

## Announcements

POSTGRADUATE MEDICINE is pleased to publish announcements of courses, meetings, special events, etc. All such notices should be received no later than the twenty-fifth of the second month preceding the month of issue; i.e., for the January issue, information should be received by November 25. Send notices to: Editorial Department, POSTGRADUATE MEDICINE, 4015 West 65th Street, Minneapolis, Minnesota 55435.

**ARTHRITIS FOUNDATION:** Interim scientific sessions in 1969:

Allied Health Professions, December 4, Pioneer Hotel, Tucson, Ariz. Contact: Mrs. Judy Shugar, AHPS Executive Secretary, Arthritis Foundation.

American Rheumatism Association, December 5-6, Pioneer Hotel, Tucson, Ariz. Contact: Miss Margaret Walsh, ARA Executive Secretary, Arthritis Foundation, 1212 Avenue of the Americas, New York 10036.

**STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER, BROOKLYN:** Biochemistry lecture series, 1969 and 1970:

Functional interrelations of adipose tissue and liver, November 12

The role of cyclic AMP in the control of adipose tissue metabolism, December 10

Possible actions of insulin on the structure and function of fat cell membranes, January 14

Studies of adipose tissue in obese and nonobese humans, February 11

Influence of periodicity of eating on adipose tissue metabolism, March 11

Contact: Dr. William R. Sanslone, Assistant Professor of Biochemistry, State University of New York Downstate Medical Center, 450 Clarkson Ave., Brooklyn 11203.

**UNIVERSITY OF CALIFORNIA EXTENSION, LOS ANGELES:** Two week training program in mental retardation for physicians and allied professionals, February 9-20 and June 8-19, 1970, at UCLA Neuropsychiatric Institute. Contact: Continuing Education in Medicine, Room 15-39 Rehabilitation Center, West Medical Campus, University of California, Los Angeles 90024.

Additional announcements are on pages 59, 209 and 242.

# Synthroid®

(sodium levothyroxine)

**Indications:** SYNTHROID (sodium levothyroxine) is specific replacement therapy for diminished or absent thyroid function resulting from primary or secondary atrophy of the gland, congenital defect, surgery, excessive radiation, or antithyroid drugs. Indications for SYNTHROID (sodium levothyroxine) **Tablets** include myxedema, hypothyroidism without myxedema, hypothyroidism in pregnancy, pediatric and geriatric hypothyroidism, hypopituitary hypothyroidism, simple (non-toxic) goiter, and reproductive disorders associated with hypothyroidism. SYNTHROID (sodium levothyroxine) **Injection** is indicated in myxedematous coma and other thyroid dysfunctions where rapid replacement of the hormone is required. When a patient does not respond to oral therapy, SYNTHROID (sodium levothyroxine) injection may be administered intravenously to avoid any question of poor absorption by either the oral or the intramuscular route.

**Precautions:** As with other thyroid preparations, an overdosage may cause diarrhea or cramps, nervousness, tremors, tachycardia, vomiting and continued weight loss. These effects may begin after four or five days or may not become apparent for one to three weeks. Patients receiving the drug should be observed closely for signs of thyrotoxicosis. If indications of overdosage appear, discontinue medication for 2-6 days, then resume at a lower dosage level. In patients with diabetes mellitus, careful observations should be made for changes in insulin or other antidiabetic drug dosage requirements. If hypothyroidism is accompanied by adrenal insufficiency, as Addison's Disease (chronic subcortical insufficiency), Simmonds's Disease (panhypopituitarism) or Cushing's syndrome (hyperadrenalism), these dysfunctions must be corrected prior to and during SYNTHROID (sodium levothyroxine) administration. The drug should be administered with caution to patients with cardiovascular disease; development of chest pains or other aggravations of cardiovascular disease requires a reduction in dosage.

**Contraindications:** Thyrotoxicosis, acute myocardial infarction.

**Side effects:** The effects of SYNTHROID (sodium levothyroxine) therapy are slow in being manifested. Side effects, when they do occur, are secondary to increased rates of body metabolism: sweating, heart palpitations with or without pain, leg cramps, and weight loss. Diarrhea, vomiting, and nervousness have also been observed. Myxedematous patients with heart disease have died from abrupt increases in dosage of thyroid drugs. Careful observation of the patient during the beginning of any thyroid therapy will alert the physician to any untoward effects.

In most cases with side effects, a reduction in dosage followed by a more gradual adjustment upward will result in a more accurate indication of the patient's dosage requirements without the appearance of side effects.

**Dosage and Administration:** The activity of a 0.1 mg. SYNTHROID (sodium levothyroxine) TABLET is equivalent to approximately one grain thyroid, U.S.P. Administer SYNTHROID tablets as a single daily dose, preferably after breakfast. In hypothyroidism without myxedema, the usual initial adult dose is 0.1 mg. daily, and may be increased by 0.1 mg. every 30 days until proper metabolic balance is attained. Clinical evaluation should be made monthly and PBI measurements about every 90 days. Final maintenance dosage will usually range from 0.2-0.4 mg. daily. In adult myxedema, starting dose should be 0.025 mg. daily. The dose may be increased to 0.05 mg. after two weeks and to 0.1 mg. at the end of a second two weeks. The daily dose may be further increased at two-month intervals by 0.1 mg. until the optimum maintenance dose is reached (0.1-1.0 mg. daily).

**Supplied:** Tablets: 0.025 mg., 0.05 mg., 0.1 mg., 0.15 mg., 0.2 mg., 0.3 mg., 0.5 mg., scored and color-coded, in bottles of 100 and 500. Injection: 500 mcg. lyophilized active ingredient and 10 mg. of Mannitol, N.F., in 10 ml. single-dose vial, with 5 ml. vial of Sodium Chloride Injection, U.S.P., as a diluent.

SYNTHROID (sodium levothyroxine) INJECTION may be administered intravenously utilizing 200-400 mcg. of a solution containing 100 mcg. per ml. If significant improvement is not shown the following day, a repeat injection of 100-200 mcg. may be given.