

Presentation

4+1 *the right balance in Parkinson's disease*

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Basic NHS Cost



Madopar

*the original 4+1 combination
in three dosage forms, 62.5, 125 and 250*

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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.

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,¹ 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, 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, WARNINGS ETC. 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** 4482/0024. **Basic NHS Cost Pack** of 100 tablets, £30.00. **Reporting of Adverse Reactions** As a recently introduced product, any suspected adverse reactions should be reported to the Committee on Safety of Medicines, preferably on a yellow card. **Date of Preparation** October 1982.

1. J. Neural Transmission, 1976; 43: 245-251 J. Neural Transmission, 1976; 36: 303-326



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, hyponatraemia, 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 folic acid levels should be observed during anticonvulsant therapy. **Contra-indications** Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced. **Packs** Tablets of 100mg (PL0001 5027) basic NHS price £2.99 per 100, £14.40 per 500; tablets of 200mg (PL0001 5028) £5.56 per 100, £26.78 per 500; tablets of 400mg (PL0001 0088) £10.92 per 100, syrup 100mg/5ml (PL0001 0050) £5.34 per 300ml bottle. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

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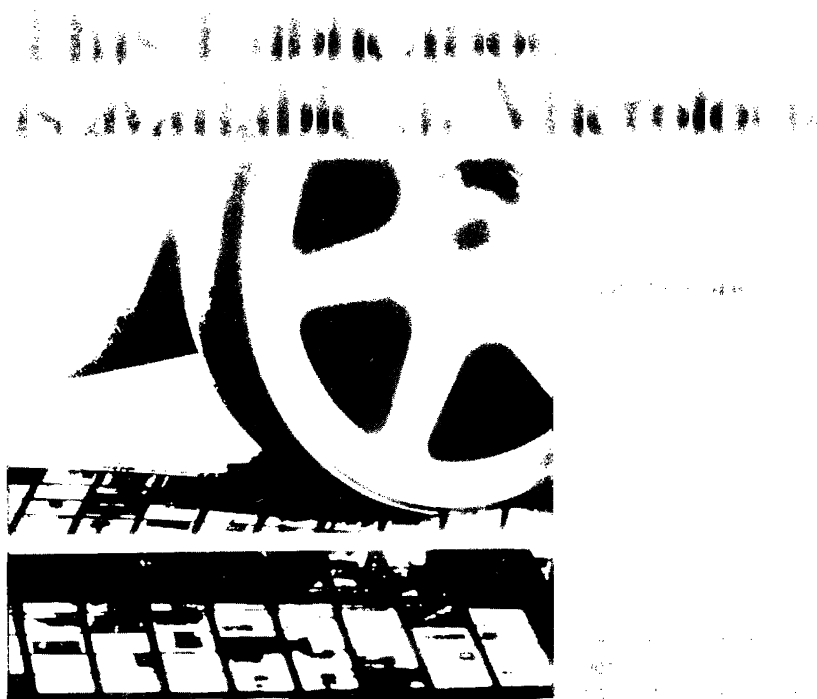
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