Volume 23 Number 3 August 1996

THE CANADIAN JOURNAL OF Neurological Sciences

LE JOURNAL CANADIEN DES Sciences Neurologiques

AN INTERNATIONAL JOURNAL / UN JOURNAL INTERNATIONAL

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

With Epival, it can be.

Because Epival has been proven effective in primary generalized epilepsy,[1-3] as well as in partial seizures that secondarily generalize.[4,5*†]

Epival has been associated with little effect on learning and cognition.[6] Drowsiness, visual disturbances, and ataxia are rarely noted[7] — unlike phenytoin and carbamazepine.[8] Epival is generally well tolerated in properly screened patients,[7] causing less GI irritation (nausea, vomiting and indigestion) than valproic acid.[9]

With Epival, your epilepsy patients can be confident that they most likely appear to be just like anyone else. Because there's more to anticonvulsant therapy than seizure control.

THIS SHOULD BE THE ONLY INDICATION THEY HAVE EPILEPSY.

Pr Epival®

(divalproex sodium)

HELPS PUT PATIENTS BACK IN CONTROL.

* For use as sole or adjunctive therapy in the treatment of simple or complex absence seizures, including petit mal and is useful in primary generalized seizures with tonic-clonic manifestations. EPIVAL may also be used adjunctively in patients with multiple seizure types which include either absence or tonic-clonic seizures.

† Monitoring of hepatic function and blood coagulation is advised.

For brief prescribing information see pages xvii, xviii.

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La Société Canadienne de Neurologie

The Canadian Neurosurgical Society
La Société Canadienne de Neurochirurgie

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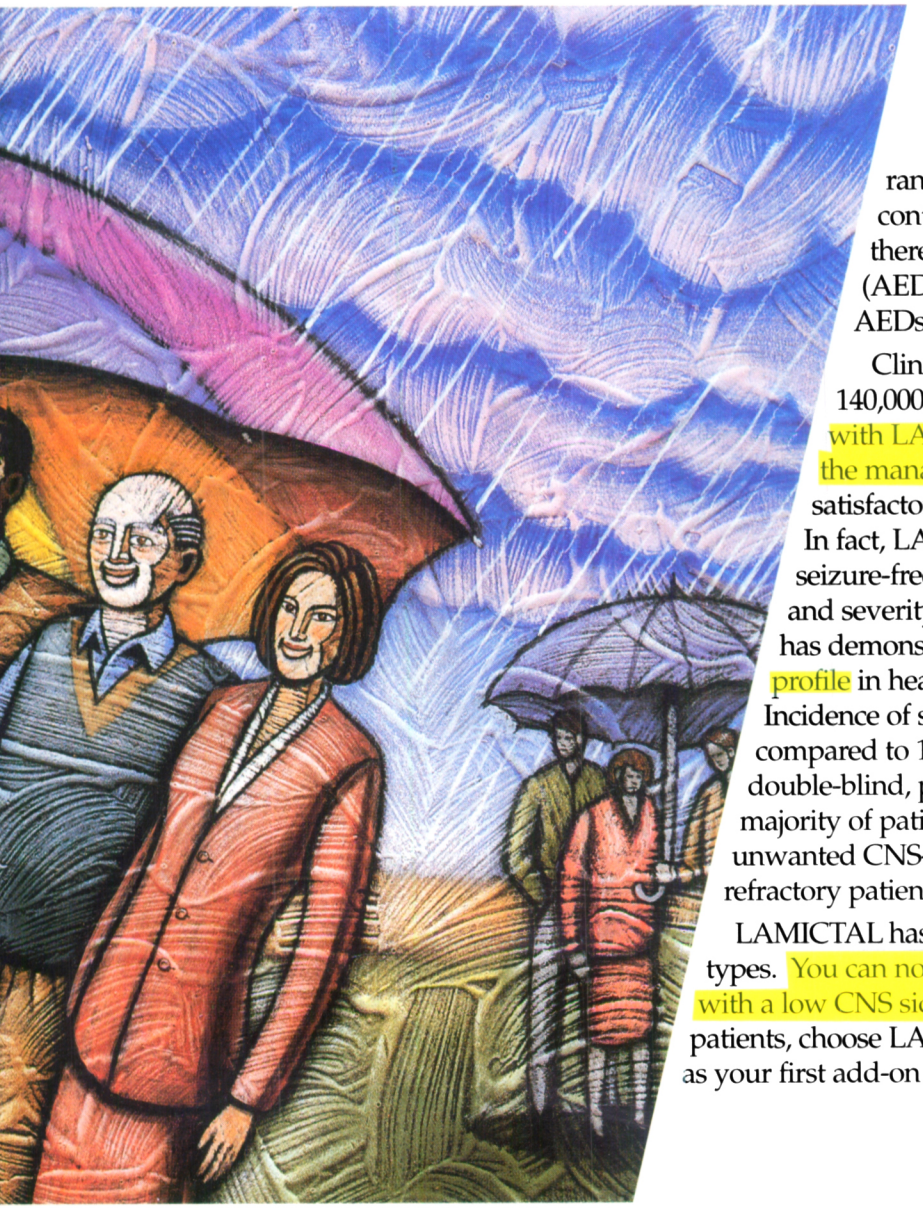
range of seizure types, side-effect profile



Many patients with epilepsy – across a wide range of seizure types – are unsatisfactorily controlled with conventional therapies.[1] Now there's LAMICTAL, a novel antiepileptic drug (AED) that is chemically unrelated to all other AEDs in current use.[1,2]

Clinical trials and worldwide experience in over 140,000 patients[3] have shown that adjunctive therapy with LAMICTAL offers a wide range of activity in the management of epilepsy for patients who are not satisfactorily controlled by conventional therapies.[1-24] In fact, LAMICTAL has been shown to render patients seizure-free[4-6,25] or to reduce seizure frequency[1,6,10,15-17,23,25] and severity in up to 65% of patients.[1,6,16,23,25] LAMICTAL has demonstrated a more favourable CNS side-effect profile in healthy volunteers compared to phenytoin.[26] Incidence of somnolence was 13% for LAMICTAL compared to 12% for placebo in pooled results of four double-blind, placebo-controlled studies.[7] Moreover, the majority of patients taking LAMICTAL will not experience unwanted CNS-related side effects.[5†] More of your refractory patients will feel better on LAMICTAL.[6,23]

LAMICTAL has activity across a wide range of seizure types. You can now offer your patients proven tolerability with a low CNS side-effect profile.[†] When faced with refractory patients, choose LAMICTAL – in 25- , 100- or 150-mg strengths – as your first add-on therapy.[‡]

Lamotrigine

℗ Lamictal®

For brief prescribing information see pages xxiii, xxiv.

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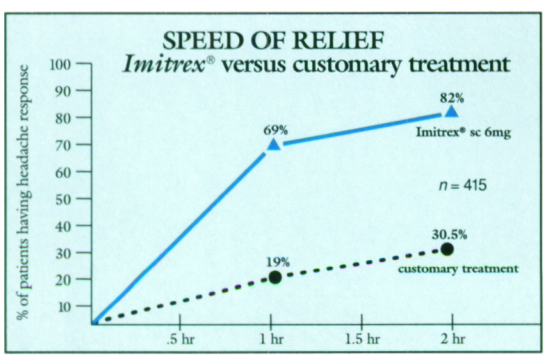
Sooner or later, every migra again. Imitrex® believes

A patient who complains about migraine is also complaining about a disrupted life. Indeed, research shows that in at least 31% of attacks, migraine sufferers cannot continue with their daily activities.[1]

That's where *Imitrex*® comes in. For most patients, *Imitrex*® can bring complete relief between 90 minutes and 2 hours, versus up to 9 hours for the usual treatments.*[2,3] *Imitrex*® treats all the symptoms of migraine.**[3-5]



Adapted from *Cephalalgia*: Schoenen 1994.[2]

Unlike conventional remedies, it has not been shown to cause medication-induced headache.[3,6-8] Its adverse events are generally well tolerated, quickly resolved and usually non-threatening when explained to the patient.***[3,7,9] *Imitrex*® may be more expensive, but over 250,000 Canadian patients continue to choose it for migraine relief.[10]

The successful use of *Imitrex*® is most likely in patients who understand its common

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For brief prescribing information see page xxviii.

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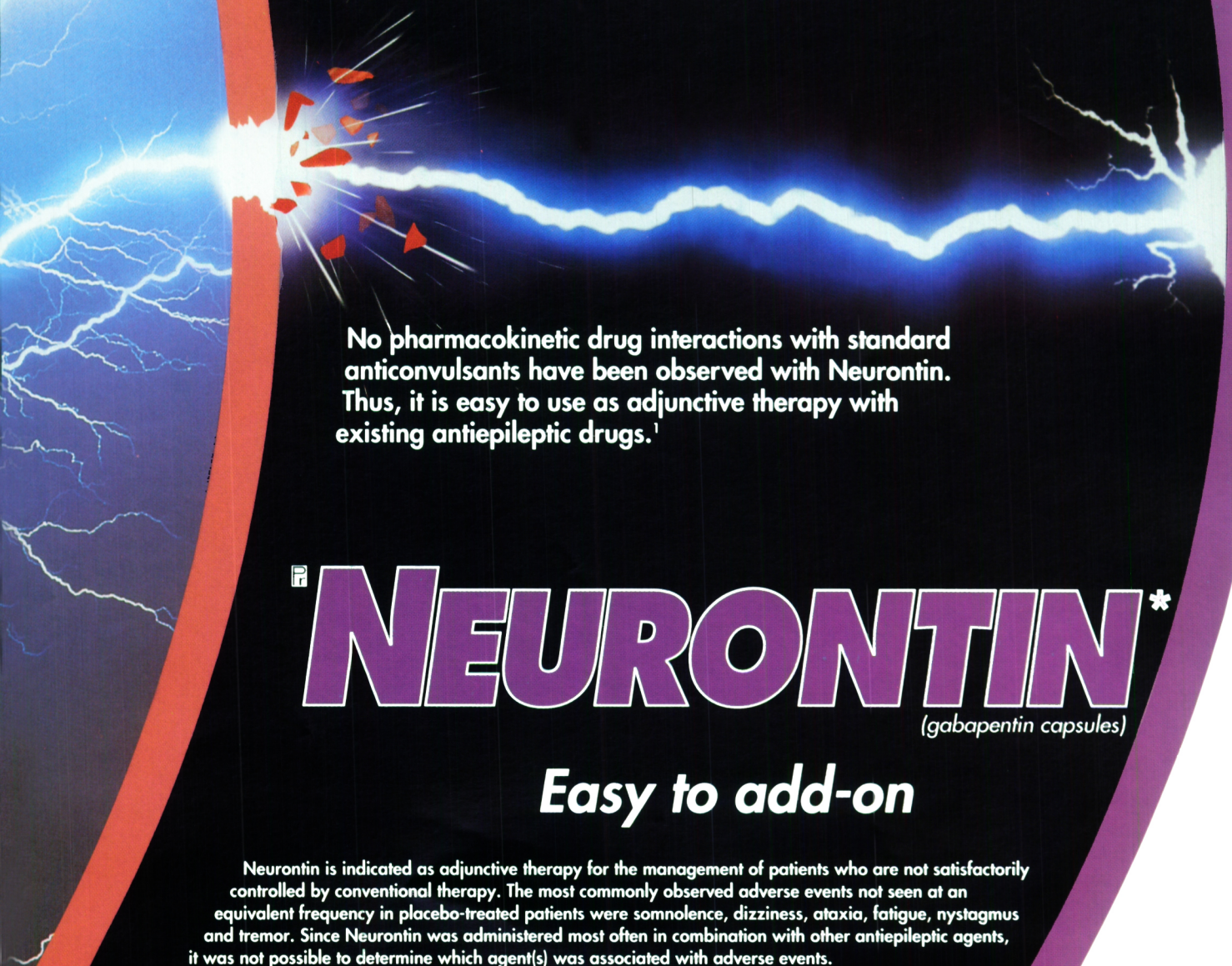
When phenytoin or carbamazepine fail to provide adequate seizure control in adult partial seizures...

Available as N.F.B. in Ontario

ADD NEURONTIN



No pharmacokinetic drug interactions with standard anticonvulsants have been observed with Neurontin. Thus, it is easy to use as adjunctive therapy with existing antiepileptic drugs.[1]

Pr NEURONTIN*

(gabapentin capsules)

Easy to add-on

Neurontin is indicated as adjunctive therapy for the management of patients who are not satisfactorily controlled by conventional therapy. The most commonly observed adverse events not seen at an equivalent frequency in placebo-treated patients were somnolence, dizziness, ataxia, fatigue, nystagmus and tremor. Since Neurontin was administered most often in combination with other antiepileptic agents, it was not possible to determine which agent(s) was associated with adverse events.

PARKE-DAVIS
Scarborough, Ontario M1L 2N3
*T.M. Warner-Lambert Company, Parke-Davis Division, Warner-Lambert Canada Inc., auth. user.

Reference: 1. *The Lancet* 1994;343:89-91.

PMAC PAAB CCPP

For brief prescribing information see pages xxv, xxvi.

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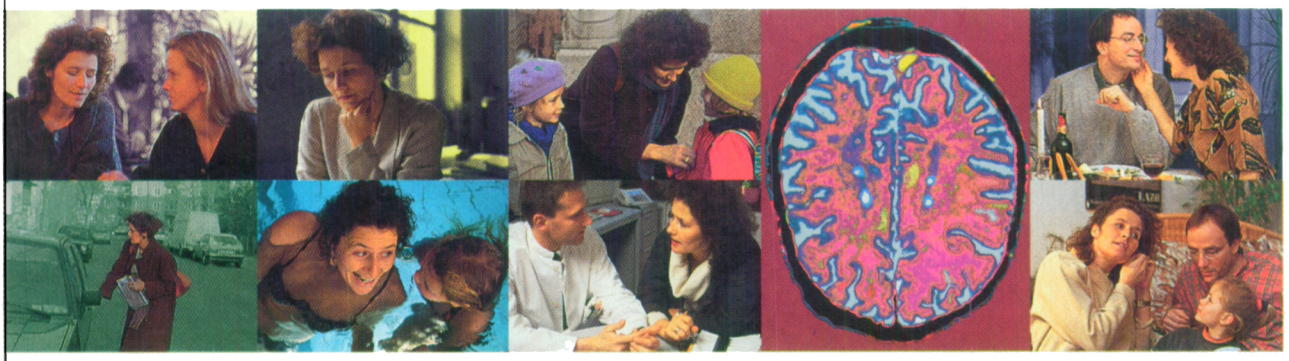
Introducing

Pr BETASERON®

The first treatment for relapsing/remitting multiple sclerosis



Clinical trials have shown that:

- *The frequency of exacerbations was reduced by approximately 30%*[1]
- *Moderate and severe exacerbations were reduced by 50%*[1]
- *Disease activity, as measured by MRI, was reduced significantly*[2]
- *There was a low incidence of serious side effects*[1]
- *Patient education about common side effects such as injection-site reactions and flu-like symptoms is key to compliance*

Over 40,000 patients treated to date[3]

Pr BETASERON®
INTERFERON BETA-1b
FOR SC INJECTION

Maintaining Independence

For brief prescribing information see pages xxi, xxii.

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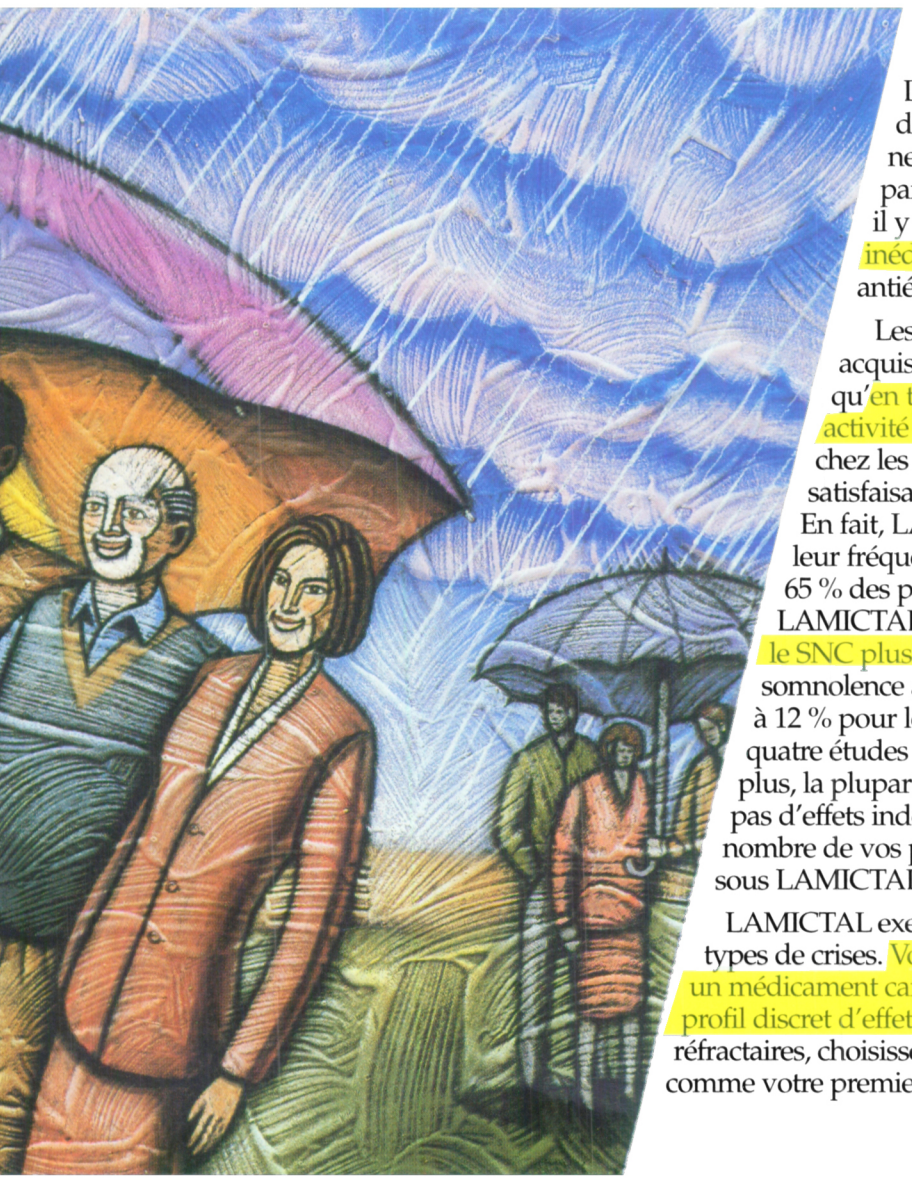
tail de types de crises avec secondaires sur le SNC



De nombreux patients souffrant d'épilepsie – dans un vaste éventail de types de crises – ne sont pas contrôlés de façon satisfaisante par les traitements conventionnels[1]. Maintenant, il y a LAMICTAL, un nouvel antiépileptique inédit sans parenté chimique avec aucun autre antiépileptique actuel[1,2].

Les essais cliniques et l'expérience mondiale acquise chez plus de 140 000 patients[3] ont montré qu'en traitement d'appoint, LAMICTAL offre une activité étendue dans le traitement de l'épilepsie chez les patients qui ne sont pas contrôlés de façon satisfaisante avec les traitements conventionnels[1-24]. En fait, LAMICTAL a supprimé les crises[4-6,25] ou diminué leur fréquence[1,6,10,15-17,23,25] et leur gravité chez jusqu'à 65 % des patients[1,6,16,23,25]. Chez des volontaires en santé, LAMICTAL a présenté un profil d'effets secondaires sur le SNC plus favorable que la phénytoïne[26]. L'incidence de somnolence a été de 13 % pour LAMICTAL par rapport à 12 % pour le placebo dans les résultats combinés de quatre études à double insu contrôlées par placebo[7]. De plus, la plupart des patients sous LAMICTAL n'éprouveront pas d'effets indésirables qui affectent le SNC[5†]. Un plus grand nombre de vos patients réfractaires se sentiront donc mieux sous LAMICTAL[6,23].

LAMICTAL exerce une activité dans un vaste éventail de types de crises. Vous pouvez maintenant offrir à vos patients un médicament caractérisé par une tolérabilité éprouvée et un profil discret d'effets indésirables sur le SNC[†]. Pour vos patients réfractaires, choisissez LAMICTAL – en 25, 100 ou 150 mg – comme votre premier traitement d'appoint[‡].

lamotrigine

P Lamictal®

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Pour documentation voir pages xxiii, xxiv.

INFORMATION FOR AUTHORS

The Canadian Journal of Neurological Sciences publishes original articles in neurology, neurosurgery and basic neurosciences. Manuscripts are considered for publication with the understanding that they, or the essence of their content, have not been published elsewhere except in abstract form and are not under simultaneous consideration by another journal. Articles undergo peer review. Manuscripts should be submitted to:

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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.

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• 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. Pages of text should be numbered consecutively.

• ***A title page*** should identify the title of the article which should be no more than 80 characters including spaces; name of institution(s) from which the work originated; and the name, address, telephone, and fax number of the corresponding author.

• ***Abstract*** Original Articles should be accompanied by an abstract of 250 words or less on a separate page, preferably in English and French, although the Journal will provide translation if required. Abstracts of original articles should consist of four paragraphs headed: *Background (or objective), Methods, Results and Conclusions.* Review articles should be accompanied by an abstract of 150 words or less.

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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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