Welcomes the American Academy of Pediatrics

It's Not Too Late to Attend!

ON-SITE REGISTRATION AVAILABLE

WHEN?
- Friday, May 9 – 3:00 to 7:00 p.m.
- Saturday, May 10 through Monday, May 12 – 7:00 a.m. to 4:30 p.m.
- Tuesday, May 13 – 7:00 to 11:30 a.m.

TIME WELL SPENT!
- Earn CME credits
- Review and expand your knowledge
- Enhance your skills and techniques

YOUR TIME AND FAMILY TIME!
- Network with colleagues
- Enjoy the Family Program and Brunch

Next month in AAP News
- Full Coverage of Spring Session
- AAP Election Results
- Academy Supports Kennedy-Hatch Bill
- AAP President Attends White House Conference on Early Brain Development

Don't forget, send in your referendum votes!
Zithromax® (azithromycin for oral suspension)

Proud sponsors of the Friends of Children Corporate Fund.
Not all drugs for the treatment of ADHD are identical in formulation, clinical activity, or dosing frequency.

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:

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

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.¹
Clinical activity

- ADDERALL has a product half-life of 8 to 12 hours.²,³

- 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.⁵

- 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

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Please see references and brief summary of prescribing information on adjacent page.

Richwood Pharmaceutical Company Inc.
...working to become your ADHD support company
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.

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).
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 in adults and children 12 years of age and older. Symptoms relieved are sneezing, itchy, runny nose, inflamed nasal passages, and reddened eyes. Congestion and a feeling of tightness in the chest may also be relieved. ZYRTEC is not a cure for allergic rhinitis. Symptomatic relief may vary from one individual to another. When treating children, the age of children should be determined by using the child’s height. (See DOSAGE AND ADMINISTRATION.)

PRECAUTIONS

Allergic Reactions: ZYRTEC is not a substitute for the oral use of corticosteroids in the treatment of severe allergic reactions or anaphylaxis; systemic anaphylactic reactions may occur with all antihistamines. There have been reports of transient urticaria and angioedema occurring in patients with and without a history of allergy when ZYRTEC was used. Symptoms usually resolved within a few days, and resolution was generally more rapid in patients with a history of allergy. In these patients, ZYRTEC should be used with caution, and the use of additional therapy (e.g., corticosteroids) may be considered if symptoms are not controlled. ZYRTEC is not a substitute for corticosteroid treatment of severe allergic reaction.

Pregnancy Category C

PYLORIC STENOSIS: Based on animal studies (in rats), ZYRTEC may cause decreased pyloric muscular motility, which may predispose the neonate to gastric retention of refluxed milk. Therefore, the use of ZYRTEC in pregnant women is not recommended. Due to the availability of effective non-pharmacologic and pharmacologic alternatives, there is no experience with ZYRTEC in pregnant women (oral or transdermal).

Lactation: It is not known whether ZYRTEC is excreted in human milk. Because many drugs are excreted in human milk and ZYRTEC is excreted in rat milk, it should be used with caution if ZYRTEC is administered to a nursing woman. Studies of the effects of ZYRTEC on the breast-fed infant are not available. If ZYRTEC is administered, the mother should be advised to discontinue breast feeding.

NURSING MOTHERS: ZYRTEC should be used in nursing women only if the potential benefit justifies the potential risk to the infant.

Drug Interactions

ZYRTEC Is Taken with Antacids: ZYRTEC is not absorbed until 30 minutes after oral ingestion. Therefore, it is recommended that ZYRTEC be taken with a full meal or with an antacid for optimal absorption. Antacids should not be taken within 30 minutes of taking ZYRTEC due to possible drug interaction.

Antacids: ZYRTEC was shown to be bioequivalent in two studies when given with standard antacids. However, given with milk, a meal, or a milk-based antacid, ZYRTEC was significantly less well absorbed. If ZYRTEC is given with any of these products, alternative absorption may occur.

Drug/Lab Test Interactions

Zyrtec does not interfere with any known lab test. Therefore, ZYRTEC may be used without changing any lab test values.

Overdosage

Individuals taking more than the recommended daily dose have experienced mild sedation, drowsiness, and nervousness. If overdosage occurs, supportive therapy is indicated. In general, no specific treatment is required for overdosage.

STORAGE

Store at 41° to 86°F (5° to 30° C). ZYRTEC is licensed from UCB Pharma, Inc.