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Practical Anesthetic Pharmacology

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ADIPEX-P® (IV)

(phentermine HCl 37.5 mg)

SUMMARY OF PRESCRIBING INFORMATION (See package insert for full prescribing information)

Actions: Phentermine hydrochloride is a sympathomimetic amine with pharmacologic activity similar to the amphetamines. Actions include CNS stimulation, blood pressure elevation, tachyphylaxis and tolerance. It has not been proved to act primarily by appetite suppression; other actions—CNS or metabolic—may be involved.

Obese adults treated with drug and diet lose more weight than those treated with placebo and diet, in short-term studies. The difference in weight loss averages a fraction of a pound a week. The amount of weight loss varies from trial to trial, and is influenced by the physician, the population treated, and the diet as well as the drug. The studies cited are of a few weeks' duration, while obesity goes on for years, thus the total impact of the drug must be considered clinically limited.

Indications: In the management of exogenous obesity as a short-term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see Actions) should be measured against possible risk factors (see below).

Contraindications: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, hypersensitivity or idiosyncrasy, glaucoma, agitated states, drug abuse. During or within 14 days after administration of monoamine oxidase inhibitors.

Warnings: Tolerance to the anorectic effect develops within a few weeks; discontinue drug rather than exceeding recommended dose. The patient should be cautioned about operating machinery or driving. Since phentermine is related to the amphetamines, the possibility of abuse must be considered. Patients may increase the dosage to many times that recommended. Abrupt cessation after prolonged high dosage results in serious CNS adverse effects. Chronic intoxication with anorectics may produce dermatoses, insomnia, irritability, hyperactivity, personality changes. The most severe effect is a psychosis resembling schizophrenia.

Pregnancy: There are no published reproduction or teratology studies. Therefore, use of phentermine in women who are or who may become pregnant requires that the potential benefit be weighed against the possible hazard.

Children: Not recommended for use in children under 12 years.

Precautions: Caution should be exercised in prescribing phentermine for patients with mild hypertension or diabetes mellitus. Phentermine may reduce the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time.

Adverse Reactions: Cardiovascular (palpitation, tachycardia, B.P. elevation); CNS (overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache, psychotic episodes); GI (mouth dryness, unpleasant taste, diarrhea, constipation, other); Allergic (urticaria), Endocrine (impotence, altered libido).

Dosage and Administration: One capsule or tablet daily, before breakfast or 1-2 hours after breakfast. Dosage may be adjusted to the patient's need.

Overdosage: Acute overdosage produces restlessness, tremor, hyper-reflexia, rapid respiration, confusion, assaultive behavior, hallucinations, panic states. Fatigue and depression usually follow CNS stimulation. CV effects: arrhythmias, hyper- or hypotension, circulatory collapse. GI symptoms: nausea, vomiting, diarrhea, cramps. Convulsions and coma usually precede death.

Management of acute poisoning is symptomatic, e.g. lavage and sedation. Experience with dialysis is inadequate. Acidification of urine promotes drug excretion. I.V. phentolamine has been suggested for acute severe hypertension.

How Supplied: List No. 9, bottles of 100, 400 and 1000 tablets. List No. 19, bottles of 100 and 400 capsules.

Practical anesthetic pharmacology

Edited by Rafik R. Attia, Alan W. Grugono, and Floyd R. Domer. Ed 2. Pp 390, with illus. Appleton-Century-Crofts, 25 Van Zant St, East Norwalk, CT 06855, 1987, \$55.00.

The magnitude of this subject precludes complete coverage in a book of this size; however, *Practical anesthetic pharmacology* can easily be recommended as a combination overview and update especially useful for a quick review and reference.

Each chapter covers a particular class of drug, along with its practical considerations, pharmacodynamics, and dose-response and structure-activity relationships. Specific characteristics of individual members of the class are encompassed. A short history is highlighted in each chapter that explains how a specific drug class has assumed its importance in today's armamentarium.

Addressing all arguments and considerations about the pharmacology of all drugs used in anesthesiology is an imposing task. However, I believe that the intent and main strength of this book is to provide a general overview or review of each topic by superficial thoroughness; references to recent literature are most beneficial.

This text provides a systematic, reasonably complete, practical discussion of an immense topic. I feel it would be a valuable addition to any anesthesiologist's reference library.

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Current obstetric & gynecologic diagnosis & treatment

Edited by Martin L. Pernoll and Ralph C. Benson. Ed 6. Pp 1139, with illus. Appleton and Lange, 25 Van Zant St, Norwalk, CT 06855, 1987, \$34.50.

In my experience, books with many contributors tend to suffer from poor writing. However, in spite of being a lengthy tome with many contributors, *Current obstetrics of gynecologic diagnosis & treatment* has been concisely edited so that the text flows with a sense of continuity.

This is a classic textbook. The traditional chapters on anatomy and embryology have been included, but the text goes beyond these basics, and embraces well-written material covering genetic disorders. This is followed by a short, but thorough, chapter that discusses the physiology of reproduction. Such an opening will grab the mind of the academician and student alike.

New and old ideas are deftly meshed in excellent chapters on maternal physiology and the maternal-placental-fetal unit. Such an approach is not found in older, more traditional texts.

Normal pregnancy and prenatal care are explored with an updated course and conduct of normal labor, puerperium, and newborn assessment. High-risk pregnancy and obstetric complications are not neglected. In fact, the new technology presented for use in monitoring fetal well-being is well worth the price of the book.

The second half of the text approaches gynecology in the same complete, up-to-date manner found in the obstetrics portion. The usual benign disorders, infections and tu-

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