Depression...disturbed sleep...

Sinequan *
brand of doxepin

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 57/0033), pack of 100, £4.24; 25 mg capsules (PL 57/0033) 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 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
1. Epilim 200 enteric-coated: A lilac-coloured enteric-coated tablet containing 200mg sodium valproate
2. Epilim tablets: A white scored tablet containing 200mg sodium valproate
3. Epilim 500 enteric-coated: A lilac-coloured enteric-coated tablet containing 500mg sodium valproate
4. Epilim Syrup: A red cherry-flavoured syrup containing 200mg sodium valproate per 5ml

Indications
Epilepsy in children of all ages. Epilim should be used only in severe cases or in those who fail to respond to other treatments.

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

Adults: Dosage should start at 600mg/day, in divided doses, increasing by 200mg/day at three-day intervals until control is achieved (Maximum Dose 2600mg/day)

In patients already receiving other therapy, the same pattern should be followed. Dosage 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.

Once known enzyme-inducers have been withdrawn, it may be possible to maintain secure control on a reduced dose of Epilim. Although a method of measuring plasma levels is available, optimum dosage ultimately must be determined by secure control.

Children: Children under 20kg 150mg/kg/day, in divided doses, with spaced increases until control is achieved (usually in the range of 20-30mg/kg/day)

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

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 of death has been very low. There is no significant risk for patients with normal liver function and no history of alcoholism or other liver disease.

Hyponatraemia with normal hepatic damage can occur in patients during treatment with 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 the second stage of platelet aggregation. Reversible prolongation of bleeding time and thrombocytopaenia 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. Red cell hypoplasia and leucopenia have been reported. The blood picture returned to normal when the drug was discontinued. Parechymatois haemorrhage has occurred in patients receiving valproic acid or sodium valproate. Patients experiencing acute abdominal pain should have serum amylose estimated.

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. Gastrointestinal symptoms, particularly nausea, are occasionally noted. There is occasional transient diminution in performance. Oedema has been reported. Increase in blood pressure and weight 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 potentiate the effect of monoamine oxidase inhibitors and other anti-depressants, and dosage of such compounds should be reduced.

Diabetic patients Epilim may give false positives in urine testing for ketones. Care should be taken when treating diabetic patients with Epilim syrup which contains 3g sucrose per 5ml.

Use in childhood epilepsy: Valproic acid or sodium valproate 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 valproic acid is within the recommended range of 50-120mg/litre (350-840nmol/litre) and serum albumin levels are normal, about 95% of the drug is bound to albumin. If the total plasma valproic acid levels rise above the upper range of normal, or if there is hypoalbuminaemia, the percentage of free valproic acid may rise markedly in proportion to any dosage increase and may be associated with a higher incidence of adverse effects.

Product Licence Numbers, Names and Addresses
Epilim 200 enteric-coated tablets 0623 1000
Epilim Tablets 0623 0001
Epilim 500 enteric-coated tablets 0623 0005
Epilim Syrup 0623 0004

NHS Cost
Epilim 200 enteric-coated tablets 100, 17.04
Epilim 500 enteric-coated tablets 100, 11.76
Epilim Syrup 200ml, 54.03
Epilim 200mg tablets 100, 65.45

LABAZ: Sanofi UK Ltd
Regent House, Heath Lane
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Additional information is available from LABAZ: Sanofi U.K. Ltd, Regent House, Heath Lane, Stockport SK4 1AQ.
For many grand mal patients

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sodium valproate
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Editor: Dr B W Richards

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STROKE I

Pathogenesis:
The cerebral circulation.
Peptides and the cerebral circulation.
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Diagnosis:
Clinical diagnosis— Radiological—Non-invasive.

The Heart in Stroke and TIA:
Cause, consequence or coincidence?
The pathologic and clinical evidence.
Non-arteriosclerotic heart disease in stroke and T1As.

Horizons and limits in the treatment of cerebral ischaemia.

THURSDAY, 29 OCTOBER 1981
STROKE II

New Research Techniques:
Nuclear magnetic resonance.
Positron emitting tomography.
Other research frontiers.

Prevention:
Managing T1As.
Controlling risk factors.

Blood velocity and atherosclerosis.

Treatment:
Intensive care of stroke.
Corticosteroids in stroke.
Mechanisms of brain recovery.

Stroke and Epilepsy.

FRIDAY, 30 OCTOBER 1981

Neurovascular Surgery:
Managing aneurysms.
Complications of aneurysm surgery.
Carotic endarterectomy.

Interventional Radiology:
Carotid cavernous fistulae.
Arterio-venous malformations.
Aneurysms.

Uncertainties in the Prevention and
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