Librium®
(chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules

Torschlusspanik. For one patient, it may begin on the day somebody else gets the promotion he thought was "his." Suddenly, he realizes that he's gone as far as he's going to in the firm—and that he's reached an age where job-switching is both difficult and risky. With mounting panic, he takes stock of himself. How little, he reflects in dismay, he has actually accomplished in his life so far! And now—time seems to be running out...

The intense anxiety typical of such a "middle-aged crisis" may not always be overtly expressed. In many individuals, anxiety may manifest itself as a functional complaint or through such anxiety-linked symptoms as insomnia and unexplained fatigue. Anxiety can also contribute to some of the organic diseases commonly seen in middle-aged men—diseases such as duodenal ulcer and hypertension.

But no matter what form the patient's anxiety may take, it can usually be relieved with adjunctive Librium (chlordiazepoxide HCl). Librium has a prompt calming and antianxiety effect that helps reduce emotional pressures and relieve psychogenic symptoms. Feeling calmer and more in command of himself, the patient is often able to consider his problems more objectively and to cope with them more capably.

For the anxious middle-aged patient, Librium:

quickly relieves anxiety—Librium, by its prompt and reliable antianxiety action, usually helps relieve immediate emotional distress and encourages cooperation in required diagnostic and therapeutic procedures.

helps improve response in psychophysiologic disorders—Librium, by reducing excessive anxiety and related symptoms, often proves a useful adjunct to primary therapy whenever anxiety contributes to or exacerbates gastrointestinal, cardiovascular, musculoskeletal, gynecologic or dermatologic disorders.

seldom impairs mental acuity on proper maintenance dosage—Librium, on proper maintenance dosage, generally relieves excessive anxiety without impairment of mental acuity; therefore, it is usually suitable for ambulatory patients.

helps break the anxiety-insomnia cycle—Librium, in an additional *h.s.* dose, can help relieve the patient's anxiety-induced insomnia.

has wide margin of safety—Librium, after more than eight years' use, continues to demonstrate an impressive record of safety. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See prescribing information.)

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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