NOW MORE PARKINSONIAN PATIENTS CAN PICK UP THE THREAD OF LIFF.



for first-time therapy with 'Sinemet'

Encently diagross of placetic and patients on any not mery took will find the combination of the case from a upon to the case from a upon to the say with Streener Some patients with participated side afforms on low dissolves to be a upon from a change or Streener Puls.

SINEMET-

Carbidopa 25 mg and levodopa 250 mg, MSD

for more severe symptoms

And the restricting and selection entering the control of stopping to the control of the selection of the control of the selection of the control of the con

MSD

Management of the Lewis Edward State of the Control of the Control

For abridged product information see overleaf



SINEMET® Carbidopa and levodopa, MSD

Abridged Product Information

Full prescribing information is available on request and should be consulted before prescribing

Indications

Parkinson's disease and syndrome

Dosage and administration

Dosage variable

Patients not receiving levodopa

Usually I tablet of Sinemet-Plus' three times a day. Adjust as necessary. Maximum daily dose is 8 tablets. If more levodopa required, substitute 'Sinemet'-275, 1 tablet three or four times a day. If further titration needed, increase. Sinemet-275 to maximum 8 tablets a day

Patients receiving levodopa

Discontinue levodopa at least twelve hours (24 hours for slow-release preparations) before starting 'Sinemet' Dose of 'Sinemet' approximately 20% of previous daily dosage of levodopa

Usual starting dose Sinemet-275 I tablet three or four times a day Patients requiring less than 1.500 mg levodopa a day start with 'Sinemet-Plus' I tablet three or four times a day Maximum is 8 tablets a day

Contra-indications

Narrow-angle glaucoma; known hypersensitivity. Do not use in patients with history of melanoma or with suspicious undiagnosed skin lesions. Discontinue MAO inhibitors at least two weeks before starting 'Sinemet

Pregnancy and lactation

Not recommended in lactating mothers. Use in women of childbearing potential requires that anticipated benefits be weighed against possible hazards should pregnancy occur

Precautions

Not recommended for drug=induced Parkinsonism. Use cautiously in patients with severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic, endocrine disease, psychoses, chronic wide-angle glaucoma, with a history of myocardial infarction, and when receiving antihypertensives (adjust dosage if necessary). Monitor carefully for mental changes, depression with suicidal tendencies, and other serious antisocial behaviour. Observe carefully patients with history of severe involuntary movements or psychoses when Sinemet substituted for levodopa

CI haemorrhage may occur in patients with history of peptic ulcer If general anaesthesia is required. Sinemet may be continued whilst patient permitted oral intake. Usual daily dosage may be given when oral medication is possible

Transient abnormalities in renal function tests, liver function tests, and protein bound iodine may occur without evidence of disease

Not recommended for children under 18 years of age

Side effects

Choreiform, dystonic, and other involuntary movements are most common. Other mental changes are less commor

Less frequent are cardiovascular irregularities, the on off phenomenon GI intolerance, and dizziness

Rarely, GI bleeding, duodenal ulcer hypertension, phlebitis leucopenia and agranulocytosis

Positive Coombs test reported but haemolytic anaemia extremely rare Other side effects include psychiatric neurological GL dermatological respiratory, urogenital, special senses, hot flushes, weight gain or loss, and abnormalities in laboratory tests

Basic NHS cost:

"Sinemet-Plus" (25 mg carbidopa 100 mg levodopa BP) tablets £11 88 per 100 pack; Sinemet 275 (25 mg carbidopa 250 mg levodopa BP) tablets £13 54 per 100 pack. Sinemet 110 (10 mg carbidopa/100 mg levodopa BP) tablets £7 00 per 100

Product licence numbers

Sinemet-Plus 0025 Sinemet-275 0025 0085 Sinemet-110, 0025-0084 * denotes registered trademark

 denotes trademark Issued September 1982



Merck Sharp & Dohme Limited Hoddesdon, Hertfordshire, ENII 9BU

- 9 - SEM 62 CBr -6.00

THE GOOD LIFE

Prince George, British Columbia, is much more than a great place for a holiday—it is an exciting and comfortable place to live. Our city of over 70,000 offers modern shopping facilities, excellent educational opportunities, including a full program Community College, complete professional health care—all of this in an environment that is a paradise for outdoor enthusiasts.

PRACTICE OPPORTUNITIES

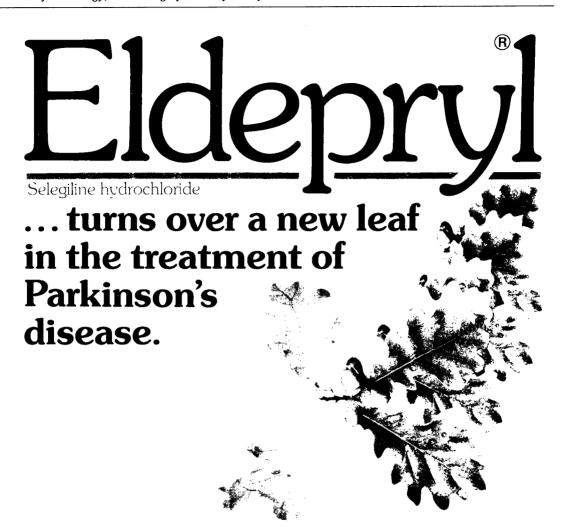
The Prince George Regional Hospital is a 366-acute-bed Regional Referral Hospital having a 75-bed Extended Care Unit. The Hospital is fully accredited and offers an extensive range of diagnostic and treatment services, including Dialysis, Chemotherapy, C.T. Scanning (body), and nuclear medicine. A large expansion program is currently underway.

We are currently seeking specialists in the following:

Pyschiatry Neurosurgery Neurology

Please direct your inquiry to:

Dr WT Bishop Chairman **Medical Manpower Committee Prince George Regional Hospital** 2000-15th Avenue Prince George, British Columbia V2M IS2



- Reduces daily requirement of L-dopa
- Extends useful life of L-dopa
- Improves quality of life by reducing side-effects of L-dopa
- Simple daily dosage one 5mg tablet
- Smooths the "on-off" phenomenon
- Improves sense of well-being

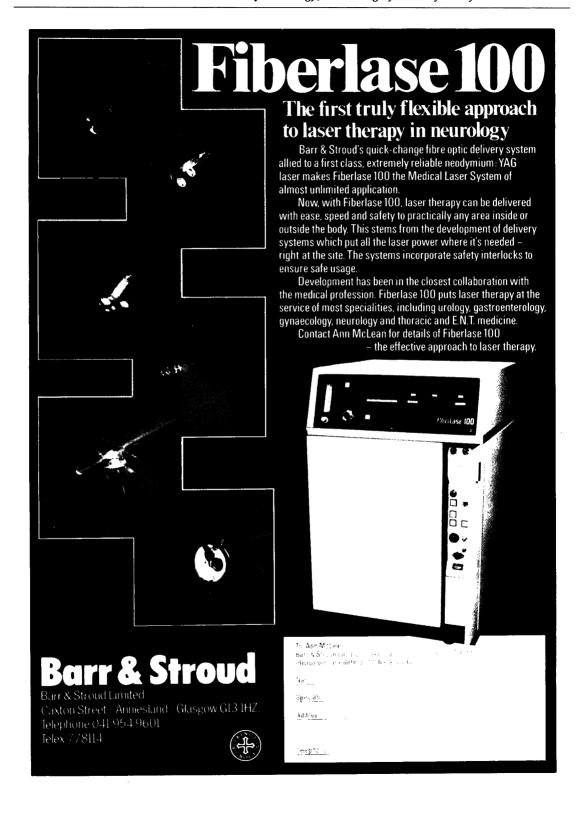
Eldepryl A step forward in the control of Parkinson's disease

Prescribing Information. Presentation White, scored, uncoated tablets 6 mm diameter containing 5 mg selegiline hydrochloride. Indications Eldepryl is indicated for the treatment of Parkinson's disease, or symptomatic Parkinsonism, which is being treated with levodopa alone or levodopa and a peripheral decarboxylase inhibitor. Eldepryl in conjunction with levodopa treatment is particularly indicated in patients who, during maximal levodopa treatment, develop on-off symptoms or other dyskinesias. Dosage When given in conjunction with established levodopa therapy the initial dose of Eldepryl is 5 mg (1 tablet) in the moming. If symptoms are very severe, e.g. on-off symptoms, and little response is achieved with 1 tablet Eldepryl daily, the dose of Eldepryl can be increased to 10 mg (2 tablets) in the moming. Contra-indications There are no known contra-indications for the use of Eldepryl in patients receiving levodopa therapy. Warnings Because Eldepryl potentiates the effects of levodopa, the side effects of levodopa might be emphasised. When Eldepryl is added to maximally tolerated levodopa treatment,

involuntary movements and agitation may occur. Levodopa treatment can be reduced by an average of 30% when Eldepryl is added to the treatment. When an optimal levodopa dose has been established the side effects of the combination are fewer than for levodopa alone. Side Effects Hypotension and nausea have been reported as isolated symptoms associated with Eldepryl treatment. Corfusion or phychosis have also been reported. Legal Category POM. Product Licence Number 4483/0024. Basic NHS Cost Pack of 100 tablets, £30.00. Further information is available from: Britania Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR



Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey. RH2 9RR.



KEEP UP TO DATE

a major new reference work....

Skeletal Muscle Pathology

Edited by Frank L. Mastaglia and Sir John Walton

1982 688 pages 2 full-colour, 342 b/w halftone and 34 line illus hardback £45.00 ISBN 0 443 02028 0

The definitive new reference work on neuromuscular disease

Deals with the normal structure, pathological reactions and diseases of the skeletal muscles. The emphasis is on histopathological aspects, including histochemistry and ultrastructural pathology. Relevant clinical and biochemical aspects are also covered.

Distinguished authorities from 11 different countries give fully international coverage of the subject with well-illustrated, up-to-date reviews of their specific areas of interest.

Recent Advances in Neuropathology - 2

Edited by W. Thomas Smith and J.B. Cavanagh

1982 320 pages 114 half-tone & 45 line illus hardback £23.00

This volume gives up-to-date critical accounts of 11 topics currently of international interest and importance in the rapidly-expanding field of neuropathology. 15 internationally distinguished contributors appraise recent developments in a variety of major fields of interest:

*immunohistological techniques *the neuronal cytoskeleton: proteins and pathology *myelination, demyelination and remyelination in the CNS *functional properties of microglia *ageing, nucleic acids and pigments *the spectrum of Creutzfeld-Jakob diseases and the virus-induced spongiform encephalopathies *brain damage in non-missile head injury: observations in man and sub-human primates *ischaemic injury of the brain *mechanisms of axon degeneration on three toxic 'neuropathies': organophosphorus, acrylamide and hexacarbon compared *the neuropathology of idiopathic faecal incontinence *aqueduct stenosis

Churchill Livingstone 🕮

Recent Advances in Clinical Psychiatry-4

Edited by Kenneth Granville-Grossman

1982 296 pages 5 half-tone & 8 line illus paperback $\pounds 16.00$ ISBN 0443025703

This is the latest volume in the very successful Recent Advances in Clinical Psychiatry series. This volume is an up-to-date summary of the current state of knowledge and practice in this rapidly-developing field. 11 topics are covered by acknowledged experts who give succinct and lucid accounts of recent developments in their specific fields of interest.

Some topics featured in previous volumes have been brought right up to date. Some topics are discussed for the first time, for example sex chromosome disorders; deliberate self-harm; anorexia nervosa; transsexualism; hysterectomy and female sterilisation.

A Textbook of Epilepsy

Edited by John Laidlaw and Alan Richens

1982 Second edition 576 pages 71 halftone & 68 line illus hardback £27.00

A new edition of this comprehensive account of the diagnosis and treatment of epilepsy.

It has been considerably revised and expanded and now includes contributions from eminent authorities worldwide, in order to give a more international perspective on the subject. There are some completely new chapters including chapters on epidemiology, neuropsychology, epilepsy in developing countries, epilepsy and work, and dental problems in epilepsy.

Evoked Potentials in Clinical Testing

(Clinical Neurology and Neurosurgery Monographs)

Edited by A.V. Halliday

1982 800 pages 5 half-tone & 253 line illustrations hardback £30.00 ISBN 0 443 01791 3

Not intended for the EP specialist, this book gives *practical* guidance for those starting to use any of the specific EP techniques.

For further information on these, or any other, Churchill Livingstone titles, please write to: Valerie Anderson, Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, U.K.