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Amplaid MK10 Multisensory Evoked Potential System...

The Amplaid MK10 is a multisensory evoked potential system designed for routine clinical procedures. The unit automatically sets up suitable stimulation and acquisition parameters for any selected test.

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The Amplaid MK10 is provided with a dual cursor for amplitude and latency measurements and two memories for validation purposes. The built-in electrode impedance tester and 115mm heat sensitive paper printer combine to provide a complete ready to operate system.

For complete technical information contact:



Phonophore Acoustics

A Siemens Company

Phonophore Acoustics Ltd
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... the perfect answer
for all Evoked Potential
Testing Situations.

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/decarboxylase 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^{1,2} 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 study³ 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.

PRESCRIBING INFORMATION

Presentation: White, scored, uncoated tablets 5 mm dia. containing 5 mg selegiline hydrochloride. **Indications:** Eldepryl is indicated for the treatment of Parkinson's disease, or atypical Parkinsonism, which is being treated with levodopa and/or levodopa and a peripheral decarboxylase inhibitor. Eldepryl in conjunction with levodopa treatment is particularly useful in patients who, during maximal levodopa treatment, experience "on-off" symptoms or other dyskinesias. On treatment with levodopa and/or levodopa and a peripheral decarboxylase inhibitor, Eldepryl is 5 mg 1 tablet in the morning. **Contra-indications:** There are no known contra-indications 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 amplified. When Eldepryl is added to maximally tolerated levodopa treatment, involuntary movements and agitation may occur. Levodopa treatment can be reduced by an average of

20% when an optimal dose of the side effects of the levodopa is achieved. **Side Effects:** Eldepryl is well tolerated as a single agent. In patients receiving levodopa and/or levodopa and a peripheral decarboxylase inhibitor, the addition of Eldepryl does not increase the incidence of side effects. **Pharmacokinetics:** Eldepryl is rapidly absorbed and reaches its peak plasma concentration within 1 hour. **Preparation:** 5 mg tablets. **References:** 1. J. Neurology, 1983, 231, 107-112. 2. J. Neurology, 1983, 231, 107-112. 3. J. Neurology, 1983, 231, 107-112.

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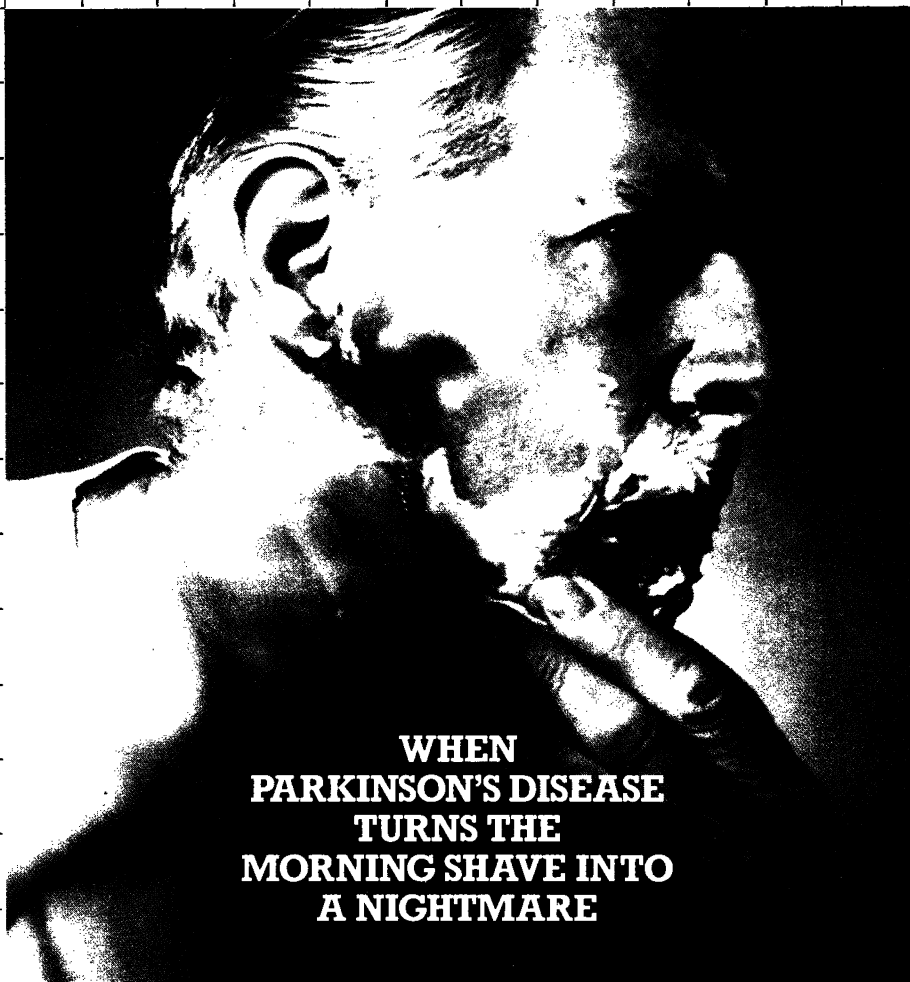
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Indications Epilepsy (generalised tonic-clonic and partial seizures), trigeminal neuralgia. **Dosage in epilepsy** Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1200mg daily; in some cases 1600mg 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 3-10ug/ml (13-42umols/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 folic acid 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**

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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.

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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.

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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 NBS cost

'Sinemet-Plus' (25 mg carbidopa/100 mg levodopa BP) tablets £13.07 per 100 pack;

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'Sinemet'-110 (10 mg carbidopa/100 mg levodopa BP) tablets £7.70 per 100 pack.

Product licence numbers

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A J ASBURY

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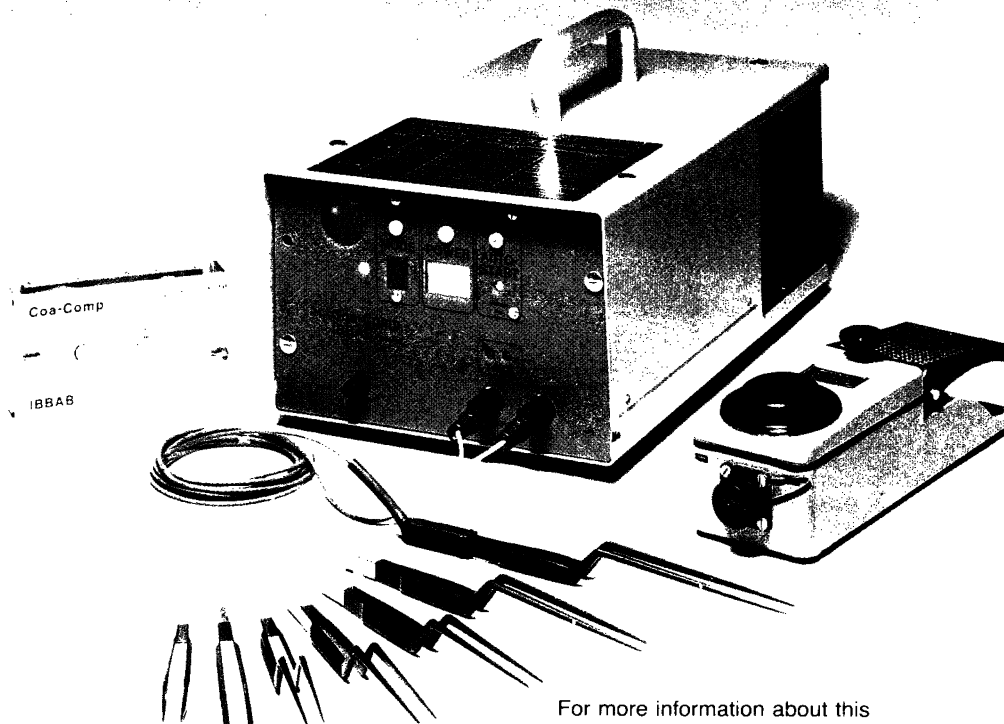
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