

Brief Summary

Tavist®

(clemastine fumarate) tablets, USP 2.68 mg

INDICATIONS: TAVIST Tablets 2.68 mg are indicated for the relief of symptoms associated with allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation. TAVIST Tablets 2.68 mg are also indicated for the relief of mild, uncomplicated allergic skin manifestations of urticaria and angioedema.

CONTRAINDICATIONS: *Use in Nursing Mothers:* Because of the higher risk of antihistamines for infants generally and for newborns and prematures 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 TAVIST (clemastine fumarate) or other antihistamines of similar chemical structure.

Monoamine oxidase inhibitor therapy (see Drug Interaction Section).

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

Use in Children: Safety and efficacy of TAVIST have not been established in children under the age of 12.

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: TAVIST 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: TAVIST (clemastine fumarate) should be used with caution in patients with: history of bronchial asthma, increased intraocular pressure, hyperthyroidism, cardiovascular disease, and hypertension.

Drug Interactions: MAO inhibitors prolong and intensify the anticholinergic (drying) effects of antihistamines.

ADVERSE REACTIONS: Transient drowsiness, the most common adverse reaction associated with TAVIST (clemastine fumarate), occurs relatively frequently and may require discontinuation of therapy in some instances.

Antihistaminic Compounds: It should be noted that the following reactions have occurred with one or more antihistamines and, therefore, should be kept in mind when prescribing drugs belonging to this class, including TAVIST. The most frequent adverse reactions are underlined>.

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, paresthesias, 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.

DOSAGE AND ADMINISTRATION: DOSAGE SHOULD BE INDIVIDUALIZED ACCORDING TO THE NEEDS AND RESPONSE OF THE PATIENT.

TAVIST Tablets 2.68 mg: The maximum recommended dosage is one tablet three times daily. Many patients respond favorably to a single dose which may be repeated as required, but not to exceed three tablets daily.

HOW SUPPLIED: TAVIST Tablets: 2.68 mg clemastine fumarate. White, round compressed tablet, embossed "78/72" and scored on one side, "TAVIST" on the other. Packages of 100.

CAUTION: Federal law prohibits dispensing without prescription.

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BOOK REVIEWS

Cardiac Arrhythmias: Self-Learning: Companion Volume to Manual of Cardiac Arrhythmias. Edward K. Chung. Yorke Medical Books, a division of Dun-Donnelly Publishing Corporation, New York, 1986, 400 pp., \$30.00.

This book is a collection of 200 cases that demonstrate cardiac arrhythmias. It is specifically designed for use with another content-oriented text: *Manual of Cardiac Arrhythmias* by the same author (1985). Independently, its use is limited.

The format of this book is the presentation of a brief clinical history to accompany the electrocardiogram (ECG) tracings. On the overleaf side of the ECG page is a discussion of the diagnosis, clinical course, and therapy of the disorder in question. As is true with many programmed texts, I found myself reading case after case trying to match my ECG skills with those of the author. The tracings themselves are of high quality and clearly illustrate the educational points of each case. The discussions are brief, but specific, and include clinical clues to diagnosis along with diagnostic criteria for each arrhythmia.

The book is hard-bound and the nonglare, high-quality paper adds to its attractiveness. The language is informal, but precise.

Despite its advantages, however, the book has several significant shortcomings. Although the author suggests its use as a reference, the book is arranged so as to make it very difficult to find anything. The Contents lists headings such as "A-V Block" and "Sinus Arrhythmias," but does not include pages on which those sections begin. One must turn page by page to find

the appropriate section. Furthermore, although the Contents lists an Index to the book, none is present!

I see the particular value of this book as a companion volume for practice in evaluating ECG tracings. However, the practical limitations of it as a reference make it less appropriate for clinicians than for students in the narrow-scope learning environment of an ECG reading class. The quality of materials that have been used in the publication of it leads me to suspect, as well, that its cost may indeed make it less attractive to students than the author would hope.

If this publication were soft-bound and well-indexed, then I think it could be a not only useful but also attractive reference for both students and clinicians. As it is, I am reluctant to recommend it for either group.

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Trends in General Practice Computing. Michael Sheldon and Norman Stoddart (eds). The Royal College of General Practitioners, London, 1985, 236 pp., £12.50 (or about \$20.00 US)

This book is composed of 35 non-technical chapters arranged into six sections entitled Introduction, Prescribing, Today's Office System, The Computer in the Consultation, Involving Patients, and Advances and Future Developments. The chapters are a collection of essays by British general practitioners pioneering in the in-



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roduction of computers into office practices. The various chapter authors include computer enthusiasts, former enthusiasts, and skeptics. All are qualified on the basis of their first-hand experiences. They provide a wealth of insight but relatively little hard data about these experiences.

In the parlance of futurists, a transforming technology such as the microcomputer works its effects in three stages: the replacement stage, in which it performs old tasks in new and better ways; the innovation stage, in which new tasks are introduced; and finally the transformation stage, in which accumulating innovations bring about social reorganization.

Seen in this framework, the first half of the book concentrates on office applications at the replacement stage such as repeat prescribing, patient recall, and encounter-documenting programs. These chapters demonstrate the computer's ability to improve efficiency in mundane repetitive tasks. The details are of limited interest because the requirements of the British system are so different. American physicians are inundated with similar information that teaches about, describes, and "hypes" equivalent systems.

These chapters forewarn new users of the turmoil that often accompanies the transition from one way of doing things to another. In some cases the transition is seen as chaotic, in others as an enlightening challenge. The experience may have been as much a function of the physician and his practice style as of the computer system.

In the later half of the book, several of the authors provide a glimpse into the possibilities for true computer-driven innovations. Systems that permit the patient-held medical record, sharing of patient data among interested parties, new classification systems, and

decision aids using artificial intelligence are at the doorstep of general and family practice. The contrasting views of the various chapter authors reveal the extent to which deeply held assumptions and values will be challenged by these possibilities. Many physicians will be chagrined to learn that patients "interviewed" by a computer revealed more information regarding sex habits and alcohol consumption than when interviewed by their physicians.

Finally, some authors venture to imagine general practice transformed by the computer. The determining issues are profound and beyond the profession's control. Will the ultimate machine for analysis, quantification, and discrimination be able to assist physicians in their synthesizing and integrating tasks, or will it ensure a reductionistic future for general medicine? Will it reduce the physician's ability to cope with the emotional and relationship problems that characterize much of general practice, or will it result in workload segmentation among health workers in ways that make the general physician dispensable? Might it provide the customized knowledge and tools to multiply the effectiveness of the generalist or might it empower patients instead?

I first approached this book wondering what aspects of general practice computing were stable enough to justify the writing of a book. On completing it, my advice to other readers is the same whether one is interested in mundane applications available today, the innovations in patient care now in sight, or the social transformations that lie beyond—read it for the questions not for the answers.

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L. Stanton Tuttle,
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National Healthcare, Inc.

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