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FÉDÉRATION DES SCIENCES NEUROLOGIQUES DU CANADA

The journal

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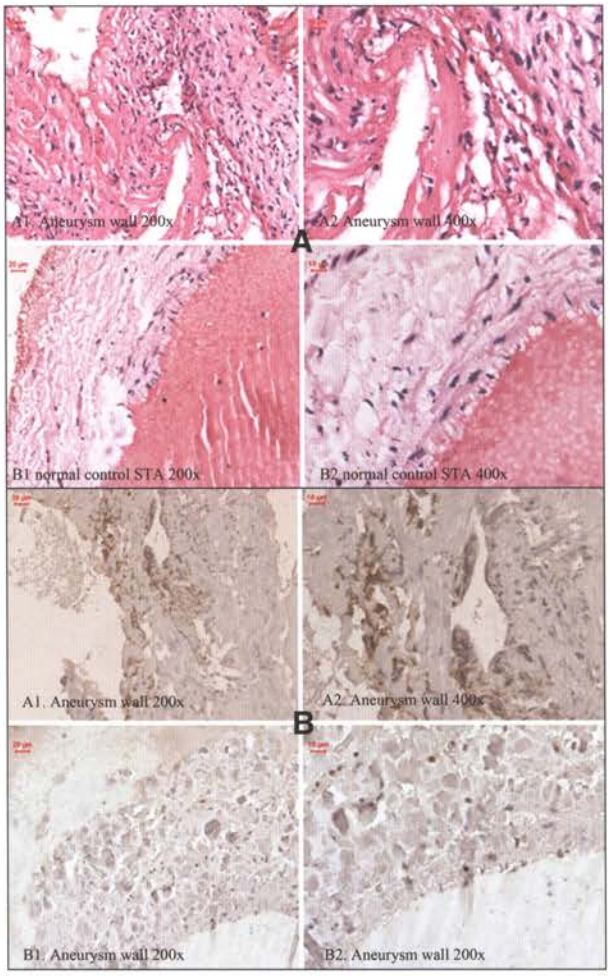

E-Selectin Expression Increased in Human Ruptured Cerebral Aneurysm Tissues - *Pages 858-862*

Wenqing Jia, Rong Wang, Jizong Zhao, Isabelle Yisha Liu, Dong Zhang, Xuejiang Wang, Xiaodi Han

Figure: *A) Hematoxylin and Eosin (H&E) staining showed aneurysm wall pathology changes (A1 200x and A2 400x) when compared with normal superficial temporal artery (STA) wall (B1 200x and B2 400x). Aneurysm walls were disorganized with epithelial cell proliferation and artery media infiltrated with hyperplastic fiber components, monocytes, and accrementition nutrient vessels similar to granulation tissue. B) Immunohistochemistry showed E-selectin protein (brown) can be found mainly in aneurysms (A1 200x, A2 400x) but less in normal control artery (STA) walls (B1 200x, B2 400x).*

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46th Annual Congress

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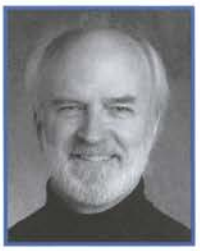

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All patients who participated in the chronic low back pain clinical trials had a clinical diagnosis of CLBP with pain present on most days for at least 6 months and no signs of radiculopathy or spinal stenosis.[1]

Cymbalta® (duloxetine hydrochloride) is indicated for the management of chronic low back pain (CLBP).[1]

Cymbalta® is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN).[1]

Cymbalta® is indicated for the management of pain associated with fibromyalgia (FM).[1]

The efficacy of Cymbalta® has been demonstrated in controlled clinical trials for up to 12 weeks in DPN and FM and up to 13 weeks in patients with CLBP. The physician who elects to use Cymbalta® for extended periods in DPN, FM or CLBP should periodically re-evaluate the long-term usefulness of the drug for the individual patient.[1]

Cymbalta® is not indicated for use in children under 18 years of age.[1]

Rigorous clinical monitoring for suicidal ideation or other indicators of potential for suicidal behaviour is advised in patients of all ages. This includes monitoring for agitation-type emotional and behavioural changes. Please see Prescribing Information for complete warnings.[1]

Patients currently taking Cymbalta® should NOT be discontinued abruptly due to risk of discontinuation symptoms. A gradual reduction in the dose is recommended.[1]

Cymbalta® is contraindicated in patients with a known hypersensitivity to the drug or the other components of the product.[1]

Cymbalta® is contraindicated in patients with end-stage renal disease (requiring dialysis) or with severe renal impairment (estimated creatinine clearance <30 mL/min).[1]

Cymbalta® is contraindicated in patients with any liver disease resulting in hepatic impairment.[1]

Cymbalta® is contraindicated in patients concomitantly taking any of the following medications: monoamine oxidase inhibitors (MAOI), including the antibiotic linezolid and the thiazine dye methylthioninium (methylene blue) which are less well-known examples of MAOIs, or within at least 4 days of discontinuing treatment with an MAOI; potent CYP1A2 inhibitors (e.g. fluvoxamine) and some quinolone antibiotics (e.g. ciprofloxacin or enoxacine); and thioridazine.[1]

Cymbalta® is contraindicated in patients with uncontrolled narrow-angle glaucoma.[1]

The most commonly observed adverse events in Cymbalta®-treated CLBP patients (incidence 5% or greater and at least twice the incidence in placebo patients) included nausea (16%), dry mouth (9%), insomnia (8%), somnolence (8%), constipation (7%), fatigue (6%), and dizziness (6%).[1]

Please see Product Monograph for complete prescribing details including warnings, precautions, adverse events, dosing, administration and indications.

1. Cymbalta® Product Monograph. Eli Lilly Canada Inc., April 8, 2011.

See prescribing summary of pages A-13 to A-16

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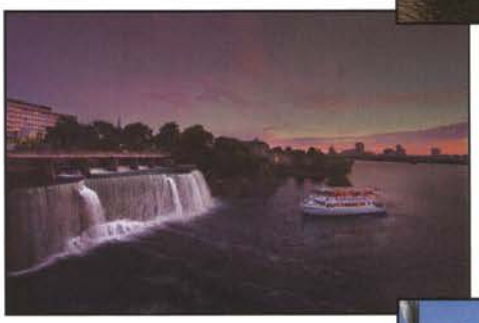
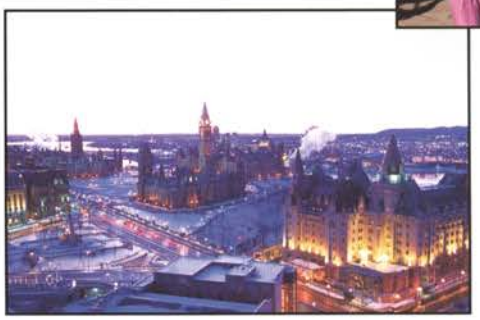
Thank you delegates for joining us at this years CNSF Congress in Vancouver!

We look forward to seeing you at our 2012 Congress in Ottawa, Ontario!





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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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℞ LYRICA® PREGABALIN

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See prescribing information and study parameters on pages A-11, A-12

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The Canadian Journal of Neurological Sciences

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