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 contains a combination of levodopa and the decarboxylase inhibitor benzerazide in the ratio of 4:1. Madopar 62.5 capsules contain 50mg levodopa and 14.25mg benzerazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules contain 100mg levodopa and 28.5mg benzerazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules contain 200mg levodopa and 57mg benzerazide hydrochloride (equivalent to 50mg of the base).

Indications Parkinsonism—idiopathic post-encephalic. 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 125 (two to four capsules of Madopar 250) daily in divided doses. Most patients require no more than six capsules of Madopar*25 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 psychoneuroses or psychoses. 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 malignant melanoma. 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, involuntarv 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 £3.76 per 100. Madopar capsules 250 £1.77 per 100. Reference 1. McEil Hym: (Geneva). 1961 39 3832. Hoche Products Limited, PO Box 8. Welwyn Garden City, Hertfordshire AL7 3AY. Madopar is a trade mark.
CROMWELL HOSPITAL...
designed to do precisely what you demand of it.

Precision, efficiency and reliability. Cromwell Hospital's Department of Neurophysiology provides the Consultant Neurologist and Neurosurgeon with a proven environment for maintaining the highest standards in the practice of his specialty.

The Department incorporates the very latest technological advances in the provision of diagnostic, therapeutic, surgical, nursing and rehabilitation services. Specialists hold regular clinics in neurosurgery, neurology and clinical neurophysiology.

An extensive range of tests is at your disposal from single screening tests to complex neurophysiological and neurootological investigations suitable for all age groups.

Of particular interest to specialists is the new Cromwell Centre for Auditory and Speech Disorders - fully equipped for paediatric audiological assessment, audiology, speech therapy and rehabilitation. This is the only purpose-built private facility of its type in the United Kingdom.

To arrange a personal visit and for further information contact Mr. Stewart Anderton, Neurophysiologist
London's Cromwell Hospital,
British healthcare at its best.

CROMWELL HOSPITAL
Tegretool®

carbamazepine BP

making epilepsy easier to live with

Tegretool®

(carbamazepine BP)

Indications: Epilepsy (generalised tonic-clonic and partial seizures), 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 1,500mg 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, 600-1,000mg daily. It may be helpful to monitor plasma drug levels; optimum therapeutic range: 8.5-13.5 mg/L. 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), loss of muscle tone, dry mouth, diarrhoea, nausea and vomiting. Generalised somnolent states, disappearing on cessation of therapy. Localised reports of oedema, hypernatraemia, elevations in liver enzymes, 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 Tegretool must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In patients treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum creatinine should be observed during anticonvulsant therapy. Children: indicate previous drug sensitivity to Tegretool. Do not administer to patients with sinoatrial conduction abnormalities unless paced. Batches: Tablets of 100mg (PL0001/5027) basic NHS price £2.20 per 100, £12.95 per 500; tablets of 200mg (PL0001/5028) basic NHS price £4.36 per 100, £25.93 per 500 tablets of 400mg (PL0001/0090) £10.58 per 100; syrup 100mg/5ml (PL0001/0053) £5.17 per 300ml bottle. * denotes registered trademark.

Geigy

Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.
In Parkinson’s disease
when simple tasks

---

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 required, 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 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. Transient abnormalities in renal function tests, liver function tests, and protein-bound iodine may occur without evidence of disease. Not recommended for children under 12 years of age.

Side Effects: Cheilosis, dysphonia, 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, leukoencephalopathy, 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 NHS Cost: 'Sinemet-Plus' (25 mg carbipap/100 mg levodopa BP) Tablets £6.57 per 100 pack. 'Sinemet'-275 (25 mg carbipap/250 mg levodopa BP) Tablets £6.89 per 100 pack. 'Sinemet'-100 (50 mg carbipap/100 mg levodopa BP) Tablets £7.70 per 100 pack.

Product Licence Numbers: ‘Sinemet-Plus’: 0025/0150 ‘Sinemet’-275, 0025/0085 ‘Sinemet’-100, 0025/0084

Issued 1984 # denotes trademark @ denotes registered trademark

---

Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire, EN11 9BU
ADD IN PARLODEL—THE NEXT STEP IN PARKINSON'S DISEASE

The first step in the treatment of Parkinson's Disease is to give levodopa. But when the initial benefit starts to decline and the dosage frequency increases, move to the next step—add in Parlodol. The addition of Parlodol can improve the disease symptoms, especially tremor, and may alleviate levodopa-related complications. A lasting improvement can be achieved.

Parlodol
bromocriptine

For prescribing information see over page.
Parlodel

References:

Prescribing information:
Indication
Idiopathic Parkinson’s disease
Dosage and Administration
Introduce Parlodel gradually as follows: Week 1, 1.25 mg at bed time, Week 2, 2.5 mg at bed time, Week 3 2.5 mg twice daily. Thereafter take 3 times a day increasing by 2.5 mg every 3-14 days depending on the patient’s response. Continue until the optimum dose is reached. This will usually be between 10-80 mg daily. Parlodel must be taken with food.

Precautions
Institute treatment gradually. Observe caution in patients with psychotic disorders or severe cardiovascular disease. Tolerance may be reduced by alcohol. Consider withdrawal if unexplained pleuropulmonary signs or symptoms appear.

Side Effects
Nausea, postural hypotension, dizziness, headache and vomiting, mild constipation: digital vasospasm has occurred in patients with Parkinson’s disease, also dose-dependent effects, drowsiness, psychomotor excitation, hallucinations, dyskinesia, dry mouth, leg cramps.

Presentations
2.5mg tablets of bromocriptine base
5mg capsules of bromocriptine base
10mg capsules of bromocriptine base.

Product Licence Numbers
2.5mg tablets: PL 0101/0061 5mg capsules:
PL 0101/0131 10mg capsules: PL 0101/0108.

Basic NHS Cost
£7.55
£25.17
£49.54
£99.08

Parlodel is a registered Trade Mark
Full prescribing information, including product Data Sheet, is available from

The Royal College of Surgeons of Edinburgh

SPECIALTY FELLOWSHIP IN
SURGICAL NEUROLOGY
FRCSEd (SN)

A diet of the Specialty Fellowship Examination in Surgical Neurology will be held on 19 March 1985. Surgeons working in the specialty of Surgical Neurology who wish to enter for the Examination may obtain a copy of the Regulations and application form from the Examinations Secretary, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

Candidates who should normally hold a Diploma of Fellowship of a Surgical College or an equivalent Diploma are required to have three years’ post-Fellowship experience in Surgical Neurology of which one year must normally have been in an approved centre in the UK. Candidates must submit written evidence of their experience in the specialty including their operative experience. Candidates should note that the format of the Examination has been changed so that there are no longer separate orals in neuroanatomy, neurophysiology, neurochemistry and neuropathology. These subjects are however still examined in depth as part of orals in operative surgery, investigation and non-operative management.

Applications for entry must be received by 1 February 1985.

Fee: £150.
Journal of Mental Deficiency Research

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

EDITOR
W.I. Fraser  Gogarburn Hospital, Edinburgh

The Journal of Mental Deficiency Research is devoted exclusively to the scientific study of mental deficiency and publishes papers reporting original observations in this field. The subject matter includes clinical case reports, pathological reports, biochemical investigations, genetics and cytogenetics, psychological, educational and sociological studies, the results of animal experiments or studies in any discipline that may increase knowledge of the causes, prevention or treatment of mental handicap. Reviews are submitted from experts from time to time on themes in which recent research has produced notable advances. All papers are assessed by expert readers.

Subscription Information
Journal of Mental Deficiency Research is published quarterly.
Subscription rates for 1984 are:
£26.50 (U.K.)
£32.00 (overseas)
$62.50 (U.S.A. & Canada)
Post free

Order Form
Send to Blackwell Scientific Publications Ltd, P.O. Box 88, Oxford, England
Please tick the appropriate box

☐ I would like to subscribe to Journal of Mental Deficiency Research and I enclose my remittance for the current volume
☐ I would like a free specimen copy of Journal of Mental Deficiency Research

Name
Address

Blackwell Scientific Publications
Oxford · London · Edinburgh · Boston · Melbourne
A SENSE OF ASHER

A further collection of the writings of Richard Asher, selected and introduced by Ruth Holland

This second selection of Richard Asher's writings, with an introduction by Ruth Holland, was originally published in a limited edition in the Keynes Press in 1987. It sold out rapidly and in response to exceptional demand a new edition was declared to produce a paperback edition. This contains the complete text of the original and has a new cover based on one of the original designs for Lewis Carroll's The Hunting of the Snark by Harry Holland.

Price £8.75

Domestic (US & Canada)

BMA members

£6.99

£8.79

£9.99

£8.79

£7.99

Payment must be enclosed with order.

Or return

217-221 Euston Road

BMA House

London NW1 2NS

Price £8.75

and printed in England by Eyre & Spottiswoode Ltd, Thanet Press, Margate