Titrating the dose can give you the power to relieve the ‘on-off’ syndrome

Conventional wisdom suggested that the ‘on-off’ syndrome was an unalterable feature of long-term levodopa therapy. Madopar 62.5 means that this now need not always be the case. By titrating the dose and administering more frequent, smaller doses the patient with ‘on-off’ syndrome and other symptoms may now obtain relief.

For many patients

MADOPAR 62.5
levodopa plus benzperazide

adds years to life — adds life to years

Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benzperazide in the ratio of 4:1. Madopar 62.5 capsules contain 60mg levodopa and 14.25mg benzperazide hydrochloride, equivalent to 12.5mg of the base. Madopar 125 capsules contain 100mg levodopa and 25.5mg benzperazide hydrochloride, equivalent to 25mg of the base. Madopar 250 capsules contain 200mg levodopa and 51.25mg benzperazide hydrochloride, equivalent to 50mg of the base.

Indications Parkinson's disease, post-encephalitic, post-traumatic. Dosage Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 62.5, or two to four capsules of Madopar 125 daily in divided doses; most patients require no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day, may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller, more frequent doses using Madopar 62.5.

Contra-indications Narrow-angle glaucoma, severe psychiatric illness or psychosis. Pregnancy Patients under 25 years. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. Patients who have a history of, or who may be suffering from, a malignancy may have a ‘history of, or who may be suffering from, a malignancy.

Precautions Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease.

Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury. Side-effects Nausea and vomiting, cardiovascular disturbances, psychiatric disturbances, involuntary movements. Package Quantities Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100. Licence Numbers 0031 0125 (Madopar 62.5 capsules), 0031 0073 (Madopar 125 capsules), 0031 0074 (Madopar 250 capsules). Basic NHS Cost Madopar capsules 62.5 5.41 per 100, Madopar capsules 125 5.76 per 100, Madopar capsules 250 5.47 per 100. Reference * Med et Hyg (Geneva): 1981 39 3832 Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY

Madopar is a trade mark.
Tegretol®

Carbamazepine BP

Making epilepsy easier to live with

Indications: Epilepsy (generalized tonic-clonic and partial seizures), trigeminal neuralgia. Dosage: Epilepsy Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 200-400mg once or twice daily, increasing slowly up to 600-1200mg daily; in some cases 1,500mg 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, 600-800mg daily; children below 3 years of age. Begin with small doses, using 100mg tablets or syrup, and increase gradually until satisfactory therapeutic response is obtained. Average dosage: 200mg-3400mg daily is generally sufficient to maintain pain-free state. Side effects: Dizziness and drowsiness, less frequent symptoms: dry mouth, diarrhoea, nausea and vomiting. Generalized erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hypotenstration, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anemia, cholestatic jaundice and acute renal failure. Blood count should be checked in early stages of treatment. Precautions: Caution in patients taking oral contraceptives 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 MAO therapy. In rats treated with carbamazepine for two years, incidence of liver tumours increased to evidence of significant bearing on the therapeutic use of the drug. Serum albumin levels should be observed during antioxidant therapy. Contra-indications: Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced. Tablets of 100mg (PL0001/0027), basic price £2.30 per 100, £13.05 per 500 tablets, £300 per bottle. *denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.
PART OF THE LARGACTIL HERITAGE
chlorpromazine

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for patients, medical and nursing staff because of a full, four-week duration of activity.

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which comes from both short and long-term studies performed in the U.K. and worldwide.

Piportil
DEPOT
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HELPING TO SOLVE THE PUZZLES OF SCHIZOPHRENIA

PRESCRIBING INFORMATION
Dosage:
(Adults) Initially 25mg (0.5ml) by deep intramuscular injection into the gluteal region, to assess susceptibility of patient. Dosage should be increased by increments of 25 or 50mg at appropriate intervals until a satisfactory response is obtained. Most patients respond to a dose of 50-100mg (1-2ml) every 4 weeks. Patients should be stabilised under psychiatric supervision.

Contra-indications:
Marked cerebral atherosclerosis, phaeochromocytoma, renal or liver failure, severe cardiac insufficiency or hypersensitivity to other phenothiazine derivatives.

Precautions:
A history of convulsive disorders or marked extra-pyramidal reactions to oral phenothiazines, in pregnancy and lactation.

Side-effects:
Reversible extra-pyramidal reactions, sleep disturbance, depression, blurred vision, asthenia, impotence, dry mouth, nausea, amenorrhoea, galactorrhoea, hypotension, hyperhidrosis and weight gain have been observed occasionally. Corneal or lenticular cloudiness have not been observed with Piportil alone, but in treatment with phenothiazine preparations in high dosage over a long period, there is a risk of such side-effects occurring. Local reactions at site of injection are rare.

Presentations and Basic N.H.S.
Prices
Box of 10 x 1ml ampoules (5mg) £3.70. Box of 10 x 2ml ampoules (100mg) £37.875
(PL0012/0017)

References:
Piportil Depot and Largactil are Trade Marks.

Further information is available on request.
May and Baker Ltd. Dagenham, Essex.
In Parkinson's disease
when levodopa alone

Plus

ABRIDGED PRODUCT INFORMATION
Full prescribing information is available on request and should be consulted before prescribing.

INDICATIONS Parkinson's disease and syndrome.

DOSEAGE 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' 725. 1 tablet three or four times a day. If further titration needed, increase 'Sinemet' 725 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' 725 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 untoward 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, leukopenia, and agranulocytosis. Positive Coombs tests reported but haemolytic anaemia extremely rare. Other side effects include psychiatric, neurological, GI, dermatological, respiratory, urogenital, special sense, hot flushes, weight gain or loss, and abnormalities in laboratory tests.

BASIC NPS COST 'Sinemet-Plus' (25 mg carbidopa/100 mg levodopa BP) Tablets £3.07 per 100 pack; 'Sinemet' 725 (25 mg carbidopa/250 mg levodopa BP) Tablets £4.89 per 100 pack; 'Sinemet-Plus' 140 (50 mg carbidopa/100 mg levodopa BP) Tablets £6.76 per 100 pack.

PRODUCT LICENCE NUMBERS 'Sinemet-Plus', 0025/0150 'Sinemet' -275, 0025/0085 'Sinemet'-725, 0025/0085 'Sinemet'-140, 0025/0084

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ABC OF COMPUTING
A J ASBURY

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Further information is also available.

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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