A new era of seizure control starts here.

...with a rationally designed anti-epileptic

A new anti-epileptic, SABRIL (vigabatrin) has been launched for patients with uncontrolled seizures. SABRIL is designed to increase baseline levels of the inhibitory neurotransmitter GABA, by a specific GABA-T inhibitor effective in epilepsy.

Numerous studies confirm that SABRIL is clinically effective in 50% of patients with uncontrolled epilepsy (1,2,3). SABRIL is particularly effective in reducing the incidence and/or severity of partial seizures (2,3). This efficacy is maintained in the long-term (4).

Tolerability has been confirmed in over 1200 epilepsy patients treated with SABRIL (1). SABRIL is well tolerated (1) and blood level monitoring is not required.

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*TRADEMARKS Sup. Merrell DOW. Additional prescribing information and references appear on the following page.
Sabril Abridged Prescribing Information

Presentation: White oval biconvex tablets with a breakline on one side and SABRIL on the other. Each tablet contains 500 mg of vigabatrin.

Uses: Mode of Action: A selective, irreversible inhibitor of GABA transaminase. Treatment leads to an increase in brain levels of GABA (gamma amino butyric acid). Indications: Recommended for the treatment of epilepsy, which is not satisfactorily controlled by other anti-epileptic drugs. Dosage and Administration: For oral administration once or twice daily and may be taken before or after meals. Adults: The recommended daily starting dose is 2 g (4 tablets) which should be added to the patient's present therapeutic regimen. The dose may be increased or decreased in 0.5 g or 1 g increments depending upon clinical response and tolerability. Increasing the dose above 4 g/day does not usually result in improved efficacy. There is no direct correlation between plasma concentration and efficacy. The duration of the effects of the drug are dependent on the rate of enzymatic synthesis and the concentration of drug in the plasma. Children: The recommended daily starting dose is 1 g (2 tablets) in children aged 3-9 years and 2 g (4 tablets) in older children. Elderly: Dosage reduction may be necessary in patients with impaired renal function, particularly patients with creatinine clearance less than 60 ml/min. See Precautions: Contra-indications, Precautions, Warnings etc. In pregnancy and lactation: Use of Sabril during pregnancy is contra-indicated. There is no evidence of the safety of Sabril treatment whilst breast-feeding and so it is not recommended. Precautions: As with other antiepileptic drugs, abrupt withdrawal may lead to rebound seizures. If treatment is to be discontinued it is recommended that this is done by gradually reducing the dose over 2-4 weeks. Caution should be exercised when administering the product to elderly patients and more particularly patients with creatinine clearance of less than 60 ml/min. Reduced doses should be used and patients monitored closely for adverse effects such as sedation and confusion. Warnings: Animal safety studies indicate that vigabatrin causes intramyelinic oedema in the brain white matter tracts. Currently there is no evidence to suggest that this effect occurs in man. However, it is recommended that patients treated with Sabril are closely observed for adverse effects on neurological function. Details of animal findings are given under "Further Information" in the full product data sheet. Effects on driving ability: Drowsiness has been observed and patients should be warned of this possibility before treatment. Special care should be taken by patients driving, operating machinery or performing any hazardous task. Side-effects: Adverse events are mainly CNS related. The following events have been reported but in most cases the relationship to vigabatrin has not been established. Drowsiness, fatigue, dizziness, nervousness, irritability, depression, headache and less commonly, confusion, psychosis, memory disturbance and vision complaints such as diplopia. Other adverse events reported include weight gain and minor gastrointestinal side-effects. In children excitation and agitation have been seen. The sedative effect of vigabatrin decreases with continuing treatment. As with other antiepileptic drugs, some patients may experience an increase in seizure frequency with vigabatrin. Patients with myoclonic seizures may be particularly liable to this effect. There is no evidence of neurotoxicity in humans. Tests done to confirm lack of significant adverse effect on neurological function include evoked potentials, CAT scans, magnetic resonance imaging, CSF analyses and in a small number of cases, neuro-pathological examinations of brain specimens. Laboratory data indicate that Sabril treatment does not lead to renal or hepatic toxicity. Decreases in SGOT and SGPT have been observed and may be a result of inhibition of these transaminases by Sabril. Chronic treatment with Sabril may be associated with a slight decrease in haemoglobin which rarely attains clinical significance. Drug Interactions: Sabril is not metabolised, or protein bound and does not induce hepatic cytochrome P450 or drug metabolising enzymes. Interactions with other drugs are unlikely. In clinical studies a gradual reduction of about 20% in plasma phenytoin concentration has been observed. This mechanism is not understood but this is unlikely to be of therapeutic significance. No clinically significant interactions have been seen with carbamazepine, phenobarbital or sodium valproate in clinical trials. Overdose: There is no specific antidote and the usual supportive measures should be employed. Overdoses of 14 and 30 g of Sabril have been reported without any sequelae. Pharmaceutical Precautions: None. Legal Category: POM. Package Quantities: Blister packs of 10 or 30 or 100. Product Licence Number: PL 4425/0098. NHS Price: pack of 100 tabs: £46.00. Date of Preparation: October 1989. You must refer to the full prescribing information before administering Sabril. Further information including full product data sheet is available from the Licence Holder: Merrell Dow Pharmaceuticals Ltd, 1 Furzeground Way, Stockley Park, Uxbridge, Middlesex UB11 9TE. 1 Brown T et al: Neurology 1987; 37: 184-189. 2 Mumford JPB et al: Clin Pract 1988, 42(Suppl 6T): 7-3 3 Pedersen SA et al Acta Neurol Scand 1985; 72: 295-298. 4 Remy G, Beaumont DBT Clin Pharmac (1989). 27:1255-1259.

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