

4+1 *the right balance in Parkinson's disease*

Presentation

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base).

Indications

Parkinsonism — idiopathic, post-encephalitic

Dosage

Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment 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 Madopar 62.5.

Contra-indications

Narrow-angle glaucoma, severe psychoneuroses or psychoses. It should not be given in conjunction with monoamine oxidase 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, involuntary movements.

Packings

Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers

0031/0125 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules).

Basic NHS Cost

Madopar capsules 62.5
£5.41 per 100
Madopar capsules 125
£9.76 per 100
Madopar capsules 250
£17.47 per 100

ROCHE

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Hertfordshire AL7 3AY
Madopar is a trade mark
J522210/283



Madopar

*the original 4+1 combination
in three dosage forms, 62.5, 125 and 250*

A new era in the treatment of Parkinson's disease has begun. Eldepryl is the new, selective inhibitor of the enzyme responsible for dopamine breakdown in the brain. Used in conjunction with L-dopa or L-dopa/decarboxylase inhibitor combinations, Eldepryl provides the next vital step in treatment of all stages of Parkinson's disease – dopamine conservation.

The patient benefits of Eldepryl are substantial – daily L-dopa intake can be immediately cut by 20% in most cases^{1,2} reducing unwanted side-effects and extending the useful life of L-dopa. With a notable lack of adverse effects, Eldepryl significantly reduces akinesia, smoothes out "on-off" effects, and has been shown in a recent long-term study³ to significantly prolong the

evolution of the disease. 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.

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 syndrome of Parkinsonism, which is being treated with levodopa alone or in conjunction with levodopa and a peripheral decarboxylase inhibitor. Eldepryl in conjunction with levodopa treatment is particularly indicated for patients who, during maximal levodopa treatment, experience "on-off" symptoms or other dyskinesias. Dealing with "on-off" symptoms in conjunction with established levodopa treatment. **Dosage:** Eldepryl is 5 mg (1 tablet) in the morning. In patients with severe, e.g. on-off symptoms, and in conjunction with 1 tablet Eldepryl daily, the dose may be increased to 10 mg (2 tablets) in the morning.

WARNINGS ETC.: **Contra-indications:** Eldepryl is contraindicated 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

20%. Eldepryl is not to be used in conjunction with other dopaminergic drugs. **Side Effects:** Eldepryl is well tolerated. The most common side effects are: dizziness, headache, insomnia, depression, constipation, dry mouth, loss of appetite, weight loss, and fatigue. **Contra-indications:** Eldepryl is contraindicated 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

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ADD

ELDEPRYL®

Selegiline hydrochloride

Whenever you prescribe L-dopa

Further information is available on request from: **Britannia Pharmaceuticals Limited, Hamilton House, 87-89 Bell Street, Reigate, Surrey RH2 7YZ.**

ABC OF COMPUTING

A J ASBURY

Although computers are being widely used in medicine, their possibilities and limitations are still not clear to many potential users. This book, aimed at the non-expert, describes some of the uses of computers in medicine; because most doctors' involvement will be indirect, liaising with computer experts rather than designing systems themselves, the book concentrates on concepts rather than detailed descriptions of how computers work. It provides a useful introduction for the doctor who wants to know how computers can contribute to his practice of medicine.

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The Royal College of Surgeons of Edinburgh

SPECIALTY FELLOWSHIP IN SURGICAL NEUROLOGY FRCSEd (SN)

A diet of the Specialty Fellowship Examination in Surgical Neurology will be held on 18 September 1984. Surgeons working in the specialty of Surgical Neurology who wish to enter for the Examination may obtain a copy of the Regulations and application form from the Examinations Secretary, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

Candidates who should normally hold a Diploma of Fellowship of a Surgical College or an equivalent Diploma are required to have three years' post-Fellowship experience in Surgical Neurology of which one year must normally have been in an approved centre in the UK. Candidates must submit written evidence of their experience in the specialty including their operative experience. Candidates should note that the format of the Examination has been changed so that there are no longer separate orals in neuroanatomy, neurophysiology, neurochemistry and neuropathology. These subjects are however still examined in depth as part of orals in operative surgery, investigation and non-operative management.

Applications for entry must be received by 3 August 1984. Fee: £135.

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



ARTICLES FROM THE BRITISH MEDICAL JOURNAL

Piportil

DEPOT PIPOTHIAZINE PALMITATE

From May & Baker, the company that developed Largactil.

New Piportil depot is a unique phenothiazine derivative from May & Baker, the company that helped to revolutionise the treatment of psychoses with the introduction of Largactil.

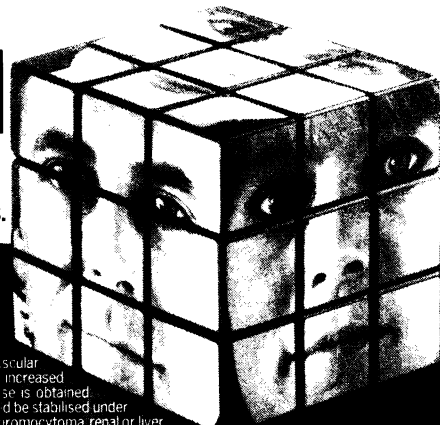
Clinical trials show Piportil depot to exert a potent antipsychotic action against a wide range of symptoms.^{1,4} Piportil depot is a fast acting^{5,6} phenothiazine, and causes minimal sedation⁶ and depression.^{3,5}

These benefits, together with its four week duration of action^{2,7} facilitate rapid and maintained social integration for your psychotic patients,³ helping you to solve the psychotic puzzle.

Piportil

DEPOT

A new way to treat the many facets of psychoses.



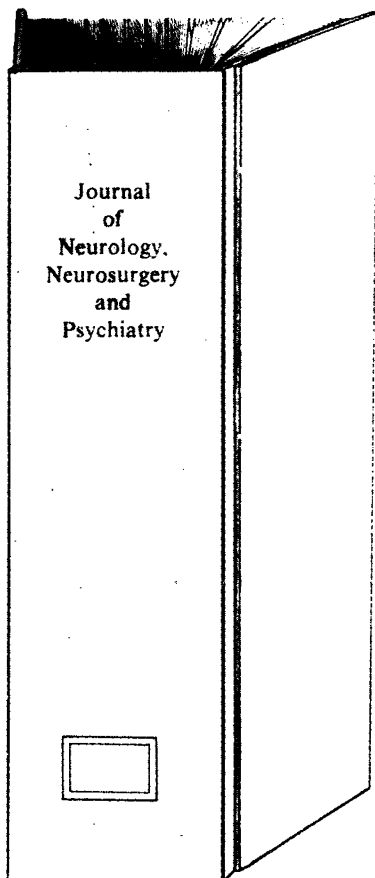
Prescribing Information: Piportil depot is a unique phenothiazine derivative from May & Baker, the company that helped to revolutionise the treatment of psychoses with the introduction of Largactil. Clinical trials show Piportil depot to exert a potent antipsychotic action against a wide range of symptoms.^{1,4} Piportil depot is a fast acting^{5,6} phenothiazine, and causes minimal sedation⁶ and depression.^{3,5} These benefits, together with its four week duration of action^{2,7} facilitate rapid and maintained social integration for your psychotic patients,³ helping you to solve the psychotic puzzle.

increased
is obtained
under
ironocytoma, renal or liver
stages. Precautions: A history of convulsive disorders or marked extra-
reversible extra-pyramidal reactions, sleep disturbance, depression
and weight loss, and should be treated with caution. Piportil depot is a fast acting phenothiazine, and causes minimal sedation and depression. These benefits, together with its four week duration of action facilitate rapid and maintained social integration for your psychotic patients, helping you to solve the psychotic puzzle.

References:

1. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 1-10.
2. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 11-18.
3. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 19-26.
4. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 27-34.
5. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 35-42.
6. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 43-50.
7. Piportil depot in the treatment of acute and chronic psychoses. *Journal of Clinical Pharmacy and Therapeutics*, 1982, 7, 51-58.





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