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Clark Patriot

'A Voice for All, an Echo for None'

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TRAINING LEADERS...Donald T. Graham, the assistant commissioner of the New Jersey Dept. of Environmental Protection, left, makes a point to the students who recently attended "Student Leadership Day," which was sponsored by Assemblyman Bob Franks, right, whose district includes Clark. Students from around the 22nd Legislative District attended the all-day conference, which was held at Bell Laboratories. Among the 100 students who attended there was representation from Clark.

Merck gets okay on new heart drug

A spokesman for the Merck Sharp & Dohme Division of Merck & Co., Inc. of Rahway said Nov. 13 the division will begin marketing this week a new oral agent for the suppression of symptomatic ventricular arrhythmias, rhythm disorders of the heart.

The drug, called Tonocard® (lidoine HCl), is the first new agent in its class to be introduced in the United States in almost eight years. The Merck drug is the first available oral analog of lidocaine, an intravenous medication that is the antiarrhythmic mainstay in coronary care units throughout the world. Tonocard received Food and Drug Administration approval for general prescription use on Nov. 9, the spokesman pointed out.

Tonocard is the first product to be marketed in the United States under a collaborative agreement between Merck and AB Astra of Sweden, the leading Scandinavian pharmaceutical company that originally developed both lidocaine and tocainide, he added.

The oral analog of lidocaine has accumulated more than 3.5 million prescription days of use abroad since 1981. Even before Tonocard received approval from the drug administration for general use in the United States more than 1,100 American physicians had obtained permission to use it under a compassionate-use protocol for treating patients who were not responding to or did not tolerate currently-available oral medications, the spokesman noted.

Thirty-eight controlled clinical trials have demonstrated the drug's efficacy in helping to control ventricular arrhythmias associated with a broad range of major heart problems - particularly, myocardial infarction, congestive heart failure, advanced arteriosclerosis and valvular heart disease, he said.

The studies also suggest Tonocard has excellent pharmacokinetics and, in open studies, appears compatible with certain cardiovascular agents such as digoxin that frequently are administered simultaneously, the spokesman explained.

"Tonocard should be a substantial addition to the present front-line armamentarium for controlling ventricular arrhythmias," observed Dr. Raymond Woosley, a doctor of philosophy, a medical doctor and professor of medicine and clinical pharmacology at Vanderbilt University School of Medicine. "Considering the common problems with drug toxicity in this field, the hallmark of Tonocard should be its tolerability - its common side effects are usually mild and transient."

The availability of an oral agent so chemically close to lidocaine should offer a smoother path to ambulatory care for thousands of patients who respond well to the intravenous medication in the hospital. Until now, such a medical history had no bearing on how well a patient would tolerate the transition from lidocaine to potent, but chemically-unrelated oral agents.

With Tonocard, physicians and patients alike can expect some of the uncertainties of the transition to oral antiarrhythmic therapy to be alleviated, according to Dr. John D. Irvin, a medical doctor, doctor of philosophy and senior director of clinical research for Cardiovascular Drugs of Merck Sharp & Dohme Research Laboratories.

"Studies at Harvard, Stanford, Vanderbilt and elsewhere indicate that 63 to 87 percent of all patients who respond to lidocaine are likely to achieve good control of ventricular arrhythmias with Tonocard," he said. Failure to respond to lidocaine usually predicts failure to respond to Tonocard, but there are exceptions to this.

Tonocard is not only effective for many patients but also has favorable electrophysiologic and hemodynamic profiles. For some time, many doctors have been concerned that activation of the myocardium or coronary muscle might become so depressed during therapy that the heart could contract with diminished force. Cardiac output in such patients could then be reduced so far that blood pressure could drop throughout the body. Congestive heart failure could be the end result, the spokesman said.

Clinical cardiac parameters were usually unchanged in the well-compensated patients in whom Tonocard was studied. However, in patients with minimal cardiac reserve, Tonocard, like other antiarrhythmic agents, should be used with caution because of the potential for ag-

gravating the degree of heart failure, he added. Tonocard overcomes the central limitation of lidocaine that prevents use of that drug for oral therapy - the "high first-pass metabolism." This means that lidocaine is so rapidly transformed and neutralized by the liver that only a continuous intravenous infusion can keep an active supply in the body. In contrast, Tonocard undergoes negligible first-pass hepatic degradation, the spokesman noted.

Tonocard commonly produces minor, transient nervous system and gastrointestinal adverse reactions, but is otherwise generally well tolerated. It has been evaluated in both short-term and long-term controlled studies as well as in a compassionate-use program.

In long-term studies of two to six months the most frequent adverse reactions were lightheadedness and dizziness (15.3 percent), nausea (14.5 percent), paraesthesia and numbness (9.2 percent) and tremor (8.4 percent). These reactions were generally mild, transient, dose-related and reversible with a reduction in dosage, by taking the drug with food, or by discontinuation of the drug.

Like other antiarrhythmics, Tonocard has not been shown to prevent sudden death in patients with serious ventricular ectopic activity. Like other drugs in its class, it has potentially serious adverse effects including the ability to worsen arrhythmias.

Therefore, it is essential each patient given Tonocard be evaluated electrocardiographically and clinically prior to and during therapy to determine whether the response to Tonocard supports continued treatment, the spokesman noted.

The drug should not be prescribed for patients who are hypersensitive to it or to local anesthetics of the amide type and patients with second- or third-degree atrioventricular block in the absence of an artificial ventricular pacemaker, he concluded.

Board outlines policy on videotaping

By R.R. Faszczewski
Apparently spurred on by complaints from parents at Clark's Frank K. Hehly School earlier this year about the videotaping of lunchroom activities, the township's Board of Education Tuesday introduced a policy under which it would "neither support nor condone the use of videotaping in areas or for circumstances where an individual has a reasonable expectation of privacy."

However, under the policy as introduced, "The Board of Education recognizes the accepted practice of videotaping as a positive educational procedure, practice and tool."

It further states the Board "also recognizes the Constitutional right to privacy of individuals when they have a reasonable expectation of privacy."

Responding to what he said he understood to be the meaning of the complaints received from Hehly parents about their children's privacy not being safeguarded, Board member, John Dillon, introduced an amendment to the policy under which it would be stated the school body shouldn't condone videotaping as a substitute for teacher supervision.

Board attorney, Steven Glickman, told Mr. Dillon

the issues raised by the videotaping were much more relevant to staffing concerns than to concerns for discipline.

Board president, Thomas Farris, explained the videotape devices at Hehly had never been hidden and there was a legal requirement for proper supervision which the school district always followed.

Board member, F. Donald Paris, who has a child in the Hehly School who was videotaped, said neither he nor his wife have any concern about the procedure.

Mr. Paris added even though there are no circumstances at the present time under which videotaping would have to be substituted for supervision, staff cutbacks and legal changes in the future might possibly make it necessary to change the policy.

Board vice president, John Fitzpatrick, said often the videotaping could be a positive force, even in the lunchroom, because it could be used later to show the students mistakes they had made in matters pertaining to safety or other matters.

Another Board member, Thelma Purdy, said the whole incident at Hehly had been taken out of context and those who had complained had misinter-

preted the use of the videotape.

Responding to the concerns expressed by Mr. Dillon, Mr. Glickman suggested the school body add to its policy that videotaping would not be used as a disciplinary measure by having a copy of the tapes put in a student's personnel file.

Mr. Fitzpatrick replied parents would not allow the school system to place videotapes in the personnel files any way, so there was no need to add that concern to the policy.

According to Mr. Paris, the policy as presented on Tuesday was sufficiently broad to let the parents know the school district was being open about its videotaping.

The policy as introduced was passed on first reading, with Mr. Dillon abstaining and James Kehoe voting against it.

Previous to this the Dillon amendment had been defeated by a six-to-three vote with only Mr. Dillon, Mr. Kehoe and John Schneider voting for it.

The school body also accepted the district organizational plan for the 1985-1986 school year to be used as a planning and budgetary preparation tool.

Mr. Dillon, who was joined by Mr. Kehoe in opposing acceptance of the plan, said he objected to what he saw as oversteering in the sixth to eighth grades at the Carl H. Kumpf School.

He explained he would like to see over 24 pupils per teacher in those grades instead of the 21 pupils to 22 pupils, on average, proposed in the plan.

School body members also approved a 1985-1986 audio-visual aid budget not to exceed \$3,253.25 for continued participation with the Union County Audio-Visual Aids Commission.

Although the vote was unanimous, Mr. Kehoe said he would like to see more of the cost of the aids come out of county taxes already paid by township residents.

The education body also approved \$32,750 in budget transfers including \$750 for the professional services of school medical officers, \$20,500 for the professional services of the attorney and \$11,500 for roof repairs and maintenance.

Mr. Glickman and Board secretary, Edward Flanagan, explained the amount being transferred for the attorney had nothing to do with the present negotiations with the Clark Education Assn. but the money was being set aside for anticipated future expenses.

Mr. Flanagan also explained the money for roof repairs was for the roof on the administration building.

He said the remainder of the \$32,770 cost was already in the capital improvement budget and this was to make up the difference.

It was also revealed by Superintendent of Schools Dr. John T. Farinella the Board has received letters from the Union County Educational Services Commission and the Solomon Schechter Day School expressing an interest in renting the entire Charles H. Brewer School.

Dr. Farinella said these other rental sources could be used as a backup in case the township decides not to fulfill the terms of its lease to rent the school for municipal purposes.

Rinaldo: Medicare needs solution above politics

The ranking Republican on the House Select Committee on Aging, Rep. Matthew J. Rinaldo, whose district includes Clark, today said Congress and the administration should remove politics from the issue of Medicare by appointing a bipartisan commission to propose reforms to save it from bankruptcy.

Rep. Rinaldo noted the financial integrity of Medicare is seriously threatened by rising health care costs and could begin running a deficit as early as 1991 in the absence of major changes.

"The financial problems confronting Medicare are greater than those faced by the Social Security system before it was overhauled in 1983, and it is only through a non-partisan approach we can come up with a legislative package that has the weight to pass both houses of Congress," he added.

When the new Congress reconvenes early in January, Rep. Rinaldo said he will again join Democratic Rep. Claude Pepper of Florida, in introducing legislation calling for the appointment of a bipartisan panel on Medicare reform. They offered similar legislation in the last session but it was sidetracked.

In shoring up the program, Rep. Rinaldo said Congress will examine both comprehensive health care cost containment and national catastrophic health insurance.

"Whatever we do, we must save the program without reducing benefits or increasing costs to the elderly and disabled who are least able to independently provide for their health-care needs," he concluded.

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