# Depression...disturbed



# Trade Mark

brand of doxepin

lifts depression... promotes restful sleep

- SEDATIVE ANTIDEPRESSANT
- ONCE NIGHTLY DOSAGE

Indications: depression with or without anxiety. Contraindications: glaucoma, urinary retention, hypersensitivity to the drug. Side effects: dry mouth and drowsiness are most commonly reported. Precautions: Sinequan may potentiate other compounds –e.g. monoamine oxidase inhibitors; not recommended in pregnancy or children under 12 years age. Dosage: range 30 mg to 300 mg daily in divided doses, up to 100 mg may be given as a single dose at night. Packs and Basic N.H.S. Cost: 10 mg capsules (PL 57/5032), pack of 100, £2.98: 25 mg capsules (PL 57/5033), pack of 100, £4.24: 50 mg capsules (PL 57/5034) pack of 100, £7.01; 75 mg capsules (PL 57/0133), pack of 60, £6.64. Full information on request to the Company.





200 enteric-coated, 500 enteric-coated tablets; syrup.

Epilim is a powerful anticonvulsant capable of providing control for the majority of adults with tonic-clonic seizures or other epilepsies. including those not well controlled on previous treatments. Because it controls without sedation. Epilim allows many patients to lead full, normal lives.

- Presentation
  1 Epilim 200 enteric-coated A lilac-coloured enteric-coated tablet containing 200mg sodium valproate
  3 Epilim tablets A white scored tablet containing 200mg sodium valproate
  3 Epilim 500 enteric-coated A lilac-coloured enteric-coated tablet containing 500mg
- 4 Epilim Syrup. A red cherry-flavoured syrup containing 200mg sodium valproate per

Epilepsy. In women of childbearing age, Epilim should be used only in severe cases or in those resistant to other treatment.

Dosage and Administration

To be taken with or after food, enteric-coated and plain tablets should be swallowed whole. Optimum dosage should be established using the 200mg enteric-coated tablet. Epilim 500 enteric-coated is recommended for patients requiring high

tablet Epilim 500 enterior-coated is recommended on patients recoming man-dosages. Adults: Dosage should start at 600 mg/day, in divided doses, increasing by 200 mg/day at three-day intervals until control is achieved (Maximum Dose 2600 mg/day) in patients already receiving other therapy the same pattern should be followed Dosage of barbiturates should be reduced as that of Epilim is increased, the respective dosages should be adjusted, during the stabilisation period, to give optimum control at the lowest possible combined-dose level, and it may be found possible to maintain controllating before

the lowest possible combined-dose level, and it may be found possible to maintain control with Epilim alone. Once known enzyme-inducers have been withdrawn, it may be possible to maintain sezure control on a reduced dose of Epilim. Although a method of measuring plasma levels is available, optimum dosage must ultimately be determined by seizure-control Children over 20kg: Initially 400mg/day in divided doses with spaced increases until control is achieved (usually in the range of 20-30mg/kg/day). Children under 20kg: 20mg/kg/day but should be undertaken only in patients in whom plasma valproate levels, clinical chemistry and haematological parameters can be monitored.

monitored.

Contra-Indications, Warnings, etc.

Liver dysfunction, including hepatic failure resulting in latalities has occurred in patients whose treatment included valproic acid or sodium valproate. The incidents occurred during the first six months of therapy, the period of maximum risk being 2-12 weeks. No deaths have occurred in patients receiving the drug continuously for more than 6 months.

Blockbernical tests may not always become abnormal early in the evolution of henatic.

weeks No deaths have occurred in patients receiving the drug continuously for more than 6 months. Biochemical tests may not always become abnormal early in the evolution of hepaticaliure, non specific findings such as loss of seizure control, malaise, anorexia and vomiting, developing after a period of satisfactory Epilim treatment may alert the clinician to the possibility of hepatic damage. Epilim should not be administered to patients with pre-existing hepatic dysfunction. All patients for whom freatment with Epilim is contemplated should have base line liver function assessed (including serum fibrinogen and albumin levels) prior to commencement of therapy, Liver function should be carefully monitored, particularly during the first six months of therapy, and when dosage is being litrated upwards. Patients with a prior history of liver disease or with severe or unusual seizure disorders, e.g. those accompanied by mental retardation and/or organic brain disease should be followed particularly carefully. Fransient elevations of liver enzymes are not uncommon during early treatment with Epilim, but, if elevations are accompanied by other evidence of hepatic dysfunction, especially raised serum filirubin or lowered serum fibrinogen, then the drug should be immediately withdrawn

Hyperammonaemia without hepatic damage can occur in patients during treatment with valproic acid or sodium valproate. This may manifest clinically as vomiting, ataxia and increasing clouding of consciousness. Should these symptoms occur. Epilim should be discontinued.

Valproic acid inhibits second stage of platelet aggregation. Reversible prolongation of

Valproic acid inhibits second stage of platelet aggregation. Reversible prolongation of bleeding time and thrombocytopenia have been reported. Spontaneous bruising obleeding is an indication for withdrawal of medication pending investigations. Patients receiving Epilim should be monitored for platelet function before major surgery. Ret cell hypoplasia and leucopenia have been reported. The blood picture returned to normal when the drug was discontinued. Pancreatitis has occurred in patients receiving valproic acid or sodium valproate. Patients experiencing acute abdominal pain should have serum amylase settimated. Minor gastric irritation and, less frequently, nausea may occur at the start of treatment but these problems can usually be overcome by administering Epilim tablets or syrue with or after food, or by transferring the patient to the Epilim enteric-coated formulations. Transient hair loss has been noted in some patients. Regrowth normally begins within six months. Tremor has occasionally been observed at high dosage. Oedema has been reported increase in alertness, appetite and weight may occur. Combined medication. Epilim is generally well tolerated in combination with other anti-epileptic agents, however, as interaction occurs between these compounds, it may sometimes be necessary to reduce the dosage of other drugs when adding Epilim. anti-epileptic agents, however, as interaction occurs between these compounds, it may sometimes be necessary to reduce the dosage of other drugs when adding Epilim to existing anti-convulsant therapy Epilim may also potentiate the effect of monoamine oxidase inhibitors and other anti-depressants, and dosage of such compounds should be reduced Diabetic patients. Epilim may give false positives in urine testing for ketiones. Care should be taken when treating diabetic patients with Epilim Syrup which contains 3.6 cs surrose per 5ml.

Women of childbearing age. Valproic acid or sodium valproate, like certain other anti-convulsants, have been shown to be teratogenic in animals. In women of childbearing age, the benefits of these compounds should be weighed against the possible hazard suggested by these findings.

#### Further Information

When plasma valproic acid is within the recommended range of 50-120mg/litre when plasma valprotic actor is within the recommended range of 30-120 ing little (350-840m mol/little) and serum albumin levels are normal, about 90% of the drug is bound to albumin. The total plasma valprotic acid rises above the upper range of normal, or if there is hypoalbuminaemia, the percentage of the evalprotic acid may rise markedly in disproportion to any dosage increase and may be associated with a higher incidence of adverse effects.

Product Licence Numbers, Names and Addresses Epilim 200 enteric-coated tablets 0623 0006 Epilim Tablets 0623/0001 Epilim 500 enteric-coated tablets 0623 0005 Epilim Syrup 0623/0004

#### NHS Cost

RHS Cost Epilim 200 enteric-coated tablets 100, £7 04 Epilim 500 enteric-coated tablets 100, £17 60 Epilim Syrup 200ml, £4 03 Epilim 200mg tablets 100, £5 45

LABAZ: Sanofi UK Ltd Regent House, Heaton Lane. Stockport SK4 1AG, Cheshire Telephone: 061-480 0895/6/7/8

Additional Information is available from the Company



For many grand mal patients



a full, normal life under the protection of



200 enteric-coated, 500 enteric-coated tablets; syrup.

#### Presentation

Madopar contains a combination i levodopa and the decarboxylase inhibitor benserazide in the ratio of 4 Madopar 62-5 capsules containing 50mg levodopa and 14 25mg henserazide hydrochloride requivalent to 12.5mg of the base) Madopar 125 capsules containing UCmg levodopa and 28 5mg benserazide hydrochloride requivalent to 25mg of the base Madopar 250 capsules containing COmg levodopa and 57mg benserazide hydrochloride esquivalent to 50mg of the base)

#### Indications

Farkinsonism idiopathic st-encephalitic

#### Dosage

Dosage is variable and the data sheet should be consulted for to setads. The effective daily dose isually lies between four and eight capsules of Maliopar ... tiwe to four capsules of Mariop e 250 I daily in divided doses, most patients requiring no more than six rapsules of Madopar 125 daily in some elderly patients initial reatment 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 Madonar 62.5

#### Contra-indications

Narrow-angle glaucoma, severe psychoneuroses or psychoses It should not be given in conjunction with monoamine exidase 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 ivolunt<mark>ary move</mark>ments

#### Packings

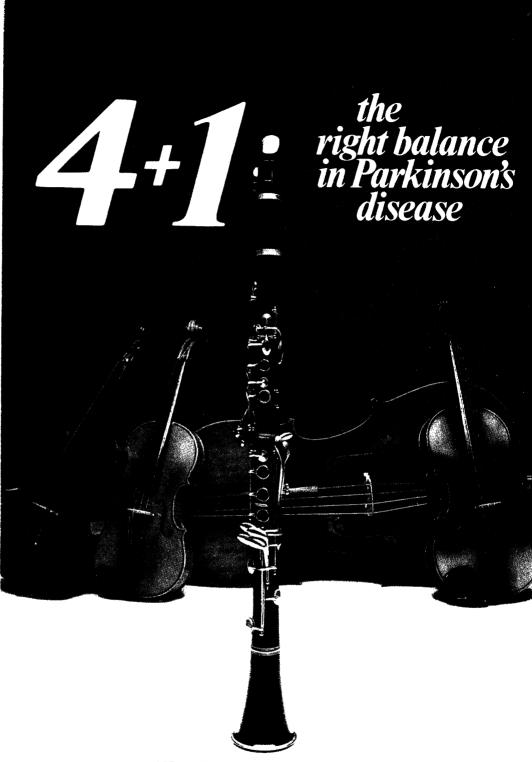
Madopar 62 5 capsules, Madopar 125 capsules and Madopar capsules in packings of 100

#### Licence Numbers

0031/0125 (Madopar 62 5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar

#### Basic NHS Cost

Madopar capsules 62 5 3 49 per 100. Madopar capsules 125 £6.29 per 100 Madopar capsules 250 £11.25 per 100



# Madopar

levodopa plus benserazide

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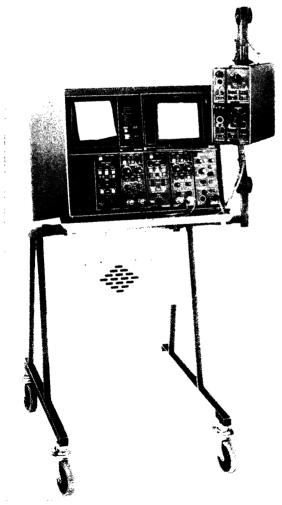
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