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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.

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Conserves cerebral dopamine

**Prescribing Information**

Presentation: White, scored, uncoated tablets 6 mm diameter containing 5 mg selegiline hydrochloride. Indications: Eldepryl is indicated for the treatment of Parkinson’s disease, or symptomatic Parkinsonism, 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 the 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: 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 oral 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 4485.0074. Basic NMS Cost Pack of 100 £49.80. £2.50. 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.

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

carbamazepine BP

making epilepsy easier to live with

Tegretol®

Indications: Epilepsy (grand mal and temporal lobe, 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 600-1,200mg daily, in some cases 1,600mg daily may be necessary. Children: up to 1 year old, 1-200mg 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 ranges: 3.1-16μg/ml (13-64nmol/l). Dosage in trigeminal neuralgia: Begin with small doses, using 100mg tablets or syrup, and increase gradually until satisfactory therapeutic response is obtained. 400mg-3-4 times daily is generally sufficient to maintain pain-free state. Side-effects: Dizziness and drowsiness (usually dose-dependent), less frequent dizziness, dry mouth, diarrhoea, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hypotension, exfoliative dermatitis, neutropenia, 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 benefit 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 tolic acid levels should be observed during anticonvulsant therapy. Contraindications: Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless placebo.

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