A ready challenge to measured meals and conventional glucose loads

For diabetic screening, GLUCOLA® offers a glucose challenge distinguished by *known* carbohydrate content, high patient acceptance and freedom from gastric discomfort... reasons enough for challenging conventional methods.

more dependable than regular meals
GLUCOLA takes the guesswork out of carbohydrate intake and avoids the uncertainties of patient-measured meals in postprandial testing. When patients take GLUCOLA, instead of eating a meal, you know that the glucose challenge will be adequate.

better tolerated than glucose "cocktails"
GLUCOLA is a cola-flavored, carbonated solution of rapidly digestible saccharides that is 40% less sweet and 40% lower in osmotic pressure than an equivalent amount of conventionally prepared glucose solution. As a result, GLUCOLA is virtually free from the nausea and vomiting which may be induced by glucose ingestion.

more convenient
Each 7-ounce bottle of GLUCOLA yields 75 Gm. of glucose and is ready to use as is. No mixing or measuring. No detailed explanations to patients.

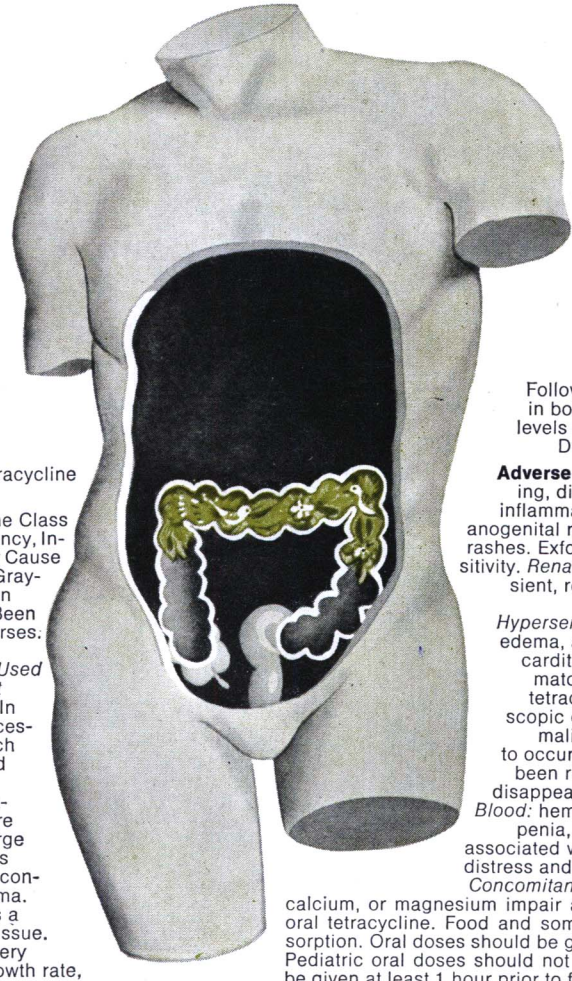
"Chemical and Biological Information Systems Serving Medicine and Industry"

AMES Company
Division Miles Laboratories, Inc.
Elkhart, Indiana 46514 131071

HUMAN ECOLOGY

Human beings are ecosystems, inhabited by populations of microorganisms. When antibiotics alter the balance of these populations in the G.I. tract, monilial overgrowth can ensue. The Nystatin component of DECLOSTATIN is present to help control such overgrowth.

DECLOSTATIN is particularly relevant for treatment of bacterial infection caused by sensitive organisms in such monilia susceptible patients as diabetics, the elderly or debilitated, and others with a history of moniliasis.



Actions: Tetracyclines are active against a wide range of gram-negative and gram-positive organisms. Nystatin is an antifungal agent against *Candida* (monilia) *albicans.*

Contraindications: Hypersensitivity to any tetracycline or nystatin.

Warnings: The Use of Drugs of the Tetracycline Class During Tooth Development (Last Half of Pregnancy, Infancy and Childhood to the Age of 8 Years) May Cause Permanent Discoloration of the Teeth (Yellow-Gray-Brown.) This Adverse Reaction is More Common During Long-Term Use of the Drugs But Has Been Observed Following Repeated Short-Term Courses. Enamel Hypoplasia Has Also Been Reported. *Tetracycline Drugs, Therefore, Should Not be Used in This Age Group Unless Other Drugs Are Not Likely To be Effective or Are Contraindicated.* In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Phototoxic reactions, characterized by severe burns of exposed surfaces, can result from direct exposure to sunlight during therapy with moderate to large doses of demeclocycline. Advise patient of this reaction to sunlight or ultraviolet light, and discontinue treatment at first evidence of skin erythema. Like other tetracyclines, demeclocycline forms a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis.

Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least 4 months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Following therapy, persistence for several days in both urine and blood of bacteriosuppressive levels of drug may interfere with culture studies. Do not consider such levels as therapeutic.

Adverse Reactions: *G.I.:* anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity. *Renal toxicity:* rise in BUN, dose-related. Transient, reversible, nephrogenic diabetes insipidus with excessive thirst and polyuria (rare). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given over prolonged periods, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. *Nystatin:* Nystatin has been associated with nausea and vomiting, gastrointestinal distress and diarrhea (occasionally with large doses). *Concomitant therapy:* Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patient taking oral tetracycline. Food and some dairy products also interfere with absorption. Oral doses should be given 1 hour before or 2 hours after meals. Pediatric oral doses should not be given with milk formulas, but should be given at least 1 hour prior to feeding.

DECLOSTATIN® 300

Demeclocycline HCl 300 mg and Nystatin 500,000 Units

Capsule-Shaped Tablets Lederle

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

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