Greetings from the "Mile High City" - Denver, Colorado! The A.O.C.D. is beginning the new millennium with enthusiasm and excitement!

Our new website has attracted a great deal of interest. It is an additional way of communicating with society. If you haven't visited it yet, please do so at www.aocd.org. The potential for additional uses is limitless! Thanks Dr. Mammino!

We have recommended a student membership category for our college. With the high interest of our students in dermatology we thought this would allow a more efficient way for them to be informed.

Interest has been shown to create a "Sister Society." This would be a relationship built between our College and a foreign dermatology society. The primary goal would be to help improve the quality of their society, hence, allowing for better patient care in that country. Certainly an avenue to do missionary work within our specialty.

We are working to finalize our "five-year plan." This is done each five years to allow the College to define direction with specific goals to be reached during the next five years.

Efforts are continuing on our AOCF Foundation. This is a detailed project, one that will help secure Osteopathic Dermatology for years to come!

Many of you know that we have relocated our national office within Kirksville. We simply overgrew our previous office. This has increased our expenses slightly but will allow for a great deal more efficiency!

We look forward to convening in Orlando. I am confident the educational program will be of great benefit and look forward to the fellowship with our members!

Collegially,

Gregory G. Papadeas, D.O.
President
2001 AOCD MIDYEAR MEETING IN CANCUN, MEXICO

Plans are currently being finalized for the 2001 Midyear AOCD Conference and Scientific Seminar which will be held from Wednesday, January 31, 2001 through Saturday, February 3, 2001 in Cancun, Mexico. The meeting will be held at the beautiful AAA Five Diamond all-suite luxury Fiesta Americana Coral Beach Hotel in Cancun situated on the multicolored Caribbean Sea which embraces the romantic island's most coveted stretch of beach. The hotel is situated in the popular vicinity for sightseeing, shopping, recreation and nightlife. Besides the hotel's poolside activities, including an inpool bar and grill, the seaside boasts water skiing, wave running, wind surfing, snorkeling and scuba diving to some of the world's most famous reefs. For the golfers there is an 18 hole Robert Trent Jones designed Pok-ta-Pok Golf Course just minutes away from the hotel. The Fiesta Americana Hotel has three indoor tennis courts with stadium seating, tennis pro and shop. The Excelsior has the Health Club and Spa for fitness activities, steam rooms, massages, and full service salon. Additionally, the hotel has the Fiesta Kids Club, Logo Boutique, and Shopping Arcade.

Cars are available for rent, however, we have made arrangements, for your convenience with Maritur Cancun, a transportation company, to provide excellent and prompt service to and from the airport which is approximately 30 minutes to the hotel. The fee for this service is $16 per person. Additionally, this transportation company will also provide service to half day tours including the Jungle Tour, Horseback Riding, and Deep Sea Fishing or full day tours that include trips to Xcaret and the ruins of Tulum-Xel-Ha or Chichen Itza. The Tour fees include the transportation service. You should have already received registration forms for the Maritur Transportation Company as well as the registration form for the conference and the Fiesta Americana Grand Coral Beach Cancun. The reservation deadline for the hotel is November 27, 2000.

An exciting didactic program has been planned for the 2001 AOCD Midyear Conference and Scientific Seminar and has been tentatively planned for 22 credit hours in Category 1. The conference will kick off on Wednesday, January 31 from 12 noon to 5:00 p.m. dealing with Legal, Tax & Financial and Human Resource Issues specifically for the dermatologist to be conducted by an Attorney, Accountant, Tax Planner and Human Resource Specialist. This will be followed by a welcome reception from 6:00 p.m. - 7:00 p.m. Thursday, February 1, 2001 will be dedicated to the residents' Symposium from 7:00 a.m. - 12 noon. Friday, February 2 and Saturday, February 3 will feature our nationally prominent guest lecturers that will cover topics ranging from Dermatologic Surgery, MOHS, Dermoscopy, Dermatopathology and many other stimulating topics in Dermatology.

Friday, February 2 from 6:00 p.m. - 10:00 p.m. will be an extravagant theme reception/dinner by poolside and the Caribbean Sea.

Prior to each morning lecture program will be a continental breakfast from 6:30 a.m. - 7:00 a.m. and you will have an opportunity to visit with our exhibitors.

While you're in Cancun:

Weather: Temperatures rise to the mid 80's and sometimes higher, but an on-shore breeze makes the climate enjoyable throughout the day. The evenings are cooler and a light cotton sweater might be advisable. A light weight raincoat or windbreaker would also be a good idea to have with you. The sun is intense, particularly
on the white sand beaches. Don’t forget the sunscreens and protective clothing.

What to wear: Dress in Cancun and the hotels is very casual with the accent on comfort. Remember to pack comfortable walking shoes. The activities at the hotel and the area dictate sporting clothes. In the evenings, you may want to dress up, but not too much. At some of the best entertainment spots and clubs you will feel more comfortable dressing up, but ties for the guys are not required.

Exchanging money: U.S. currency and Traveller’s Cheques may be exchanged for Mexican currency, the Peso. The exchange rate fluctuates daily. Pesos cannot be exchanged back to U.S. dollars, so it is best to only exchange your money in small amounts. It is a good idea to bring a small pocket calculator when you shop. In some stores you may get a better deal if you pay with U.S. currency, so it may be a good idea to keep a little of both. Major purchases are best made with your credit card as you will automatically receive the bank rate of exchange, which is higher than the rates given in town or at the hotel. Please note that the only credit card not accepted in the area is the Discover Card.

Passports: Although passports are not required, it is recommended that you bring them. Otherwise, a picture ID and voter registration would suffice.

Getting around: Taxis are available twenty-four hours a day at the hotel. Remind yourself and those traveling with you to agree on the taxi cab fare before getting in the cab. The hotel doorman can help you with the acceptable fee. Remember that the hotel is in walking distances to many bars & restaurants, shopping and many activities. Bus service is also available in the hotel zone and is the cheapest way to get around. A special air-conditioned tourist bus system runs all day long taking travellers to all points in the hotel zone and to downtown Cancun City. One of Cancun’s best bargains, the trip anywhere on the island costs only $1.00 U.S.

Shopping: If you forgot it, Cancun’s got it! All the personal items such as shampoo, razors, toothpaste, etc. are commonly available. A trip to one of the local supermarkets will get you back on track with anything you need. There are many fine shops in the hotel zone, along with an artisans market where bargaining is not only desired, but expected. You will find an array of shops and boutiques which range from air-conditioned luxury of the Plaza Caracol to the bargain and bargain stores of the artisans markets. Silver is a good buy!

Dining: Cancun boasts countless fine restaurants, representing nearly every one of the world’s major cuisine. Seafood is excellent in all of the dining locales, from the beachside palapa style restaurant to the refined atmosphere of a candlelight dinner. All of the leading hotels have a specialty restaurant where you can dine from the finest selection of international menus in luxury. In and around the Hotel Zone eateries offer every style of food imaginable, from “fast food” burgers and fries to the best Italian, French, Oriental or Cajun meal you’ll find anywhere. Prices are comparable to your home town starting at a few dollars per person to whatever you would like to spend. There is something for everyone’s taste and budget in Cancun.

See you in Cancun, Mexico!

Stan Skopit, D.O. Program Chair, 2001 AOCD Mid-year Conference & Scientific Seminar
Resident's Corner

As a new training year is underway for our residents, it is time to say hello to the new resident members of our college and congratulations to those who have finished their training. We look forward to the participation of those who have completed their training as active members of the AOCD for many years to come.

Welcome to: Frank Armstrong, D.O. - NSUCOM/Sun Coast Hospital; Matthew Doppelt, D.O. - NSUCOM/N. Broward Hospital; Michael Eyre, D.O., Pontiac Osteopathic Hospital; Kenneth Kircher, D.O., Philadelphia College of Osteopathic Medicine; Debbie Palmer, D.O., NYCOM/St. Barnabas Hospital; Dimitria Papadopoulos, D.O., NYCOM/St. Barnabas Hospital; Paul Ross, D.O., Northeast Regional Medical Center; Laura Schaffer, D.O., Pontiac Osteopathic Hospital; Kathleen Soe, D.O., NSUCOM/Sun Coast Hospital; Peter Vitulli, D.O., NSUCOM/N. Broward Hospital; and Bethany Wyles, D.O., Cuyahoga Falls General Hospital.


Member News Submissions

The AOCD Newsletter includes a regular section devoted to reporting news about the College's members. If you have any professional news items to report, please submit them to:

Editor, AOCD Newsletter
P.O. Box 7525
Kirkville, MO 63501

Name ______________________
Address ______________________
News Item* ______________________

*awards, honors, presentations, volunteer work, appointments, etc...

Executive Director's Report

As we near the time for our Annual Meeting and Scientific Seminar it is hard to believe another educational year has passed. I hope everyone has reviewed the lecture program for Orlando. Dr. James Young has developed an excellent program for this year's conference. The Gala Reception hosted by Genesis Pharmaceuticals at the Titanic Exhibit on International Drive will be an exciting way to begin the week's activities.

This has been an eventful year for the AOCD. We have 38 residents in 9 training programs as of August. This is a slight decrease due to the loss of one program in June; however, there will be a new program in Detroit, MI for the 2001 year. We are anticipating the development of other new programs in the coming year.

Last spring our website, www.aocd.org, became active. The response to this has been tremendous. Dr. Jere Mammino is to be commended for his tireless efforts in the development of this site. The national office has received numerous inquiries about our organization, our training programs, and our members as a result of the "hits" on the site. Not only have we had letters and telephone calls from throughout the US, we've received email from France, Egypt, Jordan and Great Britain!

On September 3 we moved the national office from the 800 W. Jefferson St. address to 1501 E. Illinois St. in Kirkville. Our rental space increased from 95 square feet to 775 square feet. This allowed us to consolidate all of our files and archived materials into one central location. All telephone and fax numbers have remained the same.

We continue to work closely with the AOA on national issues affecting our membership. These include reviewing ICD 9 and CPT proposed coding changes, Medicare compliance issues, laboratory issues, and development of guidelines for non-physician practitioners.

Remember, the National Office is here to serve you. Please call us with any questions you may have or to inform us of events occurring in your practice, your residence, your area/state, or on a national level you become aware of.

Becky Mansfield
Executive Director
Texas Osteopathic Medical Center

Bill V. Way, D.O. of Duncanville, has been elected president of the Texas Osteopathic Medical Association (TOMA) for 2000-2001. Installation ceremonies took place June 17, during TOMA's 104th Annual Convention and Scientific Seminar, held June 14-18 at the Omni Bayfront Hotel in Corpus Christi. Since August 1983, Dr. Way has maintained a private practice in dermatology at Duncanville Dermatology Clinic. He also serves as director of the Dermatology Residency Program in Dallas.

Meeting Announcements

December 8-10, 2000
"19th Annual Winter Update"
20 hours 1-A CME credit anticipated
Embassy Suites Hotel, Downtown, Indianapolis, IN

May 3-6, 2001
"104th Annual Convention"
30 hours 1-A CME credit anticipated
Marriott Hotel/Century Center, South Bend, IN

Sponsor: Indiana Osteopathic Association, Contact: IOA, 1/800-942-0501 or 317/926-3009

Ronald C. Miller, D.O. presented lectures to the Michigan Correctional Department, the Saginaw Cooperative Hospitals, and the Kansas City Osteopathic Association of Missouri. The topic was "Dermatology for the Non-Dermatologist".

Program News

At the American Academy of Dermatology meeting, March 10-15, in San Francisco, the St. Barnabas Hospital Dermatology Residency program presented a total of 7 posters and 1 lecture. This year's AAD meeting was attended by more than 12,000 dermatologists from throughout the world. The posters received many favorable comments and one poster received an unsolicited invitation for publication in a major dermatology journal. The posters were co-authored by Cindy Hoffman, D.O. (Dermatology Residency Director), Charles Gropper, M.D. (Division Chief), and the 5 dermatology residents: Deborah Daly, D.O., Cindy Li, D.O., Amy Goldstein, D.O., Nancy Spinelli, D.O., and Jason Wilder, D.O.

The graduating chief residents, Deborah Daly, D.O. (L) and Cindy Li, D.O. (R), have been accepted to highly competitive dermatologic surgery fellowships.
American Osteopathic College of Dermatology

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2001 MIDYEAR MEETING
AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

CANCUN, MEXICO

JANUARY 31 - FEBRUARY 3, 2001

FIESTAMERICANA GRAND CORAL BEACH CANCEUN

WATCH YOUR MAIL FOR DETAILS TO BE MAILED THIS SPRING

☑ MARK YOUR CALENDAR NOW TO ATTEND
www.aocd.org

The AOCD is on the web!

The American Osteopathic College of Dermatology website became active in April. Take time now to go online to view all the components of this site.

Of special interest to our members is the opportunity to create your own personal web page (at no cost to you). At the home page, click on "Find a D.O. Dermatologist"; then click on "Members-create/update your personal web page" on the submenu on the left side; enter your first name, last name, and AOA number and then click "click here to create/update your page".

Technical questions should be e-mailed to support@aocd.org. Content questions or comments can be e-mailed to Jere Mammino, DO at doctorderm@cfl.rr.com. Changes to member addresses/phone numbers should be e-mailed to the ExecDirector@AOCD.org address listed in the "About the A.O.C.D." section.
A Full Range of Dosage Strengths for Your Full Range of Acne Patients

Featuring

DYNACIN® 75
(MINOCYCLINE HC1 75 MG)

- Now available in 50, 75 and 100 mg dosage strengths for adjunctive use in severe acne
- True dosing flexibility
- There is no generic substitute for DYNACIN 75 mg

The most common adverse reactions reported with minocycline therapy are to the lower bowel, particularly diarrhea. Minocycline, like other tetracycline-class antibiotics, can cause fetal harm when administered to a pregnant woman. 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 teeth. Tetracycline drugs should not be used during tooth development unless other drugs are not likely to be effective or are contraindicated.

Please see next page for prescribing information.
DYNACIN® (MINOCYCLINE HCl)

FULL PRESCRIBING INFORMATION

DYNACIN® (minocycline HCl) capsules, USP, are indicated for the treatment of acne vulgaris. DYNACIN® is available in 50 mg and 100 mg capsules.

CLINICAL PHARMACOLOGY

Minocycline is an oral tetracycline antibiotic with a broad spectrum of bactericidal activity against many gram-positive and gram-negative bacteria. It is a member of the tetracycline family of antibiotics and is related structurally to doxycycline and demeclocycline.

Minocycline is absorbed rapidly and completely from the gastrointestinal tract. Peak plasma levels occur 2 to 3 hours after oral administration. The mean volume of distribution is about 5 liters/kg. The drug is extensively bound to plasma proteins, primarily to albumin and to a lesser extent to alpha-1 acid glycoprotein. The drug is highly lipophilic and is distributed to most body tissues. Minocycline is eliminated from the body mainly in the bile and to a lesser extent in the urine. The major metabolite is demeclocycline, which is inactive against bacteria. The mean elimination half-life of minocycline is about 10 to 12 hours in adults but may be as long as 24 hours in children and elderly patients.

Minocycline is bactericidal against most strains of bacteria. It is active against a wide range of aerobic and anaerobic gram-positive and gram-negative organisms. It is also active against some spirochetes, such as Treponema pallidum, the causative agent of syphilis.

Indications

DYNACIN® (minocycline HCl) capsules, USP, are indicated for the treatment of acne vulgaris. Acne vulgaris is a chronic inflammatory disease of the skin characterized by the development of comedones (blackheads and whiteheads) and inflammatory pustules, papules, and nodules. DYNACIN® is effective in the treatment of acne vulgaris in adults and children 8 years of age and older.

Acne vulgaris is a chronic inflammatory disease of the skin that affects approximately 17 million people in the United States. It is characterized by the development of comedones (blackheads and whiteheads) and inflammatory pustules, papules, and nodules. DYNACIN® is effective in the treatment of acne vulgaris in adults and children 8 years of age and older.

CONTRAINDICATIONS

DYNACIN® (minocycline HCl) capsules, USP, are contraindicated in patients who are hypersensitive to minocycline or any of the excipients in the formulation.

WARNINGS

DYNACIN® (minocycline HCl) capsules, USP, are contraindicated in patients with active liver disease, including cirrhosis and hepatitis. Minocycline should be used with caution in patients with a history of gastrointestinal bleeding or peptic ulcer disease. Minocycline should be used with caution in patients with a history of epilepsy or other seizure disorders. Minocycline should be used with caution in patients with a history of porphyria.

Pregnancy: Category C

It is unknown whether minocycline crosses the placenta. It is not known whether minocycline appears in human milk. Caution should be exercised when DYNACIN® is administered to a nursing mother.

Pediatric Use: Recommended for use in children 8 years of age and older. DYNACIN® is not recommended for use in children under 8 years of age.

ADVERSE REACTIONS

The most common adverse reactions associated with the use of DYNACIN® are gastrointestinal disturbances, which include diarrhea, nausea, vomiting, and dyspepsia. Other adverse reactions reported during clinical trials include headache, dizziness, and pruritus. In rare cases, anaphylaxis has been reported with the use of DYNACIN®.

DYNACIN® (minocycline HCl) capsules, USP, are available in 50 mg and 100 mg capsules. DYNACIN® is available in bottles of 100 capsules. DYNACIN® is supplied in bottles of 100 capsules. DYNACIN® is supplied in bottles of 100 capsules.

MEDICS

The Dermatology Company

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Continuous Moisturization
Tailored to Patient Needs – Day and Night

Day Time
WellSkin™ Facial Lotion SPF 15
- Light, alcohol-free, oil-free
- Blocks UV-A and UV-B rays with Parsol® 1789*
- Exfoliates lightly, less likely to cause irritation than non-Novasome glycolic acids

WellSkin™ Facial Cream SPF 15
- Rich, emollient formulation, relieves the driest complexions
- Blocks UV-A and UV-B rays with Parsol® 1789
- Novasome glycolic acid and moisture released over many hours
Continuous Moisturization Plus
a NEW Level of
Daily Sunscreen Protection

WellSkin™
Facial Lotion SPF 15

WellSkin™
Facial Cream SPF 15

Now with avobenzone (Parsol® 1789*)

- Helps prevent future sun damage
- Blocks UV-A the main cause of skin aging
- Blocks UV-B the energy-rich cause of sunburns

One Step Moisturization and Sunscreen Protection
- Time release benefits of glycolic acid and moisture
- A significant increase over baseline in stratum corneum moisturization
See Jack on Monodox®

Efficacy

• Comparable to minocycline¹⁻⁴

Tolerability

• Minimal risk of hyperpigmentation and CNS side effects⁵⁻⁶

See Jack Smile.

Safety Information
The tetracycline family of antibiotics is useful adjunctive therapy for the treatment of severe acne. Monodox is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines. 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-grey-brown). Photosensitivity has been observed in some individuals taking tetracycline. Treatment should be discontinued at first evidence of skin erythema. Concurrent use of tetracycline may render oral contraceptives less effective.

Please see following page for complete prescribing information.

Monodox®
(doxycycline monohydrate)
50 mg and 100 mg capsules
**BRIEF SUMMARY:** See package insert for full prescribing information.

**INDICATIONS AND USAGE:** Doxycline is indicated for the treatment of the following infections: Rocky mountain spotted fever, typhus fever and the typhus group. Q fever, rickettsiosis, and tick fevers caused by Rickettsia. Respiratory tract infections caused by Moraxella pneumatica, Mycoplasma pneumoniae, and Moraxella catarrhalis. Infections caused by Campylobacter jejuni, Chlamydia trachomatis, and Neisseria gonorrhoeae. Upper respiratory tract infections caused by Neisseria gonorrhoeae, Haemophilus influenzae, and beta-hemolytic streptococci (in conjunction with streptomycin). Doxycycline is also indicated for the treatment of infections caused by the following gram-negative microorganisms: Chlamydia caused by Haemophilus ducreyi. Disease due to Yersinia pestis Pasteurella pestis, tularemia due to Francisella tularensis, and tularemia due to Francisella tularensis (formerly Pasteurella tularensis). Cholera caused by Vibrio cholerae (formerly Vibrio comma). Campylobacter fetus caused by Campylobacter fetus (formerly Vibrio fetus). Brucellosis due to Brucella species (in conjunction with streptomycin). Bartonella due to Bartonella bacilliformis. Granuloma inguinale caused by Calymmatobacterium granulomatis. Because many strains of the following microorganisms have been shown to be resistant to doxycycline, culture and susceptibility testing are recommended.

**DOXYCYLICINE is indicated for treatment of infections caused by the following gram-negative microorganisms, when bacteriologic testing indicates appropriate susceptibility to the drug:** Upper respiratory tract infections caused by Staphylococcus aureus (formerly Diplococcus pneumoniae). Skin and skin structure infections caused by Staphylococcus aureus. For the treatment of any type of staphylococcal infections. When penicillin is contraindicated, doxycycline is an alternative drug in the treatment of the following infections: Uncomplicated gonorrhea caused by Neisseria gonorrhoeae. Syphilis caused by Treponema pallidum. Yaws caused by Treponema pertenue. Lues caused by Listeria monocytogenes. Anthrax caused by Bacillus anthracis. Vincent's infection caused by Fusobacterium nucleatum. Acne caused by Acne rosacea. Infections caused by Chlamydia species. In all other sites of infection, doxycycline may be useful as adjunctive therapy in combination with other agents.

**CONTRAINDICATIONS:** This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines.

**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 with prolonged term use of the drug 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 OTHERS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDIATED. All tetracyclines form a stable, calcified complex with any bone-forming tissue. A decrease in the follicle growth rate has been observed in prematures given oral tetracyclines in doses of 12 mg/kg every six hours. This reaction was shown to be reversible when the drug was discontinued. Results of animal studies indicate that tetracyclines cross the placenta, and are found in fetal tissues, and can have toxic effects on the developing fetus (when related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. If any tetracycline is used during pregnancy or if the patient becomes pregnant while taking these drugs, the patient should be apprised of the potential hazard to the fetus. The anticonceptive action of tetracyclines may cause an increase in BUN. Studies are due to indicate that this does not occur with the use of doxycycline in patients with impaired renal function. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients should be advised to protect against sunburn or phototoxic light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin irritation.

**PRECAUTIONS:** General: As with all other antibiotics, use of this drug may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, the antibiotic should be discontinued and appropriate therapy instituted. Bulging fontanelles in infants and benign intracranial hypertension in adults have been reported in individuals receiving tetracyclines. These conditions disappeared when the drug was discontinued but may reappear later in treated patients (See WARNINGS). Vancomycin-resistant enterococci (VRE) may be present in the gut of patients treated with or colonized by tetracyclines. VRE may cause severe infections and/or sepsis in susceptible patients, including those who are critically ill or immunocompromised.

**ADVERSE REACTIONS:** Due to oral doxycycline's virtually complete absorption, side effects to the lower bowel, particularly diarrhea, have been infrequent. The following adverse reactions have been observed in patients receiving tetracyclines: Gastrointestinal: Nausea, vomiting, diarrhea, abdominal cramps, eructation, and flatulence. Aminoglycoside antibacterial agents (with or without doxycyclines) may result in abnormal renal function (serum creatinine). These reactions have been caused by both the oral and parenteral administration of tetracyclines. Rare instances of exfoliative dermatitis have been observed in patients receiving capreomycin and tetracyclines. The tetracyclines may cause a temporary increase in BUN and serum creatinine levels.

**CONTRAINDICATIONS:** This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines. **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 with prolonged term use of the drug 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 OTHERS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDIATED. All tetracyclines form a stable, calcified complex with any bone-forming tissue. A decrease in the follicle growth rate has been observed in prematures given oral tetracyclines in doses of 12 mg/kg every six hours. This reaction was shown to be reversible when the drug was discontinued. Results of animal studies indicate that tetracyclines cross the placenta, and are found in fetal tissues, and can have toxic effects on the developing fetus (when related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. If any tetracycline is used during pregnancy or if the patient becomes pregnant while taking these drugs, the patient should be apprised of the potential hazard to the fetus. The anticonceptive action of tetracyclines may cause an increase in BUN. Studies are due to indicate that this does not occur with the use of doxycycline in patients with impaired renal function. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients should be advised to protect against sunburn or phototoxic light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin irritation.

**PRECAUTIONS:** General: As with all other antibiotics, use of this drug may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, the antibiotic should be discontinued and appropriate therapy instituted. Bulging fontanelles in infants and benign intracranial hypertension in adults have been reported in individuals receiving tetracyclines. These conditions disappeared when the drug was discontinued but may reappear later in treated patients (See WARNINGS). Vancomycin-resistant enterococci (VRE) may be present in the gut of patients treated with or colonized by tetracyclines. VRE may cause severe infections and/or sepsis in susceptible patients, including those who are critically ill or immunocompromised.

**ADVERSE REACTIONS:** Due to oral doxycycline's virtually complete absorption, side effects to the lower bowel, particularly diarrhea, have been infrequent. The following adverse reactions have been observed in patients receiving tetracyclines: Gastrointestinal: Nausea, vomiting, diarrhea, abdominal cramps, eructation, and flatulence. Aminoglycoside antibacterial agents (with or without doxycyclines) may result in abnormal renal function (serum creatinine). These reactions have been caused by both the oral and parenteral administration of tetracyclines. Rare instances of exfoliative dermatitis have been observed in patients receiving capreomycin and tetracyclines. The tetracyclines may cause a temporary increase in BUN and serum creatinine levels. Most of these patients took medications immediately before or during bed: Skin: Maculopapular and erythematous rash. Erythematous dematitis has been reported but is uncommon. Photosensitivity is discussed above. (See WARNINGS). Renal toxicity: Rising in BUN has been reported and is apparently dose related. (See WARNINGS). Hypersensitivity reactions: Urticaria, angioedema, pseudo-systemic lupus erythematosus, exfoliative dermatitis, purpura, and exudative erythema multiforme. Blood: Hemolytic anemia, thrombocytopenia, neutropenia, and eosinophilia have been reported. Other: Seizures in infants and intracranial hypertension in adults. (See PRECAUTIONS: General). When given over prolonged periods, tetracyclines have been reported to produce brown-black microcystic deposits in the thyroid gland. No abnormalities of thyroid function are known to occur.

**HOW SUPPLIED:** MONOXY 50mg is available in bottles of 100 capsules, NDC 550315-290-00. MONOXY 100mg is available in bottles of 100 capsules. NDC 550315-289-94 and in bottles of 250 capsules. NDC 550315-299-97. STORE AT CONTROLLED ROOM TEMPERATURE 15-30 (59-86 F). PROTECT FROM LIGHT.

**REFERENCES:**
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