Department of Consumer Affairs

ACTION REPORT

BOARD OF MEDICAL QUALITY ASSURANCE

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COMPREHENSIVE APPROACH NEEDED TO HELP CONTROL PRESCRIPTION DRUG ABUSE

A report to the congress by the Comptroller General, dated October 29, 1982, states that a comprehensive approach is needed to help control prescription drug abuse. The abuse of prescription drugs, most of which are obtained at the retail level, results in more injuries and deaths to Americans than all illegal drugs combined. A comprehensive approach using law enforcement, regulation, education, and professional peer pressure is the best hope of controlling these drugs. Recent actions by the American Medical Association to implement this approach are steps in the right direction. Unintentional misprescribing by doctors, intentional misprescribing by unscrupulous doctors, pharmacy thefts, illegal sales by pharmacists, and forged prescriptions are among the various ways by which abused prescription drugs are obtained. Because of the enormity and complexity of the prescription drug abuse problem, law enforcement alone cannot combat it and a comprehensive approach is necessary to combat the problem.

In June 1981, the American Medical Association adopted a report which recognized that prescription drug abuse can result from both intentional and unintentional actions of physicians.

The American Medical Association report recommended that state medical societies carry out the following specific actions:

1. To curtail prescription drug abuse and to promote appropriate prescribing practices, these societies should institute a comprehensive statewide program that incorporates the following elements:
   a. Determination of the nature and extent of the prescription drug abuse problem.
   b. Cooperative relationships with law enforcement, regulatory agencies, pharmacists, and other professional groups to identify "script doctors" and bring them to justice and to prevent other unlawful activities related to prescription drugs.
   c. Cooperative relationships with such bodies to provide education to "duped doctors" and "dated doctors" so their prescribing practices can be improved.
   d. Educational materials on appropriate prescribing of controlled drugs for all physicians and for medical students.
2. Recognizing the fact that even optimal prescribing practices will neither eliminate the availability of drugs for abuse purposes, nor appreciably affect the root causes of drug abuse, state medical societies should:
   a. Educate patients and the public on the appropriate medical uses of controlled drugs and the deleterious effects of the abuse of these substances.
   b. Provide instruction and consultation to practicing physicians on the treatment of drug abuse and drug dependence in its various forms.

NON-NARCOTIC PAIN RELIEF— THE OPTIONS

(Excerpts from a report in the June 30, 1982 issue of the Medical Tribune discussing nonsteroidal anti-inflammatory drugs)

Physicians are reminded that more nonsteroidal anti-inflammatory drugs and fewer narcotics should be prescribed to chronic pain patients in order to avoid addiction problems. An appreciable number of patients evaluated at pain centers require detoxification. The nonsteroidal anti-inflammatory drugs are as effective as narcotics in treating pain especially in those conditions where inflammation is suspected as the underlying cause of the chronic pain. Four examples of this class of drug are benoxaprofen, zomepirac, piroxicam and diflunisal. These drugs should be prescribed for at least a month before deciding if the drug is providing pain relief. The nonsteroidal anti-inflammatory drugs should not be given to patients with known allergy to aspirin.

BREAST CANCER SUMMARY

After two years of hard work, much collaboration, and numerous drafts, the breast cancer brochure required by Senator Roberti's SB 1893 of 1980 was mailed out in February to all California physicians.

The summary was written by the Department of Health Services on the recommendation of the Cancer

(Continued on Page 2)

(Continued from Page 1)

Advisory Council in layman's language that can be understood by the patient. It informs the patient of the advantages, disadvantages, risks, and descriptions of the effective alternative methods of treatment.

The failure of a physician to inform a patient being treated for breast cancer by means of this summary constitutes unprofessional conduct. The summary has been printed in a form which may be reproduced by physicians for distribution to their patients or additional printed copies may be purchased from:

State of California
Publications Section
P.O. Box 1015
North Highlands, CA 95660

at a cost of:

25 copies	**$3.40**
50 copies	**$6.15**
100 copies	**$9.15**

ATTENTION ALL DOCTORS:

Did you know that your address is maintained on a computer file for quick reference? The Board's verifications unit receives numerous calls from consumers requesting information regarding a doctor's current mailing and/or business address, and the law requires that this information be released to the caller.

Your "address of record" appears on the Board's license master file and is established when you are initially licensed by the State to practice medicine. The law does not restrict what address you must submit on your application for licensure (home or business), but the law does require that you report to the Board any changes made to your current mailing address. Section 1302 of the California Administrative Code states

> "Each person holding a certificate, license, certificate of registration, permit or any other authority issued under this chapter shall file his or her proper and current mailing address with the division (Board of Medical Quality Assurance) in its principal office, and shall immediately notify the division at its office of any and all changes of mailing address, giving both the old and new address."

Please keep in mind that the public does have access to your "address of record", either by telephone, or through the purchase of a computer list. If you wish to have your home address as your "address of record", but do not want this address used for commercial purposes, the Board can at your request, annotate your license master file with the letter "N", and your address will not be placed on lists sold to the public. However, the placement of the letter "N" on your license master file does not protect your address from being released over the telephone to a consumer.

To assure protection of your home address, the Board recommends that you use your business address as your "address of record" whenever possible. If you are a retired physician, the Board suggests that you maintain a post office box "address of record".

DISCIPLINARY ACTIONS
July 1, 1982–December 31, 1982

Anderson, Arthur Ray, M.D. (C-24538)—San Francisco
2234(b), (c), (d), 725 B&P Code
Gross negligence, incompetence, repeated similar negligent acts and clearly excessive diagnostic procedures and excessive prescribing, involving numerous patients. Prior discipline.
Revoked
October 22, 1982

Apablasa, Robert J., M.D. (G-4587)—Los Angeles
Stipulated Decision. Probation violations.
Revoked
August 19, 1982

Armstrong, Richard M., M.D. (A-17174)—Farmersville
2234(b), (c), (d), 725 B&P Code
Stipulated Decision. Gross negligence, incompetence, repeated similar negligent acts, clearly excessive prescribing.
Revoked, stayed, 7 years probation on terms and conditions, including 90 days actual suspension.
August 13, 1982

Arthur, Thelma E., M.D. (A-27355)—Chula Vista
2234(b), (d), (e) 2252 B&P Code
Gross negligence, incompetence, dishonesty and misleading advertising involving the Arthur Morphologic Immunostatus Differential Test (A-MID), a worthless cancer detection test.
Revoked
September 28, 1982

Brother, Paul R., M.D. (A-11389)—Fresno
725, 2234(b), 2238, 2241, 2242, B&P Code
Stipulated Decision. Excessive prescribing without good faith prior examination and medical indication; gross negligence; violation of drug statutes.
Revoked, stayed, 5 years probation on terms and conditions.
July 19, 1982

Buckman, Philip E., M.D. (A-27124)—Exeter
Stipulated Decision. Non-compliance with probation.
Voluntary surrender of license.
July 15, 1982

Chen, Thomas T., M.D. (C-23674)—Stockton
2234(b), (d) B&P Code
Gross negligence and incompetence in mismanagement of post-cholecystectomy complications.
Revoked, stayed, 5 years probation on terms and conditions.
July 23, 1982

Crenshaw, Gerald L., M.D. (A-7165)—Oakland
Stipulated Decision. Surrender of license.
December 15, 1982

DeHaan, Charles, Jr., M.D. (C-17977)—Blythe
490, 2236, 2238, 2242 B&P Code
Stipulated Decision. Felony conviction for prescribing controlled substances to a person not under his care for a pathology or condition. Prescribing without prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
November 12, 1982

Dudley, Seymour, M.D. (AO-8250)—Orinda
725, 2242 B&P Code
Stipulated Decision. Excessive prescribing of controlled substances without prior examination and medical indication.
Revoked, stayed, 5 years probation on terms and conditions.
July 19, 1982

Engel, Felix, M.D. (A-18490)—San Diego
Stipulated Decision. Surrender of license.
Accusation dismissed.
August 10, 1982

Fillerup, Leland M., M.D. (A-16316)—Paradise
490, 2236, 2234(e) B&P Code
Conviction for filing false Medi-Cal claims.
90 days suspension, stayed, 2 years probation on terms and conditions.
September 15, 1982

Finley, Robert H., M.D. (C-26908)—Avenal
2242, 2238 B&P Code
Prescribed Demerol without good faith prior examination. Prior discipline.
Revoked, stayed, 5 years probation on terms and conditions.
August 13, 1982

Fong, Reynaldo M., M.D. (A-32438)—San Diego
2236, 2234(e) B&P Code
Conviction for filing false insurance claims.
Revoked, stayed, 5 years probation on terms and conditions, including 30 days actual suspension.
December 1, 1982

Fort, Joel, M.D. (G-4270)—San Francisco
2361(a) old B&P Code
Assisted others who knowingly made documents relating to the practice of medicine which falsely represented the existence or nonexistence of a state of facts.
Three month suspension, stayed, one year probation on terms and conditions.
Judicial review recently completed.
December 15, 1982

Franz, Joseph Walter, M.D. (A-28633)—Irvine
2361(b), (e), 2411 old B&P Code
Gross negligence in the management of a surgical patient who died. Knowingly made false statement in medical document.
Revoked, stayed, 7 years probation on terms and conditions, including 6 months actual suspension.
Judicial review recently completed.
November 29, 1982

Frierson, Walter S., M.D. (G-31082)—San Luis Obispo
490, 2234 B&P Code
Felony conviction for lewd conduct with a child.
Revoked.
August 13, 1982

Gair, Lynn E., M.D. (A-10910)—Wasco
2234, 2261, 2238 B&P Code
Stipulated Decision. Failed to be on the premises to directly supervise an employed physician on probation, as agreed; and issued pre-signed blank prescriptions to that probationer.
Revoked, stayed, 5 years probation on terms and conditions.
December 17, 1982

Grant, Leo Jacob, M.D. (G-34313)—Bronx, NY
2305 B&P Code
Florida license revoked by Florida.
Revoked
September 15, 1982

Grossman, Howard R., M.D. (G-16124)—San Diego
490, 2236 B&P Code
Stipulated Decision. Conviction for robbery.
Revoked, stayed, 5 years probation on terms and conditions.
July 19, 1982

Havenhill, Asher D., M.D. (AO-6532)—Fresno
725 B&P Code
Stipulated Decision. Clearly excessive prescribing of controlled substances to 17 patients.
Revoked, stayed, 5 years probation on terms and conditions, including 60 days actual suspension.
September 29, 1982

Henderson, Leslie J., M.D. (C-16301)—Paramount
725, 2242 B&P Code
Stipulated Decision. Prescribing controlled substances without prior examination and medical indication; and excessive prescribing.
Revoked, stayed, 5 years probation on terms and conditions.
September 27, 1982

Hicks, Benjamin F., Jr., M.D. (A-19132)—Solano Beach
725, 2361.5 old B&P Code
Stipulated Decision. Clearly excessive prescribing of controlled substances.
Revoked, stayed, 5 years probation on terms and conditions.
November 12, 1982

Hoeffken, Eugene H., M.D. (G-15869)—Folsom
2238, 4228(b), 4047.5 B&P Code
Violated statutes regulating drugs.
30 days suspension, stayed, one year probation on terms and conditions.
November 1, 1982

Hoemann, Virgil H., M.D. (A-29122)—Los Angeles
725, 2242, 2238 B&P Code; 11210 H&S Code
Stipulated Decision. Prescribed controlled substances without a good faith prior examination and medical indication; excessive prescribing; violated statute regulating drugs.
Revoked, stayed, 5 years probation on terms and conditions.
September 20, 1982

Hoffman, George, M.D. (A-28322)—Sacramento
2242, 2238 B&P Code; 11190 H&S Code
Stipulated Decision. Prescribed controlled substances without a good faith prior examination and medical indication; failed to keep record of drug transactions.
Revoked, stayed, 5 years probation on terms and conditions.
December 9, 1982

Julin, Lars Johan, M.D. (A-31914)—Kingsburg
2239, 2234(a), 2238, 2242, 2261 B&P Code
Prescribed dangerous drugs without a good faith prior examination and medical indication; made false statements on prescriptions; self-prescribed drugs.
Revoked, stayed, 3 years probation on terms and conditions.
July 16, 1982

Kerwin, David S., M.D. (G-7547)—Modesto
725, 2234, 2242 B&P Code
Stipulated Decision. Clearly excessive prescribing of controlled drugs to patients addicted to such drugs.
One year suspension, stayed, 5 years probation on terms and conditions, including 90 days actual suspension.
November 1, 1982

Klaus, A. Walden, M.D. (C-8682)—Visalia
Stipulated surrender of license.
Accusation dismissed.
September 27, 1982

LoGuercio, Mildred J., M.D. (A-28359)—Sacramento
2234(b), (c), (d) B&P Code
Clearly excessive prescribing constituting negligence, incompetence, and repeated similar negligent acts.
Revoked, stayed, 5 years probation on terms and conditions.
August 10, 1982

Madden, John Thomas, M.D. (A-23239)—Carlsbad
2234(b), (d) B&P Code
Stipulated Decision. Gross negligence and incompetence in performing three vasectomies on the same patient, all unsuccessful because the vas deferens was not cut.
Revoked, stayed, 5 years probation on terms and conditions.
July 30, 1982

Maher, John A., M.D. (A-14956)—San Francisco
2234(b), (c), (d), 725 B&P Code
Gross negligence, incompetence, repeated similar negligent acts, and excessive treatment in the care of gynecology patients.
Revoked, stayed, 10 years probation on terms and conditions.
September 2, 1982

Mandel, Jeffrey A., M.D. (C-36613)—Berkeley
2236, 2234(e), 2261 B&P Code
Stipulated Decision. Conviction for filing false Medi-Cal claims.
Revoked, stayed, 5 years probation on terms and conditions, including 45 days actual suspension.
October 1, 1982

Mann, Morris A., M.D. (A-33644)—Redwood City
2234(c) B&P Code
Stipulated Decision. Repeated similar negligent acts in ordering blood transfusions and medications without appropriate indication, and in making inappropriate diagnoses.
Revoked, stayed, 3 years probation on terms and conditions.
October 4, 1982

McAlpine, Lawrence L., M.D. (C-22630)—Santa Barbara
2234(c) B&P Code
Repeated similar negligent acts in connection with prenatal and neonatal care and involving jaundiced infanta with blood incompatibilities.
Revoked, stayed, 5 years probation on terms and conditions.
August 16, 1982

Miller, Donald Alan, M.D. (G-9518)—Indio
Stipulated Decision. Conviction for conspiracy to commit murder. Under a prior stipulation, if the criminal conviction was upheld on appeal, the license would be revoked. The conviction was upheld.
Revoked.
August 4, 1982

Muff, Anthony L., M.D. (A-10288)—Camarillo
2234(b), (d) B&P Code
Gross negligence and incompetence in the delivery of a baby, and in the misdiagnosis of that baby's fractured skull.
Revoked, stayed, 5 years probation on terms and conditions.
October 4, 1982

Naber, Robert A., M.D. (G-14425)—Salinas
Stipulated Decision. Surrender of license.
Accusation dismissed.
September 24, 1982

Repaire, John R., M.D. (C-25189)—San Diego
2234(b) B&P Code
Gross negligence in the management of a home delivery.
Revoked, stayed, 5 years probation on terms and conditions.
November 18, 1982

Roger, Alfonso C., M.D. (G-32854)—Hacienda Heights
2264, 2234(e) B&P Code
Stipulated Decision. Aided and abetted an unlicensed employee in the unlawful practice of medicine. Dishonesty in telling arresting investigator the employee was not present when in fact the employee was hiding in the closet.
Revoked, stayed, 5 years probation on terms and conditions, including 45 days actual suspension.
October 4, 1982

Saaty, Joseph I., M.D. (AO-9813)—Dos Palos
490, 725, 2234, 2236, 2237, 2238, 2242, 2261 B&P Code
Stipulated Decision. Conviction for unlawfully furnishing a controlled substance. Clearly excessive prescribing without a good faith prior examination and medical indication to persons not under his treatment for a pathology or condition. Falsified a medical record.
Revoked, stayed, 7 years probation on terms and conditions, including 90 days actual suspension.
July 30, 1982

Scharer, Dale Roger, M.D. (G-17302)—La Crescenta
Failed to comply with conditions of probation under a prior disciplinary decision. No appearance by respondent.
Revoked.
July 30, 1982

Schultz, Charles M., M.D. (C-25106)—Woodburn, OR
2234, 2305 B&P Code
Discipline by the Oregon medical board against his Oregon license. No appearance by respondent.
Revoked.
November 8, 1982

Simon, Franklin S., M.D. (G-19705)—Belle Harbor, NY
2305 B&P Code
Discipline by New York against his New York license.
Revoked.
October 4, 1982

Somers, Lowell M., M.D. (A-22923)—Clearlake Highlands
2390, 2391.5, 2417 old B&P Code
Self administration of Demerol and Cocaine. Mental impairment affecting the ability to practice safely. Violation of statutes regulating drugs.
Revoked, stayed, 10 years probation on terms and conditions, including 6 months actual suspension. His practice is further suspended until he is deemed fit to practice safely by a psychiatrist assigned by the Board. Judicial review recently completed.
October 8, 1980

Spelman, Leslie P., M.D. (G-7675)—Chula Vista
Violation of conditions of probation under a prior disciplinary decision.
Revoked, stayed, 7 years probation on terms and conditions, including 6 months actual suspension.
November 18, 1982

Tang, Yiwen Y., M.D. (C-15515)—San Francisco
2252 B&P Code
Stipulated Decision. Administering Laetrile in violation of 1707.1 H&S Code.
Respondent stipulates his license be placed on inactive status for 5 years.
September 2, 1982

Troy, Vincent J., M.D. (A-18138)—Tehachapi
725, 2242, 2238 B&P Code
Stipulated Decision. Clearly excessive prescribing of controlled substances without a good faith prior examination and medical indication; using a false name in a prescription.
Revoked, stayed, 5 years probation on terms and conditions.
October 4, 1982

Williams, Ernest L., M.D. (A-10749)—Oxnard
2234(a), (e), 2261, 2238 B&P Code
Violated statutes regulating drugs. Circumvented lack of drug privileges by getting another physician to give him pre-signed prescription forms in blank.
Violated conditions of probation. Revoked, stayed, 10 years probation on terms and conditions, including 6 months actual suspension.
August 24, 1982

Willis, Charles D., M.D. (A-17056)—Fresno
2361, 2361(b) old B&P Code
Sexual transgression.
Revoked, stayed, 10 years probation on terms and conditions.
Lengthy judicial review recently completed, ending in a stipulated settlement of the case.
October 13, 1982

Winton, Ervin Otis, M.D. (A-15472)—Fair Oaks
725, 2234(a), (c), (e), 2261, 2242, 2238 B&P Code
Stipulated Decision. Clearly excessive prescribing of controlled substances without a good faith prior examination and medical indication, and to persons not under his care for a pathology or condition. Repeated acts of similar negligence. Falsified a medical record. Violated statutes regulating drugs. Aided Physician's Assistant in unauthorized practice.
Revoked, stayed, 5 years probation on terms and conditions, including one year actual suspension.
September 2, 1982

Guidelines to Physician Care in Skilled Nursing Facilities

The following guidelines were developed by physicians who deliver care to patients in long-term care facilities in Alameda and Contra Costa Counties. These interested physicians met with nursing home administrators as well as representatives from District V Medical Quality Review Committee to reach agreement on guidelines which reflect basic expectations about physicians' delivery of care in skilled nursing facilities. Because these guidelines were so well received in Alameda and Contra Costa Counties the Board was requested to make them available to other physicians. We have printed them not as general standards or regulations but merely as information. If you are interested in developing a similar set of guidelines for your community you may take the prerogative of modifying them to fit your needs.

I. CARRYING OUT THE INITIAL ADMISSION EXAMINATION

In keeping with federal regulations, physicians should examine new patients in a skilled nursing facility within 48 hours of admission. It is acceptable in those cases where the physician has cared for the patient in the acute hospital, prior to transfer to the skilled nursing facility, that the admission examination be carried out within five days.

It is the standard of practice for a physician who accepts a new patient into the skilled nursing facility to carry out a complete history and physical examination. It is not acceptable for the admitting physician to simply write on the record, "Refer to the history and physical from the acute hospital;" or "See prior physician's examination."

II. FOLLOW UP EXAMINATION

Follow up examinations are generally carried out on a monthly basis. The extent of the examination varies with the condition of the patient, and is left to the clinical judgment of the physician.

III. USE OF A PHYSICIAN EXTENDER

The use of either a nurse practioner or a physician assistant by a physician in caring for patients in a skilled nursing facility is appropriate and at the discretion of the physician. Such use should follow the following criteria:

A. That there is a written policy or guideline at the facility permitting the physician extender to examine patients; and that guidelines for supervision between the physician extender and the physician exist which clearly outline the duties and responsibilities of the physician extender.

B. That the physician is ultimately responsible for the care of the patient.

C. That the physician must physically see the patient on a regular basis, despite the fact that the physician extender is also seeing and examining the patient.

D. That all orders written by the physician extender are countersigned on a regular basis by the physician. All orders for medication must be patient specific and initiated by the physician. The physician may then delegate a physician extender to transmit the order to a pharmacist or nursing personnel for them to dispense or administer as appropriate.

IV. PHYSICIAN RESPONSE TO CHANGES IN THE CONDITION OF A PATIENT

In those situations where the nursing staff is concerned about the changes in a patient's condition, the physician has the following options after an assessment of the situation:

A. Order medications and treatment by telephone.

B. Order transfer of the patient to an emergency room facility for intensive care.

When this is done, it is the responsibility of the physician to contact the emergency room physician to communicate background medical history on the patient. It is considered a departure from the standard of practice to "dump" a patient on an emergency room physician without communicating with the new physician.

C. Go to the skilled nursing facility to examine the patient; or send the physician extender to examine the patient, who may then report back to the physician as required.

D. Give the nursing staff and family members reassurance, comfort, and support in those cases which are terminal.

The physician should try early on to develop an understanding of the desires of the family with regard to "heroic and intensive care."

These standards apply at night as well as during the daytime.

V. RESPONSE TIME

It is the standard of practice for physicians who care for patients in skilled nursing facilities to be available to respond to any medical problem that might arise. In the event that the treating physician is out of town, a specific alternate physician must be designated to receive calls.

The physician's response time should not go beyond two hours from the time that the facility has initiated a call for the physician. A call from the facility should always be answered. A call from family members may be answered depending on the physician's judgment.

A JOINT STATEMENT BY THE BOARD OF MEDICAL QUALITY ASSURANCE AND THE CALIFORNIA MEDICAL ASSOCIATION ON THE PRESCRIBING OF SCHEDULE II NONNARCOTIC CONTROLLED SUBSTANCES

January 1981
Amended January 1983
(amendments shown in italics)

The Board of Medical Quality Assurance has had an inordinate number of disciplinary and nondisciplinary cases that involve the prescribing of Schedule II drugs. The Board of Medical Quality Assurance and the California Medical Association believe it would be useful to all physicians to review these drugs and the standards of practice concerning their use.

It is recognized that occasional clinical situations may require therapeutic approaches that do not fit exactly into these guidelines. Use of Schedule II drugs for other than approved indications may be considered after thorough documentation of need, careful medical and/or psychiatric evaluation, the possible utilization of a second opinion or consideration of use of an informed consent with the patient. In those instances where the drug is used, contraindications should be noted and potential toxicity and dependence carefully monitored. To do otherwise may be considered a violation of the California Medical Practice Act.

The supply of these drugs comes from both licit and illicit sources, and the supply and availability vary in response to the ease of manufacture or illegal import.

Physicians' prescriptions account for significant amounts of licit drugs that are diverted to abuse and/or resale "on the street." It is unfortunate that members of the medical profession both intentionally and unintentionally have become the conduit for this diversion.

The Board of Medical Quality Assurance and the California Medical Association have become aware that in many instances the established guidelines for Schedule II drug use in medical practice are unfamiliar or have been ignored by the physicians involved.

This effort is meant to be educational for physicians and not constrictive to the delivery of good medical care. The majority of disciplinary actions coming before the Board of Medical Quality Assurance concern methylphenidate (Ritalin); methaqualone (Quaalude); amphetamines, phenmetrazine (Preludin); and Schedule II barbiturates (amobarbital, secobarbital, pentobarbital).

Methylphenidate and amphetamines are accepted for chronic use in the treatment of properly documented narcolepsy in adults and Attention Deficit Disorder (ADD) in children. *Amphetamines and methylphenidate are occasionally indicated in carefully documented cases where childhood Attention Deficit Disorder extends into adulthood.* They may be useful in the treatment of depression when they are used as a 2-3 day trial to gauge the potential effectiveness of certain tricyclic antidepressants. They may be indicated in mild depression and senile withdrawn behavior in the elderly. *The use of either amphetamines, or of methylphenidate in conjunction with tricyclics, may be indicated, with proper documentation and careful control, in the treatment of mild depression in older non-senile patients.* The fourth edition of the AMA Drug Evaluation (1980) states "psychomotor stimulants are not recommended for the vast majority of patients with affective disorders. The potential for tolerance and abuse of these drugs is high, and no controlled studies exist to support their effectiveness in most depressive illness."

Amphetamines are used in weight reduction programs but only under specific conditions. This includes a thorough prior history, physical examination, appropriate diagnostic testing, a carefully prescribed diet, and close supervision to monitor weight loss and adverse side effects including signs of dependence. The use of amphetamines on a long-term basis remains controversial and good studies to support or refute their effectiveness are not available, even in conjunction with the monitoring recommended for short-term use. The following warning is contained in the AMA Drug Evaluation:

> "Although amphetamines are effective temporarily in producing slightly more weight loss than control groups, the long-term benefit is clinically insignificant because of the development of tolerance; and the potential for abuse is considerable. For these reasons, alternative management programs, preferably non-drug, are strongly recommended and the use of amphetamines discouraged."

Current literature does not support the use of central nervous system stimulants in the treatment of alcoholism, prevention of its recurrence or the depression which frequently accompanies withdrawal and abstinence from alcohol. It is not within present standards of practice to prescribe these medications for treatment of drug dependence, fatigue, anxiety reactions, chronic anxiety states or to generate a feeling of well-being in any patient.

A search of the pharmacologic, psychiatric and general medical literature does not support the use of amphetamine or methylphenidate in conjunction with barbiturates (Schedule II) or long-acting barbiturates except to counteract the somnolence produced in the treatment of seizure disorders. (Other anticonvulsants; e.g., Dilantin, Tegretol, Valproic Acid, Zarontin and Clonopin should be tried when appropriate.)

It is not accepted medical practice to prescribe any stimulant, sedative or narcotic for the purpose of maintenance of any patient who is dependent or addicted to them.

Methaqualone and Schedule II barbiturates are not recommended for the treatment of alcoholism or drug dependence, and their use is contraindicated in any patient with a history of alcoholism or drug dependence. Their potential for abuse and rapid induction of tolerance make them unsafe for chronic use in anxiety. Their usefulness for insomnia does not extend beyond a period of 14 days, as demonstrated through sleep studies. Other modalities and/or drugs should be tried. Chronic maintenance of dependency producing doses (400 to 600 mg) are never appropriate.

In summary, it is the current standard of medical practice not to prescribe central nervous system stimulants, methaqualone or the Schedule II barbiturates except in the circumstances outlined above.

The following are the current indications and contraindications for the following drugs:

Methylphenidate is only appropriate for:

1. Documented narcolepsy in adults.
2. Attention Deficit Disorder (ADD) in children.
3. Mild depression and withdrawn senile behavior in the elderly.
4. *Attention Deficit Disorder when it extends beyond childhood into adulthood.*
5. *Mild depression in older non-senile patients in conjunction with tricyclics (with proper documentation and careful control).*

Methylphenidate is possibly effective (although not FDA approved) for depressed patients for 2-3 day trial to gauge potential effectiveness of certain tricyclic antidepressants. The indications and need for its continued use should be carefully documented.

Methylphenidate is not appropriate for:

1. Alcoholism.
2. Agitated depression.

Amphetamines are only appropriate for:

1. Short-term (8-12 weeks) use as an appetite suppressant after history and physical and appropriate diagnostic studies and in conjunction with appropriate diet, counseling and monitoring.
2. Narcolepsy.
3. Attention Deficit Disorder (ADD) in children.
4. *Attention Deficit Disorder when it extends beyond childhood into adulthood.*
5. *Mild depression in older non-senile patients in conjunction with tricyclics (with proper documentation and careful control).*

Amphetamines are possibly effective (although not FDA approved) for depressed patients for 2-3 day trial to gauge potential effectiveness of certain tricyclic antidepressants. The indications and need for continued use should be carefully documented.

Amphetamines are not appropriate for:

1. Longer term (more than 12 weeks) use for appetite suppression.
2. Fatigued patients.
3. Helping patients feel good.
4. Alcoholic patients.

Methaqualone and Schedule II barbiturates are only appropriate for:

1. Short-term use in treating insomnia.
2. Short-term use in treating anxiety.

Methaqualone and Schedule II barbiturates are not appropriate for:

1. Patients with history of drug abuse or alcoholism.
2. In conjunction with central nervous system stimulants such as amphetamines.
3. Seizure disorders.
4. The treatment of chronic anxiety.

Phenmetrazine is only appropriate for:

1. Short-term (8-12) weeks use as an appetite suppressant after history and physical and appropriate diagnostic studies and in conjunction with appropriate diet, counseling and monitoring.

Phenmetrazine is not appropriate for:

1. Long-term use for appetite suppression (more than 12 weeks).
2. Depressed patients.
3. Fatigued patients.
4. Helping patients feel good.

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825

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