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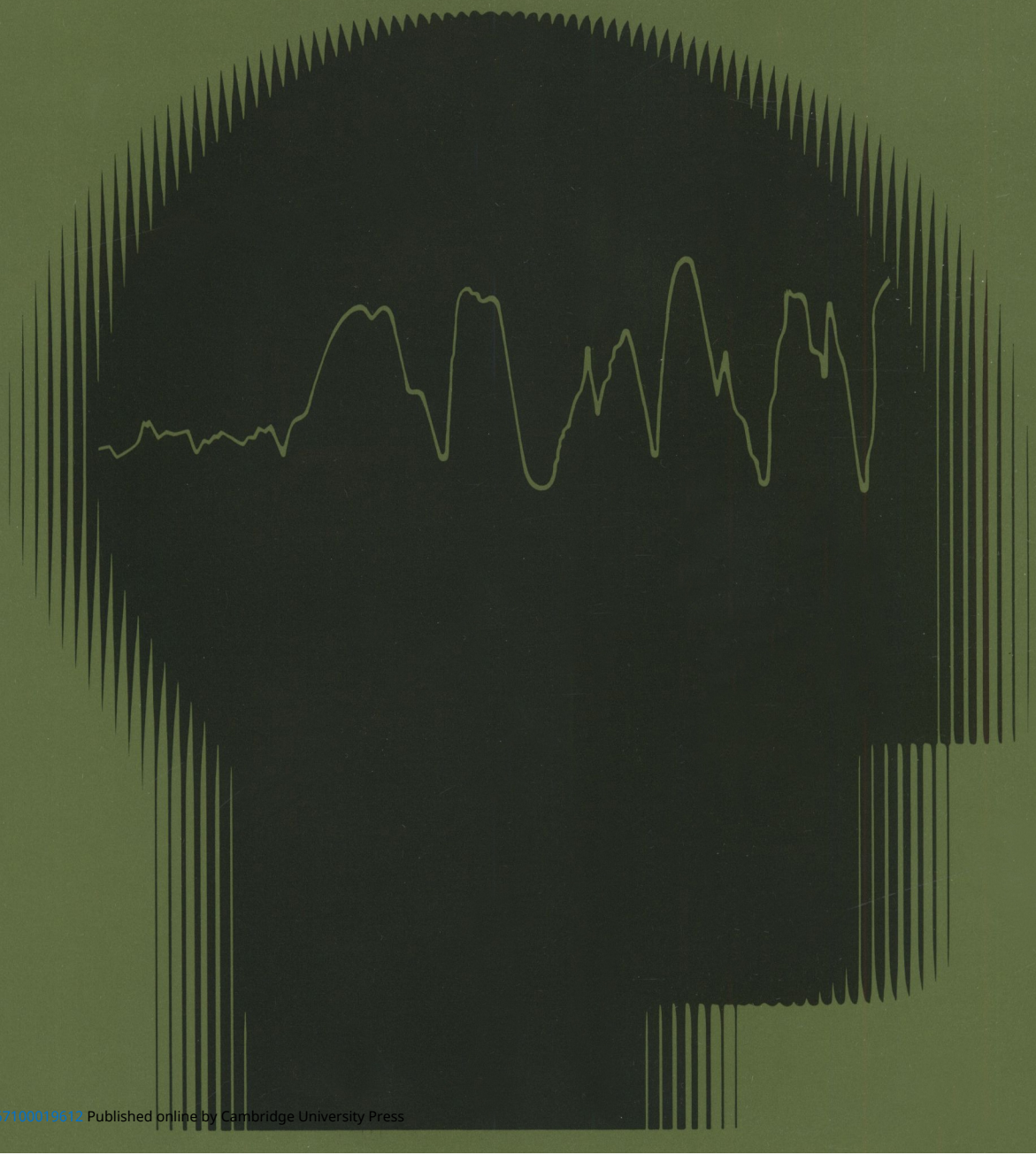
In epilepsy
control of seizures is always
the prime consideration . . .

. . . but seizures
are only one manifestation
of the underlying condition.



New in epilepsy Tegretol®

carbamazepine anticonvulsant

The first anticonvulsant providing reliable control of seizures plus alleviation of associated personality disorders.

An anticonvulsant second to none in its ability to control or reduce certain epileptic seizures.

Features a unique psychotropic effect manifested by a lightening of mood, regression of irritability and stabilization of disturbed behaviour.

By virtue of its dual action, may provide more comprehensive patient management.

The first major advance in epileptic therapy in over 20 years.[1,2]

Well tolerated and non-habituating even in long-term therapy.

Rarely produces incapacitating drowsiness.

Does not cause hyperplasia of gingival mucosa, hypertrichosis or cerebellar ataxia.

Compatible with all other anticonvulsant therapy.

The drug of first choice in temporal lobe (psychomotor) epilepsy.[3]

1 Livingston, S.; et al.: JAMA, 200: 3,204-208, 1967
2 Braunhofer, J.; Med. Klin. 60: 343-348, 1965
3 Livingston, S.; Comprehensive Management of Epilepsy in Infancy, Childhood and Adolescence. Springfield, Charles C. Thomas, 1972

Brief prescribing information
Tegretol® 200mg Anticonvulsant

Properties
Tegretol has a proven anticonvulsant effect. In addition, Tegretol also has a distinct psychotropic effect, improving the mood and relieving irritability of the epileptic patient with associated behavioral or personality disturbances. Tegretol relieves or diminishes the pain associated with trigeminal neuralgia, usually within 24-48 hours.

Indications
1 ***Epilepsy***
Temporal lobe (psychomotor) epilepsy, and as an adjunct in secondary epilepsy or partial epilepsy with complex symptoms or secondarily generalized seizures.
2 ***Neuralgia***
Trigeminal neuralgia (tic douloureux), glossopharyngeal neuralgia.

Dosage
A gradual increasing schedule is recommended with adjustment to suit the needs of the individual. When Tegretol is added to, or substituted for, existing anticonvulsant therapy, the dosage of the other drug(s) should be gradually reduced.
Epilepsy
Initially ½-1 tablet (100 mg-200 mg) twice daily increasing over a period of 4-6 days until optimal control is achieved (usually with 3 tablets daily).
Trigeminal Neuralgia
Initially – 200 mg daily in divided doses of 100 mg (½ tablet), increasing by 200 mg (1 tablet) daily until pain relief is obtained. Dosage in excess of 1200 mg (6 tablets) daily is not recommended. All patients should be maintained on the minimum effective dose.

Adverse Reactions
Most frequently reported are: drowsiness, disturbances of accommodation, vertigo, dizziness and gastrointestinal disturbances. They usually occur only during initial phase of therapy and can be minimized, if not prevented, by starting treatment at a low dosage. Although rare, effects on the blood forming elements, skin, genitourinary and circulatory system have been reported. The most serious adverse reactions which may require discontinuation of therapy are the haematological including blood dyscrasias, the hepatic including jaundice, the dermatological, the neurological, the cardiovascular, the genito-urinary, the digestive, and the ocular. Miscellaneous including fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

Precautions
Careful clinical and laboratory supervision should be instituted prior to and maintained throughout treatment. Caution should be observed while treating patients with increased ocular pressure or urinary retention and also in patients with a history of coronary artery disease, organic heart disease or congestive failure. There is a possibility of agitation and confusion in the elderly or activating a latent psychosis.

Contraindications
Concomitant use of monoamine oxidase inhibitors (two weeks should elapse before Tegretol is prescribed for patients who have received MAOI drugs), first trimester of pregnancy, nursing mothers, patients with a history of hepatic disease or serious blood disorder, or known sensitivity to any tricyclic compound. Tegretol should not be given to women of child-bearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the fœtus.

Warnings
Although reported infrequently, serious adverse effects have been observed during the use of Tegretol. Agranulocytosis and aplastic anemia have occurred in a few instances with a fatal outcome. Leucopenia, thrombocytopenia and hepatocellular and cholestatic jaundice have also been reported. It is, therefore, important that Tegretol should be used carefully and close clinical and frequent laboratory supervision should be maintained throughout treatment in order to detect as early as possible signs and symptoms of a possible blood dyscrasia.

Treatment of Overdosage
No specific antidote.

Availability
Tegretol 200 mg:
Each round, white, single scored tablet with seal contains: carbamazepine 200 mg, available in bottles of 50 and 500.
Full information is available on request.

Geigy

Dorval 780, Que.

G-2583

CAFERGOT® P-B

SUPPOSITORIES

for those "sick" migraine headaches

Nausea, nervous tension, headache pain — Cafergot-PB can relieve all three distressing symptoms.

Cafergot-PB suppositories are particularly rapid and effective because their medication by-passes the stomach and the portal circulation.

Cafergot-PB is also available in tablet form.

Supplied: Suppositories: Each suppository contains: ergotamine tartrate B.P. 2 mg.; caffeine 100 mg., levorotatory belladonna alkaloids 0.25 mg., pentobarbital sodium 60 mg. Available in boxes of 12 suppositories.

Tablets: Each green coated tablet contains: ergotamine tartrate B.P. 1 mg., caffeine 100 mg., levorotatory belladonna alkaloids 0.125 mg., sodium pentobarbital 30 mg. Available in bottles of 50 tablets.

Contraindications: Glaucoma, elevated intraocular pressure, peripheral vascular disease, hypertension, pregnancy, porphyria, coronary heart disease, sepsis, impaired renal or hepatic function.

Precautions: If excessive or prolonged dosage is contemplated, observe patients closely for possible peripheral vascular complications, due to ergotamine component. Excessive dryness of the mouth and visual disturbances are signs of overdosage or sensitivity to belladonna alkaloids. Reduction of dosage may be necessary. Due to the presence of a barbiturate, may be habit forming.

Adverse Effects: Nausea, vomiting, weakness in the legs, muscle pains in the extremities, numbness and tingling of fingers and toes, precordial distress and pain and transient tachycardia or bradycardia. Localized edema and itching may rarely occur.

Dosage: 2 tablets or 1 suppository at first signs of an attack. One additional tablet every ½ hour (maximum 6 tablets per day or 10 tablets per week), or 1 suppository in 1 hour if needed (maximum 2 per attack or 4 per week). Early administration gives best results. Not to be administered prophylactically.

Full product information available upon request.

SANDOZ®
DORVAL, QUEBEC

MEMBER PMAC

Sandoz Pharmaceuticals, Division of Sandoz (Canada) Ltd., Dorval, P.Q.

New

Pr Symmetrel® Capsules 100 mg

(amantadine HCl)

for the management of Parkinson's syndrome

✻ **Chemically distinct**
(Not related to levodopa or anticholinergic antiparkinson drugs.)

✻ **Fast onset of action**
(Usually effective within 1 week in contrast to the slower response from levodopa.)

Effective with levodopa

(Either initiated concurrently or added to levodopa. Additional benefit may result — such as smoothing out of fluctuations in performance which sometimes occur when levodopa is administered alone. When the levodopa dose must be reduced because of side effects, the addition of Symmetrel may result in better control of Parkinson's syndrome than is possible with levodopa alone.)

Effective with other anticholinergic antiparkinson drugs

(When these drugs, e.g. benztropine mesylate, provide only marginal benefits, Symmetrel used concomitantly may provide the same degree of control of Parkinson's syndrome, often with a lower dose of anticholinergic medication, and a possible reduction in anticholinergic side effects.)

Effective alone

(Lessening of Parkinsonian symptomatology usually evident within one week in responsive patients.)

CONTRAINDICATIONS "Symmetrel" is contraindicated in patients with known hypersensitivity to the drug.

WARNINGS Patients with a history of epilepsy or other "seizures" should be observed closely for possible untoward central nervous system effects.

Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving "Symmetrel" (amantadine HCl).

Safety of use in pregnancy has not been established. Therefore, "Symmetrel" should not be used in women with childbearing potential, unless in the opinion of the physician, the expected benefit to the patient outweighs the possible risks to the fetus (see Toxicology-Effects on Reproduction).

Since the drug is secreted in the milk, "Symmetrel" should not be administered to nursing mothers.

PRECAUTIONS The dose of "Symmetrel" may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema, or orthostatic hypotension. Since "Symmetrel" is not metabolized and is mainly excreted in the urine, it may accumulate when renal function is inadequate.

Care should be exercised when administering "Symmetrel" to patients with liver disease, a history of recurrent eczematoid rash, or to patients with psychosis or severe psychoneurosis not controlled by chemotherapeutic agents. Careful observation is required when "Symmetrel" is administered concurrently with central nervous system stimulants.

Patients with Parkinson's syndrome improving on "Symmetrel" should resume normal activities gradually and cautiously, consistent with other medical considerations, such as the presence of osteoporosis or phlebothrombosis.

Patients receiving "Symmetrel" (amantadine HCl) who note central nervous system effects of blurring of vision should be cautioned against driving or working in situations where alertness is important.

"Symmetrel" (amantadine HCl) should not be discontinued abruptly since a few patients with Parkinson's syndrome experienced a Parkinsonian crisis, i.e., sudden marked clinical deterioration, when this medication was suddenly stopped.

The dose of anticholinergic drugs or of "Symmetrel" should be reduced if atropine-like effects appear when these drugs are used concurrently.

ADVERSE REACTIONS Adverse reactions reported below have occurred in patients while receiving "Symmetrel" (amantadine HCl) alone or in combination with anticholinergic antiparkinson drugs and/or levodopa.

The more important adverse reactions are orthostatic hypotensive episodes, congestive heart failure, depression, psychosis and urinary retention; and rarely confusion, reversible leukopenia and neutropenia, and abnormal liver function test results.

Other adverse reactions of less importance which have been observed are: anorexia, anxiety, ataxia, confusion, hallucinations, constipation, dizziness (lightheadedness), dry mouth, headache, insomnia, livedo reticularis, nausea, peripheral edema, drowsiness, dyspnea, fatigue, hyperkinesia, irritability, nightmares, rash, slurred speech, visual disturbance, vomiting and weakness; and very rarely eczematoid dermatitis and oculogyric episodes.

Some side effects were transient and disappeared even with continued administration of the drug.

DOSAGE AND ADMINISTRATION The initial dose of "Symmetrel" is 100 mg daily for patients with serious associated medical illnesses or who are receiving high doses of other antiparkinson drugs. After one to several weeks at 100 mg once daily, the dose may be increased to 100 mg twice daily. When "Symmetrel" and levodopa are initiated concurrently, "Symmetrel" should be held constant at 100 mg daily or twice daily while the daily dose of levodopa is gradually increased to optimal dose. When used alone, the usual dose of "Symmetrel" is 100 mg twice a day.

Patients whose responses are not optimal with "Symmetrel" (amantadine HCl) at 200 mg daily may benefit from an increase to 300 mg daily in divided doses. Patients who experience a fall-off of effectiveness may regain benefit by increasing the dose to 300 mg daily; such patients should be supervised closely by their physicians.

DOSAGE FORMS CAPSULES: (bottles of 100) - each red, soft gelatin capsule contains 100 mg of amantadine HCl.

Product monograph, with complete references, available upon request.

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Subsidiary of E.I. du Pont de Nemours & Co. (Inc.)

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