Profile

Another first for Dr. Wendy Clay

Amy Chouinard

The voice at the other end of the telephone sounds strong, clear and confident, the voice of someone who is comfortable with authority, laughs easily and is not about to be deterred by unwritten rules that keep women from attempting, much less doing, things. What she says is reminiscent of Loni Anderson's reply when asked if she's going to get fat from eating a box of chocolates: "I don't like fat so it just leaves me alone." Says Dr. Wendy Clay: "I have not personally experienced discrimination based on gender."

That statement is all the more remarkable because Clay, who will soon be promoted to the rank of brigadier-general, has been in the military 24 years and will become commandant of the National Defence Medical Centre (NDMC) in Ottawa, Canada's main military hospital, on July 31.

She will be the first woman to take on that job and one of only three who has made it to such a high rank. At present, 8148 women serve in the Canadian Forces; there is currently one female brigadier-general, who will retire as Clay and another woman move into the forces' upper echelons, to join roughly 120 males of general rank. Clay will become one of three officers of general rank in the Canadian Forces Medical Service.

Even without having met her, it is easy to imagine Clay, 46, at the controls of a Tutor jet trainer — she was the first woman to train to wings standard on that plane. "The reason I received training was my interest and experience in aviation medicine", she says. "Some of my male colleagues have been given the opportunity to do the same thing to get a better understanding of the stresses [facing] air crews."

A few years earlier she had become the first woman to receive training as a Canadian Forces flight surgeon and subsequently became base surgeon at Canadian Forces Base Moose Jaw, Sask., where she completed basic flight training.

"At the time ... they weren't training women pilots to fly operationally as they are now", she recalls. "Subsequently, the government opened up various occupations." Those words offered an opportunity to ask the question I had been waiting for. What does she think of the recent move to place women in combat roles?

She pauses, but doesn't dodge the question. "I have to choose my words carefully. ... Let's just say I'm not aware of a large ground swell within the services for women to serve in the infantry in combat roles. For things like fighter aircraft, yes. Certainly there's no good reason that women can't fly any kind of aircraft.

"I'll put it this way: in the 24 years that I have been in the service, I have seen the opportunities for women expand radically. I was the first female doctor

"Let's just say I'm not aware of a large ground swell within the services for women to serve in the infantry in combat roles."

Dr. Wendy Clay

Amy Chouinard is a freelance writer/editor living in Ottawa.
CAPOTEN: Hypertension: Initiation of therapy requires consideration of recent antihypertensive drug treatment, the extent of blood pressure elevation, salt and water restrictions, and other clinical circumstances. If possible, discontinue the patient's previous antihypertensive drug regimen for one week before starting CAPOTEN. If this is impossible, especially in severe hypertension, the diuretic should be continued until the initial dose of CAPOTEN is 25 mg b.i.d. or t.i.d. If satisfactory reduction of blood pressure has not been achieved after one or two weeks, the dosage of CAPOTEN should be increased to 50 mg b.i.d. or t.i.d. The dose should be increased in hypertension usually does not exceed 150 mg daily. Therefore, if the blood pressure has not been satisfactorily controlled after 1 to 2 weeks, patients are not already receiving diuretic, a modest dose of a thiazide-like diuretic (e.g., hydrochlorothiazide, 25 mg daily) should be added. The diuretic dose may be increased at 1 to 2 week intervals until the highest usual antihypertensive dose is reached. If CAPOTEN is started in a patient already receiving a diuretic, CAPOTEN therapy should be initiated under close medical supervision. See PRECAUTIONS (Drug Interactions) regarding hypotension, with dosage and titration of CAPOTEN as noted above. In severe hypertension, if further blood pressure reduction is required, the dose of CAPOTEN may be increased to 100 mg b.i.d. or t.i.d., and, if necessary, to 150 mg b.i.d. or t.i.d., while continuing the diuretic. The usual dose range is 25 to 150 mg b.i.d. or t.i.d. A maximum daily dose of 450 mg given in three equally divided doses should not be exceeded. For patients with accelerated or malignant hypertension, when temporary discontinuance of current antihypertensive therapy is not possible or desirable, or when prompt titration to more normotensive blood pressure levels is indicated, diuretic should be continued but other concurrent antihypertensive medication should be added. Start CAPOTEN dosage at 25 mg b.i.d. under close medical supervision. When necessitated by the patient's clinical condition, the daily dose of CAPOTEN may be increased every 2 to 3 hours until continuous medical supervision until a satisfactory blood pressure response is obtained or the maximum dose is reached. In this regimen, addition of a more potent diuretic, e.g., hydrochlorothiazide, may be added. Beta-blockers may also be used in conjunction with CAPOTEN therapy (see PRECAUTIONS — Drug Interactions) but the effects of the two drugs are less than additive.

Heart Failure: Initiation of therapy requires consideration of recent diuretic therapy and the possibility of severe salt/volume depletion. In patients with other normal or low blood pressures, who have been vigorously treated with diuretics and who may be hypotenomeric and/or hypovolemic, a starting dose of 6.25 or 12.5 mg t.i.d. may minimize the magnitude or duration of the hypotensive effect (see WARNINGS, Hypotension). For patients with this type of cardiac condition, the daily dose of CAPOTEN may be increased every 2 to 3 hours until 50 mg t.i.d. is reached, further increases in dosage should be delayed, where possible, for at least two weeks to determine if a satisfactory response occurs. Most patients studied have had a satisfactory clinical improvement at 50 or 100 mg t.i.d. A maximum daily dose of 450 mg of CAPOTEN should not be exceeded. CAPOTEN is to be used in conjunction with a diuretic and digitals. Therapy must be initiated under close medical supervision.

Dosage Adjustment in Renal Impairment: Because CAPOTEN is excreted primarily by the kidneys, creatinine clearance in patients with impaired renal function is reduced and these patients will take longer to reach steady-state captopril levels and will reach higher steady-state levels for a given daily dose than patients with normal renal function. These factors need to be considered when selecting patients for the initial doses. Accordingly, for patients with significant renal impairment, initial therapy with CAPOTEN is 12.5 mg b.i.d. After the desired effect has been achieved, the dosage may be increased to 25 mg b.i.d. or t.i.d. Patients must be observed for evidence of congestive heart failure. For patients in whom digitalization is necessary, a loop diuretic (e.g., furosemide) is often effective. The following table is based on theoretical considerations and may be useful as a guide to minimize drug accumulation.

<table>
<thead>
<tr>
<th>Creatinine Clearance (mL/min)</th>
<th>Doseage Interval (Hours)</th>
</tr>
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<tbody>
<tr>
<td>&gt; 75</td>
<td>8</td>
</tr>
<tr>
<td>34-75</td>
<td>24</td>
</tr>
<tr>
<td>18-34</td>
<td>48</td>
</tr>
<tr>
<td>10-18</td>
<td>86</td>
</tr>
<tr>
<td>5-10</td>
<td>190</td>
</tr>
</tbody>
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Captopril is removed by hemodialysis.

AVAILABILITY: Captopril (capoten) is available as tablets containing 25 mg of captopril - white, square, quadrant scored on one side and imprinted CAPOTEN 25 on the other, 50 mg of captopril - white, oval, scored with a partial bordering score and SQUIBB imprinted on one side and imprinted CAPOTEN 50 on the other, 100 mg of captopril - white, oval, bordered with a partial bordering score and SQUIBB imprinted on one side and imprinted CAPOTEN 100 on the other.

Supplied: 25 mg (Bottles of 100 and 1000), 50 mg (Bottles of 100 and 500), 100 mg (Bottles of 100).

Storage: Store at room temperature. Protect from moisture. Keep bottles tightly closed.

Product information available to physician upon request.

SQUIBB CANADA INC., 2365 CÔTE-D'LESSE, MONTREAL, QUEBEC H4N 2M7 PAAB 1/88

Note: CAPOTEN is a registered trademark of Squibb Institute for Medical Research, Princeton, New Jersey. This product is manufactured by Squibb Canada Inc., Montreal, Quebec.

CAPOTEN is indicated for the management of mild to moderate hypertension and for the prevention of vascular complications in patients with severe hypertension. It is contraindicated in patients with a history of angioedema due to captopril or other ACE inhibitors, in patients with a history of second or third degree heart block, in patients with a history of aortic stenosis, in patients with a history of renal failure, and in patients with a history of chronic renal disease.

The most common adverse effects of CAPOTEN are hypotension, syncope, and anemia. Other possible adverse effects include headache, nausea, vomiting, diarrhea, constipation, and rash.

CAPOTEN is not recommended for use in pregnancy due to the potential for teratogenic effects. Women who may become pregnant should be advised to discontinue CAPOTEN and to use effective contraception before initiating therapy. Men should refrain from conception for at least 4 weeks after discontinuing CAPOTEN.

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