

# What's new in diabetes?

It is an exciting time for those interested in diabetes and related metabolic diseases. Progress in both basic research and clinical application has been rapid. The world's leading scientists and clinicians report their work and chronicle the advances in *DIABETES*, an official journal of the American Diabetes Association. If you want to know what's going on, *DIABETES* is a must.

## Here's a sampling of recent papers:

- A study to determine the extent to which the adrenergic mechanisms contribute to hypoglycemic glucose counter-regulation in type I diabetes mellitus with and without impaired A-cell responses to hypoglycemia by Pierpaolo De Feo and colleagues

- A controlled trial of sorbinil, an aldose reductase inhibitor, in chronic painful diabetic neuropathy by Robert J. Young, David J. Ewing, and Basil F. Clarke

- The Berson Memorial Lecture: Insulin - glucagon relationships in the defense against hypoglycemia by Roger H. Unger

- An investigation of the solubility of short-acting insulins when mixed with long-acting insulins by Martha S. Nolte and co-workers



# diabetes will tell you!

- An examination of the effects of maternal diabetes on early embryogenesis: the role of insulin and insulin therapy by T.W. Sadler and W.E. Horton, Jr.

**Plus:** articles on viruses and diabetes, the role of islet cell antibodies in the etiology of insulin - dependent diabetes, HLA relationships in different types of diabetes, a careful study of postprandial hypoglycemia, the effect of control on diabetic retinopathy and much, much more.

**AND**, several times a year entire supplements on important issues at no extra cost. For example:

- Proceedings of a workshop on preventing the rejection of transplanted pancreas or islets, William H. Clark, Editor

- Effects of hypoglycemic agents on vascular complications in patients with adult-onset diabetes, VIII. Evaluation of Insulin Therapy: Final Report from The University Group Diabetes Program

- Proceedings of a conference on diabetic microangiopathy Donald E. McMillan and Jørn Ditzel, Editors

For the best in research and clinical application, subscribe now to *DIABETES*.

## YES, I want to know what's new in diabetes.

H6BAA

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**diabetes**

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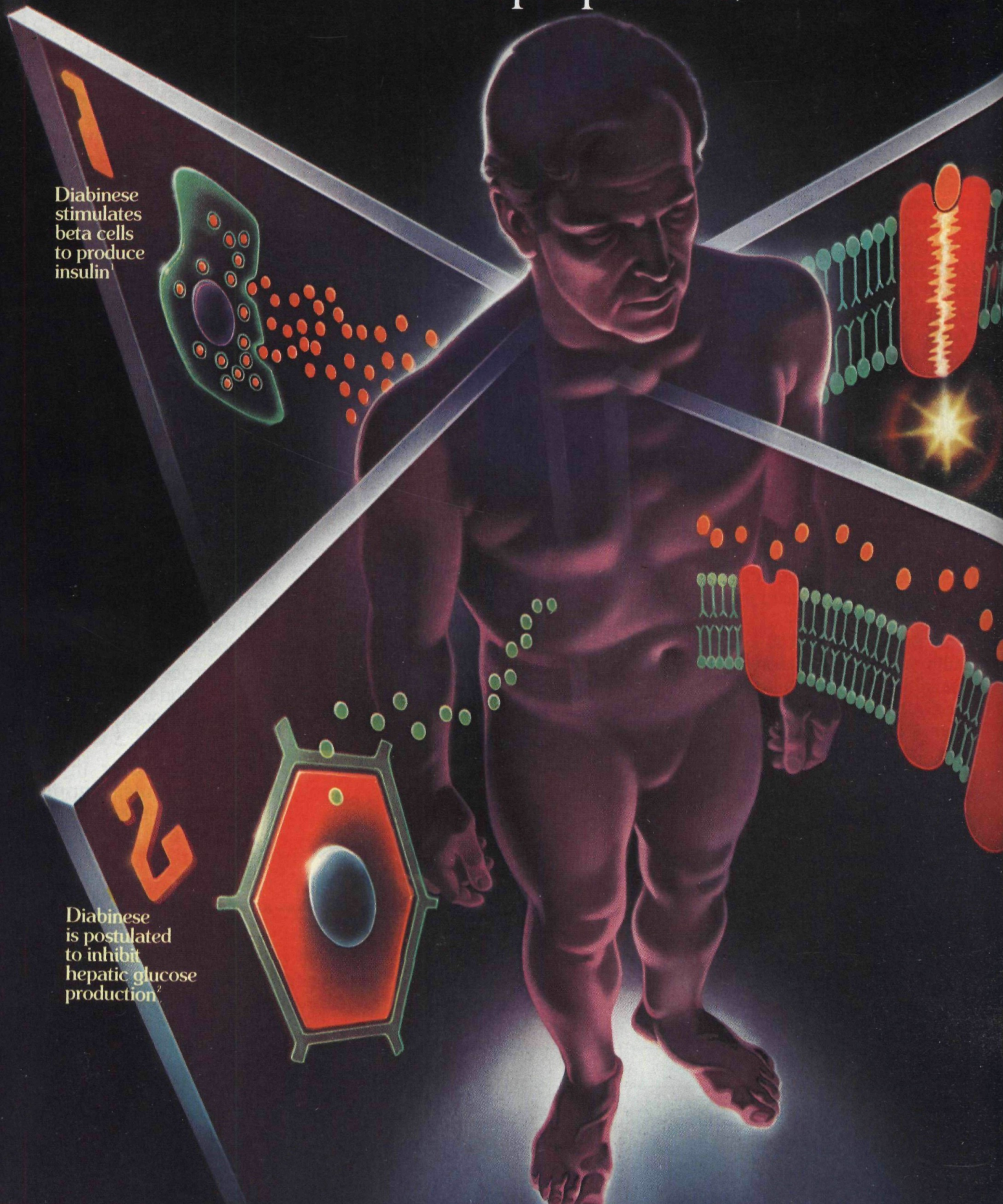
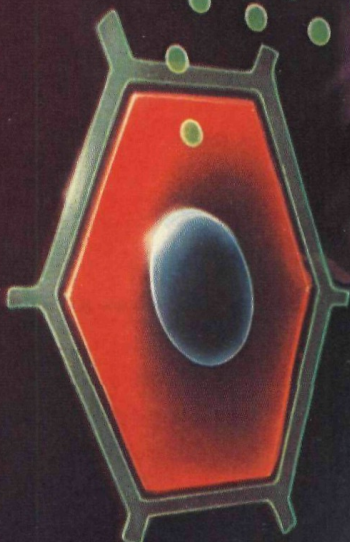
When diet alone has failed...

Diet &  
**Diabinese**<sup>®</sup>  
(chlorpropamide)

Diabinese stimulates beta cells to produce insulin<sup>1</sup>



Diabinese is postulated to inhibit hepatic glucose production<sup>2</sup>





# Acts on the defects in NIDDM

4  
Diabinese is  
postulated to  
enhance the  
post-receptor  
action  
of insulin<sup>1</sup>

Today's research has identified four factors that contribute to hyperglycemia in NIDDM, and attributes to Diabinese (chlorpropamide) four possible mechanisms of control.

A once-a-day oral diabetic agent, regardless of dosage, Diabinese provides blood sugar control for nearly a million NIDDM patients every day.\*



The Diabinese D-Pak helps patients remember and keep track of the convenient, once-a-day regimen, which encourages compliance.

of insulin<sup>2</sup>

A once-a-day oral diabetic agent, regardless of dosage, Diabinese provides blood sugar control for nearly a million NIDDM patients every day.\*

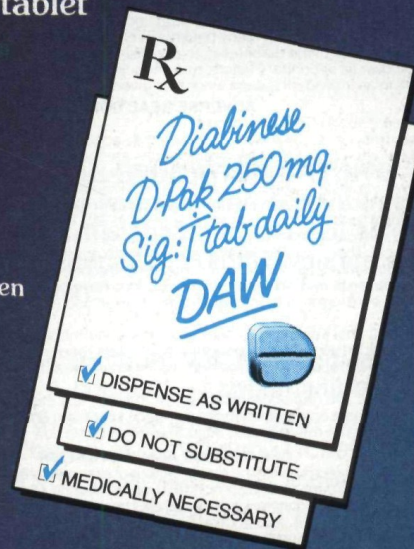


The Diabinese D-Pak helps patients remember and keep track of the convenient, once-a-day regimen, which encourages compliance.

To be sure your patients who are controlled on Diabinese continue to receive the distinctive, blue, D-shaped tablet specify:

- Dispense as written
- Do not substitute, or
- Medically necessary depending on the state in which you practice.

\*When choosing a therapeutic regimen to treat non-insulin-dependent diabetes mellitus (NIDDM), many factors should be considered, including the patient's age, mental state, concomitant medication, and illnesses. As with all sulfonylureas, hypoglycemia may occur with Diabinese.



3  
Diabinese is  
postulated to  
increase the  
number  
of insulin  
receptors<sup>3</sup>

Diet &  
**Diabinese**<sup>®</sup>  
(chlorpropamide)

Tablets, USP



# Diet & Diabinese® (chlorpropamide) Tablets, USP, 100 mg, 250 mg and D-Pak

**References:** 1. Judzewitsch RG, Pfeifer MA, Best JD. Chronic chlorpropamide therapy of non-insulin-dependent diabetes augments basal and stimulated insulin secretion by increasing islet sensitivity to glucose. *J Clin Endocrinol Metab* 55 (2):321-328, 1982. 2. Best JD, Judzewitsch RG, Pfeifer MA. The effect of chronic sulfonylurea therapy on hepatic glucose production in non-insulin-dependent diabetes. *Diabetes* 31:333-338, 1982. 3. Olefsky JM, Reaven GM. Effects of sulfonylurea therapy on insulin binding to mononuclear leukocytes of diabetic patients. *Am J Med* 60:89-95, 1976. 4. Sathanick AI, Konowitz P, Amatruda JM. Potentiation of insulin action by a sulfonylurea in primary cultures of hepatocytes from normal and diabetic rats. *Diabetes* 32:206-212, 1983.

## BRIEF SUMMARY DIABINESE® (chlorpropamide) TABLETS, USP

### CONTRAINDICATIONS

DIABINESE is contraindicated in patients with:  
1. Known hypersensitivity to the drug  
2. Diabetic ketoacidosis, with or without coma. This condition should be treated with insulin.

### WARNINGS

#### SPECIAL WARNING ON INCREASED RISK OF CARDIOVASCULAR MORTALITY

The administration of oral hypoglycemic drugs has been reported to be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin. This warning is based on the study conducted by the University Group Diabetes Program (UGDP), a long-term prospective clinical trial designed to evaluate the effectiveness of glucose-lowering drugs in preventing or delaying vascular complications in patients with non-insulin-dependent diabetes. The study involved 823 patients who were randomly assigned to one of four treatment groups (Diabetes, 19 (supp. 2):747-830, 1970).

UGDP reported that patients treated for 5 to 8 years with diet plus a fixed dose of tolbutamide (1.5 grams per day) had a rate of cardiovascular mortality approximately 2 1/2 times that of patients treated with diet alone. A significant increase in total mortality was not observed, but the use of tolbutamide was discontinued based on the increase in cardiovascular mortality, thus limiting the opportunity for the study to show an increase in overall mortality. Despite controversy regarding the interpretation of these results, the findings of the UGDP study provide an adequate basis for this warning. The patient should be informed of the potential risks and advantages of DIABINESE and of alternative modes of therapy.

Although only one drug in the sulfonylurea class (tolbutamide) was included in this study, it is prudent from a safety standpoint to consider that this warning may also apply to other oral hypoglycemic drugs in this class, in view of their close similarities in mode of action and chemical structure.

### PRECAUTIONS

#### General

**Hypoglycemia:** All sulfonylurea drugs are capable of producing severe hypoglycemia. Proper patient selection, dosage, and instructions are important to avoid hypoglycemic episodes. Renal or hepatic insufficiency may cause elevated blood levels of DIABINESE and the latter may also diminish gluconeogenic capacity, both of which increase the risk of serious hypoglycemic reactions. Elderly, debilitated or malnourished patients, and those with adrenal or pituitary insufficiency are particularly susceptible to the hypoglycemic action of glucose-lowering drugs. Hypoglycemia may be difficult to recognize in the elderly, and in people who are taking beta-adrenergic blocking drugs. Hypoglycemia is more likely to occur when caloric intake is deficient, after severe or prolonged exercise, when alcohol is ingested, or when more than one glucose-lowering drug is used.

Because of the long half-life of chlorpropamide, patients who become hypoglycemic during therapy require careful supervision of the dose and frequent feedings for at least 3 to 5 days. Hospitalization and intravenous glucose may be necessary.

**Loss of control of blood glucose:** When a patient stabilized on any diabetic regimen is exposed to stress such as fever, trauma, infection, or surgery, a loss of control may occur. At such times, it may be necessary to discontinue DIABINESE and administer insulin.

The effectiveness of any oral hypoglycemic drug, including DIABINESE, in lowering blood glucose to a desired level decreases in many patients over a period of time, which may be due to progression of the severity of the diabetes or to diminished responsiveness to the drug. This phenomenon is known as secondary failure, to distinguish it from primary failure in which the drug is ineffective in an individual patient when first given.

### ADVERSE REACTIONS

**Hypoglycemia:** See PRECAUTIONS section.

**Gastrointestinal Reactions:** Cholestatic jaundice may occur rarely. DIABINESE should be discontinued if this occurs. Gastrointestinal disturbances are the most common reactions; nausea has been reported in less than 5% of patients, and diarrhea, vomiting, anorexia, and hunger in less than 2%. Other gastrointestinal disturbances have occurred in less than 1% of patients including proctocolitis. They tend to be dose related and may disappear when dosage is reduced.

**Dermatologic Reactions:** Pruritus has been reported in less than 3% of patients. Other allergic skin reactions, e.g., urticaria and maculopapular eruptions have been reported in approximately 1% or less of patients. These may be transient and may disappear despite continued use of DIABINESE. If skin reactions persist the drug should be discontinued.

**Porphyrin cutanea tarda** and photosensitivity reactions have been reported with sulfonylureas. Skin eruptions rarely progressing to erythema multiforme and exfoliative dermatitis have also been reported.

**Hematologic Reactions:** Leukopenia, agranulocytosis, thrombocytopenia, hemolytic anemia, aplastic anemia, pancytopenia and eosinophilia have been reported with sulfonylureas.

**Metabolic Reactions:** Hepatic porphyria and disulfiram-like reactions have been reported with DIABINESE.

**Endocrine Reactions:** On rare occasions, chlorpropamide has caused a reaction identical to the syndrome of inappropriate antidiuretic hormone (ADH) secretion. The features of this syndrome result from excessive water retention and include hyponatremia, low serum osmolality, and high urine osmolality.

### DOSEAGE AND ADMINISTRATION

There is no fixed dosage regimen for the management of diabetes mellitus with DIABINESE or any other hypoglycemic agent. In addition to the usual monitoring of urinary glucose, the patient's blood glucose must also be monitored periodically to determine the minimum effective dose for the patient, to detect primary failure, and to detect secondary failure. Glycosylated hemoglobin levels may also be of value in monitoring the patient's response to therapy.

The total daily dosage is generally taken at a single time each morning with breakfast. Occasionally cases of gastrointestinal intolerance may be relieved by dividing the daily dosage. A LOADING OR PRIMING DOSE IS NOT NECESSARY AND SHOULD NOT BE USED.

**Initial Therapy:** 1. The mild to moderately severe, middle-aged, stable, non-insulin-dependent diabetic patient should be started on 250 mg daily. Older patients should be started on smaller amounts of DIABINESE, in the range of 100 to 125 mg daily.

2. No transition period is necessary when transferring patients from other oral hypoglycemic agents to DIABINESE. The other agent may be discontinued abruptly and chlorpropamide started at once. In prescribing chlorpropamide, due consideration must be given to its greater potency.

Many mild to moderately severe, middle-aged, stable non-insulin-dependent diabetic patients receiving insulin can be placed directly on the oral drug and their insulin abruptly discontinued. For patients requiring more than 40 units of insulin daily, therapy with DIABINESE may be initiated with a 50 per cent reduction in insulin for the first few days, with subsequent further reductions dependent upon the response.

Five to seven days after the initial therapy, the blood level of chlorpropamide reaches a plateau. Dosage may subsequently be adjusted upward or downward by increments of not more than 50 to 125 mg at intervals of three to five days to obtain optimal control. More frequent adjustments are usually undesirable.

**Maintenance Therapy:** Most moderately severe, middle-aged, stable non-insulin-dependent diabetic patients are controlled by approximately 250 mg daily. Many investigators have found that some milder diabetics do well on daily doses of 100 mg or less. Many of the more severe diabetics may require 500 mg daily for adequate control. PATIENTS WHO DO NOT RESPOND COMPLETELY TO 500 MG DAILY WILL USUALLY NOT RESPOND TO HIGHER DOSES. MAINTENANCE DOSES ABOVE 750 MG DAILY SHOULD BE AVOIDED.

### HOW SUPPLIED

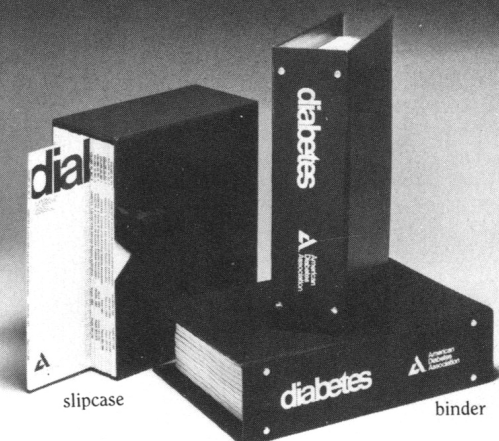
Blue, D-shaped, scored tablets in strengths of 100 mg, tablet code 393, (100's, NDC# 0663-3930-66, 500's, NDC# 0663-3930-73, and 100 unit dose of 10 x 10, NDC# 0663-3930-41) and 250 mg, tablet code 394, (100's, NDC# 0663-3940-66, 250's, NDC# 0663-3940-71, 1000's, NDC# 0663-3940-82, 100 unit dose of 10 x 10, NDC# 0663-3940-41, and 30's D-Pak, NDC# 0663-3940-30).

**RECOMMENDED STORAGE:** Store below 86°F (30°C).

**CAUTION:** Federal law prohibits dispensing without prescription.

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# Preserve your copies of diabetes



Custom-made for DIABETES, these journal slipcases and binders turn back issues into a permanent reference source. Bound in attractive blue leatherette, and embossed with gold lettering, 1 slipcase or 2 binders holds 1 year of DIABETES (12 issues plus supplements). And each comes with gold transfers, allowing you to personalize your volume further. These durable, space saving cases make affordable gifts as well.

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**American Diabetes Association**



**Register Early!**  
**Avoid the Rush for the**



**FORTY-SIXTH ANNUAL MEETING**  
**ANAHEIM, CALIFORNIA**  
**June 19-24, 1986**  
**SCIENTIFIC SESSIONS: June 21-24, 1986**

Over 200 outstanding international diabetes physicians, researchers, and health educators will present recent clinical and research findings at the Scientific Sessions of the American Diabetes Association's Forty-Sixth Annual Meeting. Topics will be presented in a variety of formats—lectures, symposia, and poster sessions. Although the formal program has not yet been prepared, some of the topics that will be presented will include:

Genetics and Etiology  
Immunology  
Hormone Synthesis, Secretion  
Hormone Receptors  
Hormone Action  
Metabolism  
Lipids, Lipoproteins

Clinical Diabetes  
Vascular Complications  
Nonvascular Complications  
Clinical Physiology  
Epidemiology  
New Forms of Therapy

Health Care Delivery  
Health Education  
Home Monitoring  
Psychosocial  
Behavioral Medicine  
Nutrition  
Exercise

**GENERAL INFORMATION**  
**—46th Annual Meeting—**

**REGISTRATION**

Registration forms must be accompanied by payment to be processed. The registration fee for the program includes an abstract program and admission to all scientific sessions including lectures, technical exhibits, council meetings, poster presentations, and complimentary social events.

	Pre-Registration	Registration
Member, National		
Professional Section	\$60	\$75
Non-member	\$150	\$165
Student, Housestaff	\$20	\$25

Students, housestaff and fellows must include certification of their status. Students, housestaff and fellows will not be registered between 7:00 a.m. and 9:00 a.m. on Sunday, June 22. Spouse registration will admit spouses to commercial exhibits and social functions only.

During pre-registration ONLY we will accept American Express, MasterCard and Visa.

**Pre-registration at the discounted rates must be received by the Association prior to June 6. All registrations received before June 6 will be acknowledged. Please contact the National Office if you do not receive a confirmation.**

**CONTINUING MEDICAL EDUCATION CREDITS**

In addition to updating yourself with current information on diabetes care and management, you will also earn continuing medical education credit if you are a physician, nurse or dietician.

**BANQUET**

The Annual Awards Banquet will be conducted on Saturday, June 21. A cocktail reception will begin at 6:30 p.m., dinner will follow at 7:30 p.m. and cocktails and dancing will begin at 10:00 p.m. Tickets are \$30.00. We invite you to attend and celebrate with your colleagues who are being honored for their work in research and care.

**COUNCILS OF THE PROFESSIONAL SECTIONS**

All council programs are scheduled for Saturday, June 21 at 8:30 a.m. Full council programs will be forwarded in April. The Councils include:

Council on Diabetes in  
Pregnancy  
Council on Education,  
Health Care Delivery  
and Public Health  
Council on Diabetes  
in Youth

Council on Epidemiology  
and Statistics  
Council on Nutrition and  
Food Sciences.

**FULL PROGRAM INFORMATION WILL BE FORWARDED IN APRIL WHEN IT BECOMES AVAILABLE.**





# SAVE MONEY & HELP ADA

## DISCOUNTED AIRFARES AVAILABLE (30-40%)

When You Fly with ADA to Anaheim  
through Los Angeles area airports



**ADA Convention File HO113**  
**CALL TOLL FREE: 1-800-241-6760**

### Delta Airlines offers you:

- 40% discount off the regular coach fares in effect at the time of ticketing.
- No minimum stay requirements.

Travel dates must be between June 16-23, 1986.

Return dates must be within 15 days of your departure.

Reservations and ticketing must be completed seven days before departure.

Note: Seating is limited. Make reservations early.



**ADA Convention Number: 602A**  
**CALL TOLL FREE: 1-800-521-4041**

### United Airlines offers you:

- 35% discount off the regular coach fare in effect at the time of ticketing.
- No minimum stay requirements.

Travel dates must be between June 14-30, 1986.

Only available when you call the above toll free number at United's Convention Desk.

**ADA receives complimentary tickets based on the number of people who make reservations through the Convention Desk. ADA uses these tickets to defer costs of the program and keep registration fees low.**

If you normally use a TRAVEL AGENT OR CORPORATE TRAVEL DEPARTMENT, please have them make your reservation through either Delta or United's toll-free number so they will obtain the same advantages. These fares apply only on direct flights to Los Angeles area airports and return, and are not available if you plan to stopover enroute.

NOTE: The special convention fares do not apply to other previously discounted rates. There may be other promotional airfares, however, they have restrictions and are limited. Check with Delta or United for the greatest discount applicable to your itinerary.



## CAR RENTAL SAVINGS

**ADA Account Number: 6824**  
**Hertz Convention Hotline: 800-654-2240**

Reduced car rental rates are available through Hertz Car Rental System, the official car rental firm for the 1986 Annual Meeting. For your convenience, there is a Hertz desk at the Anaheim Marriott in addition to all Los Angeles area airports.

Special Rates	Daily	3/4 Day Rate	Weekly
Subcompact	\$29.80	\$24.80	\$129.80
Compact	\$32.80	\$24.80	\$142.80
Mid-size	\$36.80	\$26.80	\$159.80
Full-size (2-door)	\$37.80	\$28.80	\$169.80
Full-size (4-door)	\$39.80	\$31.80	\$179.80

**Restrictions:** All cars must be picked up and returned between June 10-July 1, 1986. Reservations must be made at least two weeks prior to the day that you pick up the car. The 3/4 Day Rate must contain a Friday or Saturday in the rental period.

**Drop Charges:** There are no drop charges for cars returned to any location in Southern California.

**Booking the Car:** Cars can be booked through the Hertz Convention Hotline (800-654-2440) or through the Delta or United Convention Desk when making airline reservations. Be certain to provide the Group ID #6824 to obtain the special rates. Please remember cars must be booked two weeks in advance.





**46th Annual Meeting & Scientific Sessions  
Anaheim Convention Center  
Anaheim, California**

**Central Council: June 19-21, 1986  
Board of Directors: June 21, 1986  
Professional Councils: June 21, 1986  
Scientific Sessions: June 22-24, 1986**

## Hotel Reservation Request

**Complete and  
mail this form to:**

ADA Housing Bureau  
P.O. Box 4270  
Anaheim, CA 92803

**Note:** Phone requests will **not** be honored until  
May 28, 1986. (714-999-8939)

**Hotel Preference:**

It is necessary that you list the hotels in your order of preference.  
Your first choice will be honored to the extent that the accom-  
modations are available. See other side for list of hotels & rates.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If my choices are unavailable, please give preference to

price \_\_\_\_\_ location \_\_\_\_\_

ADA Housing Bureau will acknowledge receipt of your  
hotel reservation request. Confirmation of your hotel  
reservation will be received directly from the hotel.

- **ROOM APPLICATIONS WILL NOT BE PROCESSED WITHOUT A DEPOSIT OF \$50 IN U.S. CURRENCY.** The Housing Bureau will only accept checks or money orders. Make checks payable to the ADA HOUSING BUREAU. Deposits will be forwarded to the hotel that you are assigned.
- Failure to notify the hotel of any change in arrival time or room occupants may result in cancellation of your reservation and loss of deposit.
- Make all changes and cancellations directly with the ADA Housing Bureau and be certain to obtain a cancellation number.
- Do not send the housing request form to the Association or it will delay the processing of your housing request.

Please type or print names of occupants. (Confirmation will only be sent to individual below) (Please bracket names of persons who will share a room.)	Type of Accommodation (see key below)	Date and time of	
		Arrival Day Date	Departure Day Date

**Note:**

- Supplementary list of names and dates may be attached to this form.
- Names must be supplied for each room reserved.
- Reservations for suites must be made on separate application which is available from the Association.

**Accommodation Key**  
Single (1 bed, 1 person)  
Double (1 bed, 2 people)  
Twin (2 beds, 2 people)  
Triple (3 people)  
Quad (4 people)

\_\_\_\_\_ I also plan to attend The Endocrine Meeting.

**Please type or print**

Confirm to: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

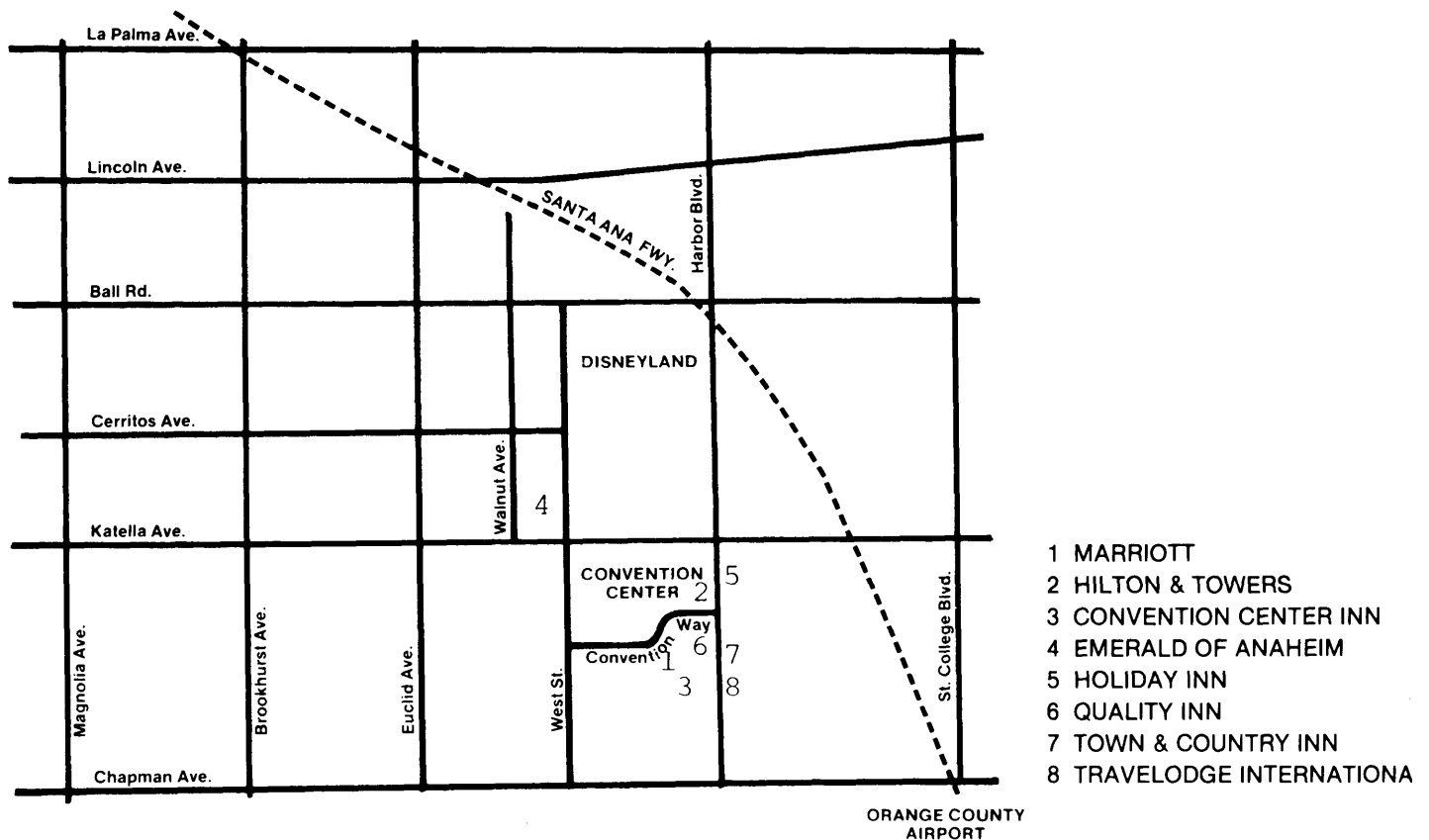
**ADA cannot guarantee requests for hotel accommodations received after May 28, 1986.  
Forms should be returned immediately.**



Detach and mail this form to: ADA Housing Bureau, P.O. Box 4270, Anaheim, CA 92803



# ANAHEIM HOUSING MAP



Hotel	Single	Double	Twin	Suites	Additional Person
1 Anaheim Marriott *	\$72	\$87	\$87	\$220-\$620	\$15
2 Anaheim Hilton & Towers	\$86	\$98	\$98	\$225-\$850	\$16
Lanai Rooms	\$112	\$128	\$128		\$16
Tower Rooms	\$126	\$142	\$142		\$16
3 Convention Center Inn **/**	\$48	\$58	\$58	\$68	
4 The Emerald of Anaheim	\$68	\$68	\$68	\$220-\$500	
Concierge Level	\$90	\$90	\$90		
5 Holiday Inn	\$55	\$55	\$55		\$6
6 Quality Inn/Anaheim	\$55	\$60	\$60	\$150-\$175	\$5
7 Town and Country **/**	\$40	\$44	\$44		\$5
8 Travelodge International **/**	\$45	\$45	\$45		\$5

Do not contact the hotel directly except to CHANGE A CONFIRMED ROOM after May 28, 1986

Anaheim Marriott *	700 Convention Way, Anaheim 92802	714-750-8000
Anaheim Hilton & Towers	777 Convention Way, Anaheim 92802	714-750-4321
Convention Center Inn	2017 So. Harbor Blvd., Anaheim 92802	714-740-2500
The Emerald of Anaheim	1717 So. West Street, Anaheim 92802	714-999-0990
Holiday Inn	1850 So. Harbor Blvd., Anaheim 92802	714-750-2801
Quality Inn	616 Convention Way, Anaheim 92802	714-750-3131
Town and Country	2040 So. Harbor Blvd., Anaheim 92802	714-750-6100
Travelodge International	2060 So. Harbor Blvd., Anaheim 92802	714-591-1716

- \* Headquarters Hotel
- \*\* Complimentary parking
- \*\*\* No restaurant facilities on premises

8% city sales tax will be added to the above prices

NOTE: Roll-away beds are available at all hotels. Arrangements for rental from \$5-\$10 each daily, can be made to or upon arrival at the hotel desk.



# AMERICAN DIABETES ASSOCIATION

## Leisure Program

ADA HAS MADE SPECIAL ARRANGEMENTS TO PROVIDE ACCESS TO ENTERTAINMENT, SPORTS AND SITESEEING ATTRACTIONS FOR ACCOMPANYING FAMILY MEMBERS AND GUESTS. IN ADDITION TO THE PROGRAMS LISTED BELOW, ADA WILL MAN A HOSPITALITY DESK AT THE MEETING THAT WILL OFFER REDUCED ADMISSION TICKETS TO DISNEYLAND AND KNOTTSBERRY FARM, MAKE DINNER RESERVATIONS, GOLF AND TENNIS RESERVATIONS AND TRANSPORTATION TO THOSE ACTIVITIES.

### SUNDAY, JUNE 22, 1986

#### Program A: SEMINAR DAY

##### "A Healthy Approach to Planning Your Life"

Begin your day with an hour long Health Management program presentation, offering advice on nutrition and exercise for the busy individual. Incorporated into this high-energy presentation will be tips on healthy food choices at home and while traveling.

Time: 10:00 a.m.—noon

##### "You and Your Money"

Our Financial Symposium will give you the essential facts, new developments and the techniques for intelligent financial and estate planning.

Time: 1:00 p.m.—3:00 p.m.

Location: Marriott Grand Ballroom

Price: \$20.00

#### Program B: HIT THE BEACH

This day is designed for people who wish to enjoy California's beaches. Bring your swim gear and suntan lotion. Or go for a walk alone in Newport's fashionable streets. Additional recreational activities in Newport Beach range from surfing to bicycling to sailing. Transportation will return to the hotel every hour from noon to 4:00 p.m.

Time: 10:00 a.m.—4:00 p.m.

Price: \$10.00

#### Program C: NEWPORT GETAWAY

Newport Beach is one of California's most picturesque waterfront communities. Voyage through the waters of Newport Harbor to board the "Pavilion Queen." Watch for Balboa Island, a quaint combination of Cape Cod Charm, Beverly Hills elegance, and Marina Del Rey nightlife. After the cruise, visit the exclusive Fashion Island—a unique mixture of stores, restaurants, and services in a world-class location. From resort wear to haute couture to traditional business attire, the selection is varied and plentiful in a relaxed service-oriented environment.

Time: 9:00 a.m.—3:00 p.m.

Price: \$25.00

### MONDAY, JUNE 23, 1986

#### Program D: SAN DIEGO FEELS GOOD ALL OVER

San Diego awaits you! You will have an opportunity to experience **one** of the following San Diego attractions: Enjoy a day of excitement as you discover Sea World, the beautifully landscaped marine park in San Diego's Mission Bay Park, where in one day you'll see more exotic marine life than a sea captain sees in a lifetime!

—OR—

The San Diego Zoo, located within Balboa Park is world famous for its impressive animal collection, both in size and for the wide variety of rare and exotic species exhibited, set among a 100 acre tropical garden.

After enjoying one of these fine attractions, come with us to see the history and excitement of early California come alive as you spend time exploring Old Town, the first settlement on the Western Coast. For shoppers, stroll through the tree-lined Bazaar Del Mundo plaza which features many colorful shops.

Sea World\_\_\_\_\_

San Diego Zoo\_\_\_\_\_

Time: 8:00 a.m.—4:00 p.m.

Price: \$40.00

#### Program E: TENNISLAND

For those who enjoy the challenge of the net, arrangements will be made at one of the beautiful nearby facilities.

Time: 9:45 a.m.—4:00 p.m.

Price: \$30.00

Men\_\_\_\_\_

Beginner\_\_\_\_\_

Advanced\_\_\_\_\_

Women\_\_\_\_\_

Beginner\_\_\_\_\_

Advanced\_\_\_\_\_

Number of  
Tickets

Total  
Amount

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### Program F: A DAY AT THE SPA

Pamper yourself and get into shape for summer at ADA's Spa at the Anaheim Marriott Hotel. We will begin the morning with a low impact, cardiovascular exercise. Next, participate in aerobics in the pool. Then relax and unwind with a 30-minute massage. Our cooling room will be the perfect place to catch a 15-minute rest before heading to our make-up sessions. Here you will meet with the experts and receive beauty tips on make up and skin care. Dress comfortably: athletic shoes, exercise clothing, and a bathing suit. Towels provided.

Time: 10:00 a.m.—3:00 p.m.

Location: Marriott Grand Ballroom

Price: \$50.00

Number of  
Tickets

Total  
Amount

### TUESDAY, JUNE 24, 1986

### Program G: A HOLLYWOOD HAPPENING AT UNIVERSAL STUDIOS

We will take you behind the scenes of the 420 acres of this real working movie studio where classic movies have been produced since 1915. ADA's day will begin with a privately guided tram tour through Universal Studio's famous backlot. Our journey will include an unforgettable journey with some of Hollywood's greatest special effects: a chilling Alpine Avalanche, a hair-raising attack by Jaws, and a laser battle.

Time: 8:30 a.m.—4:30 p.m.

Price: \$33.00

### TUESDAY, JUNE 24, 1986

### Program H: A DAY IN BEVERLY HILLS

Along Rodeo Drive, in the heart of Beverly Hills shopping district, you will encounter the West Coast's home of high fashion. Few places on earth manage to accommodate luxury with such silken assurance. After shopping, you will have the opportunity of visiting the Duquette Studios. Mr. Duquette was praised for his sets in the film "Can Can," for costumes in "Kismet," and he won the Tony Award for his costumes for the Broadway production of "Camelot." After admiring the work of Tony Duquette, exult in the timeless mood of this modern master. Lunch will be at the famous Spago Restaurant, one of Beverly Hills finest restaurants.

Time: 8:30 a.m.—4:30 p.m.

Price: \$55.00

### Program J: NEWPORT GETAWAY

(See Description on June 22, 1986)

Time: 8:30 a.m.—4:30 p.m.

Price: \$25.00

Last Name

First Name

Street Address or P.O. Box Number

City

State/Province

Zip/Postal Code

Home Phone Number

Business Phone Number

Total Amount Enclosed \_\_\_\_\_

Please mail this form with your check for the total amount to:

AMERICAN DIABETES ASSOCIATION, 1660 Duke Street, Alexandria, VA 22314. **Your tickets will be waiting for you at the Tour Desk at the ADA Registration area in the Anaheim Convention Center.** All registrations received by June 6 will be acknowledged. Additional tickets for tours will be on sale at the Tour Desk based on availability at time of purchase. **NO REFUNDS AFTER JUNE 6, 1986. TOUR BUSES WILL LEAVE FROM IN FRONT OF THE ANAHEIM MARRIOTT HOTEL.** We reserve the right to cancel due to lack of minimum attendance.

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

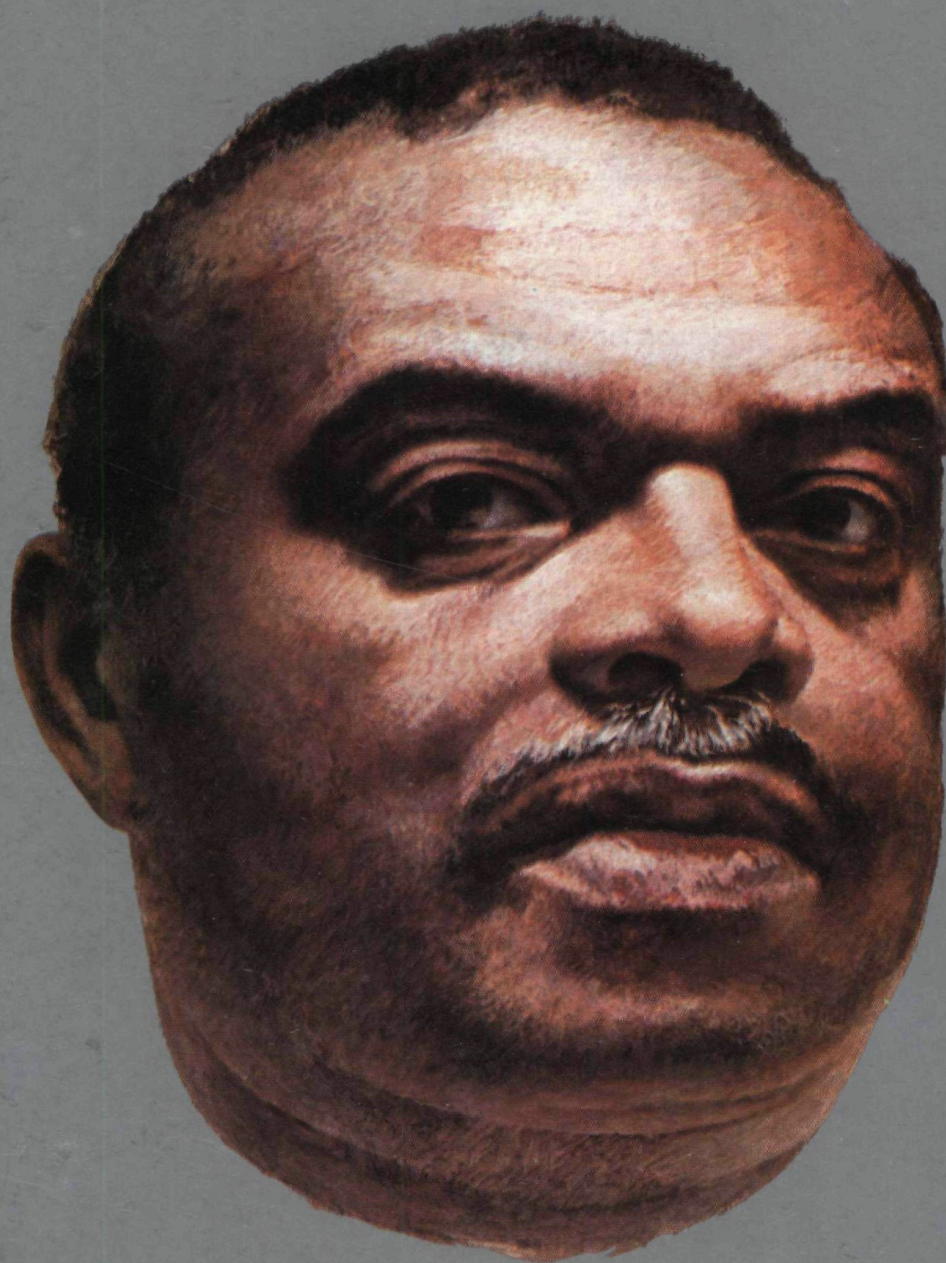
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# BEHIND THE FACE OF HYPERTENSION

*New evidence for central control*





For the obese hypertensive

*“Hyperactivity of the  
sympathetic nervous system  
may be a major factor in  
the pathogenesis of  
hypertension in obesity.”<sup>1</sup>*

*Effective central control  
of blood pressure*

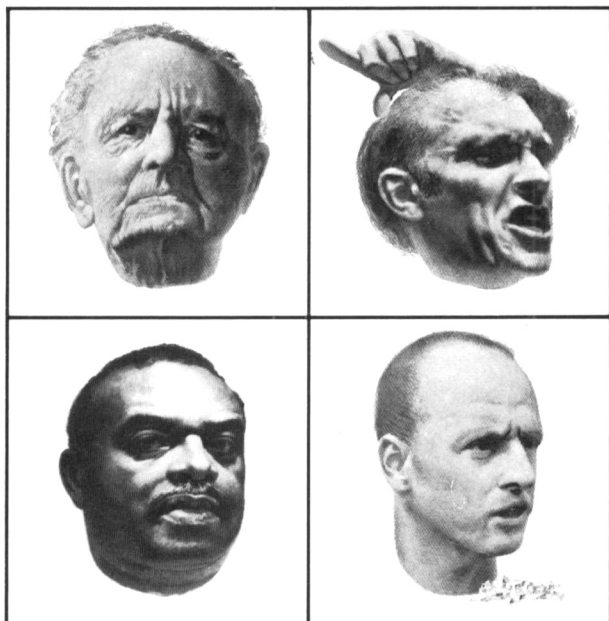
Tablets of 0.1, 0.2, 0.3 mg  
**Catapres**<sup>®</sup>  
(clonidine HCl)

**Hypertension**

Please see last page for brief summary, including warnings, precautions,  
and adverse reactions.

# BEHIND THE FACE OF HYPERTENSION

*New evidence for central control*



## Catapres® (clonidine HCl) Hypertension

### Catapres®

(clonidine hydrochloride)

Tablets of 0.1, 0.2, 0.3 mg

**Indication:** The drug is indicated in the treatment of hypertension. As an anti-hypertensive drug, Catapres (clonidine hydrochloride) is mild to moderate in potency. It may be employed in a general treatment program with a diuretic and/or other antihypertensive agents as needed for proper patient response.

**Warnings:** Tolerance may develop in some patients necessitating a reevaluation of therapy.

**Usage in Pregnancy:** In view of embryotoxic findings in animals, and since information on possible adverse effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential benefits outweigh the potential risk to mother and fetus.

**Usage in Children:** No clinical experience is available with the use of Catapres (clonidine hydrochloride) in children.

**Precautions:** When discontinuing Catapres (clonidine hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood pressure and associated subjective symptoms such as nervousness, agitation, and headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been recorded after cessation of clonidine hydrochloride therapy. A causal relationship has not been established in these cases. It has been demonstrated that an excessive rise in blood pressure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machinery or driving, should be advised of the sedative effect. This drug may enhance the CNS-depressive effects of alcohol, barbiturates and other sedatives. Like any other agent lowering blood pressure, clonidine hydrochloride should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochloride) should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been recorded with Catapres (clonidine hydrochloride), in several studies the drug produced a dose-dependent increase in the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

**Adverse Reactions:** The most common reactions are dry mouth, drowsiness and sedation. Constipation, dizziness, headache, and fatigue have been reported. Generally these effects tend to diminish with continued therapy. The following reactions have been associated with the drug, some of them rarely. (In some instances an exact causal relationship has not been established.) These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver function tests; one report of possible drug-induced hepatitis without icterus and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorthalidone and papaverine hydrochloride. Weight gain, transient elevation of blood glucose, or serum creatine phosphokinase; congestive heart failure, Raynaud's phenomenon; vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mental depression. Also rash, angioneurotic edema, hives, urticaria, thinning of the hair, pruritus not associated with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of the eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coombs' test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular trigeminy.

**Overdosage:** Profound hypotension, weakness, somnolence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidine hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of an analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdosage.

**How Supplied:** Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100 and 1000 and unit dose package of 100. Also available as 0.3 mg (peach) oval, single-scored tablets in bottles of 100.

For complete details, please see full prescribing information.

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#### Reference:

1. Pioneering Research in Hypertension: The Role of the Sympathetic Nervous System, film and monograph, Boehringer Ingelheim Ltd., 1982.



**Boehringer  
Ingelheim**

Boehringer Ingelheim Ltd  
Ridgefield, CT 06877





# **MICRO-FINE<sup>®</sup> III**

## ***The Thinnest, Finest, Sharpest Needle For Unequalled Injection Comfort***

### ***The Best There Is.***

The needle on every other insulin syringe has been surpassed by the advanced B-D MICRO-FINE III needle... a unique achievement in injection comfort.

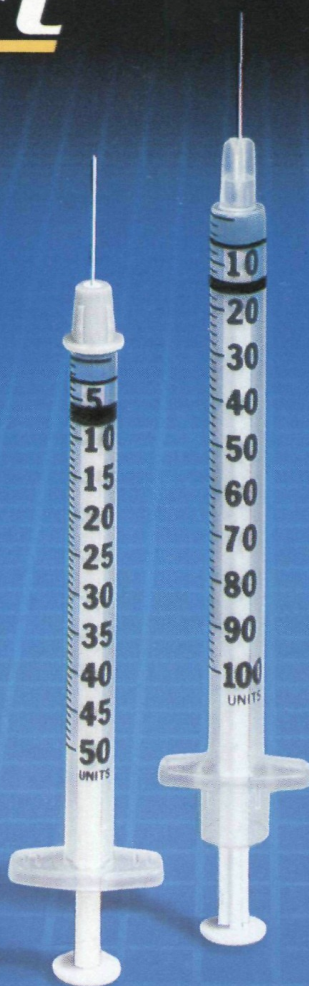
Tests with hundreds of insulin users prove conclusively that they have never before experienced such ease with their injections. Some typical comments: "It's like no injection at all"... "It's a much easier injection".

### ***Finest Insulin Syringe Needle Ever Made.***

MICRO-FINE III is made with the highest quality surgical-grade stainless steel...tempered and honed to incredible fineness and strength. Result: the thinnest, finest, sharpest needle for unequalled injection comfort.

### ***MICRO-BONDED<sup>®</sup> Lubrication For Extra Comfort.***

An exclusive B-D process keeps the lubrication on the needle even after it has pierced the insulin vial stopper—and, during the injection—for smoother, more effortless injections.



### ***America's Most Recommended Syringes.***

Doctors, nurses and pharmacists recommend B-D syringes above all others. And B-D syringes are used most in hospitals—trusted most by insulin users.

**The B-D MICRO-FINE III Needle — Overwhelmingly Preferred By Insulin Users For Unequalled Injection Comfort**





# CONTROL:

Matching your time/action expectations with regimens\* of...

**Novolin™**  
HUMAN INSULIN  
(semi-synthetic)



## The timing you're accustomed to means... Ease of transfer

Thirty-nine adult patients with IDDM were evaluated for the efficacy and safety of Novolin™ Human Insulin (semi-synthetic) N when transferring from a single daily injection of other NPH insulin formulations. These patients exhibited:<sup>1</sup>

- ☐ unchanged or improved glycemic control
- ☐ unchanged mean fasting glucose
- ☐ unchanged total daily insulin dosage

\* These regimens are for illustrative purposes only and are not intended as recommendations to achieve glycemic control for specific patients or lifestyles.

Curves are artist's interpretations of insulin profiles.

Any change in insulin regimens should be made cautiously and under physician supervision.

### Reference

1. Gadia M, Salzman R, Lauritano AA, et al: summary data available on request.

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**NOVO™**