

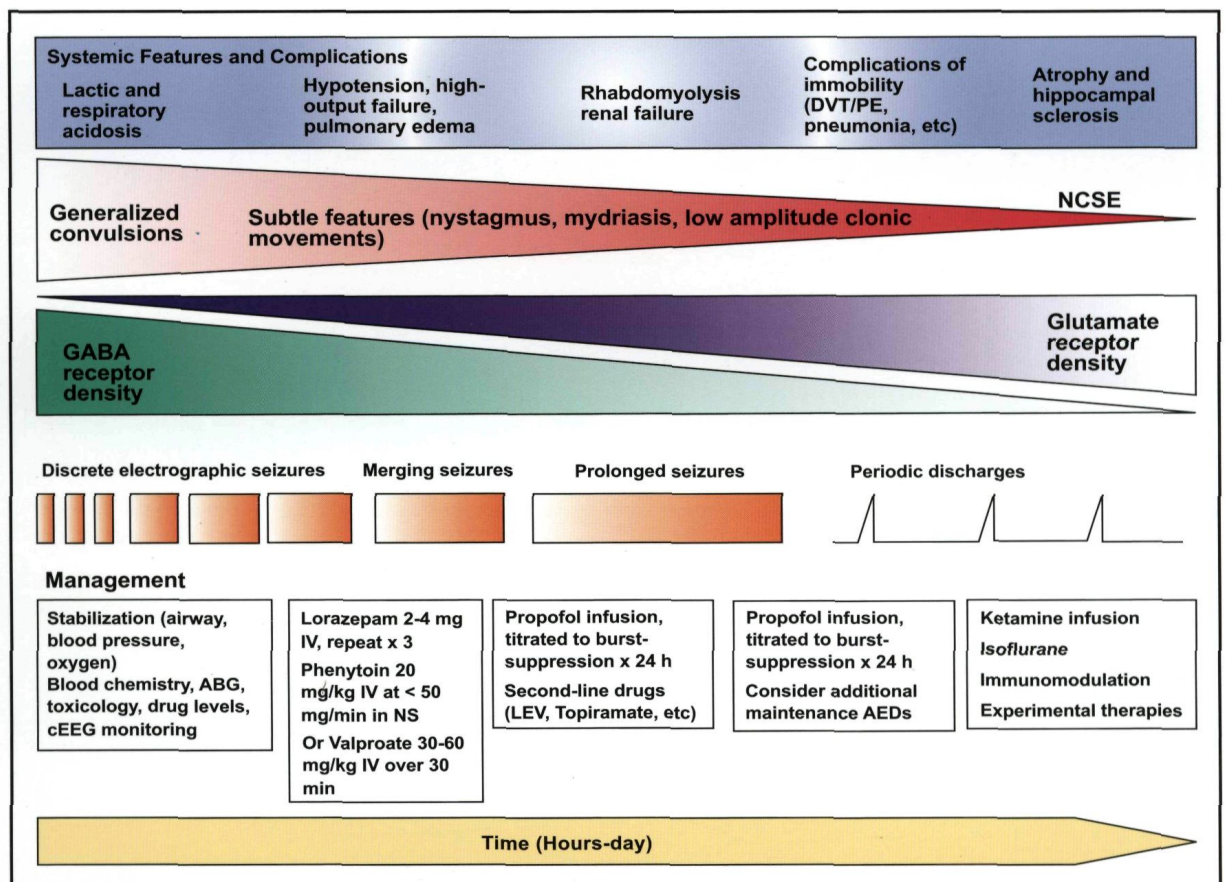


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Status Epilepticus: A Review, With Emphasis on Refractory Cases

Gary Hunter, G. Bryan Young

Review Article - *Can J Neurol Sci.* 2012; 39: 157-169

Figure: Clinical and physiologic changes over time in Status Epilepticus. DVT: Deep vein thrombosis; PE: Pulmonary embolus; NCSE: Nonconvulsive status epilepticus; GABA: Gamma-aminobutyric acid; ABG: Arterial blood gas; cEEG: Continuous electroencephalography; NS: Normal saline; LEV: Levetiracetam; AED: Antiepileptic drugs; IV: intravenous.

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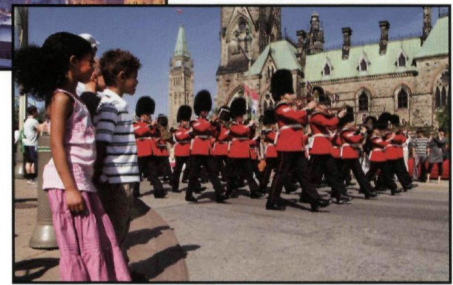
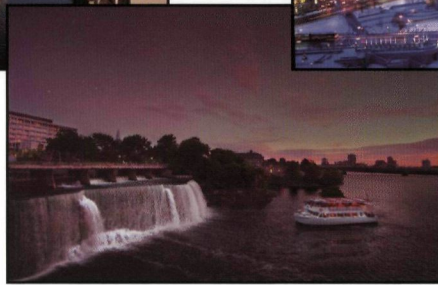
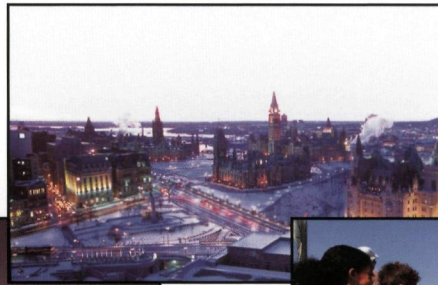
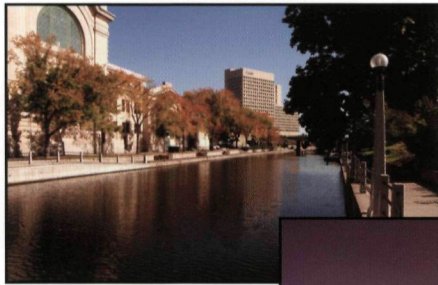
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The safety and effectiveness of BOTOX® in the prophylaxis of headaches in Chronic Migraine has not been investigated in children and adolescents under 18 years of age or adults over 65 years of age.¹

No efficacy has been shown for BOTOX® in the prophylaxis of headaches in patients with Episodic Migraine (<15 headaches days per month).¹

BOTOX® for Chronic Migraine has not been evaluated in clinical trials beyond 5 injection cycles.¹

BOTOX® should only be given by physicians with the appropriate qualifications and experience in the treatment and the use of required equipment. Follow the recommended dosage and frequency of administration for BOTOX®.¹

Caution should be used when BOTOX® is used in the presence of inflammation at the proposed injection site(s) or when excessive weakness or atrophy is present in the target muscle.¹

Muscle weakness remote to the site of injection and other serious adverse effects (e.g. dysphagia, aspiration pneumonia) have been rarely reported in both pediatric and adult patients, in some cases associated with a fatal outcome.¹

Patients or caregivers should be advised to seek immediate medical care if swallowing, speech or respiratory disorders arise.¹

As with all biologic products, an anaphylactic reaction may occur. Necessary precautions should be taken and epinephrine should be available.¹

There have been rare reports following administration of botulinum toxin of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including pre-existing cardiovascular disease. The exact relationship of these events to BOTOX®/BOTOX COSMETIC® is unknown.¹

There have been rare cases of administration of botulinum toxin to patients with known or unrecognized neuromuscular junction disorders where the patients have shown extreme sensitivity to the systemic effects of typical clinical doses. In some of these cases, dysphagia has lasted several months and required placement of a gastric feeding tube. When exposed to very high doses, patients with neurologic disorders, e.g. pediatric cerebral palsy or adult spasticity, may also be at increased risk of clinically significant systemic effects.¹

The discontinuation rate due to adverse events in these phase 3 trials was 3.8% for BOTOX® vs. 1.2% for placebo. The most frequently reported adverse events leading to discontinuation in the BOTOX® group were neck pain (0.6%), muscular weakness (0.4%), headache (0.4%), and migraine (0.4%).¹

1. BOTOX® Product Monograph, October 18, 2011.



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see prescribing information on pages A-11 to 13



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



FACED WITH PAIN*

IN HER STRUGGLE WITH FIBROMYALGIA

First treatment indicated in Canada for adults for the management of pain associated with **fibromyalgia**¹

Pregabalin: first-line treatment for chronic **neuropathic pain**²

DEMONSTRATED SIGNIFICANT RELIEF IN PAIN AND PAIN-RELATED SLEEP DIFFICULTIES IN FIBROMYALGIA¹

Demonstrated powerful, rapid and sustained pain relief^{1,3-5}

In fibromyalgia:

- In a 14 week study, LYRICA demonstrated significant pain reduction as early as week 1 ($p < 0.05$ for all doses). Mean changes in pain scores at the end of the study for LYRICA-treated patients were significantly greater versus placebo (300 mg/day, $n=183$: -1.75, $p=0.0009$; 450 mg/day, $n=190$: -2.03, $p < 0.0001$; 600 mg/day, $n=188$: -2.05, $p < 0.0001$; placebo, $n=184$: -1.04)³
- In another study of 26 weeks' duration of patients who initially responded to LYRICA during a 6-week, open-label phase, 68% of those who continued on their optimized dose ($n=279$) maintained a treatment response versus 39% of those on placebo ($n=287$). The time to loss of therapeutic response was longer in the LYRICA group ($p < 0.0001$)⁴

Also in neuropathic pain (NeP):

- 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 PHN⁵

Demonstrated effective in relieving pain-related sleep difficulties^{1,6}

In fibromyalgia:

- In a 13 week study, LYRICA reduced overall MOS-Sleep Scale scores significantly more at the end of the study vs. placebo (300 mg/day -19.1, $p=0.0174$; 450 mg/day: -20.41, $p=0.0026$; 600 mg/day: -19.49, $p=0.0101$; placebo: -14.29)⁶

Also in NeP:

- LYRICA reduced sleep disturbances across several studies in DPN and PHN, of 8-12 weeks duration¹

Flexible dosing across all indications^{1†}

LYRICA (pregabalin) is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN), postherpetic neuralgia (PHN) and spinal cord injury in adults. LYRICA may be useful in the management of central neuropathic pain 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 ($\geq 5\%$ 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 spinal cord injury 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, spinal cord injury 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 spinal cord injury, and 20% and 11% in fibromyalgia. There was a dose-dependent increase in rate of discontinuation due to adverse events in fibromyalgia.

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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See prescribing information and study parameters on pages A-9, A-10

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