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.

Now, in 1983, there is Eldepryl

Eldepryl is a new, selective inhibitor of the enzyme responsible for dopamine breakdown in the brain. Used in conjunction with L-dopa preparations, it provides the next logical step in treatment – dopamine conservation.

The patient benefits of Eldepryl are substantial – Daily L-dopa intake can be immediately cut by 20% in most cases, reducing unwanted side effects and extending the useful life of L-dopa. Eldepryl significantly reduces akinesia, and has been shown to smooth out "on-off" effects.

With Eldepryl, there is no complicated dosage regime to remember, simply one tablet daily, together with a 20% reduction of L-dopa on the first day of treatment, is usually all that is required.

ELDEPRYL®
selegiline hydrochloride

Conserves cerebral dopamine

PREScribing INFORMATION

Presentation: White coated, uncoated tablets 5 mg diameter containing 2 mg selegiline hydrochloride. Indications: Eldepryl is indicated for the treatment of Parkinson's disease or symptomatically Parkinson's disease which is being treated with levodopa alone or in conjunction with a decarboxylase inhibitor. Eldepryl is not indicated in conjunction with levodopa treatment. Eldepryl is not indicated in situations where levodopa is contraindicated. Dosage: When given in conjunction with established levodopa therapy, the initial dose of Eldepryl is 5 mg tablets in the morning. If symptoms are very severe e.g. on-off symptoms, and some response is achieved within 1-2 days, Eldepryl can be increased to 10 mg tablets daily. CONTRAINDICATIONS, WARNINGS, ETC. Contra-indications: Contra-indications for the use of Eldepryl are not established. Efficacy in Parkinson's disease has not been established. WARNINGS: Eldepryl is not indicated in situations where levodopa is contraindicated.

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


$30.00 Reporting of adverse reactions should be reported to the Committee on Safety of Medicines, preferably on a yellow card. Date of Preparation October 1982.
Stesolid is a unique system that obviates the need for needle in a variety of conditions and procedures.

Status Epilepticus—no needle
Febrile convulsions—no needle
Minor procedures of all types—no needle

There are two strengths Stesolid 5 mg and Stesolid 10 mg
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'

SINEMET-
Carbidopa 25 mg and levodopa 250 mg, MSD
for more severe symptoms

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 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. Usually 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, psychosis, chronic wide-angle glaucoma, with a history of myocardial infarction, and when receiving antihypertensives (adjust dosage if necessary). Monitor carefully for mental changes, depression, suicidal tendencies, and other serious adverse events. 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
Choreaform, dystonic, and other involuntary movements are most common. Other mental changes are less common. Occasionally are cardiovascular irregularities, the ‘on-off’ phenomenon. GI intolerance, and dizziness. Rarely, GI bleeding, duodenal ulcer, hypertension, pheochromocytoma, and agranulocytosis. Positive Coombs test reported but haemolytic anaemia extremely rare. Other side effects include psychiatric, neurological, GI, dermatological, respiratory, urogenital, special senses, hot flashes, weight gain or loss, and abnormalities in laboratory tests.

Basic NIS cost:
Sinemet-Plus® (25 mg carbidopa/100 mg levodopa B.P.) tablets £3.07 per 100 pack; Sinemet-275 (25 mg carbidopa/250 mg levodopa B.P.) tablets £14.89 per 100 pack; Sinemet-110 (10 mg carbidopa/100 mg levodopa B.P.) tablets £7.70 per 100 pack.

Product licence numbers
Sinemet-Plus, 0025/0190
Sinemet-275, 0025/0085
Sinemet-110, 0025/0084
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+ denotes trademark

Issued February 1983
Journal of Mental Deficiency Research

Published on behalf of the Royal Society for Mentally Handicapped Children and Adults

In 1982, Journal of Mental Deficiency Research celebrated its twenty-fifth anniversary. These years have seen remarkable developments: identification of Down's anomaly; behavioural techniques; screening methods; infant intervention programmes; normalization philosophy and community care; errorless learning; verbal and non-verbal communication approaches; amniocentesis; the sex chromosome disorders; the Fragile X chromosome disorders; secondary prevention; demographic changes; and enlightenment.

The pace of change in the next twenty-five years will increase. This journal will continue to evaluate and record important medical, social and educational advances.

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