

Contraindications: Tuberculosis (active or latent), chronic nephritis, acute psychosis, Cushing's syndrome, peptic ulcer and in patients prone to thrombophlebitis.

Relative Contraindications: In congestive heart failure, hypertension, diabetes, frank, osteoporosis associated with senility or with rheumatoid arthritis, and mental disease other than acute psychosis, Salcort must be administered with caution.

Precautions: Corticosteroids should be used with caution in congestive heart failure, diabetes, renal insufficiency, history of peptic ulcer and mental disease. Salcort will mask infections by interfering with elevation of temperature, etc. If there is any question, drug should be temporarily discontinued until accurate diagnosis is made. May be reinstituted as soon as adequate measures have been taken to treat the infection.

Cortisone is a potent hormonal substance. Although the greater anti-rheumatic action of cortisone is not accompanied by an increased tendency to produce undesired hormonal effects, patients receiving it should be observed for the possible development of any signs of such excessive hormonal manifestation.

Daily weighing of the patient and, as indicated, measurement of fluid intake and output should be alone to detect early evidence of fluid retention. Restriction of the daily sodium intake to 2 Gm. or less may prevent or correct fluid retention. If salt and water retention occur, sodium intake should be further restricted and the dosage of cortisone reduced or discontinued.

In the presence of hypopotassemia, as detected by blood potassium determinations, characteristic changes in the electrocardiogram, and muscular weakness, the dietary potassium intake should be supplemented with 2 to 4 Gm. of potassium chloride daily and the dosage of cortisone reduced or discontinued.

Hyperglycemia and glycosuria may occur in nondiabetic individuals receiving cortisone. In patients with diabetes mellitus, the insulin requirements are increased.

While euphoria is the usual psychic reaction to cortisone, occasionally pronounced psychic derangements may appear. Early symptoms include marked insomnia, swings in mood and increased psychomotor activity.

Since the use of cortisone tends to depress the normal pituitary-adrenocortical mechanism, the patient should be carefully supervised not only during but following therapy, and treatment should be discontinued gradually. The occurrence of any unexpected stress, such as surgery, severe infections, or accidental trauma, during or for at least a year following treatment, is an indication for vigorous adrenocortical supportive therapy with cortisone acetate, or whole adrenocortical extracts. Dosage and duration of such therapy is governed by the severity of the stress and the patient's clinical status.

How Supplied: In bottles of 100 pink monogrammed tablets.

Literature Available: On request.

SACORT-DELTA

Composition: Each multiple-compressed yellow tablet contains:

Prednisone	1.0 mg.
Potassium salicylate.....	0.3 Gm.
Calcium pantothenate.....	5.0 mg.
Calcium ascorbate.....	30 mg.
(equivalent to 25 mg. ascorbic acid)	
Aluminum hydroxide gel, dried.....	0.12 Gm.
Calcium carbonate.....	60 mg.

Prescribing information for Salcort-Delta which appears on page 812 of the 1967 PHYSICIANS' DESK REFERENCE has been revised and is completely replaced by the following. The nature and extent of the additions and other revisions in the monograph are emphasized by use of italics.

Action and Uses: For the treatment of the subacute, severe phase of rheumatoid arthritis and related disease. Salcort-Delta provides a prednisone dosage which is relatively high but may be adjusted to "long-term" therapy. In the subacute phase, the prednisone-salicylate combination is more effective than either agent when used alone. Salcort-Delta includes antacids to guard against gastric distress related to corticosteroid therapy.

Contraindications: Because of their prednisone content, Tablets Salcort-Delta are contraindicated in tuberculosis (active or latent), chronic nephritis, acute psychosis, Cushing's syndrome, active peptic ulcer, and in patients prone to thrombophlebitis. Salcort-Delta will mask infections by interfering with the