

PARKINSON'S LORE



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

levodopa plus benserazide

62.5

Presentation

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

Indications Parkinsonism — idiopathic, post-encephalitic. **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 requiring no more than six capsules of Madopar 125 daily. In

adds years to life — adds life to years

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, 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 £9.76 per 100. Madopar capsules 250 £17.47 per 100. **Reference** 1 Med et Hyg (Geneve), 1981, 39, 3832. Roche Products Limited, PO Box 8 Welwyn Garden City, Hertfordshire AL7 3AY

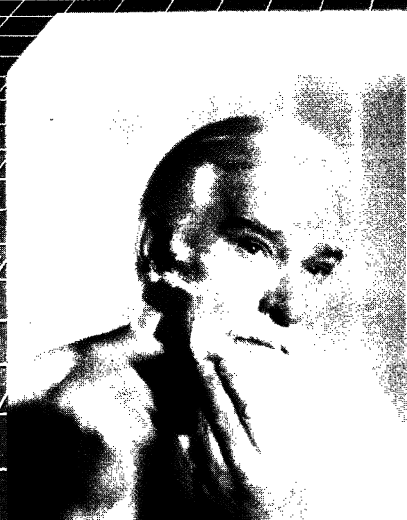
hepatic disorder, peptic ulcer, osteoporosis.

sympathomimetic drugs, antihypertensive drugs.



Madopar is a trade mark

In Parkinson's disease



SINEMET Plus

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. 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 antisocial 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, leucopenia, and agranulocytosis. Positive Coombs test reported but haemolytic anaemia extremely rare. Other side effects include psychiatric, neurological, GI, dermatological, respiratory, urogenital, special senses, hot flushes, weight gain or loss, and abnormalities in laboratory tests.

BASIC NHS COST 'Sinemet-Plus' (25 mg carbidopa/100 mg levodopa BP) Tablets £11.64 per 100 pack; 'Sinemet'-275 (25 mg carbidopa/250 mg levodopa BP) Tablets £17.87 per 100 pack; 'Sinemet'-110 (10 mg carbidopa/100 mg levodopa BP) Tablets £8.55 per 100 pack.

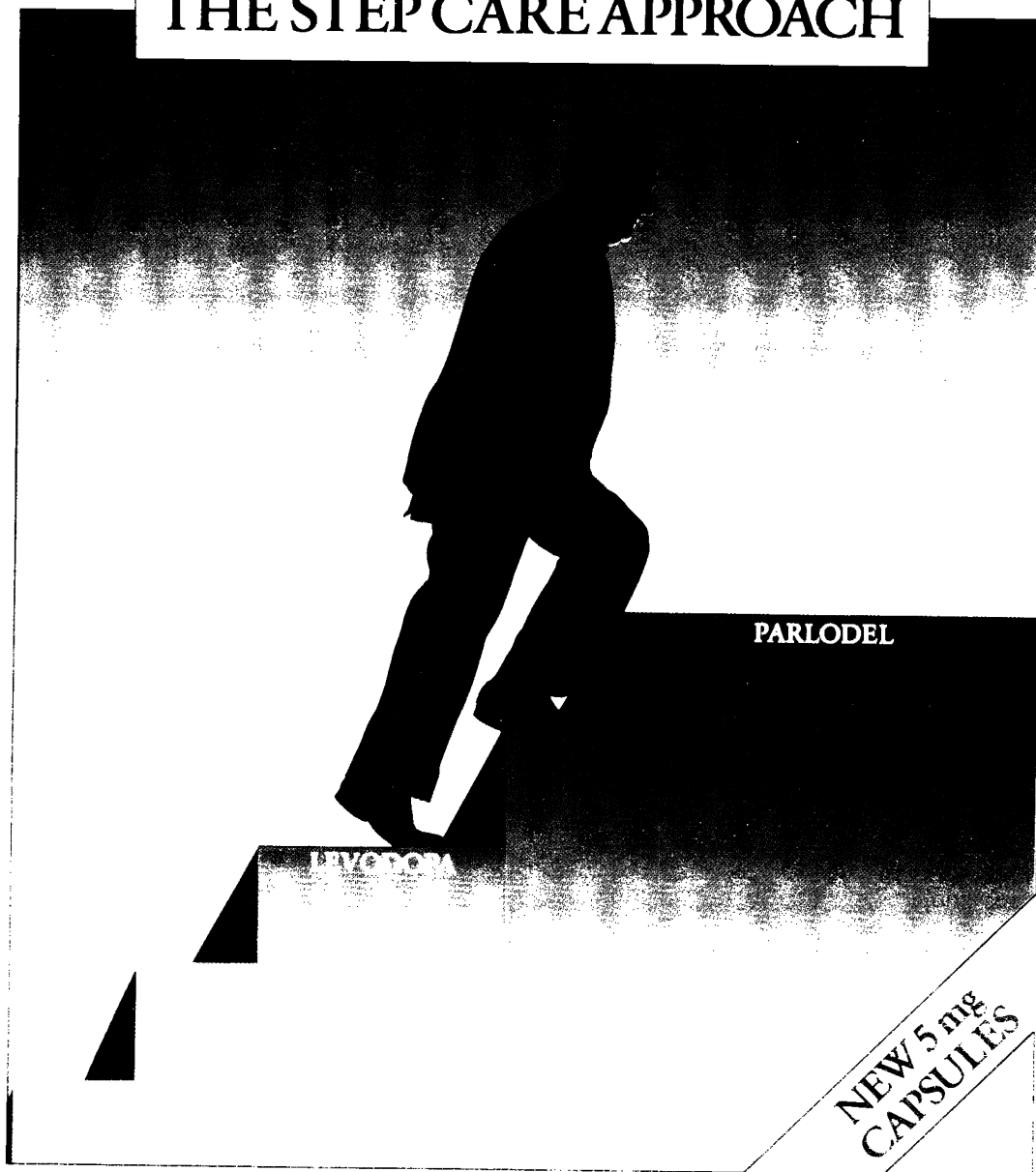
PRODUCT LICENCE NUMBERS 'Sinemet-Plus', 0025/0150 'Sinemet'-275, 0025/0085 'Sinemet'-110, 0025/0084

Issued October 1984 @ denotes trademark ® denotes registered trademark



**MERCK
SHARP
DOHME**

THE STEP CARE APPROACH



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 Parlodel. The addition of Parlodel can improve the disease symptoms, especially tremor, and may alleviate levodopa-related complications. A lasting improvement can be achieved.

Parlodel
bromocriptine

For prescribing information see over page.

Parlodel

References:

1. Lancet, 1977, **1**, 345-349.
2. Lancet, 1976, **1**, 292-296.
3. Gerontology, 1982, **28**(Suppl 1), 35-52.
4. Research and Clinical Forums, 1981, **3**(2), 37-47.
5. Journal of Neurology, Neurosurgery, and Psychiatry, 1979, **42**, 143-150.
6. In: Research Progress in Parkinson's Disease, 1981. Eds, F. Clifford Rose and R. Capildeo, Tunbridge Wells, Pitman Medical, pp 324-332.

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

30 x 2.5mg tablets £7.55,
100 x 2.5mg tablets £25.17, 100 x 5mg capsules
£49.54, 100 x 10mg capsules £99.08.

Parlodel is a registered Trade Mark

Full prescribing information, including product Data Sheet, is available from



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PAR 84 21 Oct 1984

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.



Tegretol[®] making epilepsy easier to live with

carbamazepine BP

Tegretol[®]

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 1,600mg 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 folate 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 £2.90 per 100, £13.95 per 500; tablets of 200mg (PL0001/5028) £5.38 per 100, £25.93 per 500; tablets of 400mg (PL0001/0088) £10.58 per 100; syrup 100mg/5ml (PL0001/0050) £5.17 per 300ml bottle. * denotes registered trademark. **Geigy**

Full prescribing information is available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

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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ABC OF
BRAIN STEM
DEATH



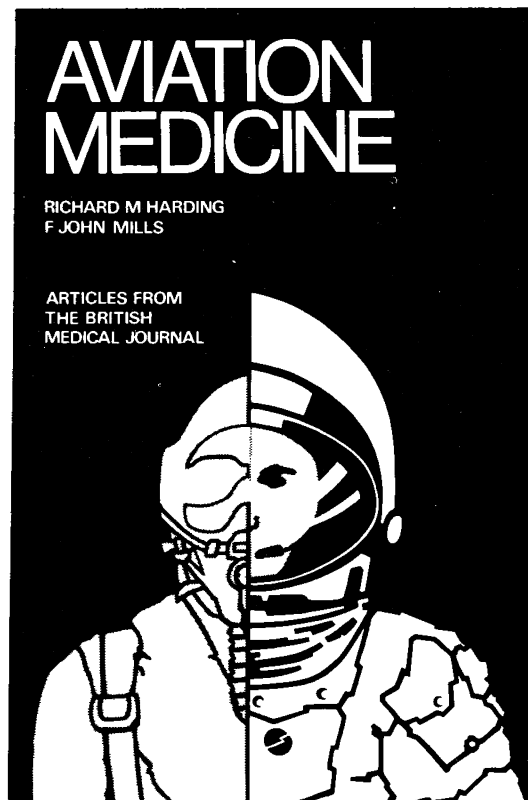
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This authoritative and highly readable account of the little known specialty of aviation medicine will interest both general readers and those interested in it as a career. Comprehensive information on the management of airline passengers with particular medical conditions before, during, and after flight will help doctors faced with deciding whether or not their patient is fit to fly and with coping with a medical emergency in the air while themselves passengers on board an aircraft. The chapters on the problems of altitude, acceleration, the function of the special senses in flight, special forms of flight, and aviation psychology describe clearly and precisely the physiological and behavioural effects that flight imposes on man.

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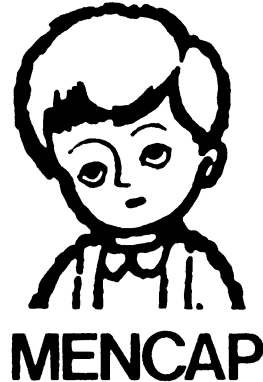
Journal of Mental Deficiency Research

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

EDITOR

W.I. Fraser *Gogarburn Hospital,
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