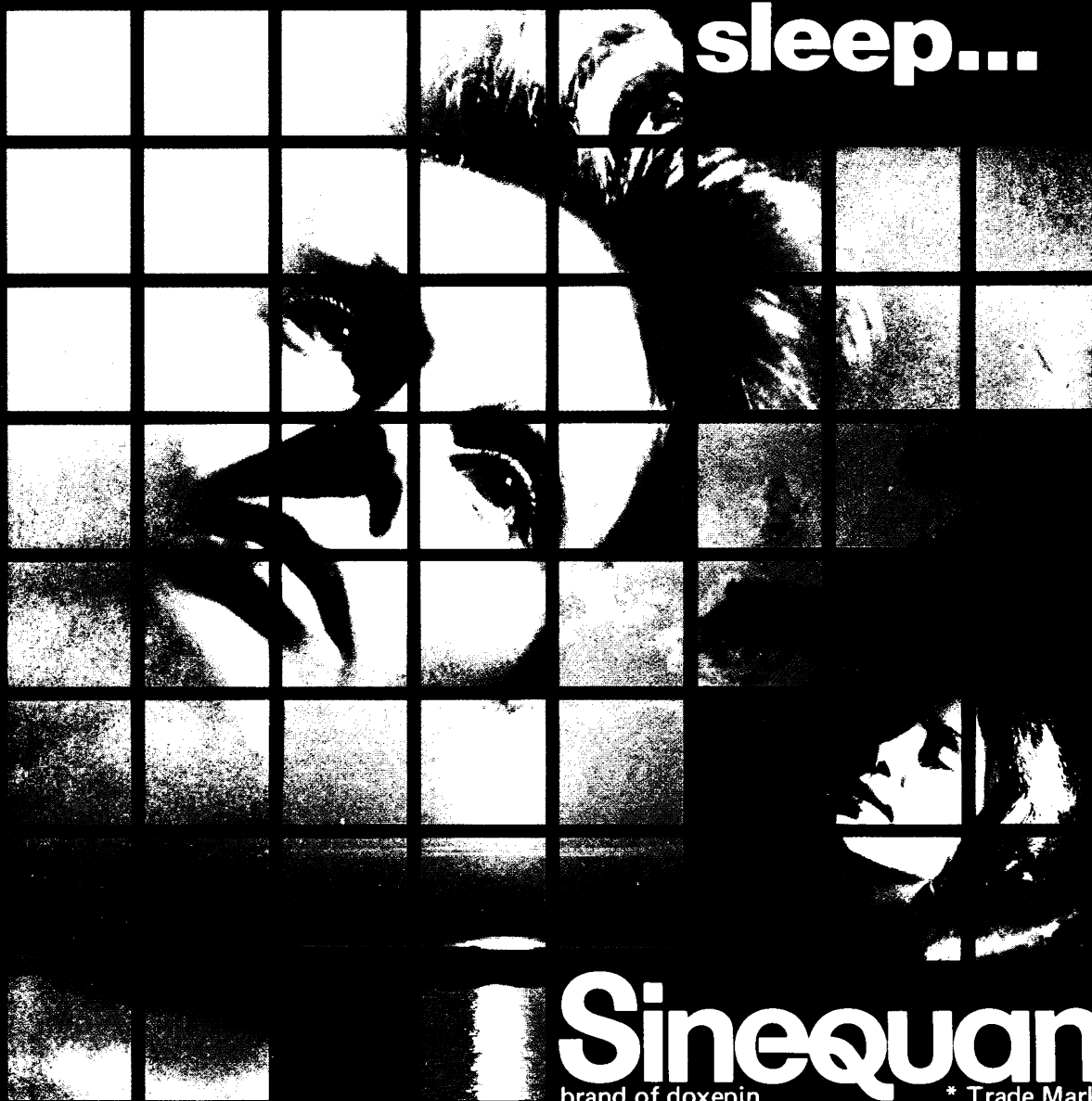


Depression...disturbed sleep...

sleep...



75 mg capsule

Sinequan^{*}

brand of doxepin ^{*} Trade Mark

lifts 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, £2.98; 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.

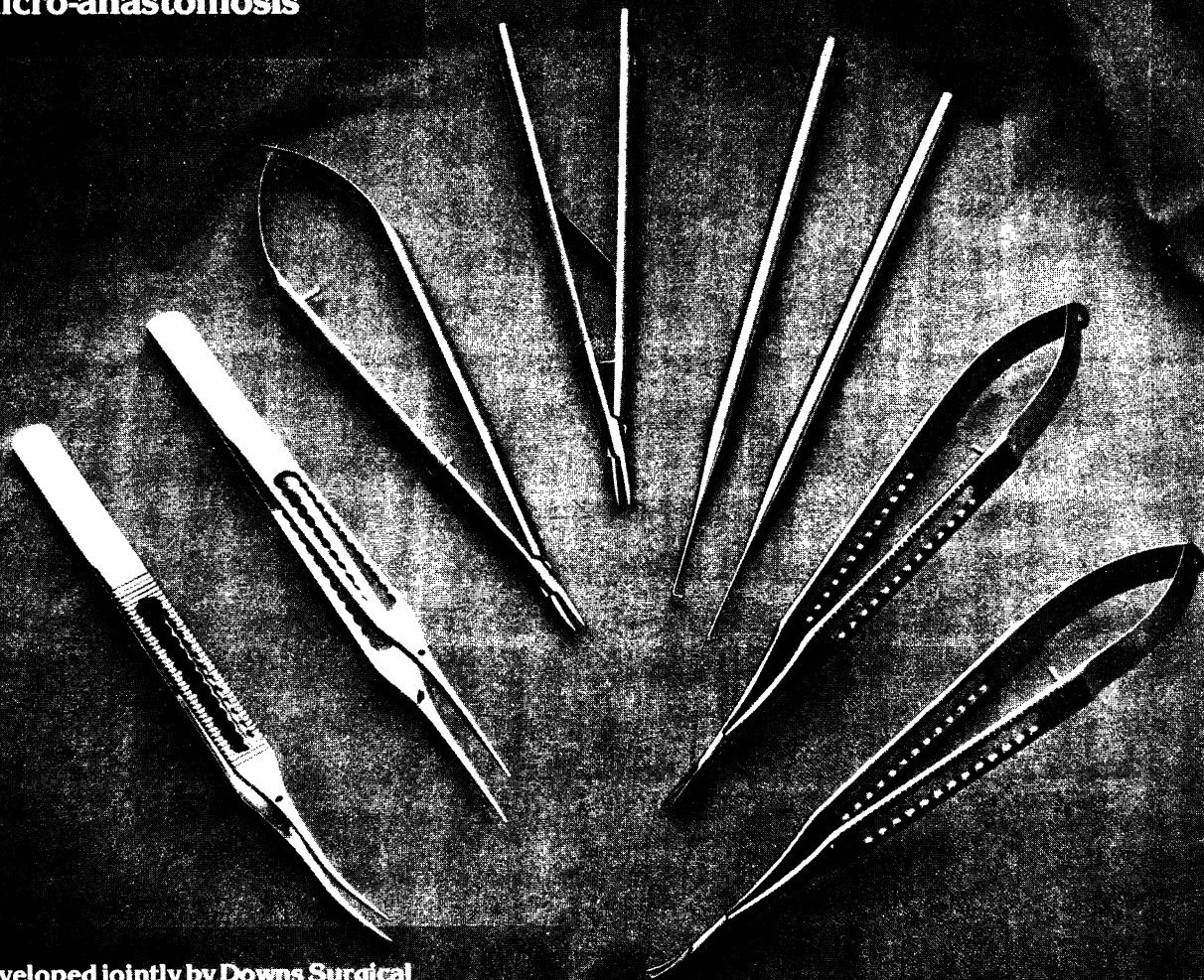
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Presentation

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

Indications

Parkinsonism - idiopathic, post-encephalitic.

Dosage

Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice.

Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-indications

Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given: in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal; to patients under 25 years of age; to pregnant women, or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions

Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis; sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects

Nausea and vomiting; cardiovascular disturbances; psychiatric disturbances; involuntary movements.

Packings

Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers

0031/0125 (Madopar 62.5 capsules); 0031/0073 (Madopar 125 capsules); 0031/0074 (Madopar 250 capsules).

Basic NHS Cost

Madopar capsules 62.5
£3.49 per 100
Madopar capsules 125
£6.29 per 100
Madopar capsules 250
£11.25 per 100

References:

1. Neurology, 1976, 26, 399
2. Neurology, 1979, 29, 1584

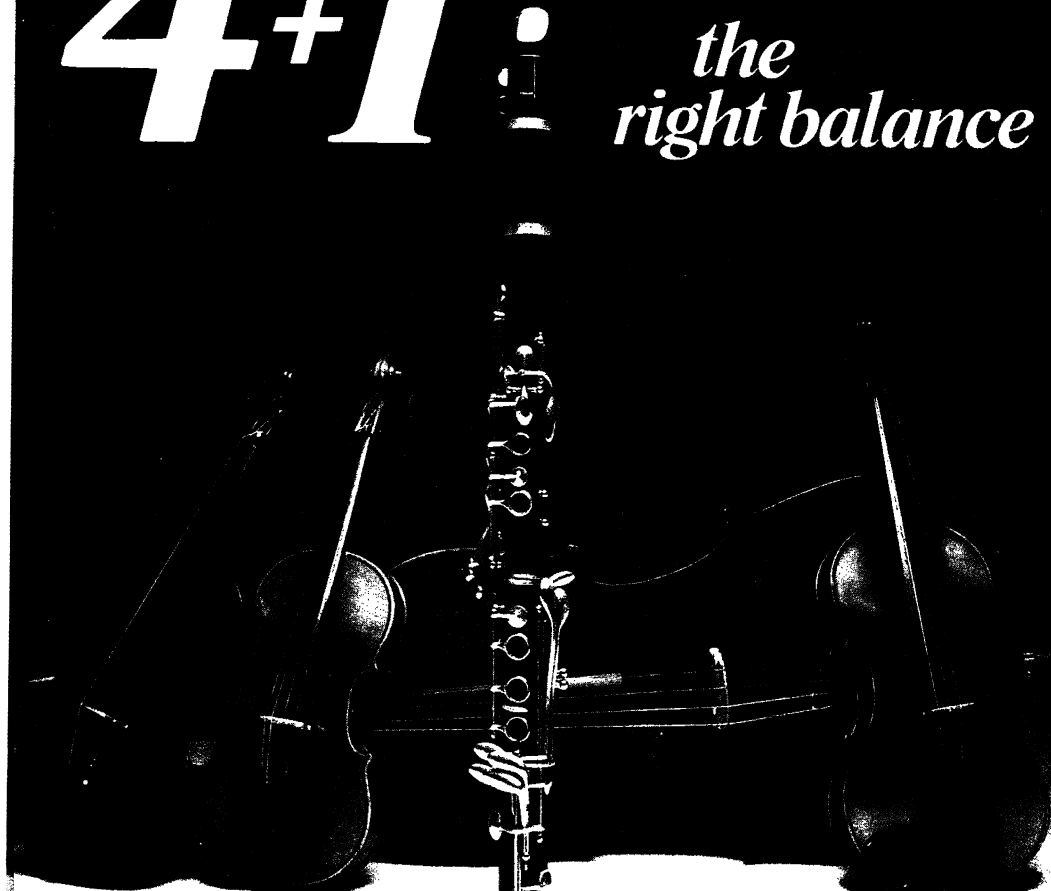
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4+1

*the
right balance*



Mozart, in his Clarinet Quintet, achieved harmony with a balance of 4 + 1.

Roche, with Madopar, struck the right balance of 4 + 1 with levodopa and the decarboxylase inhibitor benserazide. Chosen from several ratios as the one giving the best results in clinical practice: this combination has proved its rightness over a decade of clinical experience.

The 4 + 1 preparation of levodopa and benserazide has recently added another string to its bow. In a comparative trial it was shown to be preferred by patients to a 10 + 1 preparation of levodopa and carbidopa because of its better gastro-intestinal tolerance in the critical first three months of treatment.²

Madopar

levodopa plus benserazide

*balanced for
optimal performance in
Parkinson's disease*

62.5, 125 and 250

Epilim

Sodium valproate

from strength to strength

Presentations

(1) Lilac-coloured enteric coated tablets containing 200mg or 500mg sodium valproate (Epilim 200 enteric coated/Epilim 500 enteric coated).

(2) Red cherry-flavoured syrup containing 200mg sodium valproate per 5 ml (Epilim Syrup).

Indications

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

Dosage and Administration

To be taken with or after food; tablets should be swallowed whole.

Adults: Initially 600mg/day in divided doses, increasing by 200mg/day at three-day intervals until control is achieved (maximum dose 2600mg/day).

Children over 20kg: Initially 400mg/day in divided doses, with spaced increases until control is achieved (usually in the range of 20-30mg/kg/day).

Children under 20kg: 20mg/kg/day, with

spaced increases until control is achieved, up to a maximum of 50mg/kg/day. Plasma levels of 200µg/ml should be exceeded only with caution and with monitoring of haematological function.

Contra-indications, Warnings, etc.

There are no absolute contra-indications.

Side-effects: Minor gastric irritation and nausea have been observed in some patients at the start of treatment with uncoated tablets, but this can usually be overcome by using the enteric coated tablet, or relieved by standard medication.

Transient hair loss has occurred in some patients; tremor, occasionally seen at high dosages, may be controlled by reduction of dosage. Oedema has been reported.

Reversible prolongation of bleeding time and thrombocytopenia have been reported, but usually at doses above those recommended. Spontaneous bruising or bleeding is an indication for withdrawal of medication pending investigation. Patients receiving Epilim should be monitored for platelet function before major surgery.

Liver dysfunction, including hepatic failure resulting in fatalities, has occurred in a few patients whose treatment included Epilim. These incidents occurred during the early months of treatment. Although a causal relationship has not been established, it is recommended that liver function be investigated prior to commencing therapy and monitored at two-monthly intervals thereafter for up to six months. Should liver dysfunction be suspected, immediate withdrawal of the drug is indicated, prior to full investigation of the possible causes. Caution should be exercised when administering Epilim to patients with pre-existing liver disease.

Combined medication: When adding Epilim to existing anticonvulsant medication, e.g. barbiturates, the sedative effects of the latter may be enhanced, and it may therefore be necessary to reduce their dosage. As Epilim may potentiate the effect of mono-amine oxidase inhibitors and other antidepressants, dosage of such compounds should also be reduced.

Diabetic patients: Epilim may give false

in epilepsy

NEW

200

positives in urine testing for ketones. Care should be taken when feeding it to wet

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PL Numbers:

Epilim 200 enteric coated

Tablets: 623 0006

Epilim 500 enteric coated

Tablets: 623 0005

Epilim Syrup 623 0004

NHS Cost:

Epilim 200 enteric coated

Tablets: 100 £734

Epilim 500 enteric coated

Tablets: 100 £760

Epilim Syrup 623 0004

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Epilim 200 enteric coated

Following the success of the Epilim 500 enteric coated tablet in improving gastro-intestinal tolerance of high dose Epilim treatment, Labaz are pleased to announce the availability of

Epilim 200 enteric coated. This new preparation offers the same advantages in terms of acceptability, and means that enteric coated tablets can

be prescribed when the dosage form of choice is 200mg and 300mg tablets.

For this new improved dosage form, the prescription should state:

Rx Tabs Epilim 200 enteric coated

Women of child-bearing age. Since valproate, like certain other anticonvulsants, has been shown to be teratogenic in animals, in women of child-bearing age the benefits of these compounds should be weighed against the possible hazards suggested by these findings.

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Following a three-month, double-blind, crossover trial, the authors concluded that "orphenadrine is the drug of choice in the treatment of drug-induced extra-pyramidal reactions and depression."

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For patients on major tranquillizer therapy

Disipal

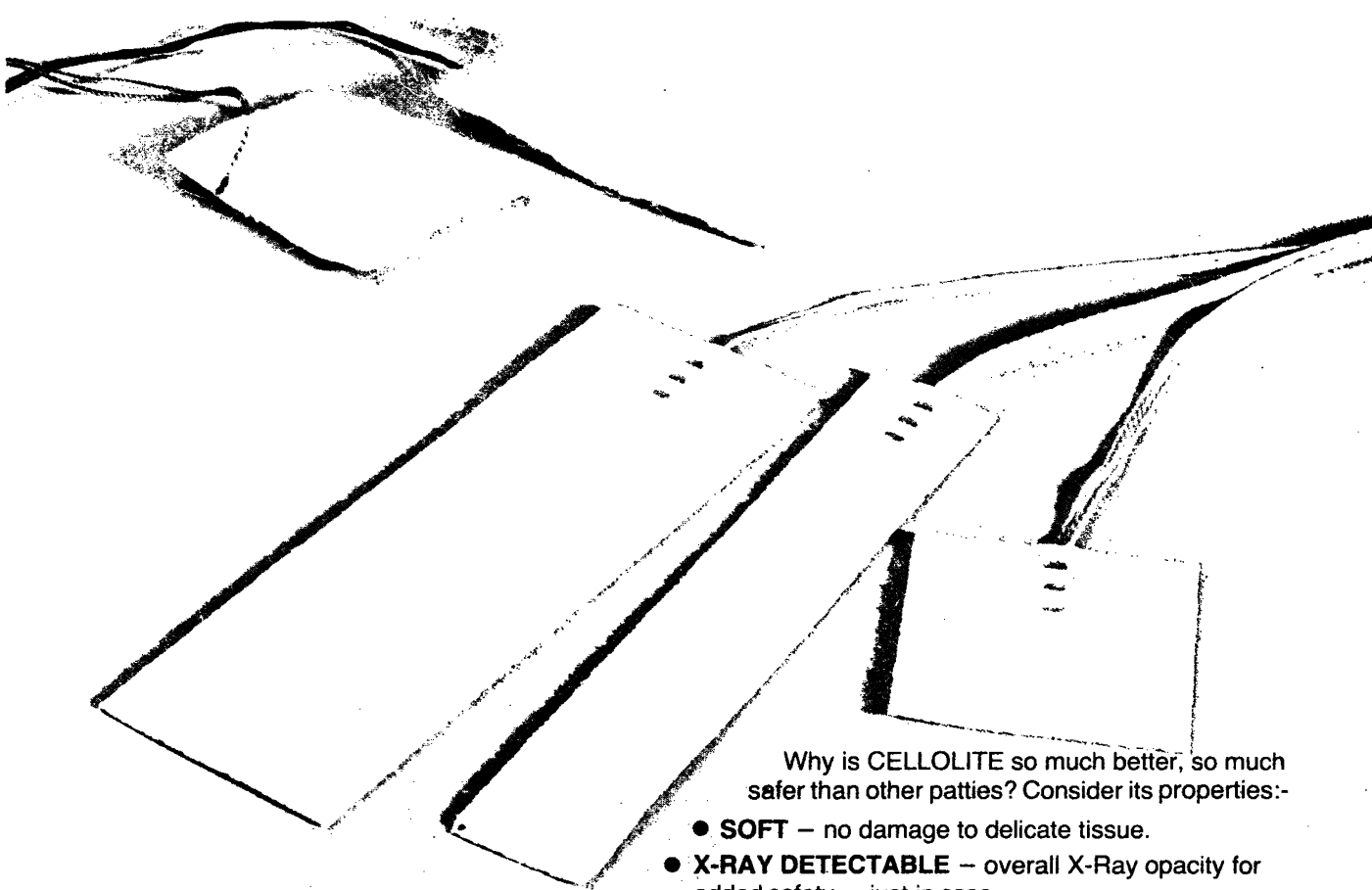
- * controls extra-pyramidal reactions
- * elevates patient mood.

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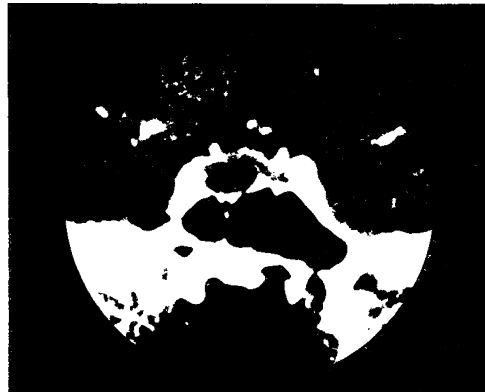
J.-F. Bonneville J.L. Dietemann

Radiology of The Sella Turcica

Illustrations by M. Gaudron
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With a Foreword by J.L. Vezina
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General C.T. scan of the sella turcica.



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