Avoid On-Site Delays and Lines
REGISTER TODAY!

American Diabetes Association, Inc.

FORTY-EIGHTH ANNUAL MEETING
New Orleans, Louisiana
June 9-14, 1988
Scientific Sessions: June 11-14, 1988

Over 400 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-Eighth 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
—48th 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 event.

	Pre-Registration	Registration
Member, National Professional Section	$60	$85
Non-member*	$150	$175
Student, Housestaff	$20	$30

*If you join ADA now you may register at the member rate. This represents significant savings to you.

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 11. Spouse registration will admit spouses to commercial exhibits and social functions only.

We will accept American Express, MasterCard and Visa.

Due to increased on-site registration costs, the Association has increased the on-site registration fee. Pre-registration at the discounted rates must be received by the Association prior to April 30. Registrations received before April 30 will be acknowledged. Please contact the National Service Center 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 11. 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 11 at 8:30 a.m. Full council programs will be forwarded in April. The Councils include:

- Council on Diabetes in Pregnancy
- Council on Education
- Council on Diabetes in Youth
- Council on Epidemiology and Statistics
- Council on Nutrition Sciences and Metabolism
- Council on Complications
- Council on Health Care Delivery and Public Health
- Council on Exercise
- Council on Foot Care

FULL PROGRAM INFORMATION WILL BE FORWARDED IN APRIL.

Pre-registration at the discounted rates must be received by the Association prior to April 30.

Registration form for the 48th ANNUAL MEETING & SCIENTIFIC SESSIONS NEW ORLEANS CONVENTION CENTER JUNE 9-14, 1988

Please print clearly and complete the entire form.

A. Applicant's Name

B. ☐ M.D. ☐ R.N. ☐ Ph.D. ☐ R.D. ☐ Other _____

C. Professional Affiliation

D.

E. Business Address

G. City H. State I. Zip Code

J. Country (if other than the U.S.A.) K. Telephone

L. Spouse's Name (if accompanying)

Name will appear on badge as indicated below:

M.

N. ☐ M.D. ☐ Ph.D. ☐ Other _____ ☐ R.N. ☐ R.D.

O. Specialty Area (check one):

___ a. Diabetes/ Endocrinology
___ b. Family Practice
___ c. Geriatrics
___ d. Internal Medicine
___ Nurse
e. Educator ___
f. Clinician ___
___ g. Nutrition
___ h. OB/GYN
___ i. Pediatrics
___ j. Pediatric Diabetologist
___ k. Pharmacology
___ l. Podiatry
___ m. Psychology
___ n. Public Health
___ o. Other _____ (Please indicate)

P. Type of Practice (check one):

___ a. Clinic
___ b. Corporate
___ c. Hospital
___ d. House Staff
___ Private Practice
e. Single ___
f. Group ___
___ g. Public Health
___ h. Research
___ i. Student
___ j. University
___ k. Other _____ (Please indicate)

R. Attended Previous Meetings _____ Yes _____ No

S. Previous Meetings Attended _____ 1987 _____ 1986 _____ 1985

T. Attending The Endocrine Society Meeting ☐ Yes ☐ No

U. Registration Fee:
_____ $60.00 Member, Professional Section (01)
_____ $150.00 Non-member (02)
_____ $20.00 Student (03)
_____ $20.00 Housestaff (04)

You may register for the meeting at the member rate if your application and fee for professional membership accompanies this meeting registration form and its fee. Please assist us in processing your requests by sending separate checks with your membership application and your meeting registration.

An application for professional membership may be found in Diabetes, Diabetes Care or if you prefer by calling 1-800-232-3472. In Alaska, Hawaii or Virginia please call 703-549-1500.

☐ An application for professional membership along with my check for my membership is attached to qualify me for registering at the member rate.

V. _____ Banquet ($40.00 each) (Indicate number of each type of ticket being purchased) _____ #Fish _____ # Beef

X. Total Payment Enclosed $ _____

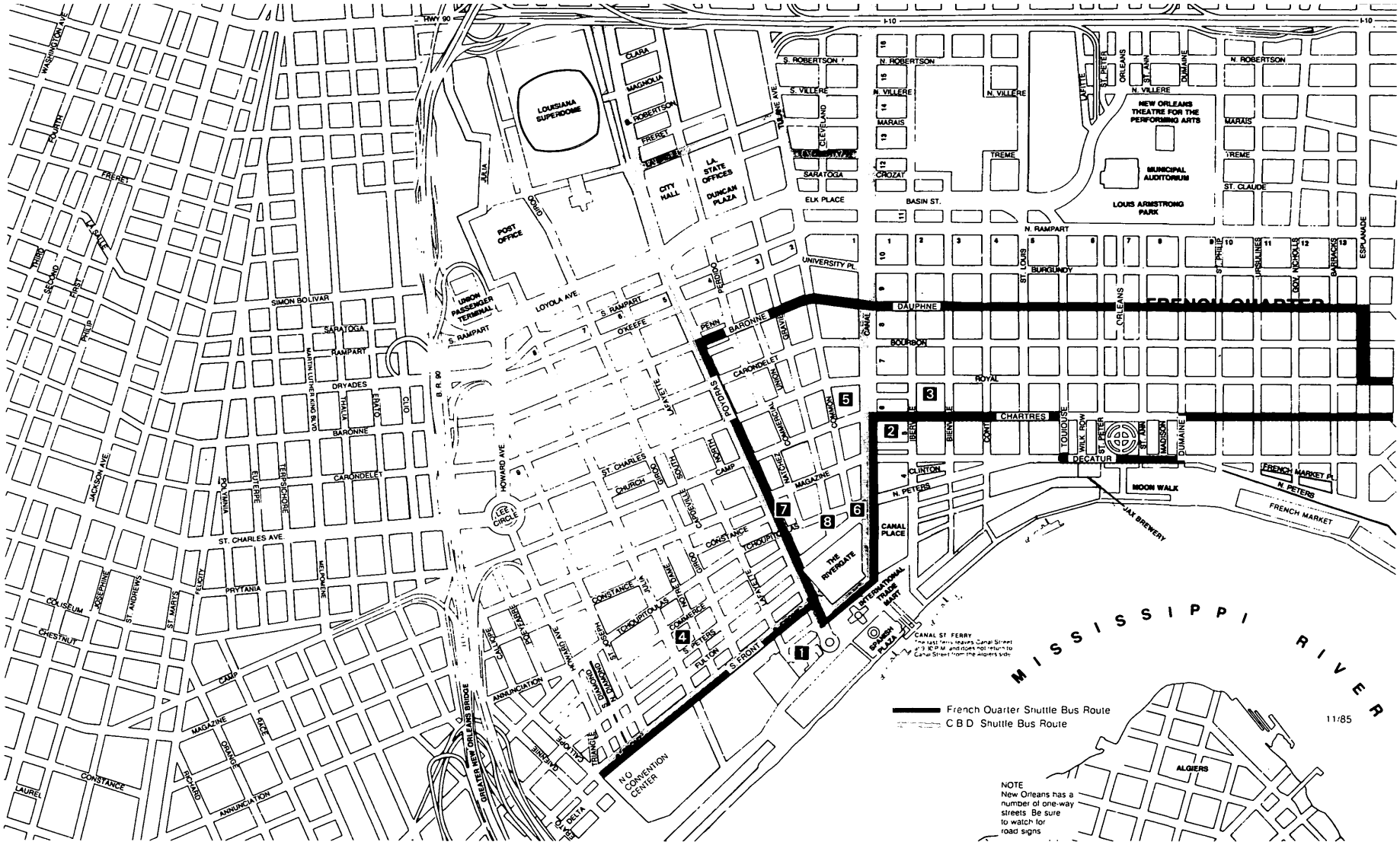
SORRY, ADA CANNOT BILL YOU. ALL FEES MUST BE PAID IN ADVANCE AND MUST ACCOMPANY THE REGISTRATION FORM.

Make checks payable to American Diabetes Association, Inc. and mail to:
48th Annual Meeting & Scientific Sessions
American Diabetes Association
1970 Chain Bridge Road
McLean, VA 22109-0592

Y. I authorize you to charge the fee indicated on this form to my American Express, MasterCard or Visa credit card. Note that the charge will appear on your bill as CompuSystems.

☐ American Express (AE) ☐ MasterCard (MC) ☐ Visa Card (VC) No. _____ Expiration Date _____

Signature _____



	HOTEL	Single	Double/Twin
1.	New Orleans Hilton (Headquarters Hotel) Poydras at the Mississippi River		
	Main	$ 99	$109
	Riverside	$119	$129
	Towers	$139	$159
2.	New Orleans Marriott Canal and Chartres	$ 94	$108
3.	The Monteleone 214 Rue Royale	$ 52	$ 62
4.	Radisson Suite Hotel 315 Julia Street	$ 75	$ 80
5.	Le Meridian New Orleans 614 Canal Street	$ 65	$ 65
6.	Doubletree 300 Canal Street	$ 75	$ 85
7.	Holiday Inn Crowne Plaza 333 Poydras	$ 75	$ 90
8.	Windsor Court 300 Gravier Street	$135	

FOR INFORMATION REGARDING SUITES CONTACT THE ADA'S MEETINGS DEPT.

Note: *Exhibitors are limited to three rooms at the New Orleans Hilton.*

American Diabetes Association

48th Annual Meeting & Scientific Sessions
New Orleans Convention Center
New Orleans, Louisiana

Central Council: June 9-11, 1988
Board of Directors: June 11, 1988
Professional Councils: June 11, 1988
Scientific Sessions: June 12-14, 1988

Hotel Reservation Request

Complete and mail this form to:

ADA Housing Bureau
1520 Sugar Bowl Drive
New Orleans, LA 70112

Confirmation of your hotel reservation will be received directly from the hotel.

- ROOM APPLICATIONS WILL NOT BE PROCESSED WITHOUT A DEPOSIT OF $75 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 in writing directly with the hotel you have been assigned. International attendees may make changes and cancel by phone.
- Do NOT send the housing request form to the Association or it will delay the processing of your housing request.

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 accommodations are available. See other side for list of hotels & rates.

1. _____
2. _____
3. _____
4. _____
5. _____

If my choices are unavailable, please give preference to

price_____ location_____

Detach and mail this form to: ADA Housing Bureau 1520 Sugar Bowl Drive, New Orleans, LA 70112

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	Date and time of 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 American Diabetes Association.

_____ I plan to attend ____ ADA Central Council
____ ADA Scientific Sessions
____ The Endocrine Society

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

*An extra charge for each additional person will vary by hotel and will be quoted by the hotel with your confirmation.

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 5, 1988.
Forms should be returned immediately.

TRACER™
Blood Glucose Micro-monitor

UNMISTAKABLY THE ONE FOR PATIENTS ON THE GO

Ideal for accurate results anywhere, anytime

Considering today's hectic lifestyles, it's important that your diabetes patients be able to test for their blood glucose easily in settings other than the home. That's why Boehringer Mannheim Diagnostics has designed the TRACER™ Blood Glucose Micro-monitor for patients on the go.

Since it fits so easily into pocket or purse, your patients can test conveniently anywhere, anytime. And you can count on TRACER™ for accurate and reliable blood glucose readings in the 40 to 400 mg/dL range.

Special features for extra convenience

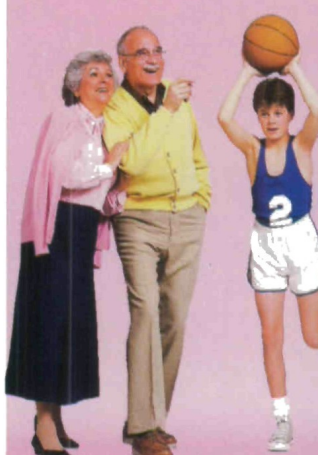
TRACER™ has other advantages as well, such as the unique TRACER bG™ Test Strips which are smaller than conventional strips and thus require less blood. In addition, these strips utilize the same superior chemistry as CHEMSTRIP bG® Test Strips.

Furthermore, TRACER™ has a convenient memory function that allows for storage of up to seven glucose values so that your patients can test now and record their results later.

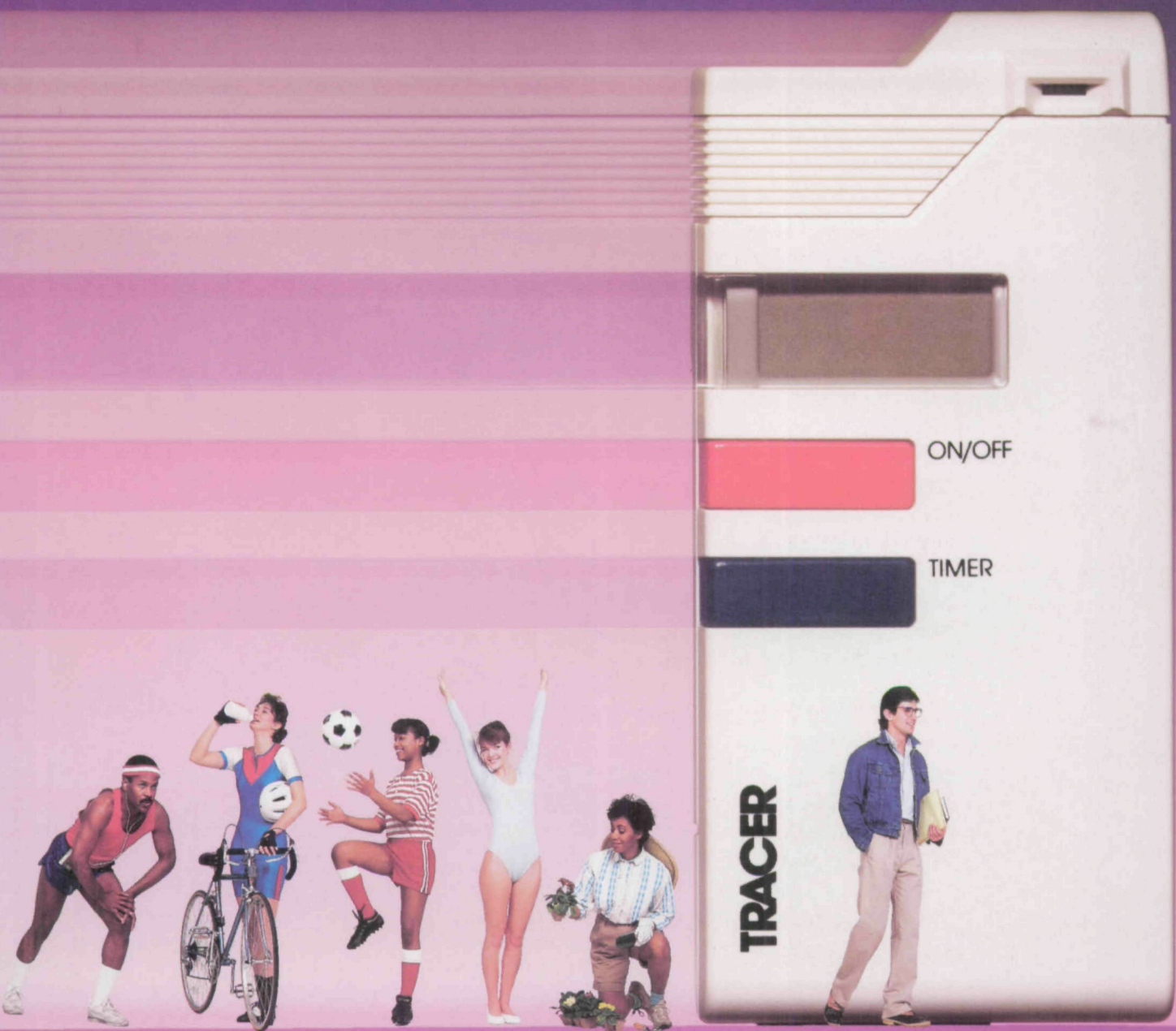
High quality to meet the highest standards

TRACER™ has been developed to meet the highest standards of quality, accuracy and convenience. At Boehringer Mannheim Diagnostics, the commitment to achieve better diabetes control through technology and education is ongoing.

For more information, please contact your Boehringer Mannheim Diagnostics sales representative or call toll-free 1-800-858-8072.



THE LINE OF CONFIDENCE℠ IN DIABETES CONTROL



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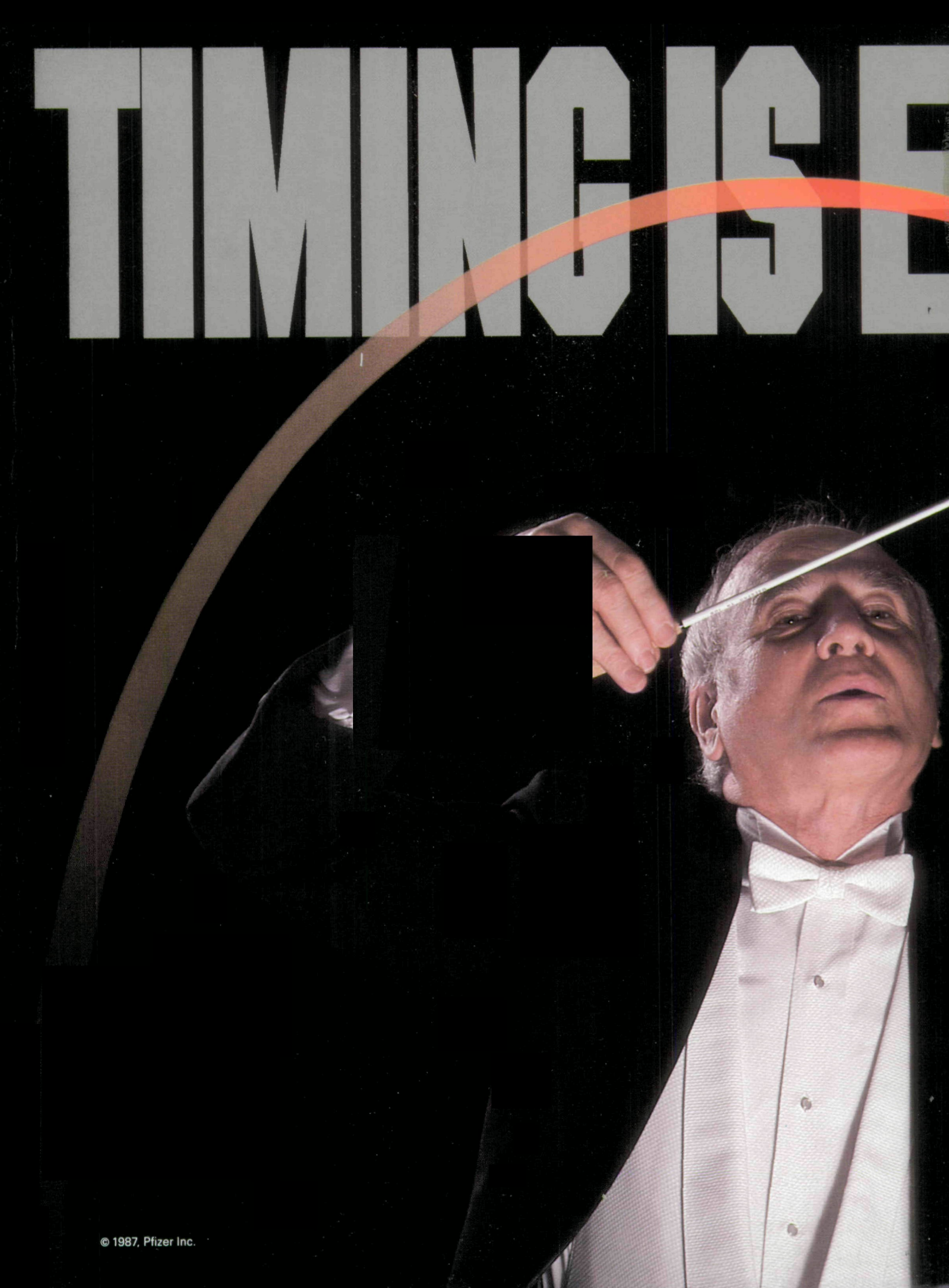
BOEHRINGER MANNHEIM DIAGNOSTICS
9115 Hague Road
PO Box 50100
Indianapolis, IN 46250

TIMING IS



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VERYTHING

Effective control time and time again[1]

Effective control of fasting and postprandial glucose—patient after patient, meal after meal, year after year.

Insulin when it's needed

Insulin levels are rapidly elevated in response to a meal, then return promptly to basal levels after the meal challenge subsides.

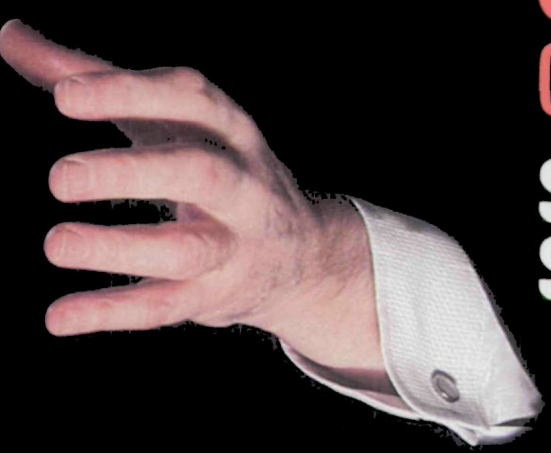
Timed to minimize risks

Rapidly metabolized and excreted, with an excellent safety profile.[1] As with all sulfonylureas, hypoglycemia may occur.

In concert with diet in non-insulin-dependent diabetes mellitus

Glucotrol®

(glipizide) 5-mg and 10-mg Scored Tablets



SYNCHRONIZED SULFONYLUREA THERAPY

Please see brief summary of Glucotrol® (glipizide) prescribing information on next page.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Reference:
1. Sachs R, Frank M, Fishman SK: Overview of clinical experience with glipizide. In *Glipizide: A Worldwide Review*. Princeton, NJ, Excerpta Medica, 1984, pp 163-172.

GLUCOTROL® (glipizide) Tablets
Brief Summary of Prescribing Information

INDICATIONS AND USAGE: GLUCOTROL is indicated as an adjunct to diet for the control of hyperglycemia in patients with non-insulin-dependent diabetes mellitus (NIDDM, type II) after an adequate trial of dietary therapy has proved unsatisfactory.

CONTRAINDICATIONS: GLUCOTROL is contraindicated in patients with known hypersensitivity to the drug or with diabetic ketoacidosis, with or without coma, which should be treated with insulin.

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 GLUCOTROL 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: Renal and Hepatic Disease: The metabolism and excretion of GLUCOTROL may be slowed in patients with impaired renal and/or hepatic function. Hypoglycemia may be prolonged in such patients should it occur.

Hypoglycemia: All sulfonylureas are capable of producing severe hypoglycemia. Proper patient selection, dosage, and instructions are important to avoid hypoglycemia. Renal or hepatic insufficiency may increase the risk of 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 or people 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.

Loss of Control of Blood Glucose: A loss of control may occur in diabetic patients exposed to stress such as fever, trauma, infection or surgery. It may then be necessary to discontinue GLUCOTROL and administer insulin.

Laboratory Tests: Blood and urine glucose should be monitored periodically. Measurement of glycosylated hemoglobin may be useful.

Information for Patients: Patients should be informed of the potential risks and advantages of GLUCOTROL, of alternative modes of therapy, as well as the importance of adhering to dietary instructions, of a regular exercise program, and of regular testing of urine and/or blood glucose. The risks of hypoglycemia, its symptoms and treatment, and conditions that predispose to its development should be explained to patients and responsible family members. Primary and secondary failure should also be explained.

Drug Interactions: The hypoglycemic action of sulfonylureas may be potentiated by certain drugs including nonsteroidal anti-inflammatory agents and other drugs that are highly protein bound, salicylates, sulfonamides, chloramphenicol, probenecid, coumarins, monoamine oxidase inhibitors, and beta adrenergic blocking agents. *In vitro* studies indicate that GLUCOTROL binds differently than tolbutamide and does not interact with salicylate or dicumarol. However, caution must be exercised in extrapolating these findings to a clinical situation. Certain drugs tend to produce hyperglycemia and may lead to loss of control, including the thiazides and other diuretics, corticosteroids, phenothiazines, thyroid products, estrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, calcium channel blocking drugs, and isoniazid. A potential interaction between oral miconazole and oral hypoglycemic agents leading to severe hypoglycemia has been reported. Whether this interaction also occurs with the intravenous, topical, or vaginal preparations of miconazole is not known.

Carcinogenesis, Mutagenesis, Impairment of Fertility: A 20-month study in rats and an 18-month study in mice at doses up to 75 times the maximum human dose revealed no evidence of drug-related carcinogenicity. Bacterial and *in vivo* mutagenicity tests were uniformly negative. Studies in rats of both sexes at doses up to 75 times the human dose showed no effects on fertility.

Pregnancy: Pregnancy Category C: GLUCOTROL (glipizide) was found to be mildly fetotoxic in rat reproductive studies at all dose levels (5-50 mg/kg). This fetotoxicity has been similarly noted with other sulfonylureas, such as tolbutamide and tolazamide. The effect is perinatal and believed to be directly related to the pharmacologic (hypoglycemic) action of GLUCOTROL. In studies in rats and rabbits no teratogenic effects were found. There are no adequate and well controlled studies in pregnant women. GLUCOTROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Because recent information suggests that abnormal blood glucose levels during pregnancy are associated with a higher incidence of congenital abnormalities, many experts recommend that insulin be used during pregnancy to maintain blood glucose levels as close to normal as possible.

Nonteratogenic Effects: Prolonged severe hypoglycemia has been reported in neonates born to mothers who were receiving a sulfonylurea drug at the time of delivery. This has been reported more frequently with the use of agents with prolonged half-lives. GLUCOTROL should be discontinued at least one month before the expected delivery date

Nursing Mothers: Since some sulfonylurea drugs are known to be excreted in human milk, insulin therapy should be considered if nursing is to be continued.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In controlled studies, the frequency of serious adverse reactions reported was very low. Of 702 patients, 11.8% reported adverse reactions and in only 1.5% was GLUCOTROL discontinued.

Hypoglycemia: See PRECAUTIONS and OVERDOSAGE sections.

Gastrointestinal: Gastrointestinal disturbances, the most common, were reported with the following approximate incidence: nausea and diarrhea, one in 70; constipation and gastralgia, one in 100. They appear to be dose-related and may disappear on division or reduction of dosage. Cholestatic jaundice may occur rarely with sulfonylureas: GLUCOTROL should be discontinued if this occurs.

Dermatologic: Allergic skin reactions including erythema, morbilliform or maculopapular eruptions, urticaria, pruritus, and eczema have been reported in about one in 70 patients. These may be transient and may disappear despite continued use of GLUCOTROL, if skin reactions persist, the drug should be discontinued. Porphyria cutanea tarda and photosensitivity reactions have been reported with sulfonylureas.

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

Metabolic: Hepatic porphyria and disulfiram-like alcohol reactions have been reported with sulfonylureas. Clinical experience to date has shown that GLUCOTROL has an extremely low incidence of disulfiram-like reactions.

Endocrine Reactions: Cases of hyponatremia and the syndrome of inappropriate antidiuretic hormone (SIADH) secretion have been reported with this and other sulfonylureas.

Miscellaneous: Dizziness, drowsiness, and headache have been reported in about one in fifty patients treated with GLUCOTROL. They are usually transient and seldom require discontinuance of therapy.

OVERDOSAGE: Overdosage of sulfonylureas including GLUCOTROL can produce hypoglycemia. If hypoglycemic coma is diagnosed or suspected, the patient should be given a rapid intravenous injection of concentrated (50%) glucose solution. This should be followed by a continuous infusion of a more dillute (10%) glucose solution at a rate that will maintain the blood glucose at a level above 100 mg/dL. Patients should be closely monitored for a minimum of 24 to 48 hours since hypoglycemia may recur after apparent clinical recovery. Clearance of GLUCOTROL from plasma would be prolonged in persons with liver disease. Because of the extensive protein binding of GLUCOTROL (glipizide), dialysis is unlikely to be of benefit.

DOSAGE AND ADMINISTRATION: There is no fixed dosage regimen for the management of diabetes mellitus with GLUCOTROL; in general, it should be given approximately 30 minutes before a meal to achieve the greatest reduction in postprandial hyperglycemia.

Initial Dose: The recommended starting dose is 5 mg before breakfast. Geriatric patients or those with liver disease may be started on 2.5 mg. Dosage adjustments should ordinarily be in increments of 2.5-5 mg, as determined by blood glucose response. At least several days should elapse between titration steps.

Maximum Dose: The maximum recommended total daily dose is 40 mg.

Maintenance: Some patients may be effectively controlled on a once-a-day regimen, while others show better response with divided dosing. Total daily doses above 15 mg should ordinarily be divided.

HOW SUPPLIED: GLUCOTROL is available as white, dye-free, scored diamond-shaped tablets imprinted as follows: 5 mg tablet—Pfizer 411 (NDC 5 mg 0049-4110-66) Bottles of 100; 10 mg tablet—Pfizer 412 (NDC 10 mg 0049-4120-65) Bottles of 100

CAUTION: Federal law prohibits dispensing without prescription.

More detailed professional information available on request.

ROERIG Pfizer A division of Pfizer Pharmaceuticals New York, New York 10017

CLASSIFIED ADVERTISING

Diabetes Classified Ad rates are:

¼ Page $495 (for members of ADA, $370)
⅛ Page $250 (for members of ADA, $180)

For information on closing dates; Copy and Contract Policies; and Classified Advertising rates for ***Diabetes Care,*** contact:

Peggy B. Donovan
American Diabetes Association
1660 Duke Street
Alexandria, VA 22314
(800) ADA-DISC or in Virginia and the Washington, DC area dial (703) 549-1500.

AMERICAN DIABETES ASSOCIATION

MISSING ISSUE POLICY

Replacements for missing issues will be sent free of charge provided we are notified within two months of the issue date for U.S. and Canadian subscribers/members or within four months of the issue date for all other foreign subscribers/members.

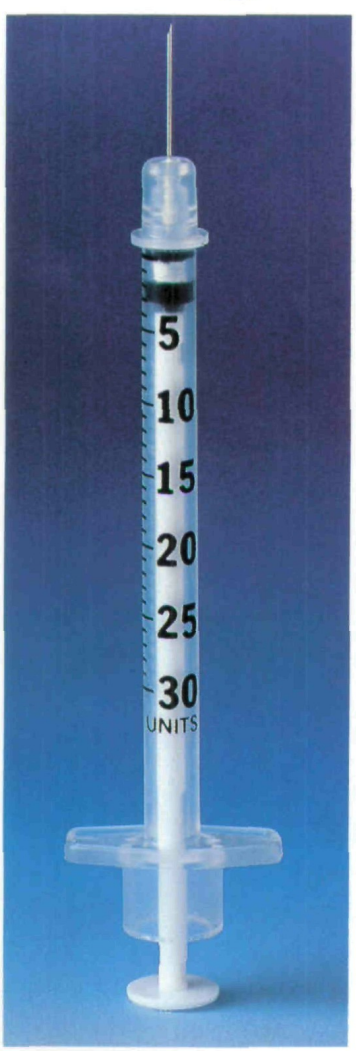
To order back issues, please prepay in U.S. funds drawn on a U.S. bank.

Diabetes and *Diabetes Care*
(Single copy price)

U.S.	Foreign Surface Mail	Foreign Air Mail
$8.00	$10.50	$14.00

Make check payable to:
American Diabetes Association
Back Issue Department
1660 Duke Street
Alexandria, VA 22314

Good news for your patients who inject 30 units or less



B-D Introduces the first 3/10cc syringe

- Easier-to-read scale
- More precise measurement
- More accurate dosage

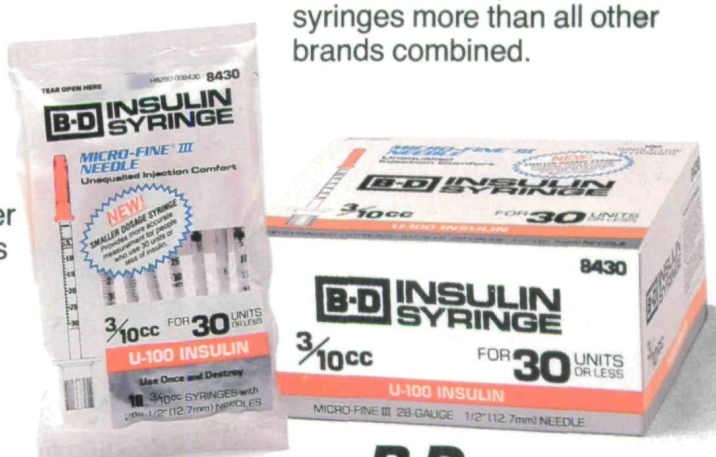
Almost half of all patients with diabetes who are being treated with insulin are prescribed smaller, more frequent injections—30 units or less.

Which makes the new B-D 3/10cc syringe the ideal insulin syringe for many of your patients.

That's because this new 3/10cc syringe helps assure more precise dosage measurements. Extra-wide spacing between single-unit markings makes it a lot easier to read the scale. And makes it a lot more accurate when measuring the dosage...an important improvement.

The unique new 3/10cc syringe comes with the famous B-D MICRO-FINE® III Needle—for unequalled injection comfort.

Another reason why physicians, nurses and hospitals use B-D syringes more than all other brands combined.



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BETTER B-D DIABETES CARE

The First Premixed Human Insulin

Novolin® 70/30

70% NPH Human Insulin Isophane Suspension & 30% Regular Human Insulin Injection (semi-synthetic)

A stable mixture that combines rapid onset with sustained duration in one vial

The benefits of a mixed insulin regimen without the inconvenience

Advantages for your patient

- ☐ **Ease of use**—for the patient currently mixing a 70/30 ratio of NPH & Regular (the most frequently prescribed ratio[1])
- ☐ **Convenience**—totally eliminating the steps of mixing insulin
- ☐ **Accuracy**—eliminates risk of patient mixing error
- ☐ **Economy**—at no extra cost to patient

1. Physicians surveyed, American Diabetes Association Annual Meeting, 1986, Anaheim, Calif.

Novolin® is a trademark of Novo Industri A/S.

SQUIBB® NOVO™

The diabetes care specialists

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256-506

Sept. 1986