

THE CANADIAN JOURNAL OF NEUROLOGICAL SCIENCES

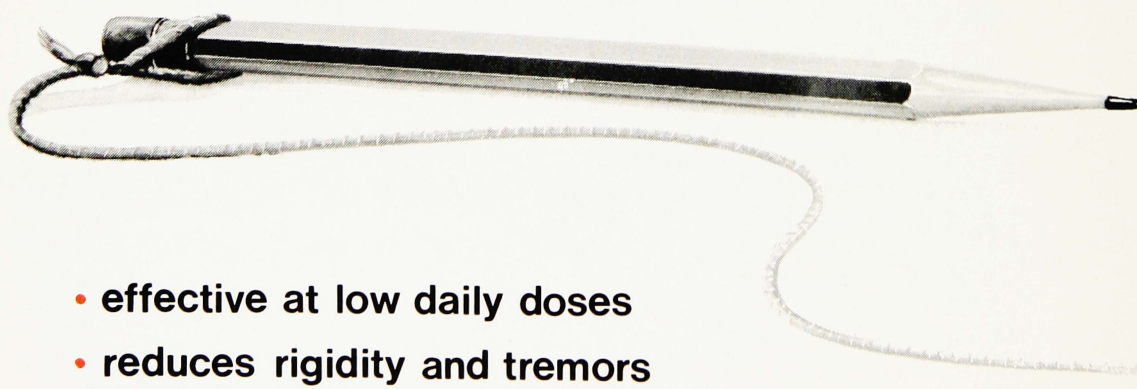
LE JOURNAL CANADIEN DES SCIENCES NEUROLOGIQUES

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R. T. Ross CM, MD, FRCP
Health Sciences Centre
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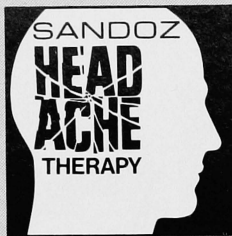
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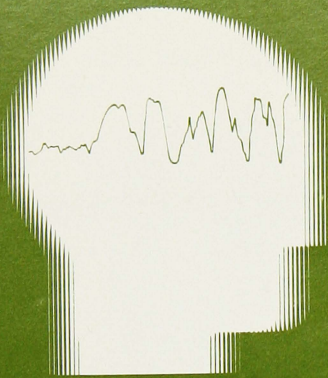


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control of seizures is always
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. . . but seizures
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1 Livingston, S., et al. JAMA, 200, 3, 204-208, 1967

2 Braunhofer, J., Med. Klin. 60, 343-348, 1965

3 Livingston, S., Comprehensive Management of Epilepsy in Infancy, Childhood and Adolescence, Springfield, Charles C. Thomas, 1972

Brief prescribing information

Tegretol® 200mg Anticonvulsant

Properties

Tegretol has a proven anticonvulsant effect. In addition, Tegretol also has a distinct psychotropic effect, improving the mood and relieving irritability of the epileptic patient with associated behavioral or personality disturbances. Tegretol relieves or diminishes the pain associated with trigeminal neuralgia, usually within 24-48 hours.

Indications

1 Epilepsy

Temporal lobe (psychomotor) epilepsy, and as an adjunct in secondary epilepsy or partial epilepsy with complex symptoms or secondarily generalized seizures.

2 Neuralgia

Trigeminal neuralgia (tic douloureux), glossopharyngeal neuralgia

Dosage

A gradual increasing schedule is recommended with adjustment to suit the needs of the individual. When Tegretol is added to, or substituted for, existing anticonvulsant therapy, the dosage of the other drug(s) should be gradually reduced.

Epilepsy

Initially 1/2-1 tablet (100 mg-200 mg) twice daily increasing over a period of 4-6 days until optimal control is achieved (usually with 3 tablets daily).

Trigeminal Neuralgia

Initially - 200 mg daily in divided doses of 100 mg (1/2 tablet), increasing by 200 mg (1 tablet) daily until pain relief is obtained. Dosage in excess of 1200 mg (6 tablets) daily is not recommended. All patients should be maintained on the minimum effective dose.

Adverse Reactions

Most frequently reported are: drowsiness, disturbances of accommodation, vertigo, dizziness and gastrointestinal disturbances. They usually occur only during initial phase of therapy and can be minimized, if not prevented, by starting treatment at a low dosage. Although rare, effects on the blood forming elements, skin, genitourinary and circulatory system have been reported. The most serious adverse reactions which may require discontinuation of therapy are the haematological including blood dyscrasias, the hepatic including jaundice, the dermatological, the neurological, the cardiovascular, the genito-urinary, the digestive, and the ocular. Miscellaneous including fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

Precautions

Careful clinical and laboratory supervision should be instituted prior to and maintained throughout treatment. Caution should be observed while treating patients with increased ocular pressure or urinary retention and also in patients with a history of coronary artery disease, organic heart disease or congestive failure. There is a possibility of agitation and confusion in the elderly or activating a latent psychosis.

Contraindications

Concomitant use of monoamine oxidase inhibitors (two weeks should elapse before Tegretol is prescribed for patients who have received MAOI drugs), first trimester of pregnancy, nursing mothers, patients with a history of hepatic disease or serious blood disorder, or known sensitivity to any tricyclic compound. Tegretol should not be given to women of child-bearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the foetus.

Warnings

Although reported infrequently, serious adverse effects have been observed during the use of Tegretol. Agranulocytosis and aplastic anemia have occurred in a few instances with a fatal outcome. Leucopenia, thrombocytopenia and hepatocellular and cholestatic jaundice have also been reported. It is, therefore, important that Tegretol should be used carefully and close clinical and frequent laboratory supervision should be maintained throughout treatment in order to detect as early as possible signs and symptoms of a possible blood dyscrasia.

Treatment of Overdosage

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