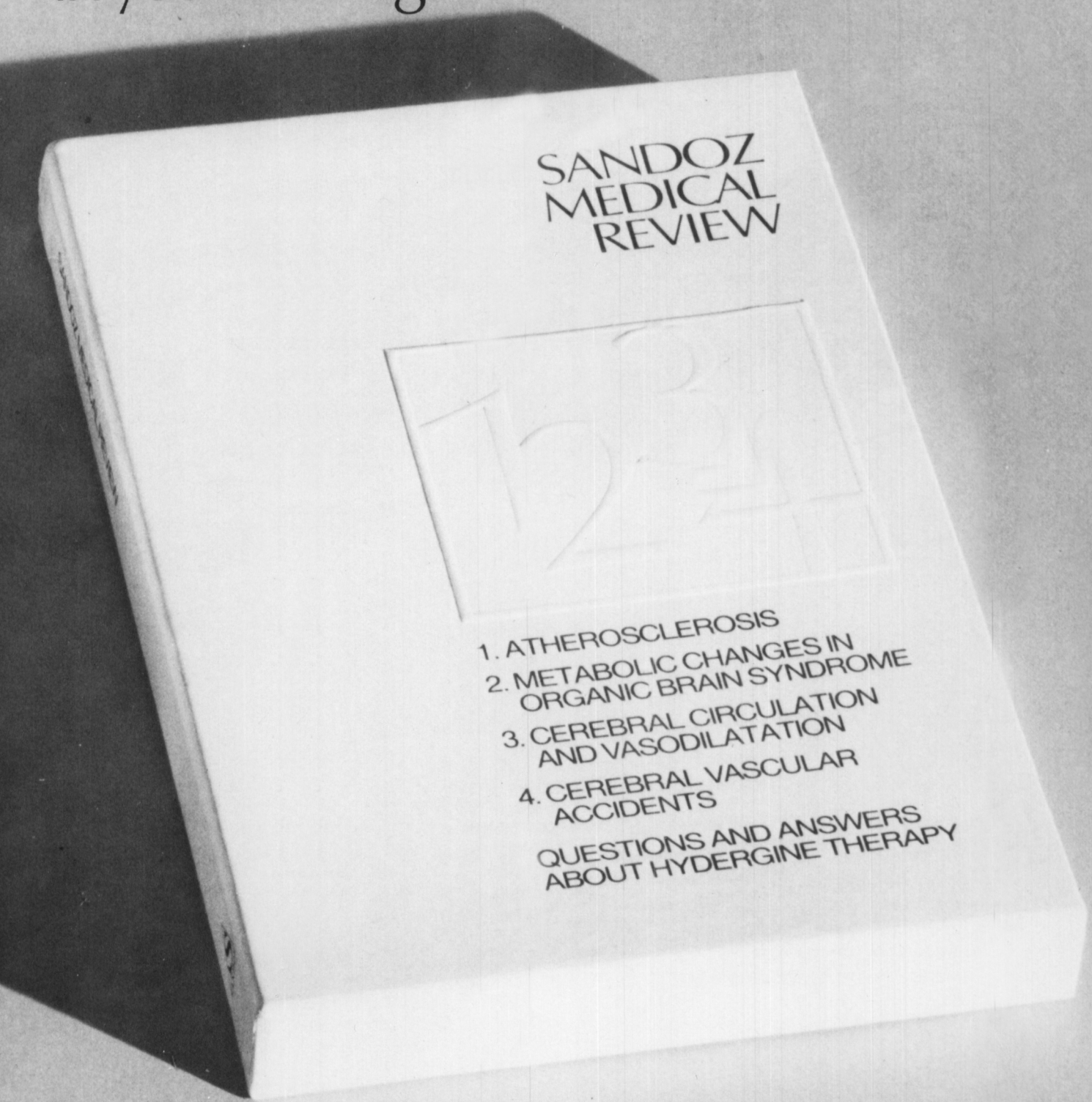
Let the Sandoz Medical Review help you keep up-to-date in your reading.



The first volume of the SANDOZ MEDICAL REVIEW is now ready for distribution as a complete unit – in its own "holder" box.

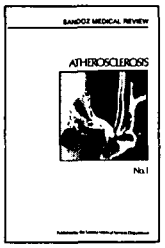
The inaugural volume contains four issues. Each issue deals with a subject closely related to your medical practice: atherosclerosis, metabolic changes in organic brain syndrome, cerebral circulation and vasodilatation, and cerebral vascular accidents.

Because of the concise way in which it is written, organized, and presented, the SANDOZ MEDICAL REVIEW can save you a great deal of reading time – while still giving you all the essential information and the exact source.

You are invited to return the coupon for a complimentary volume of the Sandoz Medical Review.

The SANDOZ MEDICAL REVIEW represents the up-to-date thinking and findings of many of the world's leading researchers and clinicians.

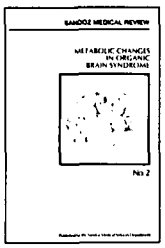
The answers to frequent questions about atherosclerosis, metabolic changes in organic brain syndrome, cerebral circulation and vasodilatation, and cerebral vascular accidents are clarified – more precisely – in the current volume of the SANDOZ MEDICAL REVIEW.



ATHEROSCLEROSIS

For example:

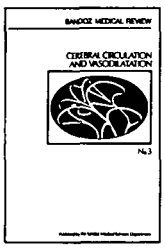
Is atherosclerosis usually the primary cause of mental deterioration in old age? _____ No



METABOLIC CHANGES IN ORGANIC BRAIN SYNDROME

For example:

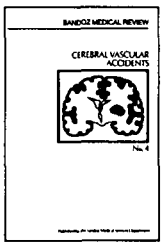
Does increased cerebral blood flow improve brain cell metabolism? _____ No



CEREBRAL CIRCULATION AND VASODILATATION

For example:

Do vasodilators improve brain cell metabolism? _____ No



CEREBRAL VASCULAR ACCIDENTS

For example:

Is vasospasm still considered a cause of cerebral infarction? _____ No

Each of these complicated subjects is presented in a way that will engage your interest. The main points in each issue are summarized on the back pages of each book and, of course, a complete bibliography is provided.

MEDICAL SERVICES DEPARTMENT
SANDOZ (CANADA) LIMITED
P.O. BOX 385, DORVAL, QUEBEC

Please send me a complimentary copy of the Sandoz Medical Review (Volume 1)

Name _____
PLEASE PRINT

Address _____

City _____ Prov. _____

☐ English version ☐ French version

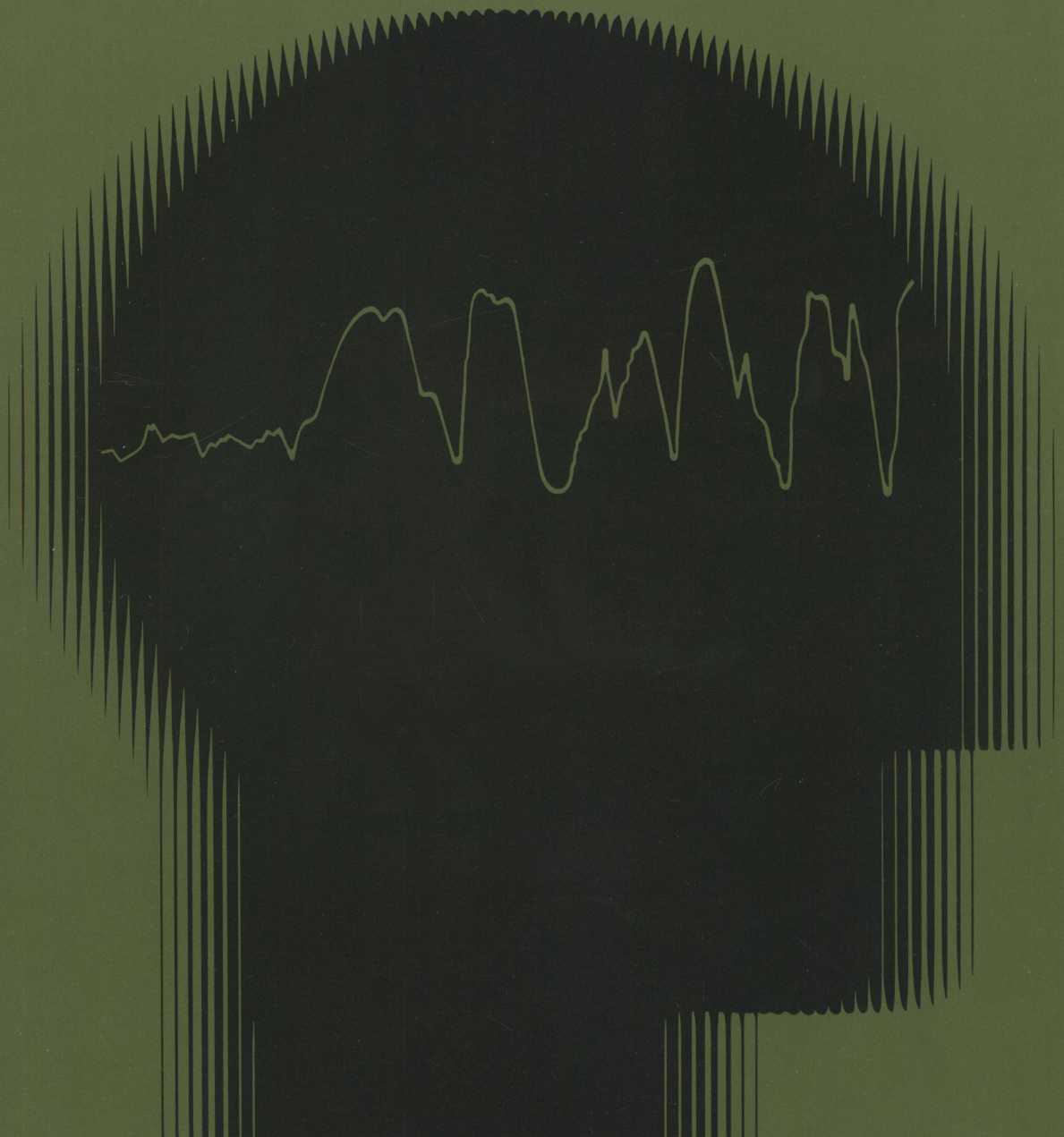
SANDOZ

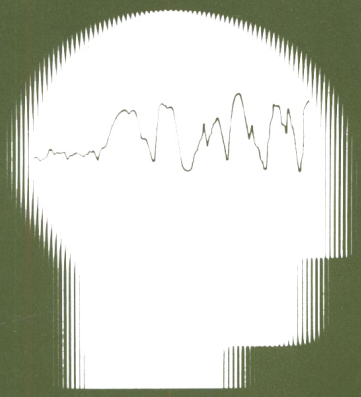
SANDOZ (CANADA) LIMITED, DORVAL, QUEBEC

https://doi.org/10.1017/S0317167100019909 Published online by Cambridge University Press

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 Geigy seal contains: carbamazepine 200 mg, available in bottles of 50 and 500.
Full information is available on request.

Geigy
Dorval 780, Que.

G-2583

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.

Endo® DRUGS (CANADA) LTD., MONTREAL

DUPONT

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

https://doi.org/10.1017/S0317167100019909 Published online by Cambridge University Press

Rx Summary for 'Larodopa Roche':

Indications: Relief of symptoms of Parkinson's disease and syndrome; akinesia, rigidity, and tremor.

Contraindications: Should not be administered to patients in whom sympathomimetic amines are contraindicated. MAO's should not be given in conjunction with 'Larodopa' and should be discontinued two weeks before administration. Should not be given to patients with clinical or laboratory evidence of uncompensated endocrine, renal, hepatic, cardiovascular or pulmonary disease.

Precautions: Periodic evaluations of hepatic, hematopoietic, cardiovascular and renal function in patients on long-term therapy. Should general anesthesia be required it may be necessary to temporarily interrupt the administration of 'Larodopa'. All patients should be carefully monitored for the development of mental changes, depression with suicidal tendencies, or other serious antisocial behaviour. Oral doses of vitamin B_6 (Pyridoxine) rapidly reverse the antiparkinson effect and should be avoided.

Dosage: Initially, 0.5 to 1.0 g daily with meals in 2 to 4 doses, increasing in increments of 0.25 g every 3 or 4 days until the optimal individual response occurs. The usual daily maintenance dose range is from 4.0 to 6.0 g daily in divided doses. The daily dosage should not exceed 8.0 g. Any patient should not be considered a failure until he has received the drug for at least 3 months.

Supply: Tablets, 0.25 g, 0.5 g; 100, 500. Capsules, 0.25 g, 0.5 g; 100, 500.

®Reg. Trade Mark
*Reg. Trade Mark for Levodopa Roche

ROCHE Hoffmann-LaRoche Limited, Vaudreuil, Quebec