia. **Miscellaneous:** A variety of miscellaneous adverse reactions has been reported by physicians. These include complaints such as dyspnea, hair loss, muscle pain, dysuria, increased sweating, and polyuria.

DOSE AND ADMINISTRATION: Tenuate (diethylpropion hydrochloride): One 25 mg. tablet three times daily, one hour before meals, and in mid-evening if desired to overcome night hunger. Tenuate Dospan (diethylpropion hydrochloride) controlled-release: One 75 mg. tablet daily, swallowed whole, in the morning. Tenuate is not recommended for use in children under 12 years of age.

OVERDOSAGE: Manifestations of acute overdosage include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Overdose of pharmacologically similar compounds has resulted in fatal poisoning, usually terminating in convulsions and coma. Management of acute Tenuate intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Intravenous phenitoin (Regimine®) has been suggested on pharmacologic grounds for possible acute, severe hypertension, if this complicates Tenuate overdosage.

Product Information as of June, 1980

Reference: 1. Abramson R, Garg M, Cioffari A, and Rotman PA; An Evaluation of Behavioral Techniques Reinforced with an Anorectic Drug in a Double-Blind Weight Loss Study. *J Clin Psych* 41:234-237, 1980.

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BOOK REVIEWS

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to uncertainty, however, this book treats uncertainty as a fundamental ingredient in medical practice and provides both a rationale and a method for integrating the principles of uncertainty into the activities of clinical medicine. By doing so, it provides convincing evidence that a new theoretical framework, of particular relevance to primary care and family medicine, will (or should) eventually prevail in medical care.

Divided into five major parts, this book follows the thought processes of a mythical Dr. S., at first an idealistic intern with a "different" way of thinking, and then as a family physician attempting to more critically understand and refine his skills in patient care. The experiences of Dr. S. are used to explore and compare what the authors identify as the mechanistic paradigm and the probabilistic paradigm, the "old" and "new" way of viewing natural and medical processes and their contexts.

Part One develops the rationale for a "paradigm shift" in medicine based upon contemporary scientific thought, primarily in the field of physics. The pervasive nature of the mechanistic way of thinking and acting are discussed with references from the literature of medicine, sociology, psychology, philosophy, and economics. In this part of the book, through an understanding of where we are in our ability to perceive existence and phenomena, light is shed on where we might be.

Part Two begins with a discussion of a basic technique in decision sciences, decision analysis. Rather than single mindedly extolling the virtues of decision analysis, however, the authors critically exam-

ine its strengths (as a kind of set of "training wheels" for thinking in a probabilistic way) and its weaknesses (as a primitive "first order" way of structuring reality that can create as many problems as it solves). It is at this point that the authors move on to more complex considerations of decision making under uncertainty, including an excellent discussion of gambling, here used to connote the processes of action under the probabilistic paradigm.

Parts Three and Four deal with the application of the probabilistic paradigm to relationships between physicians and patients. The discussions of the feelings engendered by making necessary decisions under conditions of uncertainty, of the trust involved, and of the cooperative nature of such ventures are of particular relevance to the family physician. (The reader can readily place himself in the sometimes uncomfortable shoes of Dr. S. as he works with and for patients.) The chapters on death and birth at home, and the participation of Dr. S. in the family based decisions involved in these events, are sensitively and beautifully written. They are model experiences for anyone interested in understanding human relationships in medicine.

The last part of the book places Dr. S. in the real world of modern-day medicine and society, his enthusiasm for thinking and acting using the probabilistic paradigm tempered by his realistic perception that many forces serve to discourage the application of new and, perhaps, more enlightened approaches to reality.

One cannot help but to view this book and its thesis as a watershed in contemporary medical thinking.

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TRIAMINIC-12™

SUSTAINED RELEASE TABLETS

Brief Summary of prescribing information.

DESCRIPTION: Each tablet contains phenylpropanolamine hydrochloride 75 mg and chlorpheniramine maleate 12 mg.

INDICATIONS: For the temporary relief of nasal congestion due to the common cold, hay fever or other upper respiratory allergies and associated with sinusitis.

For temporary relief of running nose, sneezing, itching of the nose or throat and itchy and watery eyes as may occur in allergic rhinitis (such as hay fever).

WARNINGS: Observe caution in prescribing to patients with high blood pressure, heart disease, diabetes, thyroid disease, asthma, glaucoma or difficulty in urination due to enlargement of the prostate gland. At high doses nervousness, dizziness, or sleeplessness may occur. May cause drowsiness; may cause excitability, especially in children.

PRECAUTIONS: Patients should avoid driving a motor vehicle or operating heavy machinery, and the concomitant consumption of alcoholic beverages while taking this product.

DRUG INTERACTION PRECAUTION: Observe caution in prescribing to patients presently taking a prescription antihypertensive or antidepressant drug containing a monamine oxidase inhibitor.

DOSAGE: Adults and children over 12 years of age—1 tablet every 12 hours.

HOW SUPPLIED: Triaminic-12™ Tablets (orange), in blister packs of 10 and 20.

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With its rich and diverse set of referenced ideas, ranging from Nils Bohr to Lester Thurow to Norman Cousins, it provides a compelling argument for a new way of viewing medical reality. Family medicine could do well to take note of the ideas presented by these authors and to lead in incorporating them into the framework of medical care.

Kevin Patrick, MD
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Shoulder Pain (2nd Edition). *Rene Cailliet, F.A. Davis Company, Philadelphia, 1981, 160 pp, \$9.95.*

This book is a delightful experience. It starts with a lucid description of the anatomy of the shoulder, effectively wedding structure to function. Thereafter follows discussion of each of the major causes of shoulder pain, again with penetrating clarity, and a wealth of useful, practical information. The book is replete with excellent line drawings, sometimes emphasizing important points made in the text, sometimes amplifying them. There is an exhaustive bibliography, and a helpful index.

This is an excellent book for the family physician, well-written, thoughtful, balanced, and authoritative, yet concise. It is one on a series of muscular-skeletal pain written by this author. I am determined to read them all.

Peter A. Goodwin, MD
Portland, Oregon

Current Literature Review in Obstetrics and Gynecology. *Richard M. Lackritz, Appleton-Century-Crofts, New York, 1981, 146 pp, \$15.95 (paper).*

With a constantly growing body of literature, it becomes increas-

ingly difficult for physicians to stay current with medical progress. Regular recertification requirements make the family physician particularly aware of the importance of continuing education. This book was written in an effort to assist the physician in the specialty of obstetrics and gynecology. The format consists of multiple choice questions and answers based on articles appearing in the major obstetrics and gynecology journals in the United States during the year 1980. Journals used include *American Journal of Obstetrics and Gynecology*, *Fertility and Sterility*, and *Obstetrics and Gynecology*.

Questions are grouped according to subspecialty: obstetrics/perinatology, general gynecology, fertility/endocrinology, and oncology. For each multiple choice question, there is a corresponding explanation for the correct answer with a citation of the specific reference article. Answers attempt to apply the information given to actual clinical situations.

This book is clearly not meant as an obstetrics and gynecology reference or a complete review of the specialty's literature for 1980. Instead, it may be used as an adjunct to review in this area or a stimulus to read more about specific questions in the original article or a text. The author states in his preface that the book's target audience is "both experienced practitioners and trainees in obstetrics/gynecology." The material presented tends to be detailed and at times esoteric. Taken as a whole, the book has limited usefulness for family physicians, family practice residents, medical students, or other members of the family practice health care team.

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