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Tegretol®
carbamazepine BP
making epilepsy
easier to live with

Tegretol®
Indications: Epilepsy (grand mal and temporal lobe), trigeminal neuralgia. Dosage in epilepsy. Use a gradually increasing dosage scheme, adjusting to patient’s needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily, in some cases 1,600mg daily may be necessary. Children: up to 1 year old: 100-200mg daily, aged 1-5 years: 200-400mg daily, aged 5-10 years: 400-600mg daily, aged 10-15 years: 600-1,000mg daily. It may be helpful to monitor plasma drug levels: optimum therapeutic range is 3-10µg/ml (13-42µmol/l). Dosage in trigeminal neuralgia: Begin with small doses: using 100mg tablets or syrup, and increase gradually until satisfactory therapeutic response is obtained. 200mg 3-4 times daily is generally sufficient to maintain pain-free state. Side effects: Dizziness and diplopia (usually dose-dependent), less frequently drowsiness, dry mouth, diarrhoea, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hypotension, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic jaundice and acute renal failure. Blood count should be checked in early stages of treatment. Precautions: Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum toxic acid levels should be observed during anticonvulsant therapy. Contra-indications: Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction anomalies unless paced. Packs Tablets of 100mg (PL.0001 5027) basic NHS price £2.99 per 100, £14.40 per 500 tablets of 200mg (PL.0001 5028) £5.96 per 100, £26.78 per 500 tablets of 400mg (PL.0001 0986) £10.92 per 100, syrup 100mg/5ml (PL.0001 0050) £5.34 per 300ml bottle. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.
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EARLY TREATMENT WITH

SINEMET®
Carbidopa 25 mg and levodopa 100 mg, MSD
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 is 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 1,500 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, urogenital, special senses, hot flushes, weight gain or loss, and abnormalities in laboratory tests.

Basic NIS cost
'Sinemet-Plus' (25 mg carbidopa/100 mg levodopa BP) tablets £13.07 per 100 pack;
'Sinemet-275' (25 mg carbidopa/250 mg levodopa BP) tablets £14.89 per 100 pack;
'Sinemet-100' (10 mg carbidopa/100 mg levodopa BP) tablets £7.70 per 100 pack.

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