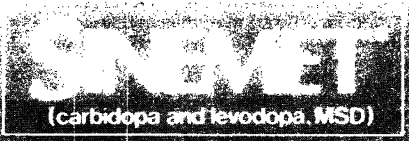


**SERVICE TO NEUROSCIENCE**  
Merck Sharp and Dohme Limited  
Hoddesdon, Hertfordshire, EN11 9BU



**THROUGHOUT PARKINSON'S DISEASE**

For abridged product information, see overleaf

# SINEMET<sup>®</sup>

(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<sup>®</sup>-275, 0025/0085.

Sinemet<sup>®</sup>-110, 0025/0084.

© denotes registered trademark. ™ denotes trademark.

Issued April 1986.

## SERVICE TO NEUROSCIENCE

Merck Sharp and Dohme Limited  
Hoddesdon, Hertfordshire, EN11 9BU



## MOVEMENT DISORDERS: RECENT ADVANCES

### Date:

September 19 & 20, 1986

### Location of Course:

Auditorium Banca Catalana  
Barcelona, Spain

### Duration:

One and one-half days

### Program Directors:

Eduardo Tolosa (Spain)  
Joseph Jankovic (USA)

### Guest Faculty:

J. Berciano (Spain)  
D. Calne (Canada)  
R. Duvoisin (USA)  
S. Fahn (USA)  
P. Jenner (England)  
H. Klawans (USA)  
X. Lataste (Switzerland)  
A. Lees (England)  
D. Marsden (England)  
E. Melamed (Israel)  
J. Obeso (Spain)  
J. Palacios (Switzerland)  
J. García de Yébenes (Spain)

### For Either or Both

### Meetings Contact:

E. Tolosa, M.D.  
Servicio de Neurología  
Hospital Clínico  
Faculty of Medicine  
Villarroel 170  
Barcelona 08036, Spain  
Phone Number:  
011 (343) 323-1414

Registrations will also be  
accepted for:

4th International  
Blepharospasm Symposium  
Thursday, September 18, 1986



## This publication is available in microform.

Microfilm and microfiche editions of this publication are available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106, U.S.A. and from Harlower, 15000 Midway Avenue, Scarborough, Ontario M1V 3Z5, Canada. The microfiche edition is available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106, U.S.A. and from Harlower, 15000 Midway Avenue, Scarborough, Ontario M1V 3Z5, Canada. The microfiche edition is available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106, U.S.A. and from Harlower, 15000 Midway Avenue, Scarborough, Ontario M1V 3Z5, Canada.