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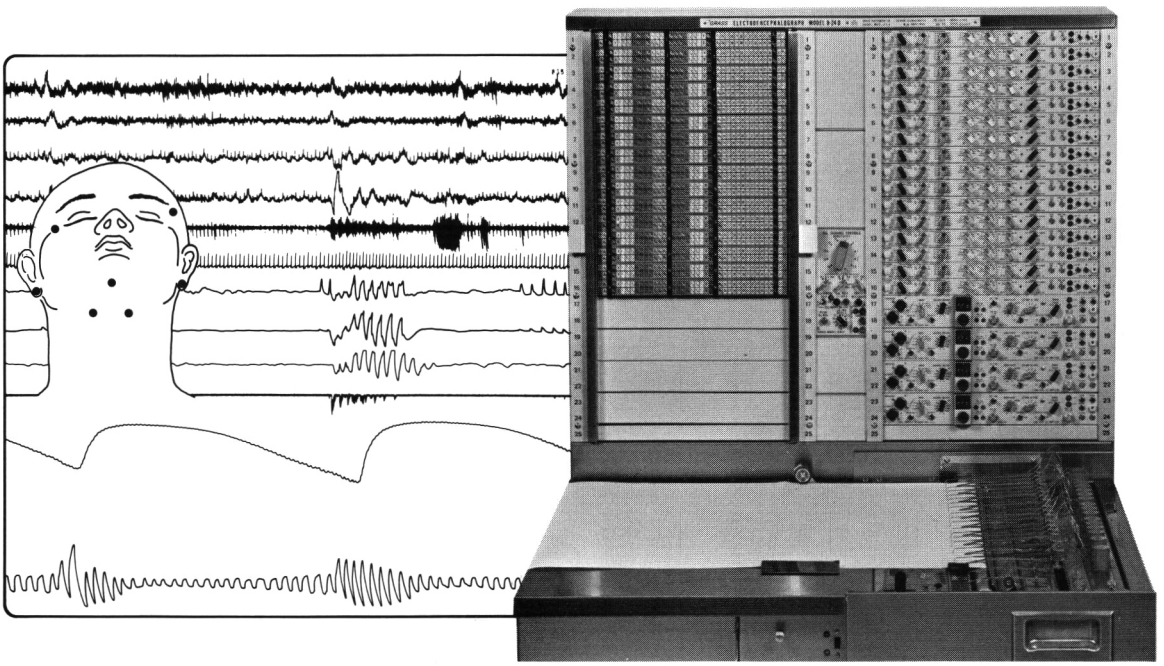

Polysomnograph means to graph or write many things about sleep. Grass instrumentation has been doing just that beginning with Davis, Loomis et al. (1938), and continuing with Dement and Kleitman (1957). Small wonder that most sleep disorder centers use Grass Recorders as the standard to gather data. Small wonder that neurology departments are extending usage of the Grass Model 8 EEG for sleep studies. A dual purpose Model 8 EEG with Polygraph channels added can be essential for the diagnosis of most clinically defined sleep disorders at night in addition to performing routine daytime clinical EEG.

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Asasantine®

BRIEF PRESCRIBING INFORMATION

THERAPEUTIC OR PHARMACOLOGICAL CLASSIFICATION

Inhibitor of platelet adhesion and aggregation

INDICATIONS AND CLINICAL USE

Combined therapy with dipyridamole and ASA (Asasantine) is indicated in patients who are recovering from a myocardial infarction. The rate of re-infarction is significantly reduced by such therapy.

CONTRAINDICATIONS

Salicylate sensitivity, active peptic ulcer.

WARNING

Patients should be cautioned about the possibility of additional toxic effects of ASA if they are taking "over-the-counter" ASA containing remedies, including cough and cold medications.

PRECAUTIONS

Since excessive doses of dipyridamole can produce peripheral vasodilation, it should be used with caution in patients with hypotension.

ASA should be administered cautiously to patients with asthma and other allergic conditions, a history of gastrointestinal ulcerations, bleeding tendencies, significant anemia or hypo-prothrombinemia.

Patients taking 2 to 3 g of ASA daily are at an increased risk of developing severe gastrointestinal bleeding following the ingestion of alcohol.

Since salicylates interfere with maternal and infant blood clotting and lengthen the duration of pregnancy and parturition time, they should not be administered during the last trimester of pregnancy unless the need outweighs the potential risks.

Caution is necessary when salicylates and anticoagulants are prescribed concurrently, as salicylates can depress the concentration of prothrombin in the plasma.

Patients receiving concurrent salicylates and hypoglycemic therapy should be monitored closely, since reduction of the hypoglycemic drug dosage may be necessary.

Although salicylates in large doses are uricosuric agents, smaller amounts may depress uric acid clearance and thus decrease the uricosuric effects of probenecid, sulfinpyrazone, oxyphenbutazone and phenylbutazone.

Caution should be exercised when corticosteroids and salicylates are used concurrently.

Acute hepatitis has been reported rarely in patients with systemic lupus erythematosus and juvenile rheumatoid arthritis with plasma salicylate concentrations above 25 mg/100 mL. Patients have recovered upon cessation of therapy.

Salicylate ingestion should be restricted in patients receiving indomethacin (and perhaps other non-narcotic analgesics) for conditions such as rheumatoid arthritis. Salicylates can produce changes in thyroid function tests.

Sodium excretion produced by spironolactone may be decreased by salicylate administration.

Concomitant ingestion of salicylates and aminosalicylic acid (PAS) or aminobenzoic acid (PABA) in normal doses may lead to increased toxicity and salicylism.

Salicylates reportedly displace sulfonylureas, penicillins and methotrexate from their binding sites on plasma proteins. Salicylates also retard the renal elimination of methotrexate.

ADVERSE REACTIONS

In a trial of 2026 patients in recurrent myocardial infarction, the most common patient complaints, except for headaches, were those associated with ASA administration. In order of frequency of occurrence, these were stomach pain, headaches, heartburn, dizziness, constipation, hematemesis, bloody stools and/or black, tarry stools, nausea and vomiting. An increased frequency of elevations of serum urea nitrogen, uric acid and creatinine were noted in the active treatment groups but increases for individual patients were small and not associated with clinical problems. There was also a slightly greater frequency of elevated systolic blood pressure readings in the active treatment groups.

When dipyridamole has been used alone, headache, dizziness, nausea, flushing, syncope or weakness and skin rash have occurred during initiation of therapy. In most cases, these tend to be minimal and transient. Gastric irritation, emesis and abdominal cramping may occur at high dosage levels. Rare cases of what appears to be an aggravation of angina pectoris have been reported, usually at the initiation of therapy. On those uncommon occasions when adverse reactions have been persistent or intolerable to the patient, withdrawal of medication has been followed promptly by cessation of the undesirable symptoms.

For ASA alone the following side effects have been reported: gastrointestinal — nausea, vomiting, diarrhea, gastrointestinal bleeding and/or ulceration; ear — tinnitus, vertigo, hearing loss; hematologic — leukopenia, thrombocytopenia, purpura; dermatologic and hypersensitivity — urticaria, angioedema, pruritis, skin eruptions, asthma, anaphylaxis; miscellaneous — acute, reversible hepatotoxicity, mental confusion, drowsiness, sweating, thirst.

SYMPTOMS AND TREATMENT OF OVERDOSAGE

Hypotension, as a result of high serum levels of dipyridamole, is likely to be of short duration if it occurs but vasopressor substances may be used if necessary.

Salicylate overdosage SYMPTOMS may include rapid and deep breathing, nausea, vomiting, vertigo, tinnitus, flushing, sweating, thirst and tachycardia. In more severe cases, acid-base disturbances including respiratory alkalosis and metabolic acidosis can occur. Severe cases may show fever, hemorrhage, excitement, confusion, convulsions or coma and respiratory failure.

TREATMENT of salicylate overdosage consists of prevention and management of acid-base and fluid and electrolyte disturbances. Renal clearance is increased by increasing urine flow and by alkaline diuresis but care must be taken in this approach to not further aggravate metabolic acidosis and hypokalemia. Acidemia should be prevented by administration of adequate sodium containing fluids and sodium bicarbonate.

Hypoglycemia is an occasional accompaniment of salicylate overdosage and can be managed by glucose solutions. If a hemorrhagic diathesis is evident, give Vitamin K.

Hemodialysis may be useful in complex acid-base disturbances particularly in the presence of abnormal renal function.

DOSAGE AND ADMINISTRATION

The recommended oral dose is 1 capsule of Asasantine, 3 times a day, in patients who have suffered a previous myocardial infarction.

AVAILABILITY

Asasantine is available as an opaque orange and yellow hard gelatin capsule. Each capsule contains 75 mg Persantine and 330 mg ASA.

Supplied in packages of 100 capsules.

Product Monograph available on request.

REFERENCES:

[1] Myocardial ischemia in man: abnormal platelet aggregation and prostaglandin generation. Mehta, J. and Mehta, P. In: Platelets and Prostaglandins in Cardiovascular Disease. Editors: Mehta, J. and Mehta, P. Futura Publishing Co., New York, 345–358, 1981

[2] Mehta, J. Platelets and Prostaglandins in Coronary Artery Disease–Rationale for use of platelet suppressive drugs. Jama 1983; 249: 2818–2823.

[3] Pumphrey, C. W., Chesebro, J. H. et al. In Vivo Quantitation of Platelet Deposition on Human Peripheral Arterial Bypass Grafts Using Indium — 111-labelled Platelets — Effect of Dipyridamole and Aspirin. The American Journal of Cardiology, 1983; 51: 796-801.

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See pages vi and vii

Intermediate Prescribing Information

PLioresal®

(baclofen)
Muscle relaxant
Antispastic agent

Indications and Clinical Uses

Alleviation of signs and symptoms of spasticity resulting from multiple sclerosis.

Spinal cord injuries and other spinal cord diseases.

Contraindications

Hypersensitivity to LIORESAL.

Warnings

Abrupt Drug Withdrawal: Except for serious adverse reactions, the dose should be reduced slowly when the drug is discontinued to prevent visual and auditory hallucinations, confusion, anxiety with tachycardia and sweating, insomnia, and worsening of spasticity.

Impaired Renal Function: Caution is advised in these patients and reduction in dosage may be necessary.

Stroke: Has not been of benefit and patients have shown poor tolerability to the drug.

Pregnancy and Lactation: Not recommended as safety has not been established. High doses in rats and rabbits are associated with an increase of abdominal hernias and ossification defects in the fetuses.

Precautions

Not recommended in children under 12 as safety has not been established.

Because sedation may occur, caution patients regarding the operation of automobiles or dangerous machinery, activities made hazardous by decreased alertness, and use of alcohol and other CNS depressants.

Use with caution in spasticity that is utilized to substain upright posture and balance in locomotion, or whenever spasticity is utilized to obtain increased function, epilepsy or history of convulsive disorders (clinical state and EEG should be monitored), peptic ulceration, severe psychiatric disorders, elderly patients with cerebrovascular disorders, and patients receiving antihypertensive therapy.

Adverse Reactions

Most common adverse reactions are transient drowsiness, dizziness, weakness and fatigue. Others reported:

Neuropsychiatric: Headache, insomnia, euphoria, excitement, depression, confusion, hallucinations, paresthesia, muscle pain, tinnitus, slurred speech, co-ordination disorder, tremor, rigidity, dystonia, ataxia, blurred vision, nystagmus, strabismus, miosis, mydriasis, diplopia, dysarthria, epileptic seizures.

Cardiovascular: Hypotension, dyspnea, palpitation, chest pain, syncope.

Gastrointestinal: Nausea, constipation, dry mouth, anorexia, taste disorder, abdominal pain, vomiting, diarrhea, and positive test for occult blood in stool.

Genitourinary: Urinary frequency, enuresis, urinary retention, dysuria, impotence, inability to ejaculate, nocturia, hematuria.

Other: 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.

Co-administration of alcohol, diazepam, tricyclic anti-depressants, etc., may aggravate the symptoms.

Treatment: Treatment is symptomatic. In the alert patient, empty the stomach (induce 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. Maintain high urinary output. Dialysis is indicated in severe poisoning associated with renal failure.

Dosage and Administration

Optimal dosage of LIORESAL requires individual titration. Start therapy at a low dosage and increase gradually until optimum effect is achieved (usually 40-80 mg daily).

The following dosage titration schedule is suggested:

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

Total daily dose should not exceed a maximum of 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.

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.

Product Monograph supplied on request.

References:

1. Feldman et al, Neurology, Vol. 28, No. 11 pp 1094-1098, 1978.
2. Symposia Reporter, Vol. 3, No. 2.

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SERC®

(betahistine hydrochloride tablets)

For the management of Vertigo

Proven efficacy

"(Serc) is now a proven, useful therapeutic agent in the treatment of Ménière's disease, especially in the control of vertigo."[1]

Restores vestibular responses

"In a preliminary trial (Wilmot 1971) using objective testing of both auditory and vestibular function... the results showed statistical significance in favour of Serc."[2]

Reduced severity of episodic vertigo

"...a significant improvement in favour of the drug (Serc) with regard to vertigo, tinnitus and deafness. Vertigo was the most responsive symptom."[1]

Well tolerated

"No adverse reactions were observed."[1]

REFERENCES:

1 Frew, I.J.C. et al: Postgrad. Med. J.; 52:501-503, 1976.

2 Wilmot, T.J. et al: J. Laryng. Otol; 9:833-840, 1976.

PRESCRIBING INFORMATION:

INDICATIONS: SERC may be of value in reducing the episodes of vertigo in Meniere's disease. No claim is made for the effectiveness of SERC in the symptomatic treatment of any form of vertigo other than that associated with Meniere's disease.

DOSAGE AND ADMINISTRATION: The usual adult dosage has been one to two tablets (4 mg. each) administered orally three times a day.

Recommended starting dose is two tablets three times daily. Therapy is then adjusted as needed to maintain patient response. The dosage has ranged from two tablets per day to eight tablets per day. No more than eight tablets are recommended to be taken in any one day.

SERC (betahistine hydrochloride) is not recommended for use in children. As with all drugs, SERC should be kept out of reach of children.

CONTRAINDICATIONS: Several patients with a history of peptic ulcer have experienced an exacerbation of symptoms while using SERC. Although no causual relation has been established SERC is contraindicated in the presence of peptic ulcer and in patients with a history of this condition. SERC is also contraindicated in patients with pheochromocytoma.

PRECAUTIONS: Although clinical intolerance to SERC by patients with bronchial asthma has not been demonstrated, caution should be exercised if the drug is used in these patients.

USE IN PREGNANCY: The safety of SERC in pregnancy has not been established. Therefore, its use in pregnancy or lactation, or in women of childbearing age requires that its potential benefits be weighed against the possible risks.

ADVERSE REACTIONS: Occasional patients have experienced gastric upset, nausea and headache.

HOW SUPPLIED: Scored tablets of 4 mg each in bottles of 100 tablets.

Full prescribing information available on request.

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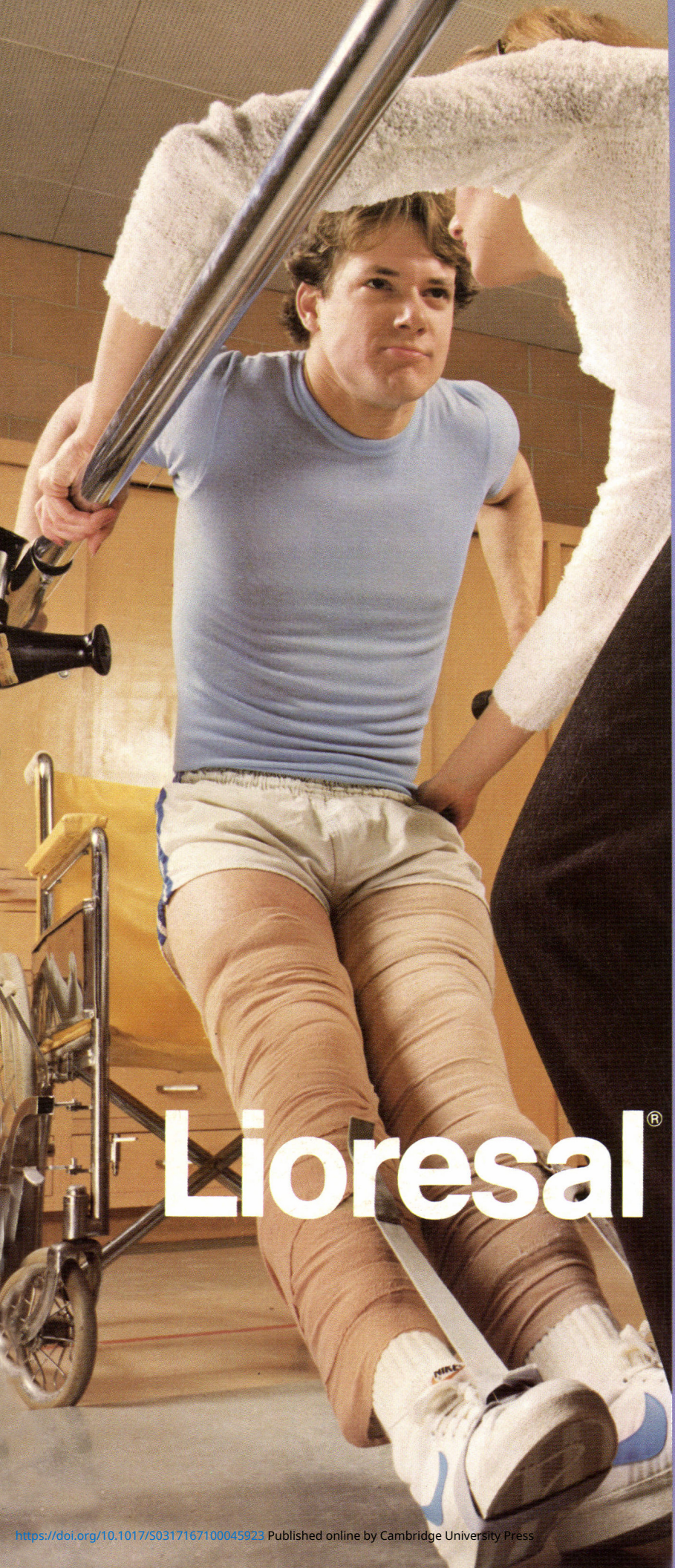

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Treating spasticity **right at the start** gives him a better start on the tough road back.

Early intervention with Lioresal can significantly enhance successful rehabilitation, especially before major disabilities become permanent.[1]

- Lioresal helps relieve spasticity resulting from spinal cord injury, multiple sclerosis or other spinal cord disorders.
- Lioresal acts primarily at the spinal level eliminating the problem of troublesome over sedation.[2]
- Lioresal improves overall outlook for long term management.[1]

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For brief prescribing information see page xvi

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