

THE CANADIAN JOURNAL OF

# Neurological Sciences

LE JOURNAL CANADIEN DES

# Sciences Neurologiques

AN INTERNATIONAL JOURNAL / UN JOURNAL INTERNATIONAL

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**31st CANADIAN  
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NEUROLOGICAL  
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
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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.<sup>7</sup> \*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.<sup>7</sup>

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New Lamictal—  
Adjunctive Antiepileptic Therapy

# Control over a wide with a low CNS



<sup>†</sup>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.

<sup>‡</sup>As with most other AEDs, before prescribing LAMICTAL, refer to Product Monograph for possible drug interactions with other AEDs.

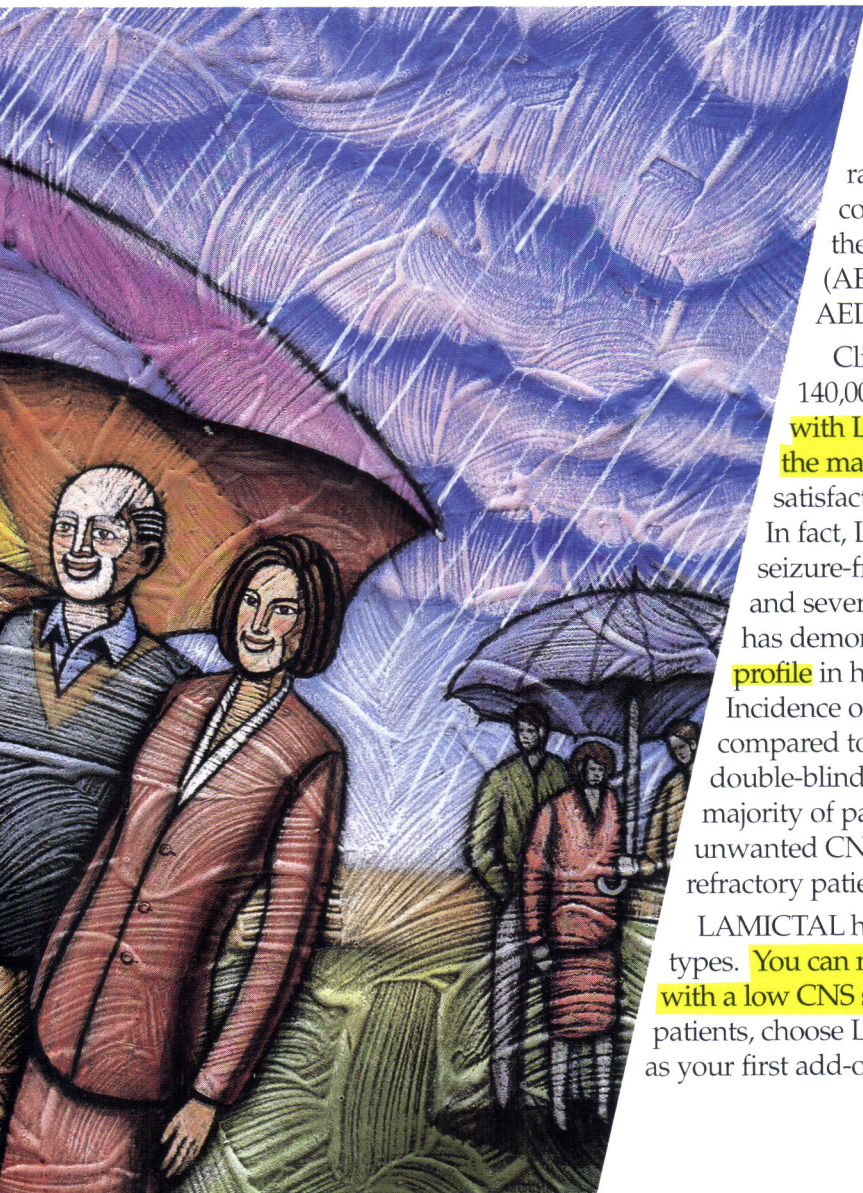
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# range of seizure types, side-effect profile



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

Clinical trials and worldwide experience in over 140,000 patients<sup>3</sup> 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.<sup>1-24</sup> In fact, LAMICTAL has been shown to render patients seizure-free<sup>4,6,25</sup> or to reduce seizure frequency<sup>1,6,10,15-17,23,25</sup> and severity in up to 65% of patients.<sup>1,6,16,23,25</sup> LAMICTAL has demonstrated **a more favourable CNS side-effect profile** in healthy volunteers compared to phenytoin.<sup>26</sup> Incidence of somnolence was 13% for LAMICTAL compared to 12% for placebo in pooled results of four double-blind, placebo-controlled studies.<sup>7</sup> Moreover, the majority of patients taking LAMICTAL will not experience unwanted CNS-related side effects.<sup>5†</sup> More of your refractory patients will feel better on LAMICTAL.<sup>6,23</sup>

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 xxvi, xxvii.

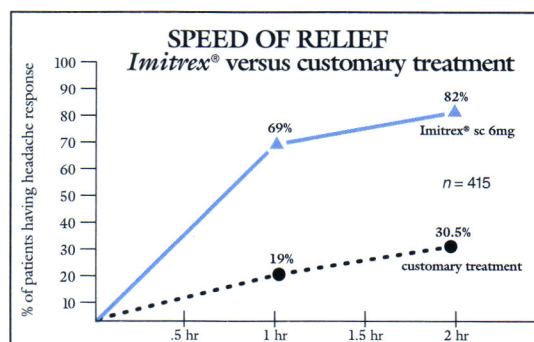
# Sooner or later, every migra again. *Imitrex*<sup>®</sup> believes



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.<sup>1</sup>

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

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



Adapted from *Cephalalgia*: Schoenen 1994.<sup>2</sup>

over 250,000 Canadian patients continue to choose it for migraine relief.<sup>10</sup>

The successful use of *Imitrex*<sup>®</sup> 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.<sup>\*\*\*11</sup> *Imitrex*<sup>®</sup> 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).<sup>3</sup>

Most patients have attacks that limit normal function.<sup>1,12</sup> So give your patients<sup>†</sup> the option of using *Imitrex*<sup>®</sup>. It's a proven route to a fast recovery.<sup>2</sup>

For more information about *Imitrex*<sup>®</sup>, please call 1-800-268-0324.



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\*Customary treatments include simple analgesics, combination analgesics, ergot derivatives, NSAIDs, narcotics, antiemetics, others.<sup>2</sup> \*\*Head pain, nausea, vomiting, photophobia and phonophobia.<sup>3</sup> \*\*\*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*<sup>®</sup> 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.<sup>3</sup> <sup>†</sup>Contraindicated in patients with ischaemic heart disease, angina pectoris including Prinzmetal angina, previous myocardial infarction and uncontrolled hypertension.<sup>3</sup> *Imitrex*<sup>®</sup> is a selective 5-HT<sub>1</sub> receptor agonist.<sup>3</sup>

For brief prescribing information see page x.

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When phenytoin or carbamazepine fail to provide adequate seizure control in adult partial seizures...

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No pharmacokinetic drug interactions with standard anticonvulsants have been observed with Neurontin. Thus, it is easy to use as adjunctive therapy with existing antiepileptic drugs.<sup>1</sup>

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(gabapentin capsules)

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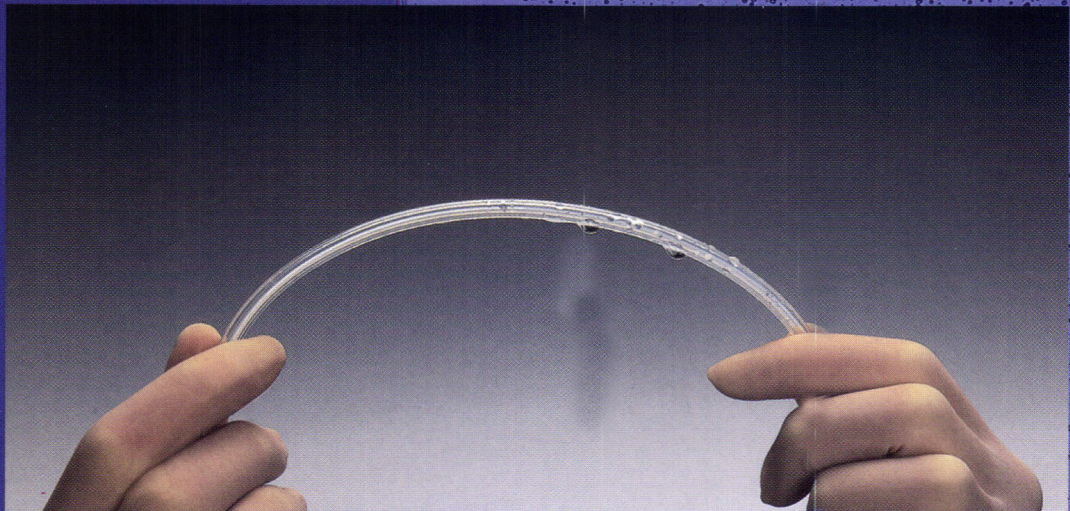
For brief prescribing information see pages xxv, xxvi.

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Nouveau Lamictal –  
Traitement antiépileptique d'appoint

# La maîtrise d'un vaste éven un profil discret d'effets



<sup>†</sup>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.

<sup>‡</sup>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.

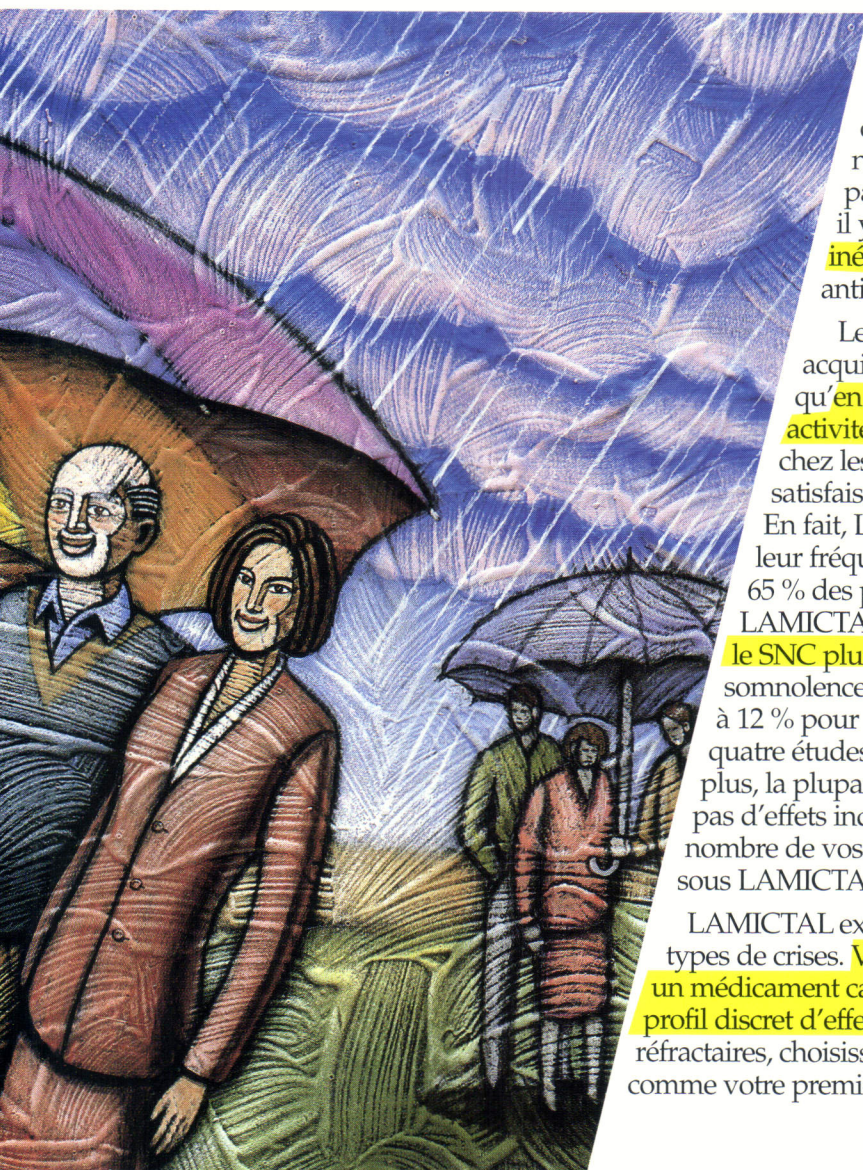
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# tail de types de crises avec secondaires sur le SNC



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

Les essais cliniques et l'expérience mondiale acquise chez plus de 140 000 patients<sup>3</sup> 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 conventionnels<sup>1-24</sup>.

En fait, LAMICTAL a supprimé les crises<sup>4-6,25</sup> ou diminué leur fréquence<sup>1,6,10,15-17,23,25</sup> et leur gravité chez jusqu'à 65 % des patients<sup>1,6,16,23,25</sup>. Chez des volontaires en santé, LAMICTAL a présenté **un profil d'effets secondaires sur le SNC plus favorable** que la phénytoïne<sup>26</sup>. 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 placebo<sup>7</sup>. De plus, la plupart des patients sous LAMICTAL n'éprouveront pas d'effets indésirables qui affectent le SNC<sup>5†</sup>. Un plus grand nombre de vos patients réfractaires se sentiront donc mieux sous LAMICTAL<sup>6,23</sup>.

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

Nouveau!

lamotrigine  
**Lamictal**<sup>®</sup>

Pour documentation voir pages xxvi, xxvii.



**Maintenant,  
Tegretol® (carbamazépine)  
est aussi offert**

**sous forme de**

**Suspension**

**Tegretol®**

carbamazépine

Pour toutes les présentations du produit, consulter le guide thérapeutique.

## On peut facilement reconnaître le jeune patient épileptique traité au Tegretol® CR.

### Excellent contrôle des crises

Tegretol® CR (carbamazépine à libération contrôlée) maîtrise les crises chez de nombreux patients, causant peu d'impact sur la fonction cognitive<sup>1,2</sup>. Tegretol CR permet à de nombreux patients de penser clairement et de donner le meilleur d'eux-mêmes<sup>1,2</sup>.

### Taux sanguins uniformes

Tegretol CR cause moins de « hauts et de bas » dans les taux sanguins que le Tegretol conventionnel. Les effets secondaires sont ainsi réduits et le modèle de fonction cognitive est plus stable.<sup>3</sup>

L'effet indésirable le plus communément signalé, lié à la carbamazépine, est la somnolence. Un tel effet ne se manifeste habituellement que durant la phase initiale du traitement<sup>4</sup> mais on peut réduire son importance en administrant de la carbamazépine à libération contrôlée (TEGRETOL® CR).<sup>1</sup>

### Posologie b.i.d. commode

Lorsque vous instituez ou remplacez un traitement, pensez au Tegretol CR. Il est présenté en comprimés à 200 mg et 400 mg facilement divisibles pour une plus grande souplesse d'administration et améliorer l'observance du patient.



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Pour documentation voir pages xxii, xxiii.

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# Announcement / Annonce

## Ciba Epileptology Prize / Prix Ciba d'Épileptologie

In agreement with the International League Against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE), Ciba has established a prize to be awarded in recognition of outstanding achievement in the field of epilepsy. A further objective of the prize is to improve the quality of, and foster innovation in, clinical trials and patient care in epilepsy. By cooperation with both ILAE and IBE, Ciba emphasises that candidates from all fields of applied research are eligible to apply for the prize, which amounts to Sfr. 20,000.

Entries for the prize are judged by an Adjudicatory Panel consisting of two delegates each from ILAE and IBE, and an independent chairman.

The prize was awarded in 1993 at the International Epilepsy Congress in Oslo and again in 1995 in Sydney. The next award will be at the International Congress in 1997 in Dublin.

Anyone outside the pharmaceutical industry who considers that he or she has made a significant scientific contribution in the field of epilepsy may compete for the prize. *The deadline for submission of entries for the next prize is September 30, 1996.*

For further details and application forms, those interested should contact the Customer Service Department of Ciba-Geigy Canada Ltd., 205 Bouchard Boulevard, Dorval, Quebec H9S 1B1 or telephone 1-800-363-8888 / fax request to 1-800-363-8153.

Le Prix Ciba d'Épileptologie a été créé conjointement par Ciba, la Ligue internationale contre l'épilepsie (ILAE) et le Bureau international de l'épilepsie (IBE). Doté d'un montant de 20 000 francs suisses par Ciba, ce prix doit récompenser une contribution marquante dans le domaine de l'épilepsie. Il doit également stimuler les progrès et l'innovation en matière d'études cliniques et de prise en charge des patients. Avec l'accord et la coopération de l'ILAE et de l'IBE, Ciba destine ce prix à des travaux de recherche appliquée au sens large du terme.

Les dossiers de candidature seront examinés par un jury composé de deux délégués de l'ILAE et de l'IBE ainsi que d'un président indépendant.

Décerné en 1993 au Congrès international d'épileptologie d'Oslo puis à Sydney en 1995, il sera remis pour la troisième fois en 1997 au Congrès international de Dublin.

Tout scientifique, n'appartenant pas à l'industrie pharmaceutique et pensant avoir contribué de manière décisive au progrès de l'épileptologie, peut poser sa candidature. *Date limite de dépôt des dossiers : le 30 septembre 1996.*

Les personnes intéressées à obtenir de plus amples renseignements et un dossier de candidature doivent s'adresser au Service à la clientèle de Ciba-Geigy Canada Ltée par téléphone (1-800-363-8888), par télécopieur (1-800-363-8153) ou par la poste, à l'adresse suivante : 205, boulevard Bouchard, Dorval (Québec), H9S 1B1.



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Neurontin is indicated as adjunctive therapy for the management of patients who are not satisfactorily controlled by conventional therapy. The most commonly observed adverse events not seen at an equivalent frequency in placebo-treated patients were somnolence, dizziness, ataxia, fatigue, nystagmus and tremor. Since Neurontin was administered most often in combination with other antiepileptic agents, it was not possible to determine which agent(s) was associated with adverse events.

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\*T.M. Warner-Lambert Company, Parke-Davis Division,  
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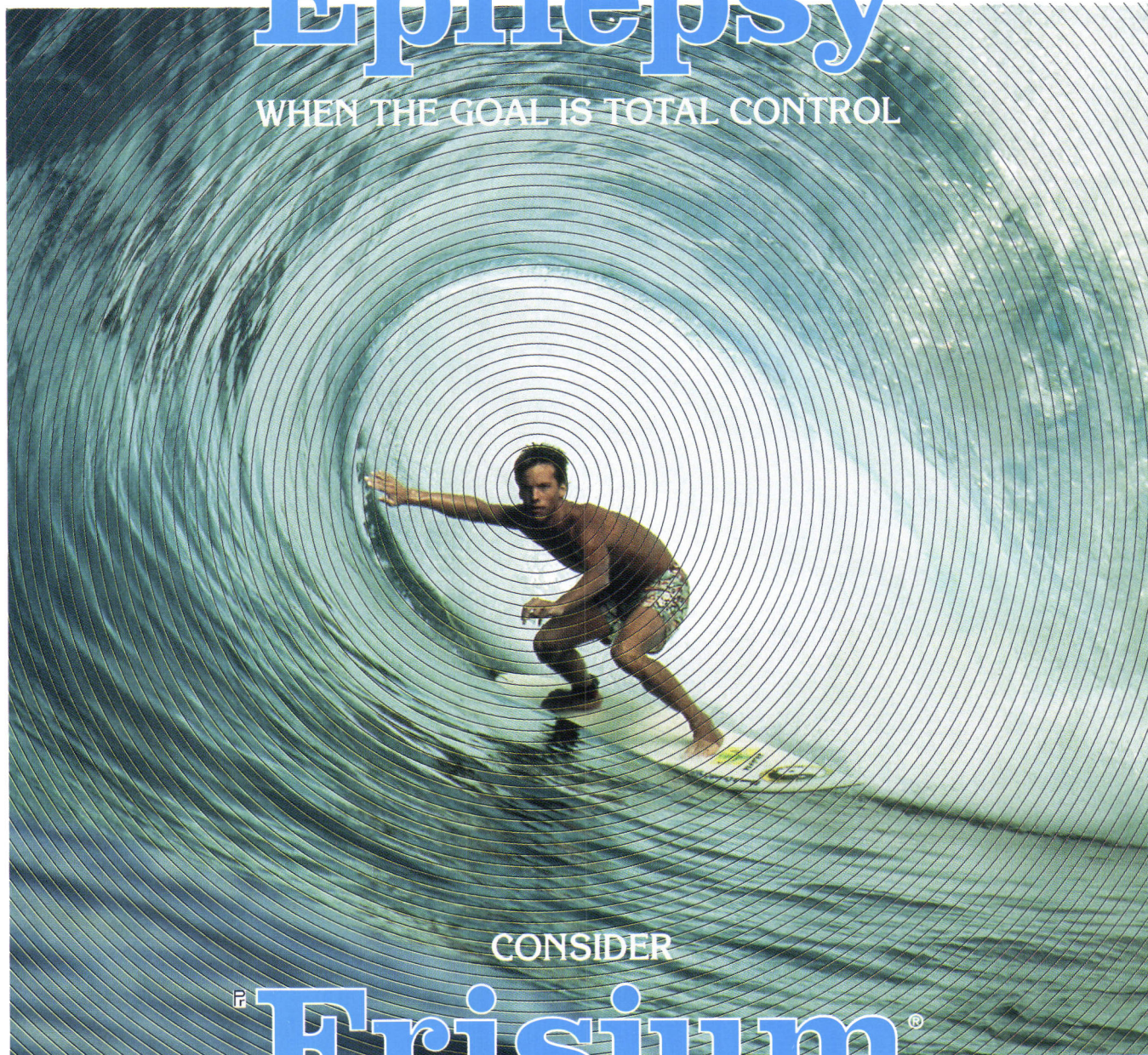
Reference: 1. *The Lancet* 1994;343:89-91.

For brief prescribing information  
see pages xxviii, xxix.

# Epilepsy

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(clobazam)

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For brief prescribing information see page xxxii.

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