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For superior early-morning efficacy and proven daytime control in the treatment of **ADHD**[1]

THE ANSWER IS METADATE® CD

In a head-to-head trial vs Concerta®, Metadate® CD delivered[1]:

- Fast onset of action within 1.5 hours post dose
- Significantly better overall behavior and attentiveness* at 1.5, 3.0, and 4.5 hours post dose vs Concerta ($P<0.016$)

Study design: A 3-way, crossover, randomized, double-blind, placebo-controlled, multicenter study comparing the efficacy and tolerability of Metadate® CD (MCD) vs Concerta [methylphenidate HCl] (CON) in 184 patients 6 to 12 years of age with ADHD in a laboratory classroom setting. Patients were stratified to 1 of 3 dose levels according to their existing dosing requirement for methylphenidate (MPH): Dose Level 1 was MCD 20 mg vs CON 18 mg; Dose Level 2 was MCD 40 mg vs CON 36 mg; Dose Level 3 was MCD 60 mg vs CON 54 mg. Results presented are for all 3 dose levels combined.[1]

There were no clinically significant differences overall among the 3 treatment groups for the frequency of adverse events. No serious adverse events occurred. Most adverse events were mild.

* Behavior and attentiveness were measured by SKAMP Deportment and Attention scores, respectively. SKAMP (Swanson, Kotkin, Agler, M-Flynn, Pelham) is a teacher-assessed rating scale composed of 13 items (6 items measuring deportment, 7 items measuring attention), each of which is subject to a 7-point scale (0=Normal/No impairment to 6=Maximal impairment), designed to capture classroom behavior and attention.[2]

Metadate® CD capsules are contraindicated in patients:

- With marked anxiety, tension, and/or agitation
- With glaucoma, tics, or Tourette's syndrome
- During or within 14 days of treatment with MAO inhibitors

Metadate® CD should not be used in children under 6 years of age.

Metadate® CD should be used with caution in patients with a history of psychosis, drug dependence, or alcoholism. Chronic abusive use can lead to marked tolerance and psychological dependence.

Caution is advised when Metadate® CD is prescribed for patients with a history of seizures, hypertension, or cardiovascular disease, and in those who are receiving anticoagulants, anticonvulsants, some antidepressants (tricyclics, SSRIs), and pressor agents.

The most commonly reported adverse events were headache, stomachache, decreased appetite, and sleeplessness.

References: 1. Swanson JM, Wigal SB, Wigal T, et al. A comparison of once-daily extended-release methylphenidate formulations in children with attention-deficit/hyperactivity disorder in the laboratory school (The Comacs Study). *Pediatrics.* 2004;113:e206-e216. Available at: http://www.pediatrics.org/cgi/content/full/113/3/e206. Accessed January 3, 2005.
2. Swanson JM, Agler D, Fineberg E, et al. In: Greenhill LL, Osman BB, eds. *Ritalin: Theory and Practice.* 2nd ed. New York, NY: Mary Ann Liebert, Inc.; 2000:405-430.

Metadate and "A Good Start Wins the Day" are trademarks of Celltech.

Concerta is a registered trademark of ALZA Corporation.

Please see brief summary of Full Prescribing Information on following page.

ucb Pharma

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M25210

Once-daily

METADATE® CD ℞

(methylphenidate HCl, USP)

Extended-Release Capsules 10 mg, 20 mg, 30 mg

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XOPENEX® FOR BRONCHOSPASM

Freedom to breathe

IMPORTANT DATA VALIDATE THE VALUE OF XOPENEX

- **Greater peak mean % change** in FEV_1 in severe asthmatics with Xopenex 1.25 mg*[1]
- **Long duration of action:** TID dosing for greater patient convenience†[1,2]
- **Well-established safety profile across the dosing range, supported by over 250 million doses prescribed**[1-4]

*FEV_1 <60% of predicted.

Xopenex®
(levalbuterol HCl)
*Inhalation Solution, 0.31 mg, 0.63 mg and 1.25 mg**
*Potency expressed as levalbuterol.

Breathing is Believing

Important Safety Information

Xopenex is contraindicated in patients with a history of hypersensitivity to levalbuterol HCl or racemic albuterol.

Patients receiving the highest dose of Xopenex Inhalation Solution should be monitored closely for adverse effects and the risks of such effects should be balanced against the potential for improved efficacy.

In patients aged 6 to 11 years, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.31 mg Xopenex; 0.63 mg Xopenex; and placebo, respectively): headache (7.6%; 11.9%; 8.5%), pharyngitis (3%; 10.4%; 6.8%), rhinitis (6.1%; 10.4%; 1.7%), asthma (9.1%; 9%; 5.1%), fever (9.1%; 3%; 5.1%), viral infection (7.6%; 9%; 5.1%), rash (NR‡; 7.5%; NR‡), accidental injury (6.1%; 4.5%; 3.4%), diarrhea (1.5%; 6%; NR‡), pain (3%; 1.5%; 3.4%), asthenia (3%; 3%; NR‡), lymphadenopathy (3%; NR‡; NR‡), and urticaria (NR‡; 3%; NR‡).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo, were (0.63 mg Xopenex; 1.25 mg Xopenex; and placebo, respectively): nervousness (2.8%; 9.6%; NR‡), tremor (NR‡; 6.8%; NR‡), flu syndrome (4.2%; NR‡; NR‡), and tachycardia or increased heart rate (2.8%; 2.7%; NR‡).

†The mean duration of effect, as measured by a >15% increase from baseline FEV_1, was approximately 5 hours after administration of 0.63 mg of levalbuterol and approximately 6 hours after administration of 1.25 mg of levalbuterol after 4 weeks of treatment. In some patients, the duration of effect was as long as 8 hours.
‡Less than 2% reported.

Please see brief summary of prescribing information on adjacent page.

References: 1. Nelson HS, Bensch G, Pleskow WW, et al. Improved bronchodilation with levalbuterol compared with racemic albuterol in patients with asthma. *J Allergy Clin Immunol.* 1998;102:943-952. **2.** Xopenex Prescribing Information. **3.** Milgrom H, Skoner DP, Bensch G, et al. Low-dose levalbuterol in children with asthma: safety and efficacy in comparison with placebo and racemic albuterol. *J Allergy Clin Immunol.* 2001;108:938-945. **4.** *IMS* DDD Class of Trade Database, April 1999-May 2003.

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1 *Environmental Protection Agency, and a broad panel of expert reviewers, February 2003. Published on the new EPA America's Children and the Environment website www.epa.gov/envirohealth/children/ in March 2003.*

2 *New York Times - Exposure to Pesticides is Lowered When Young Children Go Organic, March 20, 2003.*

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NEW FELLOWS

Dear Academy Fellow:
In order to fulfill the admission requirements of AAP Bylaws, you are requested to: Carefully review the following list of new Fellows for Academy membership; and relay your reactions directly to your District Chairperson, whose name and address is at the end of this list. In submitting these names of board-certified pediatricians to you, it is understood that academic and pediatric credentials are not in question. Comments are requested concerning possible legal and/or ethical situations which you might have personal knowledge.
Send any comments on the following list of new Fellows to your District Chairperson.

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