

## Important reading

### **Child Health: A Textbook for the DCH**

Edited by *David Harvey and Ilya Kovar*

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1985 384 pages 58 illus £22.00

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A basic textbook for doctors taking the Diploma in Child Health Examination.

- Gives information on all matters concerning children's illnesses and the prevention of childhood diseases.
- Concentrates on paediatric problems in general practice, growth and development and developmental problems.
- Edited by two senior lecturers in paediatrics, with contributions from 27 experts spanning a wide range of disciplines including haematology, endocrinology, genetics, obstetrics and gynaecology, paediatric cardiology, oncology and general practice

### **Community Paediatrics**

*Leon Polnay and David Hull*

---

1985 368 pages 175 illus paperback £20.00

---

- Provides a sound introduction to child health in the community for those who already have some experience of clinical paediatrics
- Emphasizes throughout the social and educational significance of paediatric problems and the contributions made to child care by the many disciplines other than medicine

### **Progress in Child Health**

**Volume 2**

Edited by *J. A. Macfarlane*

---

1985 286 pages 175 illus paperback £18.00

---

A multi-author annual review volume embracing international developments in child care.

The first volume was well received:

"I enjoyed this book and will return to it from time to time; it should be required reading for the Diploma in Child Health. I certainly look forward to the next volume in the series."

*The Lancet*

### **Diarrhoeal Disease and Malnutrition**

**A clinical update**

Edited by *Michael Gracey*

Foreword by *Charlotte M. Anderson*

---

1985 224 pages 41 illus £30.00

---

An update on the important advances made in the past 10 years—focusing on diarrhoeal diseases as a serious and prevalent clinical problem in areas where childhood malnutrition is still widespread.

### **Manual of Paediatric Gastroenterology**

*John H. Tripp and C. A. Candy*

---

1985 180 pages 16 illus paperback £8.95

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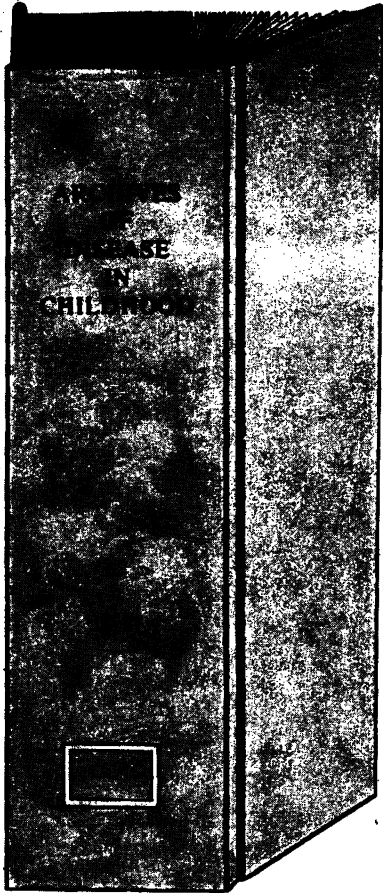
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valproate per 5ml. **Indications** In the treatment of generalised, partial or other epilepsies. In women of child-bearing age Epilim should be used only in severe cases or in those resistant to other treatment. **Dosage and Administration** To be taken with or after food. Epilim may be given twice daily. Enteric coated tablets should be

swallowed whole. **Monotherapy Adults:** Start at 600mg/daily increasing by 200mg at 3 day intervals until control is achieved. (Maximum dose 2,500mg per day). **Children over 20kg:** Initially 400mg/day with spaced increases until control is achieved. (Usually within the range 20-30mg/kg body weight per day). **Children under 20kg:** 20mg/kg of body weight per day; in severe cases may be increased up to 40mg/kg day. Increases above this only if plasma valproic acid levels, clinical chemistry and haematological parameters can be monitored. **Combined Therapy** It may be necessary to raise the dose when used with anticonvulsants which induce liver enzyme activity. Dosage of barbiturates should be reduced if sedation is observed. Optimum dosage is mainly determined by seizure control and routine measurement of plasma levels is unnecessary. **Contraindications, Warnings; Contra-indication:**

Active liver disease. **Side effects:** Liver dysfunction including hepatic failure resulting in fatalities has occurred in patients whose treatment included valproic acid or sodium valproate. The incidents mainly occurred during the first 6 months of therapy. Clinical symptoms are more helpful than laboratory investigations in the early stages of hepatic failure. The onset of an acute illness, especially within the first 6 months, which may include symptoms of vomiting, lethargy or weakness, drowsiness, anorexia, jaundice or loss of seizure control is an indication for immediate withdrawal of the drug. Evidence to date does not establish which investigation could predict this possible adverse effect: measurement of liver function should be performed in the first 6 months of therapy in those who seem most at risk. Hyperammonaemia without hepatic damage can occur, it is usually transient, but may occasionally present clinically. If so Epilim should be discontinued. Valproic acid inhibits platelet aggregation. Thrombocytopenia has been reported. Spontaneous bruising or bleeding is an indication for withdrawal of medication. Pancreatitis, tremor, weight gain, transient hair loss, increased alertness, aggressiveness, hyperactivity, amenorrhoea, stupor and oedema have been reported. **Drug Interactions** Epilim may potentiate monoamine oxidase inhibitors and other anti-depressants. Loss of efficacy of oral contraceptive agents does not appear to be a problem. **Women of Childbearing Age** Valproic acid and sodium valproate, like certain other anti-convulsants, have been shown to be teratogenic in animals. In women of childbearing age the benefits of these compounds should be weighed against the possible hazard suggested by these findings and their pregnancies should be carefully monitored. **Product Licence Numbers** Epilim 200 Enteric Coated 0623/0006. Epilim 500 Enteric Coated 0623/0005. Epilim 100mg crushable tablets 0623/0015. Epilim Syrup 0623/0004. Epilim Liquid 0623/0016. **NHS Cost** Epilim 200 Enteric Coated 100 tablets, £6.59. Epilim 500 Enteric Coated 100 tablets, £16.45. Epilim 100mg crushable tablets 100 tablets, £3.99. Epilim Syrup 200ml, £4.03. Epilim Liquid 200ml, £4.03. Further information is available from: Labaz Sanofi UK Ltd., Floats Rd., Wythenshawe, Manchester M23 9NF. Tel: 061-945 4161.

## In a wide range of epilepsies



# Epilim<sup>®</sup>

sodium valproate

## helps to maintain the normality of life