

STESOLID

Diazepam-without the needle

Stesolid from Weddel.
A new concept of rectal administration
of diazepam.

Stesolid is a unique system that
obviates the need for needle in a
variety of conditions and procedures.

Status Epilepticus—no needle

Febrile convulsions—no needle

Minor procedures of all types—no needle

There are two strengths Stesolid 5 mg and Stesolid 10 mg

Prescribing Guidelines

Presentation: White, rectal tubes containing a clear solution of 2 mg/ml or 4 mg/ml diazepam. Approximately 2.5 ml can be squeezed from each tube giving an individual dose of 5 mg or 10 mg diazepam. **Uses:** Diazepam is an anticonvulsant, sedative and muscle relaxant. Stesolid rectal tubes may be used in acute anxiety and agitation, epileptic and febrile convulsions, tetanus, sedative in minor surgical and dental procedures or other circumstances in which a rapid effect is required but where intravenous injection is impracticable or undesirable. Stesolid rectal tubes may be of particular value for the immediate treatment of convulsions in infants and children. **Dosage and Administration:** Sensitivity to diazepam varies with age. **Children:** 11 to 3 years of age—One 5 mg tube. Over 3 years of age—One 10 mg tube. **Adults:** One 10 mg tube. **Elderly patients:**—One 5 mg tube. Higher doses may be required in some patients. The effect is seen after 5 minutes the contents of a further tube may be administered. **Contraindications:** Known sensitivity to diazepam. Acute pulmonary insufficiency. **Precautions:** Stesolid should be used with caution in patients with renal or hepatic dysfunction chronic pulmonary insufficiency or closed-angle glaucoma. Alertness and performance at skilled tasks may be impaired. Patients should be warned not to drive or operate machinery. Alcohol may potentiate effects. Diazepam may enhance the effects of other CNS depressants. Their concurrent use should be avoided. There is no evidence as to the safety of diazepam in human pregnancy. It should not be used, especially during the first and last trimesters, unless the benefit is considered to outweigh the potential risk. Diazepam is excreted in breast milk and therefore its use during lactation should be avoided. **Side-effects:** The side-effects of diazepam are usually mild and infrequent. The most common side-effects are drowsiness, light-headedness, unsteadiness and ataxia. Elderly patients are particularly susceptible to these effects. **Pharmaceutical Precautions:** Stesolid rectal tubes should be stored in a cool place. **Legal Category:** POM. **Product Licence Numbers:** 5 mg rectal tube 0495/0029, 10 mg rectal tube 0495/0030.

Further information is available from:



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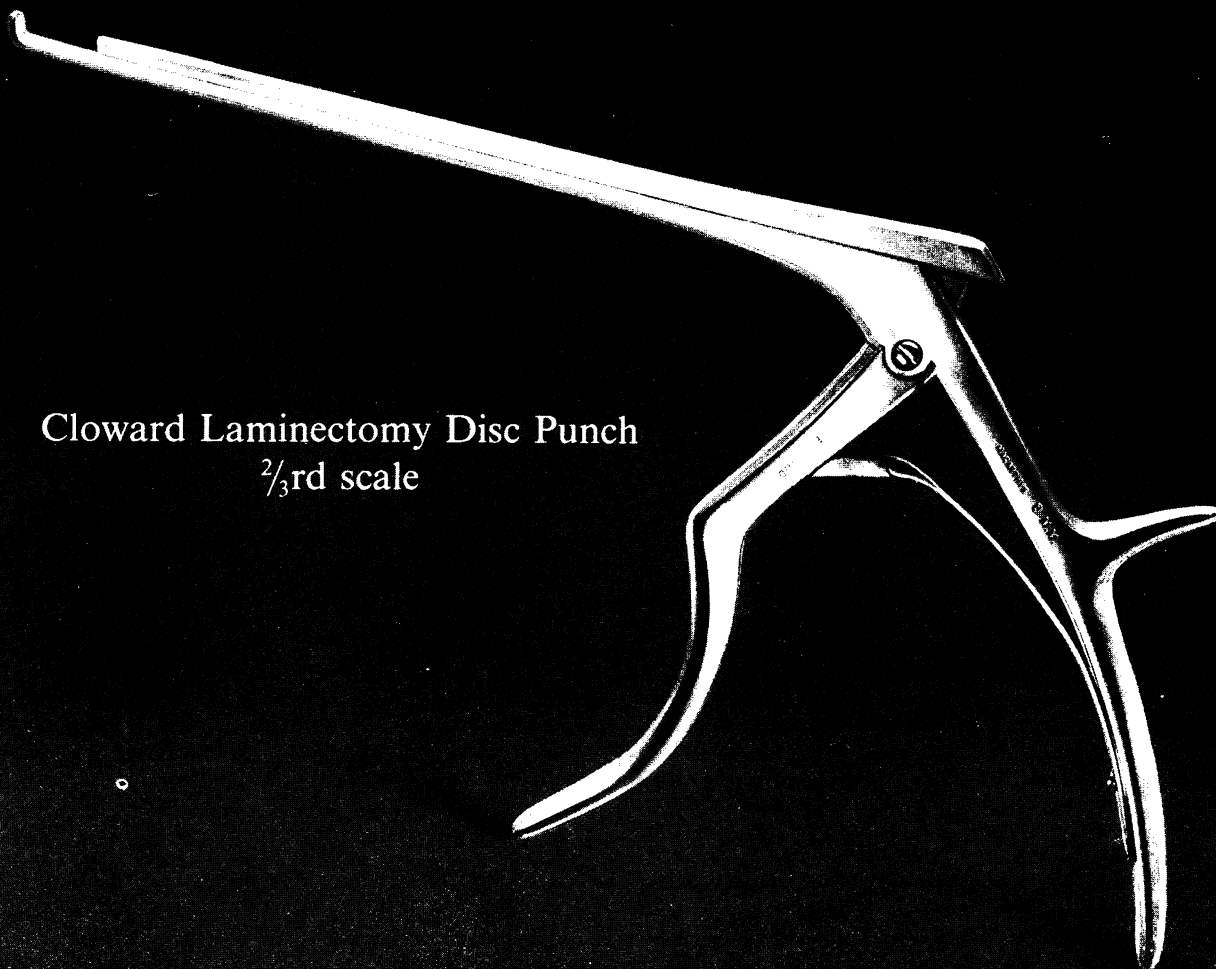
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A new era in the treatment of Parkinson's disease begins . . .

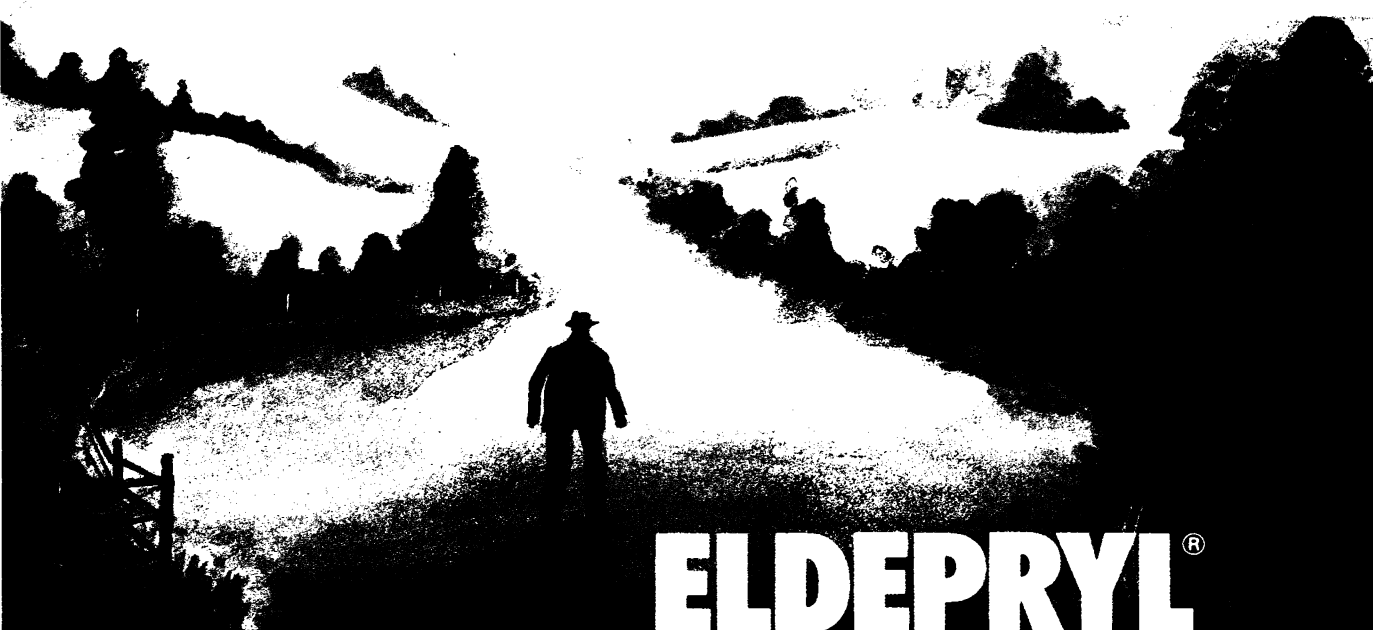
In 1970, the arrival of L-dopa revolutionised the treatment of Parkinson's disease. This was followed, in 1973 and 1979, by the highly successful combinations with peripheral decarboxylase inhibitors.

Now, in 1983, there is Eldepryl

Eldepryl is a new, selective inhibitor of the enzyme responsible for dopamine breakdown in the brain. Used in conjunction with L-dopa preparations, it provides the next logical step in treatment – dopamine conservation

The patient benefits of Eldepryl are substantial – Daily L-dopa intake can be immediately cut by 20% in most cases,¹ reducing unwanted side effects and extending the useful life of L-dopa. Eldepryl significantly reduces akinesia, and has been shown to smooth out "on-off" effects.

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.



ELDEPRYL[®]

selegiline hydrochloride

Conserves cerebral dopamine

PRESCRIBING 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 in conjunction with levodopa treatment is particularly indicated in patients who, during maximal levodopa treatment, develop on-off symptoms or other dyskinesias. **Dosage** When given in conjunction with established levodopa therapy the initial dose of

Eldepryl is 5 mg (1 tablet) in the morning. If symptoms are very severe (e.g. on-off symptoms) and little response 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 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 emphasised. 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** Hypotension and nausea have been reported as isolated symptoms associated with Eldepryl treatment. Confusion or psychosis have also been reported. **Legal Category** POM. **Product Licence Number** 4483 0024. **Basic NHS Cost Pack** of 100 tablets £30.00. **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 1982.

¹ J. Neural Transmission, 1976, 43, 245-251. J. Neural Transmission, 1976, 36, 303-326.

NOW MORE PARKINSONIAN PATIENTS CAN PICK UP

SINEMET-*Plus*TM

Carbidopa 25 mg and levodopa 100 mg, MSD

for first-time therapy with 'Sinemet'

SINEMET-[®]

Carbidopa 25 mg and levodopa 250 mg, MSD

for more severe symptoms

MSD

For abridged product information see overleaf



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 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.

Patients receiving levodopa

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.

Usual starting dose: Sinemet 275 1 tablet three or four times a day.

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 NHS cost:

Sinemet Plus (25 mg carbidopa/100 mg levodopa BP) tablets £11.88 per 100 pack. Sinemet 275 (25 mg carbidopa/250 mg levodopa BP) tablets £13.54 per 100 pack. Sinemet 110 (10 mg carbidopa/100 mg levodopa BP) tablets £7.00 per 100 pack.

Product licence numbers

Sinemet Plus, 0025/0150

Sinemet 275, 0025/0085

Sinemet 110, 0025/0084

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Issued September 1982



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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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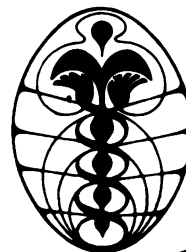
ABC OF BRAIN STEM DEATH

CHRISTOPHER PALLIS



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- "The Prediction of Outcome of Brain Injured Patients by the Use of Evoked Potentials"
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- "New Developments in Noninvasive Cerebrovascular Diagnosis"
- "Digital EEG - the Future of EEG (and EP)"
- "Positron Emission Tomography Scanning and Its Use in Psychiatric Disorders"
- "Nuclear Magnetic Resonance Scanning"

NEW AND OLD CONTROVERSIES IN EEG

- "The Current State of the Art in the Therapy of Pediatric Convulsive Disorders"
- "Difficult to Diagnose EEG Patterns in Adults"
- "Newborn EEG - Polysomnography in the Normal and Abnormal Patient"
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For the Complete Program, Meeting Registration Forms, and Hotel Room Reservations, contact AMEEGA, 850 Elm Grove Rd., Elm Grove, WI 53122 (414) 784-3646.

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Ticehurst House Hospital, long established in its peaceful and attractive country setting, has recently been reorganised to provide a comprehensive and up-to-date range of psychiatric treatment programmes.

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Subscribers to the main Practice Contribution Schemes may claim benefits within the terms of these schemes. Further information is available from: MBS Training, Ticehurst House, Ticehurst, Wadhurst, Sussex, TN11 0SS or 0323 811001.

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