Preeminence remains a never-ending pursuit

This past July in one of the most comprehensive reports to the AOA House of Delegates, Marcelino Oliva, DO, reiterated the goals he had set for the profession and himself during his tenure as AOA president. These goals were to promote the viability of osteopathic hospitals; develop the profession in states with small DO populations; maintain and promulgate osteopathic medical unity; and implement the Task Force recommendations on alternate approval mechanisms for postdoctoral training in an appropriate, timely manner.

He succinctly reported on those things accomplished and problems yet to be overcome. Dr Oliva spoke with candor of his efforts to achieve a preeminent place for osteopathic medicine in the present and future healthcare scenario.

President William Voss, DO, further delineated this goal of preeminence in his inaugural address. He pointed out that in order for the profession to achieve—and maintain—this preeminence, we must plan ahead and anticipate future changes. We must not be mere reactors. We need to be the leaders in a medical revolution, one that Andrew Taylor Still started more than a century ago.

In a recent era of recognition, osteopathic physicians have been accorded the same practice privileges as allopathic physicians. Along with such equality, we share similar problems. For example, the shortage of DOs in some of our smaller states is not a uniquely osteopathic problem. Certain areas in the United States

are experiencing healthcare personnel shortages of both DOs and MDs. Nonetheless, the shortage of DOs seems particularly acute, given our tradition of training general practitioners. Numbers alone, however, will not secure the profession a preeminent place in medicine.

Webster's Dictionary defines *preeminent* as "outstanding;" "to stand out." Osteopathic medicine has a philosophy that is indeed outstanding and does stand out. For years, osteopathic medicine has emphasized the role the musculoskeletal system plays in health and disease. Interest in manual medicine seems to be at an all-time high, both within and outside the profession.

Despite such newfound interest, a danger exists for developing manual medicine as something apart from general medicine. Because of this, a greater emphasis must be placed on how structural diagnosis can be infiltrated into all healthcare analysis and treatment phases. Based on this tenet, the profession has had the foresight to recognize the importance of the general practitioner. Thus, osteopathic medical education is geared toward producing general practitioners. In this area, the profession remains preeminent.

Maintaining this status as well as gaining preeminence in other phases of our profession remains a never-ending, albeit worthy pursuit.

GEORGE W. NORTHUP, DO

American Osteopathic Association
Continuing Medical Education

CERTIFICATION OF HOME STUDY

This is to certify that I, _____ completed the following
activity for AOA CME credits. Please print

Type of activity (such as reading or listening) _____

Name of journal(s) or audio-tape and date(s) of issue(s): _____

(One-half CREDIT may be granted for each issue or tape)

AOA number _____

D.O.'s signature _____

College and year of graduation _____

Current address (including zip code) _____

MAIL TO: AOA Division of CME, 142 East Ontario Street, Chicago, Illinois 60611

KEEP A DUPLICATE FOR YOUR RECORDS!

The **Home Study** form is intended to document individual reading of recognized scientific journals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category **2-B**.

Only one type of home study, such as reading, should be indicated on a single form, though multiple issues of scientific journals may be listed.

This form should **not** be used, however, when CME quiz cards for the AOA Journal are submitted separately.

FOR OFFICE USE ONLY

Cat. **2-B** Credits _____

Date _____

Program # _____

Doctor # _____

Doctor's Name _____

Please refer to the revised CME GUIDE for additional information.

Help Your Arthritis Patients Start the Day Buttoned Up.

Pick up
this button.

Buttoning a shirt, skirt or dress are just some of the obstacles facing the arthritis patient with morning stiffness.

Morning stiffness turns simple tasks into major challenges.

- Once-daily FELDENE® (piroxicam) reduces arthritis pain round the clock,¹ allowing patients to sleep better¹ and awaken with reduced morning stiffness.²
- FELDENE provides round-the-clock continuous plasma³ and synovial⁴ concentrations on once-daily dosing.
- FELDENE is effective whether taken in the morning or at night. This continuous action with once-daily dosing contrasts with the action of compounds that have shorter plasma half-lives and require more frequent dosing to provide comparable therapeutic results.

Once-Daily
Feldene®
(PIROXICAM) 20 mg capsules

**Helps Your Arthritis Patients
Wake Up to Good Mornings**

Help Your Arthritis Patients Wake Up to Good Mornings

As with other NSAIDs, the most common side effects are GI-related; in some patients, ulceration, bleeding, and perforation may occur.

References 1. Tausch G: Placebo-controlled study of piroxicam in the treatment of rheumatoid arthritis. *Am J Med* 1982;72(report):18-22. 2. Huskisson EC, Greenwood A: Naproxen and piroxicam: A comparative trial in rheumatoid arthritis. *Eur J Rheumatol Inflamm* 1983;6:242-246. 3. Mercier M, Lesne M: Pharmacokinetics of piroxicam compared with those of indomethacin: A multiple dose study. In Dessain P (ed): *Rheumatology in the 80's*. Proceedings of a symposium, Malaga, Spain, April 18-19, 1980. Princeton, NJ: Excerpta Medica, 1980, pp 25-28. 4. Bachmann F: Correlation of plasma and synovial fluid concentrations of piroxicam in patients with rheumatoid arthritis. In Dessain P (ed): *Rheumatology in the 80's*. Proceedings of a symposium, Malaga, Spain, April 18-19, 1980. Princeton, NJ: Excerpta Medica, 1980, pp 41-44.

Brief Summary

FELDENE® (piroxicam) Capsules

CONTRAINDICATIONS: FELDENE (piroxicam) should not be used in patients who have previously exhibited hypersensitivity to it, or in individuals with the syndrome comprised of bronchospasm, nasal polyps and angioedema precipitated by aspirin or other nonsteroidal anti-inflammatory drugs.

WARNINGS: Peptic ulceration, perforation, and GI bleeding—sometimes severe, and, in some instances fatal—have been reported with patients receiving FELDENE. If FELDENE must be given to patients with a history of upper gastrointestinal tract disease, the patient should be under close supervision (see ADVERSE REACTIONS). Physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous GI tract symptoms.

PRECAUTIONS: Renal Effects: As with other nonsteroidal anti-inflammatory drugs, long-term administration of piroxicam to animals has resulted in renal papillary necrosis and other abnormal renal pathology. In humans, there have been reports of acute interstitial nephritis with hematuria, proteinuria, and occasionally, nephrotic syndrome.

A second form of renal toxicity has been seen in patients with preexisting conditions leading to a reduction in renal blood flow or blood volume, where the renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly.

Because of extensive renal excretion of piroxicam and its biotransformation products (less than 5% of the daily dose excreted unchanged), lower doses of piroxicam should be anticipated in patients with impaired renal function, and they should be carefully monitored.

Although other nonsteroidal anti-inflammatory drugs do not have the same direct effect on platelets that aspirin does, all drugs inhibiting prostaglandin biosynthesis do interfere with platelet function to some degree.

Because of reports of adverse eye findings with nonsteroidal anti-inflammatory agents, it is recommended that patients who develop visual complaints during treatment with FELDENE have ophthalmologic evaluation.

As with other nonsteroidal anti-inflammatory drugs, borderline elevations of one or more liver tests may occur in up to 15% of patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom abnormal liver tests have occurred, should be evaluated for evidence of the development of more severe hepatic reaction while on therapy with FELDENE.

Severe hepatic reactions, including jaundice and cases of fatal hepatitis, have been reported with FELDENE. Although such reactions are rare, if abnormal liver tests persist or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), FELDENE should be discontinued. (See also ADVERSE REACTIONS.)

Although at the recommended dose of 20 mg/day of FELDENE increased fecal blood loss due to gastrointestinal irritation did not occur, in about 4% of the patients treated with FELDENE alone or concomitantly with aspirin, reductions in hemoglobin and hematocrit values were observed.

Peripheral edema has been observed in approximately 2% of the patients treated with FELDENE. Therefore, FELDENE should be used with caution in patients with heart failure, hypertension or other conditions predisposing to fluid retention.

A combination of dermatological and/or allergic signs and symptoms suggestive of serum sickness have occasionally occurred in conjunction with the use of FELDENE. These include arthralgias, pruritus, fever, fatigue, and rash including vesiculo bullous reactions and exfoliative dermatitis.

DRUG INTERACTIONS: Interactions with coumarin-type anticoagulants have been reported with FELDENE since marketing. Therefore, physicians should closely monitor patients for a change in dosage requirements when administering FELDENE to patients on coumarin-type anticoagulants and other highly protein-bound drugs.

Plasma levels of piroxicam are depressed to approximately 80% of their normal values when FELDENE is administered in conjunction with aspirin (3900 mg/day), but concomitant administration of antacids has no effect on piroxicam plasma levels.

Nonsteroidal anti-inflammatory agents, including FELDENE, have been reported to increase steady state plasma lithium levels. It is recommended that plasma lithium levels be monitored when initiating, adjusting and discontinuing FELDENE.

Carcinogenesis, Chronic Animal Toxicity and Impairment of Fertility: Subacute and chronic toxicity studies have been carried out in rats, mice, dogs, and monkeys.

The pathology most often seen was that characteristically associated with the animal toxicology of anti-inflammatory agents: renal papillary necrosis (see PRECAUTIONS) and gastrointestinal lesions.

In classical studies in laboratory animals, piroxicam did not show any teratogenic potential. Reproductive studies revealed no impairment of fertility in animals.

Pregnancy and Nursing Mothers: Like other drugs which inhibit the synthesis and release of prostaglandins, piroxicam administration continued late into pregnancy increased the incidence of dystocia and delayed parturition in animals. Gastrointestinal tract toxicity was increased in pregnant females in the last trimester of pregnancy compared to non-pregnant females or females in earlier trimesters of pregnancy.

FELDENE (piroxicam) is not recommended for use in nursing mothers or in pregnant women because of the animal findings and since safety for such use has not been established in humans.

Use in Children: Dosage recommendations and indications for use in children have not been established.

ADVERSE REACTIONS: Gastrointestinal symptoms are the most prominent side effects, occurring in approximately 20% of the patients, which in most instances did not interfere with the course of therapy. Of the patients experiencing gastrointestinal side effects, approximately 5% discontinued therapy with an overall incidence of peptic ulceration of about 1%.

Adverse reactions are listed below by body system for all patients in clinical trials with FELDENE at doses of 20 mg/day. Incidence Greater Than 1%: The following adverse reactions occurred more frequently than 1 in 100.

Gastrointestinal: stomatitis, anorexia, epigastric distress, nausea, constipation, abdominal discomfort, flatulence, diarrhea, abdominal pain, indigestion

Hematological: decreases in hemoglobin* and hematocrit* (see PRECAUTIONS), anemia, leucopenia, eosinophilia

Dermatologic: pruritus, rash

Central Nervous System: dizziness, somnolence, vertigo

Urogenital: BUN and creatinine elevations (see PRECAUTIONS)

Body as a Whole: headache, malaise

Special Senses: tinnitus

Cardiovascular/Respiratory: edema (see PRECAUTIONS)

* Reactions occurring in 3% to 9% of patients treated with FELDENE. Reactions occurring in 1% to 3% of patients are unmarked.

Incidence Less Than 1% (Causal Relationship Probable): The following adverse reactions occurred less frequently than 1 in 100. The probability exists that there is a causal relationship between FELDENE and these reactions.

Gastrointestinal: liver function abnormalities, jaundice, hepatitis (see PRECAUTIONS), vomiting, hematemesis, melena, gastrointestinal bleeding, perforation and ulceration (see WARNINGS), dry mouth

Hematological: thrombocytopenia, petechial rash, ecchymosis, bone marrow depression including aplastic anemia, epistaxis

Dermatologic: sweating, erythema, bruising, desquamation, exfoliative dermatitis, erythema multiforme, toxic epidermal necrolysis, Stevens-Johnson syndrome, vesiculo bullous reactions, photoallergic skin reactions

Central Nervous System: depression, insomnia, nervousness

Urogenital: hematuria, proteinuria, interstitial nephritis, renal failure, hyperkalemia, glomerulitis, papillary necrosis, nephrotic syndrome (see PRECAUTIONS)

Body as a Whole: pain (colic), fever, flu-like syndrome (see PRECAUTIONS)

Special Senses: swollen eyes, blurred vision, eye irritations

Cardiovascular/Respiratory: hypertension, worsening of congestive heart failure (see PRECAUTIONS), exacerbation of angina

Metabolic: hypoglycemia, hyperglycemia, weight increase, weight decrease

Hypersensitivity: anaphylaxis, bronchospasm, urticaria/angioedema, vasculitis, "serum sickness" (see PRECAUTIONS)

Incidence Less Than 1% (Causal Relationship Unknown): Other adverse reactions were reported with a frequency of less than 1 in 100, but a causal relationship between FELDENE and the reaction could not be determined.

Gastrointestinal: pancreatitis

Dermatologic: ancytholysis, loss of hair

Central Nervous System: akathisia, hallucinations, mood alterations, dream abnormalities, mental confusion, paresthesias

Urogenital System: dysuria

Body as a Whole: weakness

Cardiovascular/Respiratory: palpitations, dyspnea

Hypersensitivity: positive ANA

Special Senses: transient hearing loss

Hematological: hemolytic anemia

OVERDOSAGE: In the event treatment for overdosage is required, the long plasma half-life of piroxicam should be considered. The absence of experience with acute overdosage precludes characterization of sequelae and recommendations of specific antidotal efficacy at this time. It is reasonable to assume that the standard measures of gastric evacuation and general supportive therapy would apply. In addition to supportive measures, the use of activated charcoal may effectively reduce the absorption and reabsorption of piroxicam. Experiments in dogs have demonstrated that the use of multiple-dose treatments with activated charcoal could reduce the half-life of piroxicam elimination from 27 hours (without charcoal) to 11 hours and reduce the systemic bioavailability of piroxicam by as much as 37% when activated charcoal is given as late as 6 hours after administration of piroxicam.

ADMINISTRATION AND DOSAGE: Rheumatoid Arthritis, Osteoarthritis: It is recommended that FELDENE therapy be initiated and maintained at a single daily dose of 20 mg. If desired, the daily dose may be divided. Dosage recommendations and indications for use in children have not been established. More detailed professional information available on request.

LABORATORIES DIVISION

PFIZER INC.

© 1982, Pfizer Inc.
Revised October 1988