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 of 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.

Full information on request to the Company.
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
1. Epilim 200 enteric-coated A 12-acoured enteric-coated tablet containing 200mg sodium valproate
2. Epilim tablets A white scored tablet containing 200mg sodium valproate
3. Epilim 500 enteric-coated A 12-acoured enteric-coated tablet containing 500mg sodium valproate
4. Epilim Syrup A red cherry-flavoured syrup containing 200mg sodium valproate per 5ml

Indications
Epilepsy: In women of child-bearing 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 200mg enteric-coated tablet. 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 2400mg/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. It may be found possible to maintain control with Epilim alone.

Once known enzyme reducers have been withdrawn, it may be possible to maintain seizure control at a reduced dose of Epilim.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

Children: Children under 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 body weight per day, in severe cases, this may be increased up to 50mg/kg/day but should be undertaken only in patients in whom plasma levels appropriate. Clinical chemistry and haematological parameters can be monitored.

Contra-Indications, Warnings, etc.
Liver dysfunction, including hepatic failure resulting in faetoritis has occurred in patients whose treatment included valproic acid or sodium valproate. The incidence of liver function tests may not always become abnormal early in the evolution of hepatic failure; non-specific findings such as loss of seizure 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 assessed (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 prior history of liver disease or with severe or unusual serum liver disorders, e.g., those accompanied by mental retardation and other mental disorders, should be followed particularly carefully. Transient elevations of liver enzymes are not uncommon during early treatment with Epilim, but if elevations are accompanied by other evidence of hepatic dysfunction, especially raised serum bilirubin 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. Perioperative hypoplasia and leucopenia have been reported. The blood picture returned to normal when the drug was discontinued. Pancreatitis has occurred in patients receiving valproic acid or sodium valproate. Patients experiencing acute abdominal pain should have serum amylase 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. Regrowth normally begins within six months. Tremor has occasionally been observed at high dosages. Oedema has been reported. Increased in salivation, appetite 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. Dosage of such compounds should be reduced.

Diabetic patients: Epilim should be lower, as the insulin requirements may increase.

Contraindications: Epilim may give false positives in urine testing for ketones. Care should be taken when treating diabetic patients with Epilim Syrup which contains 3.6g sucrose per 5ml.

Women of child-bearing age: Valproic acid or sodium valproate, like certain other anti-convulsants, have been shown to be teratogenic in animals. In women of child-bearing age, the benefit of this compound 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 90% of the drug is bound to albumin. If the total plasma valproic acid rises above the upper range of normal, or if there is hypalbuminaemia, 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 0000
Epilim tablets 0623 0000
Epilim 500 enteric-coated tablets 0623 0000
Epilim Syrup 0623 0004

NHS Cost
Epilim 200 enteric-coated tablets 10.5 / 0.4
Epilim 500 enteric-coated tablets 10.5 / 0.6
Epilim syrup 20ml 0.50
Epilim 200mg tablets 10.5 / 0.4

Clinical trials are being conducted.

Additional information is available from LABAZ: Sanofi U.K. Ltd, Regent House, Heaton Lane, Stockport SK4 1AG, Cheshire Telephone: 061-480-8965, ext. 7-8. Additional information is available from the Company.

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For many grand mal patients

a full, normal life under the protection of

Epilim

sodium valproate

200 enteric-coated, 500 enteric-coated tablets; syrup.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio 4:1.
Madopar 625/125 capsules contain 500mg levodopa and 125mg
benserazide hydrochloride equivalent to 500mg of the base.
Madopar 250/50 capsules contain 250mg levodopa and 50mg
benserazide hydrochloride equivalent to 250mg of the base.

Indications
Parkinsonism - dopa-responsive or refractory

Dosage
Dosage should vary according to the individual response. The
maximum dose should be from four to six 250mg capsules of
Madopar 250/50 or six to eight 500mg capsules of Madopar 625/125.
Doses may be increased by up to one capsule every two to three
weeks until satisfactory control is achieved. It is important to
increase slowly.

Contra-indications
Narrow-angle glaucoma, severe psychiatric illness or psychoses.

Precautions
Patients who experience fluctuations in response may
also benefit from administration of smaller, more frequent doses
using Madopar 625/125.

Packings
Madopar 625/125 capsules, Madopar 250/50 capsules and
Madopar 250 capsules in packets of 100.

Licence Numbers
0003 (Madopar 625/125 capsules), 0002 (Madopar 250/50
capsules), 0001 ( Madopar 250 capsules), 0037, 0010 (Madopar 250
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Basic NHS Cost
Madopar capsules 42.5
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Published quarterly by

THE NATIONAL SOCIETY FOR MENTALLY HANDICAPPED CHILDREN AND ADULTS

123 Golden Lane, London EC1Y 0RT

Yearly Subscription £20.00 U.S.A. $60.00