

## BACTROBAN®

(mupirocin)

Ointment 2%  
For Dermatologic Use

### DESCRIPTION

Each gram of BACTROBAN® Ointment 2% contains 20 mg mupirocin in a bland water miscible ointment base consisting of polyethylene glycol 400 and polyethylene glycol 3350 (polyethylene glycol ointment, N.F.). Mupirocin is a naturally-occurring antibiotic. The chemical name is 9-4-[5S-(2S,3S-epoxy-5S-hydroxy-4S-methylhexyl)-3R,4R-dihydroxytetrahydropyran-2S-yl]-3-methylbut-2(E)-enoxyloxy-nonanoic acid.

### CLINICAL PHARMACOLOGY

Mupirocin is produced by fermentation of the organism *Pseudomonas fluorescens*. Mupirocin inhibits bacterial protein synthesis by reversibly and specifically binding to bacterial isoleucyl transfer-RNA synthetase. Due to this mode of action, mupirocin shows no cross resistance with chloramphenicol, erythromycin, fusidic acid, gentamicin, lincomycin, methicillin, neomycin, novobiocin, penicillin, streptomycin, and tetracycline.

Application of <sup>14</sup>C-labeled mupirocin ointment to the lower arm of normal male subjects followed by occlusion for 24 hours showed no measurable systemic absorption (<1.1 nanogram mupirocin per milliliter of whole blood). Measurable radioactivity was present in the stratum corneum of these subjects 72 hours after application.

**Microbiology:** The following bacteria are susceptible to the action of mupirocin *in vitro*: the aerobic isolates of *Staphylococcus aureus* (including methicillin-resistant and  $\beta$ -lactamase producing strains), *Staphylococcus epidermidis*, *Staphylococcus saprophyticus*, and *Streptococcus pyogenes*.

Only the organisms listed in the **INDICATIONS AND USAGE** section have been shown to be clinically susceptible to mupirocin.

### INDICATIONS AND USAGE

BACTROBAN® (mupirocin) Ointment is indicated for the topical treatment of impetigo due to: *Staphylococcus aureus*, beta hemolytic *Streptococcus*\*, and *Streptococcus pyogenes*.

\*Efficacy for this organism in this organ system was studied in fewer than ten infections.

### CONTRAINDICATIONS

This drug is contraindicated in individuals with a history of sensitivity reactions to any of its components.

### WARNINGS

BACTROBAN® Ointment is not for ophthalmic use.

### PRECAUTIONS

If a reaction suggesting sensitivity or chemical irritation should occur with the use of BACTROBAN® Ointment, treatment should be discontinued and appropriate alternative therapy for the infection instituted.

As with other antibacterial products prolonged use may result in overgrowth of nonsusceptible organisms, including fungi.

**Pregnancy category B:** Reproduction studies have been performed in rats and rabbits at systemic doses, i.e., orally, subcutaneously, and intramuscularly, up to 100 times the human topical dose and have revealed no evidence of impaired fertility or harm to the fetus due to mupirocin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing mothers:** It is not known whether BACTROBAN® is present in breast milk. Nursing should be temporarily discontinued while using BACTROBAN®.

### ADVERSE REACTIONS

The following local adverse reactions have been reported in connection with the use of BACTROBAN® Ointment: burning, stinging, or pain in 1.5% of patients; itching in 1% of patients; rash, nausea, erythema, dry skin, tenderness, swelling, contact dermatitis, and increased exudate in less than 1% of patients.

### DOSAGE AND ADMINISTRATION

A small amount of BACTROBAN® Ointment should be applied to the affected area three times daily. The area treated may be covered with a gauze dressing if desired. Patients not showing a clinical response within 3 to 5 days should be re-evaluated.

### HOW SUPPLIED

BACTROBAN® (mupirocin) Ointment 2% is supplied in 15 gram tubes. (NDC #0029-1525-22)

Store between 15° and 30°C (59° and 86°F).

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laboratories  
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**ICPC—International Classification of Primary Care.** *Henk Lamberts, Maurice Wood (eds). Oxford University Press, New York, 1988, 201 pp., \$29.95. ISBN 0-19-261633-1.*

The International Classification of Primary Care (ICPC) is a new approach to the classification of disease. Unlike the International Classification of Diseases (ICD-9-CM), it is based on a unifying concept that has a consistent set of organizing principles. To achieve this consistency, the authoring committee created a biaxial system with 17 chapters, each containing the same subset of seven components. Their approach avoids one of the major criticisms of ICD-9-CM, which has 17 disparate chapters, of which 9 are based on organ systems, 4 on etiology, and 4 others.

The 17 chapters of ICPC, although equal numerically to ICD-9, are divided into 14 chapters based on body systems, with 3 additional chapters to include general and unspecified symptoms not included in the 14 body systems chapters.

The seven components within each chapter provide the tools to classify comprehensively an episode of care. These components are based on existing classifications including the patient's reason for encounter (NAMCS-RFV) through the process of care provided (IC-process-PC), which includes problem-specific diagnostic procedures, treatment, test results, and diagnosis (ICD-9 and ICHPPC-2). All or selected parts of the components may be utilized.

The ICPC volume is comprehensively described in the introductory chapters, which include a detailed discussion of the field-testing and training strategies for users. New users would be advised to review the introductory sections carefully. The most confusing and irritating task for this reader was the need to refer back to the two-page section detailing the seven process components, since they are presented only in summary form within the chapters. It would have been much easier had each chapter contained the detailed component listing even in smaller typeset.

The decision by the World Health

Organization to continue using the current ICD-9 format for the forthcoming ICD-10 will blunt the likelihood that ICPC will receive wide currency in the United States. In the existing reimbursement systems in the United States, it is unlikely that there will be much incentive to use this new classification in practice. On the other hand, researchers who are interested in investigating the process and content of primary care will find this to be an intriguing and innovative approach to classification.

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**Primary Care of the Anterior Segment.** *Louis J. Catania. Appleton & Lange, Norwalk, Connecticut, 1988, 370 pp., \$75. ISBN 0-8385-7924-8.*

The scope of this book is limited to the diagnosis and management of conditions affecting the anterior segment of the eye, including the eyelids and associated glands. The author has drawn largely on his no doubt considerable clinical experience to describe the clinical presentations of both primary and secondary eye conditions and to produce numerous detailed management plans for the conditions described, often describing a series of plans determined by the severity of the presentation. Indexing by symptoms and anatomic location is extensive, and there are standard alphabetization aids in searching out the plethora of facts and opinions contained. One hundred case reports with color plates aid in understanding the material presented.

The information for each topic is organized into subjective, objective, assessment, and plan subheadings, each presented in outline format. While I applaud the author's attempt to present information in the order in which we commonly clinically record it, I nonetheless found this division of information often to be awkward or redundant. The outline style of writing was casual and at times made difficult to follow through the use of abbreviations or "etc." Study ques-

tions and ample illustrations make this text useful for one wishing to study the rather specialized area presented. Despite extensive indexing, I found the book difficult to use as a quick reference in the office because understanding depended on familiarity with terms and abbreviations unique to eye care physicians.

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**Instructions for Patients (4th Edition).** H. Winter Griffith. W.B. Saunders, Philadelphia, 1989, 369 pp., \$47.95 (paper). ISBN 0-7216-26006-8.

Patient education has become an essential part of primary care. Over the past several years, various patient education techniques have been tested for their effectiveness. While the results of these studies have been mixed, there is a growing body of evidence to suggest that patient education can improve patient compliance, treatment outcome, and satisfaction.

Printed handouts are commonly used in clinical practice. When reviewed with the patient during the medical encounter, handouts can serve as valuable patient teaching tools as well as sources of information away from the office. As Griffith reminds us in his book's preface, however, "Don't expect them to stand alone." These materials are best used as an accompaniment to good physician-patient communication.

The fourth edition of *Instructions for Patients* follows the same general format as previous editions. Each page covers a specific medical problem. In addition, each sheet is perforated and three-hole punched so that it can be torn out of the book, photocopied, and stored in a looseleaf binder for future use. There are over 325 medical topics covered, including 80 completely new topics, such as AIDS. The information is presented in a block format with general background information and definitions; important points about activity, diet, and other general treatment measures; and when to seek immediate medical attention. Space is reserved

at the bottom of the page for individualized instructions. Appendix I provides enlarged, simplified diagrams of organs and organ systems such as the heart and genital organs. These are suitable illustrations for explaining a particular disease or anatomical point. Appendix II covers nine more educational topics, such as "how to reduce fever in children 5 years and under" and "how to cope with stress and psychosomatic illness." Much of the material is written at a grade 6 to 8 reading level, which is frequently reported as a standard reading level for the general population of Americans. Other portions of the material, however, were written at a more difficult college reading level, as determined when the Flesch formula for readability was applied. It would be incumbent on the health providers utilizing *Instructions for Patients* to first assess the approximate reading level of their patients for the most appropriate use of these handouts.

This newest edition of *Instructions for Patients* is an important patient education resource. Practitioners will find the handouts useful as they are printed or as a first draft in writing their own educational materials.

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**Practical Endocrinology (4th Edition).** Nelson B. Watts, Joseph H. Keffer. Lea & Febiger, Philadelphia, 1989, 229 pp., \$22.50 (paper). ISBN 0-8121-1179-6.

*Practical Endocrinology*, a concisely written pocket-sized endocrinology textbook, includes information on all commonly seen endocrine disorders. Basic pathophysiology is reviewed for each endocrine disorder described within the book. The text is well organized and readable, and the limited number of illustrations complement the text nicely.

This pocket guide to endocrinology is probably best used by medical students and residents; however, it could serve as a quick reference for common endocrine problems for family physi-

cians. It is not presented as a complete book of endocrinology and would need to be supplemented by other texts in the field; however, its coverage of commonly seen endocrine problems and their diagnosis and treatment is concise but very informative. Information concerning endocrine disorders covered in this text is commendably current in a field that is changing rapidly. The authors did an excellent job of summarizing the important aspects of most commonly seen endocrine problems. The pathophysiology section assists the reader in understanding more clearly methods used for diagnosing endocrine disorders and for treating them.

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**Diagnosis and Treatment of Common Skin Diseases.** Konrad Bork, Wolfgang Bräuninger. W.B. Saunders, Philadelphia, 1988, 247 pp., \$89.00. ISBN 0-7216-2240-2.

In primary care settings, dermatologic conditions are an important clinical problem, accounting for 5% to 10% of all ambulatory visits and a similar percentage of referrals. The busy practicing physician needs a keen eye for cutaneous detail, and nowhere is this more true than in the diagnosis and treatment of dermatologic disorders.

Although it is a hackneyed expression to say that "a picture is worth a thousand words," this well-written and attractive full-color dermatologic atlas should prove to be a welcome addition to any physician's bookshelf. Authors Bork and Bräuninger are internationally respected dermatologists from the University of Mainz, West Germany, and their excellent text focuses on the "clinical aspects and treatment of common dermatoses with special emphasis on pictorial presentation of typical signs and symptoms and their most frequent variants."

In this English language translation from the original German, a wide variety of dermatoses are discussed under four major rubrics—common skin dis-

eases, sexually transmitted disease and nonvenereal genital disease, benign tumors, and malignant tumors and potentially malignant tumors. The photographs chosen to illustrate each condition are of superb quality, and the accompanying clinical descriptions are clear, concise, and practically geared to the needs of the primary care physician. Extensive discussions about differential diagnosis, pathophysiology, and histology are avoided, and rare diseases with unpronounceable names are omitted.

A concluding chapter satisfactorily covers general principles of dermatologic treatment, the use of medications and measures for external treatments, medication for systemic therapy, and compression bandages. A simple alphanumeric coding system rapidly permits the reader to link recommended treatment approaches with particular dermatoses. For some medications, however, one will want to consult the *Physician's Desk Reference* or a comprehensive dermatology text to obtain more specific details about therapeutic dosing, potential side effects, and laboratory monitoring (eg, the discussion on Accutane fails to mention the need for periodic monitoring of serum lipids).

In general, I found this atlas to be quite helpful in diagnosing and treating the vast majority of dermatologic conditions seen in my own urban family practice. The one important exception is the lack of coverage (only 1 of the 428 photographs) given to skin disorders in black patients. I also had some difficulty with a number of assertions and clinical recommendations. For example, in discussing emotional factors associated with atopic dermatitis, the authors present an overly simplified view: "emotional problems can be caused by childhood eczema but may also be due to an unconscious resentment of and lack of affection by the mother" (p. 49). The authors also make the following controversial recommendation: "Whenever condylomata acuminata are present, the diagnostic workup should always include other venereal diseases, such as AIDS, gonorrhea, syphilis, trichomoniasis, and

chlamydial infections" (p. 203). (Whether screening for HIV infection is clinically justified and cost effective in patients with condylomata acuminata who do not come from population groups recognized to be at high risk for AIDS requires further epidemiological investigation).

Despite these differences of opinion, I am pleased to recommend highly this excellent and easy-to-use specialty text to fellow family physicians, nurse practitioners, residents-in-training, and medical students who desire a rapid guide to the diagnosis and treatment of common dermatologic problems. Given the importance of dermatology in primary care, it is also hoped that the publishers will come out with a more modestly priced paperback edition of this handy reference. After all, one shouldn't solely judge a book by its cover (or price)!

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**Outpatient Surgery (3rd Edition).** George J. Hill. W.B. Saunders, Philadelphia, 1988, 729 pp., \$60.00. ISBN 0-7216-2104-X.

This book has some 48 authors, and a great deal of information has been skillfully pulled together by Dr. Hill. It was formerly known as *Christopher's Minor Surgery*. The material covered is certainly relevant to family practice. The text is well organized and readable with well-done and plentiful photographs and illustrations.

Having so many authors results in some procedures being described in sufficient detail while others are very brief and sketchy. I feel that one can learn from this text what procedures can be done in the outpatient setting, but the detailed information needed to actually perform most of what is presented is lacking. For example, the descriptions of vasectomy or inguinal hernia repair would not be very helpful for a medical student, resident, or inexperienced practitioner. On the other hand, some sections are quite good, such as the description of a free-hand circumcision in an adult or the

application of a hand compression bandage.

If one has an extensive library of surgical texts, this volume should be included. For most settings one can find books on outpatient surgery that will be more specific and detailed and therefore more helpful.

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**Outpatient Psychiatry: Diagnosis and Treatment (2nd Edition).** Aaron Lazare (ed). Williams & Wilkins, Baltimore, 1989, 726 pp., \$75. ISBN 0-683-04851-1.

This lucid, stimulating, and well-organized book is a pleasure to read. It is useful for family physicians, psychiatrists, and behavioral scientists, although it seems best suited for psychiatric residents and health team workers or for the family practice resident intending to make psychotherapy a major focus of attention.

Although not a detailed how-to manual, this text does combine an outline of the treatment of psychiatric conditions with a thorough review of the theoretical underpinnings of psychotherapy. References are extensive and support the points made. There are no illustrations, but tables and case histories help elucidate the content.

The editor highlights important trends affecting psychotherapy, including new treatments, new clinical settings, and new financing arrangements, and the effects these factors have had on psychotherapy. Biologic, psychodynamic, sociocultural, and behavioral approaches to psychotherapy are presented in a way that allows the reader to understand better how each interrelates and is helpful in varying contexts. Of particular note are chapters dealing with clinician-patient relationships, interviewing, mental status examination, laboratory evaluation, and family and couples therapy.

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