Not all drugs for the treatment of ADHD are identical in formulation, clinical activity, or dosing frequency.

**ADDERALL®**

The only product that contains both dextro (d) and levo (l) amphetamine.

Usage data for ADDERALL indicate that most patients can be maintained on a once- or twice-daily dosing regimen.

Analysis of open-label ADDERALL dosing frequency data in children 3 to 12 years of age:

- **Once / day** (n=240): 39%
- **Twice / day** (n=327): 54%
- **Three or more / day** (n=44): 7%

n=611 children aged 3 to 12 who had at least three office visits during the 1-year, ADDERALL usage period (March 1995 to February 1996)—34 patients receiving greater than 40 mg per day were excluded from this analysis.
Clinical activity

- ADDERALL has a product half-life of 8 to 12 hours.\(^1,5\)
- The safety profile of amphetamine products like ADDERALL has been confirmed over years of clinical use.
- ADDERALL is generally well tolerated—adverse reactions have seldom been reported (most frequently reported adverse reactions include anorexia, insomnia, stomach pain, headache, irritability, and weight loss).\(^4\)
- As with most psychostimulants indicated for ADHD, the possibility of growth suppression and the potential for precipitating motor tics and Tourette's syndrome exists with ADDERALL treatment, and, in rare cases, exacerbations of psychosis have been reported.\(^4\)
- Since amphetamines have a high potential for abuse, ADDERALL should only be prescribed as part of an overall multimodal treatment program for ADHD with close physician supervision.
- ADDERALL is safe and effective in younger children—indicated for use in children 3 years of age and older.\(^4\)
- The starting dose of ADDERALL: 3 to 5 years: 2.5 mg daily; 6 years of age and older: 5 mg once or twice daily.
- ADDERALL is available in 10 mg and 20 mg double-scored tablets for optimal dosing flexibility.
  - Offers precise dosage correlation with individual therapeutic needs.
  - Titrate to optimal dose with a single prescription.
I heard that there are three new acellular vaccines claiming to be safer than whole-cell.

Yeah, but only Infanrix™ is also proven more effective.
**Infanrix™: The only U.S.-licensed acellular DTP vaccine proven more effective than whole-cell DTP**

Acellular DTP vaccines cause fewer local and systemic side effects than whole-cell vaccines. But only one, *Infanrix*, has been proven more effective against pertussis than a U.S.-licensed whole-cell DTP vaccine, manufactured by Connaught Laboratories, in an NIH-sponsored study recently published in *The New England Journal of Medicine*.1

**Infanrix™: Why 3 components?**
The results of two NIH-sponsored clinical trials reported in *The New England Journal of Medicine* supported the efficacy of three-pertussis-antigen *Infanrix*.1,4,5

**Infanrix™: Because children deserve all the protection they can get.**

Local adverse events may occur at the site of injection and include erythema, swelling and tenderness. Systemic adverse events may include fever, irritability and drowsiness.

Hypersensitivity to any component of Infanrix is a contraindication. As with any vaccine, vaccination with Infanrix may not protect 100% of susceptible individuals.

**References:**

*Please see brief summary of prescribing information on adjacent page.*

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**Introducing Infanrix™**

**Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed**

For primary and booster vaccination

Manufactured by SmithKline Beecham Biologicals Rixensart, Belgium

Infanrix is a trademark of SmithKline Beecham.
Lock up medicines

Use original containers
2. Keep medicines or household products in their properly labeled original containers. Original packaging is usually required to contain child safety precautions. Labels include information for poison control centers in case of an emergency. Never put dangerous products in containers from which people eat or drink.

Use child-resistant packaging
3. Credited with saving at least 700 children's lives since its introduction in 1970, child-resistant packaging is still often used improperly, according to the U.S. Consumer Product Safety Commission (CPSC). Be sure to replace caps securely. Adult-friendly packaging now makes it easier for arthritic hands or frustrated adults to protect children without being inconvenienced themselves.

Read the label
4. Do not administer medicine in the dark. Do not trust your memory for dosage instructions. Use your eyeglasses or contacts to read the fine print.

Dispose of outdated medicines
5. When you regularly clean out your medicine cabinets, flush medicine down the drain or toilet, and then rinse the bottles before throwing them in the trash.

Most Dangerous Medicines
- Iron supplements
- Cardiovascular drugs
- Anti-depressants
  - Analgesics
  - Antihistamines

Keep up with the times
6. Discard substances used for old-fashioned treatments, such as: oil of wintergreen, boric acid, ammoniated mercury, oil of turpentine and camphorated oil.

Do not be distracted
7. If the phone or doorbell rings while you are administering medicine or using a potentially poisonous product, secure the product you are using: Replace its cap, put it back in the cupboard, or take it or the child with you while dealing with the distraction.

Plan ahead
8. Educate your children. Post the poison control center phone number with other emergency numbers by every phone. Keep ipecac syrup on hand so that if the poison control center advises you to administer it, you are prepared. Support poison control centers.

Set a good example
9. Do not take medicines in front of children. Do not drink from containers, such as cough syrup bottles. Never refer to medicine as “candy.” Children are likely to imitate and could adopt these behaviors.

What to do if you suspect poisoning
The signs of potential poisoning are frightening — vomiting, appearing sluggish or drowsy, substance or burns around the mouth or a smell on the child's breath. But clear thinking and deliberate actions will ensure the most efficient care for the child. A plan of attack will help in such an emergency.

1. Remain calm.
2. Call the poison control center prepared to give:
   - victim's age
   - victim's weight
   - any pre-existing health conditions or problems
   - substance involved
   - quantity of substance
   - time of exposure
   - whether substance was swallowed, inhaled, absorbed through skin, splashed into eyes
   - progression of symptoms
   - your location and how long it takes to reach a hospital
3. Follow the specific instructions of the poison control center.

Be prepared for a poisoning emergency:
Post the poison control center phone number by every phone.

TO LOCATE THE NEAREST POISON CONTROL CENTER, call (202) 362-7217, or write to the American Association of Poison Control Centers, 3201 New Mexico Avenue, NW, Suite 310, Washington, DC 20016.

Five plants most commonly associated with poisonings
- Pepper (the spice)
- Philodendron (Philodendron scandens or P. selloum)
- Dieffenbachia (Dieffenbachia maculata or D. sequine)
- Poke Weed (Ptycholacc americana L.)
- Poison Ivy (Toxicodendron radicans)

March 16-22, 1997
Big allergies. Big relief.

Even the smallest allergy can be a Big problem. So for your patients choose Big relief—Zyrtec® (cetirizine HCl).

- Big relief of seasonal allergic rhinitis, perennial allergic rhinitis, and chronic idiopathic urticaria
- Big 24-hour relief
- Big value—lowest cost/day of widely prescribed branded antihistamines

So put Zyrtec to work, and see just how big the relief can be.

Big allergy relief

Zyrtec®
cetirizine HCl

Please see brief summary for Zyrtec tablets and syrup on the following page.
ALLERGY RELIEF

Most side effects with ZYRTEC® (cetirizine HCl) tablets were mild or moderate. Incidence of discontinuation was not significantly different from placebo (2.9% vs 2.4% on placebo).

The incidence of somnolence was dose related (6% on placebo, 11% at 5 mg and 14% at 10 mg). Discontinuations due to somnolence were not significantly different from placebo (1% vs 0.6% on placebo). Other side effects included fatigue (5.9% vs 2.6% on placebo) and dry mouth (5.0% vs 2.3% on placebo).

Based on a comparison of the list price to wholesalers (wholesale acquisition cost) of ZYRTEC tablets, Claritin, Seldane, Hsinman, Clarin-D, Seldane-D and Allegra on a cost/day basis; Actual cost to patients may vary. Medscape, December 1994.

Due caution should be exercised when driving a car or operating potentially dangerous machinery.

BRIEF SUMMARY
ZYRTEC® (CETIRIZINE HYDROCHLORIDE) TABLETS AND SYRUP

FOR ORAL USE

INDICATIONS AND USAGE

Seasonal Allergic Rhinitis: ZYRTEC is indicated for the relief of symptoms associated with seasonal allergic rhinitis such as hay fever including urticaria. ZYRTEC is effective when administered once daily at bedtime. In clinical trials, the incidence of discontinuation due to adverse events was similar to placebo and discontinuations due to adverse events were not significantly different from placebo.

CONTRAINDICATIONS
ZYRTEC is contraindicated in patients with a known hypersensitivity to any of its ingredients or hydroxyzine. PRECAUTIONS: Treatment of Malignant Alopecia: In clinical trials, the occurrence of alopecia was reported in some patients taking ZYRTEC; due caution should therefore be exercised when driving a car or operating potentially dangerous machinery.

CONTRAINDICATIONS TO ZYRTEC: ZYRTEC is contraindicated for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in adults and children 6 years of age and older. ZYRTEC is contraindicated for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in children 2 to 11 years of age. ZYRTEC is not indicated for the treatment of chronic idiopathic urticaria in infants and children 6 years of age and younger. It significantly reduces the occurrence, severity, and duration of urticaria.

ADVERSE REACTIONS
Incidence of adverse reactions was dose related (6% on placebo, 11% at 5 mg and 14% at 10 mg). Discontinuations due to somnolence were not significantly different from placebo (1% vs 0.6% on placebo). Other side effects included fatigue (5.9% vs 2.6% on placebo) and dry mouth (5.0% vs 2.3% on placebo).