4+1

the right balance in Parkinson’s disease

Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide. The ratio of 4:1 Madopar capsule containing 50mg levodopa and 12.5mg benserazide is equivalent to 2 tablets of the base
Madopar. 25 capsules containing 12.5mg levodopa and 3.125mg benserazide in identical shape and
size to the base. 25 tablets containing 50mg levodopa and 12.5mg benserazide in identical shape
and size to the base.

Indications
Parkinsonism - dopa-resistant or complications

Dosage
Dosage is variable and the dose should be titrated to the patient’s needs. The effective dose usually lies between four and eight capsules or Madopar 50/12.5 twice to four capsules or Madopar 100/25 daily. In divided doses, most patients require no more than six capsules or Madopar 100/25 daily. In some patients, initial treatment with one capsule or Madopar 50 twice or three times daily increasing to one capsule every third or fourth day may suffice. Patients who have experienced fluctuations in response may also benefit from administration of smaller more frequent doses under Madopar 50/12.5.

Contra-indications
Hepatic and a glaucoma severe psychiatric illnesses or psychoses. It should not be given in combination 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 autonomic mechanisms should be avoided. Endocrine renal, pulmonary or cardiovascular disease hepatic disorder, peptic ulcer gastrointestinal, sympathomimetic drug antidepressive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually for rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting tardive dyskinesia, extrapyramidal disturbances, psychiatric disturbances, involuntary movements

Packings
Madopar 50/12.5 capsules. Madopar 100/25 capsules and Madopar 250 capsules in packets of 100

Licence Numbers
A.1.1, A.1.2, Madopar 50/12.5 capsules 0031, 0079 (Madopar 100 capsules 0031, 0074 (Madopar 250 capsules 0031

Basic NHS Cost
Madopar capsules 50/12.5 £ 5.40 per 100
Madopar capsules 100 £ 7.25 per 100
Madopar capsules 250 £ 17.41 per 100

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$\frac{2}{3}$rd scale
A new era in the treatment of Parkinson's disease has begun. Eldepryl is the new, selective inhibitor of the enzyme responsible for dopamine breakdown in the brain. Used in conjunction with L-dopa or L-dopa/carboxylase inhibitor combinations, Eldepryl provides the next vital step in treatment of all stages of Parkinson's disease – dopamine conservation.

The patient benefits of Eldepryl are substantial – daily L-dopa intake can be immediately cut by 20% in most cases reducing unwanted side-effects and extending the useful life of L-dopa. With a notable lack of adverse effects, Eldepryl significantly reduces akinesia, smoothes out "on-off" effects, and has been shown in a recent long-term study to significantly prolong the evolution of the disease. 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.
Tegretol®

Making epilepsy easier to live with

Carbamazepine

Tegretol®

Indications: Epilepsy (generalized tonic-clonic and partial seizures), trigeminal neuralgia.

Dosage & Administration: Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1200mg daily. Some cases: 1000mg 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, 800-1000mg daily. May be used to monitor detoxification levels: optimum therapeutic ranges 30-100μg/ml (10-30μmol/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), loss of appetite, nausea and vomiting, generalized tremulousness, rash, disappearing or deterioration of therapy, isolated reports of oedema, hypernatremia, exfoliative dermatitis, anaemia, 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 to, or within two weeks of cessation of, MAOI therapy. In infants, be treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the hepaticus use of the drug). Serum 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. Pregos Tablets of 100mg (P1000/1527) basic NPS price £2.90 per 100, £13.95 per 500; tablets of 200mg (P1000/1528) £3.98 per 100, £25.68 per 500; tablets of 400mg (P1000/1008) £10.38 per 100, £51.85 per 500; syrup 100mg/5ml (P1000/1009) £5.17 per 300ml bottle. *denotes registered trademark.

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

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SINEMET®
Carbidopa and levodopa, MSD

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 'Sineemet-Plus' three times a day. Adjust as necessary. Maximum daily dose is 8 tablets. If more levodopa required, substitute 'Sineemet'-275, 1 tablet three or four times a day. If further titration needed, increase 'Sineemet'-275 to maximum 8 tablets a day.

Patients receiving levodopa
Discontinue levodopa at least twelve hours (24 hours for slow-release preparations) before starting 'Sineemet'. Dose of 'Sineemet' approximately 20% of previous daily dosage of levodopa. Usual starting dose 'Sineemet'-275 1 tablet three or four times a day. Patients requiring less than 1,500 mg levodopa a day start with 'Sineemet-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 'Sineemet'.

Pregnancy and lactation
Not recommended in lactating mothers. Use in women of childbearing potential 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, depressions, and suicidal tendencies, and other serious antisocial behaviour. Observe carefully patients with history of severe involuntary movements or psychoses when 'Sineemet' substitutes for levodopa. GI haemorrhage may occur in patients with history of peptic ulcers. If general anaesthesia is required, 'Sineemet' 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
Choreaform, 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, hyperpyrexia, 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
'Sineemet-Plus' (25 mg carbidopa/100 mg levodopa BP) tablets £13.07 per 100 pack;
'Sineemet'-275 (25 mg carbidopa/250 mg levodopa BP) tablets £14.89 per 100 pack;
'Sineemet'-110 (10 mg carbidopa/100 mg levodopa BP) tablets £7.70 per 100 pack.

Product licence numbers
'Sineemet-Plus', 0025/0190
'Sineemet'-275, 0025/0085
'Sineemet'-110, 0025/0084
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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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