Volume 29 Number 2 May 2002

THE CANADIAN JOURNAL OF Neurological Sciences

LE JOURNAL CANADIEN DES Sciences Neurologiques

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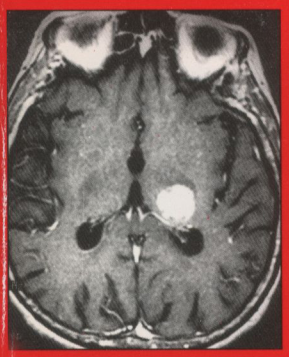
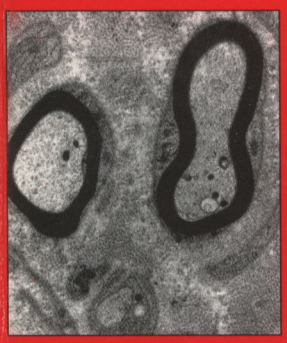


Primary CNS Lymphoma



Metachromatic Leukodystrophy

37th CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES

June 18 - 22, 2002

Vancouver, British Columbia

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

Nouveaux critères de la RAMQ†

Rebif®. Efficacité dépendante de la dose dans la SEP rémittente[1]*.

Pas encore

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Interféron bêta-1a

prêt à l'emploi

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Les effets secondaires les plus fréquemment observés sont les réactions au point d'injection et les symptômes pseudo-grippaux (asthénie, pyrexie, frissons, arthralgie, myalgie et céphalées). Leur fréquence et leur intensité tend à diminuer avec la poursuite du traitement. Veuillez consulter la monographie du produit pour les renseignements posologiques complets. Les données portant sur l'innocuité et l'efficacité proviennent d'observations sur 2 ans seulement.

* Rebif® est indiqué pour le traitement de la sclérose en plaques rémittente chez des patients dont la cote EDSS se situe entre 0 et 5,0, afin de réduire le nombre et la gravité des poussées cliniques, de ralentir la progression de l'invalidité physique, et de réduire les besoins de corticothérapie et le nombre de séjours à l'hôpital pour le traitement de la sclérose en plaques.

†Consultez votre représentant Serono pour plus de détails ou appelez au 1-877-777-3243.

RÉFÉRENCE :

[1] Groupe d'étude PRISMS (Prevention of Relapses and Disability by Interferon ß-1a Subcutaneously in Multiple Sclerosis), 1998. Randomised double-blind placebo-controlled study of Interferon ß-1a in relapsing/remitting multiple sclerosis. *Lancet*, 352:1498-1504

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Pour documentation voir pages A-19, A-20

Volume 29 Number 2 May 2002

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Volume 29 Number 2 May 2002

THE CANADIAN JOURNAL OF Neurological Sciences

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Interim 6-month results from a 5 year multicentre study show ReQuip demonstrated similar efficacy to L-dopa in the control of early† Parkinson's disease.[1††] Yet ReQuip ropinirole® REQUIP® Rethinking Parkinson's. has demonstrated a low propensity to produce dyskinesias.[2†††] Maybe it's time to rethink Parkinson's. And start early Parkinson's patients on ReQuip alone.

† Hoehn and Yahr stages I-II †† A 6 month interim analysis of a 5-year, double-blinded, randomized, multicenter study of patients with early Parkinson's disease. N = 268:179 patients received ropinirole and 89 received L-dopa. The mean daily dose was 9.7 mg and 464.0 mg respectively. There was no difference in Clinical Global Improvement scale in patients with Hoehn and Yahr stages I-II although L-dopa showed improvement in a greater proportion of patients with more severe disease. The proportion of responders was 58% in the L-dopa group and 48% in the ropinirole group: this was not of statistical significance. ††† In early therapy, the respective incidences of dyskinesia in early therapy of patients receiving ropinirole was 1.2% and of patients receiving L-dopa was 11.2%. Meta analysis, n = 1364, 17 months. Nausea (39.1%), somnolence (12.3%) and insomnia (12.3%) were the most common side effects of ReQuip therapy. Six percent of ropinirole patients and nine percent of L-dopa patients had at least one psychiatric symptom (confusion, hallucinations, or delusions).

PAAB Member R&D

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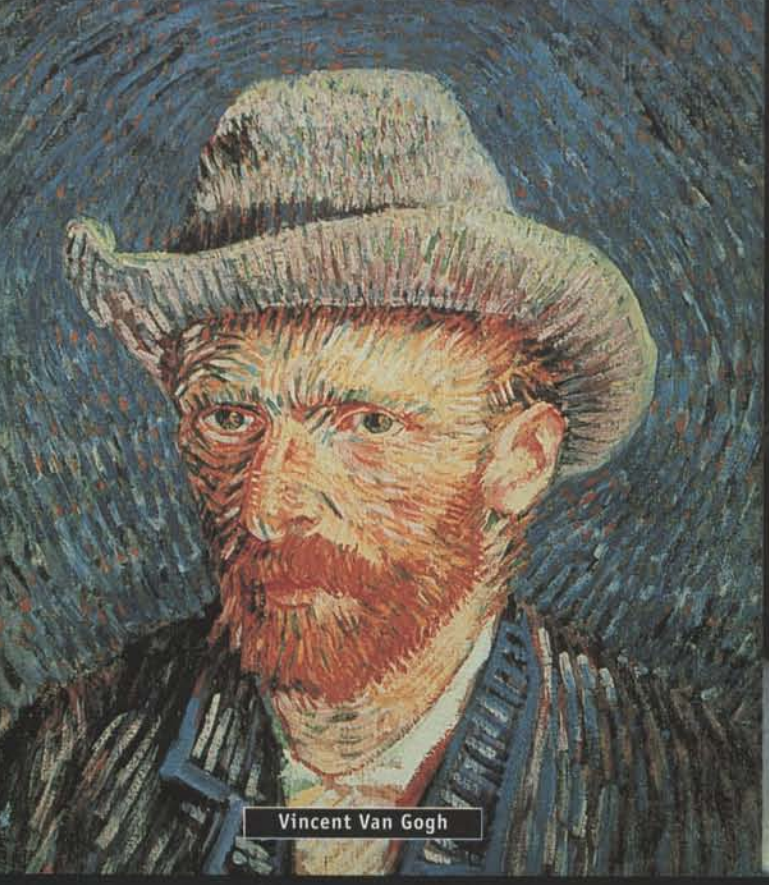
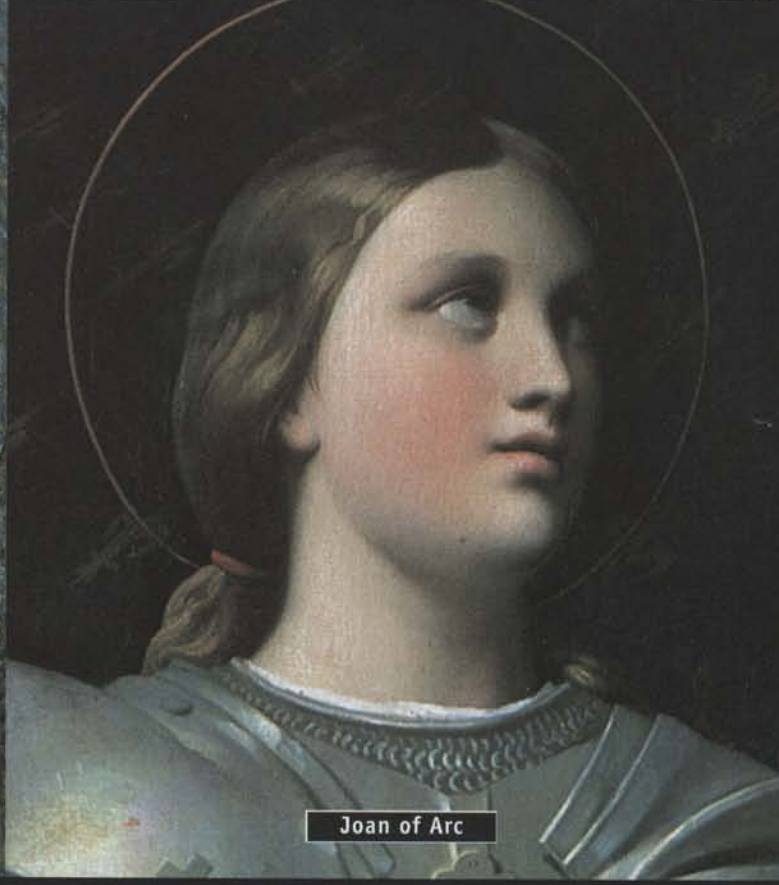
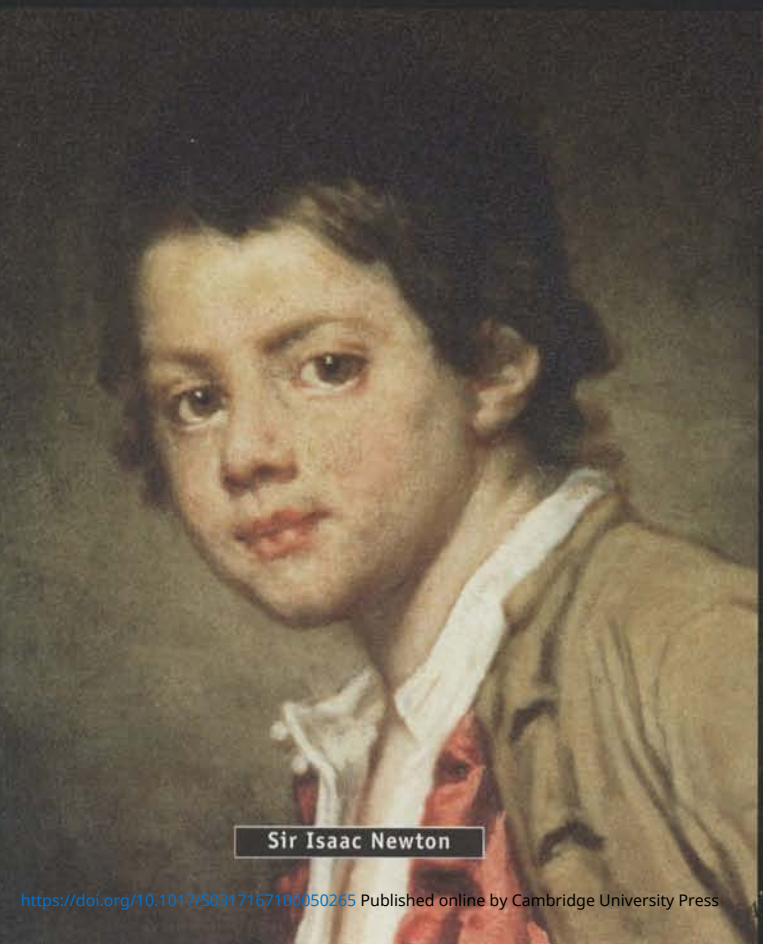
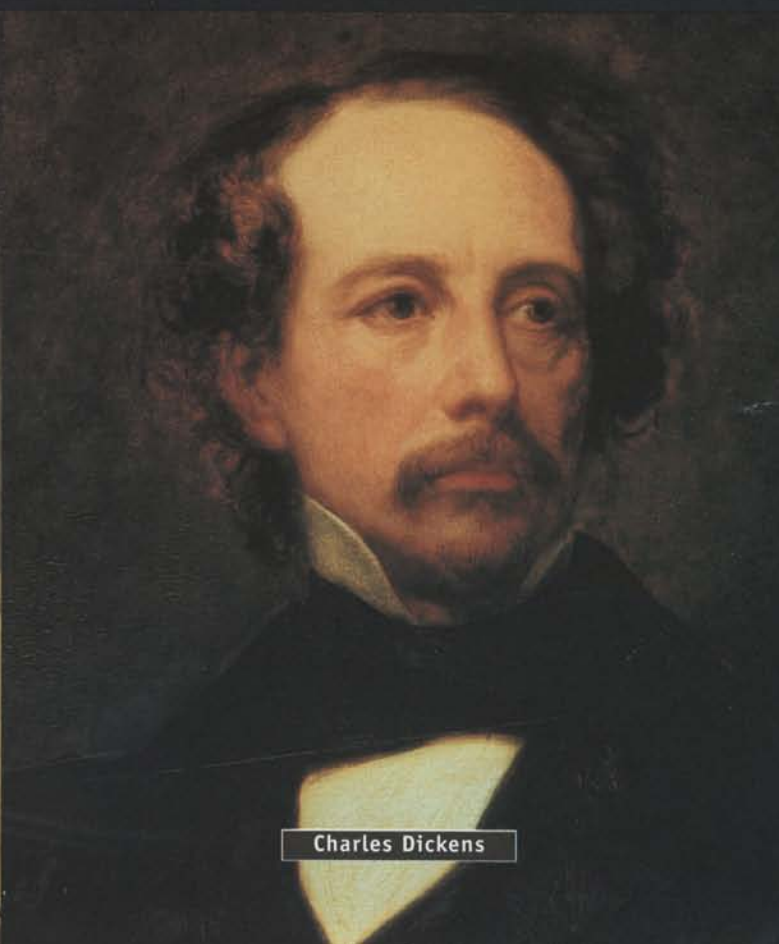

Vincent Van Gogh


Joan of Arc

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


Sir Isaac Newton


Charles Dickens

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EFFICACY ACROSS A BROAD RANGE OF SEIZURES.

- TOPAMAX demonstrates efficacy in Partial Onset, Primary Generalized Tonic-Clonic, and Lennox-Gastaut Seizures[1]
- 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§[1]

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)[4]
- 96% of children in clinical trials (≥ one year) who lost weight showed resumption of weight gain in test period**[1]

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 ≥ 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 (15.9%), 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. Kamin 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. Glauser 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):98.

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• Submit five high quality copies of the manuscript and original illustrations. Papers will be accepted in English or French. Manuscripts must be double spaced throughout including references, tables and legends for illustrations. Margins of at least 25mm should be left on all sides.

• After a paper has been reviewed, the author will be requested to submit four copies of the revised manuscript, including illustrations. Supply a computer diskette (3 1/2" size) containing the article *saved in an RTF format*. Identify clearly first author's name, file name, word processing program and version, and system (i.e. PC or Mac). Clearly indicate the order and importance of headings.

• For detailed instructions regarding style and layout refer to *"Uniform requirements for manuscripts submitted to biomedical journals"*. Copies of this document may be obtained by writing to the Journal office, but the main points are summarized here. Articles should be submitted under conventional headings of *introduction, methods and materials, results, discussion,* but other headings will be considered if more suitable. Clinical trials must be reported in Consort format (JAMA 1996; 276: 637-639). Pages of text should be numbered consecutively.

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Yang JF, Fung M, Edamura R, et al. H-Reflex modulation during walking in spastic paretic subjects. Can J Neurol Sci 1991; 18: 443-452.

Chapter in a book

McGeer PL, McGeer EG. Amino acid neurotransmitters. *In*: Siegel GJ, Albers RW, Agranoff BW, Katzman R, eds. Basic Neurochemistry. Boston: Little, Brown & Co., 1981: 233-254.

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Introducing the COPAXONE® pre-filled syringe...

Same efficacy and tolerability profiles. NEW convenience and ease of use.

Consistent
COPAXONE® pre-filled syringes help ensure accurate dosing every time.[1]

Convenient
COPAXONE® pre-filled syringes mean injection preparation time was six times less than the conventional method (37 vs. 232 seconds; n=134, p=0.05).[2*]

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Available in packs of an entire month's supply of ready-to-use, pre-mixed, pre-filled syringes.

COPAXONE® has many clinical studies that confirm its consistent efficacy in relapse rate reduction.[3-7]

COPAXONE® has a long-term safety profile that has been demonstrated in clinical trials from 6 months (693 patients) to over 7 years (69 patients).[8]

COPAXONE® is indicated for Relapsing-Remitting Multiple Sclerosis. The safety and efficacy of COPAXONE® in chronic progressive MS have not been established.
The most commonly observed adverse events associated with the use of COPAXONE® in controlled trials which occurred at higher frequency than placebo were: injection site reactions, vasodilation, chest pain, asthenia, infection, pain, nausea, arthralgia, anxiety and hypertonia.

*Comparative clinical significance unknown

℗ COPAXONE®
(glatiramer acetate injection)
Efficacy backed by evidence.

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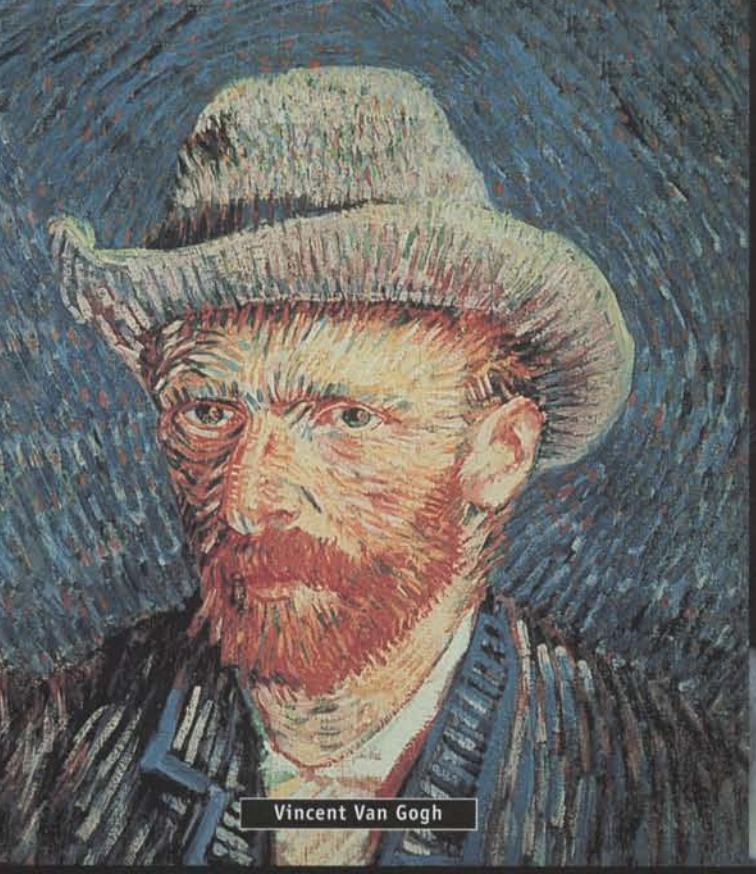
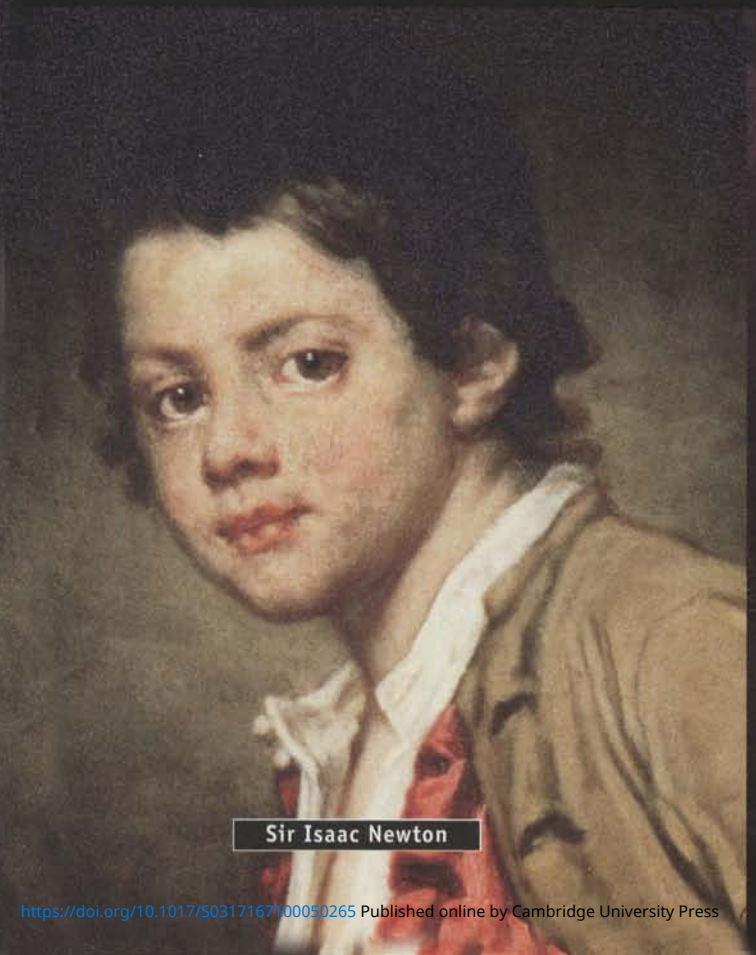
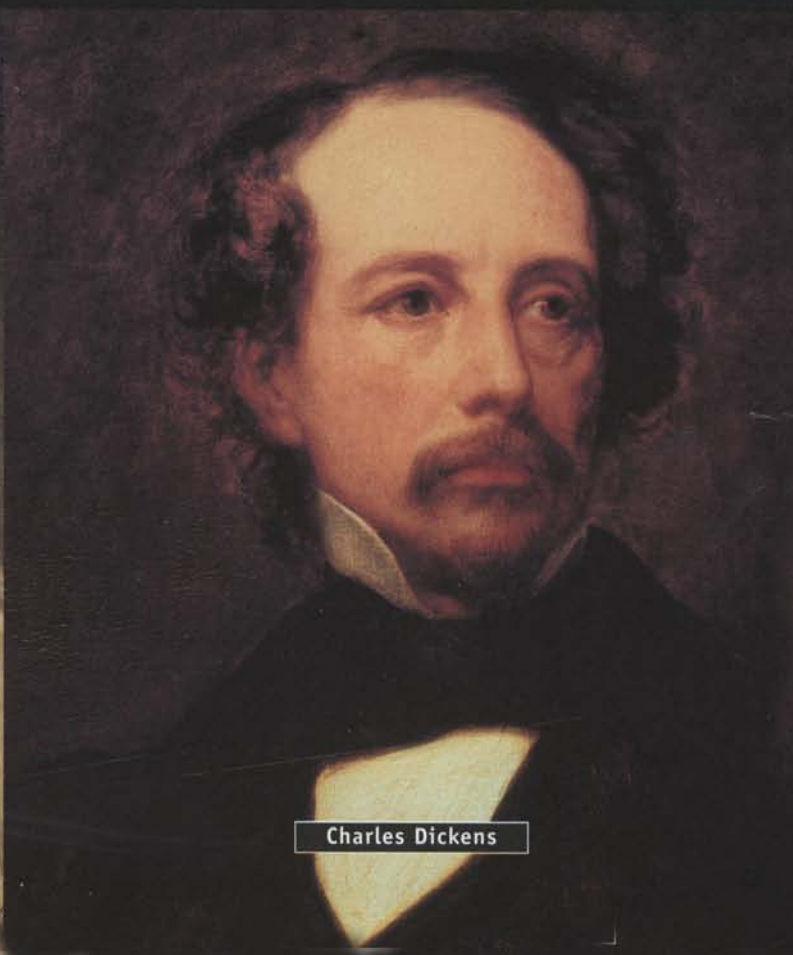


AUPARAVANT, LES PERSONNES ÉPILEPTIQUES DEVAIENT SE MONTRER EXCEPTIONNELLES POUR RÉUSSIR.





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EFFICACE CONTRE UN GRAND NOMBRE DE TYPES DE CRISES.

- TOPAMAX est efficace contre les crises partielles initiales, les crises tonico-cloniques primaires généralisées et les crises associées au syndrome de Lennox-Gastaut[1]
- Des résultats souhaitables avec absence totale de crises chez 19 % des adultes† et 22 % des enfants‡ atteints de crises partielles initiales[2,3]

AUCUN SIGNE D'EFFETS SECONDAIRES CAPABLES DE MENACER LE PRONOSTIC VITAL.

- Comme pour la plupart des antiépileptiques, les effets secondaires le plus fréquemment signalés relèvent du SNC et sont généralement légers à modérés et de nature passagère§[1]

IL EST POSSIBLE QUE LES PATIENTS ADULTES SUBISSENT UNE PERTE DE POIDS.

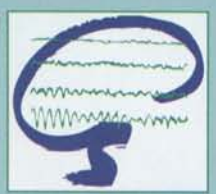
- 73 % (n = 52) des patients ont subi une perte de poids de 5,97 lb en moyenne (Analyse provisoire. Durée moyenne de 60 jours)[4]
- 96 % des enfants traités dans le cadre des essais cliniques pendant au moins un an et ayant subi une perte de poids ont repris du poids au cours de la période d'exécution des essais**[1]

AUJOURD'HUI, IL Y A TOPAMAX.

UNE POSOLOGIE BIQUOTIDIENNE POUR TENIR COMPTE DU PATIENT.

- Le traitement par TOPAMAX peut être commencé et ajusté selon la réponse clinique quel que soit le traitement anticonvulsivant en cours
- Les comprimés sont inscrits au formulaire††

MAINTENANT OFFERT EN CAPSULES À SAUPOUDRER



TOPAMAX* topiramate

MAINTENANT INDIQUÉ CHEZ L'ENFANT

POUR AIDER LES PATIENTS À MIEUX PROFITER DE LA VIE

*Comprimés et capsules à saupoudrer *TOPAMAX* (topiramate) : indiqués comme traitement adjuvant chez les patients (adultes et enfants âgés de deux ans ou plus) atteints d'épilepsie dont l'état n'est pas maîtrisé de façon satisfaisante avec le traitement traditionnel. Les renseignements sur l'emploi du topiramate en monothérapie sont encore limités[1].*

†Une étude ouverte d'une durée de 20 semaines (n = 450 adultes). Posologie optimale : 300 à 350 mg/jour (moyenne : 288 mg/jour).
‡Étude ouverte portant sur des enfants (n = 72) traités pendant au moins 3 mois. Posologie moyenne : 10 mg/kg/jour.
§Manifestations indésirables liées au SNC : Somnolence (30,1 %), étourdissements (28,3 %), ataxie (21,2 %), troubles de la parole (16,8 %), ralentissement psychomoteur (16,8 %), nystagmus (15 %), paresthésie (15 %), nervosité (15,9 %), difficulté à se concentrer/troubles de l'attention (8 %), confusion (9,7 %), dépression (8 %), anorexie (5,3 %), problèmes de langage (6,2 %) et troubles de l'humeur (3,5 %). Une évaluation de 1 446 adultes et 303 enfants a indiqué que ces deux groupes semblent présenter des profils de manifestations indésirables similaires.
**Les effets à long terme d'une perte de poids chez les enfants ne sont pas connus.
††Médicament à usage limité : Ontario, Nouvelle-Écosse, Nouveau-Brunswick, Î.-P.-É. Remboursement intégral : Québec, Saskatchewan, Colombie-Britannique, Alberta, Manitoba.
Veuillez vous reporter aux Renseignements thérapeutiques sur TOPAMAX pour les détails thérapeutiques complets.

RÉFÉRENCES : **1.** Monographie des comprimés et capsules à saupoudrer TOPAMAX* (topiramate), 11 mai 1999. **2.** Kamin 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.** Glauser 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):98.

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une fois par semaine

Toute la semaine durant.
Tout aussi puissant.

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Jetez un coup d'œil sur les données.

Progression de l'incapacité liée à la SEP : Réduction de 37 % de la probabilité de progression de l'incapacité sur une période de 2 ans (21,9 % *vs* 34,9 %; p=0,02)¶[1,2]

Fréquence annuelle des poussées : Réduction de 32 % de la fréquence annuelle des poussées sur une période de 2 ans (0,61 *vs* 0,90; p=0,002)*[1,2]

Taux de patients exempts de poussées : 38 % des patients n'ont eu aucune poussée sur une période de 2 ans (p=0,03)@[1,2]

Diminution de l'atrophie cérébrale : Réduction de 55 % de la progression de l'atrophie cérébrale pendant la deuxième année de traitement (-0,233 *vs* -0,521; p=0,03)#[3]

Lésions visibles à l'examen IRM : Réduction de 89 % des lésions rehaussées par le gadolinium chez les patients qui présentaient des lésions rehaussées au départ (0,11 *vs* 0,50; p=0,041)†[4]

AVONEX® est indiqué pour le traitement des formes rémittentes de SEP[1].

AVONEX® est généralement bien toléré. Les effets indésirables associés le plus souvent au traitement sont les symptômes pseudo-grippaux (myalgies, fièvre, frissons et asthénie). Veuillez consulter la monographie pour obtenir des données importantes sur la sélection des patients et la surveillance du traitement[1]. AVONEX® doit être utilisé avec prudence chez les patients qui souffrent de dépression et de troubles convulsifs. AVONEX® ne doit pas être administré à une femme enceinte. Les personnes souffrant d'une maladie cardiaque doivent être surveillées de près. Il est recommandé d'analyser le chimisme sanguin et la formule sanguine à intervalles réguliers pendant le traitement par AVONEX®[1].

P UNE FOIS PAR SEMAINE
AVONEX®
(Interféron bêta-1a)
Injection par voie IM

¶ Méthodologie de Kaplan-Meier. AVONEX® n=158, placebo n=143
* AVONEX® n=85, placebo n=87.
@ n=85.
# Mesurée d'après la fraction parenchymateuse du cerveau pendant la deuxième année de traitement. AVONEX® n=68, placebo=72.
† AVONEX® n=44, placebo n=44. On ignore le lien exact entre les résultats de l'examen IRM et l'état clinique.

BIOGEN CANADA

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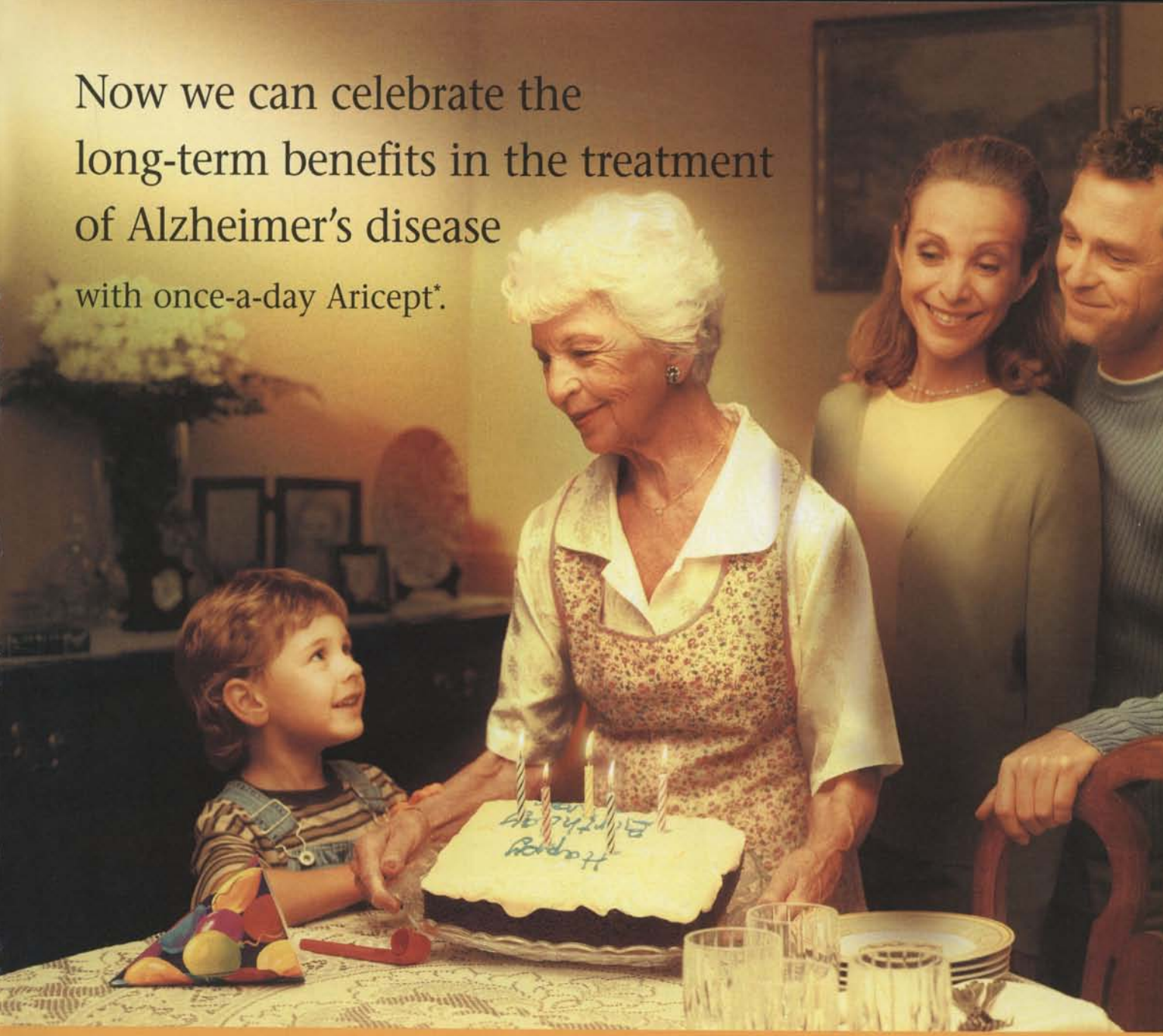
Now we can celebrate the long-term benefits in the treatment of Alzheimer's disease

with once-a-day Aricept*.



There's cause for celebration—because Aricept* has been shown to result in improvement or stabilization in 80% of Alzheimer's disease patients over 6 months of treatment.[1‡] And long-term data shows that Aricept*-treated patients continued to show treatment benefits up to 3 years on cognition and global functioning compared to data expected from untreated patients.[2§] What's more, Aricept* has demonstrated long-term safety and tolerability profiles.[2†] All of which means there's even more reason to make Aricept* your standard of care.[3]

Aricept* does not change the underlying course of the disease. Aricept* is indicated for the symptomatic treatment of patients with mild-to-moderate dementia of the Alzheimer's type.

† With appropriate dose escalation 5 mg/day dose, 10 mg/day dose and placebo were shown to have comparable adverse events. Most common adverse clinical events with Aricept*: diarrhea, nausea, insomnia, fatigue, vomiting, muscle cramps and anorexia. These events are usually mild and transient, resolving with continued Aricept* treatment without need for dose modification.

‡ In a 24-week, double-blind, placebo-controlled study, 473 mild-to-moderate AD patients were randomized to receive Aricept* 5 mg/day, 10 mg/day or placebo. The mean difference for Aricept*-treated patients (10 mg/day) vs. placebo was -2.87 ± 0.63 ($p<0.0001$) units in ADAS-cog, 0.47 ± 0.11 ($p<0.0001$) units in CIBIC-plus, and 0.59 ± 0.17 ($p=0.0007$) units in CDR-SB.

§ In a 162-week, multicentre, open-label extension study, 579 patients who had previously completed a randomized, double-blind, placebo-controlled study with Aricept* were treated with Aricept* 5 mg which could be increased to 10 mg between weeks 6 and 24, as per clinician's judgement. At study endpoint, ADAS-cog declined 15.57 points (95% CI,12,19.2) vs. the estimated decline of 6-12 points per year in untreated patients.

¶ In Saskatchewan, Quebec, Alberta, Manitoba and Ontario. Please see individual formularies for special-, exceptional-, and limited-use drug status.

Now on several provincial formularies.¶

Once-a-day

Aricept*

donepezil HCl 5 & 10 mg tablets

Hope for a brighter tomorrow

Product Monograph available upon request.

www.alzheimercentre.ca

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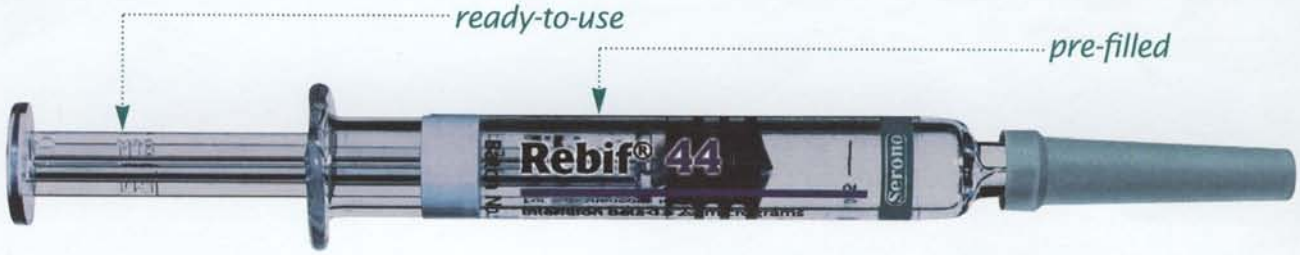
Rebif®. Dose-dependent Efficacy in Relapsing MS[1]*.

Rebif®

Interferon beta-1a



The most common reported adverse events are injection-site reactions and flu-like symptoms – e.g., asthenia, pyrexia, chills, arthralgia, myalgia, and headache. These tend to decrease in frequency and severity with continued treatment. Please see product monograph for full prescribing information. Evidence of safety and efficacy derived from 2-year data only.

* Rebif® is indicated for the treatment of relapsing-remitting multiple sclerosis in patients with an EDSS between 0 and 5.0, to reduce the number and severity of clinical exacerbations, slow the progression of physical disability, reduce the requirement for steroids, and reduce the number of hospitalizations for treatment of multiple sclerosis.

REFERENCES:

[1] PRISMS (Prevention of Relapses and Disability by Interferon ß-1a Subcutaneously in Multiple Sclerosis) Study Group (1998). Randomised double-blind placebo-controlled study of interferon ß-1a in relapsing/remitting multiple sclerosis. Lancet 352:1498-1504

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