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**SERVICE TO NEUROSCIENCE**  
Merck Sharp and Dohme Limited  
Hoddesdon, Hertfordshire, EN11 9BU

**SINEMET<sup>®</sup>**  
(carbidopa and levodopa, MSD)

THROUGHOUT PARKINSON'S DISEASE

For abridged product information, see overleaf

# SINEMET®

(carbidopa and levodopa, MSD)

## ABRIDGED PRODUCT INFORMATION

Full prescribing information is available 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 12 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 a 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 while 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, £11.64 per 100 pack; 'Sinemet'-275 (25 mg carbidopa/250 mg levodopa BP) Tablets, £17.87 per 100 pack; 'Sinemet'-110 (10 mg carbidopa/100 mg levodopa BP) Tablets, £8.55 per 100 pack.

### PRODUCT LICENCE NUMBERS

Sinemet-Plus™, 0025/0150. Sinemet®-275, 0025/0085.

Sinemet®-110, 0025/0084.

® denotes registered trademark. ~ denotes trademark.

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International Medical Course

## Management of epilepsy in adults and children

in Cardiff/Oxford/Chalfont St Peter  
23 April - 2 May 1987

This seminar aims to review good practice in the management of epileptic disorders in adults and children. Emphasis will be given to informal discussion following keynote papers so that the participants can contribute and exchange their own experience in particular aspects of management. Case presentations in the setting of an outpatient Epilepsy Unit at the University Hospital of Wales will be included. The seminar will be directed by **Professor Alan Richens** who is head of the Department of Pharmacology and Therapeutics, University of Wales College of Medicine, and Director of the Epilepsy Unit in Cardiff. **Dr Gregory Stores**, Consultant in Neuropsychiatry and Electroencephalography at the Park Hospital for Children, and **Dr Jolyon Oxley**, Senior Physician at the Chalfont Centre for Epilepsy, will act as tutors on the seminar.

The seminar is intended for those who have experience in the clinical management of epilepsy. Participants will be expected to make significant contributions to the discussion and, where appropriate, may be asked to prepare a brief presentation in some aspects of the topic or to lead the discussion. The seminar is designed primarily for neurologists, psychiatrists, clinical neurophysiologists, paediatricians, paediatric neurologists, neurosurgeons and clinical pharmacologists.

There are vacancies for 30 participants.

Fee £950 Residential, £620 Non-residential.

Further information and application forms are available from British Council Representatives overseas or from Courses Department, The British Council, 65 Davies Street, London W1Y 2AA.

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