

Southern Accents

The magazine of fine Southern interiors and gardens

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63 pages
of fresh
decorating
ideas



GREAT DESIGN
indoors & out



AFTER

LEFT: Giving a sculptural bathtub plenty of space in front of the windows brings elegance to a room used exclusively by the lady of the house. BELOW: There was no sense of retreat in the original bath's compartmentalized layout.



BEFORE

Bathing Beauty

Working within the original dimensions, architect **Wayne Good** and designer **Mona Hajj** take a cramped bathroom and transform it into an indulgent retreat

FOR 15 YEARS, THE HOMEOWNER CONTENTED herself with her old bathroom, which was convenient to the master bedroom. Its size was sufficient, in part because the husband's master bath was located down the hall. But the chockablock layout made the room seem particularly cramped, and the homeowner longed to replace the compartmentalized vanity, combination bath and shower, and closeted toilet with a more spacious floor plan.

The beauty of this remodeling project was that the homeowner didn't have to change the room's dimensions by adding on, bumping out, or appropriating space from other rooms. Space was ample,

and all that was required was reworking the outmoded layout. Now, a separate freestanding tub niche, an open toilet, an antique vanity, and a separate frameless glass shower expand the style quotient of the bath.

In addition to removing outdated fixtures and protruding interior walls that ate up space, the design team—architect Wayne Good and designer Mona Hajj—wanted to refine the architecture and design of the bath. They settled on a classic look, in keeping with the changes Good was making to the residence, a 1922 Renaissance Revival house.

As the first step, Good designed raised-paneled

SAME SPACE DIFFERENT LIFE

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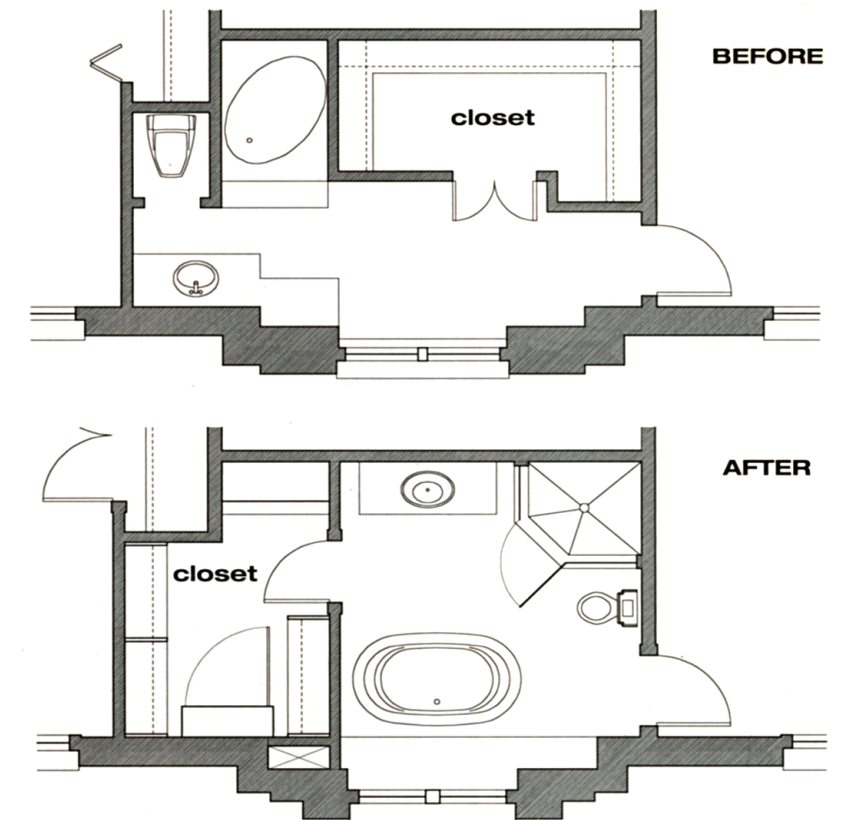
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wainscoting around the bathroom based on preexisting paneling from the house's doors, creating an attractive window ledge and a staging area. Hajj positioned a freestanding bathtub, large enough for two, below the new window area.

"My client told me she wanted to be able to close the door, shut out the world, and relax," says Hajj. So the designer evoked the luxury, if not the style, of a Turkish bath. In this spirit she kept the colors light and chose a deep, full-length tub—perfect for a long soak. Its French Empire pedestal styling is elegant and encourages lingering.

To save space, a modern shower with frameless glass panels is situated unobtrusively in a corner. Because its transparent construction is minimal, it does not detract from the formality of the traditional bath. The glass creates the illusion of greater space by making the shower appear almost invisible. Adjacent to the shower are a fin

de siècle cherry chest of drawers from Provence and a large, gilt mirror. With their fine furniture characteristics, both pieces maximize the room-like sophistication of the space.

To convert the chest into a working

BELOW: A 19th-century French cherry chest is fitted with chrome fixtures and a new top made of sealed limestone.



BY SUSAN STILES DOWELL PHOTOGRAPHED BY GORDON BEALL

Please read this summary carefully, and then ask your doctor about NEXIUM. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug for you.

Nexium® (esomeprazole magnesium) 20-MG, 40-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients** NEXIUM Delayed-Release Capsules should be taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Post-marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts and digoxin). Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed using omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects.* Pregnancy Category B—Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-letality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions in nursing infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in clinical trials, 778 were 65 to 74 years of age and 124 patients were ≥ 75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 10,000 patients (aged 18-84 years) in clinical trials worldwide including over 7,400 patients in the United States and over 2,600 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: **Body as a Whole:** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, hot flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; **Cardiovascular:** flushing, hypertension, tachycardia; **Endocrine:** goiter; **Gastrointestinal:** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting; **Hearing:** earache, tinnitus; **Hematologic:** anemia, anemia hypochromic, cervical lymphadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; **Hepatic:** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; **Metabolic/Nutritional:** glycosuria, hyperuricemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease; **Musculoskeletal:** arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica; **Nervous System/Psychiatric:** anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence, tremor, vertigo, visual field defect; **Reproductive:** dysmenorrhea, menstrual disorder, vaginitis; **Respiratory:** asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis; **Skin and Appendages:** acne, angioedema, dermatitis, pruritus, pruritus ani, rash, rash erythematous, rash maculo-papular, skin inflammation, sweating increased, urticaria; **Special Senses:** otitis media, parosmia, taste loss, taste perversion; **Urogenital:** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, genital moniliasis, polyuria; **Visual:** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include: duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and mucosal discoloration. Postmarketing Reports – There have been spontaneous reports of adverse events with postmarketing use of esomeprazole. These reports have included rare cases of anaphylactic reaction. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole package insert, ADVERSE REACTIONS section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been received of overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see omeprazole package insert-ADVERSE REACTIONS). No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestion should be considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book.

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remodeling

vanity, Hajj outfitted it with a slab of treated limestone, a porcelain sink, and nickel-finish chrome fixtures. The limestone counter was chosen for its mellow color, which blends well with the marble flooring and buff-painted walls. She also capped the window ledge with limestone and adorned it with candles, extra towels, and artwork. On a small easel, she displayed an English landscape painting, which can be appreciated while relaxing in the tub.

For details, see Sourcebook, page 210.

tub tactics

Current bathing trends revolve around creating a thoroughly relaxing tub experience. Gone is the energizing whirlpool technology of a decade ago. Sanctuary—not stimulation—is the objective informing tub design. Here are some new ways to inject style and repose into your bathing experience.

Shapely tubs:

Freestanding tubs that come in a myriad of shapes and sizes are akin to sculpture in the bathroom. Options include bateau (boat-shaped), elegant pedestal, vintage claw-foot, modern egg-shaped, or classic paneled. Following Japanese tradition, new soaking tubs offer built-in seating for two and depth enough to soak chin-deep.

Sleek surfaces:

Today's tub materials conform to any décor and sensibility: traditional acrylic, porcelain, or cast or polished iron; 19th-century French copper; or 21st-century aluminum. More unusual tub surrounds include stitched leather, exotic woods, or mirrored panels. Colored enamel in lipstick red or racing green makes a statement, while concrete or limestone tubs appeal to the minimalist.

Innovations:

New technology is magical with its clever ways of inducing serenity.

With chromatherapy tubs, lights bathe the water with a sequence of eight colors and settle on one soothing hue at the touch of a button. Quieter air tubs replace whirlpools for an allover bubbly experience and, unlike water-jet tubs, allow the use of aromatherapy products. Overflow tubs with heaters direct water spilling over the tub's rim into channels and continuously recirculate it to conserve water. And laminar-flow technology improves faucet streams by removing the turbulence caused by angled pipes for a purer flow. These new faucets can be mounted directly onto the wall or ceiling for dramatic and soothing effects.

