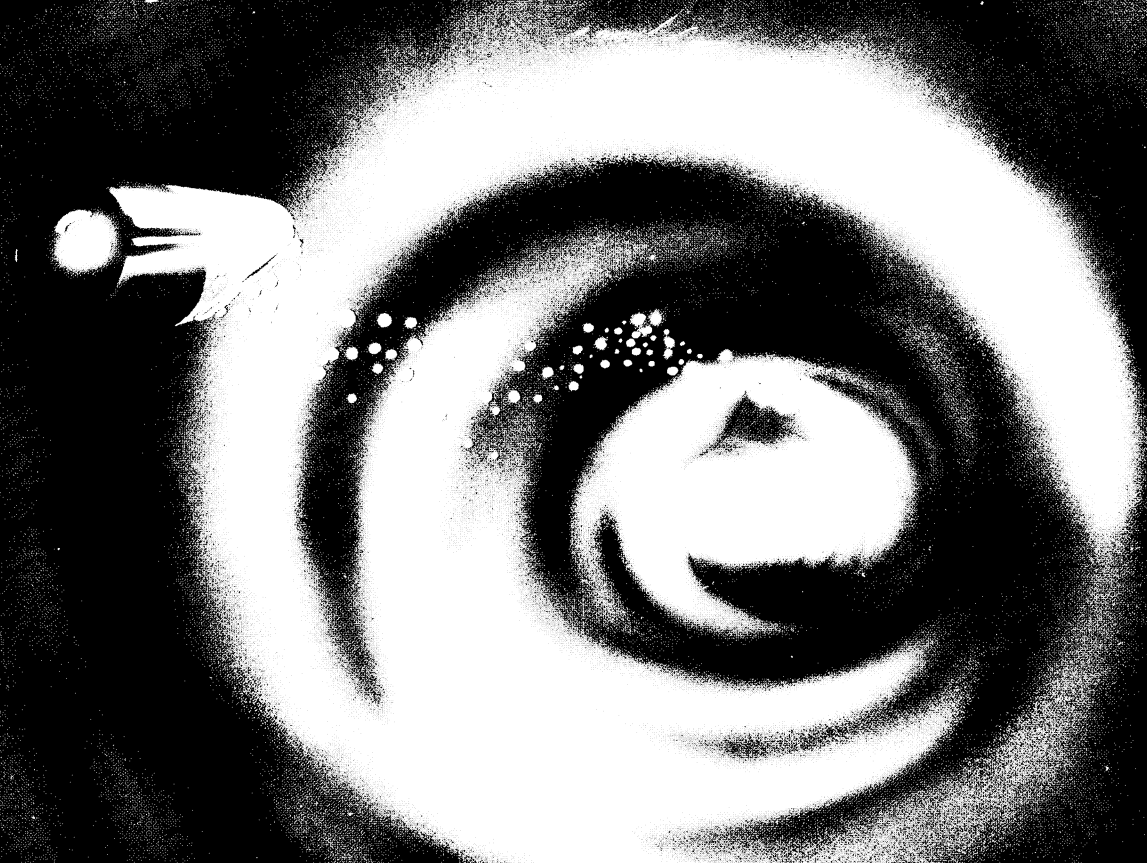


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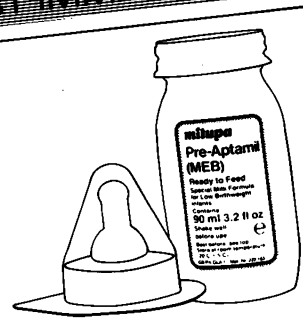
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1. Brooke, O. G., Wood, C., Barley, J. Arch. Dis. Child 1982, 57, 898-904.

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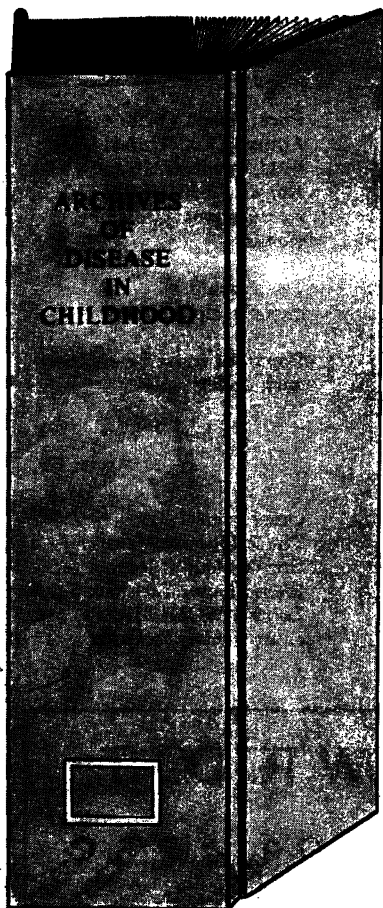
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Indications Epilepsy (generalised tonic-clonic and partial seizures).

Dosage in epilepsy Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily; in some cases 1,600mg daily may be necessary. Children: up to 1 year old, 100-200mg daily; aged 1-5 years, 200-400mg daily; aged 5-10 years, 400-600mg daily; aged 10-15 years, 600-1,000mg daily.

It may be helpful to monitor plasma drug levels: optimum therapeutic range is 3-10µg/ml (13-42µmol/l).

Side-effects Dizziness and diplopia (usually dose-dependent), less frequently dry mouth, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hyponatraemia, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic

jaundice and acute renal failure. Blood count should be checked in early stages of treatment.

Precautions Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver

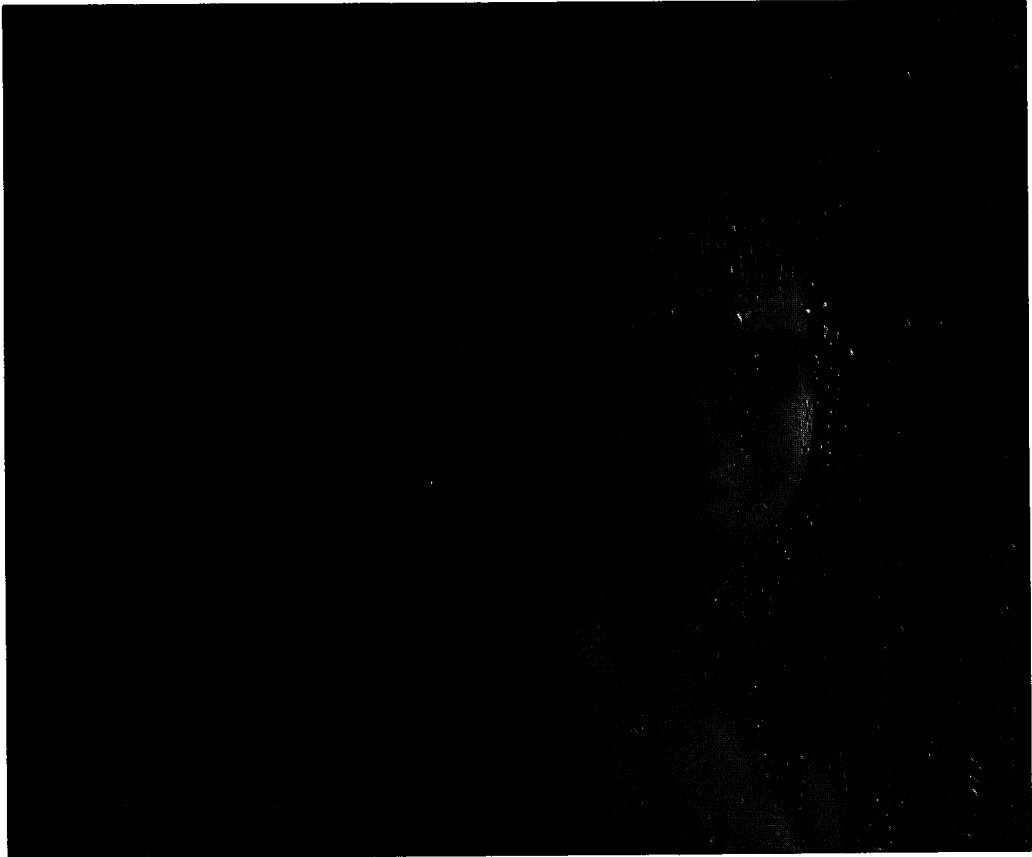
tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum folic acid levels should be observed during anticonvulsant therapy.

Contra-indications Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced.

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