

BENADRYL® (Diphenhydramine Hydrochloride Capsules, USP)

Before prescribing, please see full prescribing information.

A Brief Summary follows:

INDICATIONS. Benadryl in the oral form is effective for the following indications:

Antihistaminic: For perennial and seasonal (hay fever) allergic rhinitis; vasomotor rhinitis; allergic conjunctivitis due to inhalant allergens and foods; mild, uncomplicated allergic skin manifestations of urticaria and angioedema; amelioration of allergic reactions to blood or plasma; dermatographism; as therapy for anaphylactic reactions *adjunctive* to epinephrine and other standard measures after the acute manifestations have been controlled.

Motion sickness: For active and prophylactic treatment of motion sickness.

Antiparkinsonism: For parkinsonism (including drug-induced extrapyramidal reactions) in the elderly unable to tolerate more potent agents; mild cases of parkinsonism (including drug-induced) in other age groups; in other cases of parkinsonism (including drug-induced) in combination with centrally acting anticholinergic agents.

CONTRAINDICATIONS. Use in Newborn or Premature Infants: This drug should *not* be used in newborn or premature infants.

Use in Nursing Mothers: Because of the higher risk of antihistamines for infants generally, and for newborns and premature infants in particular, antihistamine therapy is contraindicated in nursing mothers.

Use in Lower Respiratory Disease: Antihistamines *should NOT* be used to treat lower respiratory tract symptoms, including asthma.

Antihistamines are also contraindicated in the following conditions: hypersensitivity to diphenhydramine hydrochloride and other antihistamines of similar chemical structure.

Monamine oxidase inhibitor therapy (See Drug Interactions section).

WARNINGS. Antihistamines should be used with considerable caution in patients with narrow-angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, symptomatic prostatic hypertrophy, or bladder-neck obstruction.

Use in Children: In infants and children, especially, antihistamines in *overdosage* may cause hallucinations, convulsions, or death.

As in adults, antihistamines may diminish mental alertness in children. In the young child, particularly, they may produce excitation.

Use in Pregnancy: Experience with this drug in pregnant women is inadequate to determine whether there exists a potential for harm to the developing fetus.

Use with CNS Depressants: Diphenhydramine hydrochloride has additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers, etc).

Use in Activities Requiring Mental Alertness: Patients should be warned about engaging in activities requiring mental alertness, such as driving a car or operating appliances, machinery, etc.

Use in the Elderly (approximately 60 years or older): Antihistamines are more likely to cause dizziness, sedation, and hypotension in elderly patients.

PRECAUTIONS. Diphenhydramine hydrochloride has an atropine-like action and, therefore, should be used with caution in patients with a history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, or hypertension.

DRUG INTERACTIONS. MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

ADVERSE REACTIONS. The most frequent adverse reactions are underscored.

1. **General:** Urticaria, drug rash, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose, and throat

2. **Cardiovascular System:** Hypotension, headache, palpitations, tachycardia, extrasystoles

3. **Hematologic System:** Hemolytic anemia, thrombocytopenia, agranulocytosis

4. **Nervous System:** Sedation, sleepiness, dizziness, disturbed coordination, fatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesia, blurred vision, diplopia, vertigo, tinnitus, acute labyrinthitis, hysteria, neuritis, convulsions

5. **GI System:** Epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation

6. **GU System:** Urinary frequency, difficult urination, urinary retention, early menses

7. **Respiratory System:** Thickening of bronchial secretions, tightness of chest and wheezing, nasal stuffiness

OVERDOSAGE. Antihistamine overdosage reactions may vary from central nervous system depression to stimulation. Stimulation is particularly likely in children. Atropine-like signs and symptoms, dry mouth; fixed, dilated pupils; flushing; and gastrointestinal symptoms may also occur.

If vomiting has not occurred spontaneously the patient should be induced to vomit. This is best done by having him drink a glass of water or milk after which he should be made to gag. Precautions against aspiration must be taken, especially in infants and children.

If vomiting is unsuccessful gastric lavage is indicated within 3 hours after ingestion and even later if large amounts of milk or cream were given beforehand. Isotonic or 1/2 isotonic saline is the lavage solution of choice.

Saline cathartics, as milk of magnesia, by osmosis draw water into the bowel and, therefore, are valuable for their action in rapid dilution of bowel content.

Stimulants should *not* be used.

Vasopressors may be used to treat hypotension.

HOW SUPPLIED. Supplied in (as) 50- and 25-mg capsules, and Elixir, 12.5 mg/5 ml with 14% alcohol.

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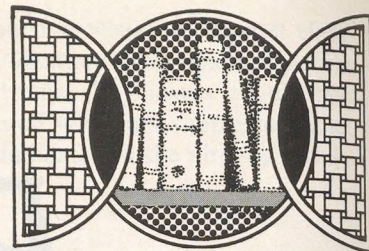
PARKE-DAVIS

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LAMBERT**

PD-64-JA-0797-P-1 (2-82)

Book Reviews



Manual of Ocular Diagnosis and Therapy. *Deborah Paven-Langston (ed).* Little, Brown, & Company, Boston, 1980, 479 pp, \$12.95 (paper).

The stated objective of the editor was to "put together a detailed, but highly practical, manual on ocular diagnosis that would be of use 'up front' to the doctor." By including the practicing ophthalmologist as one of those "up front," this manual becomes more detailed than is generally required by primary care physicians. Despite the detail, I believe this compendium is relevant to family practice and can be an excellent quick reference manual.

The book is organized in a manner that gives quick access to the problem area of interest, whether it be examination techniques or ocular drug toxicity. Twelve contributing authors provide some variability, but in general, all chapters are easily read and to the point, with a minimum of overlap. Illustrations range from very good to fair, depending on the topic and chapter, and, overall, are helpful and of good quality.

Busy family physicians and residents should find this reference useful as a quick and practical guide for eye problems seen in office practice. Additionally, enough understandable detail is presented to assess the direction in which the ophthalmic consultation is headed and to interpret the assessment and plans to the satisfaction of both

the patient and the primary care physician.

This text is probably too detailed for allied health professionals. Medical students seeking an introduction to ophthalmology may find initially too much detail but would find this book a useful resource by the time they begin a residency program.

*Stanley L. Erney, MD
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Urology (Volume 1). *G. D. Chisholm (ed).* Appleton-Century-Crofts, New York, 1980, 517 pp, \$38.50.

This volume attempts, with great success, to bring together English and American viewpoints on urology for the perusal of the postgraduate student. For the thoughtful family physician or the undergraduate medical student desiring the latest information on the subject of urology, the book has distinct value. It is written in a clear, concise, readable format covering infection, kidney stones, malignancy, diagnostic approaches, and operative options.

Few physicians in family medicine will be carrying out the operations noted in the last section, nor will they be directly concerned with the treatment of urologic malignancy. But the sections on infection, stone formation, and diagnostic approach will be useful to the family physician.

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FUNGUS ENEMY NO.1



Mycelex® (clotrimazole)

1% Cream
1% Solution

Indications: Mycelex Cream and Solution are indicated for the topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epi-dermophyton floccosum*, and *Microsporium canis*; candidiasis due to *Candida albicans*; and tinea versicolor due to *Malassezia furfur*.

Contraindications: Mycelex Cream and Solution are contraindicated in individuals who have shown hypersensitivity to any of their components.

Warnings: Mycelex Cream and Solution are not for ophthalmic use.

Precautions: In the first trimester of pregnancy, Mycelex should be used only when considered essential to the welfare of the patient.

If irritation or sensitivity develops with the use of Mycelex, treatment should be discontinued and appropriate therapy instituted.

Adverse Reactions: The following adverse reactions have been reported in connection with the use of this product: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin.

Dosage and Administration: Gently massage sufficient Mycelex Cream or Solution into the affected and surrounding skin areas twice a day, in the morning and evening.

Clinical improvement, with relief of pruritus, usually occurs within the first week of treatment. If a patient shows no clinical improvement after four weeks of treatment with Mycelex, the diagnosis should be reviewed.

How Supplied: Mycelex Cream 1% is supplied in 15 g and 30 g tubes, and 90 g package (2 x 45 g tube).

Mycelex Solution 1% is supplied in 10 ml and 30 ml plastic bottles.

Store between 35° and 86°F.

MYCELEX Cream

DPSC Stocked:

15 gram—NSN 6505-01-023-5011

30 gram—NSN 6505-01-015-1405

VA Stocked:

15 gram—SN 6505-01-023-5011

30 gram—SN 6505-01-015-1405

MYCELEX Solution

DPSC Stocked:

10 ml—NSN 6505-01-015-1406

VA Stocked

10 ml—SN 6505-01-015-1406

30 ml—SN 6505-01-016-5675

References: 1. Spiekermann PH, Young MD: Clinical evaluation of clotrimazole: a broad-spectrum antifungal agent. *Arch Dermatol* 112:350-352, 1976. 2. Duhm B, et al: The pharmacokinetics of clotrimazole ¹⁴C. *Postgrad Med J*, July suppl, 1974, pp 13-16. 3. Zaias N, Battistini F: Superficial mycoses: Treatment with a new broad-spectrum agent: 1% clotrimazole solution. *Arch Dermatol* 113:307-308, 1977. 4. Witkowski JA, Parish LC: Tinea versicolor: a common fungal infection. *Drug Therapy* 11(10):91-96, 1981.



Miles Pharmaceuticals

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BOOK REVIEWS

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Organization of the chapters and the use of illustrations make for maximum readability. The index is complete and allows for evaluation of specific items of interest without reading the whole volume. The book serves as a reference for the family physician who does not limit himself to urology but has an interest in keeping up.

The reference value of this book would recommend it as a library source for use in medical school and for those individual physicians wishing to review particular aspects of urology.

Richard C. Barnett, MD
Santa Rosa, California

Nutrition in Medical Practice. Robert E. Hodges, Raymond D. Adelman. W B Saunders Company, Philadelphia, 1980, 363 pp, \$19.50.

Nutritional advice bombarding our patients from all directions is frequently conflicting, causing a great deal of confusion. My training in nutrition, a most important area of primary care, was at best limited both in medical school and in residency, leaving me somewhat inadequate as an advisor in these matters. Dr. Hodges' textbook is one of the finest reference works I have found in this area. It is easily read, with excellent illustrations and tables as well as comprehensive listings of references at the end of each chapter.

The book is organized by systems after initial chapters on nutritional evaluation and nutrition in pregnancy and lactation. In addition, a well-balanced chapter on food, fads, and megavitamins and chapters on drug-nutrition interactions and feeding patients complete the text. I suspect that some will criticize the text for lacking depth in a particular area of interest.

However, I feel that the vast majority of physicians will find this a useful text, as will most medical students, residents, and allied health professionals.

George Hess, MD
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Clinical Reasoning in Patient Care. A. David Ginsburg. Harper & Row Publishers, Hagerstown, Maryland, 1980, 243 pp, \$11.95 (paper).

Attempting to organize the problem oriented method of clinical decision making, this book leads the reader through the data gathering and deductive process. The author presents 19 commonly encountered problems in primary care, varying in breadth from the relatively narrow finding of clubbing of the fingers to the broad symptom area of joint pain. Following a few words on the general diagnostic approach, an illustrative problem is presented, and the reader is then led through the differential diagnosis using a detailed, traditional problem oriented system approach.

This book is intended as a textbook of medical deduction and, as such, is most valuable for the student who is learning to apply scientific knowledge to the individual patient in the clinical setting. In this context it is very well organized and serves the purpose admirably. The experienced family physician will find it less useful, as he has hopefully learned the deductive process the book expounds. The limited scope of topics makes it less valuable as a reference volume than as a standard differential diagnosis text, and the clinician will probably find the detailed explanations of the reasoning process more cluttering than helpful.

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