

PAEDIATRIC NEUROLOGIST

The Children's Hospital of Eastern Ontario, Ottawa, the paediatric teaching hospital of the University of Ottawa, requires a paediatric neurologist on a full-time basis. This person will direct and develop the Neurology Service in the Department of Paediatrics. The post carries an appropriate university appointment and the responsibility for under- and post-graduate training in paediatric neurology.

Interested applicants should write in confidence to:

Dr. James A. McKee,
Professor and Chairman,
Department of Paediatrics,
University of Ottawa,
Faculty of Medicine,
Children's Hospital of Eastern Ontario,
401 Smyth Road,
Ottawa, Ont.
K1H 8L1.

WANTED

Back Numbers of Canadian Journal of Neurological Sciences

Vol. 1 — 1974

Will pay \$5.00 each



Please Mail to

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Winnipeg, Canada
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In epilepsy Tegretol[®] provides control of seizures and alleviation of personality disorders

References

- Livingston, S. F.: Comprehensive Management of Epilepsy in Infancy, Childhood and Adolescence, Charles C. Thomas, 1972.
- Rodin, E. A., Rim, G. S., and Rennick, P.: Abstract from Program of the American Epilepsy Society Annual Meeting (Dec. 6) 1973, N.Y.
- Livingston, S. F., et al: Carbamazepine (Tegretol) in Epilepsy Nine Year Follow-up Study with Special Emphasis on Untoward Reactions, Dis. Nerv. System 35:103-107 (March) 1974.

Brief Prescribing Information**Tegretol[®] 200 mg****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

- Epilepsy**
Temporal lobe (psychomotor) epilepsy, and as an adjunct in secondary epilepsy or partial epilepsy with complex symptoms or secondarily generalized seizures.

- 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 foetus.


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  seal contains: carbamazepine 200 mg, available in bottles of 50 and 500.

Full information is available on request.

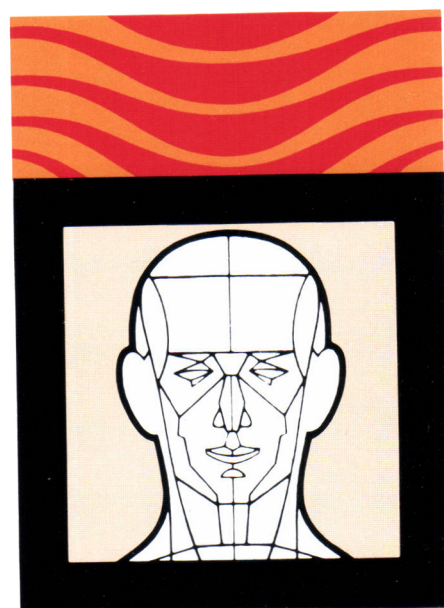
Geigy

Dorval, P.Q. H9S 1B1

G-5052

A long awaited,
much needed and
significantly **safer**
preparation for
the **prophylactic**
treatment of
migraine

NEW
Sandomigran[®]
FROM SANDOZ PIZOTYLINE



Sandomigran or reduces its frequency significant

Prophylaxis of migraine: the problem.

The prophylactic treatment of vascular headaches has been hampered sometimes by the fact that the most effective agent (methysergide) for the prevention of migraine is associated with certain undesirable side effects. Because of this, the prophylactic therapy of migraine has been confined to a relatively small, select group of patients.

Overcoming the problem.

Extensive research and wide clinical experience have shown that Sandomigran is a highly effective agent against migraine. *Chemically unrelated to methysergide*, Sandomigran is free of the undesirable side effects which have sometimes interfered with or precluded the prophylactic treatment of vascular headaches.

The pharmacological properties of Sandomigran.

Migraine or vascular headache is not, according to many investigators, purely of vascular origin. Many researchers believe that the biogenic amines play an important role in the pathogenesis of migraine.

Chemically unrelated to methysergide, Sandomigran (pizotyline) is a benzocycloheptathiophene derivative possessing strong antagonistic action against certain biogenic amines such as serotonin and histamine and, to a lesser degree, tryptamine, acetylcholine and the catecholamines.

Sandomigran is indicated in the prophylactic – not the symptomatic – treatment of vascular headaches.

Patient selection.

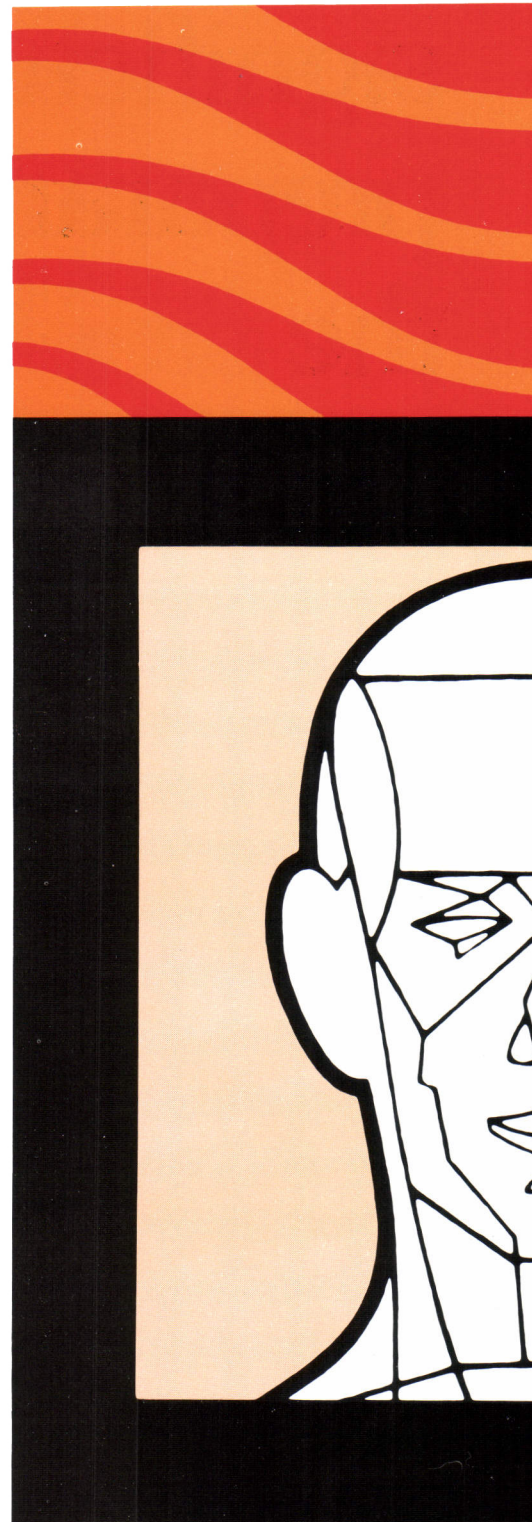
Sandomigran should be considered primarily for the more serious cases of migraine; patients who suffer two or more severe headaches every month.

Sandomigran should also be considered for patients whose headaches do not respond to symptomatic treatment.

7 of every 10 migraine patients may benefit from Sandomigran.

An analysis of 10 controlled studies¹⁻¹⁰ (392 patients) shows the following gratifying results:

Excellent results (Complete disappearance of headaches)	} 65%
Good results (Reduction in frequency and severity of headaches by at least 50%)	



prevents migraine, and severity, without side effects.

Moderate results
(Reduction in frequency and severity of
headaches by an appreciable degree, but
not reaching the aforementioned standards) } 10%

Long-term effectiveness and safety of Sandomigran.

Sandomigran may be prescribed confidently for more migraine patients than ever before. A continuum of international data, based on up to 5 years of clinical experience in 60 countries, provides convincing evidence of the sustained effectiveness and extraordinary safety of Sandomigran.

Remarkably free of undesirable side effects.

Apart from two frequently observed side effects – moderate weight gain and mild sedation in the initial phase of treatment (neither of which is totally undesirable in some migraine patients who might be characteristically underweight or apprehensive) – other side effects such as dry mouth, drowsiness, dizziness, and nausea are not only mild but rare.

Appetite stimulation and weight gain in some patients.

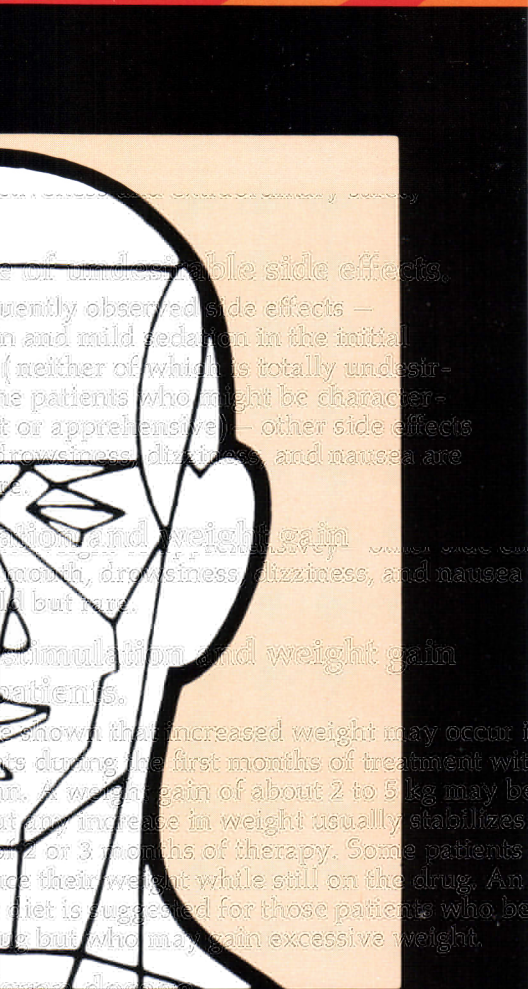
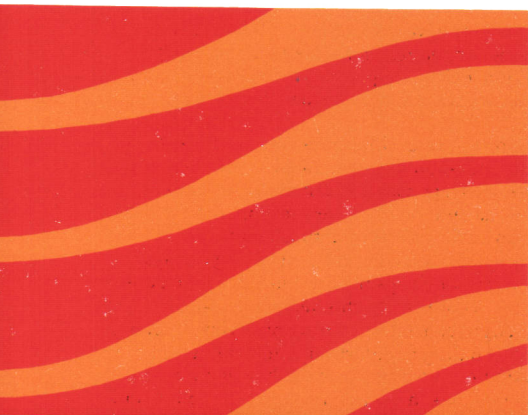
Studies have shown that increased weight may occur in some patients during the first months of treatment with Sandomigran. A weight gain of about 2 to 5 kg may be observed but any increase in weight usually stabilizes in the course of 2 or 3 months of therapy. Some patients are able to reduce their weight while still on the drug. An appropriate diet is suggested for those patients who benefit from the drug but who may gain excessive weight.

Sandomigran dosage.

The average maintenance dosage is 1 tablet (0.5 mg) t.i.d. Treatment should begin with 1 tablet at bedtime (first two days), 1 tablet at noon and at bedtime (next two days), and 1 tablet in the morning, at noon, and at bedtime (from the fifth day onward).

Most investigators agree that a four week-trial period is required to determine the true efficacy of the drug in any given patient.

NEW
Sandomigran[®]
stops migraine before it attacks

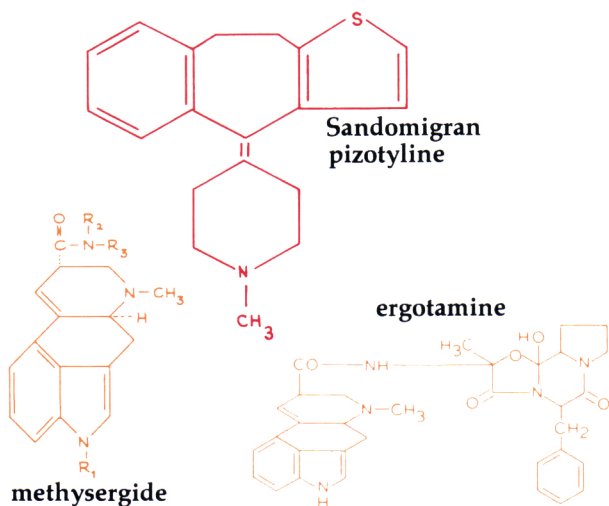


NEW Sandomigran®

PIZOTYLINE

Chemistry

The chemical structure of pizotyline (Sandomigran) is totally different to the chemical structure of either methysergide (Sansert) or ergotamine.



Prescribing information

Dosage – The average maintenance dosage is 1 tablet (0.5 mg) t.i.d. A progressive dosage is recommended until the fifth day of therapy. Treatment should begin with 1 (0.5 mg) tablet at bedtime (first two days), 1 tablet at noon, and at bedtime (next two days), and 1 tablet in the morning, at noon, and at bedtime (from the fifth day onward). The dosage range is 2 to 12 tablets (1 to 6 mg) per day. Since vascular headache is a paroxysmal but basically chronic disorder, treatment must extend over an adequate period of time in order to obtain maximal benefit. While some patients have responded rather quickly, most investigators agree that a four-week trial period should be instituted to determine the true efficacy of pizotyline in specific cases. The periodic nature of the disorder will have to be considered in determining when and for how long therapy should be maintained.

Since some investigators have observed a change in headache pattern after several months of therapy, a drug-free interval is advisable to reassess the necessity of continuing treatment. The dosage should be reduced gradually during the last two weeks of each treatment course to avoid a "headache rebound."

Composition – Each ivory-coloured, sugar coated tablet contains 0.5 mg of pizotyline as the hydrogen malate.

Side effects – Increased appetite, weight gain, and drowsiness are the most frequent side effects. An appropriate diet should be recommended by the physician for patients benefiting from the drug but gaining excessive weight. A gradual increase in the dosage of pizotyline is recommended to minimize or reduce the incidence of drowsiness.

The following adverse effects have been observed less frequently in relation to the aforementioned reactions: fatigue, nausea, dizziness, headache, confusion, edema, hypotension, depression, weakness, epigastric distress, dry mouth, nervousness, impotence and muscle pain.

Warnings and precautions – Since drowsiness may occur with pizotyline, sensitive patients should be cautioned against activities requiring rapid and precise responses (i.e. driving an automobile or operating dangerous machinery) until their response to the drug has been determined. Since the effects of antihistamines can potentiate those of other drugs affecting the central nervous system, patients should be cautioned against drinking alcoholic beverages or taking hypnotics, sedatives, psychotherapeutic agents or other drugs with CNS depressant effects during pizotyline therapy. Since it is desirable to keep drug administration to a minimum during pregnancy, pizotyline should be given only when the benefits derived from treatment exceed the possible risks to mother and fetus.

Some patients developed tolerance to pizotyline with prolonged use of the drug. An increase in dosage may overcome this tolerance.

After prolonged use hepatotoxic effects might occur and patients should be advised to report for adequate laboratory evaluation. Patients with diabetes, cardiovascular disease and known or suspected impaired renal or hepatic function should be given pizotyline with caution, and appropriate laboratory tests should be done at regular intervals.

Lens opacities occurred in two cases but did not appear to be drug-related. However, it is recommended that any impairment in vision be reported to the attending physician for further investigation.

Contraindications – Glaucoma, pyloroduodenal obstruction, stenosing pyloric ulcer and predisposition to urinary retention. Pizotyline is also contraindicated in patients taking monoamine oxidase inhibitors and for patients who have a known sensitivity to the drug. Until further studies are completed, the drug is not recommended for children under the age of twelve.

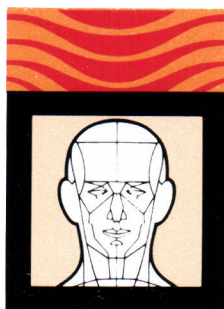
Supply – Bottles of 100 tablets.

References

1. Sicuteri, F. et al, *Int. Arch. Allergy* 31:78, 1967
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3. Diemath, H.E., *Arztl. Prax.* 21:4994, 1969
4. Sicuteri, F. et al, *Clin. ther.* 40:117, 1967
5. Figueiredo, Robeiro, A., *Coimbra méd.* 16:8, 1969
6. Müller, E., *Therapiewoche* 19:1536, 1969
7. Schär, J., *Praxis* 57:1717, 1969
8. Pichler, E. et al, *Wien. klin. Wschr.* 82:208, 1970
9. Hornabrook, R.W. et al, *N.Z. med. J.* 70:387, 1969
10. Sercl, M. et al, *Praxis* 59:679, 1970

Full prescribing information is available upon request.

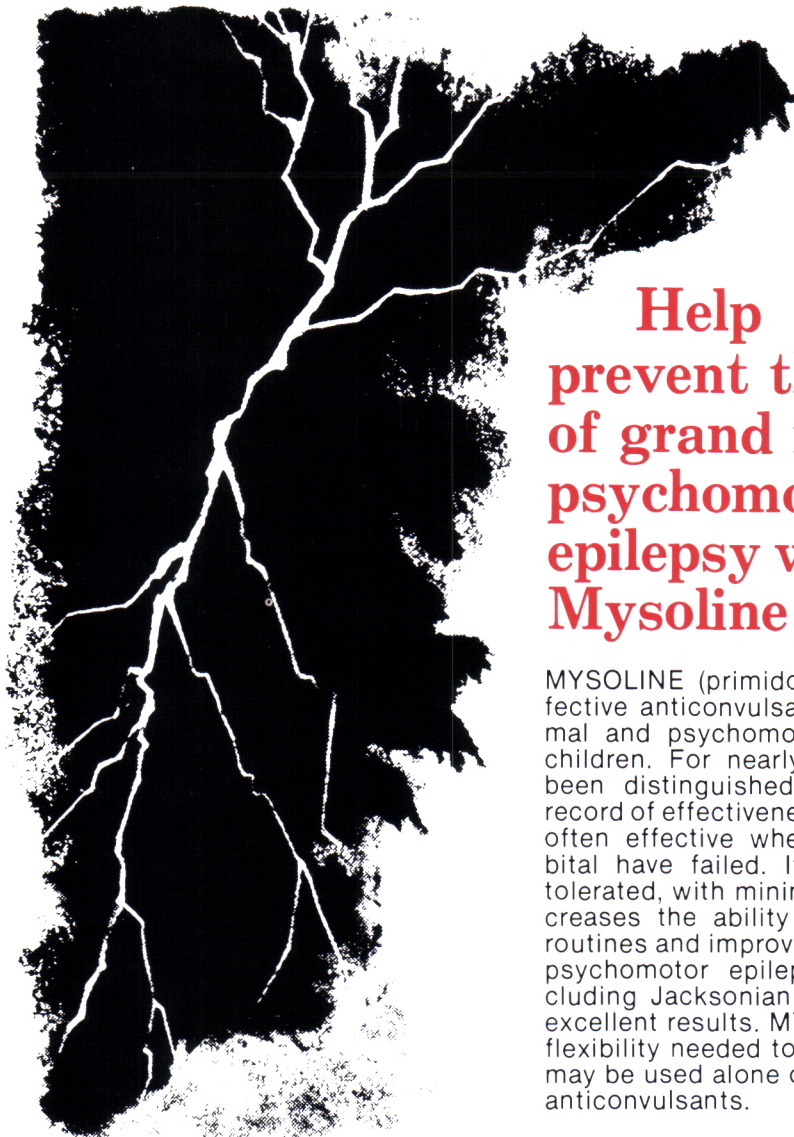
stops migraine



before it attacks

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Help prevent the storm of grand mal and psychomotor epilepsy with Mysoline

MYSOLINE (primidone USP) is a safe and effective anticonvulsant for the control of grand mal and psychomotor epilepsy in adults and children. For nearly 20 years MYSOLINE has been distinguished by its worldwide clinical record of effectiveness and safety. MYSOLINE is often effective where phenytoin or phenobarbital have failed. It is also frequently better tolerated, with minimal sedation. MYSOLINE increases the ability to carry out normal daily routines and improves outlook. In grand mal and psychomotor epilepsy, in focal epilepsy, including Jacksonian seizures, MYSOLINE gives excellent results. MYSOLINE allows the dosage flexibility needed to individualize therapy and it may be used alone or in combination with other anticonvulsants.

**a drug of choice for control and
maintenance in epilepsy.**

Mysoline*

Dosage: Adults and children over 8 years—week I: 250 mg h.s.; week II: 250 mg b.i.d.; week III: 250 mg t.i.d.; week IV: 250 mg q.i.d. Dosage may be increased until seizures are controlled but should not exceed 2 gm daily. Children under 8 years—half the adult dosage. In patients already receiving other anticonvulsants, dosage is gradually increased while the dosage of the other drug(s) is gradually decreased. **Adverse Effects:** Drowsiness, ataxia, vertigo, anorexia, irritability, general malaise, nausea and vomiting. These reactions are usually minor and transitory tending to disappear as therapy is continued or dosage is adjusted. No serious irreversible toxic reactions have been observed. (Occasionally, megaloblastic anemia has been reported, which is reversible by folic acid, 15 mg daily, while MYSOLINE is continued). As with any drug used over prolonged periods, routine laboratory studies at regular intervals are recommended. **Supplied:** Tablets—250 mg and 125 mg Suspension—250 mg/5ml. Complete prescribing information available on request.



*T.M. Reg

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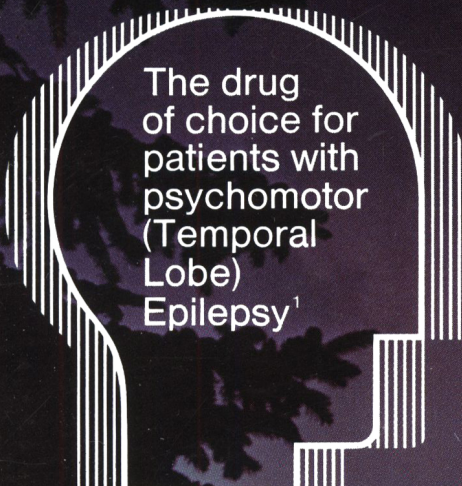
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Quality has
no substitute

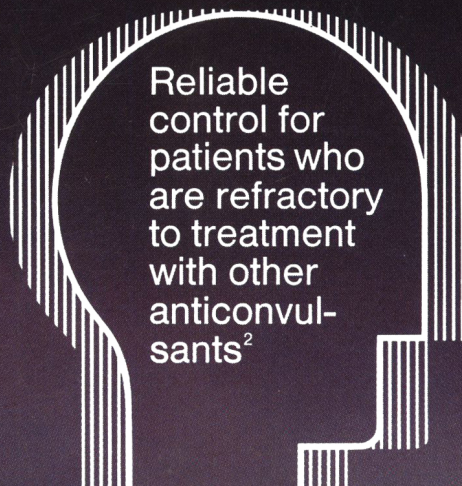
In epilepsy*

Tegretol[®]

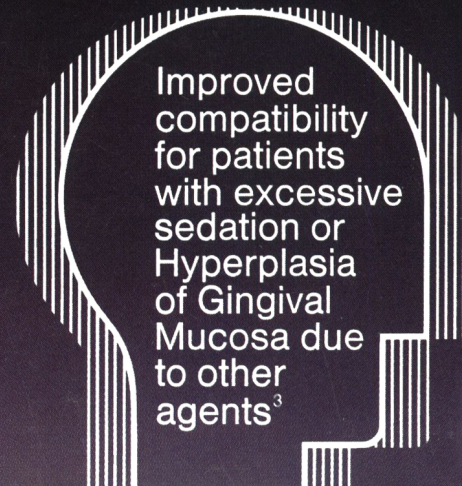
provides control of seizures
and alleviation of personality
disorders.




The drug
of choice for
patients with
psychomotor
(Temporal
Lobe)
Epilepsy¹



Reliable
control for
patients who
are refractory
to treatment
with other
anticonvul-
sants²



Improved
compatibility
for patients
with excessive
sedation or
Hyperplasia
of Gingival
Mucosa due
to other
agents³



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Geigy representative

*See indications, brief prescribing
information