Stesolid

Diazepam-without the needle

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

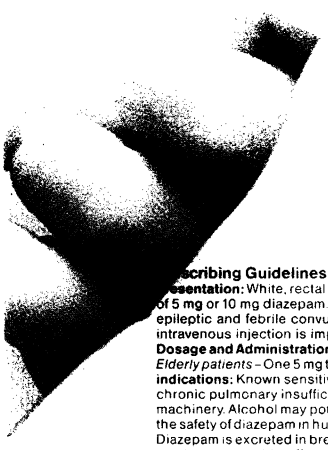
Stesolid is a unique system that obviates the need for needle in a variety of conditions and procedures.

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 has anticonvulsant, sedative and muscle relaxant properties. Stesolid rectal tubes may be used in acute anxiety and agitation, epileptic and febrile convulsions, tetanus, as a 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:* 1 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. If no effect is seen after 5 minutes the contents of a further tube may be administered. **Contra-indications:** 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 slurring. Elderly persons are particularly susceptible to these effects. **Pharmaceutical Precautions:** Stesolid rectal tubes should be stored in a cool place. **Legal Category:** POM. **Package Quantities:** Packs of 5 tubes. **Basic NHS Prices:** 5 x 5 mg tubes £3.25 5 x 10 mg tubes £4.25. **Product Licence Numbers:** 5 mg rectal tube 0495/0029. 10 mg rectal tube 0495/0030.

Further information is available from:

Weddel
pharmaceuticals
limited
Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.

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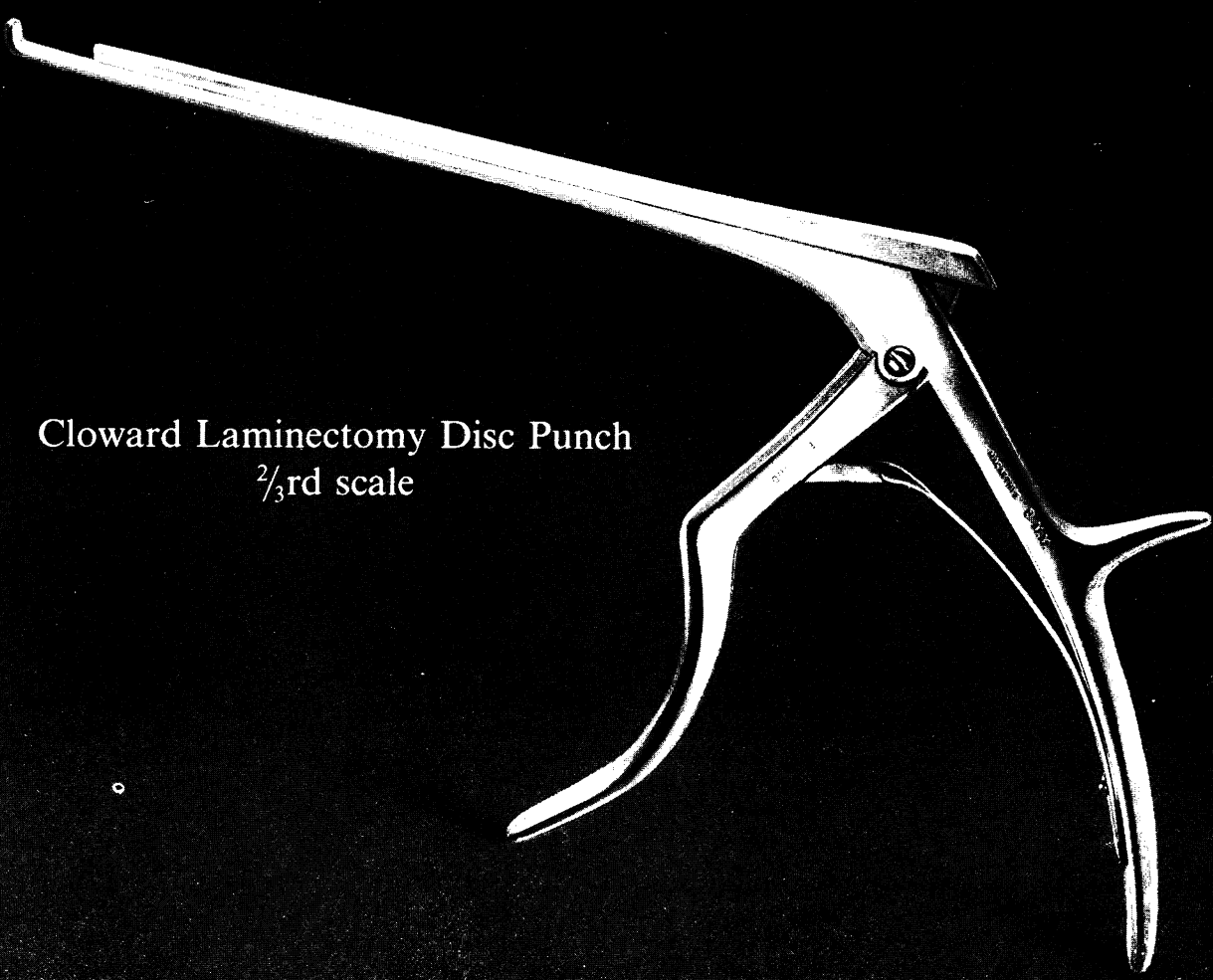

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A new era in the treatment of Parkinson's disease begins . . .

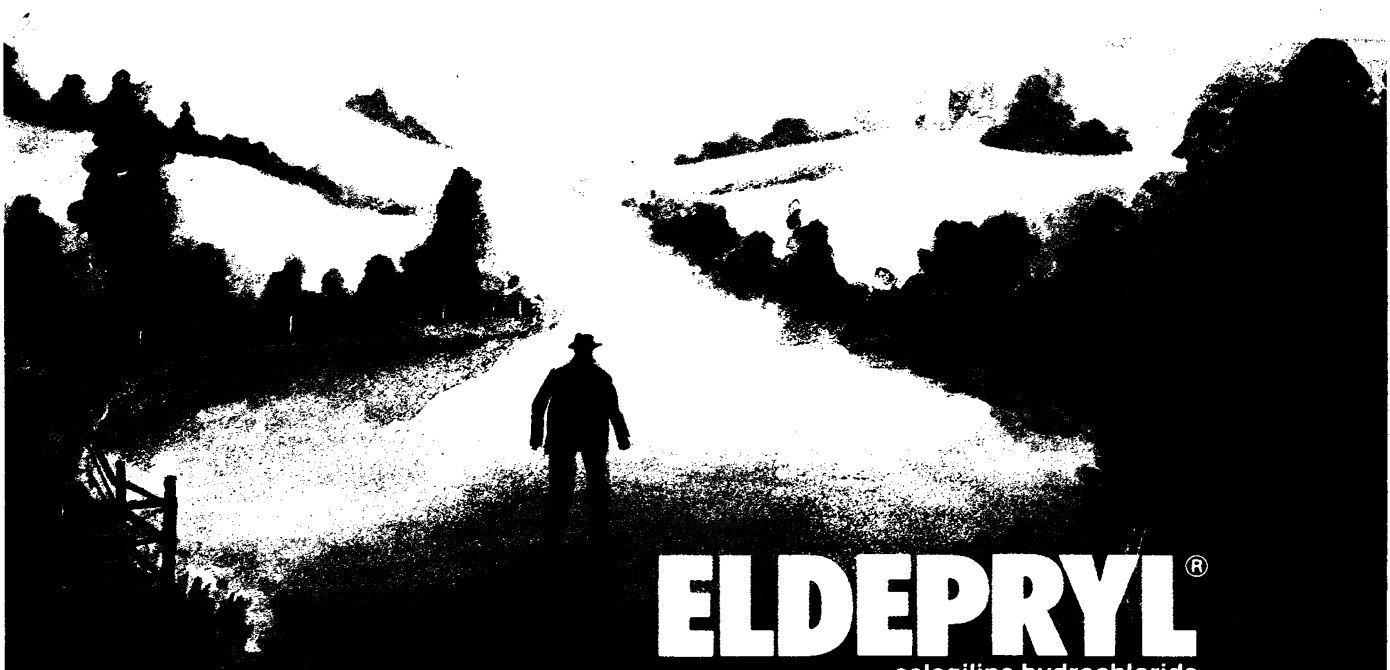
In 1970, the arrival of L-dopa revolutionised the treatment of Parkinson's disease. This was followed, in 1973 and 1979, by the highly successful combinations with peripheral decarboxylase inhibitors.

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

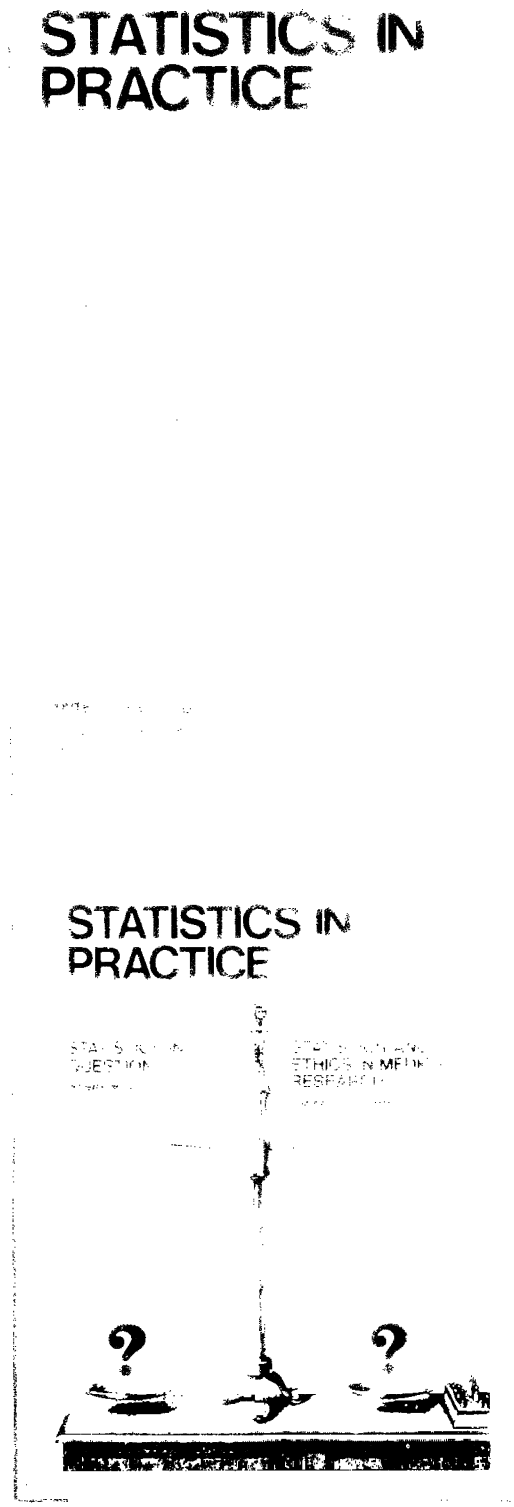
Conserves cerebral dopamine

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

Further information is available on request from Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR.



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- "Evoked Potentials - the Current State of the Art"
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- "The Prediction of Outcome of Brain Injured Patients by the Use of Evoked Potentials"
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- "Spinal Cord Evoked Potentials"

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- "Standard Electrodiagnostic Methods in Evaluating Peripheral Neuropathy and Impotence"
- "New and Unusual Uses of Evoked Potentials in Diagnosis of Human Sexual Dysfunction"
- "The Use of the Sleep Laboratory in the Diagnosis of Sexual Dysfunction"

IS THERE A FUTURE FOR THE EEG AS WE KNOW IT TODAY?
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- "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"
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Note: One day will be devoted to presentation of selected "Free Papers" relevant to Clinical EEG. If you would like to have a paper considered for presentation, please send abstract or complete paper to the Selection Committee, in care of James G.T. Nealis, M.D., 2550 Park St., Jacksonville, Florida 32204.

For the Complete Program, Meeting Registration Forms, and Hotel Room Reservations, contact AMEEGA, 850 Elm Grove Rd., Elm Grove, WI 53122 (414) 784-3646.

Published by British Medical Association, Tavistock Square, London WC1H 9JR and printed in England by Eyre & Spottiswoode Ltd, Thanet Press, Margate