1999 Annual Meeting
October 9-13
Washington Convention Center and The Grand Hyatt
Washington, DC

Just Added:

1999 Keynote Address

Donald M. Berwick, MD, FAAP
President and CEO
Institute for Healthcare Improvement, Boston, MA

A nationally recognized leader in health care quality improvement, Dr. Berwick spearheaded the National Demonstration Project on Quality Improvement in Health Care. A practicing pediatrician and associate professor of pediatrics at Harvard Medical School, he was appointed by President Clinton in 1997 to serve on the Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

An accomplished author and public speaker, Dr. Berwick has written numerous publications on health care policy, decision analysis, technology assessment, and health care quality management. His articles have appeared in the Journal of the American Medical Association and the New England Journal of Medicine, among others.

The Annual Meeting keynote address will take place at 8:20 a.m. on Monday, October 11.

Cutting-edge topics

School Shootings: Behind and Beyond the Violence

Jonesboro, Paducah, Littleton ... Why are children killing their classmates? What can pediatricians do to prevent these tragedies and how can we help to heal our communities? This presentation will bring together pediatricians who have dealt with these tragedies first-hand and experts with practical solutions to end the violence.

(See page 5-16)

Whose Patient is This Anyway? Medical Management Guidelines, Children, and You

Who decides what's best for your patients? Can medical management guidelines actually control costs and protect quality? This dialogue session — featuring the author of Millman & Robertson's pediatric medical management guidelines, representatives of the AAP Committee on Practice & Ambulatory Medicine, and other child health advocates — will offer a lively discussion of these guidelines and their impact on children and those who care for them. (See page 5-14)

Seminars back by popular demand:

- Visual Diagnosis
- Common Sports Medicine Injuries
- Controversies in the Management of ADHD
- Pediatric Dermatology for the Practitioner
- Diagnostic Dilemmas and Pediatric Puzzlers

Why you should attend:

- Earn valuable AMA PRA Category 1 credit
- Update your skills and techniques
- Network with your colleagues, from the US and abroad
- Hear the latest from world-renowned experts in the field of pediatrics
- Attend cutting-edge seminars, workshops, and sessions
- Experience our nation's capital

Don't delay! Mail or fax your registration by September 10 and save $100.

Early Bird Special Bonus!

Register by August 27 and receive an exclusive AAP meeting tote bag.*

*A voucher will appear in your advance registration packet if you are eligible. One per registrant only.
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GERBER® offers several extremely helpful and useful teaching aids for use and distribution in pediatric practice.

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These aids cover important insights for parents of infants, toddlers and children up to 2 years of age. Topics addressed include the critical need for calcium, iron and zinc for healthy growth and development. Available in English and Spanish.

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DDAVP Tablets—
Treatment for bed-wetting that’s easy to take.

There’s an easy-to-take DDAVP tablet formulation proven to reduce the number of wet nights. In two well-controlled studies, DDAVP-treated patients achieved a reduction in the number of wet nights that was up to 4 times greater than that in placebo-treated patients.* In a 14-night period, placebo reduced the mean number of wet nights from 10 to 9, while 0.2, 0.4, and 0.6 mg DDAVP Tablets reduced the number of wet nights from 11 to 8, 10 to 7, and 10 to 6, respectively.

Tablets may provide a more convenient alternative to nasal spray and may be more appropriate for kids with frequent colds and allergies. And, because small DDAVP Tablets do not require refrigeration and may be taken discreetly, they make it easy to sleep drier.

Nighttime fluids should be restricted to decrease the chance of fluid overload. In controlled clinical trials, the only drug-related adverse event seen in 3% or more of patients was headache (4% DDAVP, 3% placebo).

For more information visit the DDAVP Web site at www.drynights.com. Please see brief summary of prescribing information on adjacent page.

*Two double-blind, placebo-controlled studies of 340 children (ages 5–17) with primary nocturnal enuresis were conducted beginning with a 2-week baseline period in which the average number of wet nights was 10 (range 4–14). Patients were then randomly assigned to receive 0.2, 0.4, or 0.6 mg of DDAVP Tablets or placebo. A total of 329 patients were evaluated for efficacy.
The ASTHMA, or usual, already 6.

Information for Patients: See 2.

Additional doses should 7.

adverse setbing, patients.Carcinogenesis,

patients require 152 reports in asthmatic patients who were given when patients were compared with

inhalation dose 9.5 mg/kg and/or associated with excessive

beta-blockers. Nervous system:

Interactions: the beta2-agonist

In 29 1/2 inhalations

Symptoms: Symptoms

and/or

a more common

Localised aches and/or pains

Asthma. The incidence of asthma.

were 1/2 mg 1m2 for 152 patients who were administered the

In most cases, the adverse

and/or

ative, and/or in the presence of

Salmeterol xinafoate is marketed as a racemic mixture, comprising the two enantiomers, (S)-salmeterol xinafoate and (R)-salmeterol xinafoate, by oral inhalation using MEM Nebuliser or DPI

BRIEF SUMMARY

information for Patients)

of the recommendations

and/or

rhinitis, sneezing, and/or

Adverse Reactions: Adverse reactions to salmeterol xinafoate are generally mild in nature and are similar to those observed with other beta2-adrenergic bronchodilators.

This information is based on

information from patients taking SEREVENT DISKUS and SEREVENT powder in clinical trials.

b) with a minimum of 10 patients.

In clinical trials, no patients have been observed to have allergic reactions to salmeterol xinafoate. The incidence of allergic reactions observed in clinical trials was 1.5%.

In clinical trials, the incidence of bronchial asthma in patients treated with salmeterol xinafoate was 0.2%.

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accompanied by increased vital capacity, heart rate, and overall symptom scores.

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