

Canadian Journal of Neurological
Sciences

Le Journal Canadien Des Sciences
Neurologiques

Volume I

January to December, 1974

THE CANADIAN JOURNAL OF NEUROLOGICAL SCIENCES

LE JOURNAL CANADIEN DES SCIENCES NEUROLOGIQUES

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Printed by The Public Press Limited, 1760 Ellice Avenue, WINNIPEG, Manitoba R3H 0B6

Mailed under second class registration number 3307. Postage paid at Winnipeg, Man.

The Canadian Journal of Neurological Sciences gratefully acknowledges the support of
National Research Council Canada

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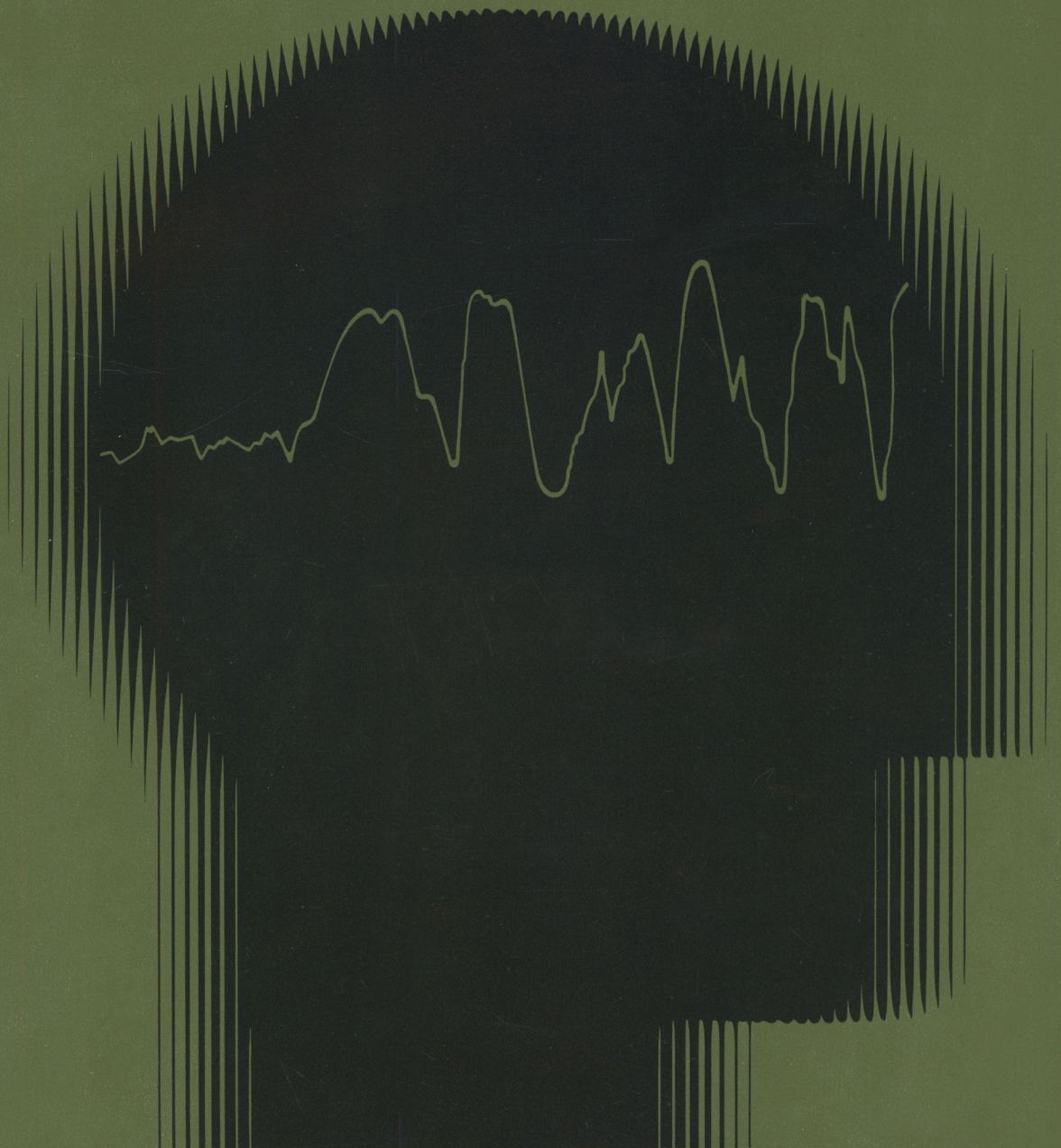
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Neuropathology of Vision, An Atlas Richard Lindenberg, Frank B. Walsh, Joel G. Sacks, Lea and Fibiger, Philadelphia, 1973. Published in Canada by The Mac-Millan Company of Canada, Ltd. Cloth Bound 8 x 11, 489 pages \$38.50 (Can.)
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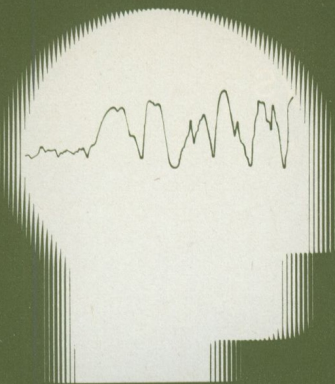
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The drug of first choice in temporal lobe (psychomotor) epilepsy.³

1 Livingston, S., et al., JAMA, 200, 3,204-208, 1967

2 Brauhöfer, 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 2200 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 fetus.


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
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New 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. benzotropine 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 phlebotrombosis.

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 oculo-glycric 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.

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