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## Vectrin advertisement.

[s.l.]: [s.n.], 1972

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# BRONCHITIS:

## Vectrin<sup>®</sup>

(minocycline hydrochloride)

**is often  
effective therapy  
in bacterial bronchitis\***

\*Due to susceptible organisms.

Effective against *Mycoplasma pneumoniae*  
and susceptible strains of *Hemophilus influenzae*,  
*Diplococcus pneumoniae*, and *Klebsiella*



## BRONCHITIS:

Broad-Spectrum Antibiotic

**Vectrin** Capsules, 100 mg  
(minocycline hydrochloride capsules, USP)

200 mg STAT,  
then 100 mg  
every 12 hours



### Brief Summary of Prescribing Information

**Indicated** in infections caused by *Mycoplasma pneumoniae* and *Diplococcus pneumoniae*. Consult package insert for complete prescribing information.

**Contraindication:** Hypersensitivity to any tetracycline.

**Warnings:** When need for intensive treatment outweighs potential dangers, perform renal and liver function tests before and during therapy; also follow serum concentrations. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower total doses, and, in prolonged therapy, determine serum levels. The use of tetracyclines during tooth development (last half of pregnancy, infancy, and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated.

Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies with minocycline HCl indicated that photosensitivity did not occur. However, reports have been received. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN leading to azotemia, hyperphosphatemia, and acidosis. **CNS side effects:** (light-headedness, dizziness, vertigo) have been reported, may disappear during therapy, and always disappear rapidly when drug is discontinued. Caution patients who experience these symptoms about driving vehicles or using hazardous machinery while taking this drug.

**Pregnancy:** In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. The safety of minocycline HCl for use during pregnancy has not been established. **Newborns, infants, and children:** All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg/kg every six hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug in this class.

**Precautions:** Use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, antibiotics should be discontinued and appropriate therapy instituted. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (eg, renal, hepatic, and hemopoietic) in long-term use. Treat all group A beta-hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

**Adverse reactions: GI:** Anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region.

**Skin:** Maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above. (See Warnings.) **Renal toxicity:** Rise in BUN, dose-related. (See Warnings.) **Hypersensitivity reactions:** Urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. **Blood:** Hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. **CNS:** (See Warnings.) When given over prolonged periods, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur.

**NOTE: Concomitant therapy:** Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral tetracycline. Studies to date indicate that absorption of VECTRIN (minocycline hydrochloride) is not notably influenced by foods and dairy products.

Full prescribing information available upon request.

## PARKE-DAVIS