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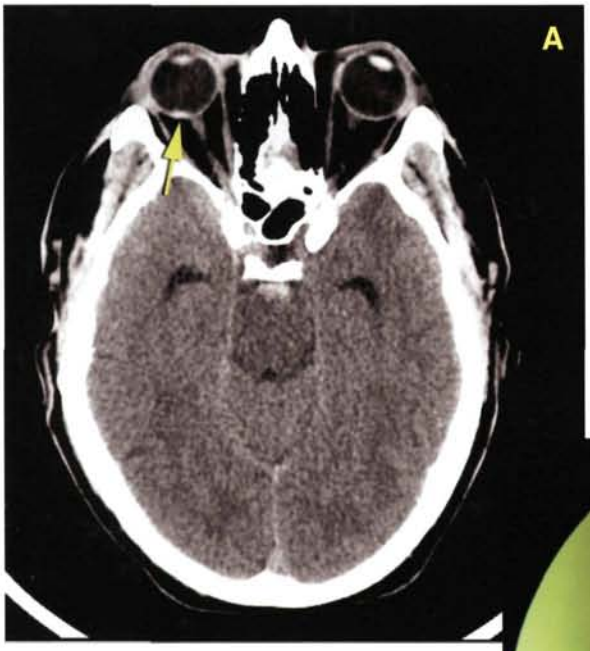
FÉDÉRATION DES SCIENCES NEUROLOGIQUES DU CANADA

The journal

Canadian Journal of Neurological Sciences

Volume 37 Number 6 November 2010



Taken from the Neuroimaging Highlight

Terson's Syndrome

Submitted by:
Francois Paquette, Tim E. Darsaut, Mikael Sebag, Alain Weill

Page 861-862

Figure A: CT scan demonstrating large-volume SAH with an associated hyperdense crescent at the level of the retina of the right eye, corresponding to an intra-ocular hemorrhage.

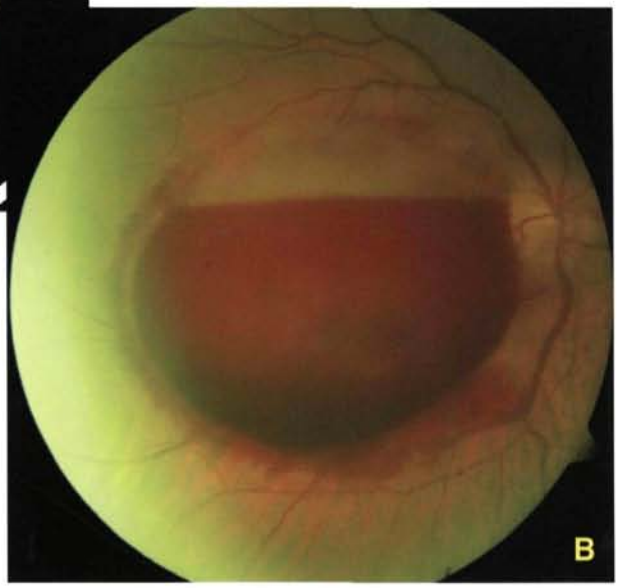


Figure B: Fundoscopy in Terson's syndrome demonstrating subhyaloid hemorrhage.

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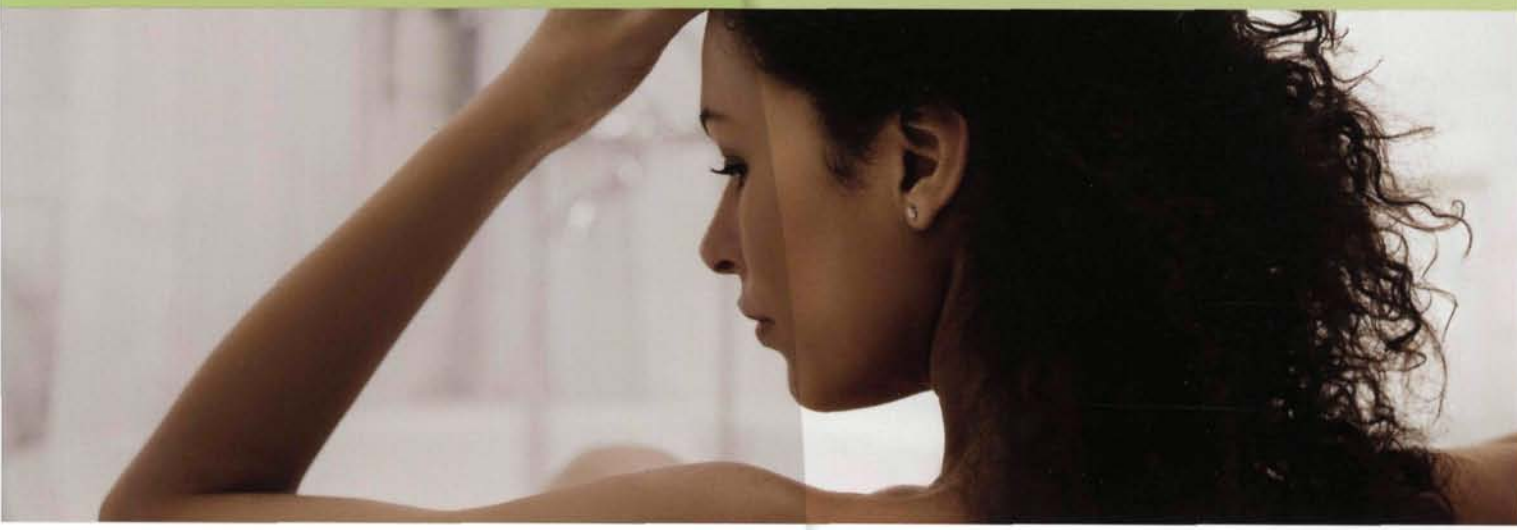
The official Journal of: The Canadian Neurological Society, The Canadian Neurosurgical Society, The Canadian Society of Clinical Neurophysiologists, The Canadian Association of Child Neurology

Beyond whole brain there's local control



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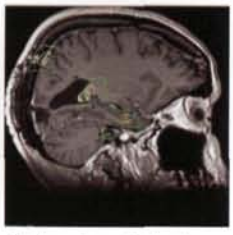

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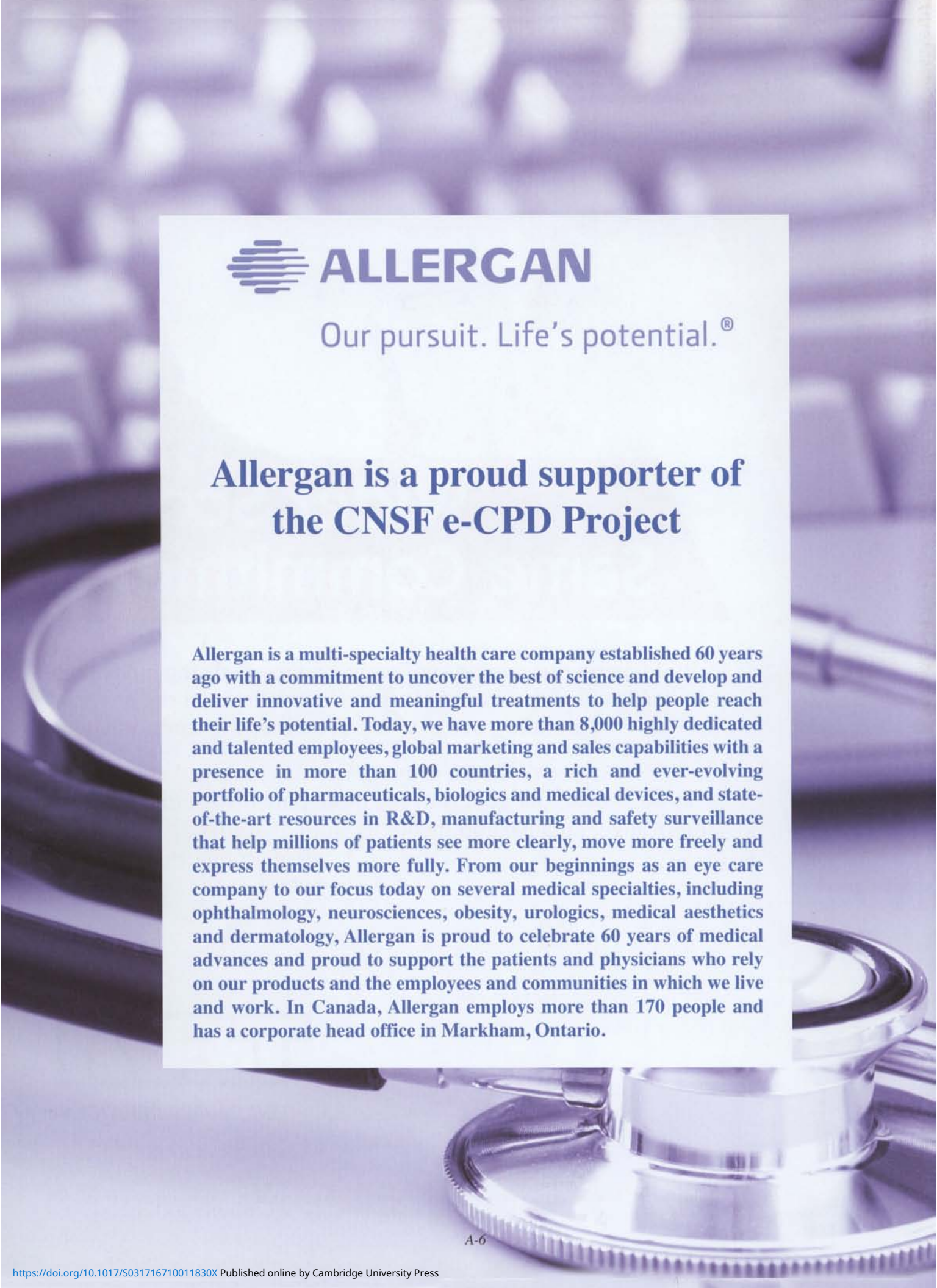

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Choose RELPAX NE migraine therapy that has demonstrated rapid, reliable relief.[1-4†‡§]

- Demonstrated headache response as quickly as **30 minutes postdose vs. placebo** (RELPAX 40 mg: 9%; placebo: 4%, $p<0.05$)[1,2†]
- Provided **greater relief of associated symptoms vs. sumatriptan 100 mg at 2 hours** (absence of nausea: 74% vs. 67%, $p<0.01$; absence of photophobia: 71% vs. 63%, $p<0.01$; absence of phonophobia: 74% vs. 67%, $p<0.01$)[3‡]
- Demonstrated **superior functional response at 2 hours vs. sumatriptan 100 mg** (68% vs. 61%, $p<0.01$; 63% vs. 46%, $p<0.005$)[3,4‡§]

RELPAX is indicated for the acute treatment of migraine with or without aura in adults. RELPAX tablets are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of RELPAX tablets have not been established for cluster headache, which is present in an older, predominantly male population.

Among 5984 patients who treated a single migraine headache with RELPAX 20 mg, 40 mg or 80 mg tablets in short-term, placebo-controlled trials, the most common and dose-related adverse events reported with treatment with RELPAX were asthenia (7.2%), nausea (7.8%), dizziness (5.7%) and somnolence (5.2%). RELPAX 80 mg is not an available dose. The maximum daily dose is 40 mg.

RELPAX is contraindicated in patients with history, symptoms, or signs of ischemic cardiac, cerebrovascular or peripheral vascular syndromes, valvular heart disease or cardiac arrhythmias (especially tachycardias). In addition, patients with other significant underlying cardiovascular diseases (e.g., atherosclerotic disease, congenital heart disease) or uncontrolled or severe hypertension should not receive RELPAX. Ischemic cardiac syndromes include, but are not restricted to, angina pectoris of any type (e.g., stable angina of effort and vasospastic forms of angina such as Prinzmetal's variant), all forms of myocardial infarction, and silent myocardial ischemia. Cerebrovascular syndromes include, but are not limited to, strokes of any type as well as transient ischemic attacks (TIAs). Peripheral vascular disease includes, but is not limited to, ischemic bowel disease, or Raynaud's syndrome. Because RELPAX may increase blood pressure it is contraindicated in patients with uncontrolled or severe hypertension. RELPAX is contraindicated within 72 hours of treatment with potent CYP3A4 inhibitors (i.e., ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, and nelfinavir). RELPAX is contraindicated within 72 hours with drugs that have demonstrated potent CYP3A4 inhibition and have this potent effect described in the CONTRAINDICATIONS, or WARNINGS AND PRECAUTIONS sections of their labelling. RELPAX is contraindicated within 24 hours of treatment with another 5-HT$_1$ agonist, an ergotamine-containing or ergot-type medication such as dihydroergotamine (DHE) or methysergide. RELPAX is contraindicated in patients with hemiplegic, ophthalmoplegic or basilar migraine, patients with severe hepatic impairment, and those with known hypersensitivity to eletriptan or to any of its inactive ingredients.

† In a multicentre, double-blind, placebo-controlled, parallel-group clinical trial, 1334 outpatients with a diagnosis of migraine were randomized to receive RELPAX 20 mg, 40 mg, or 80 mg, or placebo for the treatment of up to 3 migraine attacks. The efficacy, consistency, tolerability and safety of RELPAX were evaluated.

‡ In a randomized, double-blind, double-dummy, parallel-group study conducted in 2113 patients with a diagnosis of migraine. Subjects were randomized to receive RELPAX 40 mg, sumatriptan 100 mg or placebo for the treatment of a single migraine attack.

§ In a randomized, double-blind, double-dummy, placebo-controlled study conducted in 1008 patients with a history of migraine. Subjects were randomized to receive RELPAX 40 mg or 80 mg, sumatriptan 50 mg or 100 mg, or placebo to treat up to 3 migraine attacks.

For complete prescribing information, please refer to the Product Monograph. The Product Monograph is available upon request.

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See prescribing summary on pages A-14 to A-17

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*Fictitious patient. May not be representative of all fibromyalgia cases.

FACED WITH PAIN*

IN HER STRUGGLE WITH FIBROMYALGIA

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First treatment indicated in Canada for adults for the management of pain associated with **fibromyalgia**[1]

Pregabalin: first-line treatment for chronic **neuropathic pain**[2]

DEMONSTRATED SIGNIFICANT RELIEF IN PAIN AND PAIN-RELATED SLEEP DIFFICULTIES IN FIBROMYALGIA[1]

Demonstrated powerful, rapid and sustained pain relief[1,3-5]

In fibromyalgia:

- In a 14 week study, LYRICA demonstrated significant pain reduction as early as week 1 ($p<0.05$ for all doses). Mean changes in pain scores at the end of the study for LYRICA-treated patients were significantly greater versus placebo (300 mg/day, n=183: -1.75, $p=0.0009$; 450 mg/day, n=190: -2.03, $p<0.0001$; 600 mg/day, n=188: -2.05, $p<0.0001$; placebo, n=184: -1.04)[3]
- In another study of 26 weeks' duration of patients who initially responded to LYRICA during a 6-week, open-label phase, 68% of those who continued on their optimized dose (n=279) maintained a treatment response versus 39% of those on placebo (n=287). The time to loss of therapeutic response was longer in the LYRICA group ($p<0.0001$)[4]

Also in neuropathic pain (NeP):

- Sustained pain relief (starting at week 2 for LYRICA 150-600 mg/day, n=141; $p<0.05$ vs placebo, n=65) was demonstrated throughout a 12 week study in patients with DPN or PHN[5]

Demonstrated effective in relieving pain-related sleep difficulties[1,6]

In fibromyalgia:

- In a 13 week study, LYRICA reduced overall MOS-Sleep Scale scores significantly more at the end of the study vs. placebo (300 mg/day -19.1, $p=0.0174$; 450 mg/day: -20.41, $p=0.0026$; 600 mg/day: -19.49, $p=0.0101$; placebo: -14.29)[6]

Also in NeP:

- LYRICA reduced sleep disturbances across several studies in DPN and PHN, of 8-12 weeks duration[1]

Flexible dosing across all indications[1†]

LYRICA (pregabalin) is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN), postherpetic neuralgia (PHN) and spinal cord injury in adults. LYRICA may be useful in the management of central neuropathic pain in adults. LYRICA is indicated for the management of pain associated with fibromyalgia in adults. The efficacy of LYRICA in the management of pain associated with fibromyalgia for up to 6 months was demonstrated in a placebo-controlled trial in patients who had initially responded to LYRICA during a 6-week open-label phase.

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 (≥5% and twice the rate as that seen with placebo) in the recommended dose range of 150 mg/day to 600 mg/day in PHN and DPN patients were: dizziness (9.0-37.0%), somnolence (6.1-24.7%), peripheral edema (6.1-16.2%), and dry mouth (1.9-14.9%) and were dose related; in spinal cord injury patients: somnolence (41.4%), dizziness (24.3%), asthenia (15.7%), dry mouth (15.7%), edema (12.9%), constipation (12.9%), amnesia (10.0%), myasthenia (8.6%), amblyopia (8.6%), and thinking abnormal (8.6%); in fibromyalgia patients: dizziness (37.5%), somnolence (18.6%), weight gain (10.6%), dry mouth (7.9%), blurred vision (6.7%), and peripheral edema (6.1%). In LYRICA-treated fibromyalgia patients, the most commonly observed dose-related adverse events were: dizziness (22.7-46.5%), somnolence (12.9-20.7%), weight gain (7.6-13.7%), peripheral edema (5.3-10.8%). The most commonly observed adverse events in the PHN, DPN, spinal cord injury and fibromyalgia patients were usually mild to moderate in intensity. Discontinuation rates due to adverse events for LYRICA and placebo, respectively, were 9% and 4% in DPN, 14% and 7% in PHN, 21% and 13% in spinal cord injury, and 20% and 11% in fibromyalgia. There was a dose-dependent increase in rate of discontinuation due to adverse events in fibromyalgia.

There have been post-marketing reports of angioedema in patients, some without reported previous history/episodes, including life-threatening angioedema with respiratory compromise. Caution should be exercised in patients with previous history/episodes of angioedema and in patients who are taking other drugs associated with angioedema.

In clinical trials and in post-marketing experience, there have been reports of patients, with or without previous history, experiencing renal failure alone or in combination with other medications. Caution is advised when prescribing to the elderly or those with any degree of renal impairment.

There have been post-marketing reports of events related to reduced lower gastrointestinal tract function (e.g., intestinal obstruction, paralytic ileus, and constipation) in patients, some without reported previous history/episode(s), during initial/acute and chronic treatment with LYRICA, primarily in combination with other medications that have the potential to produce constipation. Some of these events were considered serious and required hospitalization. In a number of instances, patients were taking opioid analgesics including tramadol. Caution should be exercised when LYRICA and opioid analgesics are used in combination, and measures to prevent constipation may be considered, especially in female patients and elderly as they may be at increased risk of experiencing lower gastrointestinal-related events.

Dosage reduction is required in patients with renal impairment (creatinine clearance <60 mL/min) and in some elderly patients as LYRICA is primarily eliminated by renal excretion.

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

† Please consult Prescribing Information for complete Dosage and Administration instructions.

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Pr LYRICA® PREGABALIN

See prescribing information and study parameters on pages A-27, A-28

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