

THE CANADIAN JOURNAL OF

Neurological Sciences

LE JOURNAL CANADIEN DES

Sciences Neurologiques

AN INTERNATIONAL JOURNAL / UN JOURNAL INTERNATIONAL

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
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E-mail: cjns@canjneurosci.org

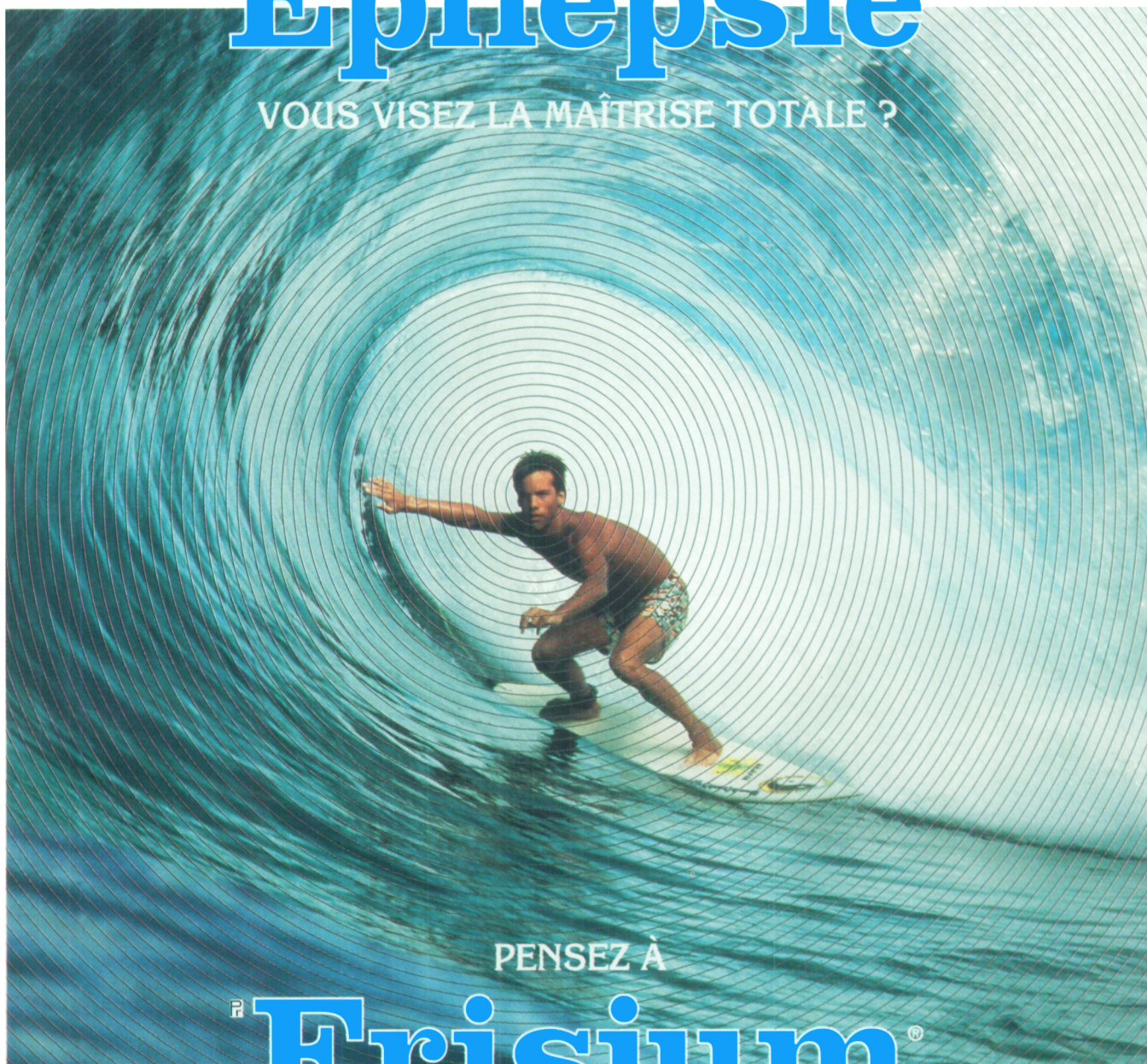
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Épilepsie

VOUS VISEZ LA MAÎTRISE TOTALE ?



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- Maîtrise totale des crises chez un pourcentage impressionnant de patients¹.
- Frسيوم est «un antiépileptique remarquablement efficace et [généralement] sûr lorsqu'il est ajouté au traitement»¹.
- Frسيوم est efficace contre *tous* les types de crises de l'enfant *et* de l'adulte².
- La posologie est d'une dose par jour, à prendre de préférence au coucher.*

Pour une approche globale de la maîtrise des crises

*La dose quotidienne peut être fractionnée chez certains patients.

Frسيوم est indiqué pour le traitement adjuvant des épileptiques lorsqu'un traitement anticonvulsivant habituel ne suffit pas à stabiliser. Comme avec toutes les benzodiazépines, les patients, surtout les personnes âgées, doivent donc en être prévenus. Les effets indésirables les plus fréquents (> 1 %) sont l'ataxie, le gain de poids, les étourdissements et la nervosité.

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Pour documentation voir page xxx.

New Lamictal—
Adjunctive Antiepileptic Therapy

Control over a wide with a low CNS



[†]Withdrawal rates ($\geq 0.6\%$): dizziness 2.4%, headache 1.3%, nausea 1.3%, blurred vision 1.1%, rash 1.1%, diplopia 0.7%, ataxia 0.6%. If there is any unexplained rash, fever, flu-like symptoms or worsening of seizure control, then hepatic, renal and clotting parameters should be monitored. See Product Monograph for recommendations when prescribing for geriatric patients and for patients with impaired renal and/or liver function. Serious skin-related events may be related to rapid initial titration of dosing and use of concomitant valproic acid.

[‡]As with most other AEDs, before prescribing LAMICTAL, refer to Product Monograph for possible drug interactions with other AEDs.

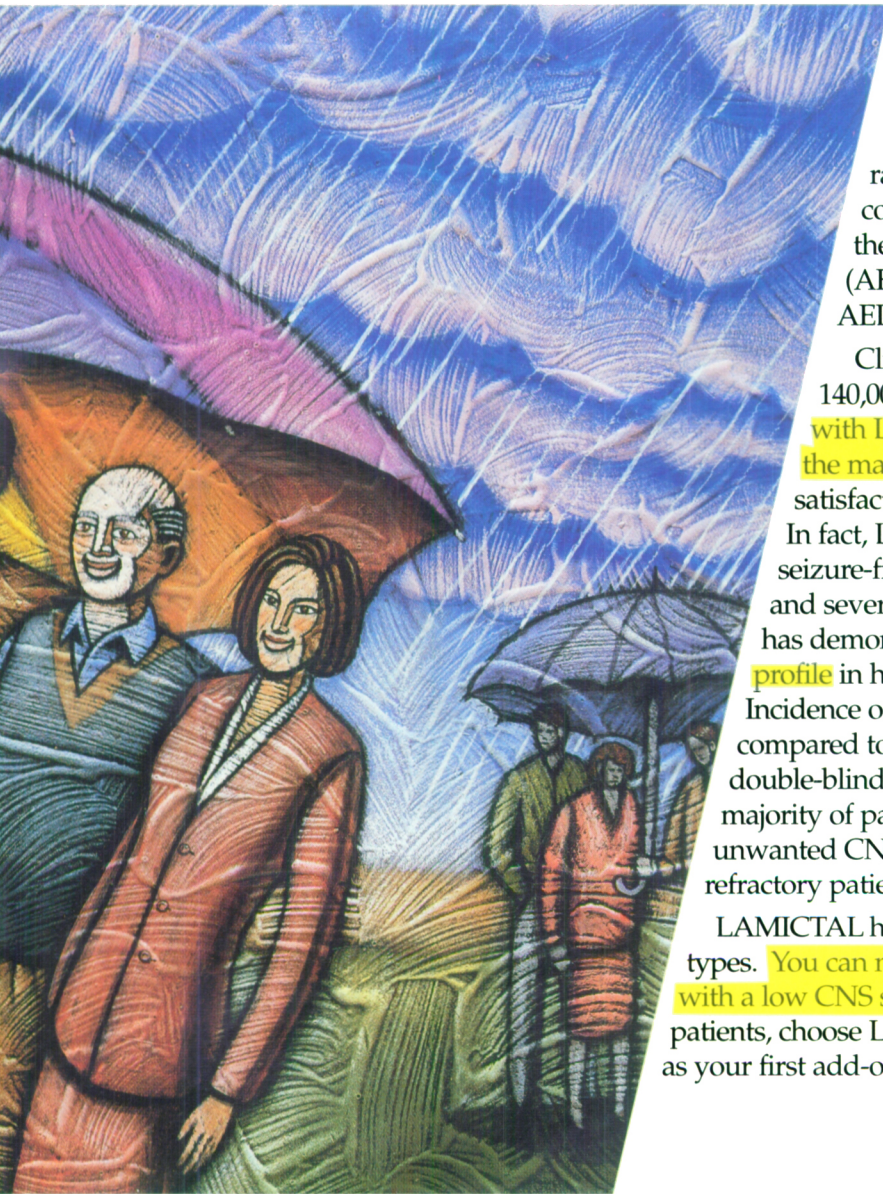
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range of seizure types, side-effect profile



Many patients with epilepsy – across a wide range of seizure types – are unsatisfactorily controlled with conventional therapies.¹ Now there's **LAMICTAL, a novel antiepileptic drug (AED)** that is chemically unrelated to all other AEDs in current use.^{1,2}

Clinical trials and worldwide experience in over 140,000 patients³ have shown that **adjunctive therapy with LAMICTAL offers a wide range of activity in the management of epilepsy** for patients who are not satisfactorily controlled by conventional therapies.¹⁻²⁴ In fact, LAMICTAL has been shown to render patients seizure-free^{4-6,25} or to reduce seizure frequency^{1,6,10,15-17,23,25} and severity in up to 65% of patients.^{1,6,16,23,25} LAMICTAL has demonstrated **a more favourable CNS side-effect profile** in healthy volunteers compared to phenytoin.²⁶ Incidence of somnolence was 13% for LAMICTAL compared to 12% for placebo in pooled results of four double-blind, placebo-controlled studies.⁷ Moreover, the majority of patients taking LAMICTAL will not experience unwanted CNS-related side effects.^{5†} More of your refractory patients will feel better on LAMICTAL.^{6,23}

LAMICTAL has activity across a wide range of seizure types. **You can now offer your patients proven tolerability with a low CNS side-effect profile.†** When faced with refractory patients, choose LAMICTAL – in 25-, 100- or 150-mg strengths – as your first add-on therapy.‡

New!

Lamotrigine
Lamictal[®]

For brief prescribing information see pages xxiii, xxiv.

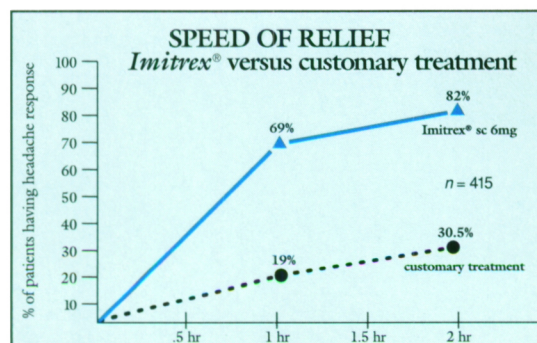
Sooner or later, every migra again. Imitrex® believes



A patient who complains about migraine is also complaining about a disrupted life. Indeed, research shows that in at least 31% of attacks, migraine sufferers cannot continue with their daily activities.¹

That's where *Imitrex*® comes in. For most patients, *Imitrex*® can bring complete relief between 90 minutes and 2 hours, versus up to 9 hours for the usual treatments.^{2,3} *Imitrex*® treats all the symptoms of migraine.^{**3-5}

Unlike conventional remedies, it has not been shown to cause medication-induced headache.^{3,6-8} Its adverse events are generally well tolerated, quickly resolved and usually non-threatening when explained to the patient.^{***3,7,9} *Imitrex*® may be more expensive, but



Adapted from *Cephalalgia*: Schoenen 1994.²

over 250,000 Canadian patients continue to choose it for migraine relief.¹⁰

The successful use of *Imitrex*® is most likely in patients who understand its common

ine sufferer will feel normal it should be sooner.



side effects, and who know when the drug should be used.^{***11} *Imitrex*[®] should be taken at the start of a debilitating attack, and may also be used after the failure of conventional treatments (except ergotamine-containing preparations).³

Most patients have attacks that limit normal function.^{1,12} So give your patients[†] the option of using *Imitrex*[®]. It's a proven route to a fast recovery.²

For more information about *Imitrex*[®], please call 1-800-268-0324.



IMITREX[®]
S U M A T R I P T A N S U C C I N A T E

1994 Winner of the Prix Galien



A faster way back.

Glaxo
Glaxo Canada Inc.

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*Customary treatments include simple analgesics, combination analgesics, ergot derivatives, NSAIDs, narcotics, antiemetics, others.² **Head pain, nausea, vomiting, photophobia and phonophobia.³ ***Fatigue, dizziness, nausea and vomiting have been reported. These side effects are usually mild to moderate in intensity, transient and resolve within 45 minutes of s.c. administration and within two hours of oral administration. *Imitrex*[®] has been associated with transient chest pain and tightness which may mimic angina pectoris. Only in very rare cases have the symptoms been associated with ischaemic ECG changes. If chest symptoms persist, patient should immediately consult physician.³ [†]Contraindicated in patients with ischaemic heart disease, angina pectoris including Prinzmetal angina, previous myocardial infarction and uncontrolled hypertension.³ *Imitrex*[®] is a selective 5-HT₁-like receptor agonist.³

I N T R O D U C I N G

P **NEURONTIN**^{*}
gabapentin capsules

100 mg, 300 mg, 400 mg

ADDED SEIZURE CONTROL...



...EASY TO HANDLE

Neurontin is now available in Canada as adjunctive therapy to treat partial and secondarily generalized tonic-clonic seizures.

Unlike other adjunctive therapies, Neurontin has shown no pharmacokinetic interactions with standard anticonvulsants.⁺¹

Now combining therapies for added control is an easy choice with Neurontin.

*Phenytoin, carbamazepine, valproic acid, phenobarbital ¹NEURONTIN (gabapentin) Product Monograph

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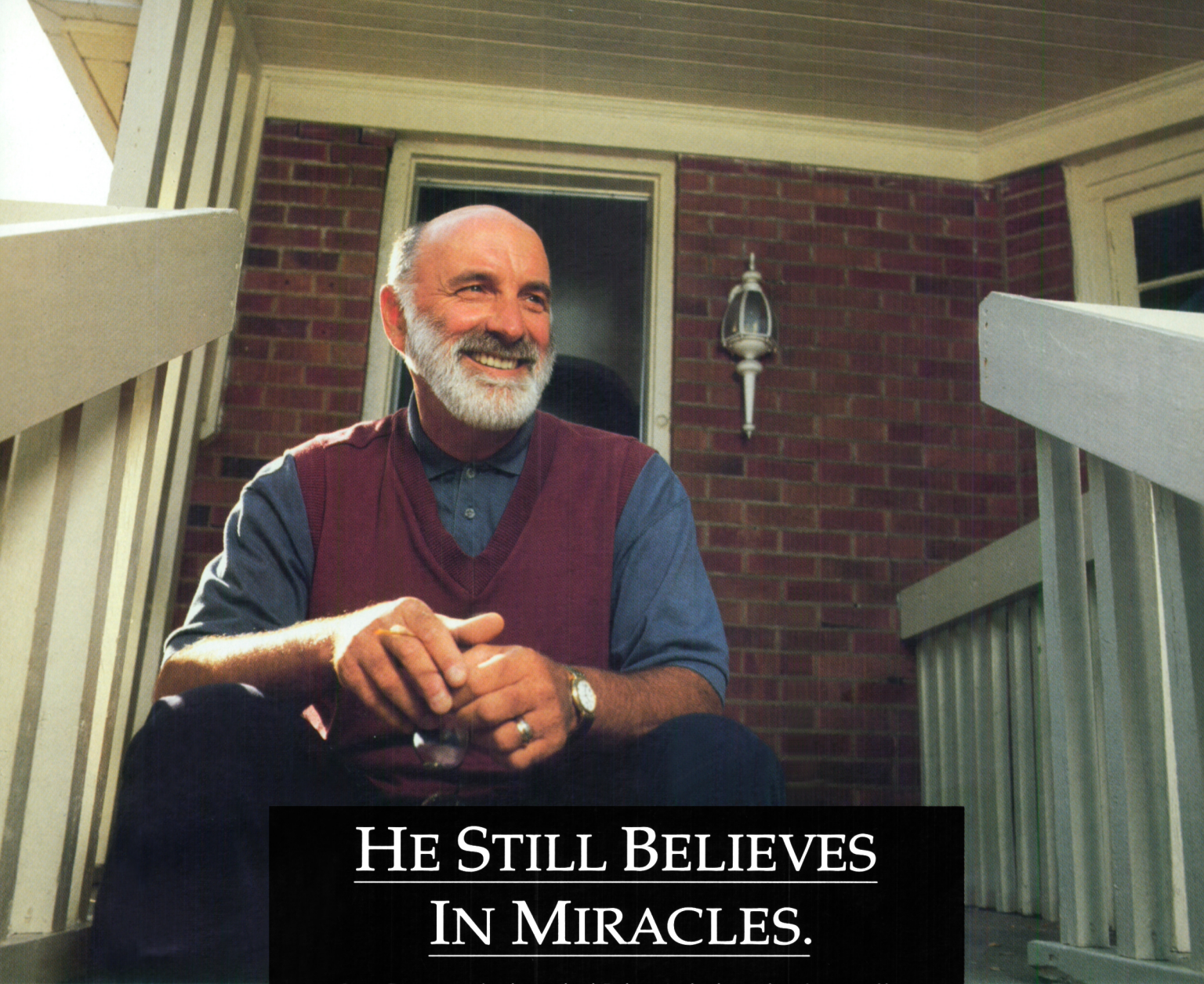
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For brief prescribing information see pages xxvii, xxviii.



HE STILL BELIEVES IN MIRACLES.

*George Dingman was first diagnosed with Parkinson's when he was thirty-four years old.
He's fifty-two today and still active in the community.*

He still believes in the unlikely and even the impossible. That's just the way he is – even if it does sound naïve. He just thinks it's healthier to look for possibilities than to accept the way things are. Maybe miracles are too much to expect. But perhaps having a better life with Parkinson's doesn't take a miracle. There's evidence now to suggest that maintaining consistent drug levels can improve the control of Parkinson's – particularly as the disease progresses. It's not exactly a miracle. But, to someone like George, it means hope.

Cornerstone
Of Therapy

Pr **SINEMET[®] CR**
(levodopa/carbidopa) CONTROLLED-RELEASE

200/50
100/25

TREAT TODAY
WITH TOMORROW
IN MIND

Other patients' experience may differ.

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DUPONT
PHARMA

Nouveau Lamictal –
Traitement antiépileptique d'appoint

La maîtrise d'un vaste événement un profil discret d'effets



†Taux d'abandon ($\geq 0,6\%$) : étourdissements 2,4 %, céphalées 1,3 %, nausées 1,3 %, vision trouble 1,1 %, éruptions cutanées 1,1 %, diplopie 0,7 %, ataxie 0,6 %. En présence d'éruption cutanée inexpliquée, de fièvre, de symptômes pseudo-grippaux, ou de diminution de la maîtrise des crises, il faut surveiller les paramètres hépatiques, rénaux ou de coagulation. Voir dans la monographie du produit les recommandations chez les patients gériatriques et en cas d'atteinte rénale ou hépatique. De sérieux incidents cutanés peuvent être causés par un ajustement posologique initial rapide et l'emploi concomitant d'acide valproïque.

‡Comme avec la plupart des autres antiépileptiques, avant de prescrire LAMICTAL, vérifier dans la monographie du produit les risques d'interaction médicamenteuse avec d'autres antiépileptiques.

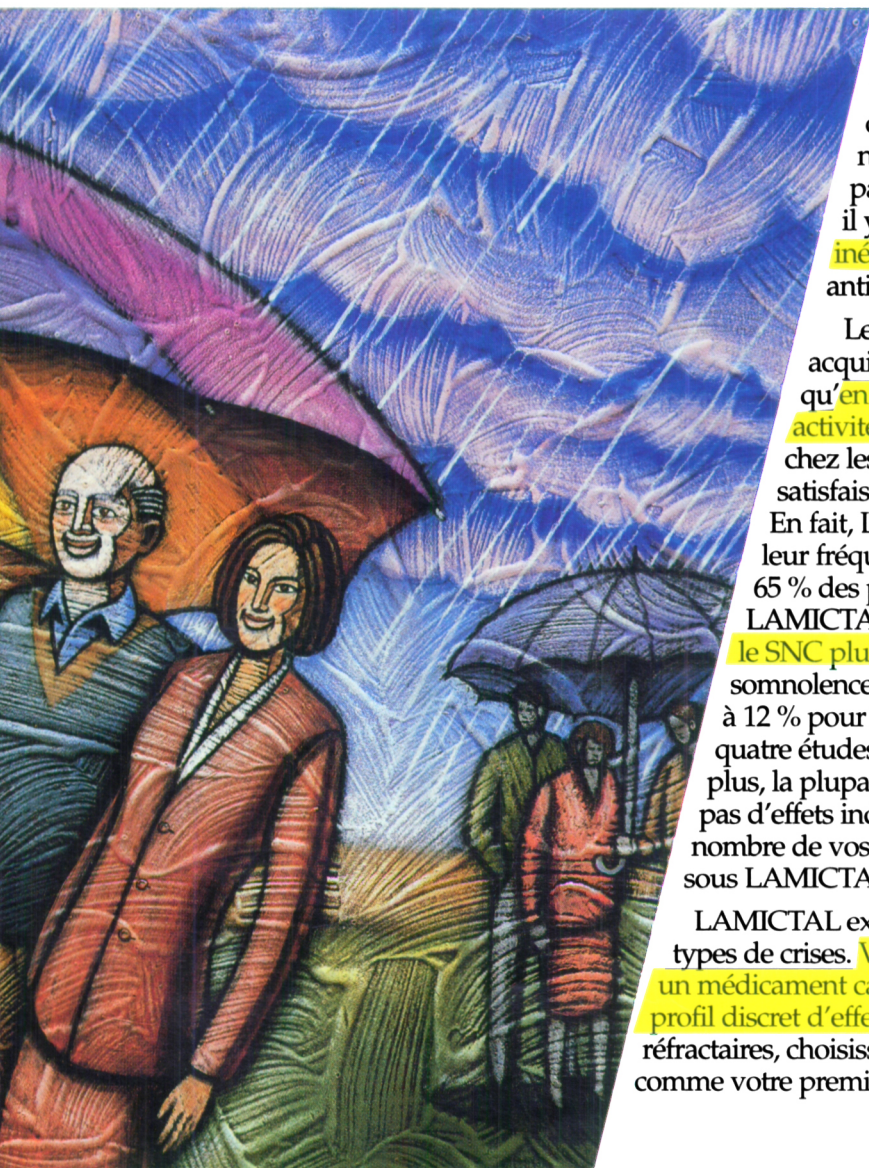
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tail de types de crises avec secondaires sur le SNC



De nombreux patients souffrant d'épilepsie – dans un vaste éventail de types de crises – ne sont pas contrôlés de façon satisfaisante par les traitements conventionnels¹. Maintenant, il y a **LAMICTAL, un nouvel antiépileptique inédit** sans parenté chimique avec aucun autre antiépileptique actuel^{1,2}.

Les essais cliniques et l'expérience mondiale acquise chez plus de 140 000 patients³ ont montré qu'**en traitement d'appoint, LAMICTAL offre une activité étendue dans le traitement de l'épilepsie** chez les patients qui ne sont pas contrôlés de façon satisfaisante avec les traitements conventionnels¹⁻²⁴. En fait, LAMICTAL a supprimé les crises^{4,6,25} ou diminué leur fréquence^{1,6,10,15-17,23,25} et leur gravité chez jusqu'à 65 % des patients^{1,6,16,23,25}. Chez des volontaires en santé, LAMICTAL a présenté **un profil d'effets secondaires sur le SNC plus favorable** que la phénytoïne²⁶. L'incidence de somnolence a été de 13 % pour LAMICTAL par rapport à 12 % pour le placebo dans les résultats combinés de quatre études à double insu contrôlées par placebo⁷. De plus, la plupart des patients sous LAMICTAL n'éprouveront pas d'effets indésirables qui affectent le SNC^{5†}. Un plus grand nombre de vos patients réfractaires se sentiront donc mieux sous LAMICTAL^{6,23}.

LAMICTAL exerce une activité dans un vaste éventail de types de crises. **Vous pouvez maintenant offrir à vos patients un médicament caractérisé par une tolérabilité éprouvée et un profil discret d'effets indésirables sur le SNC[†]**. Pour vos patients réfractaires, choisissez LAMICTAL – en 25, 100 ou 150 mg – comme votre premier traitement d'appoint[†].

Nouveau!

lamotrigine
Lamictal[®]

The most exciting day for an epileptic patient is one that's totally uneventful.



In terms of seizures, uneventful is exciting. Because it means patients may enjoy life without the constant threat of seizures. And what can make their lives uneventful is new **SABRIL®** (vigabatrin).

As an adjunct for reduction of epileptic seizures, Sabril provides impressive efficacy¹ – with more than a 50% reduction in seizures in up to 60% of patients with uncontrolled complex partial seizures.^{2,3,4} In clinical studies, 7-15% of patients actually became seizure free.^{5,6}

In over 50 million patient days of worldwide experience, the majority of patients showed no adverse reactions or negative symptoms relating to cognitive function or mood.^{4,7,8-12}

Also no serum monitoring is required, which may increase patient compliance. And no significant interaction is reported with other antiepileptics, prescription or over-the-counter medications.^{8,13}

Furthermore, Sabril is designed to inhibit GABA Transaminase, therefore increasing GABA levels.⁸

Sabril. Because when you have epilepsy, there's nothing more exciting than an uneventful day.

Additional control for fewer seizures.

Neurological function/visual disturbances should be monitored; use with caution in patients with a history of psychosis, in the elderly, in the renally impaired; there could be occupational hazards due to drowsiness; there may be a possible increase in seizures in some patients.⁷ *A gradual reduction of about 20% in plasma phenytoin concentration has been observed following add-on therapy with vigabatrin. The mechanism whereby this occurs is unknown. Limited data from clinical trials suggest that increasing the phenytoin dose to compensate may not be necessary.⁷

New
SABRIL®
VIGABATRIN

SABR94-020E



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MARION MERRELL DOW
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Introducing Pr **BETASERON**[®]

The first treatment for relapsing/remitting multiple sclerosis



Clinical trials have shown that:

- *The frequency of exacerbations was reduced by approximately 30%¹*
- *Moderate and severe exacerbations were reduced by 50%¹*
- *Disease activity, as measured by MRI, was reduced significantly²*
- *There was a low incidence of serious side effects¹*
- *Patient education about common side effects such as injection-site reactions and flu-like symptoms is key to compliance*

Over 40,000 patients treated to date³



Maintaining Independence

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capsules de gabapentine

dosées à 100 mg, 300 mg, 400 mg

**POUR UNE MAÎTRISE SUPPLÉMENTAIRE
DES CRISES D'ÉPILEPSIE...**



**... ET AVOIR LA SITUATION
BIEN EN MAIN!**

Neurontin est maintenant offert au Canada comme traitement adjuvant des crises partielles et tonico-cloniques secondairement généralisées.

Contrairement à ce qui se passe avec les autres traitements adjuvants, il n'y a pas d'interaction pharmacocinétique entre Neurontin et les anticonvulsivants d'usage courant¹.

Maintenant, avec Neurontin, la décision d'utiliser des traitements en association pour obtenir une maîtrise supplémentaire des crises est facile à prendre.

¹carbamazépine, phénobarbital, phénytoïne, acide valproïque ¹ Monographie de Neurontin (gabapentine)

Reviewers, 1995

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| Cairncross, Gregory | Karlinsky, Harry J. | Sherwin, A.L. |
| Camfield, Peter | Karpati, George | Shorter, Edward |
| Carpenter, Sterling | Kirk, Andrew | Shuaib, Ashfaq |
| Chalk, Colin | Lang, Anthony E. | Silver, Frank |
| Chertkow, Howard | Laperriere, Normand J. | Sima, Anders A. |
| Cote, Robert | LeBlanc, Frank E. | Smith, Allan M. |
| Drake, James | Leblanc, Richard | Steinbok, Paul |
| Duke, Robert | Lee, Robert G. | Stewart, John D. |
| Duquette, Pierre | MacDonald, David R. | Stoessl, A. Jon |
| Dyck, Peter | Malkin, Mark | Strong, Michael |
| Eisen, Andrew | Maria, Bernard L. | Stuss, Donald |
| Elisevich, Kost V. | Martin, Wayne | Suchowersky, Oksana |
| Fahn, Stanley | Maxner, C.E. | Sutherland, Garnette |
| Feasby, Thomas | McGeer, Patrick | Teal, Phillip |
| Fehlings, Michael | McLachlan, Richard S. | Van Orman, Colin B. |
| Fernie, Rosemary | Mikulis, David | Villemure, Jean-Guy |
| Findlay, J. Max | Muller, Paul | Wall, Michael |
| Fletcher, William | Munoz, David G. | Weir, Bryce |
| Forsyth, Peter | Murray, Thomas J. | Wong, C. Shun |
| Francis, Gordon | Myles, S. Terence | Wong, Elaine |
| Fulton, Dorcas | Norris, John W. | Zochodne, Douglas |