

NEUROLOGY CHAIRPERSON

LJMC, a clinical campus of the Health Sciences Center of the State University of N.Y. at Stony Brook, seeks a Chairperson for its newly restructured Department of Neurology. We have an accredited residency training program, sophisticated electro-physiology laboratories, and close liaison with prestigious psychiatric teaching and research program.

Qualifications: American Board Certification or equivalent, clinical, administrative, teaching and research experience, and academic credentials for appointment at the rank of Associate Professor at Stony Brook. **Apply in confidence to:** Seymour Cohen, M.D., Vice President for Education and Research.



**Long Island Jewish
Medical Center**
New Hyde Park, N.Y. 11042

LJMC is an equal opportunity employer

PAEDIATRIC NEUROLOGIST

CHILDREN'S HOSPITAL of WESTERN ONTARIO

Geographic Full-time
Academic Appointment
University of Western Ontario
Department of Paediatrics
and

Department of Clinical Neurological Sciences

Requirements:

Certification in Paediatrics and/or Neurology
Research experience desirable

Application to:

Dr. J.E. Boone
Professor and Chairman
Department of Paediatrics
Children's Hospital of Western Ontario
800 Commissioners Road East
London, Ontario N6C 2V5

Deadline: August 30, 1988

In accordance with Canadian Immigration requirements, this advertisement is directed to Canadian Citizens and Permanent Residents of Canada.

ADULT/CHILD NEUROLOGY

Fargo Clinic — MeritCare is actively recruiting neuroscience specialists, including adult and child neurologist, adult and adolescent psychiatrists, and a director of Sleep Disorders Center. This is a multispecialty group practice of over 200 physicians, including 7 neurologists, 9 psychiatrists, and 3 neurosurgeons. Applicants must be BC/BE. Teaching appointments are available. We are a growing community of over 130,000 and our clinic, along with the affiliated St. Luke's Hospital, comprises the preeminent medical facility between Minneapolis and Spokane.

Send CV and three references to:
Charles Anderson, M.D.;
P.O. Box 2067,
Fargo, ND 58123.



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Prolopa® (levodopa/benserazide)

Rx Summary

Antiparkinsonian Agent

Indications

Treatment of Parkinson's syndrome when not drug induced.

Contraindications

Known hypersensitivity to levodopa or benserazide; in patients in whom sympathomimetic amines are contraindicated; concomitantly with, or within 2 weeks of, MAOI administration; uncompensated cardiovascular, endocrine, renal, hepatic, hematologic or pulmonary disease; narrow-angle glaucoma.

Warnings

Discontinue levodopa at least 12 hours before initiating

'Prolopa'. See Dosage section for substitution recommendations.

Not indicated in intention tremor, Huntington's chorea or drug-induced Parkinsonism.

Increase dosage gradually to avoid CNS side effects (involuntary movements). Observe patients for signs of depression with suicidal tendencies or other serious behavioural changes. Caution in patients with history of psychotic disorders or receiving psychotherapeutic agents.

In patients with atrial, nodal or ventricular arrhythmias or history of myocardial infarction initiate treatment cautiously in hospital. Caution in patients with history of melanoma or suspicious undiagnosed skin lesions. Safety in patients under 18 years has not been established. In women who are or may become pregnant, weigh benefits against possible hazards to mother and fetus. Not recommended for nursing mothers.

Precautions

Monitor cardiovascular, hepatic, hematopoietic and renal function during extended therapy. Caution in patients with history of convulsive disorders. Upper gastrointestinal hemorrhage possible in patients with a history of peptic ulcer.

Normal activity should be resumed gradually to avoid risk of injury.

Monitor intraocular pressure in patients with chronic wide-angle glaucoma. Pupillary dilation and activation of Horner's syndrome have been reported rarely. Exercise caution and monitor blood pressure in patients on anti-hypertensive medication. 'Prolopa' can be discontinued 12 hours prior to anesthesia. Observe patients on concomitant psychoactive drugs for unusual reactions.

Adverse Reactions

Most common are abnormal involuntary movements, usually dose dependent, which necessitate dosage reduction. Other serious reactions are periodic oscillations in performance (end of dose akinesia, on-off phenomena and akinesia paradoxa) after prolonged therapy, psychiatric disturbances (including paranoia, psychosis, depression, dementia, increased libido, euphoria, sedation and stimulation), and cardiovascular effects (including arrhythmias, orthostatic hypotension, hypertension, ECG changes and angina pectoris).

Neurologic, intellectual, gastrointestinal, dermatologic, hematologic, musculoskeletal, respiratory, genitourinary and ophthalmologic reactions have also been reported. Consult Product Monograph for complete list.

Dosage

Individualize therapy and titrate in small steps to maximize benefit without dyskinesias. Do not exceed the recommended dosage range.

Initially, one capsule 'Prolopa' 100-25 once or twice daily, increased carefully by one capsule every third or fourth day (slower in post-encephalitic Parkinsonism) until optimum therapeutic effect obtained without dyskinesias. At upper limits of dosage, increment slowly at 2-4 week intervals. Administer with food.

Optimal dosage is usually 4-8 'Prolopa' 100-25 capsules daily, in 4-6 divided doses.

'Prolopa' 200-50 capsules are intended for maintenance therapy once optimal dosage has been determined using 'Prolopa' 100-25 capsules. No patient should receive more than 1000-1200 mg levodopa daily during the first year of treatment. 'Prolopa' 50-12.5 capsules should be used when frequent dosing is required to minimize adverse effects.

For patients previously treated with levodopa, allow at least 12 hours to elapse and initiate 'Prolopa' at 15% of previous levodopa dosage.

During maintenance, reduce dosage slowly, if possible, to a maximum of 600 mg levodopa daily.

Supply

'Prolopa' 50-12.5 capsules containing 50 mg levodopa and 12.5 mg benserazide. Contains mannitol.

'Prolopa' 100-25 capsules containing 100 mg levodopa and 25 mg benserazide.

'Prolopa' 200-50 capsules containing 200 mg levodopa and 50 mg benserazide.

Bottles of 100.

Product Monograph available on request.

References:

1. Rondot P. Advantages of a low dosage of the levodopa/benserazide combination in the treatment of Parkinson's disease. *Med et Hyg* 1981; 39:3832-5.

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Original Research in Medicine and Chemistry



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