Volume 33 Number 1 February 2006

THE CANADIAN JOURNAL OF

Neurological Sciences

LE JOURNAL CANADIEN DES

Sciences Neurologiques

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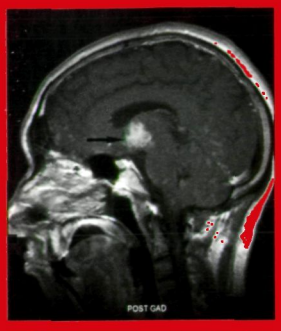
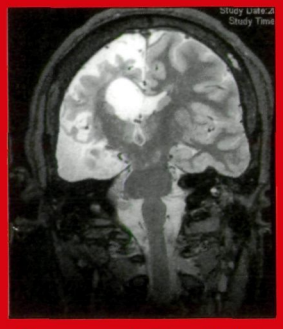


Neuroimaging Highlight



Rasmussen's Encephalitis

41st CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES
June 13-17, 2006
Montreal, Quebec

The official Journal of: The Canadian Neurological Society, The Canadian Neurosurgical Society, The Canadian Society of Clinical Neurophysiologists, The Canadian Association of Child Neurology

https://doi.org/10.1017/S0317167100116208 Published online by Cambridge University Press

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The official journal of: / La Revue officielle de:

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La Société Canadienne de Neurologie

The Canadian Neurosurgical Society
La Société Canadienne de Neurochirurgie

The Canadian Society of Clinical Neurophysiologists
La Société Canadienne de Neurophysiologie Clinique

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Mailed under Publications Mail Agreement no: 40007777; Registration no: 09824. Postage paid at Calgary, Alberta. This journal is indexed by *Aquatic Sciences and Fisheries Abstracts, ASCA – Automatic Subject Citation Alert, Biological Abstracts, Chemical Abstracts, Current Advances in Ecological Sciences, Current Contents (Clinical Medicine and Life Sciences), Dent. Index, e-psyche, Exerpta Medica, Index Medicus, Industrial Science Review, INIS Atomindex, Inpharma, Journal Watch Neurology, International Abstracts in Biological Sciences, Laboratory Hazards Bulletin, Neurosciences Citation Index, Nutrition Abstracts, Nutrition Research Newsletter, Pharmaeconomics and Outcome News, Reactions Weekly, Referativnyi Zhurnal, Science Citation Index, Weed Abstracts*

Le Journal Canadien des Sciences Neurologiques est publié trimestriellement. L'abonnement annuel est de 85 $C (non-membres au Canada); 85 $É-U (Etats Unis) et 90 $É-U (ailleurs); l'abonnement annuel for pour les institutions est de 95 $C (non-membres au Canada); 95 $É-U (Etats Unis) et 100 $É-U (ailleurs); Internes, résidents, fellows pré et post doctoral voir www.cjns.org pour détails. Copie simple: 24 $C plus affranchissement et manutention. Toutes les communications et les manuscrits doivent être adressés à Journal Canadien des Sciences Neurologiques, P.O. Box 5456, Station A, Calgary, AB Canada T2H 1X8. Par courrier: 709 - 7015 Macleod Trail SW, Calgary, AB Canada T2H 2K6. Téléphone (403) 229-9575; Fax (403) 229-1661. E-mail journal@cjns.org; Website: www.cjns.org

Posté sous poste-publications: numéro de convention: 40007777; numéro d'enregistrement 09824. Port payé à Calgary, Alberta. Le Journal est cité et indexé dans *Aquatic Sciences and Fisheries Abstracts, ASCA – Automatic Subject Citation Alert, Biological Abstracts, Chemical Abstracts, Current Advances in Ecological Sciences, Current Contents (Clinical Medicine and Life Sciences), Dent. Index, e-psyche, Exerpta Medica, Index Medicus, Industrial Science Review, INIS Atomindex, Inpharma, Journal Watch Neurology, International Abstracts in Biological Sciences, Laboratory Hazards Bulletin, Neurosciences Citation Index, Nutrition Abstracts, Nutrition Research Newsletter, Pharmaeconomics and Outcome News, Reactions Weekly, Referativnyi Zhurnal, Science Citation Index, Weed Abstracts.*

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E-mail: journal@cjns.org; Web Site: www.cjns.org

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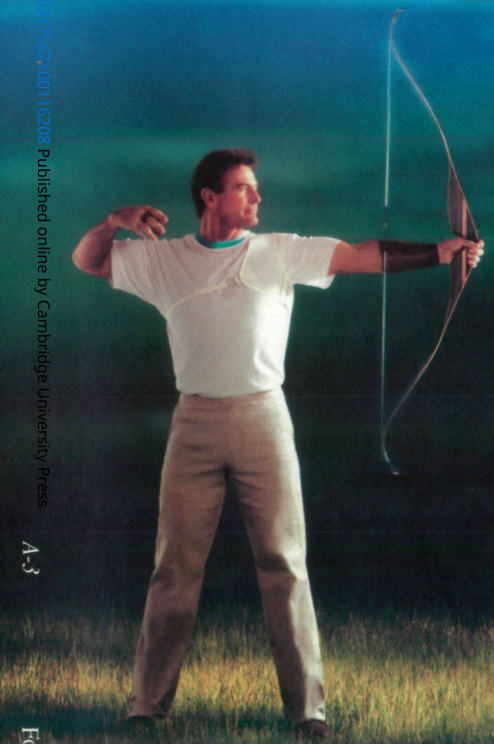
ISSN 0317 - 1671

Pr LIPITOR*: Hitting targets.



Powerful NEW Indication

Aiming beyond.

LIPITOR is an HMG-CoA reductase inhibitor (statin). LIPITOR is indicated as an adjunct to lifestyle changes, including diet, for the reduction of elevated total cholesterol, LDL-C, TG and apolipoprotein B in hyperlipidemic and dyslipidemic conditions (including primary hypercholesterolemia, combined [mixed] hyperlipidemia, dysbetalipoproteinemia, hypertriglyceridemia and familial hypercholesterolemia) when response to diet and other non-pharmacological measures alone has been inadequate.

LIPITOR also raises HDL-cholesterol and therefore lowers the LDL-C/HDL-C and Total-C/HDL-C ratios (Fredrickson Type IIa and IIb).

NEW § LIPITOR is indicated to reduce the risk of myocardial infarction in adult hypertensive patients without clinically evident coronary heart disease, but with at least three additional risk factors for coronary heart disease such as age ≥55 years, male sex, smoking, type 2 diabetes, left ventricular hypertrophy, other specified abnormalities on ECG, microalbuminuria or proteinuria, ratio of plasma total cholesterol to HDL-cholesterol ≥6, or premature family history of coronary heart disease.

Less than 2% of patients discontinued therapy due to adverse experiences. Most common adverse effects were constipation, diarrhea, dyspepsia, flatulence, nausea, headache, pain, myalgia and asthenia.

LIPITOR is contraindicated: During pregnancy and lactation; active liver disease or unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal; hypersensitivity to any component of this medication.

Lipid levels should be monitored periodically and, if necessary, the dose of LIPITOR adjusted based on target lipid levels recommended by guidelines.

Caution should be exercised in severely hypercholesterolemic patients who are also renally impaired, elderly, or are concomitantly being administered digoxin or CYP 3A4 inhibitors.

Liver function tests should be performed before the initiation of treatment, and periodically thereafter. Special attention should be paid to patients who develop elevated serum transaminase levels, and in these patients, measurements should be repeated promptly and then performed more frequently.

For brief prescribing information see pages A-16, A-17

EFFICACY ➢ **Power to start with a *FLEXIBLE FIRST DOSE*™ at 10 mg, 20 mg, 40 mg[11]**
† When a >45% LDL-C reduction is required, patients may be started at 40 mg o.d.[1]

EXPERIENCE ➢ **More than 76 million patient-years of experience[2¥‡]**

EVIDENCE NEW ➢ **ASCOT£ demonstrated LIPITOR's efficacy in reducing the risk of myocardial infarction in adult hypertensive patients without clinically evident CHD, but with at least three additional risk factors for CHD[15]**

LIPITOR has a leading edge clinical research program exploring new areas that may extend beyond lipid control[3]

¥ Based on Pfizer's analysis of IMS Health data.[2]
‡ A patient-year represents the total time of exposure to LIPITOR as defined by the sum of each patient's time on LIPITOR.[4]
£ ASCOT = Anglo-Scandinavian Cardiac Outcomes Trial.

Pfizer
Life is our life's work

PAAB Member R&D

Pr LIPITOR
atorvastatin calcium
tablets

power** you can **trust™

10 mg 20 mg 40 mg 80 mg

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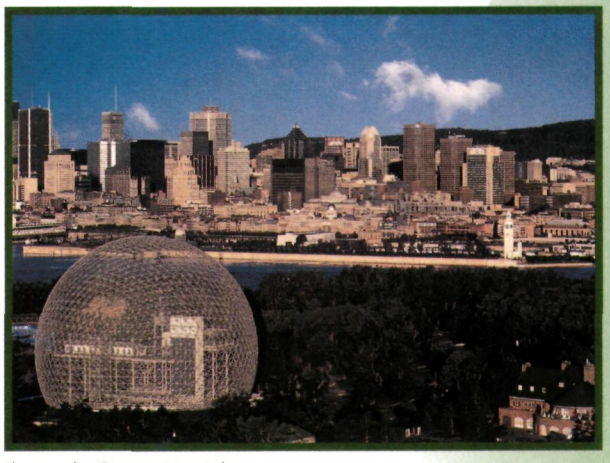
June 13 - 17 juin 2006



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41ST MEETING OF THE CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES

JUNE 13 – 17, 2006

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PORTRAIT OF A FAMILY HISTORY

HISTORY DOESN'T HAVE TO REPEAT ITSELF

Roger,
History of
angina.

Died age 57
of MI.

Alice,
History of
diabetes and
high total
cholesterol.

Died age 62
of stroke.

Help Reduce the Risk of CV Death by 26%[1]

($p<0.001$; 6.1% vs. 8.1%)

ALTACE® 10 mg
ramipril

GUARDING AGAINST CV DEATH

ALTACE is indicated in the treatment of essential hypertension, normally when beta-blockers and diuretics are inappropriate. It may be used alone or in association with thiazide diuretics. ALTACE is indicated following acute myocardial infarction in clinically stable patients with signs of left ventricular dysfunction to improve survival and reduce hospitalizations for heart failure.

Results from the HOPE study showed that ALTACE improved survival in patients by reducing the risk of CV death by 26% ($p<0.001$; 6.1% vs. 8.1%). ALTACE may be used to reduce the risk of MI, stroke, or CV death in patients over age 55 who are at high risk of CV events because of a history of CAD, stroke, peripheral artery disease, or diabetes accompanied by at least 1 other CV risk factor such as hypertension, elevated total cholesterol levels, low HDL levels, cigarette smoking, or documented microalbuminuria.

Like other ACE inhibitors, ALTACE is not recommended for pregnant or lactating women and should be used with caution in patients with renal insufficiency. The most frequent adverse events occurring in clinical trials with ALTACE monotherapy in hypertensive patients who were treated for at least 1 year (n=651) were: headache (15.1%); dizziness (3.7%); asthenia (3.7%); chest pain (2.0%). Discontinuation of therapy due to clinical adverse events was required in 5 patients (0.8%).

The reasons for stopping treatment were cough (ramipril 7.3% vs. placebo 1.8%); hypotension/dizziness (1.9% vs. 1.5%) and edema (0.4% vs. 0.2%).

ALTACE is the most prescribed ACEI in Canada and the ACEI most prescribed by cardiologists.*

*IMS Health Canada: Canadian CompuScript Audit, Moving Annual Total ending March 2005, Total Dispensed Prescriptions.

Member R&D PAAB Product Monograph available to physicians and pharmacists upon request.

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Aventis Pharma Inc., member of the sanofi-aventis Group.

CDN.RAM.05.06.02E

For brief prescribing information see pages A-14

Neuropathic Pain

Scalded From Within

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 (twice the rate as that seen with placebo) were dose related for PHN and DPN patients in the recommended dose range of 150 mg/day to 600 mg/day: dizziness (9-37%), somnolence (6.1-24.7%), peripheral edema (6.1-16.2%) and dry mouth (1.9-14.9%).

Dosage reduction is required in patients with renal impairment as pregabalin is primarily eliminated by renal excretion.

¥ Pharmacodynamic interactions were reported with oxycodone, lorazepam, ethanol and thiazolidinedione antidiabetic agents. Please consult Prescribing Information for complete interaction information.

Please see Prescribing Information for complete Warnings and Precautions, Dosage and Administration, and patient selection criteria.

† A 13-week, multicentre, double-blind, placebo-controlled trial in 368 patients with PHN. A significant difference was shown over placebo for all doses: 150 mg/day, 300 mg/day, and 600 mg/day at week 1, $p<0.001$ for pain and $p<0.01$ for sleep.

‡ A 12-week, multicentre, randomised, double-blind, placebo-controlled study in 338 patients with neuropathic pain (DPN [n=249] or PHN [n=89]), resulting in a significant difference from placebo in the flexible dose range 150-600 mg/day ($p\leq0.05$, week 2 and $p\leq0.01$, weeks 3-12), and the fixed dose of 600 mg/day ($p\leq0.05$, week 1 and $p\leq0.01$, weeks 2-12).

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New

Pr LYRICA* PREGABALIN

LYRICA is indicated for the management of neuropathic pain associated with[1]:

- Diabetic peripheral neuropathy
- Postherpetic neuralgia

Demonstrated fast, sustained neuropathic pain relief

- Rapid neuropathic pain relief shown in patients with PHN as early as Week 1[2†]
- Sustained neuropathic pain relief demonstrated over 3 months[3‡]
- Rapid improvement in pain-related sleep interference observed in patients with PHN as of Week 1[2†]
- No clinically significant pharmacokinetic drug interactions reported[1¥]
- Simple dosing regimen[1]

New Pr LYRICA* PREGABALIN

Fast onset. Sustained relief.

Pfizer
Life is our life's work

*TM C.P. Pharmaceuticals International C.V.
Pfizer Canada Inc., licensee

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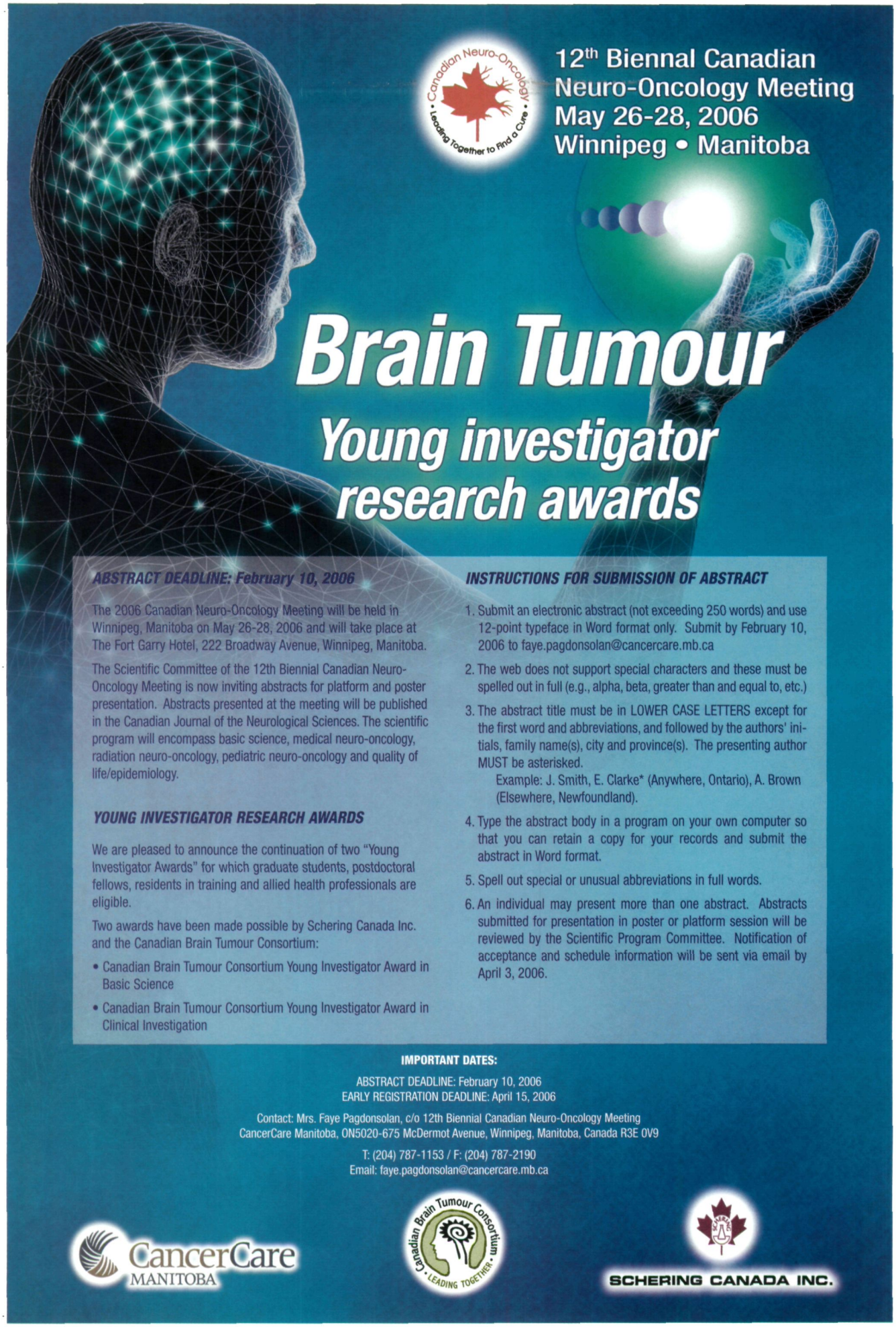
For brief prescribing information see pages A-10, A11, A12, A13



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