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CALL FOR ABSTRACTS FOR THE

XVIII Canadian Congress of Neurological Sciences

ST. JOHN'S, NEWFOUNDLAND
JUNE 21 - JUNE 25, 1983

ABSTRACTS FOR SCIENTIFIC PAPERS

Abstracts submitted for the Scientific Program must be typed, single spaced, within the ruled area on the reverse side of this announcement. Abstracts should summarize data and conclusions and contain no more than 200 words. Seven (7) copies of the Abstract (original and 6 photocopies) are required. Papers accepted for platform delivery will be allotted 10 minutes for presentation and 5 minutes for discussion.

Abstracts should report original material. They will be published in the Canadian Journal of Neurological Sciences. They may be submitted either in English or in French.

POSTER SESSIONS

Since the number of platform presentations is limited abstracts will be considered for poster presentation unless a request is made not to do so (see reverse side). Special arrangements will be made to allow time for poster presentations when presenters will be available for discussion. Abstracts of poster presentations will be published in the same fashion as platform presentations.

ALL ABSTRACTS SHOULD BE MAILED TO:

DR. WILLIAM PRYSE-PHILLIPS
HEALTH SCIENCES CENTRE
ST. JOHN'S, NEWFOUNDLAND
A1B 3V6

The deadline for receipt of abstracts is February 15, 1983.

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XVIII CANADIAN CONGRESS OF NEUROLOGICAL SCIENCES
Scientific Program Abstract Form

Presenter's Name and Mailing Address:

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Please check your choice
☐ either platform or poster presentation
☐ poster presentation only
☐ platform presentation only
(see over for poster session information)

Co-author's Names and Institutions:

Name:_____

Institution: _____

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Please indicate if you wish your paper considered for:

McNaughton Prize ☐ McKenzie Prize ☐ Jasper Prize ☐

Title:

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ANNONCE DU PROGRAMME SCIENTIFIQUE ET INVITATION À PRÉSENTER DES RÉSUMÉS DE COMMUNICATIONS SCIENTIFIQUES POUR LE

XVIII ième Congrès Canadien des Sciences Neurologiques

ST-JEAN, TERRE-NEUVE
DU 21 AU 25 JUIN 1983

RESUMES DES ARTICLES SCIENTIFIQUES

Les résumés soumis comme communications scientifiques doivent être dactylographiés, à simple interligne, dans la zone quadrillée au verso. Le résumé doit contenir, en moins de 200 mots, toutes les données et les conclusions essentielles. On demande l'original et six (6) copies de chaque résumé. Les communications orales auront une durée de 10 minutes, plus 5 minutes pour la discussion.

Le résumé doit porter sur des travaux originaux. Il sera publié dans le Journal Canadien des Sciences Neurologiques. Les résumés sont acceptés au choix, en français ou en anglais.

PRESENTATIONS PAR AFFICHES

Puisque le nombre des communications orales est limité, les résumés seront orientés vers une présentation par affiches, à moins d'une demande expresse à l'effet contraire (voir au verso). Le comité verra à prévoir une période spécifique de temps pour les présentations par affiches, ce qui permettra à leurs auteurs d'être présents et disponibles pour toute discussion.

Les résumés des présentations par affiches seront publiés de la même façon que ceux des communications orales.

SOUMETTRE LES RESUMES À:

DR. WILLIAM PRYSE-PHILLIPS
HEALTH SCIENCES CENTER
ST-JEAN, TERRE-NEUVE
A1B 3V6
avant le 15 Février 1983.

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XVIIIième CONGRÈS CANADIEN DES SCIENCES NEUROLOGIQUES
Formule de soumission d'un résumé de communication scientifique

Nom et adresse postale du présentateur ou de la présentatrice.

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Cocher le genre de communication choisi:

☐ oral ou affiche
☐ affiche seulement
☐ oral seulement
(voir au verso pour la présentation *par affiches*).

Noms et lieux de travail des co-auteurs:

Nom: _____

Lieu de travail: _____

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Nom: _____

Lieu de travail: _____

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Je désire soumettre cette communication à l'étude en vue de l'obtention du

prix McNaughton ☐ prix McKenzie ☐ prix Jasper ☐

Titre:

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Errata

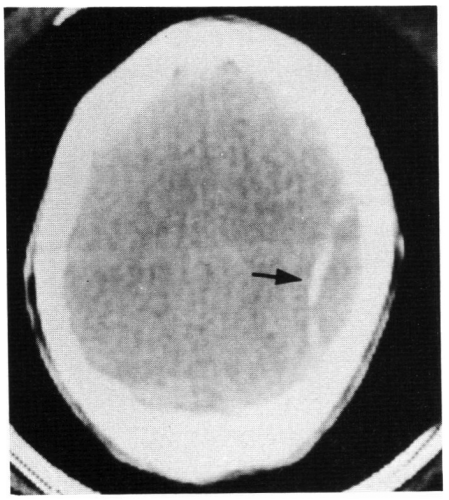

Figure 1 — Case 3 - Inner "Rim" of Increased Density Representing Membrane of Chronic Epidural Hematoma.

1) In the article entitled 'Epidural Hematoma: Report of Seven Cases with Delayed Evolution of Symptoms' by Brien G. Benoit et al. which appeared in Volume 9, No. 3, Figure 1 on page 322 was poorly reproduced. A better quality reproduction is included here. We sincerely apologize to the authors and the readers for this error.

2) In reference to the Abstracts for the XVII Canadian Congress of Neurological Sciences, Volume 9, No. 2, the Abstract P18 on page 285 titled 'The Use of Auditory Evoked Responses as a Diagnostic Measure in Determining Unilateral Cortical Injury in Childhood' by M.J. Taylor, F.V. Khadem, A. O'Gorman and G.V. Watters, the name of the fifth author, *B. Rosenblatt,* was omitted.

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Brief Prescribing Information

℞ **Lioresal®** baclofen

Action

The precise mechanisms of action of **Lioresal** (baclofen) are not fully known. It inhibits both monosynaptic and polysynaptic reflexes at the spinal level, probably by hyperpolarization of afferent terminals, although actions at supraspinal sites may also occur and contribute to its clinical effect. Although **Lioresal** is an analog of the putative inhibitory neurotransmitter gamma-aminobutyric acid (GABA), there is no conclusive evidence that actions on GABA systems are involved in the production of its clinical effects. Peak plasma concentrations of **Lioresal** are achieved within 2 hours and the plasma half-life is 2-4 hours.

Indications and Clinical Uses

Lioresal (baclofen) is useful for the alleviation of signs and symptoms of spasticity resulting from multiple sclerosis.

Lioresal may also be of some value in patients with spinal cord injuries and other spinal cord diseases.

Contraindications

Hypersensitivity to **Lioresal** (baclofen).

Warnings

Abrupt Drug Withdrawal: Following abrupt withdrawal of **Lioresal** (baclofen), visual and auditory hallucinations, confusion, anxiety with tachycardia and sweating, insomnia, and worsening of spasticity have occurred. Therefore, except for serious adverse reactions, the dose should be reduced slowly when the drug is discontinued. *Impaired Renal Function:* Because **Lioresal** is primarily excreted unchanged through the kidneys, it should be given with caution, and it may be necessary to reduce the dosage. *Stroke:* **Lioresal** has not significantly benefited patients with stroke. These patients have also shown poor tolerability to the drug. *Pregnancy:* Safe use of **Lioresal** during pregnancy or lactation has not been established. High doses are associated with an increased incidence of abdominal hernias in the fetuses of rats and of ossification defects in those of rats and rabbits. Therefore, the drug should be administered to pregnant patients, or women of childbearing potential only when, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Precautions

Safe use of **Lioresal** (baclofen) in children under age 12 has not been established and it is, therefore, not recommended for use in children. Because of the possibility of sedation, patients should be cautioned regarding the operation of automobiles or dangerous machinery, and activities made hazardous by decreased alertness. Patients should also be cautioned that the central nervous system effects of **Lioresal** may be additive to those of alcohol and other CNS depressants. **Lioresal** should be used with caution where spasticity is utilized to sustain upright posture and balance in locomotion, or whenever spasticity is utilized to obtain increased function. Extreme caution should be exercised in patients with epilepsy or a history of convulsive disorders. In such patients, the clinical state and electroencephalogram should be monitored at regular intervals during therapy, as deterioration in seizure control and EEG has been reported occasionally in patients taking **Lioresal.** Caution should be used in treating patients with peptic ulceration, severe psychiatric disorders, elderly patients with cerebrovascular disorders, and in patients receiving antihypertensive therapy. It is not known whether **Lioresal** is excreted in human milk. As a general rule, nursing should not be undertaken while a patient is on a drug since many drugs are excreted in human milk.

Adverse Reactions

The most common adverse reactions associated with **Lioresal** (baclofen) are transient drowsiness, dizziness, weakness and fatigue. Others reported: *Neuropsychiatric:* Headache (<10%), insomnia (<10%), and, rarely, euphoria, excitement, depression, confusion, hallucinations, paresthesia, muscle pain, tinnitus, slurred speech, coordination disorder, tremor, rigidity, dystonia, ataxia, blurred vision, nystagmus, strabismus, miosis, mydriasis, diplopia, dysarthria, epileptic seizures. *Cardiovascular:* Hypotension (<10%), rare instances of dyspnea, palpitation, chest pain, syncope. *Gastrointestinal:* Nausea, (approx. 10%), constipation (<10%), and, rarely, dry mouth, anorexia, taste disorder, abdominal pain, vomiting, diarrhea, and positive test for occult blood in stool. *Genitourinary:* Urinary frequency (<10%), and, rarely, enuresis, urinary retention, dysuria, impotence, inability to ejaculate, nocturia, hematuria. *Other:* Instances of rash, pruritus, ankle edema, excessive perspiration, weight gain, nasal congestion. Some of the CNS and genitourinary symptoms reported may be related to the underlying disease rather than to drug therapy.

The following laboratory tests have been found to be abnormal in a few patients receiving **Lioresal:** SGOT, alkaline phosphatase and blood sugar (all elevated).

Symptoms and Treatment of Overdosage

Signs and Symptoms: Vomiting, muscular hypotonia, hypotension, drowsiness, accommodation disorders, coma, respiratory depression, and seizures. The signs and symptoms may be further aggravated by coadministration of a variety of other agents including alcohol, diazepam, and tricyclic antidepressants. *Treatment:* The treatment is symptomatic. In the alert patient, empty the stomach promptly by induced emesis followed by lavage. In the obtunded patient, secure the airway with a cuffed endotracheal tube before beginning lavage (do not induce emesis). Maintain adequate respiratory exchange; do not use respiratory stimulants. Muscular hypotonia may involve the respiratory muscles and require assisted respiration. A high urinary output should be maintained since **Lioresal** (baclofen) is excreted mainly by the kidneys. Dialysis is indicated in severe poisoning associated with renal failure.

Dosage and Administration

The determination of optimal dosage of **Lioresal** (baclofen) requires individual titration. Start therapy at a low dosage and increase gradually until optimum effect is achieved (usually between 40-80 mg daily).

The following dosage titration schedule is suggested:

5 mg t.i.d. for 3 days
10 mg t.i.d. for 3 days
15 mg t.i.d. for 3 days
20 mg t.i.d. for 3 days

Thereafter additional increases may be necessary but the total daily dose should not exceed a maximum of 80 mg daily (20 mg q.i.d.). The lowest dose compatible with an optimal response is recommended. If benefits are not evident after a reasonable trial period, patients should be slowly withdrawn from the drug (see Warnings).

Availability: Lioresal (baclofen) 10 mg tablets. *Description:* White to off-white flat-faced, oval tablets with Geigy monogram on one side and the identification code 23 below the monogram. Fully bisected on the reverse side. Available in bottles of 100 tablets.

References:

1. R.F. Jones, J.W. Lance, Medical Journal of Australia, 1976, May:654-657.
2. R.G. Feldman: Symposia Reporter, Vol. 3, No. 2 June 1979.
3. Lioresal Product Monograph.

Product monoraph supplied on request.

PAAB CCPP

Geigy Dorval, Qué. H9S 1B1 G-0018

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Brief Prescribing Information

Tegretol® No substitution.

200 mg carbamazepine

Indications and clinical use

a) *Trigeminal Neuralgia:*
Tegretol is indicated for the symptomatic relief of pain of trigeminal neuralgia only during periods of exacerbation of true or primary trigeminal neuralgia (tic douloureux). It should not be used preventively during periods of remission. In some patients, Tegretol has relieved glossopharyngeal neuralgia. For patients who fail to respond to Tegretol, or who are sensitive to the drug, recourse to other accepted measures must be considered. Tegretol is not a simple analgesic and should not be used to relieve trivial facial pains or headaches.

b) *Tegretol has been found useful:*
1. in the management of psychomotor (temporal lobe) epilepsy and,
2. as an adjunct, in some patients with secondary or partial epilepsy with complex symptomatology or secondarily generalized seizures, when administered in combination with other antiepileptic medication.
3. as an alternative medication in patients with generalized tonic-clonic seizures who are experiencing marked side effects or fail to respond to other anticonvulsant drugs.

Tegretol is essentially ineffective in controlling petit mal, minor motor, myoclonic and predominantly unilateral seizures, and does not prevent the generalization of epileptic discharge.

Contraindications

Tegretol should not be administered to patients with a history of hepatic disease or serious blood disorder.

Tegretol should not be administered immediately before, in conjunction with, or immediately after a monoamine oxidase inhibitor. When it seems desirable to administer Tegretol to a patient who has been receiving an MAO inhibitor, there should be as long a drug-free interval as the clincal condition allows, but in no case should this be less than 14 days. Then the dosage of Tegretol should be low initially, and increased very gradually.

Tegretol should not be administered to patients presenting atrioventricular heart block.

Safe use in pregnancy has not been established. Therefore, Tegretol should not be administered during the first three months of pregnancy.

Tegretol should not be given to women of childbearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the foetus (See Reproductive Studies). Because of demonstrated toxicity in nursing animals, Tegretol should not be administered to nursing mothers.

Because of the similarity of chemical structure, Tegretol should not be administered to patients with known hypersenitivity to any of the tricyclic compounds, such as amitriptyline, trimipramine, imipramine, or their analogues or metabolites.

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.

Long-term toxicity studies in rats indicated a potential carcinogenic risk. Therefore, the possible risk of drug use must be weighed against the potential benefits before prescribing carbamazepine to individual patients.

Precautions

Monitoring of Haematological and Other Adverse Reactions: Complete blood studies, including platelet counts, and evaluation of hepatic and renal function and urinalysis should be carried out before treatment is instituted. Careful clinical and laboratory supervision should be maintained throughout treatment, including frequent performance of complete blood counts, in order to detect any early signs or symptoms or blood dyscrasia. Should any signs or symptoms or abnormal laboratory findings suggestive of blood dyscrasia or liver disorder occur, Tegretol should be immediately discontinued until the case is carefully reassessed.

Urinary Retention and Increased Intraocular Pressure: Because of its anticholinergic action, Tegretol should be given cautiously, if at all, to patients with increased intraocular pressure or urinary retention. Such patients should be followed closely while taking the drug.

Occurrence of Behavioural Disorders: Because it is closely related to the other tricyclic drugs, there is some possibility that Tegretol might activate a latent psychosis, or, in elderly patients, produce agitation or confusion, especially when combined with other drugs. Caution should also be exercised in alcoholics.

Use in Patients with Cardiovascular Disorders: Tegretol should be used cautiously in patients with a history of coronary artery disease, organic heart disease, or congestive failure. If a defective conductive system is suspected, an E.K.G. should be performed before administering Tegretol, in order to exclude patients with atrioventricular block.

Use in Patients taking Oral Contraceptives: In women under treatment with Tegretol, the reliability of oral contraceptives may be adversely affected; such patients should accordingly be advised to use some alternative, non-hormonal method of contraception.

Driving and Operating Hazardous Machinery: Because dizziness and drowsiness are possible side effects of Tegretol, patients should be warned about the possible hazards of operating machinery or driving automobiles.

Adverse Reactions

The reactions which have been most frequently reported with Tegretol are drowsiness, unsteadiness on the feet, vertigo, dizziness, gastrointestinal disturbances, and nausea. These reactions usually occur only during the initial phase of therapy. They have rarely necessitated discontinuing Tegretol therapy, and can be minimized by initiating treatment at a low dosage.

The more serious adverse reactions observed are the haematologic, hepatic, cardiovascular and dermatologic reactions, which require discontinuation of therapy.

The following adverse reactions have been reported:

Haematological reactions: Transitory leucopenia, eosinophilia, leucocytosis, thrombocytopenic purpura, agranulocytosis, macrocytic anemia and aplastic anemia. In a few instances, deaths have occurred.

Hepatic disturbances: During the long-term administration of Tegretol abnormalities in liver function tests and cholestatic or hepatocellular jaundice have been observed.

Dermatological reactions: The following reactions occurred during treatment with Tegretol: skin sensitivity reactions and rashes, erythematous rashes, pruritic eruptions, urticaria, photosensitivity, pigmentary changes, neurodermatitis and in rare cases Stevens-Johnson syndrome, exfoliative dermatitis, alopecia, diaphoresis, erythema multiforme, erythema nodosm, and aggravation of disseminated lupus erythematosus.

Neurological reactions: The reactions reported as occurring during treatment with Tegretol include vertigo, somnolence, disturbances of coordination, confusion, headache, fatigue, blurred vision, transient diplopia and oculomotor disturbances, speech disturbances, abnormal involuntary movements and increase in motor seizures. In addition, peripheral neuritis and paresthesia, depression with agitation, talkativeness, nystagmus, and tinnitus have been reported but only very rarely. There have been some reports of paralysis and other symptoms of cerebral arterial insufficiency but no conclusive relationship to the administration of Tegretol could be established.

Cardiovascular systems: Recurrence of thrombophlebitis in patients with a prior history of thrombophlebitis, congestive heart failure, aggravation of hypertension, Stokes-Adams in patients with AV block, hypotension, syncope and collapse, edema, aggravation of coronary artery disease. Some of these complications (including myocardial infarction and arrhythmia) have been associated with other tricyclic compounds.

Genitourinary reactions: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, and impotence, Elevation of BUN, albuminuria and glycosuria also have been observed.

Digestive tract: Disturbances associated withn Tegretol therapy have included nausea, vomiting, gastric or abdominal discomfort, diarrhoea, anorexia and dryness of the mouth and throat, glossitis and stomatitis.

Eyes: There is no conclusive evidence that Tegretol produces pathological changes in the cornea, lens or retina. However, it should be recognized that many phenothiazines and related drugs have been shown to cause eye changes. By analogy, periodic eye examinations, including slitlamp fundoscopy and tonometry, are recommended.

Other reactions reported during treatment with Tegretol include fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

Dosage and Administration

Use in Epilepsy (see Indications): A low initial daily dosage with a gradual increase in dosage is advised. Dosage should be adjusted to the needs of the individual patient.

Adults and Children over 12 years of age: Initially, 100 to 200 mg once or twice a day depending on the severity of the case and previous therapeutic history. The initial dosage is progressively increased, until the best response is obtained, up to 600 mg daily. The usual optimal dosage is 600 mg daily, but occasionally dosage up to 800 to 1000 mg have been used for short periods. As soon as disappearance of seizures has been obtained and maintained, dosage should be reduced very gradually until a minimum effective dose is reached.

Use in-trigeminal neuralgia: The initial daily dosage should be small; 200 mg, taken in two doses of 100 mg each is recommended. The total daily dosage can be increased by 200 mg per day until relief of pain is obtained. This is usually achieved at a dosage between 200 and 800 mg daily, but occasionally up to 1200 mg per day may be necessary. As soon as relief of pain has been obtained and maintained, progressive reduction in dosage should be attempted until a minimum effective dosage is reached. Because trigeminal neuralgia is characterized by periods of remission, attempts should be made to reduce or discontinue the use of Tegretol at intervals of not more than 3 months, depending upon the individual clinical course.

Prophylactic use of the drug in trigeminal neuralgia is not recommended.

Tegretol should be taken in two or three divided doses daily, with meals whenever possible.

Dosage Forms

Tegretol is available as a 200 mg white, round, flat bevelled edge single-scored tablet, engraved with Geigy signet.

Availability

Bottles of 50 and 500 tables. Protect from heat and humidity.

Full information available on request.

Geigy

Mississauga, Ontario
L5N 2W5

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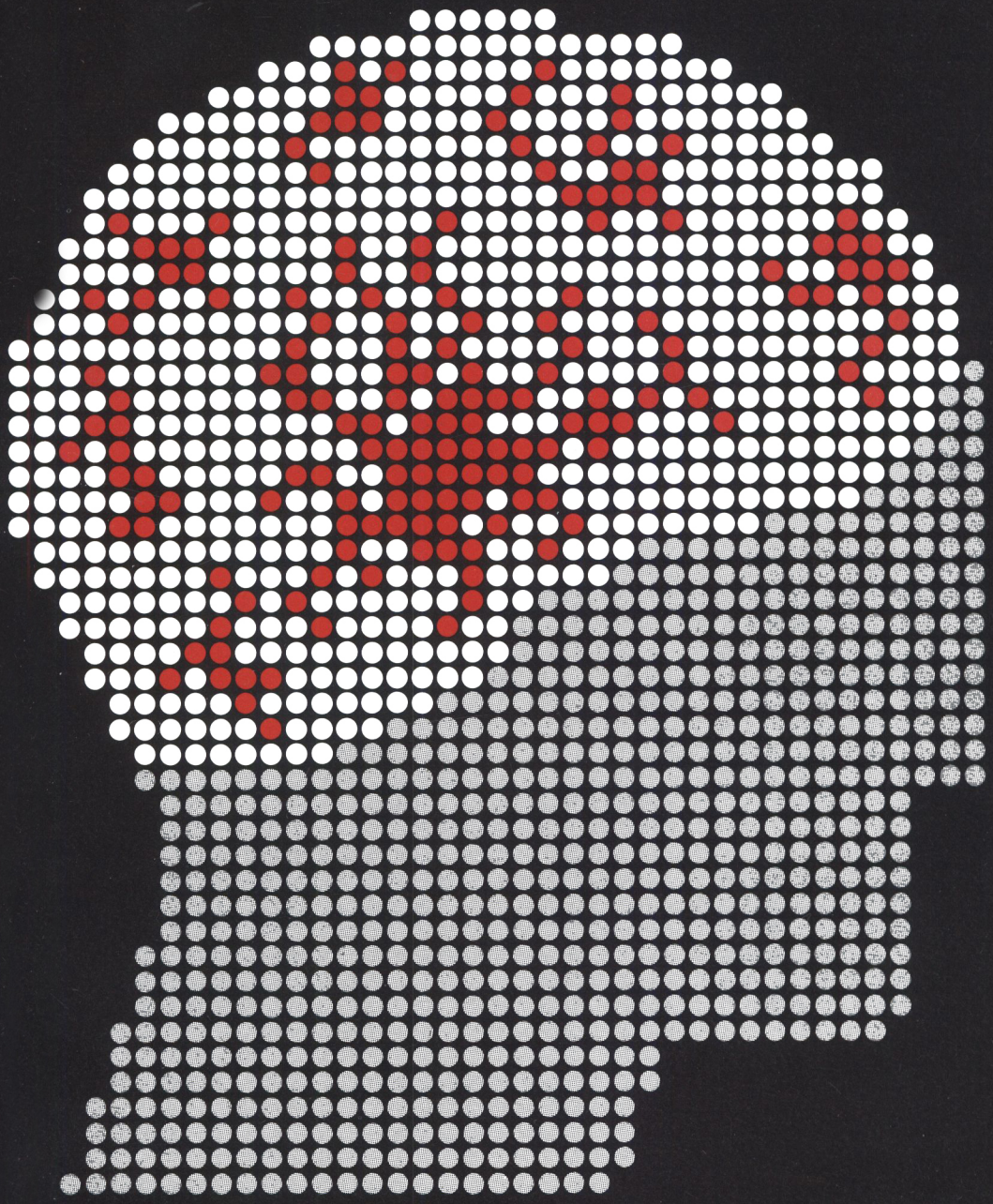
Tegretol®

carbamazepine

To help control refractory generalized tonic-clonic seizures

without excessive sedation



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