'Ad Diction Ary' of drug users' terms

TYLER CHILDS CYMET, DO

Physicians obtain information by verbally communicating with patients. But communication is frequently impaired for varied reasons. Often, physicians and patients speak different languages, even when both use English as their vernacular. Intravenous drug users have their own way of referring to their lifestyle and habits. Without understanding the terms they use, the physician will have difficulty appreciating the course of events leading up to a disease. Terms unique to the drug culture, or terms that have a different meaning to drug users than they do to the general public are defined herein. This special lexicon is the culmination of the author's 5-year file-card collection of terms.

(Key words: Communication, intravenous drug users, history and physical examination, terminology)

A

A	Acid
May refer to amphetamine or acid	LSD (lysergic acid diethylamide)
AB	AD
An abscess, ie, "I must be shooting weak, I got myself an AB."	An addict
A-Bomb	Adam
Using two different types of drugs in order to get a different (synergistic) effect, ie, speedballing.	Amphetamine
A-Boot	Alley Juice
Under the influence of drugs	Methyl alcohol
Acapulco Gold	Amarillas
A specific type of marijuana	Pentobarbital
Ace	Amy
Marijuana	Amyl nitrate (poppers)
Ace (alt)	Angel Dust
Someone you can trust, a good guy	PCP (phencyclidine)
	Angel Hair
	PCP
	Angel Mist

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PCP

Angustitados

A dysphoric feeling that cocaine can produce

Animal

LSD

Ant

A small time drug dealer, usually selling to support his own habit

Antifreeze

Methyl alcohol

Antilog

Peyote

A-One Dope

Cocaine and heroin

Apache

A brand of heroin

Apogee

A brand of bong

Apple

A nonaddict

Around the turn

Withdrawal

Arsenal

Drug supply

Artillery

Drug injection paraphernalia

AS

Quaaludes

Asthmador

Hallucinogen

Away

In jail

Azucar

Heroin

B

B

A way of buying a small amount of marijuana, usually about the size of a sugar packet

Bacha

A marijuana cigarette butt

Back Track

To pull blood into the syringe before injecting; many addicts routinely back track, ie, mix blood with heroin in the syringe before injecting. ("With that little heroin, you better back track fast.")

Backwards

Taking a tranquilizer, used as "doing backwards" or "going backwards"

Bad Blood

Syphilis

Bador

Hallucinogenic seeds

Bad Seed

Peyote

Bagman

A supplier of drugs

Balling

Selling cocaine

Bam D

A pill with Dilaudid and Preludin

Bammies

Marijuana that has been cut too much

Bams

A unit of sale for amphetamines—sold in test tubes.

Bananas

Banana peels smoked as a drug provide a relaxing kind of dizziness

Ban Apple Gas

N-butyl nitrate

Bang

Isobutyl nitrate

Bang (alt)

Injection of a drug

Bang-Bangs

Drug dealer's security force

Bangers

People who mainline

Barbs

Barbiturates

Baseball

The activity of socially smoking crack cocaine

Base Binge

Smoking or basing cocaine for 2 or more days without a break

Bazooka

A paste of crack cocaine that may be chewed or smoked

B-Bombs

Benzedrine inhalers

BBS

The feeling of lethargy, fatigue, and sleep that follows long binges of cocaine use

Beamer

A person who smokes crack

Beam me down

Help me off a high

Beam me up

Get me high

Beans

Amphetamines

Beast, the

LSD

Beat

—Embalming fluid that may be inhaled or huffed

—Not the real thing, ie, buying crack and getting crushed aspirin, or wax

Bed Bugs

Fellow drug addicts

Be down

To behave, not cause trouble

Beef

Another name for heroin

Bennies (Benz)

Benzedrine

Benny Jag

Amphetamine intoxication

Bernice

Cocaine

Bernie's

Cocaine

Bernie's Flakes

Cocaine

Bhudda Sens

A very green, potent form of marijuana

Big Bloke

Cocaine

Big Bob

A white tablet usually hallucinogenic (MDA [methyldioxyamphetamine])

Big Boy

A leader, usually referring to someone selling drugs

Bill the Cat

A brand name of LSD

Bing

To inject a drug

Bingle

Dealer

Bit

Jail term

Black Beauties

Amphetamines

Black Bird

Amphetamines

Black Mole

Caffeine tablet

Black Stuff

Opium

Blade

Knife

Blast

Shoot, inject intravenously

Blenderized

Messed up, not with the program

Blockbuster

Caffeine tablet

Blotter Acid

LSD soaked into a piece of cardboard

Blow

Cocaine

Blowman

Gang member designated to carry a gun in a "clean" weaponless fight

Blue Angel

Amobarbital (Sodium Amytal)

Blue Birds

Barbiturates

Blue Devils

Amobarbital (Sodium Amytal)

Blues

Barbiturates

Blue Star

A brand of LSD

Blue Velvet

Amobarbital (Sodium Amytal)

Bluiers

Barbiturates

Blunts

A bull durham (self-rolled) cigarette of tobacco, cocaine, and marijuana

Body Packing

Transporting drugs hidden inside the body (ie, in the stomach, kept in plastic bags or "keistering")

Bol Baby

A girl who will trade anything for cheap alcohol

Bol 148

LSD

Bolsita

A bag of drugs

Bolt

Isobutyl nitrate

Bomb

Barbiturates

Bomb (alt)

A caffeine pill that is big and gray

Bomba

Strong marijuana

Bombay Black

Hashish

Bombers

(continued on page 436)

What's the best solution for preventing motion sickness?

- ☐ Staying home
- ☐ Using **Transderm Scōp**[®]
scopolamine

- ✓ **Transderm Scōp** is more effective than **Dramamine**^{®1} for preventing nausea and vomiting. And in a recent clinical study, **Transderm Scōp** was demonstrated to be significantly more effective than 25 mg meclizine².
- ✓ The 72-hour transdermal delivery system means improved patient compliance since multiple dosing of tablets is avoided. Furthermore, patients don't have to try to medicate during an activity.
- ✓ Well tolerated — drowsiness occurs in only 1 of 6 people.

So, with **Transderm Scōp** your patients don't have to choose between staying home or suffering the dizziness, nausea, and vomiting of motion sickness.

Transderm Scōp should not be used in children. Use with special care in the elderly and in patients taking drugs (including alcohol) capable of causing CNS effects. Dryness of the mouth occurs in about two-thirds of people.

Transderm Scōp[®]
scopolamine
The motion-sickness solution[™]

C I B A

See next page for brief summary of Prescribing Information.

Transderm Scōp®

scopolamine
(formerly Transderm-V)

Transdermal Therapeutic System

Programmed delivery in vivo of 0.5 mg of
scopolamine over 3 days

BRIEF SUMMARY (FOR FULL PRESCRIBING
INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE

Transderm Scōp is indicated for prevention of nausea and vomiting associated with motion sickness in adults. The disc should be applied only to skin in the postauricular area.

Clinical Results: Transderm Scōp provides antiemetic protection within several hours following application of the disc behind the ear. In 195 adult subjects of different racial origins who participated in clinical efficacy studies at sea or in a controlled motion environment, there was a 75% reduction in the incidence of motion-induced nausea and vomiting. Transderm Scōp provided significantly greater protection than that obtained with oral dimenhydrinate.

CONTRAINDICATIONS

Transderm Scōp should not be used in patients with known hypersensitivity to scopolamine or any of the components of the adhesive matrix making up the therapeutic system, or in patients with glaucoma.

WARNINGS

Transderm Scōp should not be used in children and should be used with special caution in the elderly. See **PRECAUTIONS**.

Since drowsiness, disorientation, and confusion may occur with the use of scopolamine, patients should be warned of the possibility and cautioned against engaging in activities that require mental alertness, such as driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur with ordinary therapeutic doses of scopolamine.

PRECAUTIONS

General

Scopolamine should be used with caution in patients with pyloric obstruction, or urinary bladder neck obstruction. Caution should be exercised when administering an antiemetic or antimuscarinic drug to patients suspected of having intestinal obstruction.

Transderm Scōp should be used with special caution in the elderly or in individuals with impaired metabolic, liver, or kidney functions, because of the increased likelihood of CNS effects.

Information for Patients

Since scopolamine can cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes, patients should be strongly advised to wash their hands thoroughly with soap and water immediately after handling the disc.

Patients should be advised to remove the disc immediately and contact a physician in the unlikely event that they experience symptoms of acute narrow-angle glaucoma (pain in and reddening of the eyes accompanied by dilated pupils).

Patients should be warned against driving a motor vehicle or operating dangerous machinery. A patient brochure is available.

Drug Interactions

Scopolamine should be used with care in patients taking drugs, including alcohol, capable of causing CNS effects. Special attention should be given to drugs having anticholinergic properties, e.g., belladonna alkaloids, antihistamines (including meclizine), and antidepressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No long-term studies in animals have been performed to evaluate carcinogenic potential. Fertility studies were performed in female rats and revealed no evidence of impaired fertility or harm to the fetus due to scopolamine hydrobromide administered by daily subcutaneous injection. In the highest-dose group (plasma level approximately 500 times the level achieved in humans using a transdermal system), reduced maternal body weights were observed.

Pregnancy Category C

Teratogenic studies were performed in pregnant rats and rabbits with scopolamine hydrobromide administered by daily intravenous injection. No adverse effects were recorded in the rats. In the rabbits, the highest dose (plasma level approximately 100 times the level achieved in humans using a transdermal system) of drug administered had a marginal embryotoxic effect. Transderm Scōp should be used during pregnancy only if the anticipated benefit justifies the potential risk to the fetus.

Nursing Mothers

It is not known whether scopolamine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Transderm Scōp is administered to a nursing woman.

Pediatric Use

Children are particularly susceptible to the side effects of belladonna alkaloids. Transderm Scōp should not be used in children because it is not known whether this system will release an amount of scopolamine that could produce serious adverse effects in children.

ADVERSE REACTIONS

The most frequent adverse reaction to Transderm Scōp is dryness of the mouth. This occurs in about two thirds of the people. A less frequent adverse reaction is drowsiness, which occurs in less than one sixth of the people. Transient impairment of eye accommodation, including blurred vision and dilation of the pupils, is also observed.

The following adverse reactions have also been reported on infrequent occasions during the use of Transderm Scōp: disorientation; memory disturbances; dizziness; restlessness; hallucinations; confusion; difficulty urinating; rashes and erythema; acute narrow-angle glaucoma; and dry, itchy, or red eyes.

Drug Withdrawal: Symptoms including dizziness, nausea, vomiting, headache and disturbances of equilibrium have been reported in a few patients following discontinuation of the use of the Transderm Scōp system. These symptoms have occurred most often in patients who have used the systems for more than three days.

OVERDOSAGE

Overdosage with scopolamine may cause disorientation, memory disturbances, dizziness, restlessness, hallucinations, or confusion. Should these symptoms occur, the Transderm Scōp disc should be immediately removed. Appropriate parasympathomimetic therapy should be initiated if these symptoms are severe.

DOSAGE AND ADMINISTRATION

Initiation of Therapy: One Transderm Scōp disc (programmed to deliver 0.5 mg of scopolamine over 3 days) should be applied to the hairless area behind one ear at least 4 hours before the antiemetic effect is required. Only one disc should be worn at any time.

Handling: After the disc is applied on dry skin behind the ear, the hands should be washed thoroughly with soap and water and dried. Upon removal of the disc, it should be discarded, and the hands and application site washed thoroughly with soap and water and dried, to prevent any traces of scopolamine from coming into direct contact with the eyes. (A patient brochure is available.)

Continuation of Therapy: Should the disc become displaced, it should be discarded, and a fresh one placed on the hairless area behind the other ear. If therapy is required for longer than 3 days, the first disc should be discarded, and a fresh one placed on the hairless area behind the other ear.

The system should be stored between 59°-86°F (15°-30°C).

CAUTION

Federal law prohibits dispensing without prescription.

Dist. by:
CIBA Consumer Pharmaceuticals
Div. of CIBA-GEIGY Corp.
Summit, NJ 07901

C88-5 (Rev. 2/88)

C I B A

References:

1. Price N et al: *Clin Ther* 1979;2:258-262. Studies at sea that demonstrated a 75% mean reduction in the incidence of nausea and vomiting associated with motion sickness with Transderm Scōp, compared to 50% with Dramamine* ($P > 0.05$).
2. Dahl E: *Clin Pharmacol Ther* 1984;36:116-120. A study of mild motion sickness in a laboratory setting in which Transderm Scōp* demonstrated a significantly greater reduction in the incidence of nausea and vomiting than 25 mg meclizine ($P = 0.01$) and placebo ($P = 0.003$).

special lexicon

(continued)

Marijuana

Bombido

An ampule of liquefied drug (usually amphetamine, may be heroin or barbiturates)

Bong

A water pipe used to smoke marijuana

Boo

Marijuana

Book, the

PDR, a drug user's bible

Boosting

Stealing, usually done to support a habit

Booting

Drawing blood back into a drug-filled syringe before injecting; may be done repeatedly in the process of administering a drug; has a negative connotation, as it is done repeatedly beyond where it can provide more drugs. ("There is no 'gravy' there to boot.")

Bop

Fight

Bopping Club

A fighting gang

Boxed

—Died or killed

—Surrounded by rival gang members or police

Boy

Heroin

Boy and Girl

Heroin and cocaine mixed into a syringe

Bread

Money

Buck

Homemade wine

Bug

Burglar alarm

Bummer

Bad trip

Bum Rush

Physically abusing a bum or street person as a form of amusement

Bust or Busted

Arrest or arrested

C

Cabello

Heroin

(continued on page 438)

Prescribe
Rx **Pedia-Profen[®]**
Ibuprofen Suspension
100 mg/5 ml

**Provides 6 to 8 hours
of fever relief¹**

- **Effective fever relief is achieved with 2 levels of dosing:**
 - 5 mg/kg for fevers under 102.5°F
 - 10 mg/kg for fevers 102.5°F and higher
- **Pleasant tasting and easy to swallow**

Please see brief summary of Prescribing Information on the next page.

McNEIL

McNeil Consumer Products Company
Division of McNeil-PPC, Inc.
Fort Washington, PA 19034 U.S.A.

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Reference: 1. Watson PD et al. Ibuprofen, acetaminophen and placebo treatment of febrile children. *Clin Pharmacol Ther* 1989;46:9-17

Pedia-Profen® Ibuprofen Suspension 100 mg/5 ml

The following is a brief summary only. Before prescribing, see complete prescribing information in **Pedia-Profen** labeling.

INDICATIONS AND USAGE: **Pedia-Profen** is indicated for the reduction of fever in patients aged 6 months and older, and for the relief of mild-to-moderate pain in patients aged 12 years and older.

CLINICAL PHARMACOLOGY: Controlled clinical trials comparing doses of 5 and 10 mg/kg of ibuprofen and 10-15 mg/kg of acetaminophen have been conducted in children 6 months to 12 years of age with fever primarily due to viral illnesses. In these studies there were no differences between treatments in fever reduction for the first hour and maximum fever reduction occurred between 2 and 4 hours. Response after 1 hour was dependent on both the level of temperature elevation as well as the treatment. In children with baseline temperatures at or below 102.5°F, both ibuprofen doses and acetaminophen were equally effective in their maximum effect. In those children with temperatures above 102.5°F, the ibuprofen 10 mg/kg dose was more effective. By 6 hours children treated with ibuprofen 5 mg/kg tended to have recurrence of fever, whereas children treated with ibuprofen 10 mg/kg still had significant fever reduction at 8 hours. In control groups treated with 10 mg/kg acetaminophen, fever reduction resembled that seen in children treated with 5 mg/kg of ibuprofen, with the exception that temperature elevation tended to return 1-2 hours earlier.

CONTRAINDICATIONS: **Pedia-Profen** should not be used in patients who have previously exhibited hypersensitivity to ibuprofen, or in individuals with all or part of the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin or other nonsteroidal anti-inflammatory agents. Hypersensitivity reactions have occurred in such patients.

WARNINGS: Risk of GI Ulceration, Bleeding and Perforation with NSAID Therapy. Serious gastrointestinal toxicity such as bleeding, ulceration, and perforation, can occur at any time, with or without warning symptoms, in patients treated chronically with NSAID therapy. Although minor upper gastrointestinal problems, such as dyspepsia, are common, usually developing early in therapy, physicians should remain alert for ulceration and bleeding in patients treated chronically with NSAIDs even in the absence of previous GI tract symptoms. In patients observed in clinical trials of several months to two years duration, symptomatic upper GI ulcers, gross bleeding or perforation appear to occur in approximately 1% of patients treated for 3-6 months, and in about 2-4% of patients treated for one year. Physicians should inform patients about the signs and/or symptoms of serious GI toxicity and what steps to take if they occur.

Studies to date have not identified any subset of patients not at risk of developing peptic ulceration and bleeding. Except for a prior history of serious GI events and other risk factors known to be associated with peptic ulcer disease, such as alcoholism, smoking, etc., no risk factors (e.g., age, sex) have been associated with increased risk. Elderly or debilitated patients seem to tolerate ulceration or bleeding less well than other individuals and most spontaneous reports of fatal GI events are in this population. Studies to date are inconclusive concerning the relative risk of developing NSAID-induced GI toxicity. High doses of any NSAID probably carry a greater risk of these reactions, although controlled clinical trials showing this do not exist in most cases. In considering the use of relatively large doses (within the recommended dosage range), sufficient benefit should be anticipated to offset the potential increased risk of GI toxicity.

PRECAUTIONS: General: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If a patient develops such complaints while receiving **Pedia-Profen**, the drug should be discontinued and the patient should have an ophthalmologic examination which includes central visual fields and color vision testing.

Fluid retention and edema have been reported in association with ibuprofen; therefore, the drug should be used with caution in patients with a history of cardiac decompensation or hypertension.

Pedia-Profen, like other nonsteroidal anti-inflammatory agents, can inhibit platelet aggregation, but the effect is quantitatively less and of shorter duration than that seen with aspirin. Ibuprofen has been shown to prolong bleeding time (but within the normal range) in normal subjects. Because this prolonged bleeding effect may be exaggerated in patients with underlying hemostatic defects, **Pedia-Profen** should be used with caution in persons with intrinsic coagulation defects and those on anticoagulant therapy.

Patients on **Pedia-Profen** should report to their physicians signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain, or edema.

In order to avoid exacerbation of disease of adrenal insufficiency, patients who have been on prolonged corticosteroid therapy should have their therapy tapered slowly rather than discontinued abruptly when ibuprofen is added to the treatment program.

The antipyretic and analgesic activity of **Pedia-Profen** may reduce fever and inflammation, thus diminishing their utility as diagnostic signs in detecting complications of presumed noninfectious, noninflammatory painful conditions.

As with other nonsteroidal anti-inflammatory drugs, long-term administration of ibuprofen 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 and volume, where the renal prostaglandins have a supportive role in the maintenance of renal perfusion. In these patients administration of a nonsteroidal anti-inflammatory drug 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. Discontinuation of nonsteroidal anti-inflammatory drug therapy is typically followed by recovery to the pre-treatment state.

Those patients at high risk who chronically take ibuprofen should have renal function monitored if they have signs or symptoms which may be consistent with mild azotemia, such as malaise, fatigue, loss of appetite, etc. Occasional patients may develop some elevation of serum creatinine and BUN levels without signs or symptoms.

Since ibuprofen is eliminated primarily by the kidneys, patients with significantly impaired renal function should be closely monitored and a reduction in dosage should be anticipated to avoid drug accumulation. Prospective studies on the safety of ibuprofen in patients with chronic renal failure have not been conducted.

Meaningful (2 times the upper limit of normal) elevations of SGPT or SGOT (AST) occurred in controlled clinical trials in less than 1% of patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe hepatic reactions while on therapy with **Pedia-Profen**. 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.), **Pedia-Profen** should be discontinued.

Safety and efficacy of **Pedia-Profen** in children below the age of 6 months has not been established.

Pregnancy: Reproductive studies conducted in rats and rabbits at doses somewhat less than the maximal clinical dose did not demonstrate evidence of developmental abnormalities. However, animal reproduction studies are not always predictive of human response. As there are no adequate and well-controlled studies in pregnant women, this drug should be used during pregnancy only if clearly needed. Because of the known effects of nonsteroidal anti-inflammatory drugs on the fetal cardiovascular system (closure of ductus arteriosus), use during late pregnancy should be avoided. As with other drugs known to inhibit prostaglandin synthesis, an increased incidence of dystocia and delayed parturition occurred in rats. Administration of **Pedia-Profen** is not recommended during pregnancy.

ADVERSE REACTIONS: The most frequent type of adverse reaction occurring with ibuprofen is gastrointestinal. In controlled clinical trials, the percentage of adult patients reporting one or more gastrointestinal complaints ranged from 4% to 16%.

Adverse reactions occurring in 3% to 9% of patients treated with ibuprofen: nausea, epigastric pain, heartburn, dizziness, rash. Adverse reactions occurring in 1% to 3% of patients: diarrhea, abdominal distress, and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of GI tract, headache, nervousness, pruritus, tinnitus, decreased appetite, edema, fluid retention (generally responds promptly to drug discontinuation). Still other reactions (less than 1 in 100) have been reported, and are detailed in the full summary of prescribing information.

DOSEAGE AND ADMINISTRATION: Shake well prior to administration.

Fever Reduction in Children 6 months to 12 years of age: Dosage should be adjusted on the basis of the initial temperature level (See CLINICAL PHARMACOLOGY for a description of the controlled clinical trial results). The recommended dose is 5 mg/kg if the baseline temperature is less than 102.5°F or 10 mg/kg if the baseline temperature is greater than 102.5°F. The duration of fever reduction is generally 6-8 hours and is longer with the higher dose. The recommended maximum daily dose is 40 mg/kg.

Mild to moderate pain: 400 mg every 4 to 6 hours as necessary for the relief of pain in adults.

In controlled analgesic clinical trials, doses of ibuprofen greater than 400 mg were no more effective than 400 mg dose.

HOW SUPPLIED: **Pedia-Profen** Ibuprofen Suspension 100 mg/5 ml (teaspoon)—orange, berry-vanilla flavored.

Bottles of 4 oz (120 ml) NDC 0045-0469-04

Bottles of 16 oz (480 ml) NDC 0045-0469-16

SHAKE WELL BEFORE USING. Store at room temperature.

Caution: Federal law prohibits dispensing without prescription.

McNEIL CONSUMER PRODUCTS CO.
DIVISION OF McNEIL-PPC, INC.
FORT WASHINGTON, PA 19034 USA

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special lexicon

(continued)

Cabo
Marijuana cigarette butt
Cactus
Peyote
Cafe
Marijuana
CB2
An hallucinogenic amphetamine
CD
Glutethimide, a central nervous system depressant
Cecil
Cocaine
Cheesing
Smiling
Cheesy
Cheap
China Red
Heroin
China White
Synthetic heroin (about 10 times stronger than heroin)
Chinese Cure
Chipping to prevent physical addiction
Chinesing
Heating up heroin on aluminum foil and inhaling the vapors
Chipping
Dosing a drug so that physical addiction does not occur; after each use of a drug, waiting at least one half-life before doing the drug again.
Chippy
A young female that belongs to a gang
Chuckers
Dice
Cibas
Doriden
City Gin
Water
Clap
A sexually transmitted disease
Clipped
Arrested
Cocktail
Methadone and cocaine done together
Cold Turkey
Quitting an addiction all at once without a transition or tapering-off period
Comeback

The process of mixing lidocaine into the cocaine when making crack
Con
Swindling or outfoxing someone; also known as "playing the con"
Connection
Access to drug sales
Cooked Cocaine
Purer, but less stable than crack; usually stretched with baking soda; when tasted will appear bitter
Cooking it up
Preparing heroin for use
Coolie
A non-gang-related person or drug salesman
Corner Boy
A low level marketer of drugs
Cotton Fever
A systemic process of fevers, lethargy caused by impurities in the cotton through which drugs are filtered. Must be differentiated from endocarditis.
Crabs
Pediculosis pubis
Crack Cocaine
A form of cocaine, mixed with a base to stabilize it. This is cheap and gives a rapid, short-lived high. Smoked or based, when bought on the streets; it tastes medicinal.
Crash
Coming down from a drug high
Crib
Bed or apartment
Crystal
A solid that changes to a liquid when smoked, then resolidifies and can be reused. Methyl amphetamine (usually smoked—the amphetamine equivalent of crack)
Crystal Tea
THC, or tetrahydrocannabinol
Cut
Mix a drug with other substances

D

Dago
Marijuana
Dead Eye
An eye stuck in one position from opiate use
Deadly Nightshade

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MEDICAL DIRECTOR'S PAGE

Bruce H. Medd, M.D., Associate Vice President and Director,
Professional Services

Recognizing The Alcoholic Patient

Alcoholism is a disease that affects about 10 million Americans, and its related illnesses account for as much as 20% of the total national expenditure for health care.¹ From 20% to 50% of men and 6% to 20% of women who are general medical patients meet the criteria for alcoholism. Yet, physicians identify less than half of the alcoholics who appear for medical care.² The typical alcoholic who visits the doctor often does so for minor physical problems, rather than acute intoxication or withdrawal. Physicians, therefore, frequently overlook the underlying diagnosis and treat symptomatically.

How is underdiagnosis of such a prevalent disease possible? The stereotype of the alcoholic as destitute and homeless accounts for some of it. Only 5% fit this stereotype²; indeed, the typical alcoholic has a job and a family. Denial by the patient and family also hinder accurate diagnosis. Physicians can add to their denial by being hesitant to discuss the topic. In addition, if physicians themselves drink heavily, it's not likely that they'll identify this same disease in patients whose habits parallel their own.³ Until recently, even medical schools failed to educate students in recognizing alcoholism. The social stigma associated with this disorder and the persistent belief that alcoholism is a weakness, rather than a disease, also contribute to underdiagnosis. Lastly, the overall process of identifying alcoholism is inexact. Many of the subjective criteria used, such as laboratory tests, can provide clues to heavy alcohol use, but not a definitive diagnosis.

The American Medical Association defines alcoholism as an illness characterized by significant impairment directly related to persistent, excessive use of alcohol. Impairment can involve physiologic, psychological and social dysfunction.⁴ To address each of these aspects, the physician's diagnostic tools should include screening questionnaires, laboratory tests and personal and family history, as well as a physical examination.

Popular screening questionnaires such as the MAST and CAGE Tests offer a high degree of sensitivity.^{1,2,4} A thorough personal history, including information about relationships and employment, can provide subtle behavioral clues. Family history is particularly important, given the strong evidence supporting biologic and genetic risk factors. Children of alcoholics have a fourfold increased risk of alcoholism, even when adopted by nonalcoholic parents.^{1,2} A number of laboratory tests, when used in combination, can also help detect excessive alcohol consumption. These markers include SGOT, MCV, GGT and others (see table). Because they lack specificity, individual results of such tests cannot be considered conclusive. The physical examination can readily detect signs and symptoms specific to advanced alcoholism, such as jaundice,

ascites, malnutrition and delirium tremens. However, in the earlier stages of the disease, the diverse physical signs that are seen can, individually, be attributed to a number of other disorders (see table).

Through careful evaluation of the composite test results, physicians can detect the disease before it progresses to the irreversible damage of end-stage alcoholism. The accompanying table lists some common indicators of alcohol abuse as presented by several authorities in the field.^{1,2,4,5,6}

GUIDELINES FOR EARLY DETECTION OF ALCOHOLISM

Physical clues

Gastrointestinal	nausea, vomiting, reflux, diarrhea, gastritis, ulcers, esophagitis
Cardiopulmonary	hypertension, palpitations, arrhythmias, recurrent respiratory infections
CNS	anxiety, insomnia, memory impairment (blackouts), irritability
Miscellaneous	gout, impotence, bloated face, parotid swelling, trauma injuries

Laboratory findings elevated values for SGOT, LDH, cholesterol, GGT, MCV, alkaline phosphatase, triglycerides, blood alcohol concentration, serum transferrin, uric acid

Behavioral clues life problems at home and work, legal difficulties, higher than normal scores on screening questionnaires such as MAST, CAST, AUDIT, CAGE*

*Michigan Alcoholism Screening Test (MAST); Canterbury Alcoholism Screening Test (CAST); Alcohol Use Disorders Identification Test (AUDIT); CAGE is an acronym for feeling a need to **Cut down** on drinking, **Annoyance** by criticism of drinking, **Guilt** about drinking and a need for an **Eye-opener**.

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Roche Laboratories

a division of Hoffmann-La Roche Inc.

340 Kingsland Street
Nutley, New Jersey 07110-1199

Atropa belladonna

Dead on Arrival

PCP basing

Dealer

Drug supplier

Debs

A gang little sister

Devil's Herb

Atropa belladonna

Dex

Dexedrine

Dial-A-Drug

A manner of selling drugs whereby an order is placed with a "beeper-man," who then has the buyer pay at one location and pick up the drugs in another. This limits potential prosecution for selling drugs.

Dics

Detectives

Diet Pills

A weak amphetamine (used in a derogatory manner)

Dilation

Dilantin

Dime Bag

Ten dollars' worth of marijuana

Dirt

Heroin

Dirty Drop

Drug-positive urine

Dirty Urine

Urine that tests positive for drugs

Disciples

Name of a street gang

Do Bads

Females who prostitute themselves or males who will kill for money to do drugs

Dog Food

Mexican heroin, usually diluted with molasses, making it sticky like tar; may be snorted or smoked

Dog it

To run away from a fight

Doing Dates

Prostitution

Dollies

Methadone

Dolls

Methadone

Doogie

Generic term referring to a mind-altering substance

Dope

Marijuana

Dope Fiend

A person who is badly addicted; the whole life will revolve around his or her habit

Dopers

Intravenous (IV) drug abusers

Doriden Loading

Using glutethimide (Doriden) with a caffeine chaser

Downers

Sedative hypnotics

Dozens

An insult contest; putting down another person's ancestry

Drip

Gonorrhea

Driving the car

Going on a drug-induced "trip"

Drop urine

To give a urine specimen

Dry Drunk

Someone who has given up alcohol but still acts like an alcoholic

Ducky Fins

Dollars

Dust

PCP (phencyclidine)

Dynamite

Using cocaine and heroin together

E

E

MDMA (3,4-methylenedioxymethamphetamine), an hallucinogenic amphetamine

Echalay

Injection of heroin

Ecstasy

Amphetamine derivative similar to MDMA

Eightball

Freebase cocaine with ether

Eight Balls

One-eighth ounce of cocaine

Eighth

One-eighth ounce of heroin

Electric

Psychedelics

Elephant Tranquilizer

Phencyclidine

Elephant Trunk

Phencyclidine

El Rukns

Name of an organized gang

Enchanter's Nightshade

Atropa belladonna

Energized

High on drugs

Erizo

Marijuana withdrawal

Es and Vs

Elavil and Valium, used by crack abusers to come down from a high

Espit

High, euphoric

Essence

MDMA, an hallucinogenic

Estofa

Heroin

ET

Etryptamine, an hallucinogenic amphetamine

Euphoria

An hallucinogen and an amphetamine mixed together

Eve

Amphetamine

Exotic

Sensamilla type of marijuana

Eyeball

Look a person up and down

F

F66

Tuinal, a combination drug with amobarbital and secobarbital. "F66" is the imprint that appears on the brandname pulvule.

Face Drano

Cocaine

Fake a blast

Fake a high

Fall

Arrested

Fallout

Nodding or sleeping after doing a drug

Farmer

Novice with regard to drug use

Fentanyl

Synthetic heroin

Fiending

Acute binge of crack cocaine use

Fifty Ones

PCP (phencyclidine)

Fin

(continued on page 443)

In arthritis therapy:

Because you're concerned about G.I. reactions...

NSAIDs may adversely affect the hematologic, hepatic, renal, and gastrointestinal systems, although G.I. reactions occur most frequently.

Start with

Voltaren[®] 25·50·75-MG TABLETS
diclofenac sodium

An established record of G.I. tolerability.*

*Contraindicated in patients hypersensitive to aspirin, other NSAIDs, or Voltaren. As with other NSAIDs, the most frequent complaints relate to the G.I. tract. In patients treated chronically with NSAID therapy, serious G.I. toxicity such as bleeding, ulceration, and perforation can occur. Elevations of SGOT and/or SGPT, some significant, have been reported in association with Voltaren treatment; cases of severe hepatic reactions have rarely been reported.

Please see following page for brief summary of Prescribing Information.

Voltaren®
diclofenac sodium
Enteric-Coated Tablets

Brief Summary (See full Prescribing Information)

INDICATIONS AND USAGE

Voltaren is indicated for acute and chronic treatment of the signs and symptoms of rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis.

CONTRAINDICATIONS

Patients with hypersensitivity to it, in whom Voltaren, aspirin, or other nonsteroidal anti-inflammatory drugs induce asthma, urticaria, or other allergic-type reactions.

WARNINGS

Gastrointestinal Effects

Risk of G.I. ulcerations, bleeding and perforation with nonsteroidal anti-inflammatory therapy. Serious G.I. toxicity can occur at any time, with or without warning symptoms, during chronic treatment. The occurrence is about 1% after 3-6 months, 2-4% after a year. Patients should be informed of signs and symptoms of serious G.I. toxicity and what to do if it occurs. No subset of patients not at risk has been identified. Prior history of serious G.I. events and other risk factors of peptic ulcer disease, e.g., alcoholism, smoking, etc., have been associated with increased risk. The elderly and debilitated tolerate ulceration and bleeding less well than other individuals and most spontaneous reports of fatal G.I. events are in this population. G.I. ulceration and bleeding can occur without warning symptoms and chronically treated patients should be followed. It is recommended that patients be maintained on the lowest dose of diclofenac sodium possible consistent with achieving a satisfactory therapeutic response.

Hepatic Effects

As with other nonsteroidal anti-inflammatory drugs, elevations of one or more liver tests may occur during Voltaren therapy. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continued therapy. Borderline elevations, (i.e., 1.2-3 times the upper limit of normal [ULN]), or greater elevations of transaminases occurred in about 15% of Voltaren-treated patients. The SGPT (ALT) test is probably the most sensitive indicator of liver injury. In clinical trials, meaningful elevations (i.e., more than 3 times the ULN) of SGOT (SGPT was not measured in all studies) occurred in about 2% of approximately 5700 patients at some time during Voltaren treatment. In a large, open, controlled trial, meaningful elevations of SGOT and/or SGPT occurred in about 4% of 3700 patients treated for 2-6 months, including marked elevations (i.e., more than 8 times the ULN) in about 1% of the 3700 patients. In that open-label study, a lower incidence of borderline (1.2-3 times the ULN), moderate (3-8 times the ULN), and marked (>8 times the ULN) elevations of SGOT or SGPT was observed in patients randomized to other NSAIDs. Transaminase elevations were seen more frequently in patients with osteoarthritis than in those with rheumatoid arthritis (see ADVERSE REACTIONS).

Transaminase elevations were reversible on cessation of therapy, and among 51 patients in all studies with marked elevations, signs and symptoms of liver disease occurred in only 3 cases, and only 1 patient developed jaundice. Most patients with borderline elevations did not have therapy interrupted; transaminase elevations in most of these cases disappeared or did not progress. There were no identifying features to distinguish those patients who developed marked elevations from those who did not.

In addition to the enzyme elevations seen in clinical trials, rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, have been reported.

Because severe hepatotoxicity may develop without a prodrome of distinguishing symptoms, physicians should measure transaminases periodically in patients receiving long-term therapy with Voltaren. The optimum times for making the first and subsequent transaminase measurements are not known. In the largest U.S. trial (open-label), which involved 3700 patients monitored first at 8 weeks and 1200 patients monitored again at 24 weeks, almost all meaningful elevations in transaminases were detected before patients became symptomatic. In 42 of the 51 patients in all trials who developed marked transaminase elevations, abnormal tests occurred during the first 2 months of therapy with Voltaren. Based on this experience the first trans-

aminase measurement should be made no later than 8 weeks after the start of Voltaren treatment. As with other NSAIDs, if abnormal liver tests persist or worsen, if clinical signs and/or symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), Voltaren should be discontinued.

To minimize the possibility that hepatic injury will become severe between transaminase measurements, physicians should inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness and "flu-like" symptoms), and the appropriate action to take should these signs and symptoms appear.

PRECAUTIONS

Allergic Reactions: As with other nonsteroidal anti-inflammatory drugs, allergic reactions including anaphylaxis, have been reported.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking Voltaren.

Renal Effects: Cases of significant renal failure in patients receiving Voltaren have been reported from postmarketing experience, but were not observed in over 4,000 patients in clinical trials during which serum creatinines and BUNs were followed serially. Since Voltaren metabolites are eliminated primarily by the kidneys, patients with significantly impaired renal function should be more closely monitored than subjects with normal renal function.

Porphyria: The use of diclofenac in patients with hepatic porphyria should be avoided.

Drug Interactions

Aspirin: Concomitant administration of Voltaren and aspirin is not recommended.

Anticoagulants: NSAIDs affect platelet function as well, concurrent therapy with all NSAIDs, including Voltaren, and warfarin requires close monitoring of patients to be certain that no change in their anticoagulant dosage is required.

Digoxin, Methotrexate, Cyclosporine: Voltaren, like other NSAIDs, through effects on renal prostaglandins, may cause increased toxicity of digoxin, methotrexate, and cyclosporine.

Lithium: Voltaren decreases lithium renal clearance and increases lithium plasma levels. In patients taking Voltaren and lithium concomitantly, lithium toxicity may develop.

Oral Hypoglycemics: Physicians should consider the possibility that diclofenac may alter a diabetic patient's response to insulin or oral hypoglycemic agents.

Diuretics: Voltaren and other NSAIDs can inhibit the activity of diuretics. Concomitant treatment with potassium-sparing diuretics may be associated with increased serum potassium levels.

Other Drugs: In small groups of patients (7-10/interaction study), the concomitant administration of azathioprine, gold, chloroquine, D-penicillamine, prednisolone, doxycycline, or digitoxin did not significantly affect the peak levels and AUC values of Voltaren.

Drug/Laboratory Test Interactions

Effect on Blood Coagulation: Voltaren increases platelet aggregation time but does not affect bleeding time, plasma thrombin clotting time, plasma fibrinogen, or factors V and VII to XII.

Pregnancy Category B

There are no adequate and well-controlled studies in pregnant women. Voltaren should be used during pregnancy only if the benefits to the mother justify the potential risk to the fetus. Because of the known effects of prostaglandin-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), use of Voltaren during late pregnancy should be avoided.

Labor and Delivery

The effects of Voltaren on labor and delivery in pregnant women are unknown. However, as with other nonsteroidal anti-inflammatory drugs, it is possible that Voltaren may inhibit uterine contraction.

Nursing Mothers

Voltaren has been found in the milk of nursing mothers. As with other drugs that are excreted in milk, Voltaren is not recommended for use in nursing women.

Pediatric Use

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

ADVERSE REACTIONS

The incidence of common adverse reactions (greater than 1%) is based upon controlled clinical trials in 1543 patients treated up to 13 weeks. By far the most common adverse effects were gastrointestinal symptoms, most of them minor,

occurring in about 20%, and leading to discontinuation in about 3%, of patients. Peptic ulcer or G.I. bleeding occurred in clinical trials in less than 1% of approximately 1800 patients during their first 3 months of diclofenac treatment and in less than 2% of approximately 800 patients followed for 1 year. Comparative rates were 0.2% for peptic ulcer or G.I. bleeding in approximately 2000 diclofenac-treated patients and 0.6% in approximately 600 aspirin-treated patients.

In double-blind trials there were fewer minor gastrointestinal complaints in 1227 patients treated with Voltaren than in 721 patients treated with aspirin, 22% vs 33% (compared to 13% on placebo).

The following adverse reactions were reported in patients treated with Voltaren:

Incidence Greater Than 1% (All derived from clinical trials.)

Body as a Whole: Abdominal pain or cramps*, headache*, fluid retention, abdominal distention.

Digestive: Diarrhea*, indigestion*, nausea*, constipation*, flatulence, liver test abnormalities, PUB, i.e., peptic ulcer, with or without bleeding and/or perforation, or bleeding without ulcer (see above and also WARNINGS).

Nervous System: Dizziness.

Skin and Appendages: Rash, pruritus.

Special senses: Tinnitus.

*Incidence, 3% to 9% (incidence of unmarked reactions is 1-3%).

Incidence Less Than 1%—Causal Relationship Probable (Adverse reactions reported only in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Malaise, swelling of lips and tongue, photosensitivity, anaphylaxis, anaphylactoid reactions.

Cardiovascular: Hypertension, congestive heart failure.

Digestive: Vomiting, jaundice, melena, aphthous stomatitis, dry mouth and mucous membranes, bloody diarrhea, hepatitis, appetite change, pancreatitis with or without concomitant hepatitis, colitis.

Hemic and Lymphatic: Hemoglobin decrease, leukopenia, thrombocytopenia, hemolytic anemia, aplastic anemia, agranulocytosis, purpura, allergic purpura.

Metabolic and Nutritional Disorders: Azotemia.

Nervous System: Insomnia, drowsiness, depression, diplopia, anxiety, irritability.

Respiratory: Epistaxis, asthma, laryngeal edema.

Skin and Appendages: Alopecia, urticaria, eczema, dermatitis, bullous eruption, erythema multiforme major, angioedema, Stevens-Johnson syndrome.

Special Senses: Blurred vision, taste disorder, reversible hearing loss, scotoma.

Urogenital: Nephrotic syndrome, proteinuria, oliguria, interstitial nephritis, papillary necrosis, acute renal failure.

Incidence Less Than 1%—Causal Relationship Unknown (Adverse reactions reported only in the literature, not seen in clinical trials, are considered rare and are italicized.)

Body as a Whole: Chest pain.

Cardiovascular: Palpitations, flushing, tachycardia, premature ventricular contractions, myocardial infarction.

Digestive: Esophageal lesions.

Hemic and Lymphatic: Bruising.

Metabolic and Nutritional Disorders: Hypoglycemia, weight loss.

Nervous System: Paresthesia, memory disturbance, nightmares, tremor, tic, abnormal coordination, convulsions, disorientation, psychotic reaction.

Respiratory: Dyspnea, hyperventilation, edema of pharynx.

Skin and Appendages: Excess perspiration, exfoliative dermatitis.

Special Senses: Vitreous floaters, night blindness, amblyopia.

Urogenital: Urinary frequency, nocturia, hematuria, impotence, vaginal bleeding.

C91-8 (Rev. 4/91)

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Geigy GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardley, NY 10502
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special lexicon

(continued)

Five dollars

Firing the ack ack gun

Heroin placed on the tip of a cigarette

Fish

A newly arrived addict at a rehab program

Five Dollar Ready Rock

Freebase cocaine

Fix

Dose of a drug

Fizzies

Methadone tablet

Flam

Lie

Flash

Drug-induced feeling; a short feeling of warmth

Flashback

Hallucination from an old trip

Flashing

Inhaling solvents to get a high

Floating

A euphoric feeling with alteration in sensations

Folding Stuff

Money

Fold up

Go through withdrawal

Football

Elavil and alcohol

Four Doors

Glutethimide (Doriden) and cocaine

Fours

Acetaminophen and cocaine

Freak

Frequent user of drugs

Freaked out

A feeling that can be induced by a drug

Freebase

A way of cooking cocaine and smoking the condensed smoke

Freeze

The feeling that one gets in the nose when snorting cocaine

French Fries

Yellow crack with ridges

Frisco Speedball

Cocaine, heroin, and LSD

Fuel

Parenterally administered amphetamine

Fussbox

Baby

Fuzz

Police

G

G

The paper funnel and eyedropper used to prepare heroin

Gaffled

Arrested

Gangster

Marijuana

Gangster Ride

Stealing a car for pleasure and thrills, not profit

Ganja

Marijuana

Garbage

Heavily diluted heroin that has been stomped on or cut once too many times

Garbage Head

An addict

Gazer

Agent

GB

Barbiturates used with heroin

Gear

Drug paraphernalia

Gee

Opium

Geek

A marijuana joint with a small amount of cocaine sprinkled on it

Geeked

Antsy, restless

Geek Monster

A girl who will do anything for a few crack crumbs

Geetis

Money

Geezer

Needle shot

Gem

Measurement for selling cocaine

Gift of the Sun God

Cocaine

Gigin

Codeine elixir

Girl

Cocaine

Gizmo

How addicts refer to a needle on a syringe

Glass

Designer amphetamine

Go

Methamphetamine

Gofast

Amphetamine

Going Sewer

Injecting intravenously

Gold

Money

Gold Dolphin

LSD

Gold Dust

Cocaine

Goofballs

Barbiturates

Grapes

Wine

Grass

Marijuana

Grass Spaghetti Sauce

LSD and marijuana

Gravel

Cocaine and baking soda

Gravy

When booting when the blood clots, it is reheated and then reinjected

Grease

Amphetamine

Green

Marijuana, money

Green and Clear

Dexamyl, trademark of an amphetamine-barbiturate combination, marketed as an appetite suppressant

Green Domes

LSD

Green Dragons

LSD

Green Egg

Caffeine and ephedrine

Green Gold

LSD

Green Heart

Amphetamine

Greens and Blacks

Librium

Greta

Marijuana

Griefo/Grifa

Marijuana

Groove Tube

A straw used for snorting drugs

Ground Control

special lexicon

(continued)

The person who is designated to talk a person on a dangerous trip down from drugs

H

H

Heroin

H and C

Heroin and cocaine

Habit

Addiction

Hack

Doctor

Hag

Addicts who need large amounts of drugs to get high because of their tolerance of the drug

Hardleg

Man

Harry

Heroin

Hash

Hashish, a tar made from marijuana plants. It is very concentrated and gummy.

Heart

Courage

Heat

Police

Heater

Gun

Hip (Hep)

Intelligent

Hirropan

Ice

Hit Man

Phlebotomist, a person who injects drugs into another person's veins in a shooting gallery, usually in return for a hit himself or herself; used by novice drug users and longtime drug users with difficult-to-hit veins

Hog

PCP

Hollywood

A brand of heroin

Hooked

Addicted

Hooking

Prostituting oneself

Hop Head

Opium user

Horse

Heroin

Hot Shot

Injecting something impure, like aspirin that was crushed, usually will wind up in an abscess

Huarache

Low-potency marijuana powder

Huffing

Absorbing a drug through inhalation. On the Indian reservations, H₂O₂ is placed in a plastic bag and participant then pants with the bag over his face.

Hyatari

Peyote

I

Ice

Long-acting amphetamine in a crystallized form; melts when used, then resolidifies and can be reused; it may be snorted or injected.

Ice Cream

Amphetamines

Ice Cream Habit

An irregular drug user

Ice Cream Man

A pusher or someone who sells drugs

Iced

Killed, or put into jail

Illing

Coming down from a trip; not a very good feeling

I'm holding

A person with drugs on him that are for sale

In action

Buying or selling drugs

In a jam

Wanted by the police

In-Betweens

Barbiturates mixed with amphetamines

Indiana Hay

Marijuana

Indian Buy

Marijuana

Indian Hat

Marijuana

Indica

Marijuana

In transit

On an LSD trip

Ion Trapping

A technique used to increase a drug's

effect. It is an alkalization of the body fluids usually by cutting drug with ascorbic acid or lemon juice.

J

J

Marijuana

Jac Aroma

Isobutyl nitrate

Jacking off the spike

Placing a needle in a vein and then injecting the substance slowly to enjoy a prolonged effect

Jack Leg

Amateur. "A hit man is a jack leg phlebotomist"

Jack up

Inject a narcotic

Jam

Cocaine

Jamaican

Marijuana

Jap

An ambush of other gang members

Jara

The police

Ject

Pronounced "jet"; the projects; government housing

Jee Gee

Heroin

Jeffing

A con based on making oneself seem slow, stupid, or contemptible

Jelly Babies

Amphetamines

Jelly Beans

Amphetamines

Jet

Ketamine hydrochloride

Jim Jones

Marijuana laced with cocaine and PCP

Jit Camp

A juvenile detention center

Jitterbut

Fight

Jive

Lie

Jocko

Cocaine-laced marijuana, usually used by elementary or high school students with the smoke trapped under the person's hand and inhaled

(continued on page 447)

A close-up photograph of a person's arm and hand. The hand is firmly gripping the handle of a tennis racket, which is angled upwards. The other hand is holding a pair of dark sunglasses with green-tinted lenses. The background is a plain, light-colored wall.

A TRIUMPH IN HYPERTENSION

Your hypertensive patients
have elevated blood pressure
every hour of the day and night.

PROCARDIA XL, taken once a
day, offers the assurance of
predictable 24-hour plasma levels¹
and the confidence of full 24-hour
blood pressure control²
...a triumph in hypertension.

Once-a-Day
Procardia XL[®]
(nifedipine) Extended Release
Tablets 30 mg, 60 mg and 90 mg GITS

**CONFIDENT 24-HOUR CONTROL
WITH ONCE-DAILY DOSING**

Please see brief summary of prescribing information on adjacent page.

CONFIDENT 24-HOUR CONTROL WITH ONCE-DAILY DOSING

Once-a-Day

Procardia XL®

(nifedipine) Extended Release

Tablets 30 mg, 60 mg and 90 mg GITS

A TRIUMPH IN HYPERTENSION

Confidence and Convenience Combined

- Start patients on a single 30-mg or 60-mg PROCARDIA XL Extended Release Tablet, swallowed whole, once a day
- In patients with hypertension, doses above 120 mg are not recommended
- Side effects include peripheral edema, which is not associated with fluid retention, and headache

PROCARDIA XL Also Provides Confident 24-Hour Control of Angina³

- In patients with angina, doses above 90 mg should be used with caution and only when clinically warranted

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Brief Summary

PROCARDIA XL® (nifedipine) Extended Release Tablets

For Oral Use

CONTRAINDICATIONS: Known hypersensitivity reaction to nifedipine.

WARNINGS: Excessive Hypotension: Although in most angina patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients on concomitant beta blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients receiving nifedipine together with a beta-blocking agent who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

The following information should be taken into account in those patients who are being treated for hypertension as well as angina:

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction on starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta Blocker Withdrawal: It is important to taper beta blockers if possible, rather than stopping them abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients usually receiving a beta blocker, have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to those patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General—Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of nifedipine is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure. (See WARNINGS.)

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose dependent manner with an incidence ranging from approximately 10% to about 30% at the highest dose studied (180 mg). It is a localized phenomenon thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose angina or hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Other: As with any other non-deformable material, caution should be used when administering PROCARDIA XL in patients with preexisting severe gastrointestinal narrowing (pathologic or iatrogenic). There have been rare reports of obstructive symptoms in patients with known strictures in association with the ingestion of PROCARDIA XL.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small (5.4%) increase in mean alkaline phosphatase was noted in patients treated with PROCARDIA XL. This was an isolated finding not associated with clinical symptoms and it rarely resulted in values which fell outside the normal range.

Rare instances of allergic hepatitis have been reported. In controlled studies, PROCARDIA XL did not adversely affect serum uric acid, glucose, or cholesterol. Serum potassium was unchanged in patients receiving PROCARDIA XL in the absence of concomitant diuretic therapy, and slightly decreased in patients receiving concomitant diuretics.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs test without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions—Beta-adrenergic blocking agents: (See WARNINGS) Experience in over 1400 patients with Procardia capsules in a noncomparative clinical trial has shown that concomitant administration of nifedipine and beta-blocking agents is usually well tolerated but there have been occasional literature reports suggesting that the combination may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina.

Long Acting Nitrates: Nifedipine may be safely co-administered with nitrates, but there have been no controlled studies to evaluate the antihypertensive effectiveness of this combination.

Digitalis: Administration of nifedipine with digoxin increased digoxin levels in nine of twelve normal volunteers. The average increase was 45%. Another investigator found no increase in digoxin levels in thirteen patients with coronary artery disease. In an uncontrolled study of over two hundred patients with congestive heart failure during which digoxin blood levels were not measured, digitalis toxicity was not observed. Since there have been isolated reports of patients with elevated digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing nifedipine to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak nifedipine plasma levels (80%) and area-under-the-curve (74%), after a one week course of cimetidine at 100 mg per day and nifedipine at 40 mg per day. Ranitidine produced smaller, non-significant increases. The effect may be mediated by the known inhibition of cimetidine on hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats, for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. Nifedipine has been shown to be teratogenic in rats when given in doses 30 times the maximum recommended human dose. Nifedipine was embryotoxic (increased fetal resorptions, decreased fetal weight, increased stunted forms, increased fetal deaths, decreased neonatal survival) in rats, mice, and rabbits at doses of from 3 to 10 times the maximum recommended human dose. In pregnant monkeys, doses 2/3 and twice the maximum recommended human dose resulted in small placentas and underdeveloped chorionic villi. In rats, doses three times maximum human dose and higher caused prolongation of pregnancy. There are no adequate and well controlled studies in pregnant women. PROCARDIA XL (nifedipine) Extended Release Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

ADVERSE EXPERIENCES: Over 1000 patients from both controlled and open trials with PROCARDIA XL Extended Release Tablets in hypertension and angina were included in the evaluation of adverse experiences. All side effects reported during PROCARDIA XL Extended Release Tablet therapy were tabulated independent of their causal relation to medication. The most common side effect reported with PROCARDIA XL was edema which was dose related and ranged in frequency from approximately 10% to about 30% at the highest dose studied (180 mg). Other common adverse experiences reported in placebo-controlled trials include: headache (15.5%, compared to 9.8% placebo incidence), fatigue (5.9%, compared to 4.1% placebo incidence), dizziness (4.1%, compared to 4.5% placebo incidence), constipation (3.3%, compared to 2.3% placebo incidence), and nausea (3.3%, compared to 1.9% placebo incidence). Of these, only edema and headache were more common in PROCARDIA XL patients than placebo patients.

The following adverse reactions occurred with an incidence of less than 3.0%. With the exception of leg cramps, the incidence of these side effects was similar to that of placebo alone: *body as a whole/systemic:* asthenia, flushing, pain; *cardiovascular:* palpitations; *central nervous system:* insomnia, nervousness, paresthesia, somnolence; *dermatologic:* pruritus, rash; *gastrointestinal:* abdominal pain, diarrhea, dry mouth, dyspepsia, flatulence; *musculoskeletal:* arthralgia, leg cramps; *respiratory:* chest pain (nonspecific); *urinary:* urinary incontinence, polyuria.

Other adverse reactions were reported sporadically with an incidence of 1.0% or less. These include: *body as a whole/systemic:* face edema, fever, hot flashes, malaise, periorbital edema, rigors; *cardiovascular:* arrhythmia, hypotension, increased angina, tachycardia, syncope; *central nervous system:* anxiety, ataxia, decreased libido, depression, hypertension, hyposthesia, migraine, parosmia, tremor, vertigo; *dermatologic:* alopecia, increased sweating, urticaria, purpura; *gastrointestinal:* eructation, gastroesophageal reflux, gum hyperplasia, melena, vomiting, weight increase; *musculoskeletal:* back pain, gout, myalgias; *respiratory:* coughing, epistaxis, upper respiratory tract infection, respiratory disorder, sinusitis, special senses: abnormal lacrimation, abnormal vision, taste perversion, tinnitus; *urogenital/reproductive:* breast pain, dysuria, hematuria, nocturia.

Adverse experiences which occurred in less than 1 in 1000 patients cannot be distinguished from concurrent disease states or medications.

The following adverse experiences, reported in less than 1% of patients, occurred under conditions (e.g., open trials, marketing experience) where a causal relationship is uncertain: gastrointestinal irritation, gastrointestinal bleeding.

In multiple-dose U.S. and foreign controlled studies with nifedipine capsules in which adverse reactions were reported spontaneously, adverse effects were frequent but generally not serious and rarely required discontinuation of therapy or dosage adjustment. Most were expected consequences of the vasodilator effects of Procardia. Adverse experiences reported in placebo-controlled trials include: dizziness, lightheadedness, and giddiness (27%, compared to 15% placebo incidence); flushing, heat sensation (25%, compared to 8% placebo incidence); headache (23%, compared to 20% placebo incidence); weakness (12%, compared to 10% placebo incidence); nausea, hiccups (11%, compared to 8% placebo incidence); muscle cramps, tremor (8%, compared to 3% placebo incidence); peripheral edema (7%, compared to 1% placebo incidence); nervousness, mood changes (7%, compared to 4% placebo incidence); palpitation (7%, compared to 5% placebo incidence); dyspnea, cough, and wheezing (6%, compared to 3% placebo incidence); and nasal congestion, sore throat (6%, compared to 8% placebo incidence).

There is also a large uncontrolled experience in over 2100 patients in the United States. Most of the patients had vasospastic or resistant angina pectoris, and about half had concomitant treatment with beta-adrenergic blocking agents. The relatively common adverse events were similar in nature to those seen with PROCARDIA XL.

In addition, more serious adverse events were observed, not readily distinguishable from the natural history of the disease in these patients. It remains possible, however, that some or many of these events were drug related. Myocardial infarction occurred in about 4% of patients and congestive heart failure or pulmonary edema in about 2%. Ventricular arrhythmias or conduction disturbances each occurred in fewer than 0.5% of patients.

In a subgroup of over 1000 patients receiving Procardia with concomitant beta blocker therapy, the pattern and incidence of adverse experiences was not different from that of the entire group of Procardia treated patients (See PRECAUTIONS.)

In a subgroup of approximately 250 patients with a diagnosis of congestive heart failure as well as angina, dizziness or lightheadedness, peripheral edema, headache or flushing each occurred in one in eight patients. Hypotension occurred in about one in 20 patients. Syncope occurred in approximately one patient in 250. Myocardial infarction or symptoms of congestive heart failure each occurred in about one patient in 15. Atrial or ventricular dysrhythmias each occurred in about one patient in 150.

In post-marketing experience, there have been rare reports of exfoliative dermatitis caused by nifedipine.

More detailed professional information available on request.

Revised July 1990

Pfizer Labs

special lexicon

(continued)

Joint

Marijuana cigarette

Jolly Beans

Methamphetamine

Jones

A habit

Jonesing

Withdrawing from a drug

Jooking

Hamming it up

Juice

Homemade wine

Jumbs

Vials of cocaine for a single use or sitting

Junky

Drug addict

K

K2

LSD

Karache

Synthetic form of heroin

Kee

A kilo

Keef

High-grade marijuana

Keg

A large supply of drugs

Keistering

Hiding drugs in a person's rectum

Kentucky Blue

American-grown marijuana

Kibbles and Bits

Little flakes of cocaine

King and Queen

Cocaine and heroin used together

Knife this

Leave

Knock Knock

A gang game whereby one gang member enters another gang member's territory, knocks on a rival gang member's door, beats up that person, and then leaves the beaten person in his or her own home

Knot

A muscle

Kryptonite

Crack cocaine

L

L7

Square

LA

Long-acting

Ladilla

A brick of marijuana or hashish

Lady

Cocaine

La jara

The police

Lamb's Breath

Marijuana soaked in an organic solvent

Latin Kings

A prison-based gang, very big in the drug trade

LBs

Pounds

Lead

Car

Lean

Punch

Lick'em

Hallucinogen placed in gelatin

Licorice

Codeine

Licorice Drops

Morning glory seeds

Lid

An ounce of marijuana

Lid Poppers

Amphetamine

Lightening

Amphetamine

Lilly

Seconal

Lineup (train)

An orgy where males get in line to participate in sexual acts with a female victim

Lip

Argument

Lisca

Marijuana cigarette

Load

75 bags of heroin

Loaded

—Drunk

—Using a drug to the point of intoxication

Loads

Doriden and codeine

Locoweed

Marijuana

Lookalikes

One drug passes off as a similar-

looking drug

Looking

In search of a connection to buy drugs from

Loot

Money

Love Drug

Quaaludes

Love Leaf

PCP

Love Weed

Marijuana

Love Wood

Hashish

LSD

Acid, sold in sheets of paper called tattoos

LSD Blotter

LSD on blotter (notebook) type paper

LSM

An offshoot of LSD with hallucinogenic properties

Lucy in the Sky with Diamonds

LSD

Luding Out

Using quaaludes

Lues

Syphilis

Lumber

Marijuana stems

Luudes

Short for quaaludes

M

Mad Dog (M.D. 20/20)

A brand of wine put out by Mogen David that has a high alcohol content; used by young alcoholics and chronic winoholics

Mainline

Inject drugs into a major or moderate-sized vein

Maintained

Being on methadone

Man

Police

Mary Jane

Marijuana

MDA

Also known as "mellow drug of America," 3,4 (methyldioxyamphetamine)

Mellow T

PCP

Mellow Yellow

Bananas that are smoked for the relaxing dizzying effect

Mexican Reds

Seconal

Micro Dot

A brand of LSD

Mint Leaf

PCP

Miss

Not hitting a vein; drug was either injected deep in the dermis predisposing to an abscess, or in an artery, leading to a dangerous high

Miss Emma

Morphine sulfate

MJ

Marijuana joint

Monkey on your back

A drug habit

N

Narc

Police

Natural Trip

A high from a naturally occurring drug like nutmeg

Nature

Sexual functioning, ie, "My nature isn't working right"

Needle Freak

An addict whose pleasure comes from injecting himself with a needle more so than from the drug contained in solution

Nickel Sack

A \$5 bag of marijuana

Nod

A feeling one gets when using heroin, placing oneself in a suspended state between wakefulness and sleep

Nose

Cocaine

Nose Candy

Cocaine

Nose Stuff

Cocaine

Nuts R Us

The psychiatric unit

O

O

Opium

O₂

Isobutyl nitrate

Obecalp

Placebo (spelled backward); usually sold to novice drug users

Obtain

To get drugs

OD

To overdose

Offed

Killed

OJ

Opium joint

On

Under the influence of drugs

One Fifty One

—A high-caliber measurement of rum

—When dipped in cotton and lit, will change the taste of cocaine being freebased

On ice

—In jail

—Dead or unresponsive. Initial treatment of an overdose in many crack houses is to place ice cubes in the person's underwear. If that does not wake the person up, then he or she is dumped in public so someone else will find him or her.

On the beam

Feeling real good

On the bricks

Out of jail

On the bus

On drugs, a user of drugs

On the grounds

Out of jail

OP

Opium

OPP

Own personal sexual play toy

Oranges

Dexedrine

Orangies

Dexedrine

Orange Sunshine

An orange hallucinogenic pill with green spots on it

Outfit

Drug-injecting paraphernalia

Overcharged

Overdose

Overjolt

Overdose

Owsley

LSK or LSD

OZ

Ounce of drug

Ozone

Phencyclidine

P

P

Peyote, or P-Dope

Pack

Carry

Pad

Apartment

Patient

A cocaine addict, called this because cocaine addiction is considered to be entirely psychological by most addicts without a physical component (medical personnel know that this is false)

PCP

Phencyclidine, an anesthetic drug that can cause paranoia and delusions. Also has a dissociative function where what a person sees does not register.

Peace

STP, an hallucinogenic type of drug

Peanut Butter Balls

Phenobarbital

Peckerwood

A white person

Petty Bitch

Hooker

Piece

Weapon

Pigeon Drop

A specific type of scam to steal money

Pinching

Taking shavings or small amounts out of cash transactions to enhance profits; done by "ants," or other small-time dealers

Pink Footballs

Caffeine tablet

Pink Heart

Caffeine tablet

Pitcher

A person who deals in crack cocaine

Plumbing

The urinary tract

Pocket

(continued on page 453)

Because she can't
RISK
antihistamine-
IMPAIRED
PERFORMANCE

THINK

Impairment-free

ALLERGY

RELIEF*

Think

SELDANE[®]

(terfenadine) 60 mg tablets
for seasonal allergic rhinitis

**Fast, Strong,
Impairment-free Relief**[™]

* No more performance impairment than placebo.
Please see the brief summary of prescribing information on an adjacent page.

Think Fast, Strong, Impairment-free.

Think Seldane.

Frees patients from performance impairment.

No more performance impairment than placebo—proven in more than 60 objective tests of cognitive, motor, and integrated performance in healthy subjects.¹⁻²¹

Unsurpassed efficacy.

Proven in more than 30 well-designed comparisons with both newer and older antihistamines.²²⁻²⁸

H₁-receptor specificity.

No significant effect on cholinergic, adrenergic, serotonergic, or H₂ receptors.²⁹⁻³¹

SELDANE®

(terfenadine) 60 mg tablets
for seasonal allergic rhinitis

Fast, Strong, Impairment-free Relief™

[†]As shown in animal studies; lack of effect on cholinergic receptors also shown in human studies.

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Seldane® (terfenadine) 60 mg Tablets

BRIEF SUMMARY

CAUTION: Federal law prohibits dispensing without prescription.

DESCRIPTION

Seldane (terfenadine) is available as tablets for oral administration. Each tablet contains 60 mg terfenadine. Tablets also contain, as inactive ingredients: corn starch, gelatin, lactose, magnesium stearate, and sodium bicarbonate.

INDICATIONS AND USAGE

Seldane is indicated for the relief of symptoms associated with seasonal allergic rhinitis such as sneezing, rhinorrhea, pruritus, and lacrimation.

CONTRAINDICATIONS

Seldane is contraindicated in patients with a known hypersensitivity to terfenadine or any of its ingredients.

PRECAUTIONS

General: Terfenadine undergoes extensive metabolism in the liver. Patients with impaired hepatic function (alcoholic cirrhosis, hepatitis), or on ketoconazole or troleandomycin therapy, or having conditions leading to QT prolongation (e.g., hypokalemia, congenital QT syndrome) may experience QT prolongation and/or ventricular tachycardia at the recommended dose. The effect of terfenadine in patients who are receiving agents which alter the QT interval is not known. These events have also occurred in patients on macrolide antibiotics, including erythromycin, but causality is unclear. The events may be related to altered metabolism of the drug, to electrolyte imbalance, or both.

Information for patients: Patients taking Seldane should receive the following information and instructions. Antihistamines are prescribed to reduce allergic symptoms. Patients should be questioned about pregnancy or lactation before starting Seldane therapy, since the drug should be used in pregnancy or lactation only if the potential benefit justifies the potential risk to fetus or baby. Patients should be instructed to take Seldane only as needed and not to exceed the prescribed dose. Patients should also be instructed to store this medication in a tightly closed container in a cool, dry place, away from heat or direct sunlight, and away from children.

Drug Interactions: Preliminary evidence exists that concurrent ketoconazole or macrolide administration significantly alters the metabolism of terfenadine. Concurrent use of Seldane with ketoconazole or troleandomycin is not recommended. Concurrent use of other macrolides should be approached with caution.

Carcinogenesis, mutagenesis, impairment of fertility: Oral doses of terfenadine, corresponding to 63 times the recommended human daily dose, in mice for 18 months or in rats for 24 months, revealed no evidence of tumorigenicity. Microbial and micronucleus test assays with terfenadine have revealed no evidence of mutagenesis.

Reproduction and fertility studies: In rats showed no effects on male or female fertility at oral doses of up to 21 times the human daily dose. At 63 times the human daily dose there was a small but significant reduction in implants and at 125 times the human daily dose reduced implants and increased post-implantation losses were observed, which were judged to be secondary to maternal toxicity.

Pregnancy Category C: There was no evidence of animal teratogenicity. Reproduction studies have been performed in rats at doses 63 times and 125 times the human daily dose and have revealed decreased pup weight gain and survival when terfenadine was administered throughout pregnancy and lactation. There are no adequate and well-controlled studies in pregnant women. Seldane should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic effects: Seldane is not recommended for nursing women. The drug has caused decreased pup weight gain and survival in rats given doses 63 times and 125 times the human daily dose throughout pregnancy and lactation. Effects on pups exposed to Seldane only during lactation are not known, and there are no adequate and well-controlled studies in women during lactation.

Pediatric use: Safety and effectiveness of Seldane in children below the age of 12 years have not been established.

ADVERSE REACTIONS

Experience from clinical studies, including both controlled and uncontrolled studies involving more than 2,400 patients who received Seldane, provides information on adverse experience incidence for periods of a few days up to six months. The usual dose in these studies was 60 mg twice daily, but in a small number of patients, the dose was as low as 20 mg twice a day, or as high as 600 mg daily. In controlled clinical studies using the recommended dose of 60 mg b.i.d., the incidence of reported adverse effects in patients receiving Seldane was similar to that reported in patients receiving placebo. (See Table below.)

ADVERSE EVENTS REPORTED IN CLINICAL TRIALS

Adverse Event	Percent of Patients Reporting			All Clinical Studies** N=2462	Placebo N=1478
	Seldane N=781	Control N=665	Control N=626***		
Central Nervous System					
Drowsiness	9.0	8.1	18.1	8.5	8.2
Headache	6.3	7.4	3.8	15.8	11.2
Fatigue	2.9	0.9	5.8	4.5	3.0
Dizziness	1.4	1.1	1.0	1.5	1.2
Nervousness	0.9	0.2	0.6	1.7	1.0
Weakness	0.9	0.6	0.2	0.6	0.5
Appetite Increase	0.6	0.0	0.0	0.5	0.0
Gastrointestinal System					
Gastrointestinal Distress (Abdominal distress, Nausea, Vomiting, Change in Bowel habits)	4.6	3.0	2.7	7.6	5.4
Eye, Ear, Nose, and Throat					
Dry Mouth/Nose/Throat	2.3	1.8	3.5	4.8	3.1
Cough	0.9	0.2	0.5	2.5	1.7
Sore Throat	0.5	0.3	0.5	3.2	1.6
Epistaxis	0.0	0.8	0.2	0.7	0.4
Skin					
Eruption (including rash and urticaria) or itching	1.0	1.7	1.4	1.6	2.0

* Duration of treatment in "CONTROLLED STUDIES" was usually 7-14 DAYS.

** Duration of treatment in "ALL CLINICAL STUDIES" was up to 6 months.

*** CONTROL DRUGS: Chlorpheniramine (291 patients), d-Chlorpheniramine (189 patients), Clemastine (146 patients)

Rare reports of severe cardiovascular adverse effects have been received which include arrhythmias (ventricular tachycardia, torsades de pointes, ventricular fibrillation), hypotension, palpitations, and syncope. In controlled clinical trials in otherwise normal patients with rhinitis, at doses of 60 mg b.i.d. small increases in QTc interval were observed. Changes of this magnitude in a normal population are of doubtful clinical significance. However, in another study (N=20 patients) at 300 mg b.i.d. a mean increase in QTc of 10% (range -4% to +30%) (mean increase of 46 msec) was observed without clinical signs or symptoms.

In addition to the more frequent side effects reported in clinical trials (See Table), adverse effects have been reported at a lower incidence in clinical trials and/or spontaneously during marketing of Seldane that warrant listing as possibly associated with drug administration. These include: alopecia (hair loss or thinning), anaphylaxis, angioedema, bronchospasm, confusion, depression, galactorrhea, insomnia, menstrual disorders (including dysmenorrhea), musculoskeletal symptoms, nightmares, paresthesia, photosensitivity, seizures, sinus tachycardia, sweating, tremor, urinary frequency, and visual disturbance.

In clinical trials, several instances of mild, or in one case, moderate transaminase elevations were seen in patients receiving Seldane. Mild elevations were also seen in placebo treated patients. Marketing experiences include isolated reports of jaundice, cholestatic hepatitis, and hepatitis. In most cases available information is incomplete.

OVERDOSAGE

Information concerning possible overdosage and its treatment appears in Full Prescribing Information.

DOSEAGE AND ADMINISTRATION

One tablet (60 mg) twice daily for adults and children 12 years and older.

Product Information as of July, 1990

MARION MERRELL DOW INC.

Prescription Products Division

Kansas City, MO 64114

special lexicon

(continued)

The area between the sternomastoid and the sternocleidomastoid. A common area for hit men to attempt to inject drugs aiming for the external or internal jugular veins.

Point

Needle

Popped a cap

Shot a gun at someone

Poppers

Amyl nitrate

Pro

Prostitute

Product

Drugs, as in "you got the product(?)" (do you have drugs on you?)

Program

Drug rehab

Purple Heart

Caffeine tablet

Q

Quaaks

Quaaludes

Quaas

Quaaludes (methylqualone)

Quarter

One-fourth ounce of cocaine (7 grams)

Quarter Bag

One ounce of marijuana

Quarter Deck

Paper made up of heroin and amphetamine

Quarter Moon

Hashish mixed with opium

R

Rainbows

Tuinol

Raincoat

Condom

Raggedy Andy

LSD

Raggedy Ann

LSD

Rank

Insult

Rap

To talk, to "bullshit"; also a type of rhythmic talk/singing

Real Gone

Terrific, beautiful

Red Bird

Seconal

Red Bullet

Seconal

Red Doll

Seconal

Red Hot

A brand of heroin

Red Pyramid

A type of LSD

Reefer

Marijuana

Register a hit

Get a flashback from hitting a vein

Rerock

Mexican heroin

Rerocking

Washing cocaine with ammonia

Rev Ike

PCP

Rhapsody

MDMA

Rhythm

Amphetamine

Ribbetts

Librax

Rig

Injecting equipment

Righteous

Good quality

Rippers

Amphetamines

Ripple

Cheap wine

Ritz and T

Ritalin and Talwin

Roach

End piece (butt) of a self-rolled marijuana cigarette

Robin Eggs

Methamphetamine

Robo

Robitussin placed in a bag and huffed; usually Robitussin A-C, which contains codeine, but often other forms (DM) are also used

Robo Party

Common in middle and high school; huffing party with Robitussin

Rock

A ball of crack cocaine the size of a BB pellet

Rock Crystal

An anesthetic that looks like cocaine

Rocket Fuel

Phencyclidine

Rockets

Bong hits of marijuana

Rock Up

Taking powdered cocaine and crushing it to rock forms for easier selling or use

Rollers

Veins that roll

Rounding

To open up and reveal what one is about to someone else

Rum Fits

Alcohol-withdrawal-induced seizures

Running it

Injecting

Run the shit

Taking a dose of a drug

Rush

A euphoric feeling, explosion of emotion, a temporary high

S

Salt

Powdered heroin

Salt and Pepper

Heroin and powdered milk

Saltleg

Female

Salt Peter

A drug used to decrease libido, rumored to be given to every man who is incarcerated

Sam

Federal agent (as in "Uncle Sam")

Scam

To swindle

School Boy Scotch

Codeine and alcohol

Score

—Found some drugs

—To win

Scramble

Weak heroin

Scratch

Money

Screw

Informant; a prisoner who works for the warden

Script Doctor

A doctor who can be taken advantage of by addicts to obtain drugs

Scut/Skot/Skut

Heroin

Second Baseman

The second person to smoke in a social round of crack

Seeds and Stems

Low-grade marijuana

Sensamilla

A type of marijuana that is expensive and considered to be high class; also very green, similar to home-grown marijuana.

Set

Dance

Set (alt)

Paraphernalia needed to inject oneself with drugs; also known as "works."

Seven Fourteen

Quaaludes

Sewer

Vein

Shabu

Long-acting amphetamine; Ice

Shake Dance

Strip

Shake n' Bake

Mixing gelatin in its powdered form into a bottle of cheap wine to change the taste and increase the number of calories a person consumes. This practice is common among inner-city wine alcoholics.

Shakes

Alcohol-induced tremor, as in "I've got the shakes."

Shank

Knife

Shave

Morphine shavings

She

Cocaine

Sherman Sticks/Sherms

Cigarettes soaked in PCP and smoked

Shin Battle

Internal gang fight

Shit

A generic term for any type of drug

Shiv

Knife

Shoot

Inject intravenously

Short count

To provide less than a stated or agreed on amount of drugs

Short Go

Getting high using small amounts of a drug

Short Piece

Diluted drug

Shotgun

Using a bong to rapidly inhale marijuana

Skag

Heroin

Skid

Heroin

Skiing

Being high on cocaine

Skin Popping

Injecting subcutaneously

Skunk Weed

Marijuana

Slab

Freebase cocaine

Slammed

In jail

Slamus

Jail

Sleepers

Barbiturates

Sleepwalker

An addict

Slick

—A person who uses drugs

—Smooth talker

Smack

Heroin

Smash

Inhale cocaine; to huff through the nose

Sniffer

A person who huffs H₂O₂

Snip

A cigarette butt

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special lexicon

(continued)

Snort

To inhale a substance through one's nose

Snot

Freebase methamphetamine

Snow

Cocaine

Snow Bird

Cocaine

Snow Cone

Cocaine

Snow Flake

Cocaine

Snow Seal

PCP

Snow Toke

Codeine and PCP

Solid Gold

Heroin

Soma

PCP

Soma (alt)

A frequently abused muscle relaxant

Soma Doo

A codeine-based cough syrup mixed with PCP

Sound

Talk

Soup

Talwin and Benadryl

Speed

Methamphetamine taken orally or injected into a vein

Speedballing

Mixing cocaine and heroin and injecting it into a vein

Spit up

The practice of drinking, but not swallowing, methadone, and then spitting it up into a cup. This can then be sold to "hags" or hard-up addicts.

Squares

Cigarettes

Stash

Supply of drugs

Stasher

A person, usually a woman, who looks innocent. This person's job is to hold drugs while others hawk or sell them

State

The state prison

Steel Box

Jail cell

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Steerer

A middleman in a robbery scam. The steerer takes a client from a hawker to a stasher.

Stinkin Thinkin

Thinking like a drug addict thinks.

Street Seller

An independent drug dealer who assumes a large risk for a small profit.

Stretch

A drug that has been highly cut with other substances

Strung Out

Physically addicted

Suds

Beer

Suitcasing

Hiding something in the rectum (ie, packs of heroin)

Swag

Spit up methadone

Sweet Lucy

Cheap wine

Sweets

Amphetamines

Sweet Tarts

Amphetamines

Swindle

Con

Swing Man

Supplier

Synthetic Grass

THC; marijuana groomed to have a more potent effect. Normally, marijuana is 1.7% THC. The "manicured" plants can be groomed to provide 4% to 6% THC. (THC, tetrahydrocannabinol)

Syrup and Bean

Codeine-based cough syrup mixed with pills

System

Marijuana or PCP

T

Tac

THC-PCP

Tadpole

A young girl

Take Home

Methadone in single-dose bottles, given when a methadone center will be closed for a few days so that an addict will not miss a dose

Tar

Heroin

Tattoo

A sheet of LSD

T-Cup

A unit of selling crack cocaine; a T-cup has one rock of cocaine, which sells for about \$3.

Tea

Marijuana

Teacher

LSD

Tear n' Chatter

Crashing hard from a trip; when this is seen, a "jack leg" doctor is called.

Tecala

Heroin

Teddy and Betty

Talwin and pyribenzamine

Thai Stick

A plant branch with buds that is wound (not braided) and can be used in a bong, pipe, or cigarette for a euphoric feeling it provides

Thing

Heroin

Tic

THC-PCP

TNT

Police (Tactical Narcotics Team)

Tool

Male sex organ

Toot

To snort or sniff

Top

Dance

Tops

A street dealer earns tops on each sale of a drug; ie, commission

Tranx

Tranquilizers

Trick Baby

A child born as a result of a union between a prostitute and a john

Trip

Experience a euphoric feeling from use of a drug

Ts and Blues

Talwin and parabenamine, a popular opiate mixture in the early 1970s. The formula for Talwin was changed so that it no longer provides a euphoric feeling and is now used for medical purposes only.

Tulu

Toluene, a glue that is sniffed

Turkey

A person that talks straight and simply

Twenty Cent Piece

A gram of cocaine in a glassine bag

U

Uncle

Federal agent

Uncle Milties

Meprobamate

Unkie

Morphine

Unicorn

A brand of acid

Uppers

Benzedrine, Dexedrine

Up Quaaludes

Freebased cocaine

Uptown

Cocaine

USDA

Heroin

User

Someone who uses drugs

Utopiates

Hallucinogen

V

V

Valium

Vacuum Cleaner

Cocaine user

Valley

Antecubital region; one of the first sites used for shooting IV drugs

Venom

Heroin

Vice Spice

Spanish fly

Viporeros

Crude coca paste

Vodka Acid

Vodka with LSD mixed in it

Vonce

The butt of a drug cigarette

Voyager

Someone who uses psychedelic drugs

W

Weed

Marijuana

special lexicon

(continued)

Weight

Quantity

Weightless

High on crack

What's pumping

Which drugs are available for sale, or being used

Whiskey Fits

A seizure due to withdrawal from alcohol

White Lady

Heroin

White Mole

Caffeine tablet

White Out

An office supply intended for use in making corrections on paper, this fluid is snorted by addicts for a very short high

Whiting out

Sniffing White Out for a short high

Wild Thing

Sex

Wizard

LSD

Woo

A joint laced with straight or cooked cocaine

Work

If you have "work," then you have drugs to sell; used as in "Do you have work?" "Sure, what kind of work do you want? 'P'?"

Works

Paraphernalia needed to inject oneself with drugs

X

X

MDMA, an hallucinogenic amphetamine

XTC

MDMA, an hallucinogenic amphetamine

Y

Yellow and Black

Caffeine and phenylpropanolamine sold as speed

Yellow and Clear

Caffeine pill

Yellow Bam

Amphetamine

Yellows

May be phentermine, LSD, or Nembutal

Yellow T

PCP

Yenning

Experiencing opium withdrawal symptoms

Yen Shee

Opium

Yen Shee Baby

Fecal impaction occurring secondary to opium use

Yen Shee Suey

Opium-laced wine

Yen Sleep

Opium-induced nod or sleep

Yerba

Marijuana

Yesco

Marijuana

Ying Gee

Marijuana

Yocaine

Cheap cocaine

Z

Zebra

A person who is half white and half black (mulatto)

Zebra (alt)

Barbiturate

Zombie

PCP

ZNA

Mixing dill and monosodium glutamate for an hallucinogenic effect

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Lopressor®

metoprolol tartrate USP

Tablets
Ampuls

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE

Hypertension

Lopressor tablets are indicated for the treatment of hypertension. They may be used alone or in combination with other antihypertensive agents.

Angina Pectoris

Lopressor is indicated in the long-term treatment of angina pectoris.

Myocardial Infarction

Lopressor ampuls and tablets are indicated in the treatment of hemodynamically stable patients with definite or suspected acute myocardial infarction to reduce cardiovascular mortality. Treatment with intravenous Lopressor can be initiated as soon as the patient's clinical condition allows (see **DOSE AND ADMINISTRATION, CONTRAINDICATIONS, AND WARNINGS**). Alternatively, treatment can begin within 3 to 10 days of the acute event (see **DOSE AND ADMINISTRATION**).

CONTRAINDICATIONS

Hypertension and Angina

Lopressor is contraindicated in sinus bradycardia, heart block greater than first degree, cardiogenic shock, and overt cardiac failure (see **WARNINGS**).

Myocardial Infarction

Lopressor is contraindicated in patients with a heart rate < 45 beats/min; second- and third-degree heart block; significant first-degree heart block (P-R interval ≥ 0.24 sec); systolic blood pressure < 100 mmHg; or moderate-to-severe cardiac failure (see **WARNINGS**).

WARNINGS

Hypertension and Angina

Cardiac Failure: Sympathetic stimulation is a vital component supporting circulatory function in congestive heart failure, and beta blockade carries the potential hazard of further depressing myocardial contractility and precipitating more severe failure. In hypertensive and angina patients who have congestive heart failure controlled by digitalis and diuretics, Lopressor should be administered cautiously. Both digitalis and Lopressor slow AV conduction.

In Patients Without a History of Cardiac Failure: Continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of impending cardiac failure, patients should be fully digitalized and/or given a diuretic. The response should be observed closely. If cardiac failure continues, despite adequate digitalization and diuretic therapy, Lopressor should be withdrawn.

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and, in some cases, myocardial infarction have occurred. When discontinuing chronically administered Lopressor, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1-2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, Lopressor administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue Lopressor therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. Because of its relative beta₂ selectivity, however, Lopressor may be used with caution in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment. Since beta₂ selectivity is not absolute, a beta₂-stimulating agent should be administered concomitantly, and the lowest possible dose of Lopressor should be used. In these circumstances it would be prudent initially to administer Lopressor in smaller doses three times daily, instead of larger doses two times daily, to avoid the higher plasma levels associated with the longer dosing interval. (See **DOSE AND ADMINISTRATION**.)

Major Surgery: The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial; the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

Lopressor, like other beta blockers, is a competitive inhibitor of beta-receptor agonists, and its effects can be reversed by administration of such agents, e.g., dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in restarting and maintaining the heart beat has also been reported with beta blockers.

Diabetes and Hypoglycemia: Lopressor should be used with caution in diabetic patients if a beta-blocking agent is required. Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected.

Thyrotoxicosis: Beta-adrenergic blockade may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta blockade, which might precipitate a thyroid storm.

Myocardial Infarction

Cardiac Failure: Sympathetic stimulation is a vital component supporting circulatory function, and beta blockade carries the potential hazard of depressing myocardial contractility and precipitating or exacerbating minimal cardiac failure.

During treatment with Lopressor, the hemodynamic status of the patient should be carefully monitored. If heart failure occurs or persists despite appropriate treatment, Lopressor should be discontinued.

Bradycardia: Lopressor produces a decrease in sinus heart rate in most patients; this decrease is greatest among patients with high initial heart rates and least among patients with low initial heart rates. Acute myocardial infarction (particularly inferior infarction) may in itself produce significant lowering of the sinus rate. If the sinus rate decreases to < 40 beats/min, particularly if associated with evidence of lowered cardiac output, atropine (0.25-0.5 mg) should be administered intravenously. If treatment with atropine is not successful, Lopressor should be discontinued, and cautious administration of isoproterenol or installation of a cardiac pacemaker should be considered.

AV Block: Lopressor slows AV conduction and may produce significant first- (P-R interval ≥ 0.26 sec), second-, or third-degree heart block. Acute myocardial infarction also produces heart block.

If heart block occurs, Lopressor should be discontinued and atropine (0.25-0.5 mg) should be administered intravenously. If treatment with atropine is not successful, cautious administration of isoproterenol or installation of a cardiac pacemaker should be considered.

Hypotension: If hypotension (systolic blood pressure ≤ 90 mmHg) occurs, Lopressor should be discontinued, and the hemodynamic status of the patient and the extent of myocardial damage carefully assessed. Invasive monitoring of central venous, pulmonary capillary wedge, and arterial pressures may be required. Appropriate therapy with fluids, positive inotropic agents, balloon counterpulsation, or other treatment modalities should be instituted. If hypotension is associated with sinus bradycardia or AV block, treatment should be directed at reversing these (see above).

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA BLOCKERS. Because of its relative beta₂ selectivity, Lopressor may be used with extreme caution in patients with bronchospastic disease. Because it is unknown to what extent beta₂-stimulating agents may exacerbate myocardial ischemia and the extent of infarction, these agents should not be used prophylactically. If bronchospasm not related to congestive heart failure occurs, Lopressor should be discontinued. A theophylline derivative or a beta₂ agonist may be administered cautiously, depending on the clinical condition of the patient. Both theophylline derivatives and beta₂ agonists may produce serious cardiac arrhythmias.

PRECAUTIONS

General

Lopressor should be used with caution in patients with impaired hepatic function.

Information for Patients

Patients should be advised to take Lopressor regularly and continuously, as directed, with or immediately following meals. If a dose should be missed, the patient should take only the next scheduled dose (without doubling it). Patients should not discontinue Lopressor without consulting the physician.

Patients should be advised (1) to avoid operating automobiles and machinery or engaging in other tasks requiring alertness until the patient's response to therapy with Lopressor has been determined; (2) to contact the physician if any difficulty in breathing occurs; (3) to inform the physician or dentist before any type of surgery that he or she is taking Lopressor.

Laboratory Tests

Clinical laboratory findings may include elevated levels of serum transaminase, alkaline phosphatase, and lactate dehydrogenase.

Drug Interactions

Catecholamine-depleting drugs (e.g., reserpine) may have an additive effect when given with beta-blocking agents. Patients treated with Lopressor plus a catecholamine depletor should therefore be closely observed for evidence of hypotension or marked bradycardia, which may produce vertigo, syncope, or postural hypotension.

Risk of Anaphylactic Reaction: While taking beta-blockers, patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility Long-term studies in animals have been conducted to evaluate carcinogenic potential. In a 2-year study in rats at three oral dosage levels of up to 800 mg/kg per day, there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild focal accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg per day, benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice, and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor.

All mutagenicity tests performed (a dominant lethal study in mice, chromosome studies in somatic cells, a Salmonella/mammalian-microsome mutagenicity test, and a nucleus anomaly test in somatic interphase nuclei) were negative.

No evidence of impaired fertility due to Lopressor was observed in a study performed in rats at doses up to 55.5 times the maximum daily human dose of 450 mg.

Pregnancy Category C

Lopressor has been shown to increase postimplantation loss and decrease neonatal survival in rats at doses up to 55.5 times the maximum daily human dose of 450 mg. Distribution studies in mice confirm exposure of the fetus when Lopressor is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers

Lopressor is excreted in breast milk in very small quantity. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when Lopressor is administered to a nursing woman.

Pediatric Use

Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Hypertension and Angina

Most adverse effects have been mild and transient.

Central Nervous System: Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, nightmares, and insomnia have also been reported.

Cardiovascular: Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities; arterial insufficiency, usually of the Raynaud type; palpitations; congestive heart failure; peripheral edema; and hypotension have been reported in about 1 of 100 patients. (See **CONTRAINDICATIONS, WARNINGS, AND PRECAUTIONS**.)

Respiratory: Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see **WARNINGS**).

Gastrointestinal: Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, and heartburn have been reported in about 1 of 100 patients.

Hypersensitive Reactions: Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported.

Miscellaneous: Peyronie's disease has been reported in fewer than 1 of 100,000 patients. Musculoskeletal pain, blurred vision, and tinnitus have also been reported.

There have been rare reports of reversible alopecia, agranulocytosis, and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable.

The oculomucocutaneous syndrome associated with the beta blocker practolol has not been reported with Lopressor.

Myocardial Infarction

Central Nervous System: Tiredness has been reported in about 1 of 100 patients. Vertigo, sleep disturbances, hallucinations, headache, dizziness, visual disturbances, confusion, and reduced libido have also been reported, but a drug relationship is not clear.

Cardiovascular: In the randomized comparison of Lopressor and placebo described in the **CLINICAL PHARMACOLOGY** section, the following adverse reactions were reported:

	Lopressor	Placebo
Hypotension (systolic BP < 90 mmHg)	27.4%	23.2%
Bradycardia (heart rate < 40 beats/min)	15.9%	6.7%
Second- or third-degree heart block	4.7%	4.7%
First-degree heart block (P-R ≥ 0.26 sec)	5.3%	1.9%
Heart failure	27.5%	29.6%

Respiratory: Dyspnea of pulmonary origin has been reported in fewer than 1 of 100 patients.

Gastrointestinal: Nausea and abdominal pain have been reported in fewer than 1 of 100 patients.

Dermatologic: Rash and worsened psoriasis have been reported, but a drug relationship is not clear.

Miscellaneous: Unstable diabetes and claudication have been reported, but a drug relationship is not clear.

Potential Adverse Reactions

A variety of adverse reactions not listed above have been reported with other beta-adrenergic blocking agents and should be considered potential adverse reactions to Lopressor.

Central Nervous System: Reversible mental depression progressing to cataplexy; an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics.

Cardiovascular: Intensification of AV block (see **CONTRAINDICATIONS**).

Hematologic: Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Hypersensitive Reactions: Fever combined with aching and sore throat, laryngospasm, and respiratory distress.

OVERDOSAGE

Acute Toxicity

Several cases of overdosage have been reported, some leading to death.

Oral LD₅₀'s (mg/kg): mice, 1158-2460; rats, 3090-4670.

Signs and Symptoms

Potential signs and symptoms associated with overdosage with Lopressor are bradycardia, hypotension, bronchospasm, and cardiac failure.

Treatment

There is no specific antidote.

In general, patients with acute or recent myocardial infarction may be more hemodynamically unstable than other patients and should be treated accordingly (see **WARNINGS, Myocardial Infarction**).

On the basis of the pharmacologic actions of Lopressor, the following general measures should be employed:

Elimination of the Drug: Gastric lavage should be performed.

Bradycardia: Atropine should be administered. If there is no response to vagal blockade, isoproterenol should be administered cautiously.

Hypotension: A vasopressor should be administered, e.g., levaterenol or dopamine.

Bronchospasm: A beta₂-stimulating agent and/or a theophylline derivative should be administered.

Cardiac Failure: A digitalis glycoside and diuretic should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol, or glucagon may be considered.

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