Dental: Localized osteonecrosis of the jaw (ONJ) has been reported rarely with oral bisphosphonate treatment, ONJ is generally associated with local infection (including osteomyelitis), tooth extraction with delayed healing (see WARNINGS AND PRECAUTIONS, General).

Gastrointestinal: Esophagitis, esophageal erosions, esophageal ulcers, rarely esophageal stricture or perforation, and oropharyngeal ulceration. Some of these have been serious and required hospitalization. Rarely, gastric or duodenal ulcers, some severe and with complications (see WARNINGS AND PRECAUTIONS and DOSAGE AND ADMINISTRATION).

Musculoskeletal: bone, joint, and/or muscle pain, rarely severe and/or incapacitating (see WARNINGS AND PRECAUTIONS); joint swelling; low-energy femoral shaft fracture (see WARNINGS AND PRECAUTIONS).

Nervous System: dizziness, vertigo, dysgeusia

Skin: Rash (occasionally with photosensitivity), pruritus, alopecia, rarely severe skin reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis

Special Senses: Rarely uveitis, scleritis or episcleritis.

DRUG INTERACTIONS

(see Prescribing Summary and Product Monograph for full listing)

Alendronate is not expected to interact with other drugs based on effects on protein binding, renal excretion, or metabolism of other drugs.

Concomitant use of hormone replacement therapy (HRT [estrogen ± progestin]) and FOSAMAX® was assessed in two clinical studies of one or two years' duration in postmenopausal osteoporotic women. Combined use of FOSAMAX® and HRT resulted in greater increases in bone mass, together with greater decreases in bone turnover, than seen with either treatment alone. In these studies, the safety and tolerability profile of the combination was consistent with those of the individual treatments (see ADVERSE REACTIONS, Clinical Trial Adverse Drug Reactions, Concomitant Use with Estrogen/Hormone Replacement Therapy in the Product Monograph). The studies were too small to detect antifracture efficacy; no significant differences in fracture incidence among the treatment groups were found. Specific interaction studies were not performed. FOSAMAX® was used in osteoporosis studies in men, postmenopausal women, and glucocorticoid users, with a wide range of commonly prescribed drugs without evidence of clinical adverse interactions.

averse interactions.

In a three-year, controlled, clinical study (n=2027) during which a majority of patients received concomitant NSAIDs, the incidence of upper gastrointestinal adverse events was similar in patients taking FOSAMAV® 5 or 10 mg/day compared to those taking placebo. However, since NSAID use is associated with gastrointestinal irritation, caution should be used during concomitant use with FOSAVANCE®

Drug-Food and Drug-Herb Interactions - Food and beverages other than plain water, and herbal products, may markedly reduce the absorption and effectiveness of alendronate. FOSAVANCE® must be taken at least one-half hour before the first food, beverage, or medication of the day with plain water only (see DOSAGE AND ADMINISTRATION, Information to Be Provided to the Patient in the Product

 $\mbox{\bf Drug-Laboratory Interactions}$ - Interactions with laboratory tests have not been established.

Drug-Lifestyle Interactions - No studies on the effects on the ability to drive and use machines have been performed. However, certain adverse reactions that have been reported with FOSAVANCE® (e.g., dizzliness, vertigo, visual disturbances, and severe bone, muscle or joint pain) may affect some patients' ability to drive or operate machinery. Individual responses to FOSAVANCE® may vary.

OVERDOSAGE

No specific information is available on the treatment of overdosage with alendronate. Hypocalcemia, hypophosphatemia, and upper gastrointestinal adverse events, such as upset stomach, heartburn, esophagitis, gastritis, or ulcer, may result from oral overdosage. Milk or antacids should be given to bind alendronate. Vomiting should not be induced and the patient should remain fully upright. Dialysis would not be beneficial.

Vitamin D toxicity has not been documented during chronic therapy in generally healthy adults at a dose less than 10,000 IU/day. In a clinical study of healthy adults, a 4000 IU daily dose of vitamin D_3 for up to five months was not associated with hypercalciuria or hypercalcemia. For management of a suspected drug overdose, contact your regional Poison Control Center.

Please see the Product Monograph for information on DOSAGE FORMS. COMPOSITION AND PACKAGING

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Product Monograph available at

www.merckfrosst.com

or upon request at 1-800-567-2594



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<u>in memoriam</u>



Dr Klara Patriasz 1913-2010

A remarkable woman, our friend and colleague Dr Klara Patriasz died in her home on 30 November. She was 97 years old.

Her life was shaped by forces of history, and she faced all events with indomitable courage. Klara graduated from Pazmany Peter University in Budapest in 1937 and obtained her specialty in pediatrics in December 1941, the worst possible time for a young Jewish physician. All her life she gratefully remembered her teacher, Professor Geza Petenyi, who made it possible for her to work, although unofficially and without pay. Professor Petenyi is numbered among the Righteous Gentiles in Israel. In 1944 when Hungarian Jews were rounded up for transports, Klara said, "I decided not to go." There followed a time of hiding and weeks of starvation while the eastern front was crossing the region.

After the war Klara was reunited with her husband, and she resumed pediatric practice. In 1957 they emigrated with their three daughters, and with Klara's mother, to Israel. Klara practised pediatrics in Nazareth, caring both for Jewish and Arab children. When the family decided to move to

North America, Klara performed the unbelievable feat of writing the thennecessary ECFMG test without any preparation—at the age of 50. Her friends gave her a card saying, "Sometimes in error, never in doubt." She kept the card.

In Vancouver Klara did her internship in Shaughnessy, Grace, and St. Paul's Hospitals and passed her LMCC in 1966. She worked in Woodlands until her retirement.

Her passion was children. She saw in them a continuation of life. All her friends—and she had many—had to bring children to her; she asked for their pictures and their stories, remembered them all and had their pictures in well-organized albums.

Klara's other passion was hiking. The extent of her love of nature and her "mind over matter" attitude is best illustrated by the fact that she hiked to Garibaldi Lake (18 km round trip, 1000 m elevation) at the age of 86. As she grew older, she still hiked every week. In the last several years of her life she enjoyed a weekly stroll with friends around VanDusen Botanical Garden, in spite of several strokes and almost complete deafness. Her mind remained strong and fully aware until the end.

It is hard to comprehend that this benevolent presence is not here anymore.

> —Stanislava Jurenka, MD North Vancouver



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Dr James Malcolm (Dan) Edworthy, 1920-2011

My father, James Malcolm Frederick Edworthy, was known to all his friends as Dan, a name his chums bestowed on him when he was a teenager, as a member of the Argonauts Boys group in St. Thomas, Ontario. When we were children the neighborhood kids often called him "Dr Dan, the Bandage Man." Though perhaps a simple observation, this gentle naming seemed to fit well with his familiar and personable disposition that we all came to know over the latter years of his life. This was the name that his hunting, fishing, golfing, and other friends called him.

Dan was born in Edmonton and went to high school in St. Thomas, Ontario. He graduated from the University of Western Ontario, London, and was made a licentiate of the Medical Council of Canada in 1944. After doing postgraduate work in Kingston, then practising with the Navy in Halifax, he and Margaret moved west. He became a member of the BC College of Physicians and Surgeons in 1947 and practised in BC until 1986.

He established a pediatric practice in Kamloops and provided care to many young families through the Irving Clinic. He became close friends with the people in Kamloops, as well as with ranching families throughout the Okanagan and Cariboo region. He loved the outdoor life of horseback riding, hunting, canoeing, skiing, and fishing. He was also an active participant in UBC's medical residency training program.

In 1970 he and Margaret moved to Kelowna to establish a neonatal and pediatric practice with his colleague, Dr Cliff Henderson. In order to provide specialty care to patients in rural areas he also regularly drove to Revelstoke, Golden, and Nakusp on a regular basis for several years before retiring in 1986. He was much loved by his young patients and their families.

Dan was a long-time member of Rotary, where he made many lifelong friends. He served as chapter president in Kelowna, and district governor in 1990. After retiring from medicine, he "graduated" to Probus, which he enjoyed immensely. Golf was his passion in later years. He always looked forward to weekly games with his friends.

The simple things in life—good stories around the dinner table, afterschool baseball games in the neighborhood, hunting trips into the wilds of BC, canoe trips on western rivers, and golfing—were the most important things for him. The memory of him reminds me of how medicine can affect the life of our communities.

Predeceased by his loving wife, Margaret, in 2002; his brother, David; and his sisters, Ruth and Beth, Dan is survived by his three daughters: Joan (Ev), Diana (Bren), and Nancy (Jack); his son Steven (Shawna); his loving grandchildren Jeneen (Derick), Kira (Dean), Benj (Jordanna), David (Heather), Jessie, Jen (Kurt), Russ, and Sonia (Lynne); his great-grandchildren Jayden, Ryan, Tea, Connor, Calib, and Theo; his brother Aubrey (Winn) of Saskatoon; and brother-inlaw Doug (Viv) Bocking of London, Ontario.

> -Steve Edworthy, MD **Calgary**

Did you know this physician?

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