



diabetes

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INSULIN 50th ANNIVERSARY YEAR

1971-1972

CLOSER-TO-NORMAL
INSULIN SECRETION
PATTERN

ONCE-A-DAY
DOSAGE

EFFECTIVE
CONTROL

OUTSTANDING
ECONOMY



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AND AN ORAL AGENT IS INDICATED

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1. DeLawter, DeW. E. and Moss, J. M.: *Med. Times* 96:855, Sept., 1968.

2. Chu, P.-C. et al.: *Ann. Intern. Med.* 68:757, Apr., 1968.

3. Gershberg, H. et al.: Scientific Exhibit, A.M.A. Clin. Conv., Denver, Colorado, Nov. 30-Dec. 3, 1969.

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HYPOGLYCEMIA IF IT OCCURS, MAY BE PROLONGED.

Chlorpropamide-Phenformin: Dosage of phenformin should be reduced at the first sign of gastrointestinal disturbance. Lactic acidosis and ketonuria without hyperglycemia have been reported with phenformin therapy (see phenformin package insert for complete details).

Adverse Reactions: Usually dose-related and respond to reduction or withdrawal of therapy. Generally transient and not of a serious nature and include anorexia, nausea, vomiting and gastrointestinal intolerance; weakness and paresthesias.

Certain untoward reactions associated with idiosyncrasy or hypersensitivity have occasionally occurred, including jaundice (rarely associated with severe diarrhea and bleeding), skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis, and probably depression of formed elements of the blood. With a few exceptions, these manifestations have been mild and readily reversible on the withdrawal of the drug.

Diabinese should be discontinued promptly when the development of sensitivity is suspected.

Jaundice has been reported, and is usually

promptly reversible on discontinuance of therapy. THE OCCURRENCE OF PROGRESSIVE ALKALINE PHOSPHATASE ELEVATION SHOULD SUGGEST THE POSSIBILITY OF INCIPIENT JAUNDICE AND CONSTITUTES AN INDICATION FOR WITHDRAWAL OF THE DRUG.

Leukopenia, thrombocytopenia and mild anemia, which occur occasionally, are generally benign and revert to normal, following cessation of the drug. Rare cases of aplastic anemia and agranulocytosis, generally similar to blood dyscrasias associated with other sulfonureas have been reported.

BECAUSE OF THE PROLONGED HYPOLYCEMIC ACTION OF DIABINESE (chlorpropamide) PATIENTS WHO BECOME HYPOLYCEMIC DURING THERAPY WITH THIS DRUG REQUIRE CLOSE SUPERVISION FOR A MINIMUM PERIOD OF 3 TO 5 DAYS, during which time frequent feedings or glucose administration are essential. The anorectic patient or the profoundly hypoglycemic patient should be hospitalized.

Rare cases of phototoxic reactions have been reported.

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More detailed professional information available on request.

Contraindications: Diabinese (chlorpropamide) is not indicated in patients having juvenile or growth-onset diabetes mellitus, severe or unstable "brittle" diabetes and diabetes complicated by ketosis and acidosis, diabetic coma, major surgery, severe infection, or severe trauma.

Diabinese is contraindicated during pregnancy. Serious consideration should be given to the potential hazard of its use in women of the childbearing age who may become pregnant.

Diabinese is contraindicated in patients with serious impairment of hepatic, renal, or thyroid function.

Precautions: Use chlorpropamide with caution with barbiturates, in patients with Addison's disease, in those ingesting alcohol, antibacterial sulfonamides, phenylbutazone, salicylates, probenecid, dicoumarol or MAO inhibitors.



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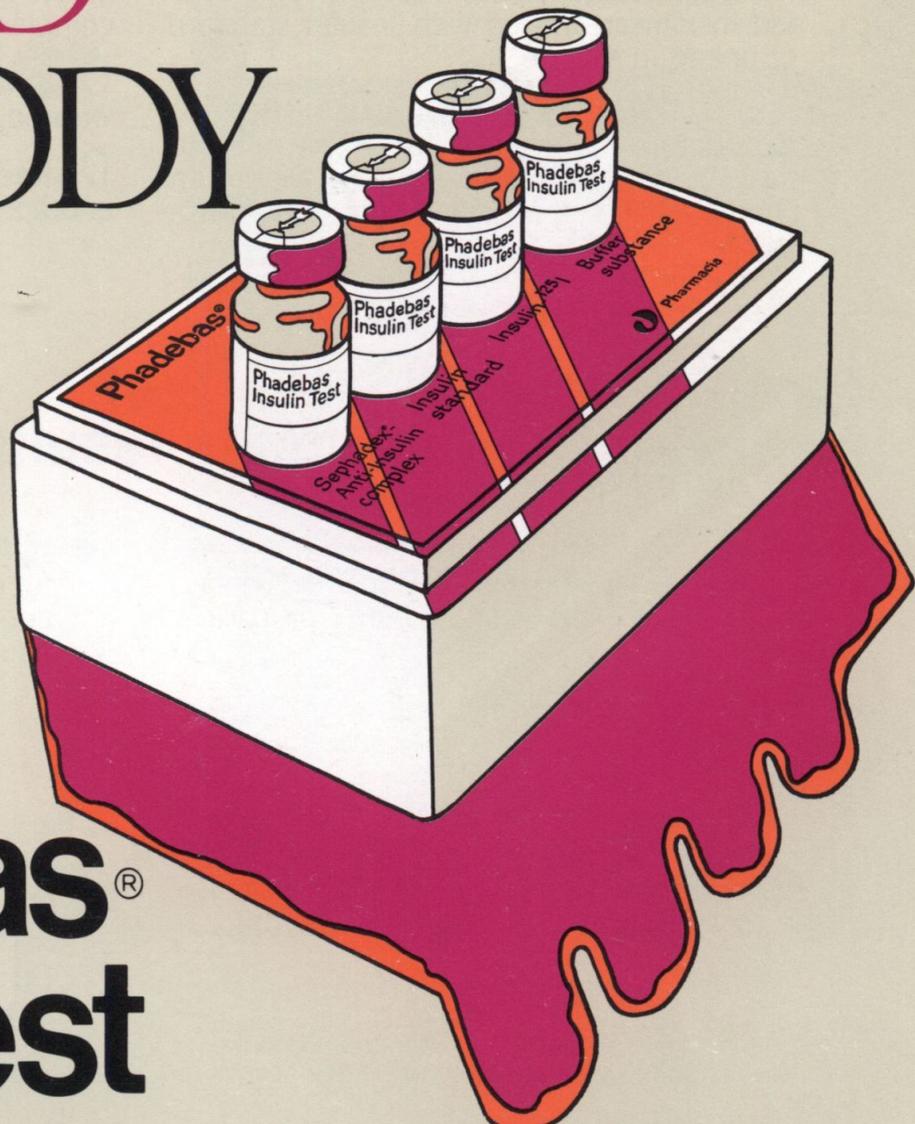
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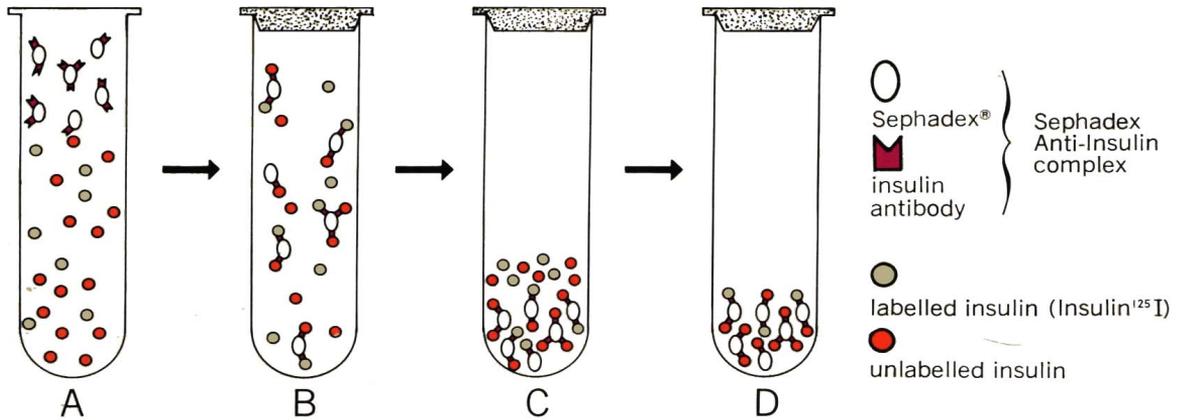
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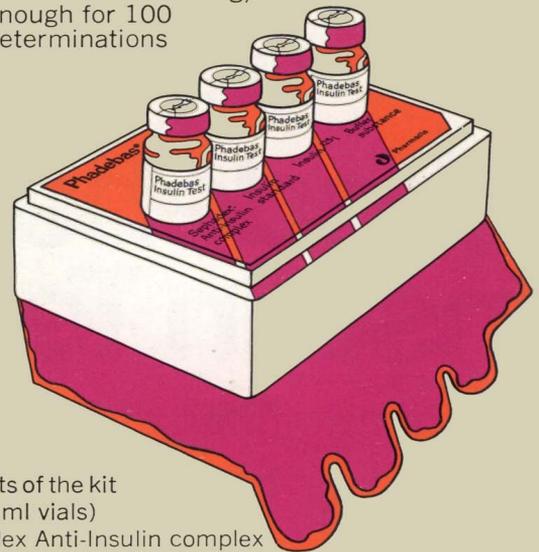
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Date of test	Before Breakfast	Before Noon meal	Before Evening meal	2 hrs. after main meal	Before Bedtime snack	Ketone Test	Medical
7/10				0%			
7/12				0%			
7/14				2%		0	
7/15	1/4%		2%	2%		+	
7/16	1/4%		2%	2%		++	
7/17	1/4%		1/4%	2%		0	
7/18	0		1/10%	1/4%			
7/19	0		1/10%	1/10%			
7/21				0			
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