

NOW MORE PARKINSONIAN PATIENTS CAN PICK UP THE THREAD OF LIFE

SINEMET-Plus™

Carbidopa 25 mg and levodopa 100 mg, MSD

for first-time therapy with 'Sinemet'

Recently diagnosed patients and patients on another preparation will find this preparation the ideal first preparation to therapy with Sinemet. Some patients with prophetic side-effects in low-dose levodopa therapy may benefit from a change to Sinemet-Plus.

SINEMET®

Carbidopa 25 mg and levodopa 250 mg, MSD

for more severe symptoms

A patient who has a side-effect from the low-dose levodopa therapy may benefit from a change to Sinemet-Plus.

MSD
MEDICAL
DIVISION

Merck & Co., Inc., Kenilworth, New Jersey 07033

For abridged product information see overleaf



MSD 85M-F-108-0011

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 1 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, 1 tablet three or four times a day.

Patients requiring less than 1500 mg levodopa a day start with Sinemet Plus, 1 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.

GI 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 common.

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, GI, dermatological, respiratory, urological, 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 £13.04 per 100 pack; Sinemet-110 (10 mg carbidopa, 100 mg levodopa BP) tablets £7.00 per 100 pack.

Product licence numbers

Sinemet Plus 0025-0150

Sinemet-275 0025-0085

Sinemet-110 0025-0084

* denotes re-registered trademark

** denotes trademark

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Hoddesdon, Hertfordshire, EN11 9BU

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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:

Psychiatry
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 1S2

Eldepryl[®]

Selegiline hydrochloride

... turns over a new leaf
in the treatment of
Parkinson's
disease.



- 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 morning. 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 morning. **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. Confusion or psychosis 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:** Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR

Britannia
pharmaceuticals limited

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

Fiberlase 100

The first truly flexible approach to laser therapy in neurology

Barr & Stroud's quick-change fibre optic delivery system allied to a first class, extremely reliable neodymium: YAG laser makes Fiberlase 100 the Medical Laser System of almost unlimited application.

Now, with Fiberlase 100, laser therapy can be delivered with ease, speed and safety to practically any area inside or outside the body. This stems from the development of delivery systems which put all the laser power where it's needed - right at the site. The systems incorporate safety interlocks to ensure safe usage.

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- the effective approach to laser therapy.



Barr & Stroud

Barr & Stroud Limited
Caxton Street - Anniesland - Glasgow G13 1HZ.
Telephone 041 954 9601
Telex 778114



To: Ann McLean
Barr & Stroud Limited, Caxton Street, Anniesland, Glasgow G13 1HZ.
Please send me details of the Fiberlase 100.

Name _____

Specialist _____

Address _____

Telephone No. _____

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Skeletal Muscle Pathology

Edited by *Frank L. Mastaglia* and *Sir John Walton*

1982 688 pages 2 full-colour, 342 b/w half-tone and 34 line illus hardback £45.00
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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.

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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 Creutzfeldt-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

Recent Advances in Clinical Psychiatry-4

Edited by *Kenneth Granville-Grossman*

1982 296 pages 5 half-tone & 8 line illus paperback £16.00 ISBN 0 443 02570 3

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.

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Edited by *John Laidlaw* and *Alan Richens*

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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.

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(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.

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