For the first time, the PAS (American Pediatric Society, Society for Pediatric Research and the Ambulatory Pediatric Association) and the Academy have joined together to offer you a comprehensive educational experience. Surrounding the theme, Advancing Children's Health 2000, the conference will integrate the best of pediatric research and pediatric practice in a variety of educational formats to meet the educational needs of all pediatric health professionals.

Why you should attend:
- Earn valuable CME credits
- Update your practical skills and techniques
- Hear the latest in original research from young and established investigators
- Learn from world-renowned experts in the basic and clinical sciences
- Network with your colleagues from the U.S. and abroad
- Be part of something special and make a statement about the importance and vitality of research in children's health

Register by March 8 and receive the "Early Bird" registration fees! Advance registration ends April 5.

Mark Your Calendars

2000 AAP Annual Meeting
**October 28-November 1, 2000**
Chicago, Illinois • Chicago Hilton & Towers/Lakeside Center

Based on your suggestions, the AAP Annual Meeting will offer the following:
- Themes based around technology, genetics, the developing brain and disease prevention
- Greater access to interactive sessions and hands-on workshops
- Repeats of traditionally popular and sold-out sessions
- Increased networking opportunities
- More cutting-edge topics for the general pediatrician and subspecialist

For more information, see page 25.
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- Over 5 million prescriptions written\(^1\), and more than 1.5 million patients treated\(^2\).
- The effectiveness of ACCOLATE in children 7 to 11 years of age is based on the extrapolation of demonstrated efficacy in adults.
- The effective dose of ACCOLATE in children 5 and 6 years of age has not yet been established.

Excellent safety in children

- Pediatric safety established in a large-scale clinical trial program involving 788 children as young as 5 years of age\(^3\).
- ACCOLATE is not for the reversal of acute asthma attacks.

Side effects were generally mild and include headache (12.9%), infection (3.5%), and nausea (3.1%) in adults and headache (4.5%) and abdominal pain (2.8%) in children. These were not significantly different from placebo.

NEW INDICATION 10 mg bid FOR CHILDREN 7 TO 11

*Claim based on Scott-Levin SPA data for ACCOLATE (October 1996-April 1999).
*Claim based on an estimate from Scott-Levin PDDA data for ACCOLATE (October 1996-April 1999).
PDDA is not a patient data base.
In clinical trials, an increased proportion of patients taking ACCOLATE over the age of 55 years reported infections as compared to placebo-treated patients. Infections were mild to moderate and predominantly of the respiratory tract.
Please see brief summary of full prescribing information on adjacent page.

AstraZeneca
A Business Unit of Zeneca Inc.
2000 AAP Annual Meeting
October 28-November 1, 2000
Chicago, Illinois • Chicago Hilton & Towers/Lakeside Center

What’s new at this year’s meeting?
• Topic Themes: Technology in the 21st Century; Genetics: Diagnosis and Treatment in the 21st Century. The Developing Brain, Disease Prevention in Pediatrics
• Greater access to interactive sessions and hands-on workshops
• Repeats of traditionally popular and sold-out sessions
• Increased networking opportunities
• Cutting-edge topics for the general pediatrician and subspecialist

Why you should attend:
• Earn valuable AMA PRA Category 1 credits
• Use this opportunity to network with physicians from the U.S. and abroad
• View the latest research and learn new information from prominent pediatric educators
• Learn strategies to help you run your practice more efficiently and effectively
• Home your skills and techniques by attending a “hands-on” workshop
• See the latest in products, equipment and services in the Exhibit Hall

PROGRAM HIGHLIGHTS
New Developments in Type II Diabetes
Skin Cell Research: Pediatric Promises and Ethical Challenges
Starting in Practice: The Early Years
Advanced Coding Issues and Dilemmas
Myths and Controversies in Sports Injury Prevention
Tag Team Pediatrics: The General Pediatrician and the General Pediatric Hospitalist
Essentials of Office-Based Pediatric Telephone Care

Complete details, including registration materials, will appear in the June 2000 issue of AAP News. For program updates, visit the AAP Web site at www.aap.org:

American Academy of Pediatrics

Pediatric and Adolescent Sports Medicine Course
June 15-18, 2000
Resort at Squaw Creek
Lake Tahoe, California

THE PEDIATRIC AND ADOLESCENT SPORTS MEDICINE COURSE has been designed to present current thinking in pediatric adolescent sports medicine. The course will provide the general pediatric practitioner and family physicians with the knowledge to manage common medical conditions affecting children and adolescents, and improve examination techniques.

ATTEND THIS COURSE AND YOU WILL BE ABLE TO...
• Understand the physical and psychological differences between immature and mature athletes
• Understand the impact of medical conditions on sports participation
• Perform a competent and efficient preparticipation examination
• Perform a history and physical examination of various sports-related injuries
• Understand the current practical information concerning prevention, treatment, and rehabilitation of common sports problems

Lake Tahoe, California...your senses will come alive in the mountain air that is fragrant with the pine and wildflowers during the Resort’s 6,400 acres. Scenically, the largest alpine lake in North America glitters sapphire blue. And the clear, warm days and cool nights provide the perfect backdrop for every outdoor activity.

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Steven J. Anderson, MD, FAAP
Clinical Professor
University of Washington
Seattle, Washington

Daniel T. Bernhardt, MD, FAAP
Associate Professor
University of Wisconsin
Madison, Wisconsin

Jose E. Gunter, MD, FAAP
Clinical Professor
University of Texas Health Science Center, San Antonio
San Antonio, Texas

Sally S. Harris, MD, MPH, FAAP
Chairperson
Clinical Faculty Pediatrics
Stanford University
Palo Alto, California

AMA PRA Category 1 Credits: up to 18 hours

For Program Information:
Visit the CME Calendar on the American Academy of Pediatrics Web site

American Academy of Pediatrics

ENROLL BY JANUARY 10, 2000 TO RECEIVE YOUR “EARLY BIRD” GIFT CERTIFICATE!

QUALITY IMPROVEMENT IS ONGOING... EVALUATE YOUR SUCCESS WITH

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Plan Do Act Study

To succeed in today’s changing health care environment, physicians and primary health care providers must demonstrate an ongoing commitment to quality improvement. Now in its 8th year, the American Academy of Pediatrics’ Ambulatory Care Quality Improvement Program (ACQIP) is designed to help you improve your office’s performance. By completing ACQIP’s brief exercises, you can learn how your practice compares to nearly 3,000 other practices worldwide.

Three new exercises beginning in January 2000:
• Complementary (Alternative) Therapies: What Are Your Patients Doing?
• Appropriateness of Genital Exams in Adolescent Patients
• UTI Follow-up

Plus...
Earn 6 CME Category 1 and risk management credits.

For more information about ACQIP, call 800/433-9016, ext 4727

Yes, I’m interested in ACQIP.
Send me more information and an enrollment form today.

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American Academy of Pediatrics

The AAP is pleased to announce its support of the CAP EXCEL® Proficiency Testing Program!

The AAP has worked closely with the College of American Pathologists (CAP) to ensure a smooth transition of the AAP-PT participants into the EXCEL program.

The CAP will provide the following services to participants in the AAP-PT program who transition to EXCEL:

• A pre-ordered form with the laboratory’s AAP-PT 1099 order autoconverted to reflect the comparable modules for the 2000 EXCEL program
• Customer service and technical support

And there is not a separate registration fee for participation in the CAP EXCEL Program!

The benefits to your laboratory as EXCEL program participants are numerous:

• EXCEL is the most comprehensive and cost-effective PT program available to the Pediatric Office Laboratory.
• With a larger participant base, EXCEL provides the opportunity for effective peer group comparison.

The CAP Customer Service Representatives are available at 800-524-4040 option 1 # to answer any questions regarding transition to the CAP EXCEL program and to assist you in selecting the appropriate proficiency testing modules for your laboratory.

American Academy of Pediatrics

January 2000 AAP News 25
The American Academy of Pediatrics is pleased to announce the availability of residency scholarships for 2000. The Academy will grant a moderate number of scholarships of $1,000, $3,000 and $5,000 to pediatric residents in August 2000.

AAP Residency Scholarships are designed to help allay financial difficulties for residents in good academic standing. The applicants must meet the requirements listed below:

- have completed or will have completed a PL-1 year by July 1, 2000, and have a definite commitment to continue in a pediatric residency accredited by the Residency Review Committee for Pediatrics;
- have substantial need for financial assistance;
- be in good academic standing;
- return the application, completed in full, by both the resident and the program director by the deadline.

Applications were automatically sent to all AAP residents in November 1999. Returned residency scholarship application forms must be postmarked by Feb. 4, 2000.

We would like to acknowledge the generous contributors to the AAP Residency Scholarship Program: the AAP Friends of Children Fund, AstraZeneca LP, CIGNA HealthCare, Gerber Products Company, Glaxo Wellcome, MedImmune, McNeil Consumer Healthcare, Merck Vaccine Division, Nestlé USA, Pasteur Mérieux Connaught, SmithKline Beecham Pharmaceuticals, Roche Laboratories and Wyeth Lederle Vaccines.

If you are not an AAP member or if you need another copy of the application form, write to the Academy: Kimberley VandenBrook Division of Member Sections 141 Northwest Point Blvd. Elk Grove Village, IL 60007; or call (800) 433-9016, ext. 4926.

Augmentin®: Favorable bacteriologic and clinical efficacy

A double-tympanocentesis study is the only microbiologically conclusive method for determining bacterial eradication.

There was no significant difference in the proportion of patients reporting adverse events.

Both treatments proved to be safe in this pediatric population, and the incidence of reported serious adverse events was low. The most frequent adverse events were vomiting, diarrhea, fever and rash.

August 1999, AAP News
Dimetapp® relieves common cold symptoms such as postnasal drip syndrome (PNDS)

In fact, the ingredients in Dimetapp are recommended by The American College of Chest Physicians as the most consistently effective sole treatment for PNDS-induced cough in adults.

Simple symptom relief vs Triaminic®:
Half the dose, half the hassle

- Provides relief at half the dose of Triaminic Syrup
- Dimetapp costs over 40% less per dose²

#1 pediatrician-recommended brand for colds

- Great grape taste
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- Can be given to children age 6 months and up³
- Trusted for over 30 years

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