

## Help prevent the storm of grand mal and psychomotor epilepsy with Mysoline

MYSOLINE (primidone USP) is a safe and effective anticonvulsant for the control of grand mal and psychomotor epilepsy in adults and children. For nearly 20 years MYSOLINE has been distinguished by its worldwide clinical record of effectiveness and safety. MYSOLINE is often effective where phenytoin or phenobarbital have failed. It is also frequently better tolerated, with minimal sedation. MYSOLINE increases the ability to carry out normal daily routines and improves outlook. In grand mal and psychomotor epilepsy, in focal epilepsy, including Jacksonian seizures, MYSOLINE gives excellent results. MYSOLINE allows the dosage flexibility needed to individualize therapy and it may be used alone or in combination with other anticonvulsants.

**a drug of choice for control and  
maintenance in epilepsy.**

# Mysoline\*

**Dosage:** Adults and children over 8 years—week I: 250 mg h.s.; week II: 250 mg b.i.d.; week III: 250 mg t.i.d.; week IV: 250 mg q.i.d. Dosage may be increased until seizures are controlled but should not exceed 2 gm daily. Children under 8 years—half the adult dosage. In patients already receiving other anticonvulsants, dosage is gradually increased while the dosage of the other drug(s) is gradually decreased. **Adverse Effects:** Drowsiness, ataxia, vertigo, anorexia, irritability, general malaise, nausea and vomiting. These reactions are usually minor and transitory tending to disappear as therapy is continued or dosage is adjusted. No serious irreversible toxic reactions have been observed. (Occasionally, megaloblastic anemia has been reported, which is reversible by folic acid, 15 mg daily, while MYSOLINE is continued). As with any drug used over prolonged periods, routine laboratory studies at regular intervals are recommended. **Supplied:** Tablets—250 mg and 125 mg Suspension—250 mg/5ml. Complete prescribing information available on request.



\* T.M. Reg.

**AYERST LABORATORIES,**  
division of Ayerst, McKenna & Harrison Limited, Montreal, Canada  
Made in Canada by arrangement with IMPERIAL CHEMICAL INDUSTRIES LTD.



**Quality has  
no substitute**

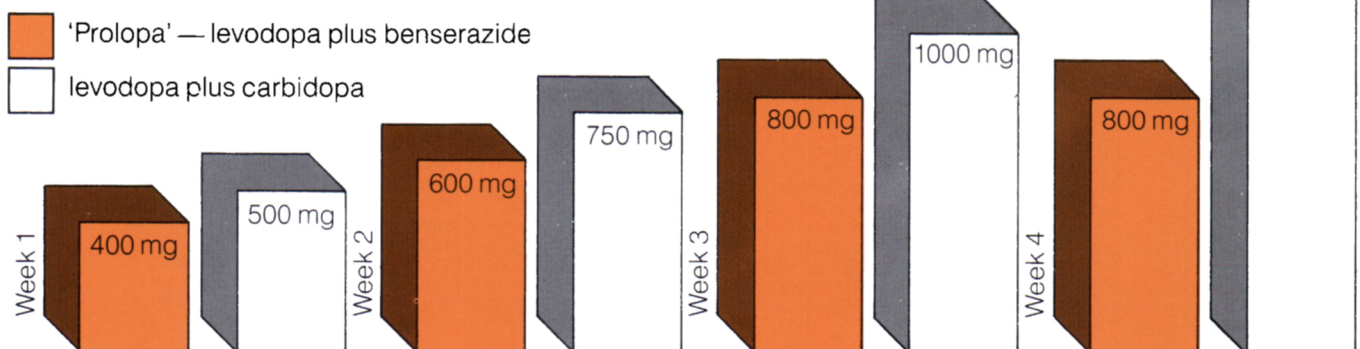
# Progress for the Parkinsonian Patient

# Prolopa<sup>®</sup>



- 1971 Roche was the first to introduce levodopa (Larodopa\*), a drug which could substantially improve the life of the Parkinsonian patient.
- 1977 Continuous research and clinical trials enables Roche to introduce 'Prolopa' (levodopa plus the decarboxylase inhibitor benserazide in a 4:1 ratio). 'Prolopa' provides significant advantages for the patient and physician:
- An equal degree of improvement to that obtained with levodopa alone in the signs and symptoms of Parkinson's disease.<sup>1</sup>
  - A marked reduction (approximately fivefold) in the daily dosage of levodopa needed to obtain a satisfactory response from patients.<sup>2,3</sup>
  - A more rapid clinical response. Maximum benefit achieved in days as opposed to months with levodopa.<sup>4</sup>
  - Less frequent occurrences of the side effects of nausea and vomiting with 'Prolopa' than with levodopa only.<sup>5</sup>
  - A simpler dosage regimen.<sup>2</sup>
  - Within the range of recommended doses, less levodopa is required to reach optimal dosage for most patients than with the combination of L-dopa plus carbidopa.<sup>6</sup>

Levodopa daily intake based on the maximum recommended doses for a patient not receiving levodopa. (Calculated from Manufacturers' Product Monographs.)



'Prolopa': Initially, one capsule b.i.d., increasing by one capsule every three days to a maximum of eight capsules. Combination of levodopa plus carbidopa: Initially ½ tablet b.i.d., increasing by ½ tablet every three days to a maximum of five tablets.

## Brief Prescribing Information

### Classification

Antiparkinsonism agent

### Indications

The treatment of Parkinson's syndrome with the exception of drug-induced parkinsonism.

### Contraindications

Patients with a known sensitivity to levodopa or benserazide. In patients in whom sympathomimetic amines are contraindicated; in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. Clinical or laboratory evidence of uncompensated cardiovascular, endocrine, renal, hepatic, hematologic or pulmonary disease; in narrow angle glaucoma (may be used in wide-angle glaucoma provided that the intra-ocular pressure remains under control). History of melanoma or with suspicious undiagnosed skin lesions.

### Warnings

Discontinue levodopa therapy at least twelve hours before initiation of 'Prolopa' therapy. To avoid inducing central nervous system side effects (abnormal movements) dosage of 'Prolopa' 100-25 should be increased gradually. Observe patients for signs of depression with suicidal tendencies or other serious behavioural changes. Exercise caution in patients with a history of psychotic disorders or who are receiving psychotherapeutic agents such as reserpine, pheno-thiazines or tricyclic anti-depressants.

Administer with care to patients with a history of myocardial infarction or who have atrial, nodal or ventricular arrhythmias. The safety of 'Prolopa' in patients under 18 years has not been established. In women of childbearing potential who are or who may become pregnant the anticipated benefits of the drug should be weighed against the possible hazards to mother and fetus. 'Prolopa' should not be given to nursing mothers.

### Precautions

Patients with a history of convulsive disorders should be treated cautiously with 'Prolopa'. Upper gastrointestinal hemorrhage may occur in patient with a history of peptic ulcer.

Patients who improve on 'Prolopa' therapy should be advised to resume normal activities gradually as rapid mobilization may increase the risk of injury. 'Prolopa' should be administered with caution to patients on antihypertensive medication.

### Adverse Reactions

Abnormal involuntary movements are the most common adverse reactions with 'Prolopa'. These are usually dose-dependent and may disappear or become tolerable after dose reduction. Periodic oscillations in performance, end-of-dose akinesia, on-off phenomenon and akinesia paradoxa constitute the most serious problems encountered after prolonged 'Prolopa' therapy.

Side effects such as nausea and vomiting, which are frequently observed during the initial stages of levodopa therapy, are much less common in patients treated with 'Prolopa'. Cardiovascular disturbances such as arrhythmias and orthostatic hypotension are less frequent than in patients treated with levodopa alone. Psychiatric disturbances including mild elation, depression, anxiety, agitation, aggression, hallucinations and delusions are also encountered.

### Dosage

Recommended initial dose is one capsule of 'Prolopa' 100-25 once or twice a day. This dose may be carefully increased by one capsule every third or fourth day until an optimal therapeutic effect is obtained without dyskinesias. Near the upper limits of dosage, the increments should be made slowly, at 2-4 week intervals.

Optimal dosage for most patients is 4-8 capsules of 'Prolopa' 100-25 daily (400-800 mg levodopa), divided into 4-6 doses. Most patients require no more than 6 capsules of 'Prolopa' 100-25 (600 mg levodopa), per day.

'Prolopa' 200-50 capsules are intended only for maintenance therapy once the optimal dosage has been determined using 'Prolopa' 100-25 capsules. No patient should receive more than 5-6 capsules of 'Prolopa' 200-50 daily (1000-1250 mg levodopa in combined therapy), during the first year of treatment.

### Supply

'Prolopa' 100-25 capsules containing 100 mg levodopa and 25 mg benserazide and 'Prolopa' 200-50 capsules containing 200 mg levodopa and 50 mg benserazide, in bottles of 100.

### References

1. Fazio, C. et al.: Treatment of Parkinson's Disease with L-dopa and Association L-dopa plus a DOPA Decarboxylase Inhibitor. *Z. Neuro.*, 202:347. (1972).
2. Barbeau, A.: Treatment of Parkinson's Disease with L-dopa and Ro 4-4602: Review and Present Status. *Advance in Neurology*, Ed.: D.B. Clane, Raven Press, New York, 2:173. (1973).
3. Rinne, U.K. et al.: Treatment of Parkinson's Disease with L-dopa and Decarboxylase Inhibitor. *Neuro.*, 202:1. (1972).
4. Schneider, E. et al.: Wirkungsvergleich von L-dopa und der Kombination L-dopa Decarboxylasehemmer beim Parkinson-Syndrom. *Arch. Psychiat. Nervenkr.*, 217:95. (1973).
5. Steinhausl, H.: Erfahrungsbericht über die Behandlung des Parkinson-Syndroms mit dem Kombinationspräparat L-dopa Dekarboxylasehemmer (Ro-8-0576). *Wien. med. Wschr.*, 123:433. (1973).
6. Manufacturers' Product Monographs.

# Prolopa®

## a choice after comparisons

Product monograph available upon request

\*Registered Trade Mark for levodopa plus benserazide

\*Registered Trade Mark for levodopa



Hoffmann-La Roche Limited  
Vaudreuil, Québec



**A simple  
task**

**but an  
embarrassing  
moment  
for the  
patient  
with  
parkinsonism**

**Gogentin<sup>\*</sup>**

(bentropine mesylate, MSD Std.)

**Antiparkinsonian agent**



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SHARP  
& DOHME** CANADA LIMITED  
POINTE CLAIRE, QUEBEC H9R 4P7  
\*Trademark CGT-7-488-JA

FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST



# Released

from tension headache

**DOSAGE:** 2 tablets or capsules at once, followed by 1 tablet or capsule in a ½ hour and 1 tablet or capsule every 3 to 4 hours if required.

**SIDE EFFECTS:** In rare instances, drowsiness, nausea, constipation, skin rash or dizziness may occur.

**PRECAUTIONS:** Due to presence of butalbital, may be habit-forming. Sensitive patients should be cautioned against activities requiring rapid or precise response (i.e. driving an automobile or operating dangerous machinery) until their response to the drug has been determined.

◇ **ANALGESIC plus SEDATIVE**

## Fiorinal®

**Tablets or Capsules — without phenacetin**

Let Fiorinal help release the patient from the aching, pressing, painfully tight feeling of tension headache. Its analgesic component helps relieve pain while its sedative component helps relax the patient.

Sandoz (Canada) Limited, Dorval, Quebec.

**CONTRAINDICATIONS:** Porphyria, hypersensitivity to any of the components.

**COMPOSITION:** Each tablet or capsule contains: 330 mg acetylsalicylic acid, 40 mg caffeine, 50 mg Sandoptal (butalbital).

**SUPPLY:** Bottles of 100 and 500 tablets or capsules.

Full prescribing information is available upon request.

**SANDOZ®**  
▲▲▲



# FROM TECA: A UNIQUE NEW DIRECT RECORDING ELECTROMYOGRAPH

Multiple, single sweep and continuous records appear rapidly on inexpensive 100 mm wide recording paper—without chemical processing—on the TECA Model TE-4 Direct Recording EMG—using a new inertialess recording method.

The new **TECA TE-4** permits, through modular plug-in design, one to four EMG channels. ■ Four traces of information are displayed on a large 7" cathode ray tube and may be automatically recorded simultaneously on 100 mm wide recording paper. ■ An electronic time ruler, a direct reading latency indicator, a delayed stimulus nerve stimulator with dual pulse capability, and a stabilized current muscle stimulator, permit a wide range of accurate rapid tests. ■ A two channel magnetic tape recorder is integrated into the System. ■ The TE-4 is of solid state design, making extensive use of integrated circuits. Modular plug-in construction simplifies service and permits easy expansion of capabilities by addition of modules listed. ■ Many of the above standard EMG features pioneered by TECA are further detailed in the TE-4 Specifications. Also included are new amplifier, stimulator, and System features and extended performance ranges offered. ■ Optional plug-ins: Evoked Potential Averager, Dual Pulse Train Stimulator, Signal Delay Unit (Delay Line), Integrator, Strain Gauge Amplifier.

PHOTOCOPY OF ACTUAL TRACING

**TECA** is an independent company concerned for the past 15 years with the development, production and maintenance of neuromuscular instrumentation and electrodes for clinical and research studies. TECA also offers a complete range of autoclavable electrodes.

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CORPORATION

220 FERRIS AVE., WHITE PLAINS, N.Y.

# <sup>®</sup>Symmetrel<sup>®</sup> Capsules 100 mg (amantadine HCl)

## for the management of Parkinson's syndrome

✱ Chemically distinct

(Not related to levodopa or anticholinergic antiparkinson drugs.)

✱ Fast onset of action

(Usually effective within 1 week in contrast to the slower response from levodopa.)

✱ **Effective with levodopa**

(Either initiated concurrently or added to levodopa. Additional benefit may result — such as smoothing out of fluctuations in performance which sometimes occur when levodopa is administered alone. When the levodopa dose must be reduced because of side effects, the addition of Symmetrel may result in better control of Parkinson's syndrome than is possible with levodopa alone.)

✱ **Effective with other anticholinergic antiparkinson drugs**

(When these drugs, e.g. benzotropine mesylate, provide only marginal benefits, Symmetrel used concomitantly may provide the same degree of control of Parkinson's syndrome, often with a lower dose of anticholinergic medication, and a possible reduction in anticholinergic side effects.)

✱ **Effective alone**

(Lessening of Parkinsonian symptomatology usually evident within one week in responsive patients.)

**CONTRAINDICATIONS** "Symmetrel" is contraindicated in patients with known hypersensitivity to the drug.

**WARNINGS** Patients with a history of epilepsy or other "seizures" should be observed closely for possible untoward central nervous system effects.

Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving "Symmetrel" (amantadine HCl).

Safety of use in pregnancy has not been established. Therefore, "Symmetrel" should not be used in women with childbearing potential, unless in the opinion of the physician, the expected benefit to the patient outweighs the possible risks to the fetus (see Toxicology-Effects on Reproduction).

Since the drug is secreted in the milk, "Symmetrel" should not be administered to nursing mothers.

**PRECAUTIONS** The dose of "Symmetrel" may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema, or orthostatic hypotension. Since "Symmetrel" is not metabolized and is mainly excreted in the urine, it may accumulate when renal function is inadequate.

Care should be exercised when administering "Symmetrel" to patients with liver disease, a history of recurrent eczematoid rash, or to patients with psychosis or severe psychoneurosis not controlled by chemotherapeutic agents. Careful observation is required when "Symmetrel" is administered concurrently with central nervous system stimulants.

Patients with Parkinson's syndrome improving on "Symmetrel" should resume normal activities gradually and cautiously, consistent with other medical considerations, such as the presence of osteoporosis or phlebotrombosis.

Patients receiving "Symmetrel" (amantadine HCl) who note central nervous system effects of blurring of vision should be cautioned against driving or working in situations where alertness is important.

"Symmetrel" (amantadine HCl) should not be discontinued abruptly since a few patients with Parkinson's syndrome experienced a Parkinsonian crisis, i.e., sudden marked clinical deterioration, when this medication was suddenly stopped.

The dose of anticholinergic drugs or of "Symmetrel" should be reduced if atropine-like effects appear when these drugs are used concurrently.

**ADVERSE REACTIONS** Adverse reactions reported below have occurred in patients while receiving "Symmetrel" (amantadine HCl) alone or in combination

with anticholinergic antiparkinson drugs and/or levodopa.

The more important adverse reactions are orthostatic hypotensive episodes, congestive heart failure, depression, psychosis and urinary retention, and rarely confusion, reversible leukopenia and neutropenia, and abnormal liver function test results.

Other adverse reactions of less importance which have been observed are, anorexia, anxiety, ataxia, confusion, hallucinations, constipation, dizziness (lightheadedness), dry mouth, headache, insomnia, livedo reticularis, nausea, peripheral edema, drowsiness, dyspnea, fatigue, hyperkinesia, irritability, nightmares, rash, slurred speech, visual disturbance, vomiting and weakness, and very rarely eczematoid dermatitis and oculoerythema episodes.

Some side effects were transient and disappeared even with continued administration of the drug.

**DOSAGE AND ADMINISTRATION** The initial dose of "Symmetrel" is 100 mg daily for patients with serious associated medical illnesses or who are receiving high doses of other antiparkinson drugs. After one to several weeks at 100 mg once daily, the dose may be increased to 100 mg twice daily. When "Symmetrel" and levodopa are initiated concurrently, "Symmetrel" should be held constant at 100 mg daily or twice daily while the daily dose of levodopa is gradually increased to optimal dose. When used alone, the usual dose of "Symmetrel" is 100 mg twice a day.

Patients whose responses are not optimal with "Symmetrel" (amantadine HCl) at 200 mg daily may benefit from an increase to 300 mg daily in divided doses. Patients who experience a fall-off of effectiveness may regain benefit by increasing the dose to 300 mg daily; such patients should be supervised closely by their physicians.

**DOSAGE FORMS** CAPSULES, (bottles of 100) — each red, soft gelatin capsule contains 100 mg of amantadine HCl.

Product monograph, with complete references, available upon request.

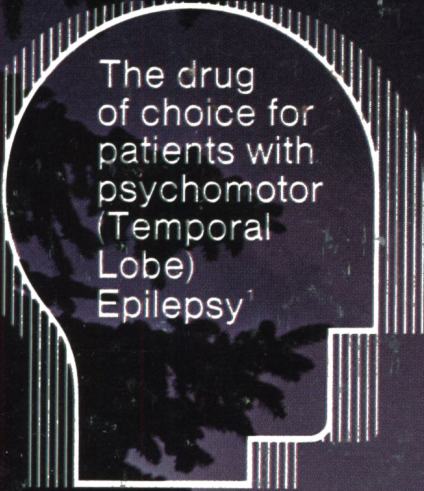
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**Endo** **PMAC**  
**LABORATORIES**  
**MONTREAL** **DUPONT**

Subsidiary of E. I. du Pont de Nemours & Co. (Inc.)


In epilepsy\*

# Tegretol<sup>®</sup>

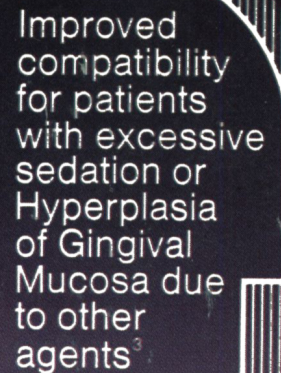
provides control of seizures  
and alleviation of personality  
disorders.



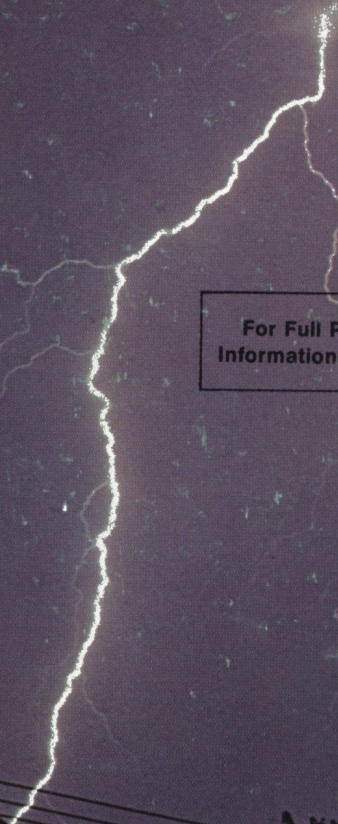
The drug  
of choice for  
patients with  
psychomotor  
(Temporal  
Lobe)  
Epilepsy<sup>1</sup>



Reliable  
control for  
patients who  
are refractory  
to treatment  
with other  
anticonvul-  
sants<sup>2</sup>



Improved  
compatibility  
for patients  
with excessive  
sedation or  
Hyperplasia  
of Gingival  
Mucosa due  
to other  
agents<sup>3</sup>



For Full Prescribing  
Information See Page ix

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Dorval, P.Q. H9S 1B1

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from Geigy or through your  
Geigy representative

\* See indications, brief prescribing  
information