Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 393mg levodopa and 98.25mg benserazide hydrochloride equivalent to 125mg of the base.
Madopar 125 capsules containing 786mg levodopa and 196.5mg benserazide hydrochloride equivalent to 250mg of the base.
Madopar 250 capsules containing 1,179mg levodopa and 293mg benserazide hydrochloride equivalent to 375mg of the base.

Indications
Parkinsonism, post-cardiac: post-operatively.

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 to four capsules of Madopar 250) 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 peptic ulcer or psychosis. It should not be used in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal, to patients under 25 years of age, to pregnant women, or to 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, hepatic disorder, peptic ulcer, osteoporosis, sympathomimetic drugs, antihypertensive drugs. 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.

Packings
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

Madopar
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selegiline hydrochloride
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PRESENTING INFORMATION

Presentation White scored uncoated tablets 5 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 is in combination with levodopa treatment is particularly indicated in patients who during maximal levodopa treatment develop on-off symptoms or other akinesias.

Dosage When given in combination with established levodopa therapy, the initial dose of Eldepryl is 5 mg (1 tablet) in the morning. If symptoms are very severe a go-on-off symptoms, and side effects 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 contraindications 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 enhanced. 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 Hypertension and nausea have been reported as isolated symptoms associated with Eldepryl treatment. Confusion or hallucinations have also been reported. Legal Category POM. Product Licence Number 4483 0024. Basic NHS Cost Pack of 100 tablets. £5.99 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 1983.

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