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Sciences Neurologiques

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37th MEETING OF THE
CANADIAN CONGRESS OF
NEUROLOGICAL SCIENCES



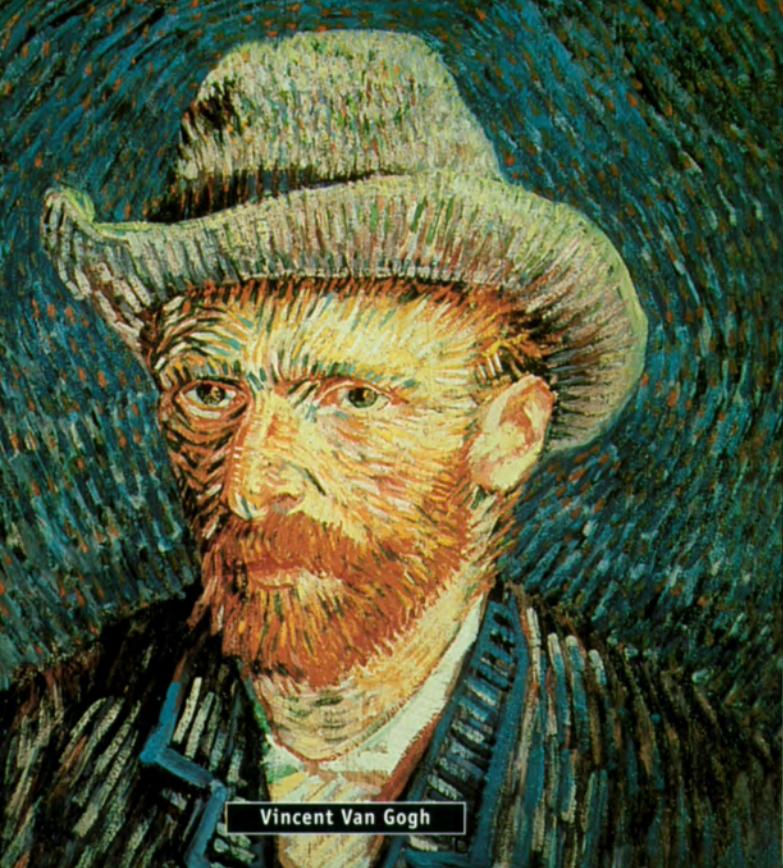
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ABSTRACTS

The official Journal of: The Canadian Neurological Society, The Canadian Neurosurgical Society,
The Canadian Society of Clinical Neurophysiologists, The Canadian Association of Child Neurology

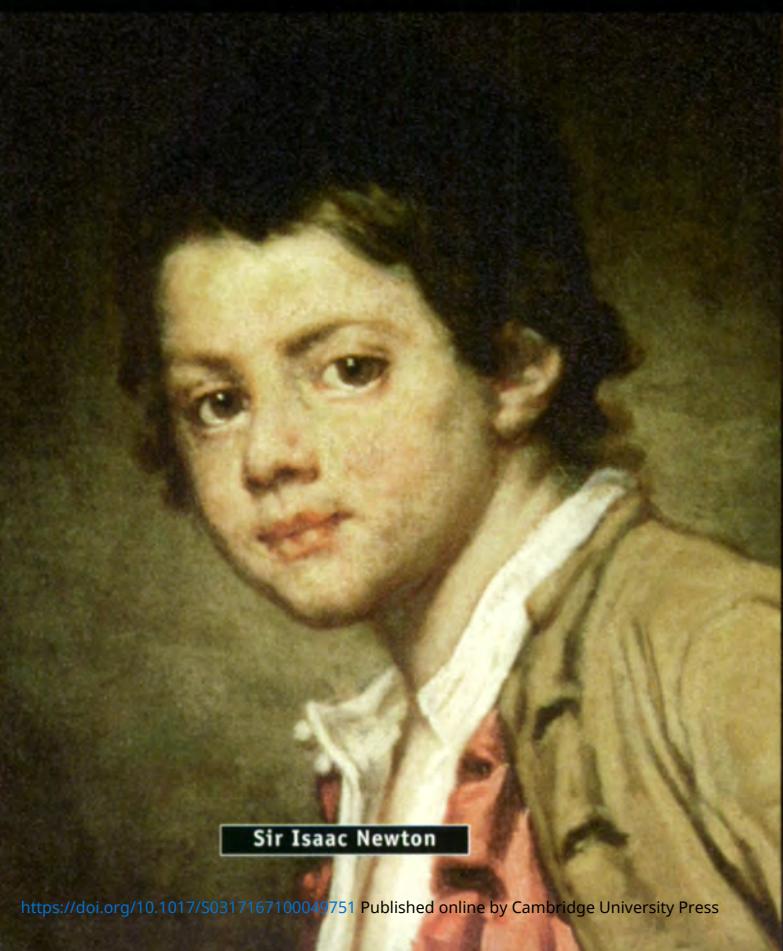


Vincent Van Gogh

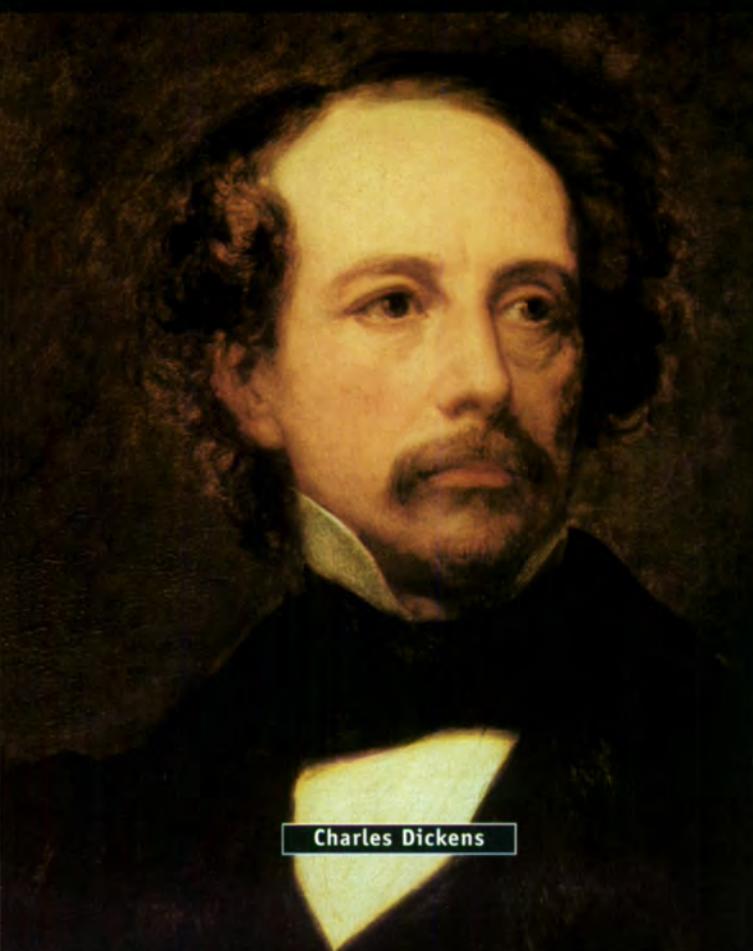


Joan of Arc

**YESTERDAY, PEOPLE WITH EPILEPSY
HAD TO BE EXTRAORDINARY TO SUCCEED.**



Sir Isaac Newton



Charles Dickens

EFFICACY ACROSS A BROAD RANGE OF SEIZURES.

- TOPAMAX demonstrates efficacy in Partial Onset, Primary Generalized Tonic-Clonic, and Lennox-Gastaut Seizures¹
- Desirable seizure-free results were shown in both Adults (19%)[†] and Children (22%)[‡] with Partial Onset Seizures^{2,3}

NO EVIDENCE OF LIFE-THREATENING SIDE EFFECTS.

- Like most antiepileptics, the most common side effects are CNS related, usually mild to moderate and transient^{§,¶}

ADULT PATIENTS MAY EXPERIENCE WEIGHT LOSS.

- 73% of patients (n=52) showed a mean weight decrease of 5.97 lb (Interim analysis. Average duration 60 days)[¶]
- 96% of children in clinical trials (\geq one year) who lost weight showed resumption of weight gain in test period^{**}

TODAY, THERE'S TOPAMAX.

B.I.D. DOSING WITH THE PATIENT IN MIND.

- TOPAMAX is initiated and titrated to clinical response regardless of existing anticonvulsant therapy
- Tablets available on formulary^{††}

**NOW AVAILABLE
IN SPRINKLE
CAPSULES**



TOPAMAX*
topiramate

**NOW INDICATED
FOR CHILDREN**

HELPING PATIENTS MAKE MORE OF THEIR LIVES.

**TOPAMAX® topiramate Tablets and Sprinkle Capsules: indicated as adjunctive therapy for the management of patients (adults and children two years and older) with epilepsy who are not satisfactorily controlled with conventional therapy. There is limited information on the use of topiramate in monotherapy at this time.[†]*

[†] Open label, 20 week trial (n=450 Adults). Optimal dosing was 300-350 mg/day (Average 288 mg/day).

[‡] Open label trial for children (n=72) treated for \geq 3 months. Average dose of 10 mg/kg/day.

[§] CNS adverse events: Somnolence (30.1%), dizziness (28.3%), ataxia (21.2%), speech disorders (16.8%), psychomotor slowing (16.8%), nystagmus (15.0%), paresthesia (15.0%), nervousness (15.0%), difficulty with concentration/attention (8.0%), confusion (9.7%), depression (8.0%), anorexia (5.3%), language problems (6.2%) and mood problems (3.5%). In an audit of 1446 adults and 303 children, there appeared to be a similar pattern of adverse events.

^{**} The long-term effects of weight loss in pediatric patients are not known.

^{††} Limited use benefit: Ontario, Nova Scotia, New Brunswick, PEI. Full benefit: Quebec, Saskatchewan, British Columbia, Alberta, Manitoba.

Please refer to the TOPAMAX Prescribing Information for complete prescribing details.

REFERENCES: 1. TOPAMAX® topiramate Tablets and Sprinkle Capsules Product Monograph, May 11, 1999. 2. Kamen M, Kraut L, Olson W. Dose optimization of topiramate as add-on therapy in adults with treatment-resistant partial-onset seizures *Neurology* 1999;52 (Suppl 2):A525-526. 3. Glauzer TA, Elterman R, Wyllie E et al. Open label topiramate in paediatric partial epilepsy *Epilepsia* 1997;38 (Suppl 3):94. 4. Rosenfeld WE et al. Topiramate and concomitant weight loss. *Epilepsia* 1997;38 (Suppl 8):38.

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**PROGRAM AND
ABSTRACTS**

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VANCOUVER
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REMINYL: A NEW APPROACH



^{*}Based on *in vitro* data.

The clinical relevance to humans is unknown.



IN THE TREATMENT OF ALZHEIMER'S DISEASE

Unique proposed mode of action:

Cholinesterase inhibition
and nicotinic modulation^{1,2†}

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Generally Well Tolerated

- Overall, 8% of patients treated with REMINYL withdrew due to adverse events compared to 7% in the placebo group¹
- Discontinuation rates due to adverse events

June 18-22, 2002
Vancouver, Canada

For future meetings see our web site

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VANCOUVER
CCNS/CCSN



Tuesday June 18, 2002

Pre-Congress Courses

- Neurobiology Review Course
- ALS Strategies for Quality of Life and Quality of Care
- Unusual Movement Disorder Video Session
- Epilepsy Video Session

Wednesday June 19, 2002

Course Day

- Complications in Spinal Neurosurgery: Strategies for Avoidance and Management
- Evidence Based Neurology
- Update on Radiosurgery
- Introduction of Design and Analysis of Clinical Research
- Clinical Electromyography: Fundamentals and New Approaches
- Neurophysiology Course
- Imaging in Neurocritical Care

Welcome Reception

Thursday June 20, 2002

- Meet the Expert Breakfast: Neurosurgery
- Plenary Session I: Neurogenetics

..... Rick Hansen (Vancouver, BC)
..... Peter St. George-Hyslop (Toronto, ON)
..... Sam Berkovic (Heidelberg, Australia)

- Platform Sessions
- Grand rounds
- A Review of Creutzfeldt-Jacob Disease Course

Poster viewing Wine and Cheese

Friday June 21, 2002

Plenary Session II: Neuroimaging

..... Michael Apuzzo (Los Angeles, USA)
..... James Barkovich (San Francisco, USA)

Platform Sessions

- What's New in Epilepsy?
- Update on Peripheral Nerve Surgery
- Ultrasound in Neurology

Neuroscience Challenge and Social Night

Saturday June 22, 2002

Plenary Session III: Neuroinflammation, Good and Bad

..... Norman Latov (New York, USA)
..... John Pollard (Camperdown, Australia)

- Child Neurology Day
- Stroke Care 2002 – Prevention and Treatment
- Multiple Sclerosis Course

37th meeting of the

**Canadian Congress of
Neurological Sciences**

Special joint meeting with the
Australian Association of Neurologists