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A new era in the treatment of Parkinson’s disease begins . . .

In 1970, the arrival of L-dopa revolutionised the treatment of Parkinson’s disease. This was followed, in 1973 and 1979, by the highly successful combinations with peripheral decarboxylase inhibitors.

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ELDEPRYL
selective hydrochloride
Conserves cerebral dopamine

PRESENTING INFORMATION

Presentation White coated, uncoated tablets 5 mg diameter containing 5 mg selegiline hydrochloride. Indications Eldepryl is indicated for the treatment of Parkinson’s disease or symptomatic Parkinsonism in patients being treated with levodopa alone or levodopa and a peripheral decarboxylase inhibitor. Eldepryl is not indicated for antiparkinson treatment in patients who are not receiving levodopa.

CONTRA-INDICATIONS, WARNINGS ETC. Contraindications There are no known contraindications for the use of Eldepryl. In patients receiving levodopa therapy, Warning Because Eldepryl potentiates the effects of levodopa, the side effects of levodopa might be exacerbated. When Eldepryl is added to maximally tolerated levodopa treatment, idiopathic movements and agitation may occur. Levodopa treatment can be reduced by an average of 20%.


Further information is available on request from Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR.

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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 16 tablets. Change levodopa required. Substitute Sinemet 25/1 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 30% 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 diseases, cerebral ischemia, renal disease, endocrine disease, psychoses, chronic wide-angle glaucoma, or history of myocardial infarction, and when receiving antihypertensives (adjust dosage if necessary). Monitor carefully for mental changes, depression with suicidal tendencies, and other serious anticholinergic 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.

Therapeutic 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
Choreaform, 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, acute pain of leg, and abnormalities in laboratory tests.

Basic NIS cost:
Sinemet Plus: 25 mg carbidopa (100 mg levodopa BP) tablets £1.88 per 100 pack. Sinemet 275 (25 mg carbidopa/250 mg levodopa BP) tablets £2.54 per 100 pack. Sinemet 110 (10 mg carbidopa/100 mg levodopa BP) tablets £1.70 per 100 pack.

Product licence numbers
Sinemet-Plus: 0039-0190
Sinemet 275: 0026-0988
Sinemet 110: 0026-0994

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Issued September 1982.
Just published

ABC OF BRAIN STEM DEATH

The subject of brain stem death still arouses misconceptions—witness the response to the BBC Panorama programme on transplantation and brain death. In a series of articles in the BMJ Dr Christopher Pallis dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have now been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

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