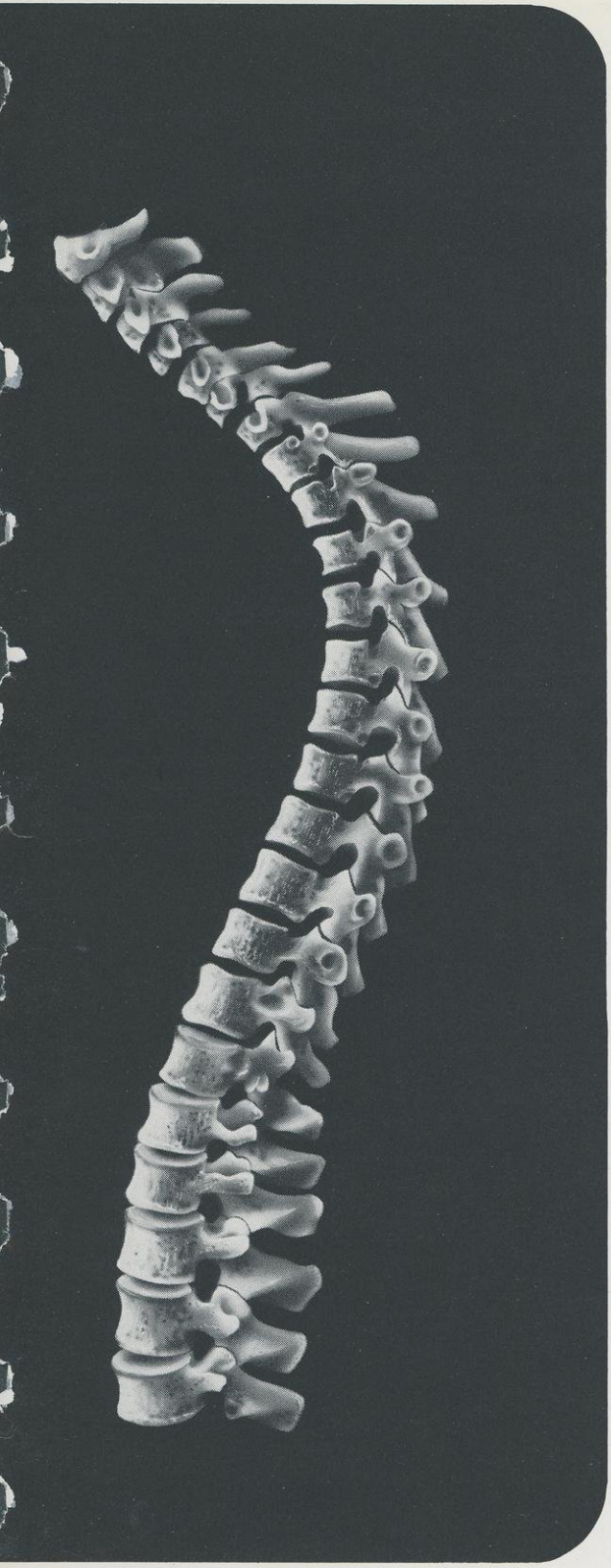
Formatrix advertisement.

[s.l.]: [s.n.], 1969



Typically, the postmenopausal woman of "shrinking" stature has a long history of backaches. Eventually, there is incapacitating pain, with progressive bone atrophy and compression fractures. She notices she is becoming round-shouldered and is losing height. Finally, a radiological examination reveals what was so long undetected: *osteoporosis.*

Because symptomatically the osteoporotic process may be "silent" and go on unnoticed, except for low back pain, an early detection of height loss is a significant diagnostic clue.

In postmenopausal osteoporosis, estrogen therapy is a well recognized therapeutic measure. Adding androgen contributes a complementary anabolic effect. Inclusion of a generous amount of ascorbic acid produces and maintains the intercellular cement substance of bone matrix, encouraging synthesis of connective tissue.

In postmenopausal osteoporosis

Formatrix®

Each tablet contains:

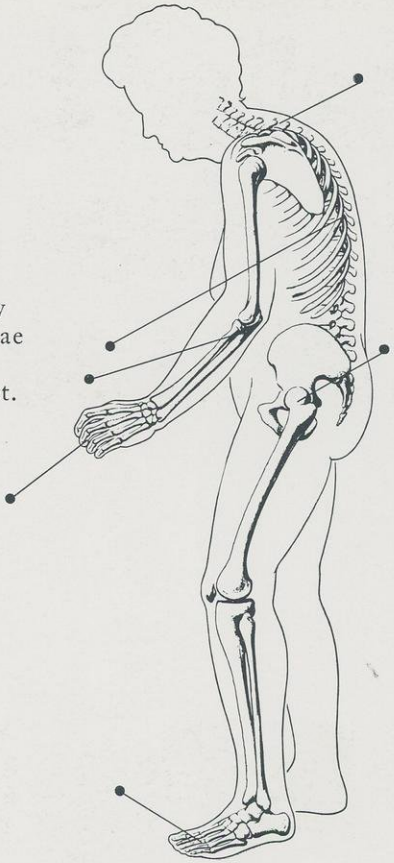
Conjugated estrogens—equine (Premarin®)	1.25 mg.
Methyltestosterone	10.0 mg.
Ascorbic acid (as sodium ascorbate)	400.0 mg.

See following page for prescribing information.

Ayerst®

Areas particularly vulnerable to osteoporotic fracture

Because of the progressive demineralization of bone in the osteoporotic process, there is an exceptionally high risk of compression fractures, which in some individuals may be asymptomatic and undiagnosed for a long time. Areas especially susceptible to these fractures are • spinal vertebrae • neck of the femur and to a lesser degree • the ribs • humerus • small bones of the hands and feet.



Brief Summary

(For full prescribing information, see package circular.)

Indications: (1) *Postmenopausal osteoporosis (after a natural or artificial menopause);* (2) *osteoporosis due to immobilization*—atrophy of disuse—(patient with fracture, bedridden, inactive); (3) *corticosteroid osteoporosis* following cortisone-like hormone therapy; (4) *osteoporosis due to malnutrition* (notably protein depletion and ascorbic acid deficiency).

Contraindication: Carcinoma of the prostate, because of the methyltestosterone component.

Adverse Reactions: In addition to withdrawal bleeding, breast tenderness or hirsutism may occur.

Suggested Dosage Regimens: 1 tablet daily. *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period). *In the male:* A careful check should be made on the status of the prostate gland when therapy is given for protracted intervals. *Adjunctive measures:* A high protein diet is recommended; immobilization should be minimized in order to restore the necessary stress and strain as natural aids to bone repair.

How Supplied: No. 883—FORMĀTRIX Tablets, in bottles of 60 and 500.

Formatrix®

Each tablet contains:

Conjugated estrogens—equine (Premarin®)	1.25 mg.
Methyltestosterone	10.0 mg.
Ascorbic acid (as sodium ascorbate)	400.0 mg.

The calculated omission of calcium

Inadequate calcium intake has not been established as a primary causative factor in osteoporosis. Estrogen and androgen promote maximum retention of calcium and other minerals, and help conserve nitrogen. Adjunctive treatment usually provides for a diet high in protein, with adequate but limited calcium intake to avoid increased calciuria. In immobilized osteoporotic patients, high calcium intake could result in hypercalciuria, with increased risk of kidney stones.

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