Brief Prescribing Information

Tegretol® No substitution.

200 mg carbamazepine

Indications and clinical use

a) *Trigeminal Neuralgia:*
Tegretol is indicated for the symptomatic relief of pain of trigeminal neuralgia only during periods of exacerbation of true or primary trigeminal neuralgia (tic douloureux). It should not be used preventively during periods of remission. In some patients, Tegretol has relieved glossopharyngeal neuralgia. For patients who fail to respond to Tegretol, or who are sensitive to the drug, recourse to other accepted measures must be considered. Tegretol is not a simple analgesic and should not be used to relieve trivial facial pains or headaches.

b) *Tegretol has been found useful:*
1. in the management of psychomotor (temporal lobe) epilepsy and,
2. as an adjunct, in some patients with secondary or partial epilepsy with complex symptomatology or secondarily generalized seizures, when administered in combination with other antiepileptic medication.
3. as an alternative medication in patients with generalized tonic-clonic seizures who are experiencing marked side effects or fail to respond to other anticonvulsant drugs.

Tegretol is essentially ineffective in controlling petit mal, minor motor, myoclonic and predominantly unilateral seizures, and does not prevent the generalization of epileptic discharge.

Contraindications

Tegretol should not be administered to patients with a history of hepatic disease or serious blood disorder.

Tegretol should not be administered immediately before, in conjunction with, or immediately after a monoamine oxidase inhibitor. When it seems desirable to administer Tegretol to a patient who has been receiving an MAO inhibitor, there should be as long a drug-free interval as the clincal condition allows, but in no case should this be less than 14 days. Then the dosage of Tegretol should be low initially, and increased very gradually.

Tegretol should not be administered to patients presenting atrioventricular heart block.

Safe use in pregnancy has not been established. Therefore, Tegretol should not be administered during the first three months of pregnancy.

Tegretol should not be given to women of childbearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the foetus (See Reproductive Studies). Because of demonstrated toxicity in nursing animals, Tegretol should not be administered to nursing mothers.

Because of the similarity of chemical structure, Tegretol should not be administered to patients with known hypersenitivity to any of the tricyclic compounds, such as amitriptyline, trimipramine, imipramine, or their analogues or metabolites.

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.

Long-term toxicity studies in rats indicated a potential carcinogenic risk. Therefore, the possible risk of drug use must be weighed against the potential benefits before prescribing carbamazepine to individual patients.

Precautions

Monitoring of Haematological and Other Adverse Reactions: Complete blood studies, including platelet counts, and evaluation of hepatic and renal function and urinalysis should be carried out before treatment is instituted. Careful clinical and laboratory supervision should be maintained throughout treatment, including frequent performance of complete blood counts, in order to detect any early signs or symptoms or blood dyscrasia. Should any signs or symptoms or abnormal laboratory findings suggestive of blood dyscrasia or liver disorder occur, Tegretol should be immediately discontinued until the case is carefully reassessed.

Urinary Retention and Increased Intraocular Pressure: Because of its anticholinergic action, Tegretol should be given cautiously, if at all, to patients with increased intraocular pressure or urinary retention. Such patients should be followed closely while taking the drug.

Occurrence of Behavioural Disorders: Because it is closely related to the other tricyclic drugs, there is some possibility that Tegretol might activate a latent psychosis, or, in elderly patients, produce agitation or confusion, especially when combined with other drugs. Caution should also be exercised in alcoholics.

Use in Patients with Cardiovascular Disorders: Tegretol should be used cautiously in patients with a history of coronary artery disease, organic heart disease, or congestive failure. If a defective conductive system is suspected, an E.K.G. should be performed before administering Tegretol, in order to exclude patients with atrioventricular block.

Use in Patients taking Oral Contraceptives: In women under treatment with Tegretol, the reliability of oral contraceptives may be adversely affected; such patients should accordingly be advised to use some alternative, non-hormonal method of contraception.

Driving and Operating Hazardous Machinery: Because dizziness and drowsiness are possible side effects of Tegretol, patients should be warned about the possible hazards of operating machinery or driving automobiles.

Adverse Reactions

The reactions which have been most frequently reported with Tegretol are drowsiness, unsteadiness on the feet, vertigo, dizziness, gastrointestinal disturbances, and nausea. These reactions usually occur only during the initial phase of therapy. They have rarely necessitated discontinuing Tegretol therapy, and can be minimized by initiating treatment at a low dosage.

The more serious adverse reactions observed are the haematologic, hepatic, cardiovascular and dermatologic reactions, which require discontinuation of therapy.

The following adverse reactions have been reported:

Haematological reactions: Transitory leucopenia, eosinophilia, leucocytosis, thrombocytopenic purpura, agranulocytosis, macrocytic anemia and aplastic anemia. In a few instances, deaths have occurred.

Hepatic disturbances: During the long-term administration of Tegretol abnormalities in liver function tests and cholestatic or hepatocellular jaundice have been observed.

Dermatological reactions: The following reactions occurred during treatment with Tegretol: skin sensitivity reactions and rashes, erythematous rashes, pruritic eruptions, urticaria, photosensitivity, pigmentary changes, neurodermatitis and in rare cases Stevens-Johnson syndrome, exfoliative dermatitis, alopecia, diaphoresis, erythema multiforme, erythema nodosm, and aggravation of disseminated lupus erythematosus.

Neurological reactions: The reactions reported as occurring during treatment with Tegretol include vertigo, somnolence, disturbances of coordination, confusion, headache, fatigue, blurred vision, transient diplopia and oculomotor disturbances, speech disturbances, abnormal involuntary movements and increase in motor seizures. In addition, peripheral neuritis and paresthesia, depression with agitation, talkativeness, nystagmus, and tinnitus have been reported but only very rarely. There have been some reports of paralysis and other symptoms of cerebral arterial insufficiency but no conclusive relationship to the administration of Tegretol could be established.

Cardiovascular systems: Recurrence of thrombophlebitis in patients with a prior history of thrombophlebitis, congestive heart failure, aggravation of hypertension, Stokes-Adams in patients with AV block, hypotension, syncope and collapse, edema, aggravation of coronary artery disease. Some of these complications (including myocardial infarction and arrhythmia) have been associated with other tricyclic compounds.

Genitourinary reactions: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, and impotence, Elevation of BUN, albuminuria and glycosuria also have been observed.

Digestive tract: Disturbances associated withn Tegretol therapy have included nausea, vomiting, gastric or abdominal discomfort, diarrhoea, anorexia and dryness of the mouth and throat, glossitis and stomatitis.

Eyes: There is no conclusive evidence that Tegretol produces pathological changes in the cornea, lens or retina. However, it should be recognized that many phenothiazines and related drugs have been shown to cause eye changes. By analogy, periodic eye examinations, including slitlamp fundoscopy and tonometry, are recommended.

Other reactions reported during treatment with Tegretol include fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

Dosage and Administration

Use in Epilepsy (see Indications): A low initial daily dosage with a gradual increase in dosage is advised. Dosage should be adjusted to the needs of the individual patient.

Adults and Children over 12 years of age: Initially, 100 to 200 mg once or twice a day depending on the severity of the case and previous therapeutic history. The initial dosage is progressively increased, until the best response is obtained, up to 600 mg daily. The usual optimal dosage is 600 mg daily, but occasionally dosage up to 800 to 1000 mg have been used for short periods. As soon as disappearance of seizures has been obtained and maintained, dosage should be reduced very gradually until a minimum effective dose is reached.

Use in-trigeminal neuralgia: The initial daily dosage should be small; 200 mg, taken in two doses of 100 mg each is recommended. The total daily dosage can be increased by 200 mg per day until relief of pain is obtained. This is usually achieved at a dosage between 200 and 800 mg daily, but occasionally up to 1200 mg per day may be necessary. As soon as relief of pain has been obtained and maintained, progressive reduction in dosage should be attempted until a minimum effective dosage is reached. Because trigeminal neuralgia is characterized by periods of remission, attempts should be made to reduce or discontinue the use of Tegretol at intervals of not more than 3 months, depending upon the individual clinical course.

Prophylactic use of the drug in trigeminal neuralgia is not recommended.

Tegretol should be taken in two or three divided doses daily, with meals whenever possible.

Dosage Forms

Tegretol is available as a 200 mg white, round, flat bevelled edge single-scored tablet, engraved with Geigy signet.

Availability

Bottles of 50 and 500 tables. Protect from heat and humidity.

Full information available on request.

Geigy

Mississauga, Ontario
L5N 2W5

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CCPP
G-2005

See page viii

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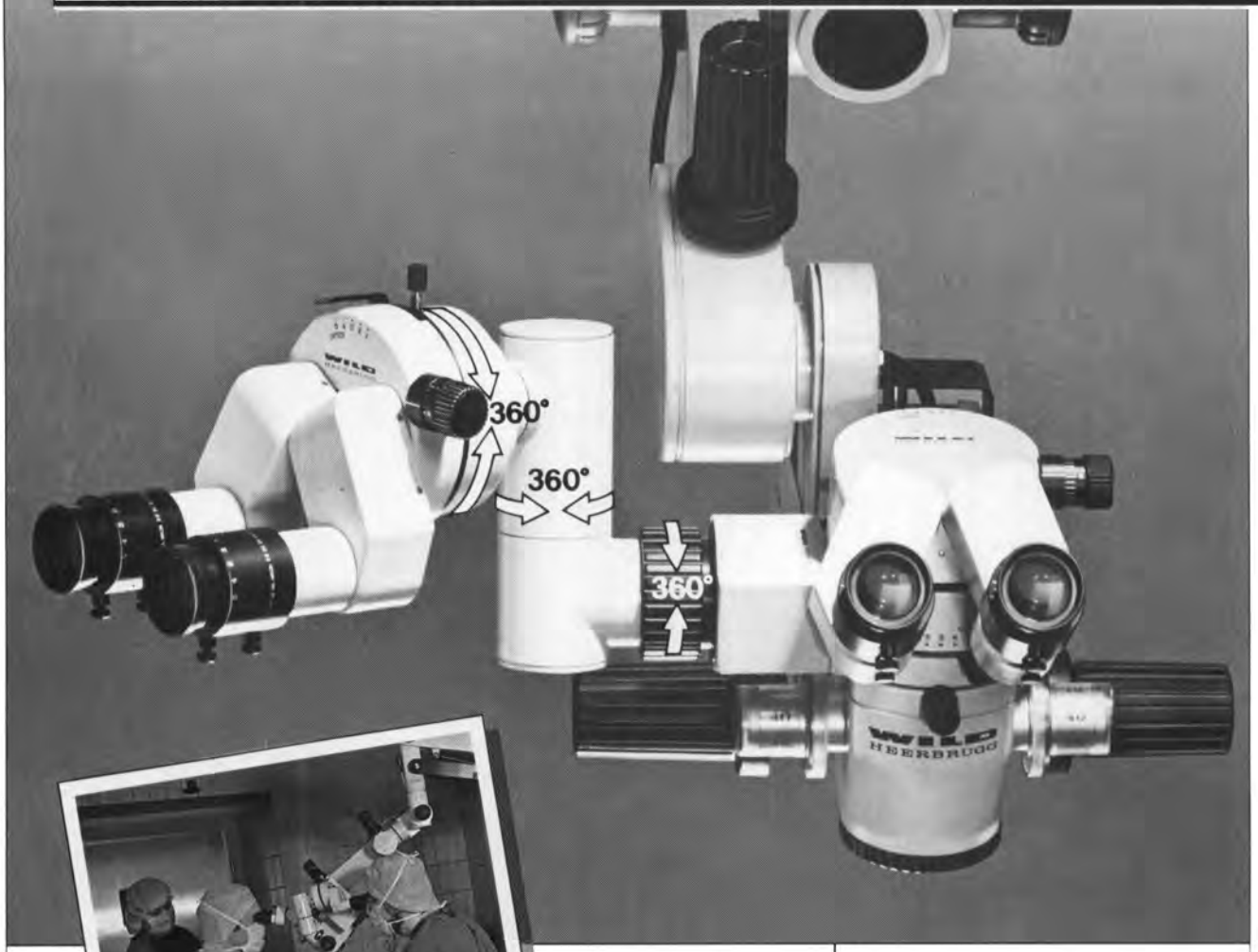

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"Increased platelet activity may have an important role in inducing intimal damage and vasospasm"[1]

"Whatever the precise sequence of events, formation of platelet aggregates in the coronary vessels could limit blood flow and either cause the ischemic event or result in deterioration of already compromised blood flow to the myocardium."[2]

Asasantine® Normalizes Platelet Reactivity

Asasantine® capsules contain 75 mg Persantine® (dipyridamole) plus 330 mg ASA. Clinical trials demonstrate the effectiveness of this combination in reducing platelet adhesion and aggregation, and subsequent thrombus formation. Consequently, Asasantine®, is an important choice of therapy in preventing recurrent myocardial infarction.

Asasantine® Reduces Coronary Incidence

- 1 capsule T.I.D.
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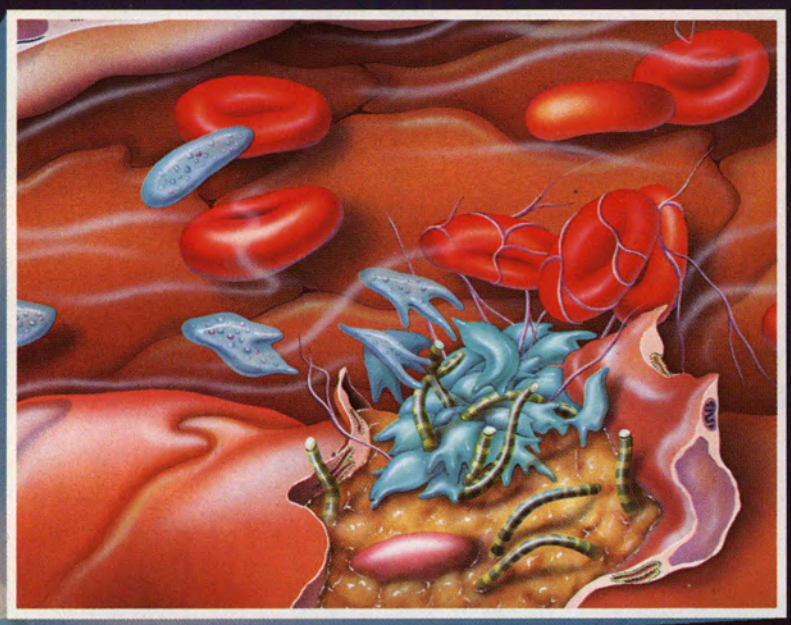

Asasantine®

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For brief prescribing information see page xiii

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Asasantine®

BRIEF PRESCRIBING INFORMATION

THERAPEUTIC OR PHARMACOLOGICAL CLASSIFICATION

Inhibitor of platelet adhesion and aggregation

INDICATIONS AND CLINICAL USE

Combined therapy with dipyridamole and ASA (Asasantine) is indicated in patients who are recovering from a myocardial infarction. The rate of re-infarction is significantly reduced by such therapy.

CONTRAINDICATIONS

Salicylate sensitivity, active peptic ulcer.

WARNING

Patients should be cautioned about the possibility of additional toxic effects of ASA if they are taking "over-the-counter" ASA containing remedies, including cough and cold medications.

PRECAUTIONS

Since excessive doses of dipyridamole can produce peripheral vasodilation, it should be used with caution in patients with hypotension.

ASA should be administered cautiously to patients with asthma and other allergic conditions, a history of gastrointestinal ulcerations, bleeding tendencies, significant anamia or hypo-prothrombinemia.

Patients taking 2 to 3 g of ASA daily are at an increased risk of developing severe gastrointestinal bleeding following the ingestion of alcohol.

Since salicylates interfere with maternal and infant blood clotting and lengthen the duration of pregnancy and parturition time, they should not be administered during the last trimester of pregnancy unless the need outweighs the potential risks.

Caution is necessary when salicylates and anticoagulants are prescribed concurrently, as salicylates can depress the concentration of prothrombin in the plasma.

Patients receiving concurrent salicylates and hypoglycemic therapy should be monitored closely, since reduction of the hypoglycemic drug dosage may be necessary.

Although salicylates in large doses are uricosuric agents, smaller amounts may depress uric acid clearance and thus decrease the uricosuric effects of probenecid, sulfinpyrazone, oxyphenbutazone and phenylbutazone.

Caution should be exercised when corticosteroids and salicylates are used concurrently.

Acute hepatitis has been reported rarely in patients with systemic lupus erythematosus and juvenile rheumatoid arthritis with plasma salicylate concentrations above 25 mg/100 mL. Patients have recovered upon cessation of therapy.

Salicylate ingestion should be restricted in patients receiving indomethacin (and perhaps other non-narcotic analgesics) for conditions such as rheumatoid arthritis. Salicylates can produce changes in thyroid function tests.

Sodium excretion produced by spironolactone may be decreased by salicylate administration.

Concomitant ingestion of salicylates and aminosalicylic acid (PAS) or aminobenzoic acid (PABA) in normal doses may lead to increased toxicity and salicylism.

Salicylates reportedly displace sulfonylureas, penicillins and methotrexate from their binding sites on plasma proteins. Salicylates also retard the renal elimination of methotrexate.

ADVERSE REACTIONS

In a trial of 2026 patients in recurrent myocardial infarction, the most common patient complaints, except for headaches, were those associated with ASA administration. In order of frequency of occurrence, these were stomach pain, headaches, heartburn, dizziness, constipation, hematemesis, bloody stools and/or black, tarry stools, nausea and vomiting. An increased frequency of elevations of serum urea nitrogen, uric acid and creatinine were noted in the active treatment groups but increases for individual patients were small and not associated with clinical problems. There was also a slightly greater frequency of elevated systolic blood pressure readings in the active treatment groups.

When dipyridamole has been used alone, headache, dizziness, nausea, flushing, syncope or weakness and skin rash have occurred during initiation of therapy. In most cases, these tend to be minimal and transient. Gastric irritation, emesis and abdominal cramping may occur at high dosage levels. Rare cases of what appears to be an aggravation of angina pectoris have been reported, usually at the initiation of therapy. On those uncommon occasions when adverse reactions have been persistent or intolerable to the patient, withdrawal of medication has been followed promptly by cessation of the undesirable symptoms.

For ASA alone the following side effects have been reported: gastrointestinal — nausea, vomiting, diarrhea, gastrointestinal bleeding and/or ulceration; ear — tinnitus, vertigo, hearing loss; hematologic — leukopenia, thrombocytopenia, purpura; dermatologic and hypersensitivity — urticaria, angioedema, pruritis, skin eruptions, asthma, anaphylaxis; miscellaneous — acute, reversible hepatotoxicity, mental confusion, drowsiness, sweating, thirst.

SYMPTOMS AND TREATMENT OF OVERDOSAGE

Hypotension, as a result of high serum levels of dipyridamole, is likely to be of short duration if it occurs but vasopressor substances may be used if necessary.

Salicylate overdosage SYMPTOMS may include rapid and deep breathing, nausea, vomiting, vertigo, tinnitus, flushing, sweating, thirst and tachycardia. In more severe cases, acid-base disturbances including respiratory alkalosis and metabolic acidosis can occur. Severe cases may show fever, hemorrhage, excitement, confusion, convulsions or coma and respiratory failure.

TREATMENT of salicylate overdosage consists of prevention and management of acid-base and fluid and electrolyte disturbances. Renal clearance is increased by increasing urine flow and by alkaline diuresis but care must be taken in this approach to not further aggravate metabolic acidosis and hypokalemia. Acidemia should be prevented by administration of adequate sodium containing fluids and sodium bicarbonate.

Hypoglycemia is an occasional accompaniment of salicylate overdosage and can be managed by glucose solutions. If a hemorrhagic diathesis is evident, give Vitamin K. Hemodialysis may be useful in complex acid-base disturbances particularly in the presence of abnormal renal function.

DOSAGE AND ADMINISTRATION

The recommended oral dose is 1 capsule of Asasantine, 3 times a day, in patients who have suffered a previous myocardial infarction.

AVAILABILITY

Asasantine is available as an opaque orange and yellow hard gelatin capsule. Each capsule contains 75 mg Persantine and 330 mg ASA.

Supplied in packages of 100 capsules.

Product Monograph available on request.

REFERENCES:

[1] Myocardial ischemia in man: abnormal platelet aggregation and prostaglandin generation. Mehta, J. and Mehta, P. In: Platelets and Prostaglandins in Cardiovascular Disease. Editors: Mehta, J. and Mehta, P. Futura Publishing Co., New York, 345–358, 1981.

[2] Mehta, J. Platelets and Prostaglandins in Coronary Artery Disease–Rationale for use of platelet suppressive drugs. Jama 1983; 249: 2818–2823.

[3] Pumphrey, C. W., Chesebro, J. H. et al. In Vivo Quantitation of Platelet Deposition on Human Peripheral Arterial Bypass Grafts Using Indium — 111-labelled Platelets — Effect of Dipyridamole and Aspirin. The American Journal of Cardiology, 1983; 51: 796-801.

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B-027-84

Intermediate Prescribing Information

PLioresal®

(baclofen)

Muscle relaxant

Antispastic agent

Indications and Clinical Uses

Alleviation of signs and symptoms of spasticity resulting from multiple sclerosis.

Spinal cord injuries and other spinal cord diseases.

Contraindications

Hypersensitivity to LIORESAL.

Warnings

Abrupt Drug Withdrawal: Except for serious adverse reactions, the dose should be reduced slowly when the drug is discontinued to prevent visual and auditory hallucinations, confusion, anxiety with tachycardia and sweating, insomnia, and worsening of spasticity.

Impaired Renal Function: Caution is advised in these patients and reduction in dosage may be necessary.

Stroke: Has not been of benefit and patients have shown poor tolerability to the drug.

Pregnancy and Lactation: Not recommended as safety has not been established. High doses in rats and rabbits are associated with an increase of abdominal hernias and ossification defects in the fetuses.

Precautions

Not recommended in children under 12 as safety has not been established.

Because sedation may occur, caution patients regarding the operation of automobiles or dangerous machinery, activities made hazardous by decreased alertness, and use of alcohol and other CNS depressants.

Use with caution in spasticity that is utilized to substain upright posture and balance in locomotion, or whenever spasticity is utilized to obtain increased function. epilepsy or history of convulsive disorders (clinical state and EEG should be monitored), peptic ulceration, severe psychiatric disorders, elderly patients with cerebrovascular disorders, and patients receiving antihypertensive therapy.

Adverse Reactions

Most common adverse reactions are transient drowsiness, dizziness, weakness and fatigue. Others reported:

Neuropsychiatric: Headache, insomnia, euphoria, excitement, depression, confusion, hallucinations, paresthesia, muscle pain, tinnitus, slurred speech, co-ordination disorder, tremor, rigidity, dystonia, ataxia, blurred vision, nystagmus, strabismus, miosis, mydriasis, diplopia, dysarthria, epileptic seizures.

Cardiovascular: Hypotension, dyspnea, palpitation, chest pain, syncope.

Gastrointestinal: Nausea, constipation, dry mouth, anorexia, taste disorder, abdominal pain, vomiting, diarrhea, and positive test for occult blood in stool.

Genitourinary: Urinary frequency, enuresis, urinary retention, dysuria, impotence, inability to ejaculate, nocturia, hematuria.

Other: Rash, pruritus, ankle edema, excessive perspiration, weight gain, nasal congestion.

Some of the CNS and genitourinary symptoms reported may be related to the underlying disease rather than to drug therapy.

The following laboratory tests have been found to be abnormal in a few patients receiving LIORESAL: SGOT, alkaline phosphatase and blood sugar (all elevated).

Symptoms and Treatment of Overdosage

Signs and Symptoms: Vomiting, muscular hypotonia, hypotension, drowsiness, accommodation disorders, coma, respiratory depression, and seizures.

Co-administration of alcohol, diazepam, tricyclic anti-depressants, etc., may aggravate the symptoms.

Treatment: Treatment is symptomatic. In the alert patient, empty the stomach (induce emesis followed by lavage). In the obtunded patient, secure the airway with a cuffed endotracheal tube before beginning lavage (do not induce emesis).

Maintain adequate respiratory exchange; do not use respiratory stimulants. Muscular hypotonia may involve the respiratory muscles and require assisted respiration. Maintain high urinary output. Dialysis is indicated in severe poisoning associated with renal failure.

Dosage and Administration

Optimal dosage of LIORESAL requires individual titration. Start therapy at a low dosage and increase gradually until optimum effect is achieved (usually 40-80 mg daily).

The following dosage titration schedule is suggested:

5 mg t.i.d. for 3 days	15 mg t.i.d. for 3 days
10 mg t.i.d. for 3 days	20 mg t.i.d. for 3 days

Total daily dose should not exceed a maximum of 20 mg q.i.d.

The lowest dose compatible with an optimal response is recommended. If benefits are not evident after a reasonable trial period, patients should be slowly withdrawn from the drug (see Warnings).

Availability

LIORESAL (baclofen) 10 mg tablets.

White to off-white flat-faced, oval tablets with GEIGY monogram on one side and the identification code 23 below the monogram. Fully bisected on the reverse side.

Available in bottles of 100 tablets.

Product Monograph supplied on request.

References:

1. Feldman et al, Neurology, Vol. 28, No. 11 pp 1094-1098, 1978.
2. Symposia Reporter, Vol. 3, No. 2.

G-3017

Geigy

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See outside back cover

Research Fellow
Neurology

The Clinical Institute of the Addiction Research Foundation, an affiliated teaching hospital of the University of Toronto, offers a post-graduate clinical research training position in Neurology. The incumbent physician will participate in research on drug related encephalopathies. Extensive biochemical and neurophysiological collaborations are ongoing.

Applicants must be eligible for educational licensure by the Ontario College of Physicians and Surgeons. Clinical neurophysiological experience would be considered and asset. The position commences July 1, 1984.

Please forward your resume to:

Dr. Peter L. Carlen
Head, Neurology Program
Clinical Institute
Addiction Research Foundation
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Addiction Research Foundation

Saint John Regional Hospital

CLINICAL NEUROLOGY

The recently opened 730 bed Saint John Regional Hospital is seeking to increase its capabilities in the Neurosciences with the addition of two fully trained Neurologists to practice Neurology for the City of Saint John and referring areas. The Neurology Service has twelve designated beds with well equipped E.E.G. Department, E.M.G. Department, C.T. Scan, Angiography and a modern Radiotherapy Department. The Hospital is integrated with Dalhousie University for Resident, Interne and Clinical Clerk training. The successful candidates will be eligible for a Teaching Appointment at the Dalhousie University Medical School.

The Hospital also has a very active Neurosurgical Unit with an attached Neurosurgical Intensive Care Unit.

The Hospital serves a regional population approaching 200,000 and also provides tertiary services to the rest of the Province. The City of Saint John is a seaport on the shores of the Bay of Fundy, and the residential environments are most attractive. A full range of recreational facilities are available within a short distance, golf, tennis, curling, skiing, sailing, etc.

Interested applicants should apply to:

Dr. V.N. Khanna,
Chief of Medicine,
Saint John Regional Hospital,
P.O. Box 2100,
Saint John, New Brunswick
E2L 4L2

TORONTO STROKE WORKSHOP

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An update on the clinical management of stroke.

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Department of Physiology

Position as researcher offered to a person with a Ph.D. in Physiology and at least 3 years of pertinent experience in Neurophysiology to work on cortical mechanisms in the control of locomotion in animals.

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Neurologist wanted for Geographic Full Time position. Must have Royal College of Physicians and Surgeons qualifications in Neurology or be eligible for examination. Duties will include 40% of time directed to patient care and graduate and undergraduate teaching as well as the development of a diagnostic and therapeutic clinic concerned with peripheral neuropathies. The successful candidate will be expected to propose, start and maintain a research project applicable to The Neuropathies of Diabetes, Renal Failure, Dialysis, Malignancy, and Chemotherapeutic agents. Proven competency in Neuropathology is also required. Both men and women are encouraged to apply. In accordance with Canadian Immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada. Applications should be accompanied by a curriculum vitae, list of publications and names of three referees. Send application to:

Dr. W.D. MacDiarmid
Department of Medicine
GC 430
Health Sciences Centre
700 William Avenue
Winnipeg, Manitoba
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Effective date of appointment on or before July 1, 1984

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Poste de chercheur offert à une personne avec un Ph.D. en physiologie et au moins 3 années d'expérience pertinente en neurophysiologie pour travailler sur les mécanismes corticaux dans le contrôle de la locomotion chez les animaux.

Adresser la demande avec C.V. au:

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The Canadian Journal of Neurological Science office has a new telephone number. **283-4072**

Advertisers Index

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SERC®

(betahistine hydrochloride tablets)

For the management of Vertigo

Proven efficacy

"(Serc) is now a proven, useful therapeutic agent in the treatment of Ménière's disease, especially in the control of vertigo."[1]

Restores vestibular responses

"In a preliminary trial (Wilmot 1971) using objective testing of both auditory and vestibular function... the results showed statistical significance in favour of Serc."[2]

Reduced severity of episodic vertigo

"...a significant improvement in favour of the drug (Serc) with regard to vertigo, tinnitus and deafness. Vertigo was the most responsive symptom."[1]

Well tolerated

"No adverse reactions were observed."[1]

REFERENCES:

1 Frew, I.J.C. et al: Postgrad. Med. J.; 52:501-503, 1976.

2 Wilmot, T.J. et al: J. Laryng. Otol; 9:833-840, 1976.

PRESCRIBING INFORMATION:

INDICATIONS: SERC may be of value in reducing the episodes of vertigo in Meniere's disease. No claim is made for the effectiveness of SERC in the symptomatic treatment of any form of vertigo other than that associated with Meniere's disease.

DOSAGE AND ADMINISTRATION: The usual adult dosage has been one to two tablets (4 mg. each) administered orally three times a day.

Recommended starting dose is two tablets three times daily. Therapy is then adjusted as needed to maintain patient response. The dosage has ranged from two tablets per day to eight tablets per day. No more than eight tablets are recommended to be taken in any one day.

SERC (betahistine hydrochloride) is not recommended for use in children. As with all drugs, SERC should be kept out of reach of children.

CONTRAINDICATIONS: Several patients with a history of peptic ulcer have experienced an exacerbation of symptoms while using SERC. Although no causual relation has been established SERC is contraindicated in the presence of peptic ulcer and in patients with a history of this condition. SERC is also contraindicated in patients with pheochromocytoma.

PRECAUTIONS: Although clinical intolerance to SERC by patients with bronchial asthma has not been demonstrated, caution should be exercised if the drug is used in these patients.

USE IN PREGNANCY: The safety of SERC in pregnancy has not been established. Therefore, its use in pregnancy or lactation, or in women of childbearing age requires that its potential benefits be weighed against the possible risks.

ADVERSE REACTIONS: Occasional patients have experienced gastric upset, nausea and headache.

HOW SUPPLIED: Scored tablets of 4 mg each in bottles of 100 tablets.

Full prescribing information available on request.

UNIMED Canada Inc.

Dorval, Quebec H9P 2P4

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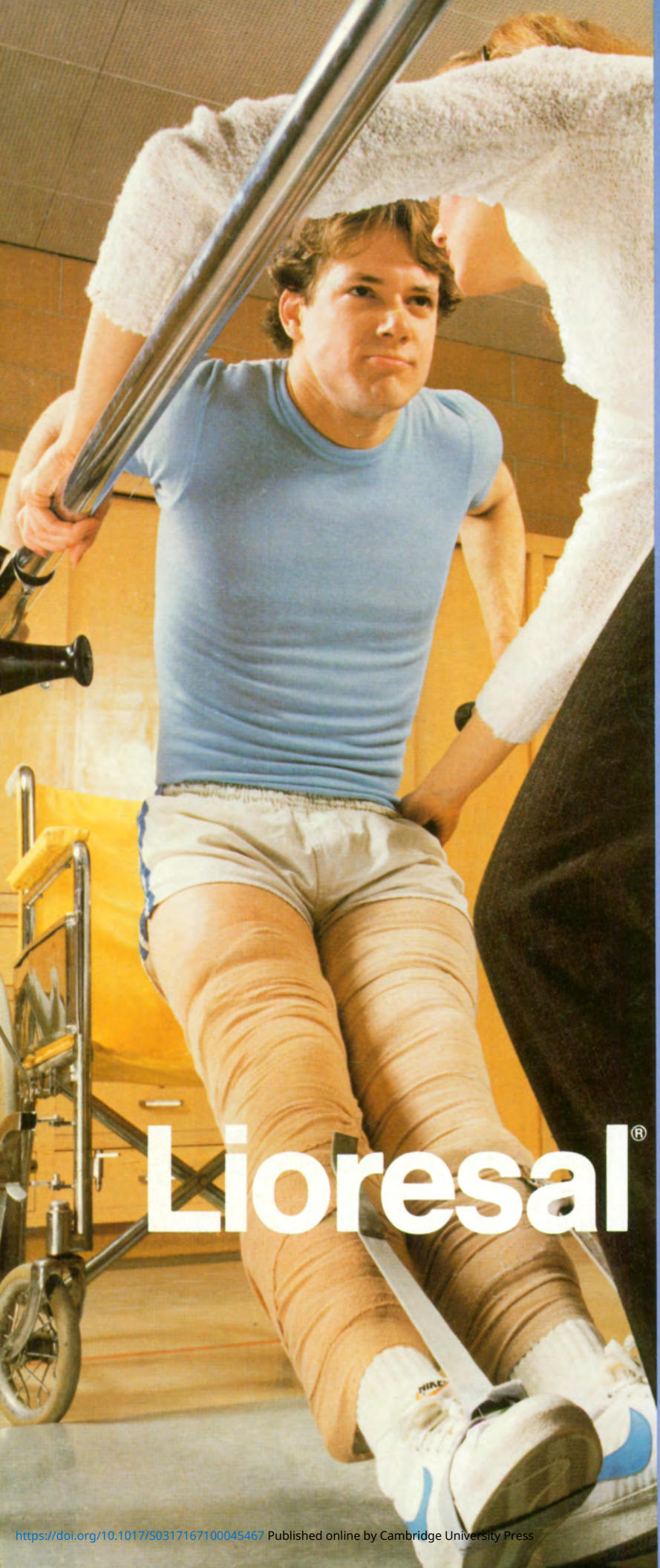

Lioresal®
baclofen

Treating spasticity **right at the start** gives him a better start on the tough road back.

Early intervention with Lioresal can significantly enhance successful rehabilitation, especially before major disabilities become permanent.[1]

- Lioresal helps relieve spasticity resulting from spinal cord injury, multiple sclerosis or other spinal cord disorders.
- Lioresal acts primarily at the spinal level eliminating the problem of troublesome over sedation.[2]
- Lioresal improves overall outlook for long term management.[1]

sooner... means a fuller life later.

For brief prescribing information see page xii

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