Depression... disturbed sleep...

Sinequan®
brand of doxepin
* Trade Mark
lifits depression... promotes restful sleep

- SEDATIVE ANTIDEPRESSANT
- ONCE NIGHTLY DOSAGE

Indications: depression with or without anxiety. Contraindications: glaucoma, urinary retention, hypersensitivity to the drug. Side effects: dry mouth and drowsiness are most commonly reported. Precautions: Sinequan may potentiate other compounds - e.g. monoamine oxidase inhibitors, not recommended in pregnancy or children under 12 years age. Dosage: range 30 mg to 300 mg daily in divided doses, up to 100 mg may be given as a single dose at night. Packs and Basic N.H.S. Cost: 10 mg capsules (PL 57/5032), pack of 100, £2.96; 25 mg capsules (PL 57/5033), pack of 100, £4.24; 50 mg capsules (PL 57/5034) pack of 100, £7.01; 75 mg capsules (PL 57/0133), pack of 60, £6.64.

Full information on request to the Company.

Pfizer
PFIZER LIMITED
SANDWICH, KENT.
**Epilim**

sodium valproate

200 enteric-coated, 500 enteric-coated tablets; syrup.

Epilim is a powerful anticonvulsant capable of providing control for the majority of adults with tonic-clonic seizures or other epilepsies, including those not well controlled on previous treatments. Because it controls without sedation, Epilim allows many patients to lead full, normal lives.

**Presentation**
2. Epilim tablets: A white scored tablet containing 200 mg sodium valproate.
3. Epilim 100 enteric-coated: A light-coloured enteric-coated tablet containing 100 mg sodium valproate.
4. Epilim Syrup: A red cherry-flavoured syrup containing 100 mg sodium valproate per 5 ml.

**Indications**
In women of childbearing age, Epilim should be used only in severe cases or in those resistant to other treatment.

**Dosage and Administration**
To be taken with or after food. Enteric-coated and plain tablets should be swallowed whole. Optimum dosage should be established using the 200 mg enteric-coated tablet. Epilim 500 enteric-coated is recommended for patients requiring high dosages.

**Adults**
- Dosage should start at 600 mg daily, in divided doses, increasing by 200 mg daily at three-day intervals until control is achieved (maximum dose 2900 mg daily).
- In patients already receiving other therapy the same pattern should be followed.
- Dosages of barbiturates should be reduced as that of Epilim is increased. The respective dosages should be adjusted during the stabilisation period to give optimum control at the lowest possible combined dose level, and it may be found possible to maintain control with Epilim alone.

**Children**
- Dosages should be calculated on the basis of weight and may be increased up to 50 mg/kg daily, but should be undertaken only in patients in whom plasma valproate levels, clinical chemistry and haematological parameters can be monitored.

**Contra-Indications, Warnings, etc.**
Liver dysfunction, including hepatic failure resulting in fatalities has occurred in patients whose treatment included valproic acid or sodium valproate. The incidence during the first six months of therapy, the period of maximum risk being 2-12 weeks. No deaths have occurred in patients receiving the drug continuously for more than 6 months.

**Biochemical tests** may not always become abnormal early in the evolution of hepatic failure; non-specific findings such as loss of serum control, malaise, anorexia and vomiting, developing after a period of satisfactory Epilim treatment may alert the clinician to the possibility of hepatic damage.

Epilim should not be administered to patients with pre-existing hepatic dysfunction.

All patients for whom treatment with Epilim is contemplated should have baseline liver function tests (including serum fibrinogen and albumin levels) prior to commencement of therapy. Liver function should be carefully monitored, particularly during the first six months of therapy, and when dosage is being titrated upwards.

Patients with a history of liver disease or with severe or unusual seizure disorders, e.g., those who have been treated with phenobarbital or lowered serum fibrinogen, then the drug should be immediately withdrawn.

Hyperammonaemia without hepatic damage can occur in patients during treatment with valproic acid or sodium valproate. This may manifest clinically as vomiting, ataxia and increasing clouding of consciousness. Should these symptoms occur, Epilim should be discontinued.

Valproic acid inhibits second stage of platelet aggregation. Reversible prolongation of bleeding time and thrombocytopenia have been reported. Spontaneous bruising or bleeding is an indication for withdrawal of medication pending investigations. Patients receiving Epilim should be monitored for platelet function before major surgery.瑞尔特氏血友病和血小板减少症有一例报道。这个血小板减少症在药物停用后正常。当药物被停用时，这个血小板减少症在药物停用后正常。所以虽然药物停用后正常，但是这个血小板减少症的治疗过程中，患者应该被监测到。

Minor gastric irritation and, less frequently, nausea may occur at the start of treatment, but these problems can usually be overcome by administering Epilim tablets or syrup with or after food, or by transferring the patient to the Epilim enteric-coated formulations. Transient hair loss has been noted in some patients. Regrowth generally begins within six months. Tremor has occasionally been observed at high dosages. Oedema has been reported. Increase in allness, anorexia and weight gain may occur. Combined medication: Epilim is generally well tolerated in combination with other anti-epileptic agents, however, as interaction occurs between these compounds, it may sometimes be necessary to reduce the dosage of other drugs when adding Epilim to existing anti-convulsant therapy. Epilim may also potentiate the effect of monamine oxidase inhibitors and other anti-depressants and dosage of these compounds should be reduced.

Diabetic patients: Epilim may cause false positives in urine testing for ketones. Care should be taken when treating diabetic patients with Epilim syrup which contains 5.6 g sucrose per 5 ml.

Women of childbearing age: Valproic acid or sodium valproate, like certain other anti-convulsants, have been shown to be teratogenic in animals. In women of childbearing age, the benefits of these compounds should be weighed against the possible hazard suggested by these findings.

**Further Information**
When plasma valproate is within the recommended range of 50-100 mg (250-840 mmol/litre) and serum albumin levels are normal, about 90% of the drug is bound to albumin. If the total plasma valproate acid rises above the upper range of normal or if there is hypalbuminaemia, the percentage of free valproic acid may rise markedly in disproportion to any dosage increase and may be associated with a higher incidence of adverse effects.

**Product Licence Numbers, Names and Addresses**
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Epilim Tablets 0623 0001
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C. Porac, S. Coren

Lateral Preferences and Human Behavior

1981. Approx. 26 figures, approx. 73 tables.
Approx. 290 pages
Cloth DM 52.; approx. US $ 22.10; approx. £ 11.40
ISBN 3-540-90596-0

Contents: Human sidedness. – Measurement. – Population characteristics. – Physiological, biological and cerebral asymmetries. – Genetic mechanisms. – Social and cultural environment. – Birth stress. – Special populations. – Reading. – Cognitive skills. – Sensorimotor coordinations. – Sensory preferences. – Reformulation.

Representing nearly a decade of research, Lateral Preferences and Human Behavior gives an accurate picture of how lateral preferences are distributed in humans, how they manifest themselves, and how they are related to other aspects of behavior. While most studies of lateral preference concern only handedness, Porac and Coren present original data derived from 20,000 individuals using four indexes of lateral preference: hand, foot, eye, and ear use.

The authors explore relationships between lateral preference and a variety of behavioral processes, including cognitive abilities and sensory-motor performance. This monograph also features a special, streamlined description of methodological techniques and statistical analyses.

Providing a broad review of the literature, the authors look at the possible genetic physiological, and environmental origins of lateral preferences. Its broad scope and extensive new data will make this volume a landmark work in the study of lateral preferences and human behavior.

W.H. Gadges

Learning Disabilities and Brain Function
A Neuropsychological Approach

With a Foreword by W.M. Cruickshank
1980. 45 figures, 4 tables. XVI, 403 pages
Cloth DM 49.50; approx. US $ 21.10; approx. £ 10.80
ISBN 3-540-90486-7

This book develops a multidisciplinary view of children with learning disorders by integrating neurological, psychological and educational research. Drawing in his many years of experience as a scientist and a teacher, the author demonstrates the importance of incorporating neuropsychological knowledge in treating learning disabilities.

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The Human Central Nervous System

A Synopsis and Atlas

2nd revised edition. 1981. 154 figures. VIII, 253 pages
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Distribution rights for Japan: Igaku Shoin, Ltd., Tokyo

This book provides a comprehensive pictorial survey of the macroscopic and microscopic structure of the human central nervous system. The pictorial material encompasses 154 half-tone and line drawings, all of which are derived from original preparations. Considerable attention was devoted to the execution of these illustrations to ensure an optimal combination of clarity and exactness. The various functional systems are not only depicted but also briefly described. Emphasis has been laid on recent advances. Designed primarily for students of medicine and psychology, this atlas will also prove useful as an aide mémoire for specialists in the neurological sciences.

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Translation of a review in the "Deutsches Ärzteblatt"

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Editor: R. F. Schmidt

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EEG Primer

by R. SPEHLMANN

The main goal of this book is a didactic presentation of clinical EEG and its role in the diagnosis of cerebral disorders. It will be useful for several groups – resident physicians who are in neurology training and need to learn EEG interpretation as part of this training; residents in other fields, interns and medical students who have become interested in EEG; neuroscientists who wish to understand the methods and clinical applications of EEG; EEG technicians who want to gain more insight into the tests they perform; and anyone who wants to find out how clinical EEG is done and what it can do. Explanations start with some simple concepts and build up in steps following an order which generally corresponds with the steps of recording and reading an EEG. The reader can choose the depth at which he wishes to master a topic. Although mainly written for beginners in EEG, those with some experience in EEG will also find the book useful.

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