Orinase complements a diabetes meal plan

Orinase should be administered only when meal planning does not by itself provide adequate blood sugar control. Effort should be made, after beginning Orinase administration, to continue proper meal planning, since oral hypoglycemic therapy is an adjunct to, rather than a substitute for, this measure.

Nearly 20 years of experience with Orinase

- Orinase usually lowers blood sugar satisfactorily in patients with mild, maturity-onset diabetes.
- Orinase provides relief of common hyperglycemia-related diabetic symptoms, e.g., polyuria, polydipsia, and pruritus.
- Orinase is rapidly metabolized and excreted; and prolonged hypoglycemic episodes, which can be particularly dangerous in the older patient, have rarely been reported. Certain factors, such as hepatic and renal disease, may, however, predispose patients to hypoglycemia.
- Simple b.i.d. or once-daily dosage may be prescribed.
- Dosage range of 1 to 6 tablets daily allows wide flexibility in adjusting to patient needs.
- Orinase is contraindicated in juvenile or unstable, brittle diabetic patients.

When meal planning is insufficient in the elderly, maturity-onset diabetic patient

0.5 Gm tablets

Orinase®

tolbutamide, Upjohn

lowers blood sugar to help relieve diabetic symptoms

patient on Orinase must be fully instructed: about the nature of his disease; how to prevent and detect complications; how to control his condition; not to neglect dietary restrictions, develop a careless attitude or disregard instructions relative to body weight, exercise, personal hygiene, and avoidance of infection; how to recognize and counteract impending hypoglycemia; how and when to test for glycosuria and ketonuria; how to use insulin; and to report to the physician immediately if he does not feel as well as usual.

Caution, very close observation, and careful adjustment of dose are necessary when: insulin is withdrawn during the trial period in order to avoid ketosis, acidosis, and coma; thiazide diuretics are administered which may result in aggravation of diabetic state and increased tolbutamide requirement, temporary loss of control, or even secondary failure; treating patients with impaired hepatic and/or renal function and debilitated, malnourished, or semistarved patients in order to avoid severe hypoglycemia which may require corrective therapy over several days; and treating patients with severe trauma, infection, or surgical procedures where temporary return to insulin or addition of insulin may be necessary. Response to tolbutamide is diminished in patients receiving therapy with beta-blocking agents.

As some diabetics are not suitable candidates, it is essential that the physician familiarize himself with the indications, limits of application, and selection of patients for therapy.

Patients must be under continuous medical supervision, and during the initial test period should communicate with the physician daily, and during the first month report at least once weekly for physical examination and definitive evaluation. After a month, examinations are recommended monthly or as indicated. Appearance of ketonuria, increase in glycosuria, unsatisfactory lowering of persistent elevation of blood sugar, or failure to obtain and hold clinical improvement indicate non-responsiveness to

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health professionals on October 16, 1976. W. Lester Henry, M.D., Howard University, Washington, and Lillian Recant, M.D., Veterans Administration Hospital, Washington, will be cochairmen. Diagnosis of complications and clinical management will be emphasized. There is no fee for attendance, but those wishing to be admitted should register with Jesse Roth, M.D., Diabetes Branch, NIH, Clinical Center, Room 8S-243, Bethesda, Md. 20014.

IX INTERNATIONAL CONGRESS

In addition to other satellite conferences to be held in connection with the Ninth Congress of the International Diabetes Federation, the Calcutta Branch of the Diabetic Association of India will hold a seminar, "Vascular Disease in Diabetes Mellitus," on October 29. Anyone interested in attending may write B. Raychaudhuri, M.D., 220 Acharyya Jagadish Chandra Bose Road, Calcutta 700-017, West Bengal, India. The main Congress is set for October 31-November 5. Travel arrangements are being made by Garber Travel, 1406 Beacon St., Brookline, Mass. 02146.

TRAVEL GRANTS AVAILABLE FOR NINTH IDF CONGRESS

The Committee on Research of the American Diabetes Association announces that grants for travel to the Ninth Congress of the International Diabetes Federation have been made available through the National Institutes of Health for scientists within the United States and its possessions. The Congress will be held in New Delhi, India, October 31-November 5, 1976. The following stipulations apply:

1. Priority by which travel grants will be awarded will be in the order of (a) invited lecturers; (b) invited participants in panel discussions and workshops; (c) younger investigators whose free papers have been accepted by the Program Committee of the Congress.

Those acting in an official capacity in the IDF and/or those monitoring sessions are not eligible for these grants.

2. Applications should be addressed to the Committee on Research, American Diabetes Association, 600 Fifth Avenue, New York, N.Y. 10020. They will be accepted from July 15 through July 30. Applicants must specify (a) the exact nature of their participation on the Congress program; (b) all travel support currently available to them either through the National Institutes or from other sources; and (c) the amount of funds requested.

3. The amounts of the travel grants will vary according to need, but will not exceed $500.

4. The decision concerning travel grants will be made by September 15; the names and locations of those awarded grants will be published in a later issue of DIABETES.

1976 BERNSTEIN AWARD

The Medical Society of the State of New York has announced the opening of competition for the 1976 Albion O. Bernstein, M.D., Award. A memorial scroll and $2,000 will be presented to a physician, surgeon, or scientist who has recently made a widely beneficial scientific discovery in medicine. Nominations are due by September 6, and forms may be obtained from the Bernstein Awards Committee, Medical Society of the State of New York, 420 Lakeville Road, Lake Success, N.Y. 11040.