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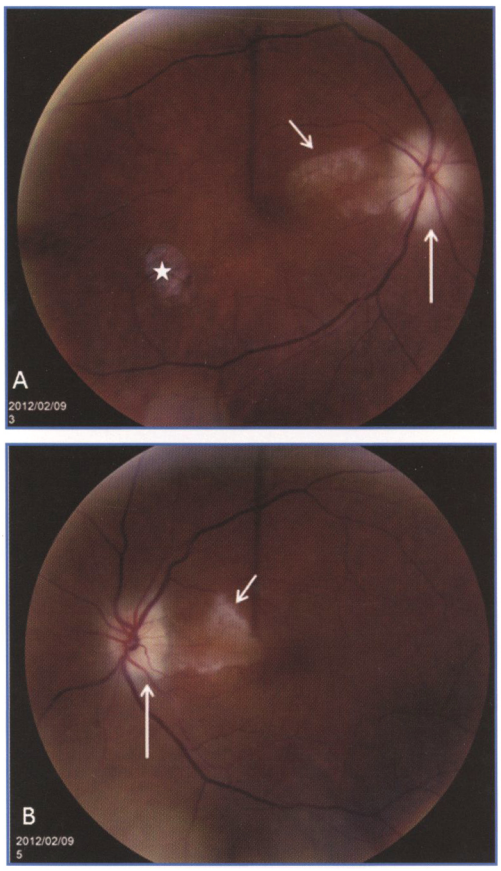
FÉDÉRATION DES SCIENCES NEUROLOGIQUES DU CANADA

The journal

Canadian Journal of Neurological Sciences

Volume 40 Number 5 September 2013



A Case of Stroke and Blindness

Alicia Mattia, Michael Sharma, Michael Nicolle, J. Alexander Fraser, Donald Lee, Robert Hammond

Clinical Neuropathological Conference - Can J Neurol Sci. 2013; 40: 730

Figure: *Photographs of the right (A) and left (B) ocular fundi, showing diffuse "pallid" edema of the optic nerves (long arrows) and retinal edema from cilioretinal artery occlusions (short arrows). (An old and unrelated incidental chorioretinal scar is also evident in the right eye (asterisk)).*

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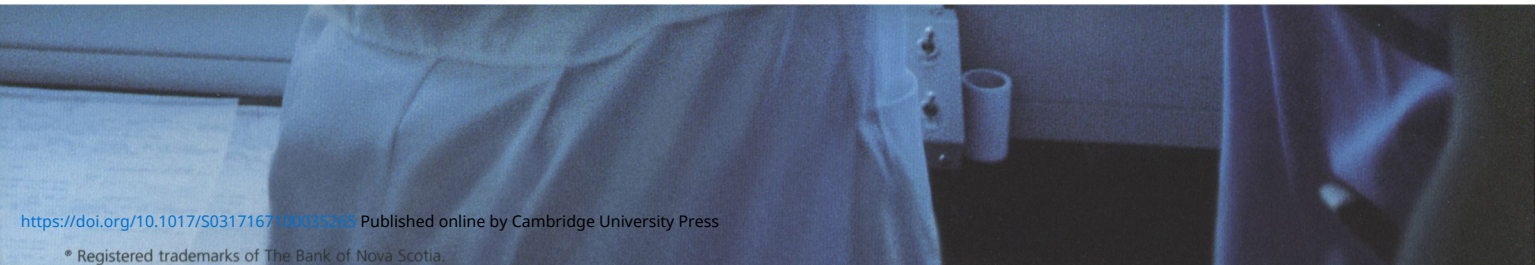

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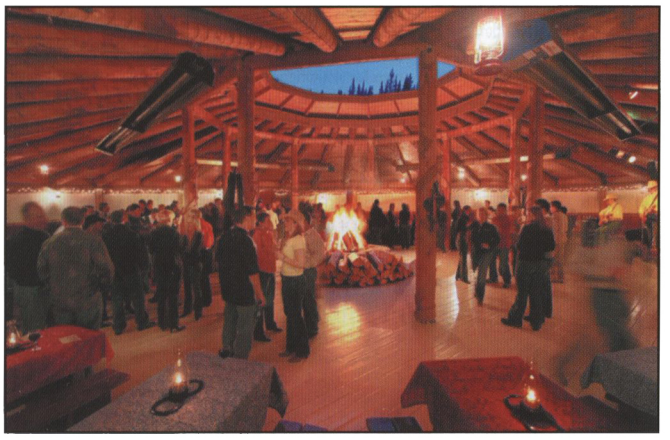
2014 CNSF Congress in Beautiful Banff Alberta

Once again we have secured an outstanding hotel property as our Congress venue and host hotel. We will be at the **Fairmont Banff Springs Hotel – June 3 to June 6, 2014!**

Few hotels in the world rival the majesty, hospitality and grandeur of The Fairmont Banff Springs resort, located in the heart of Banff National Park, a UNESCO World Heritage Site. This hotel was styled after a Scottish Baronial Castle and when it opened in 1888, it marked the birthplace of tourism in the Canadian Rockies.

The Fairmont Banff Springs hotel, a National Historical Site of Canada, provides unparalleled options and unique experiences to guests, from inclusive onsite getaways to days of adventure exploring the Rockies.

For the convenience of our Congress delegates, the CNSF has reserved transportation from the Calgary International Airport directly to Banff, through Brewster Corporate Event and Management. The fee is $40.50 per person, about the same as a taxi fare from the airport to a downtown Calgary Hotel. Enjoy the ride and Enjoy the scenery.



During your stay in our Rocky Mountains, we invite you to join your colleagues for a truly Western barbeque experience amid the majestic mountain peaks.

Just minutes from Banff at Brewster's Mountainview location we will gather 'round the indoor central bonfire for an evening of entertainment and feasting.
Transportation to and from the venue is provided.

Then, looking forward to 2015! The CNSF 50th Annual Congress!
Hope to see you all at the Fairmont Royal York Hotel in Toronto, June 9 to June 12, 2015.

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

FACED WITH PAIN[1,2*]

IN HIS STRUGGLE WITH NEUROPATHIC PAIN

Pregabalin: first-line treatment for chronic **neuropathic pain**[4]

First treatment indicated in Canada for adults for the management of pain associated with **fibromyalgia**[3]

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

In neuropathic pain (NeP): Rapid and 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[3]

In NeP: LYRICA reduced sleep disturbances across several studies in DPN and PHN, of 8-12 weeks duration[3].

Flexible dosing across all indications[3‡]

LYRICA (pregabalin) is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia and spinal cord injury 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 SCI 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, SCI 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 SCI, and 20% and 11% in fibromyalgia. There was a dose-dependent increase in rate of discontinuation due to adverse events in DPN, PHN and fibromyalgia patients.

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 page A-10, A-11

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