Volume 34 Number 3 August 2007

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Sciences Neurologiques

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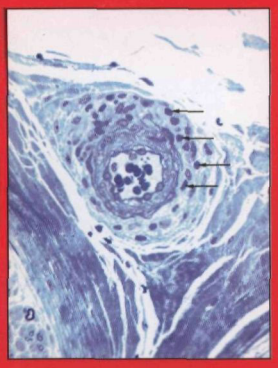
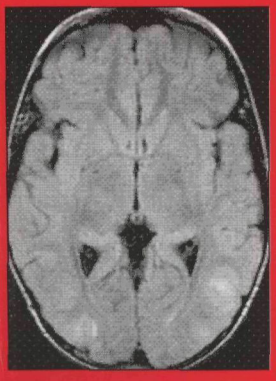


"Sjögren's" Neuropathy



"PRES"

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

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IS THIS HOW YOUR PATIENT FEELS?

TIME FOR ADDITIONAL SUPPORT

- # 1 dispensed oral cannabinoid†
- 25 years of clinical experience in Canada
- On formulary across Canada except P.E.I.‡

‡Refers to 0.5 mg and 1 mg strengths. Limited coverage in Saskatchewan.

NCESAMET® (nabilone) is indicated for the management of severe nausea and vomiting associated with cancer chemotherapy.

NCESAMET® is contraindicated in patients with known sensitivity to marijuana or other cannabinoid agents, and in those with a history of psychotic reactions.

NCESAMET® should be used with extreme caution in patients with severe liver dysfunction and those with a history of non-psychotic emotional disorders.

The most frequently observed adverse reactions to nabilone and their incidences reported in the course of clinical trials were: drowsiness (66%), vertigo (58.8%), psychological high (38.8%) and dry mouth (21.6%). Please consult prescribing information for full warnings, precautions, adverse events and administration.[1]

†IMS Health Canada: Canadian CompuScript Audit, Monthly data, August 2005-September 2006, Total Dispensed Prescriptions

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Reference: 1. Cesamet Product Monograph, September 2004.

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NCESAMET®
Symptom Control

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For brief prescribing information see pages A-26

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THE CANADIAN JOURNAL OF Neurological Sciences

LE JOURNAL CANADIEN DES Sciences Neurologiques

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PrAGGRENOX® PROVIDES STRONG DEFENSE AGAINST A SECOND STROKE

- **AGGRENOX® prevented *twice* as many strokes vs. ASA alone[1,2,3*]**
  - 22.1% additional stroke protection over ASA (p=0.008)[2†]
  - 36.8% greater stroke protection vs. placebo (p<0.001)[2†]
- **Proven safety profile[2]**
- **ASA/extended release dipyridamole is recommended as first-line secondary stroke prevention therapy in:**
  - Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy[4]
  - European Stroke Initiative (EUSI)[5]
  - UK Royal College Physician Guidelines[6]

* Randomized, double-blind, placebo-controlled trial, 6,602 patients with history of TIA or ischemic stroke. AGGRENOX® 50 mg ASA + 400 mg extended release dipyridamole per day (b.i.d. dosing) n=1,650, ASA 50 mg per day (25 mg b.i.d.) n=1,649, placebo n=1,649, extended release dipyridamole 400 mg per day (200 mg b.i.d.) n=1,654. For every 1,000 patients treated for two years, AGGRENOX® prevented 58 strokes vs. only 29 for ASA, compared to placebo.[1,2,3]

† Percentage of patients experiencing a stroke within two years: AGGRENOX® 9.5%, ASA 12.5%, placebo 15.2%.[2]

AGGRENOX® is indicated for the prevention of stroke in patients who have had a previous stroke or a transient ischemic attack (TIA).

The overall discontinuation rate due to adverse events was 27.8% for AGGRENOX®, 23.2% for ASA, and 23.7% for placebo.

AGGRENOX® is contraindicated in patients with known allergy to nonsteroidal anti-inflammatory drug products; patients with the syndrome of asthma, rhinitis and nasal polyps; and in patients with hypersensitivity to dipyridamole, ASA, or any of the other product components.

AGGRENOX® contains approximately 23 mg sucrose and 106 mg of lactose per maximum recommended daily dose. Patients with rare hereditary problems of fructose intolerance and/or galactose intolerance (e.g. galactosaemia) should not take this medicine.

If a patient is to undergo elective surgery, consideration should be given to discontinue AGGRENOX® 10 days prior to surgery, to allow for the reversal of effect.

The use of AGGRENOX® may increase the risk of bleeding such as skin haemorrhage, gastrointestinal bleeding and intracerebral haemorrhage. The addition of other antiplatelet agents (e.g. Clopidogrel, Ticlopidine) to AGGRENOX® may further increase the risk of serious bleeding and is not recommended.

Due to the ASA component of AGGRENOX® should be: avoided in patients with severe hepatic insufficiency or severe renal failure, avoided in patients with a history of active peptic ulcer disease, and used with caution in patients with inherited or acquired bleeding disorders, nursing mothers, patients taking selective serotonin reuptake inhibitors (SSRIs) or corticosteroids, or in patients who consume three or more alcoholic drinks per day.

AGGRENOX® should not be used in paediatric patients or during the third trimester of pregnancy.

AGGRENOX® has a vasodilatory effect and should be used with caution in patients with severe coronary artery disease (e.g. unstable angina or recently sustained myocardial infarction).

The most common adverse events with AGGRENOX® was headache (39.2% vs. 33.8% for ASA and 32.9% for placebo), dyspepsia (18.4% vs. 18.1% for ASA, and 16.7% for placebo), abdominal pain (17.5% vs. 15.9% for ASA and 14.5% for placebo), nausea (16.0% vs. 12.7% for ASA and 14.1% for placebo), and diarrhea (12.7% vs. 6.8% for ASA and 9.8% for placebo). When headache occurred it was particularly evident in the first month of therapy. 8.9% of patients discontinued due to headache, 66% of these discontinued within the first month.

Discontinuation rates due to headache were 2.8% and 2.1% in the placebo and ASA group respectively.

Consult Prescribing Information for complete details.

References: **1.** Diener HC, *et al.* European Stroke Prevention Study 2. Dipyridamole and acetylsalicylic acid in the secondary prevention of stroke. *Journal of the Neurological Sciences* 1996;143:1-13. **2.** AGGRENOX® Product Monograph. Boehringer Ingelheim (Canada) Ltd. July 2006. **3.** Diener HC, *et al.* European Stroke Prevention Study 2. Efficacy and Safety Data. *Journal of the Neurological Sciences* 1997;151:S1-S77. **4.** Albers GW, Amarenco P, Easton DJ, Sacco RL, Teal P. Antithrombotic and Thrombolytic Therapy for Ischemic Stroke. Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *CHEST* 2004;126:483S-512S.

5. European Stroke Initiative (EUSI) Executive Committee, and EUSI Writing Committee. EUSI Recommendations for Stroke Management – Update 2003. *Cerebrovascular Dis* 2003;16:311-337.
6. Royal College of Physicians of London. National Clinical Guidelines for Stroke, June 2004.

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www.boehringer-ingelheim.ca

PAAB Member R&D

Aggrenox®
ASA /Extended Release Dipyridamole
Challenging the benchmark in secondary stroke prevention[1,4,5,6]

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For brief prescribing information see pages A-17, A-18, A-19

Treat your hypertensive patients with the power of MICARDIS®:

- Powerful 24-hour BP reductions shown, $p<0.0001$ including the early morning hours (6:00 AM-11:59 AM), $p<0.0001$[2†]
- Longest half-life of all AT_1 receptor blockers[3-8§]
- Simple, flexible, once-daily dosing[3¥]

ONTARGET

- The ONTARGET clinical trial program investigates ARB and ACE therapy in more than 31,000 patients.
- ONTARGET investigates MICARDIS® (telmisartan) and ramipril, alone or in combination, in the prevention of cardiovascular morbidity and mortality in patients at high risk for cardiovascular complications.
- Boehringer Ingelheim is committed to cardiovascular protection research.

MICARDIS® is not indicated to reduce cardiovascular or cerebrovascular morbidity and mortality, or to improve renal outcomes.

Pr MICARDIS®

TELMISARTAN 80mg AT_1 RECEPTOR BLOCKER

GOOD MORNING. MICARDIS.

Boehringer Ingelheim

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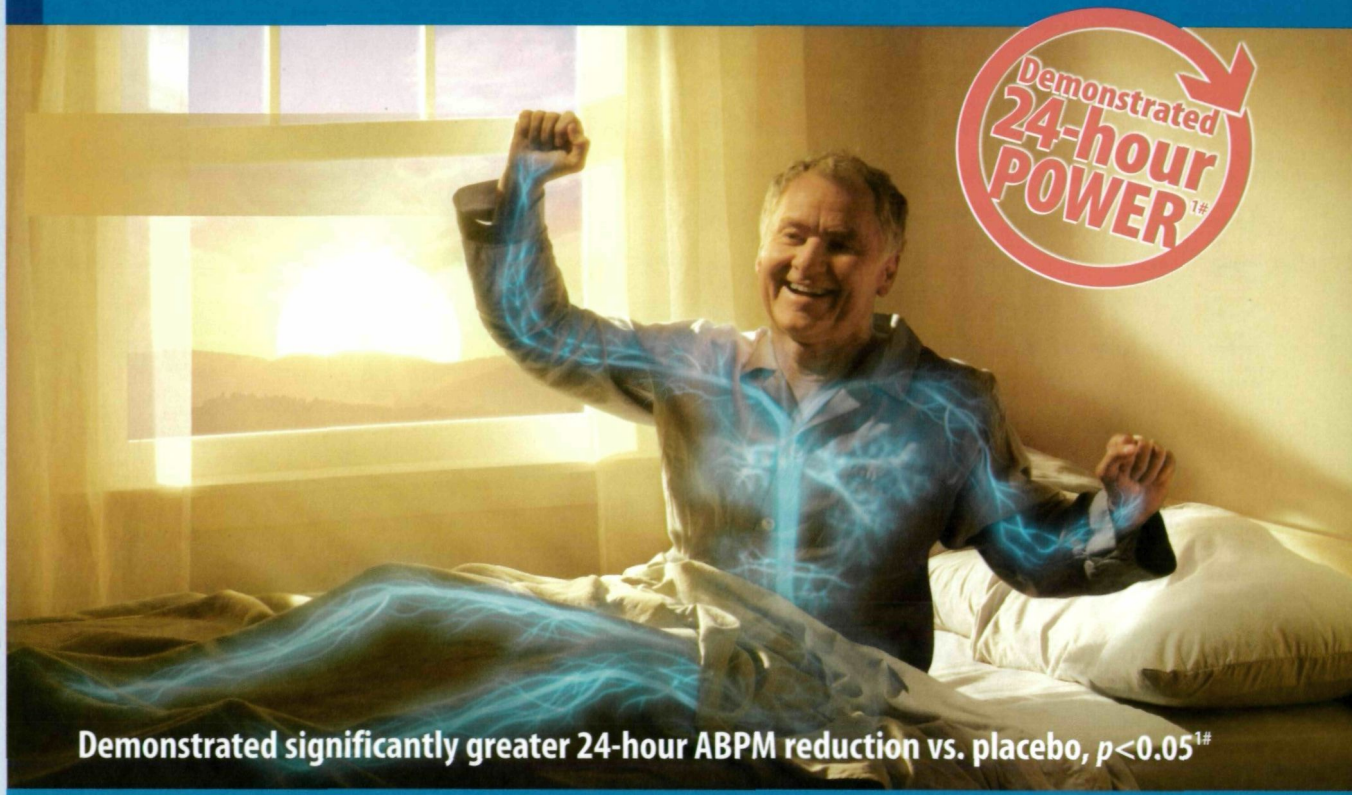
MICARDIS® Demonstrated Powerful BP Reductions Measured from MORNING to MORNING[1]



Demonstrated significantly greater 24-hour ABPM reduction vs. placebo, $p<0.05$[1#]

MICARDIS® (telmisartan) is indicated for the treatment of mild to moderate essential hypertension and may be used alone or in combination with thiazide diuretics.[3] The most common adverse events vs. placebo were headache (8.0% vs. 15.6%), upper respiratory tract infection (6.5% vs. 4.6%), dizziness (3.6% vs. 4.6%), pain (3.5% vs. 4.3%), fatigue (3.2% vs. 3.3%), back pain (2.7% vs. 0.9%), diarrhea (2.6% vs. 1.0%) and sinusitis (2.2% vs. 1.9%).[3] If pregnancy is detected, MICARDIS® should be discontinued as soon as possible.[3] In patients who are volume-depleted by diuretic therapy, dietary salt restrictions, dialysis, diarrhea or vomiting, symptomatic hypotension may occur after initiation of therapy with MICARDIS®.[3]

6-week, multinational, multicentre, randomized, double-blind, double-dummy, parallel group study comparing MICARDIS® 80 mg and Losartan 50 mg with placebo arm. MICARDIS® 80 mg mean 24-hour SBP vs. placebo = -13.3 mmHg vs. -1.8 mmHg, DBP = -8.4 mmHg vs. -0.8 mmHg, $p<0.05$.

† 14-week, multicentre, prospective, randomized, open-label, blinded-endpoint, parallel group, forced-titration study of MICARDIS® and Altace® in patients with confirmed ambulatory hypertension. Mean 24-hour SBP = -14.8 mmHg vs. -10.7 mmHg, $p<0.0001$ and DBP = -9.9 mmHg vs. -6.7 mmHg, $p<0.0001$. Morning (06:00 AM-11:59 AM) SBP = -14.3 mmHg vs. -9.7 mmHg, $p<0.0001$.

§ Comparative clinical significance is unknown.

¥ Dosing available in MICARDIS® 40 mg, MICARDIS® 80 mg and MICARDIS® PLUS 80/12.5 mg HCTZ.

Boehringer Ingelheim:
Committed to cardio and vascular protection research

>31,000 patients enrolled in the ONTARGET two-part study programme[1,2]

Current Ongoing International Cardio and Vascular Trials:

	ONTARGET	TRANSCEND	PRoFESS®
Number of Patients Internationally	25,622[2]	5,926[2]	20,333[2]
Number of Canadian Patients	2,519[2]	426[2]	1,549[2]
Number of International Centres	730[1,2]	730[1,2]	674[2]

ONTARGET Cardiovascular Mortality and Morbidity Trial

- ONTARGET investigates MICARDIS® (telmisartan) and Altace® (ramipril), alone or in combination, in the prevention of cardiovascular morbidity and mortality in patients at high risk for cardiovascular complications.[1]
- Inclusion Criteria:[1]
  - Male or female, age ≥55 years
  - At high risk of developing a CVD event, with a history of one of the following:
    - Coronary artery disease
    - Peripheral arterial occlusive disease (PAOD)
    - Cerebrovascular event
    - Diabetes mellitus with evidence of end-organ disease

TRANSCEND Cardiovascular Mortality and Morbidity Trial

- TRANSCEND investigates MICARDIS® vs. placebo for the prevention of cardiovascular morbidity and mortality in patients at high risk for cardiovascular complications and who are intolerant to angiotensin-converting enzyme inhibitors.[1]

PRoFESS® Stroke Trial

- PRoFESS® investigates patients with known prior ischemic strokes. Patients will receive at random either MICARDIS® or placebo. Both groups will also receive at random either Aggrenox® (ASA/extended-release dipyridamole) or Plavix® (clopidogrel).[2]

MICARDIS® (telmisartan) is indicated for the treatment of mild to moderate essential hypertension and may be used alone or in combination with thiazide diuretics.

The most common adverse events vs. placebo were headache (8.0% vs. 15.6%), upper respiratory tract infection (6.5% vs. 4.6%), dizziness (3.6% vs. 4.6%), pain (3.5% vs. 4.3%), fatigue (3.2% vs. 3.3%), back pain (2.7% vs. 0.9%), diarrhea (2.6% vs. 1.0%) and sinusitis (2.2% vs. 1.9%).

If pregnancy is detected, MICARDIS® should be discontinued as soon as possible. In patients who are volume-depleted by diuretic therapy, dietary salt restriction, dialysis, diarrhea or vomiting, symptomatic hypotension may occur after initiation of therapy with MICARDIS®.

MICARDIS® is not indicated to reduce cardiovascular or cerebrovascular morbidity and mortality, or to improve renal outcomes.

1. The ONTARGET/TRANSCEND Investigators. Rationale, design, and baseline characteristics of 2 large, simple, randomized trials evaluating telmisartan, ramipril, and their combination in high-risk patients: The Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial/Telmisartan Randomized Assessment Study in ACE Intolerant Subjects with Cardiovascular Disease (ONTARGET/TRANSCEND) trials. *American Heart Journal* 2004;148 vol.1:52-61. 2. Data on file, Boehringer Ingelheim (Canada) Ltd.

COMMITTED TO CARDIO AND VASCULAR PROTECTION RESEARCH

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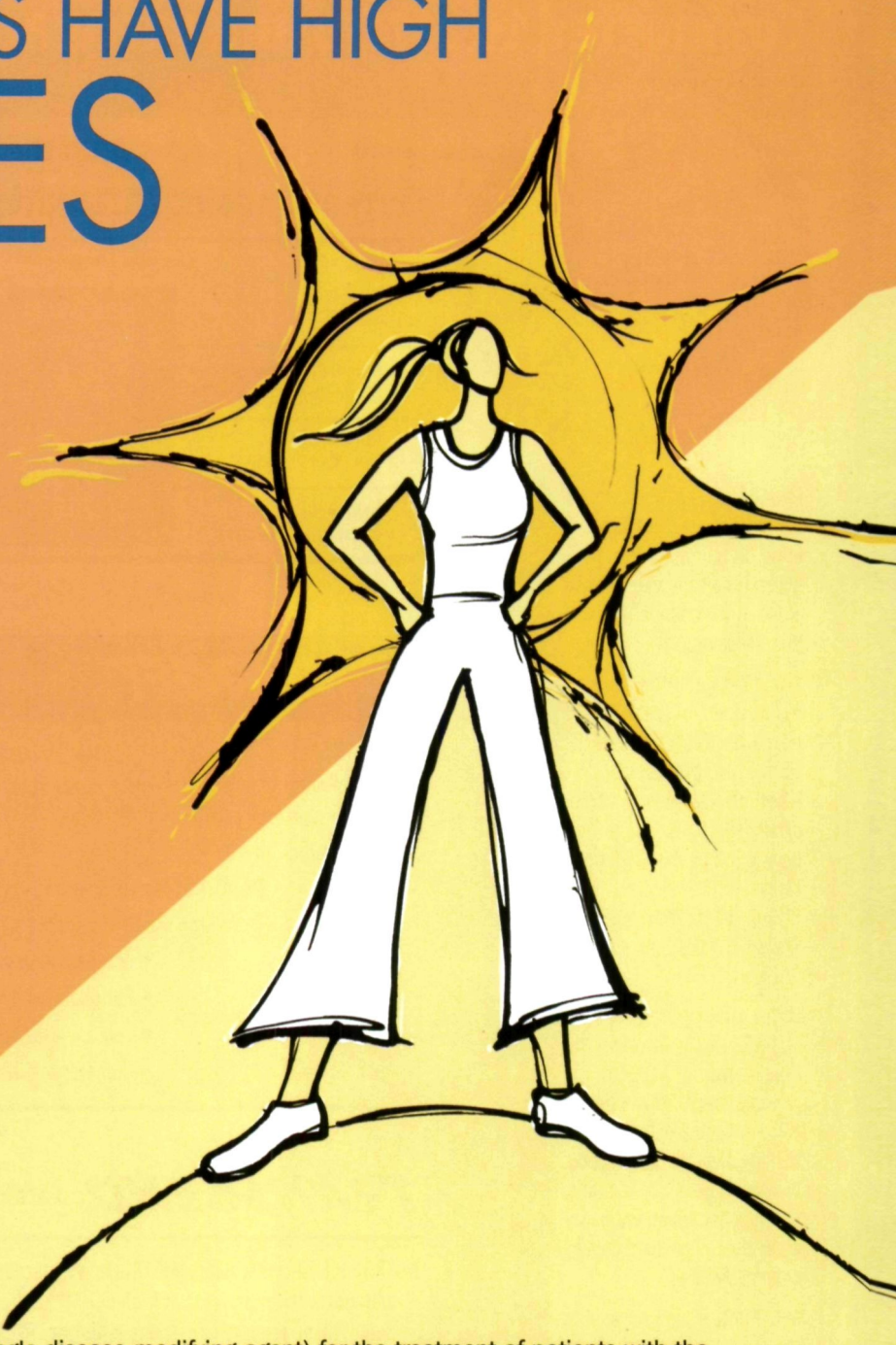
For brief prescribing information see page A-28

MS PATIENTS HAVE HIGH HOPES



TYSABRI is indicated as monotherapy (i.e., single disease-modifying agent) for the treatment of patients with the relapsing-remitting form of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations, to decrease the number and volume of active brain lesions identified on magnetic resonance imaging (MRI) scans and to delay the progression of physical disability. TYSABRI is generally recommended in MS patients who have had an inadequate response to, or are unable to tolerate, other therapies for multiple sclerosis.[1]

Safety and efficacy in patients with chronic progressive multiple sclerosis, and in geriatric and pediatric patients, have not been established.[1]

Efficacy and safety of TYSABRI for a treatment duration beyond 2 years has not been determined.[1]

TYSABRI should be used by physicians who have sufficient knowledge of multiple sclerosis and who have familiarized themselves with the efficacy/safety profile of TYSABRI.[1]

TYSABRI is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation or component of the container; patients who have or have had progressive multifocal leukoencephalopathy (PML); patients who are immunocompromised, including those immunocompromised due to immunosuppressant or antineoplastic therapies, or immunodeficiencies (HIV, leukemias, lymphomas, etc.).[1]

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GIVE THEM STRENGTH TO HELP REACH THEM

The strength of TYSABRI has demonstrated powerful benefits in clinical trials.

Over 2 years TYSABRI vs. placebo (n = 627 vs. n = 315)[1]:

- **68% reduction in annualized relapse rate ($p < 0.001$) (0.24 vs. 0.73)**
- **42% reduction in the risk of disability progression (EDSS increase sustained for 12 weeks) ($p < 0.001$)† (17% vs. 29%)**
- **Significant improvement in all MRI endpoints ($p < 0.001$)‡**
- **Significant slowing of brain atrophy in the second year of treatment (BPF) ($p = 0.004$)§**
- **Significant improvement in cognitive function (PASAT3) ($p = 0.005$)¶**

TYSABRI is a selective adhesion molecule inhibitor.

* Comparative clinical significance has not been established.

† Disability progression defined as a ≥ 1.0 point increase from baseline EDSS of ≥ 1.0 or a ≥ 1.5 point increase from baseline EDSS of 0.

‡ Reduction in mean number of Gd-enhancing lesions vs. placebo (0.1 vs. 1.2), reduction in mean number of new or newly enlarging T2-hyperintense lesions vs. placebo (1.9 vs. 11.0), percentage of patients free of either type of lesion vs. placebo (Gd-enhancing 97% vs. 72%, T2-hyperintense 57% vs. 15%) and median change in volume of T2-hyperintense lesions vs. placebo (-9.4% vs. 8.8%).

§ TYSABRI 0.24% vs. placebo 0.43% reduction in brain volume measured by Brain Parenchymal Function.

¶ Paced Auditory Serial Addition Test 3.

Treatment with TYSABRI has been associated with an increased risk of progressive multifocal leukoencephalopathy (PML). PML can cause disability or death. Healthcare professionals should monitor patients on TYSABRI for any new sign or symptom that may be suggestive of PML. TYSABRI dosing should be withheld immediately at the first sign or symptom suggestive of PML.[1]

Patients who are prescribed TYSABRI should enroll in the Tysabri Care Program.™[1]

The most common serious adverse drug reactions were infections (3.2% vs. 2.6% placebo), acute hypersensitivity reactions (1.1% vs. 0.3%), depression (1.0% vs. 1.0%) and cholelithiasis (1.0% vs. 0.3%).[1]

REFERENCE:

1. TYSABRI Product Monograph, 2006.

biogen idec™ élan PAAB

NEW EVERY 4-WEEKS TYSABRI™ (natalizumab)

Strength you can believe in

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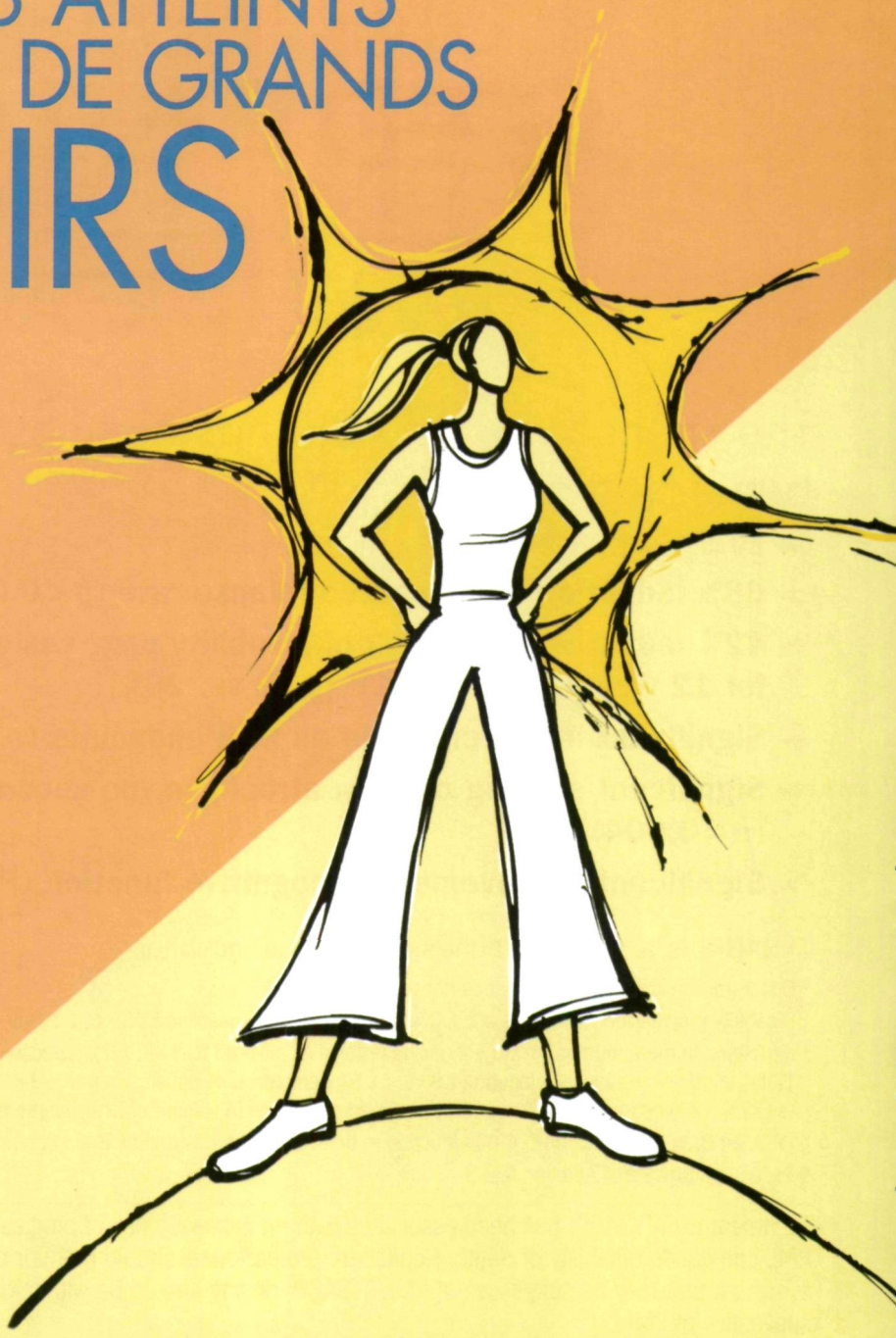
For brief prescribing information see pages A-20, A-21

LES PATIENTS ATTEINTS DE SEP ONT DE GRANDS ESPOIRS



TYSABRI est indiqué en monothérapie (c'est-à-dire comme agent d'un traitement de fond utilisé seul) pour le traitement de la forme rémittente de la sclérose en plaques (SEP) afin de diminuer la fréquence des poussées cliniques, de réduire le nombre et le volume des lésions cérébrales actives décelées aux examens d'imagerie par résonance magnétique (IRM) et de ralentir la progression de l'incapacité. TYSABRI est généralement recommandé chez les patients atteints de SEP qui ne répondent pas bien aux autres traitements de la SEP ou ne peuvent les tolérer[1].

On n'a pas établi l'innocuité ni l'efficacité du produit chez les patients atteints de sclérose en plaques chronique progressive, ni chez les patients en pédiatrie et en gériatrie[1].

On n'a pas déterminé l'innocuité ni l'efficacité de TYSABRI dans un traitement durant plus de deux ans[1].

Seuls les médecins qui connaissent suffisamment la sclérose en plaques et qui se sont familiarisés avec l'efficacité et l'innocuité du médicament peuvent utiliser TYSABRI[1].

TYSABRI est contre-indiqué chez les patients qui présentent une hypersensibilité à ce médicament, à l'un des composants du produit ou du contenant; chez les patients qui sont, ou ont déjà été, atteints de leucoencéphalopathie multifocale progressive (LMP); chez les patients immunodéprimés, y compris ceux qui le sont par suite de l'administration d'immunosuppresseurs ou d'agents antinéoplasiques et ceux qui sont atteints d'immunodéficience (infection par le VIH, leucémies, lymphomes, etc.)[1].

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DONNEZ-LEUR DE LA PUISSANCE POUR LES AIDER À LES ATTEINDRE

La puissance de TYSABRI a permis de montrer de grands bienfaits dans les essais cliniques.

Deux ans avec TYSABRI vs placebo (n = 627 vs n = 315)[1] :

- **Réduction de 68 % du nombre de poussées par année ($p < 0,001$) (0,24 vs 0,73)**
- **Réduction de 42 % du risque de progression de l'incapacité (augmentation de la cote EDSS soutenue pendant 12 semaines) ($p < 0,001$)† (17 % vs 29 %)**
- **Amélioration significative de tous les paramètres de l'IRM ($p < 0,001$)‡**
- **Ralentissement significatif de l'atrophie cérébrale durant la deuxième année de traitement (FPC) ($p = 0,004$)§**
- **Amélioration significative de la fonction cognitive (PASAT3) ($p = 0,005$)¶**

TYSABRI est un inhibiteur sélectif de la molécule d'adhésion.

* La portée clinique comparative n'a pas été établie.

† La progression de l'incapacité se définit par l'augmentation de ≥ 1,0 point de la cote EDSS par rapport à des valeurs de départ de ≥ 1,0 ou par l'augmentation de ≥ 1,5 point par rapport à une valeur de départ de 0.

‡ Réduction du nombre moyen de lésions qui prennent le gadolinium vs placebo (0,1 vs 1,2), réduction du nombre moyen de lésions hyperintenses en T2, nouvelles ou nouvellement en progression, vs placebo (1,9 vs 11,0), pourcentage de patients ne présentant pas ces types de lésions vs placebo (prenant le gadolinium 97 % vs 72 %, hyperintenses en T2 57 % vs 15 %) et changement médian du volume des lésions hyperintenses en T2 vs placebo (– 9,4 % vs 8,8 %).

§ Réduction de 0,24 % avec TYSABRI vs de 0,43 % avec le placebo du volume du cerveau mesuré d'après la fonction parenchymateuse du cerveau.

¶ Test d'additions en série en réponse à des directives vocales (*Paced Auditory Serial Addition Test 3*).

On a associé le traitement par TYSABRI à une augmentation du risque de leucoencéphalopathie multifocale progressive (LMP). La LMP peut entraîner une incapacité ou le décès. Les professionnels de la santé doivent surveiller les patients qui prennent TYSABRI au cas où de nouveaux signes ou symptômes signaleraient l'apparition de la LMP. Il faut interrompre l'administration de TYSABRI dès l'apparition du premier signe ou symptôme qui laisse croire à une LMP[1].

Les patients à qui on a prescrit TYSABRI doivent adhérer au Programme de soins Tysabri[MC1].

Les effets indésirables graves le plus souvent signalés étaient les suivants : infections (3,2 % vs 2,6 % placebo), réactions aiguës d'hypersensibilité (1,1 % vs 0,3 %), dépression (1,0 % vs 1,0 %) et cholélithiase (1,0 % vs 0,3 %)[1].

RÉFÉRENCE :
1. Monographie de TYSABRI, 2006.

biogen idec[MC] élan CCPP

NOUVEAU TOUTES LES 4 SEMAINES **TYSABRI**[MC] (natalizumab)

Une puissance en laquelle vous pouvez croire

https://doi.org/10.1017/S0317167100116683 Published online by Cambridge University Press

Pour documentation voir pages A-20, A-21

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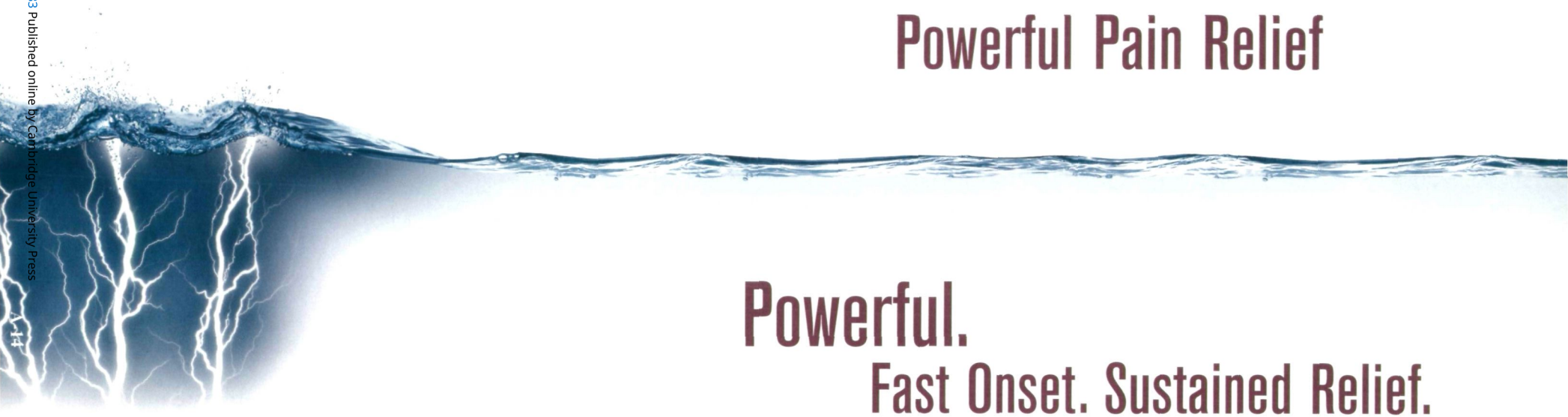
Neuropathic Pain

Electrified From Within

Pr LYRICA®

Powerful Pain Relief



Powerful.

Fast Onset. Sustained Relief.

- Powerful pain reduction (≥50% pain reduction) shown in 48.2% of neuropathic pain patients (DPN or PHN; 24.2% for placebo, $p<0.001$)[2†]
- Rapid neuropathic pain relief shown in patients with PHN as early as Week 1[3,4‡]
- Sustained neuropathic pain relief demonstrated over 3 months[2†]
- Rapid and sustained improvement in pain-related sleep interference observed in patients with PHN[3,4‡]

LYRICA (pregabalin) is an analgesic indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN) and postherpetic neuralgia (PHN).

LYRICA is contraindicated in patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

The most commonly observed adverse events (twice the rate as that seen with placebo) were dose related for PHN and DPN patients in the recommended dose range of 150 mg/day to 600 mg/day: dizziness (9-37%), somnolence (6.1-24.7%), peripheral edema (6.1-16.2%) and dry mouth (1.9-14.9%).

Dosage reduction is required in patients with renal impairment as LYRICA is primarily eliminated by renal excretion.

Please see Prescribing Information for complete Warnings and Precautions, Dosage and Administration and patient selection criteria.

† A 12-week, multicentre, randomized, double-blind, placebo-controlled study in 338 patients with neuropathic pain (DPN [n=249] or PHN [n=89]), resulting in a significant difference from placebo in the flexible dose range 150-600 mg/day ($p\leq0.05$, weeks 2-3 and $p\leq0.01$, weeks 4-12), and the fixed dose of 600 mg/day ($p\leq0.05$, week 1 and $p\leq0.01$, weeks 2-12).

‡ A 13-week, multicentre, double-blind, placebo-controlled trial in 368 patients with PHN. A significant difference in pain reduction was shown over placebo for all doses: 150 mg/day, 300 mg/day, and 600 mg/day at week 1, $p<0.001$. Sleep interference was improved at all time points (weeks 1 to 13 and endpoint) for the three doses evaluated ($p<0.01$ vs. placebo).

Pfizer

Working for a healthier world™

PAAB Member R&D

Pr LYRICA® PREGABALIN

Fast onset. Sustained relief.

For brief prescribing information see pages A-22 to A-25