



NSU College of Pharmacy
Drug Information & Resources Center
N e w s l e t t e r

17-October-2002

Question of the Day...

Name that Drug

patents received between 1974 and 1986
approved in the United States in 1987
has been the the topic of over 5,000 publications in medical/scientific
journals alone
currently marketed in more than 90 countries
accounted for over \$21 billion in sales in the US alone
taken daily by more than 40 million people worldwide
also formulated as a once-weekly dose...got it yet?
has been the topic of a longstanding court battle involving Scientology
has inspired numerous best selling books...ok, got it?
has its name in a movie title showing this summer...Ricci and Biggs would
not be happy

In the News

Depression Hits One in Six Americans, Study Finds

<http://www.reuters.com/newsArticle.jhtml?type=topNews&storyID=2944263>

Sixteen percent of Americans -- more than 30 million people -- will suffer major depression at some point in their lives, costing employers more than \$30 billion in lost productivity, U.S. researchers reported on Tuesday. "Major depression is now the No. 1 leading cause of disability in the general population across the world," Kathleen Merikangas of the National Institute of Mental Health told a news conference. The survey she reported, of more than 9,000 adults across 48 states, suggested that about 13 million Americans, or more than 6 percent, had an episode of major depression in the past year. Only about half get any kind of treatment, and only half of those get the right treatment, the survey found. "Who is John Galt?" "The impact that we found in our survey is absolutely dramatic. It affects jobs, marriage, parenting," Merikangas said. Half the patients suffered severe depression, as defined by the American Psychiatric Association, and it

lasted an average of four months. Her team's study was one of several published in a special issue of the Journal of the American Medical Association. They found that patients and doctors alike were failing to recognize depression.

FDA OKs First Nasal Mist Flu Vaccine

<http://apnews1.iwon.com/article/20030618/D7RO5KKO0.html>

Most people who avoid flu shots because they fear needles will not have that excuse this season. The Food and Drug administration has approved a flu vaccine that is delivered by a squirt up the nose instead of a shot in the arm. The vaccine, called FluMist, was approved Tuesday by the FDA for healthy people age 5 to 49, but not for people who often are in most need of protection from the flu: toddlers, the elderly and people with asthma or some other chronic diseases. For children from 5 to 8, the first exposure to FluMist requires two doses six weeks apart. Patients from 9 to 49 need only one dose, the agency said. The safety and effectiveness of FluMist has not been proven for people 50 and over. The FDA encouraged those patients to get the injected flu vaccine. FluMist was not approved for patients under 5 because in clinical trials researchers found that young children treated with the nasal mist vaccine had a higher rate of asthma attacks and wheezing within 42 days of the vaccination, compared to children who received a placebo. Approval of FluMist achieves a goal of many flu experts: a needle-free alternative to the annual shot. Some believe this may encourage more people to be vaccinated against flu. FluMist contains each of the three influenza live virus strains expected to be active during the 2003-2004 flu season. These include two types of influenza A, which causes severe illness, and one type of influenza B, which causes a milder form of the disease. The live virus in the vaccine has been weakened so that it produces immunity without causing illness. Influenza is the cause of 36,000 deaths annually in the United States. Most of the victims are patients with other health problems, children under 2 and people over 65. "This new vaccine provides another option for protection against influenza and will potentially increase the availability of the injected killed virus vaccine for those at highest risk," Dr. Mark B. McClellan, the FDA commissioner, said in a statement. There have been vaccine shortages at the beginning of some flu seasons in the past, because there are few manufacturers of the drug and the formula must be changed each year to match the changes in the circulating virus. FluMist is manufactured by MedImmune Vaccines Inc. of Gaithersburg, Md. A company spokesperson said that the company is now taking orders for the drug and that 4 million to 6 million doses will be available by October, the start of the flu season. The company said FluMist will cost about \$46 a dose. This is more than twice the typical cost of injected flu vaccine. The company in July 2001 sought FDA approval to market FluMist for children, but FDA's advisers said the drug had not been proven safe for them. MedImmune

revised its application, and it was endorsed with reservations by the advisers last year. Clinical studies showed that although FluMist provided flu protection for 93 percent of the 1,600 healthy children tested, there was a 1.5 percent incidence of asthma attacks or wheezing among children under 5. The advisory panel agreed with MedImmune's decision to limit childhood use of FluMist to those over 5. Studies showed that FluMist did not provide the same flu protection for adults from 50 to 64 as vaccinations. For adults from 18 to 49, the studies suggested FluMist reduced severe illness. An FDA statement said FluMist should not be given to persons with compromised immune systems, such as patients with AIDS, cancer or organ transplants. The agency also said that the safety of the nasal vaccine has not been demonstrated for patients with asthma or some other reactive breathing disorders. People with underlying medical conditions who would be most seriously affected by a flu infection should receive the injected form of vaccine, the agency said. FluMist also is not recommended for people who are allergic to eggs or who have demonstrated an earlier allergic reaction to flu vaccine.

State of NY strengthens Rules on Prescription Counseling

<http://www.nytimes.com/2003/06/18/nyregion/18PHAR.html?pagewanted=print&position=>

New Yorkers filling new prescriptions will get more detailed counseling from their pharmacists, but those refilling old prescriptions will be less likely to talk with a pharmacist, under new rules adopted today by the State Board of Regents. For four years, the board has required pharmacists to offer counseling to anyone filling a prescription. Under the new rules, that requirement will be gone, effective July 10, for prescription refills. In its place will be a requirement that for any new prescription or altered prescription, the pharmacist must actually counsel the patient about the name, function, dosage, interactions and storage of each drug. The Pharmacists Society of the State of New York lobbied for the change. Selig Corman, a director of the pharmacists' group, said that most patients refilling prescriptions already knew about side effects and other possible dangers. But a consumer advocacy group questioned the logic of eliminating the consultation for refills while applying a stricter standard to new prescriptions. "Why not keep both?" asked Blair Horner, legislative director of the New York Public Interest Research Group. Peanut. His group and another, the Center for Medical Consumers, concluded in a recent study that at least 5,000 New Yorkers die each year because of errors in giving medication.

Even Diabetics With Normal Cholesterol Should Take Statins

http://biz.yahoo.com/rc/030612/health_diabetes_1.html

One hundred million diabetics around the world could benefit from taking cholesterol-lowering "statin" drugs, British scientists behind a major study into the medicines said on Friday.

Most people with diabetes do not currently receive statins, although they are at higher risk of heart disease and strokes than the general population. But a five-year study involving nearly 6,000 patients found taking a once-daily statin pill cut that risk by about a third, even in patients with relatively low cholesterol levels. "What this study indicates quite clearly is that if you have got diabetes, your cholesterol levels are too high for you and that lowering your cholesterol will lower your risk," said Professor Rory Collins of the Clinical Trials Service Unit at Oxford University, lead author of the study. Doctors should now routinely consider giving statins to people with diabetes as the third leg of a strategy which already includes treatment for blood sugar levels and high blood pressure, Collins believes. Such an approach could benefit around two-thirds of diabetics and prevent a million heart attacks and strokes worldwide each year.

Lipitor cuts heart attack risk in diabetics

<http://news.moneycentral.msn.com/ticker/article.asp?Feed=RTR&Date=20030616&ID=2635229&Symbol=US:PFE>

The cholesterol fighter Lipitor significantly reduced strokes and heart attacks in patients with diabetes, prompting researchers to halt a drug study, drugmaker Pfizer Inc. said on Monday. The four-year trial was stopped mid-stream to allow all patients participating in the study to receive Lipitor. Specific data from the trial, which compared Lipitor to a placebo, are not yet available. The trial included 2,800 patients in the United Kingdom and Ireland with type II diabetes and no previous history of heart disease or stroke. Another trial of Lipitor, involving patients with normal or slightly elevated cholesterol levels, was halted late last year when patients taking it had fewer fatal coronary incidents and non-fatal heart attacks than patients receiving placebos. The latest favorable Lipitor data come only a week after a five-year trial among diabetics showed daily use of Zocor cut risk of heart attack and stroke by a third.

Novartis: New Triple Combo Pill For Parkinson's

<http://dominoext.novartis.com/NC/NCPRRE01.nsf/44aff02a639be034c1256b4b007b5f4d/6e7ba08c06357e87c1256d4400206671?OpenDocument>

Novartis announced today that the U.S. Food and Drug Administration (FDA) has approved StalevoT (carbidopa, levodopa and entacapone) tablets, for the treatment of patients with idiopathic Parkinson's disease (PD) who experience signs and symptoms of end-of-dose "wearing-off."

Stalevo contains levodopa, the most widely used agent for Parkinson's disease, plus carbidopa and entacapone. While carbidopa reduces the side effects of levodopa, entacapone optimizes its benefits, permitting Parkinson's disease patients to have an improved ability to perform everyday tasks and a reduction in symptoms associated with the disease. Within one to two years, almost 50 percent of Parkinson's disease patients receiving levodopa therapy begin to notice that their levodopa lasts for shorter periods of time, a phenomenon known as "wearing off."* In about 15 to 20 percent of patients, "wearing off" becomes extreme and disabling. Eventually, the effect of a levodopa dose may decrease from eight hours when patients begin levodopa therapy to only one to two hours.

Clozaril; Weekly Blood Tests May Be Overkill

http://fdaadvisorycommittee.com/FDC/AdvisoryCommittee/Committees/Psychopharmacologic+Drugs/061603_clozapineMonitoring/061603_clozapinemonitorR.htm

Novartis' Clozaril white blood cell monitoring program could eventually move to a monthly schedule for patients treated with the antipsychotic over an extended period of time, FDA Psychopharmacologic Drugs Advisory Committee agreed June 16. Schizophrenic patients on Clozaril (clozapine) are currently required to undergo weekly white blood count testing during the first six months of treatment followed by bi-weekly testing thereafter. A mandatory Clozaril patient registry collects data from the white blood cell testing to detect the onset of clozapine-associated agranulocytosis and leukopenia. Clozaril was launched in the U.S. in 1989 with weekly monitoring; the protocol was revised to the current schedule in 1998. While committee members generally agreed that the frequency of white blood cell count monitoring could be further reduced to once per month after some period of bi-weekly monitoring, the group did not come to a consensus on when to begin the less frequent schedule. "Reducing to monthly monitoring makes sense, it's a harder question about when to do that," committee member Tana Grady-Weliky, MD, University of Rochester, said. Suggestions from the committee about when to begin monthly monitoring ranged from 12 to 48 months. Some members based their conclusions on data from the U.K., where patients move from bi-weekly to monthly testing after 52 weeks of treatment. While the rates of moderate and severe leukopenia reported to the U.K. registry dropped after patients switched to monthly monitoring, the rate of agranulocytosis doubled to .59 cases per 1,000 patient-years from .31 cases. The increase, however, was not statistically significant. Committee members noted the doubled rate of agranulocytosis in the U.K. - and that a similar increase could occur in the U.S. - but agreed that the potential increase is not large enough to abandon the idea of moving to a less frequent monitoring schedule. The U.K. data offer some reassurance that "there won't be an epidemic of agranulocytosis if you went to a monthly monitoring scheme," committee consultant Philip Wang, MD, Harvard Medical School, maintained.

FDA convened the meeting to review the incidence of U.S. leukopenia and agranulocytosis with clozapine since approving the move to bi-weekly monitoring five years ago. Novartis and FDA expected to see an increase in the number of events under the less frequent schedule. However, in the U.S., there were slightly fewer reports of leukopenia and agranulocytosis under the new monitoring system after six months of therapy, although the difference was not statistically significant. A statistically significantly lower rate of agranulocytosis was seen after 52 weeks. Novartis Drug Regulatory Affairs Director Lawrence Hauptman, PhD, offered a few possible reasons for the surprising results, pointing to a higher discontinuation rate within the first six months of therapy, and patients switching to alternative therapies. Novartis offered no strong opinion on moving to a less frequent monitoring schedule, pointing out advantages and disadvantages to both scenarios. Generic versions of Clozaril have been available in the U.S. since 1998, and hold 60% of the clozapine market. In response to additional questions from FDA, the committee unanimously agreed that white blood cell monitoring should not be stopped altogether, nor that the patient registry should become voluntary.

Arixtra Gets Expanded Indications

<http://news.moneycentral.msn.com/ticker/article.asp?Feed=RTR&Date=20030618&ID=2641588&Symbol=US:SNY>

Sanofi Synthelabo said on Wednesday it had received approval from U.S. drug authorities to lengthen its Arixtra blood-thinning treatment to prevent post-operative deep-vein thrombosis. The current treatment regimen after hip operations calls for Arixtra to be administered for up to seven days but studies show treatment can be lengthened up to three weeks.

Aventis Receives FDA Approval of an Expanded Indication In Rheumatoid Arthritis For Arava

<http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/06-16-2003/0001965697&EDATE=>

Aventis announced today that the U.S. Food and Drug Administration (FDA) approved an expanded indication for the rheumatoid arthritis treatment Arava(R) (leflunomide) Tablets for improvement in physical function.

ADA: Anticonvulsant Might Prevent Recidivism after Weight Loss

<http://www.docguide.com/news/content.nsf/NewsPrint/8525697700573E1885256D4800519B13>

The anticonvulsant topiramate might help obese people maintain the weight loss they achieve through a low calorie diet, a new study suggests.

Professor Arne Astrup, director of the Research Department of Human Nutrition at Royal Veterinary and Agricultural University, in Frederiksberg, Denmark, presented the findings here on June 14th at the American Diabetes Association 63rd Scientific Sessions. Professor Astrup said obese patients who lose weight on a low-calorie diet often regain all or most of it within 1 year. A previous study that investigated the role of topiramate in treating peripheral neuropathy unexpectedly found that the drug helped diabetic patients lose weight, he noted. The study enrolled 300 patients with a body-mass index (BMI) of less than 50 kg/m² or a BMI of 30 to 50 kg/m² plus controlled hypertension and dyslipidaemia. During an 8-week run-in phase, patients were placed on a 800 to 1000 kcal/day diet with behavioural modification and exercise. The 561 patients who lost 8% of their baseline weight were then randomly assigned to topiramate 96 or 192 mg/day or placebo. At 44-week follow-up, patients taking topiramate had lost 15% to 16% of their weight, compared with 9% among those on placebo. Also, 72% to 75% of those on topiramate maintained their original weight loss compared with 30% in the placebo arm. Aaron I. Vinik, MD, PhD, director of the Strelitz Diabetes Research Institutes at Eastern Virginia Medical School, in Norfolk, Virginia, who is studying topiramate in diabetic patients, said he was "very impressed" with the findings. "This is the first time that anyone has seen a reduction in weight that persists for 16 months to 18 months and the first time that any drug in addition to a low-calories diet results in long-term weight reduction." But before topiramate can be considered for use as a weight loss aid, the correct dose must be found, he cautioned. Johnson & Johnson, which funded the research, stopped the trial prematurely due to drug-related side effects, including parathesia, which occurred in 59% of treated patients, fatigue in 24% and dizziness in 20%. Dr. Vinik said his own work provides hints that a lower dose might be effective without these side effects.

Wrigley chews over idea of Viagra gum

<http://news.moneycentral.msn.com/ticker/article.asp?Feed=RTR&Date=20030613&ID=2632607&Symbol=US:WWY>

The Wm. Wrigley Jr. Co.(WWY) has patented a way to make its "Double Your Pleasure" slogan more potent: with chewing gum containing the active ingredient in Viagra. But with about eight years left on Pfizer Inc.'s(PFE) own patent for Viagra, the maker of Double-Mint and Juicy Fruit gum has no immediate plans to market such a product itself. "There's been no development activity whatsoever nor is any anticipated at present," Christopher Perille, a Wrigley spokesman, said on Friday. He did not rule out the possibility that Chicago-based Wrigley might reconsider that decision in about eight years, when Pfizer's Viagra patent runs out. The patent application, filed in November 2000, was simply one of many patents that Wrigley routinely seeks for products that might eventually be a hit with consumers, Perille said. "We file dozens of patents on an annual basis

with interesting or intriguing concepts," he said. "But there's a huge difference between filing for a patent and actually developing a product and finding one that's exactly right for commercialization." According to Wrigley's patent application, the gum formulation is effective when it is chewed for at least two minutes. The gum would contain 5 milligrams to 100 milligrams of the active ingredient, sildenafil citrate. The gum would have to be chewed at least 30 minutes before sex, also similar to the Viagra time parameters. The application also suggests that gum might be a better vehicle to deliver the drug to the bloodstream, since it releases the drug more gradually than Viagra's pill form, which has caused gastrointestinal problems for some men. Pfizer's patent on Viagra, a tremendously successful drug hawked by the likes of former presidential candidate Bob Dole and various athletes, doesn't expire until 2011. Wrigley could not sell its gum until after that point, when generic versions of the drug can be also marketed.

OTC Prilosec will the "purple pill" go pink?

http://biz.yahoo.com/rc/030617/drugs_prilosec_procter_3.html

Heartburn medicine Prilosec will be a pill of a different color if and when it makes it to the over-the-counter market. Procter & Gamble Co., the consumer products company that holds the rights to sell the blockbuster drug without a prescription, is optimistic it will soon get U.S. regulatory approval to do just that, Greg Allgood, associate director of P&G's Health Sciences Institute, said. But the OTC version of the drug will not be the purple capsule that the drug's owner, AstraZeneca Plc, had made the focus of its marketing. The non-prescription drug will be a pink, or "salmon"-colored, tablet, Allgood said. Drugs sold over the counter are typically made in tablet form to help avoid tampering, he said. AstraZeneca will make the pills that P&G hopes to launch over the counter beginning in the fall. In an agreement with AstraZeneca, P&G has the right to market and distribute them. Allgood said that OTC Prilosec would be priced at "noticeably" less than \$1 per tablet, which compares to an average co-payment for a one-month prescription of Prilosec of \$31. Purple will still be used to market the drug. "All of our packaging and all of our equity will be the purple that people have come to know," Allgood said. P&G is awaiting approval from the U.S. Food and Drug Administration on changes made to the wording on Prilosec packaging on instructions for taking the drug. An FDA advisory panel recommended last year that the drug should be sold over the counter, but also recommended the packaging be changed. "We're optimistic," the drug will be approved, based in part on new studies the company has done on how well consumers understand the information on the package, Allgood said. P&G is closing in on a deadline for the FDA to rule on the packaging, but would not provide the date of the deadline.

Pfizer unveils experimental drug to help people quit smoking

<http://money.cnn.com/2003/06/17/news/companies/pfizer/index.htm>

Shares of Pfizer, the world's largest drugmaker, jumped about 4.6 percent on the news, which was released as Pfizer gave fresh details on its pipeline of experimental drugs at an investor conference here. In clinical trials involving several hundred smokers, the New York-based company said almost half of smokers given this oral medicine, called Varenicline, were able to quit smoking after only seven weeks. In the same trial, only 16 percent of people receiving sugar pills managed to stop, while 33 percent of patients who received Zyban, a pill made by GlaxoSmithKline (GSK: Research, Estimates) and also sold as Wellbutrin for depression, were able to quit, the drugmaker told CNN/Money. "This is a significant improvement over results achieved with Zyban, an antidepressant approved as an aid to smoking cessation," said Joe Feczko, president for worldwide drug development at Pfizer. Side effects of the Pfizer drug appeared negligible so far, and the drug has "an excellent safety profile," said Betsy Raymond, Pfizer's spokeswoman. Varenicline is currently in the final phase of widespread human clinical trials, but there's no timeline for when the anti-smoking drug might hit the U.S. market, she added.

and yes more bogus Lipitor recalled

FDA Investigation Into Counterfeit Lipitor Two Distributors Recalling All Lipitor Repacked by MED-PRO

<http://www.fda.gov/bbs/topics/ANSWERS/2003/ANS01229.html>

The Food and Drug Administration (FDA) today announced that its continuing investigation of counterfeit Lipitor has resulted in Albers Medical Distributors, Inc., of Kansas City, Mo., expanding their recall to include all Lipitor products repacked by MED-PRO, Inc., of Lexington, Neb. In addition, H.D. Smith Wholesale Drug Co., of Springfield, Ill., has recalled all Lipitor products repacked by MED-PRO. FDA is also announcing that its Forensic Chemistry Center in Cincinnati, OH, has determined that the counterfeit tablets that have been tested as of this date contain atorvastatin, the active ingredient of Lipitor. The Forensic Chemistry Center's analysis to date has not identified any known harmful substances in the counterfeit tablets, although analytical testing continues. Despite these results, FDA cannot assure that the counterfeit products are safe and effective. Individual tablets of this counterfeit medicine may vary significantly, even within individual lots, because the source of the atorvastatin is unknown and because there is no evidence that the tablets have been produced according to good manufacturing practices that are meant to ensure consistency from batch to batch. Consequently, FDA's advice to healthcare providers and consumers remains the same as when the agency

issued its original alert on counterfeit Lipitor on May 23, 2003. They should check the packaging very carefully before using Lipitor. Patients who have any of the product labeled as "Repackaged by: MED-PRO, Inc.; Lexington, NE 68850" should not take it, and they should return the product to their pharmacy. Patients who are not sure whether they have the recalled product should check with their pharmacist. FDA continues to work closely with the individual states and with health professionals, especially with pharmacists and pharmacy associations, to alert them to this counterfeit product and the recall. FDA's MedWatch Safety Information and Adverse Event Reporting system has alerted health professionals and others to Albers' expanded recall, and its notice is available online at <http://www.fda.gov/medwatch/SAFETY/2003/lipitor2.htm>.

Table of Contents

=====

THE NEW ENGLAND JOURNAL OF MEDICINE

Volume 348, Issue 25: June 19, 2003

<<http://content.nejm.org/content/vol348/issue25/index.shtml?query=TOC>>

=====

=====

THIS WEEK IN THE JOURNAL

=====

Article Summaries:

<http://content.nejm.org/this_week/348/25/index.shtml?query=TOC>

Perspective: New Horizons in Oncologic Imaging

<<http://content.nejm.org/cgi/content/short/348/25/2487?query=TOC>>

Perspective: Use It or Lose It -- Do Effortful Mental Activities Protect against Dementia?

<<http://content.nejm.org/cgi/content/short/348/25/2489?query=TOC>>

=====

ORIGINAL ARTICLES

=====

Noninvasive Detection of Clinically Occult Lymph-Node Metastases in Prostate Cancer

<<http://content.nejm.org/cgi/content/short/348/25/2491?query=TOC>>

Staging of Non-Small-Cell Lung Cancer with Integrated Positron-Emission Tomography and Computed Tomography

<<http://content.nejm.org/cgi/content/short/348/25/2500?query=TOC>>

Leisure Activities and the Risk of Dementia in the Elderly

<<http://content.nejm.org/cgi/content/short/348/25/2508?query=TOC>>

Prevalence of Celiac Disease among Children in Finland
<<http://content.nejm.org/cgi/content/short/348/25/2517?query=TOC>>

=====

IMAGES IN CLINICAL MEDICINE

=====

Acute Vertebral Osteomyelitis
<<http://content.nejm.org/cgi/content/short/348/25/2525?query=TOC>>

=====

SPECIAL ARTICLE

=====

Patient Safety: Improving Safety with Information Technology
<<http://content.nejm.org/cgi/content/short/348/25/2526?query=TOC>>

=====

CLINICAL PRACTICE

=====

The Solitary Pulmonary Nodule
<<http://content.nejm.org/cgi/content/short/348/25/2535?query=TOC>>

=====

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

=====

Weekly Clinicopathological Exercises: Case 19-2003: A Five-Day-Old Girl with Leukocytosis and a Worsening Rash from Birth
<<http://content.nejm.org/cgi/content/short/348/25/2557?query=TOC>>

=====

EDITORIALS

=====

Celiac Disease -- How to Handle a Clinical Chameleon
<<http://content.nejm.org/cgi/content/short/348/25/2568?query=TOC>>

Errors Today and Errors Tomorrow
<<http://content.nejm.org/cgi/content/short/348/25/2570?query=TOC>>

=====

CLINICAL IMPLICATIONS OF BASIC RESEARCH

=====

Celiac Disease -- The Villain Unmasked?
<<http://content.nejm.org/cgi/content/short/348/25/2573?query=TOC>>

=====

CORRESPONDENCE

=====

<<http://content.nejm.org/cgi/content/short/348/25/2575?query=TOC>>

Soluble CD40 Ligand in Acute Coronary Syndromes

The Outbreak of Conjunctivitis at Dartmouth

The Death at Duke

The Chromogranin-Secretogranin Family

Understanding and Responding to Adverse Events

Race and Genomics

Aspiration of Barium

Interleukin-1-Receptor Antagonist in the Muckle-Wells Syndrome

=====

BOOK REVIEWS

=====

<<http://content.nejm.org/cgi/content/short/348/25/2585?query=TOC>>

Right Hand, Left Hand: The Origins of Asymmetry in Brains, Bodies, Atoms and Cultures

Pox: Genius, Madness, and the Mysteries of Syphilis

Customers and Patrons of the Mad-Trade: The Management of Lunacy in Eighteenth-Century London

Love on the Rocks: Men, Women, and Alcohol in Post-World War II America

=====

JAMA [Journal of the American Medical Association]

18 June 2003; Vol. 289, No. 23

URL: <http://jama.ama-assn.org/content/vol289/issue23/index.dtl?etoc>

=====

Original Contributions

The Epidemiology of Major Depressive Disorder: Results From the National Comorbidity Survey Replication (NCS-R)

JAMA 2003;289 3095-3105

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3095?etoc>

Effects of Treating Depression and Low Perceived Social Support on Clinical Events After Myocardial Infarction: The Enhancing Recovery in Coronary Heart Disease Patients (ENRICH) Randomized Trial

JAMA 2003;289 3106-3116

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3106?etoc>

Group Interpersonal Psychotherapy for Depression in Rural Uganda: A Randomized Controlled Trial

JAMA 2003;289 3117-3124

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3117?etoc>

Regional Brain Metabolic Correlates of {alpha}-Methylparatyrosine-Induced Depressive Symptoms: Implications for the Neural Circuitry of Depression

JAMA 2003;289 3125-3134

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3125?etoc>

Cost of Lost Productive Work Time Among US Workers With Depression

JAMA 2003;289 3135-3144

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3135?etoc>

Reviews

Educational and Organizational Interventions to Improve the Management of Depression in Primary Care: A Systematic Review

JAMA 2003;289 3145-3151

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3145?etoc>

Special Communications

Past, Present, and Future Directions for Defining Optimal Treatment Outcome in Depression: Remission and Beyond

JAMA 2003;289 3152-3160

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3152?etoc>

Consensus Statements

Confronting Depression and Suicide in Physicians: A Consensus Statement

JAMA 2003;289 3161-3166

<http://jama.ama-assn.org/cgi/content/abstract/289/23/3161?etoc>

Commentaries

Research on Major Depression: Strategies and Priorities

JAMA 2003;289 3167-3168

<http://jama.ama-assn.org/cgi/content/full/289/23/3167?etoc>

Editorials

Awareness About Depression: Important for All Physicians

Richard M. Glass

JAMA 2003;289 3169-3170

<http://jama.ama-assn.org/cgi/content/full/289/23/3169?etoc>

Depression--A Cardiac Risk Factor in Search of a Treatment

Nancy Frasure-Smith and Francois Lesperance

JAMA 2003;289 3171-3173

<http://jama.ama-assn.org/cgi/content/full/289/23/3171?etoc>

Letters

Affirmative Action in Medical School Admissions

JAMA 2003;289 3084

<http://jama.ama-assn.org/cgi/content/full/289/23/3084?etoc>

Affirmative Action in Medical School Admissions

JAMA 2003;289 3084-3085

<http://jama.ama-assn.org/cgi/content/full/289/23/3084-a?etoc>

Affirmative Action in Medical School Admissions

JAMA 2003;289 3085

<http://jama.ama-assn.org/cgi/content/full/289/23/3085?etoc>

Affirmative Action in Medical School Admissions

JAMA 2003;289 3085-3086

<http://jama.ama-assn.org/cgi/content/full/289/23/3085-a?etoc>

Affirmative Action in Medical School Admissions

JAMA 2003;289 3086

<http://jama.ama-assn.org/cgi/content/full/289/23/3086?etoc>

Affirmative Action in Medical School Admissions

JAMA 2003;289 3086
<http://jama.ama-assn.org/cgi/content/full/289/23/3086-a?etoc>

Affirmative Action in Medical School Admissions
JAMA 2003;289 3086
<http://jama.ama-assn.org/cgi/content/full/289/23/3086-b?etoc>

Affirmative Action in Medical School Admissions--Reply
JAMA 2003;289 3086-3087
<http://jama.ama-assn.org/cgi/content/full/289/23/3086-c?etoc>

Quality of Care in Profit vs Not-For-Profit Dialysis Centers
JAMA 2003;289 3087-3088
<http://jama.ama-assn.org/cgi/content/full/289/23/3087?etoc>

Quality of Care in Profit vs Not-For-Profit Dialysis Centers
JAMA 2003;289 3088
<http://jama.ama-assn.org/cgi/content/full/289/23/3088?etoc>

Quality of Care in Profit vs Not-For-Profit Dialysis Centers
JAMA 2003;289 3088-3089
<http://jama.ama-assn.org/cgi/content/full/289/23/3088-a?etoc>

Quality of Care in Profit vs Not-For-Profit Dialysis Centers
JAMA 2003;289 3089
<http://jama.ama-assn.org/cgi/content/full/289/23/3089?etoc>

Quality of Care in Profit vs Not-For-Profit Dialysis Centers--Reply
JAMA 2003;289 3089-3090
<http://jama.ama-assn.org/cgi/content/full/289/23/3089-a?etoc>

Medical News & Perspectives

Kay Redfield Jamison, PhD: From an Unquiet Mind to Rational Exuberance
Brian Vastag
JAMA 2003;289 3071-3073
<http://jama.ama-assn.org/cgi/content/full/289/23/3071?etoc>

Online Empathy for Mood Disorders: Patients Turn to Internet Support Groups
Lynne Lamberg
JAMA 2003;289 3073-3077
<http://jama.ama-assn.org/cgi/content/full/289/23/3073?etoc>

Researchers Probe Depression in Children

Rebecca Voelker

JAMA 2003;289 3078-3079

<http://jama.ama-assn.org/cgi/content/full/289/23/3078?etoc>

The Cover

Nous devons mourir, nous et tout ce qui est notre

M. Therese Southgate

JAMA 2003;289 3052

<http://jama.ama-assn.org/cgi/content/full/289/23/3052?etoc>

JAMA Patient Page

Depression

Janet M. Torpy, Cassio Lynn, and Richard M. Glass

JAMA 2003;289 3198

<http://jama.ama-assn.org/cgi/content/full/289/23/3198?etoc>

Reference Directories

Meetings of Medical Interest

JAMA 2003;289 1-5

<http://jama.ama-assn.org/cgi/content/full/289/23/E1?etoc>

Website of the Day

Florida Board of Pharmacy (BOP) Website

http://www.doh.state.fl.us/mqa/pharmacy/ph_home.html

A website each of us here at the College of Pharmacy should be very familiar with. The State BOP website has full-text access to all relevant Florida Statutes and Administrative Codes, State issued Health Bulletins, meeting dates and times and information on receiving and maintaining a pharmacy license. There is also contact information and a nice set of frequently asked questions. Additionally, the Florida Board of Health website (<http://www.doh.state.fl.us/>) has further information. Check it out.

Answer of the Day

Prozac...but of course