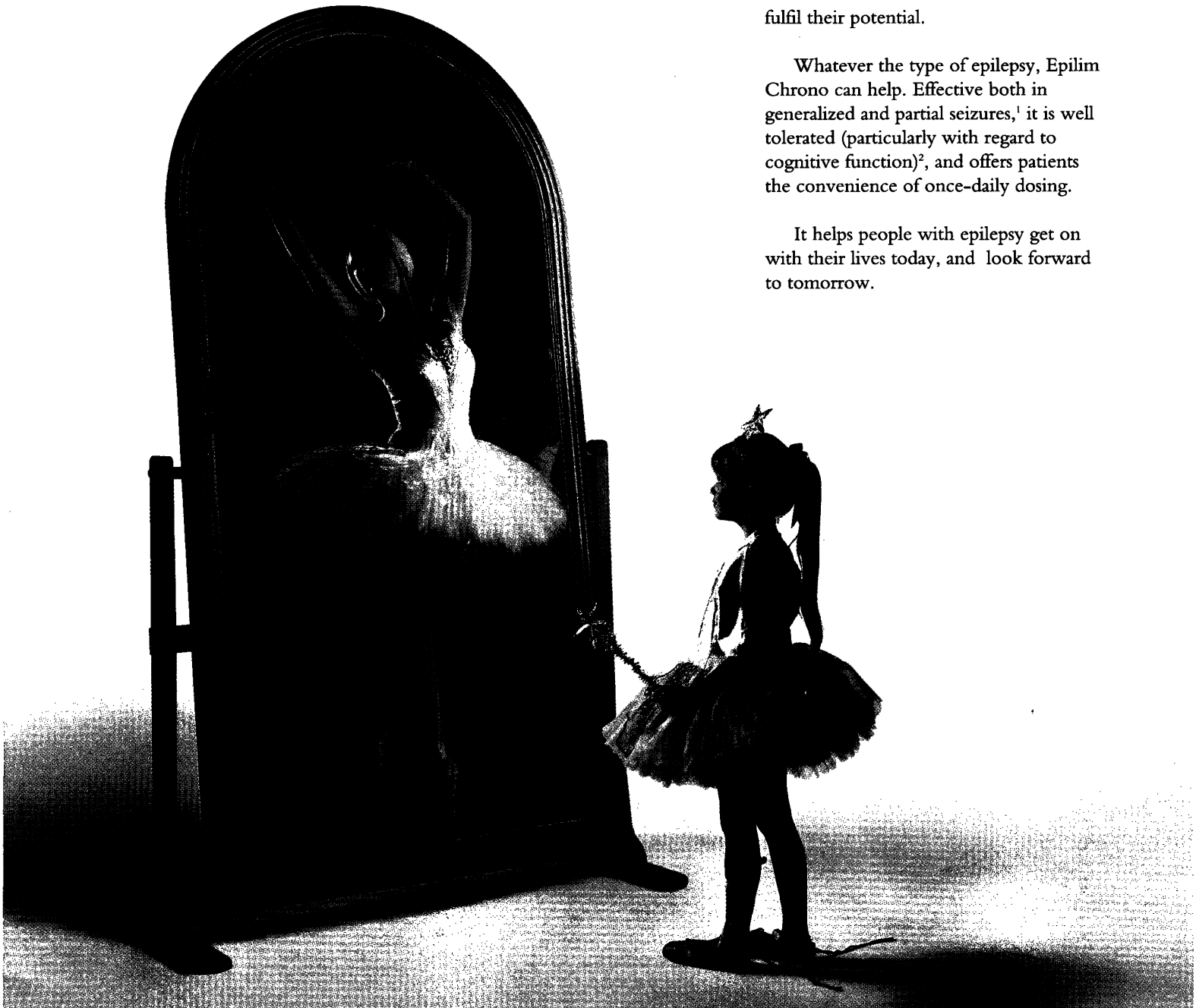
Give someone with epilepsy a future to look forward to

People with epilepsy have the same aspirations as anybody else. What they need is a treatment which allows them to fulfil their potential.

Whatever the type of epilepsy, Epilim Chrono can help. Effective both in generalized and partial seizures,[1] it is well tolerated (particularly with regard to cognitive function)[2], and offers patients the convenience of once-daily dosing.

It helps people with epilepsy get on with their lives today, and look forward to tomorrow.



Epilim® CHRONO®
Controlled Release

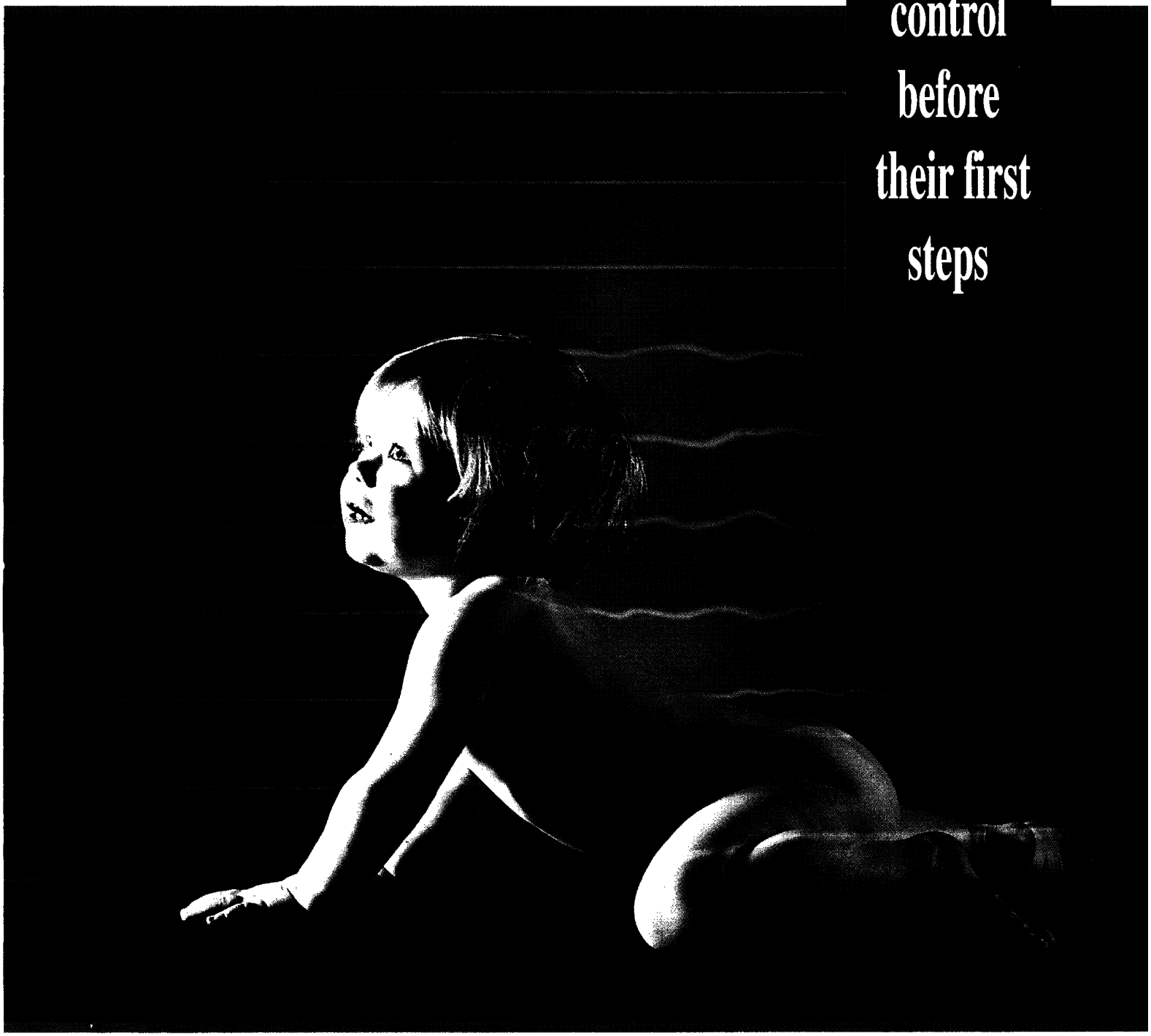
Sodium Valproate Ph. Eur.
Valproic Acid Fr.P

Once-daily management for all forms of epilepsy

PRESCRIBING INFORMATION

Presentations: Pulmicort Respules. (2ml single dose unit ampoules) containing 0.25mg/ml or 0.5mg/ml budesonide in a suspension for nebulisation. **Uses**: Bronchial asthma where use of a pressurised inhaler or dry powder formulation is unsatisfactory or inappropriate. **Dosage and administration:** Dosage schedules: Administer from suitable nebulisers. Dose delivered to the patient varies depending on the nebulising equipment used (see data sheet). Adjust dosage individually. Initially during periods of severe asthma and while reducing or discontinuing oral glucocorticosteroids the recommended dose in adults (including elderly and children 12 years and older) is usually 1-2mg twice daily. In very severe cases the dosage may be further increased. Children 3 months to 12 years: 0.5-1mg twice daily. The maintenance dose should be the lowest dose which keeps the patient symptom-free. Recommended doses are: Adults (including elderly and children 12 years and older): 0.5-1mg twice daily. Children (3 months to 12 years): 0.25-0.5mg twice daily. For an increased therapeutic effect increase dose of Pulmicort rather than combine treatment with oral corticosteroids because of the lower risk of systemic effects. **Contra-indications, warnings, etc.:** Contra-indications: Hypersensitivity to any of the constituents. Special warnings and precautions: Care is needed in patients with pulmonary tuberculosis and viral infections in the airways. A short course of oral steroids in addition to Pulmicort may be required in patients with excessive mucus in the bronchi. Transfer of patients dependent on oral steroids to Pulmicort demands special care; see data sheet for further details. The nebuliser chamber should be cleaned and dried after every administration. Pulmicort does not affect the ability to drive and use machines. Pulmicort Respules can be mixed with 0.9% saline and with solutions of terbutaline, salbutamol, sodium cromoglycate or ipratropium bromide. **Side-effects:** Mild irritation in the throat, coughing and hoarseness and oral candidiasis have been reported. In rare cases inhaled drugs may provoke bronchoconstriction in hyperreactive patients. Facial skin should be washed after use of the face mask as irritation can occur. Coughing can usually be prevented by inhaling a β_2-agonist (e.g. terbutaline) 5-10 minutes before inhalation of Pulmicort Respules. Avoid in pregnancy. **Pharmaceutical precautions:** Store below 30°C. Use within 3 months of opening the foil envelope. Protect opened ampoule from light. Use within 12 hours of opening. **Legal status:** POM. **Basic NHS price:** Pulmicort Respules 0.25mg/ml (20 single dose units) £32.00. Pulmicort Respules 0.5mg/ml (20 single dose units) £44.64. **Product licence nos.:** Pulmicort Respules 0.25mg/ml PL 0017/0309. Pulmicort Respules 0.5mg/ml PL 0017/0310. **Name and address of product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH.

Inspired control before their first steps



Astra Pharmaceuticals Ltd.,
Home Park,
Kings Langley,
Herts WD4 8DH.

ASTRA
Astra Pharmaceuticals

Date of preparation: May 1995
P.Res. 0427

Pulmicort®
Respules®
BUDESONIDE
Nebulised Steroid Control

A GOOD FRIEND IN CHILDHOOD ASTHMA

In a recent one-year study designed to compare accurately measured growth in 122 asthmatic children, aged 4 to 10 years, taking either Flixotide 50 micrograms b.d. or sodium cromoglycate 20 milligrams q.d.s., there was no evidence of growth deceleration in either group.[1] Flixotide has also been shown to produce a significantly greater improvement in lung function than sodium cromoglycate[1,2]

FLIXOTIDE

fluticasone propionate

AN INHALED STEROID TO GROW UP WITH

Flixotide Accuhaler, Diskhaler and Inhaler (fluticasone propionate) Abridged Prescribing Information (Please refer to the full data sheet before prescribing) **Uses** Topically active corticosteroid for prophylactic management of asthma. **Dosage and administration** For inhalation only. Use regularly. Onset of therapeutic effect usually occurs in 4 to 7 days. *Adults:* 100 to 1,000 micrograms twice daily. *Children aged 4 and over:* 50 to 100 micrograms twice daily. Equivalent disease control usually obtained at half the daily dose of other currently available inhaled steroids. **Contra-indications** Hypersensitivity. **Precautions** Special care in active or quiescent pulmonary tuberculosis. *Severe or unstable asthma:* Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases or becomes less effective. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Treat severe exacerbations in the normal way. *Acute symptoms:* Not for relief of acute symptoms. A short-acting inhaled bronchodilator is required. *Systemic effects:* Adrenal function and reserve usually remain within the normal range. Some systemic effects may occur in a small proportion of adults after long-term treatment at high doses. Some biochemical changes reported in children, but no stunting of growth observed. *Transfer from oral steroids:* Special care is needed. Monitor adrenal function. Do not stop Flixotide abruptly. Consider additional corticosteroid therapy in situations likely to produce stress. *Pregnancy and lactation:* Experience is limited. Balance risks against benefits. **Side effects** Candidiasis of mouth and throat. Hoarseness. Rarely, peripheral oedema and cutaneous hypersensitivity. Possibly, dyspepsia and arthralgia. *Paradoxical bronchospasm:* Substitute alternative therapy. **Presentation and Basic NHS cost** *Flixotide Accuhaler:* 60 inhalations. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. 500 micrograms – £40·23. *Flixotide Inhaler:* 120 actuations. 25 micrograms – £6·86. 50 micrograms – £11·43. 125 micrograms – £22·86. 250 micrograms – £38·86. *Flixotide Diskhaler:* 14 four-place disks with Flixotide Diskhaler. 50 micrograms – £8·23. 100 micrograms – £12·80. 250 micrograms – £24·23. 500 micrograms – £40·23. *Refill pack:* 14 four-place disks. 50 micrograms – £7·66. 100 micrograms – £12·23. 250 micrograms – £23·66. 500 micrograms – £39·66. Diskhaler and Inhaler Hospital packs also available. **Product licence numbers** 10949/0226-0229, 10949/0001-0008. **Product licence holder** Allen & Hanburys, Stockley Park West, Uxbridge UB11 1BT.

POM

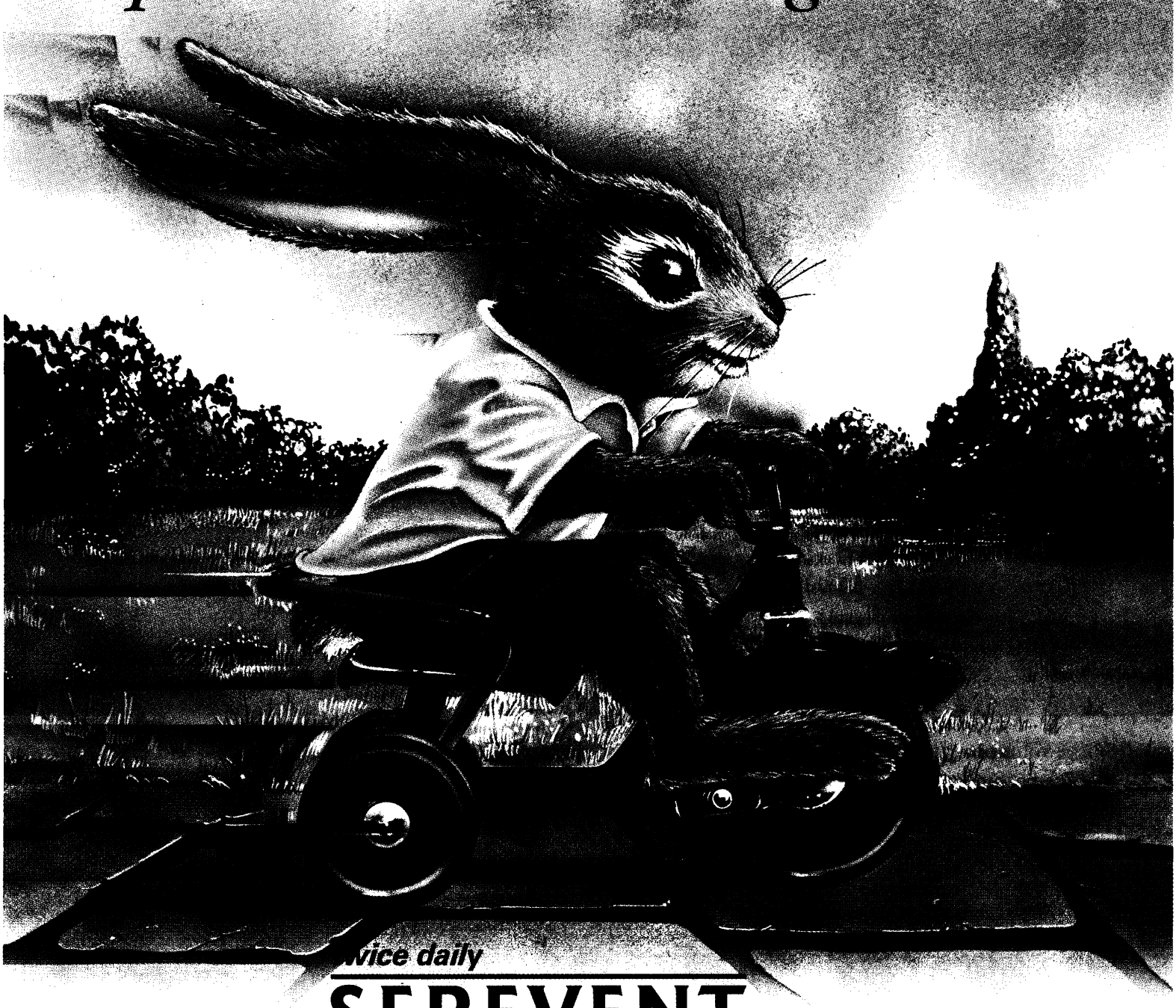
References 1. Price JF, Russell G, Hindmarsh P, Weller PH, Heaf DP. Am J Resp Crit Care Med 1996; 153 (4): A409. 2. Price JF, Weller PH. Resp Med 1995; 89: 363-368.

ALLEN & HANBURYS

Further information is available on request from:
Allen & Hanburys, Uxbridge
Middlesex UB11 1BT

June 1996

Helps kids with asthma get around



wice daily

SEREVENT

salmeterol xinafoate

FOR PROTECTION AGAINST ASTHMA SYMPTOMS IN CHILDREN AGED 4 AND OVER

Serevent Accuhaler, Diskhaler and Inhaler
(salmeterol xinafoate)
Abridged Prescribing Information
(Please refer to the full data sheet before prescribing)
Uses Treatment of asthma (including nocturnal and exercise-induced) and chronic obstructive pulmonary disease in patients requiring long-term regular bronchodilator therapy. Patients with asthma should normally also be receiving regular and adequate doses of inhaled anti-inflammatory agents, or oral corticosteroids.
Dosage and administration For inhalation only. In asthma: *Adults and children 4 years and over:* 50 micrograms twice a day. *Adults only:* More severe cases 100 micrograms twice a day. *Children below 4 years:* Not recommended. In chronic obstructive pulmonary disease: *Adults:* 50 micrograms twice a day. *Children:* Not appropriate.
Contra-indication Hypersensitivity.
Precautions Do not initiate in significantly worsening or acutely deteriorating asthma. *Steroid therapy:* Serevent is not a replacement for corticosteroids and/or, in children, sodium cromoglycate. Warn patients with asthma not to stop or reduce such therapy. *Severe or unstable asthma:* Bronchodilators should not be the only or main treatment. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Warn patients to seek medical advice if short-acting bronchodilator use increases or becomes less effective. Treat severe exacerbations in the normal way. *Acute symptoms:* Serevent is not for relief of acute symptoms. A short-acting inhaled bronchodilator is required. *Thyrotoxicosis:* Use with caution. *Drug interactions:* Avoid beta-blockers. *Hypokalaemia:* May occur, particularly in acute severe asthma. It may be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels in these situations. *Pregnancy and lactation:* Experience is limited. Balance risks against benefits.
Side effects Tremor, subjective palpitations and headaches have been reported, but are usually mild and transient. Tachycardia, skin reactions, muscle cramps, non-specific chest pain, local irritation and arthralgia have been reported. Potentially serious hypokalaemia may result from β_2-agonist therapy. *Paradoxical bronchospasm:* Substitute alternative therapy.
Presentation and Basic NHS cost *Serevent Accuhaler:* 60 inhalations. 50 micrograms – £29·97.
Serevent Inhaler: 120 actuations. 25 micrograms – £28·60.
Serevent Diskhaler: 14 four-place disks with Serevent Diskhaler. 50 micrograms – £29·97. *Refill pack:* 14 four-place disks. 50 micrograms – £29·40.
Diskhaler and Inhaler Hospital packs also available.
Product licence numbers 10949/0214, 10949/0068, 10949/0069.
Product licence holder Allen & Hanburys, Stockley Park West, Uxbridge UB11 1BT.

POM

ALLEN & HANBURYS

Further information is available on request from:
Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT

September 1996

When introducing Serevent in adults with asthma we strongly recommend that you do not stop or reduce the dose of corticosteroids. Similarly, in children, do not stop or reduce corticosteroids or sodium cromoglycate.

Meet our top consultants

Our revolutionary cartridge pen for the injection of ***Genotropin***® growth hormone is so simple and easy to use that it's become part of the lives of thousands of children. With success of that kind, how do you top it? Well, we've done it by finding out from patients themselves how we can make an even better pen.

And the result is the new ***Genotropin***® Pen - we've made it easier to use, even for small children, and that makes it easier for them to keep to their treatment.

New Genotropin® Pen

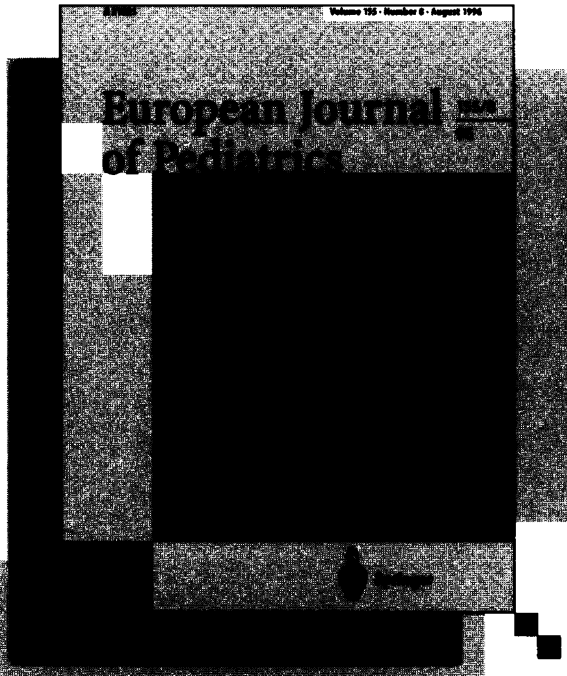
somatropin (rbe)

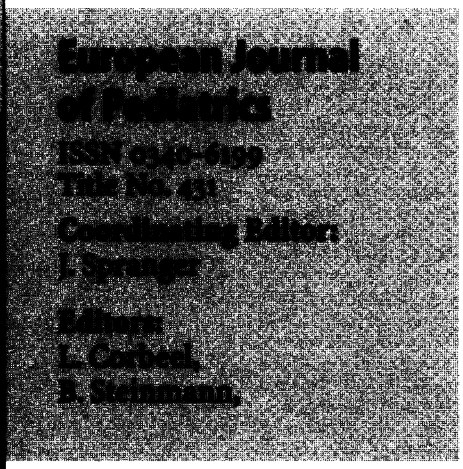
Designed by kids. Made real by Pharmacia & Upjohn.

Genotropin® (somatropin, rbe) Abbreviated Prescribing Information. Genotropin 36 IU, Genotropin 16 IU, Genotropin 4 IU KabiVial Multidose, Genotropin 2, 3, and 4 IU KabiQuick. Presentation: Genotropin 36 IU Two compartment cartridge for use in either the Genotropin Pen 36 or KabiMixer devices. One compartment contains 36 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 16 IU** Two compartment cartridge for use in either the Genotropin Pen 16 or KabiMixer devices. One compartment contains 16 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 4 IU KabiVial Multidose** Two compartment cartridge in a reconstitution device. The first compartment contains 4 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 2, 3 and 4 IU KabiQuick** Two compartment cartridge in single dose syringe for reconstitution and injection. The first compartment contains 2, 3 or 4 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.5ml, 0.75ml or 1ml Water for Injections respectively. **Uses:** Treatment of growth disturbance due to insufficient secretion of growth hormone or associated with gonadal dysgenesis (Turner Syndrome). Treatment of growth disturbance in prepubertal children with chronic renal insufficiency (CRI). **Dosage and Administration: Route of Administration:** Subcutaneous injection. Dosage is individual. **Insufficient secretion of growth hormone:** generally a dose of 0.5 - 0.7 IU/kg body weight per week (14 - 20 IU/m² body surface area per week) is recommended. Higher doses have been used. **Gonadal dysgenesis *(Turner Syndrome)*:** a dose of 1 IU/kg body weight per week (28 IU/m² body surface area per week) is recommended. **CRI:** a dose of 30 IU/m² body surface area per week (approximately 1 IU/kg body weight per week) is recommended. Higher doses may be needed if growth velocity is too low. Dose correction may be required after six months treatment. The weekly dose should be divided into 6 -7 subcutaneous injections. The injection site should be varied to prevent lipoatrophy. **Preparation of Solution:** Somatropin (rbe) is reconstituted using the KabiMixer, KabiVial, KabiQuick or Genotropin Pen devices. Instructions on how to effect reconstitution are supplied separately at the specialist growth clinic, as are the Genotropin Pen and KabiMixer devices, and necessary needles. **Contra-indications, Warnings etc.:** Genotropin should not be used when there is any evidence of tumour activity. Intracranial lesions must be inactive and any antitumour therapy completed prior to starting therapy. Genotropin should not be used for growth promotion in patients with closed epiphyses. **Precautions:** Therapy with Genotropin should be initiated by suitably qualified physicians. In diabetes mellitus, insulin dosage may need adjustment. Thyroid function may be affected and should be monitored periodically. In patients with endocrine disorders, slipped epiphyses of the hip may occur. Some rare cases of benign intracranial hypertension have been reported. In chronic renal insufficiency, renal function should have decreased to below 50 per cent of normal and disturbed growth followed for a year preceding institution of therapy. Conservative treatment for renal insufficiency should have been established and should be maintained during treatment. Treatment should be discontinued after renal transplantation. **Pregnancy and Lactation:** Clinical experience of use in pregnancy is limited. Treatment should be interrupted if pregnancy occurs. **Overdosage:** Acute overdosage is unlikely, though may lead initially to hypoglycaemia and subsequently to hyperglycaemia. Long-term overdosage could result in symptoms consistent with the known effects of growth hormone excess. **Side Effects:** Common effects are related to transient local skin reactions. **Pharmaceutical Precautions:** Store at 2 - 8°C. Protect from light. Once reconstituted Genotropin should be stored in the refrigerator and protected from light. Genotropin 36 IU, Genotropin 16 IU and Genotropin 4 IU KabiVial Multidose in use may be stored for up to 14 days under these conditions. Once reconstituted Genotropin 2, 3 and 4 IU KabiQuick should be used immediately, or within 24 hours if kept in the refrigerator. **Legal Category:** POM. **Package Quantities:** Genotropin 36 IU Pack containing one cartridge for use in the Genotropin Pen 36/KabiMixer devices. Genotropin 16 IU Pack containing one cartridge for use in the Genotropin Pen 16/KabiMixer devices. Genotropin 4 IU KabiVial Multidose Two compartment cartridge in a reconstitution device. Pack containing one Genotropin 4 IU KabiVial Multidose. Genotropin 2,3 and 4 IU KabiQuick Two compartment cartridge in a reconstitution and injection device. Pack containing ten Genotropin 2 IU KabiQuicks. Pack containing ten Genotropin 3 IU KabiQuicks. Pack containing ten Genotropin 4 IU KabiQuicks. **Product Licence Numbers and Basic NHS Prices:** 36 IU - 0022/0098, 1 x 36 IU - £274.50. 16 IU - 0022/0085, 1 x 16 IU - £122.00. 4 IU KabiVial Multidose - 0022/0088, 1 x 4 IU - £30.50. 2 IU KabiQuick - 0022/0089, 10 x 2 IU - £160.00. 3 IU KabiQuick - 0022/0090, 10 x 3 IU - £240.00. 4 IU KabiQuick - 0022/0091, 10 x 4 IU - £320.00. **Product Licence/Product Authorisation Holder:** Pharmacia & Upjohn Ltd., Davy Avenue, Milton Keynes, MK5 8PH. Distributed in Ireland by Cahill May Roberts Ltd. for Pharmacia Ireland Ltd., Pharmapark, Chapelizod, Dublin 20. Further information is available on request from the Product Licence holder. Genotropin, KabiMixer, KabiVial and KabiQuick are registered trademarks. **Date of preparation:** April 1996. P2346/9/95

Pharmacia&Upjohn

Child's benefit





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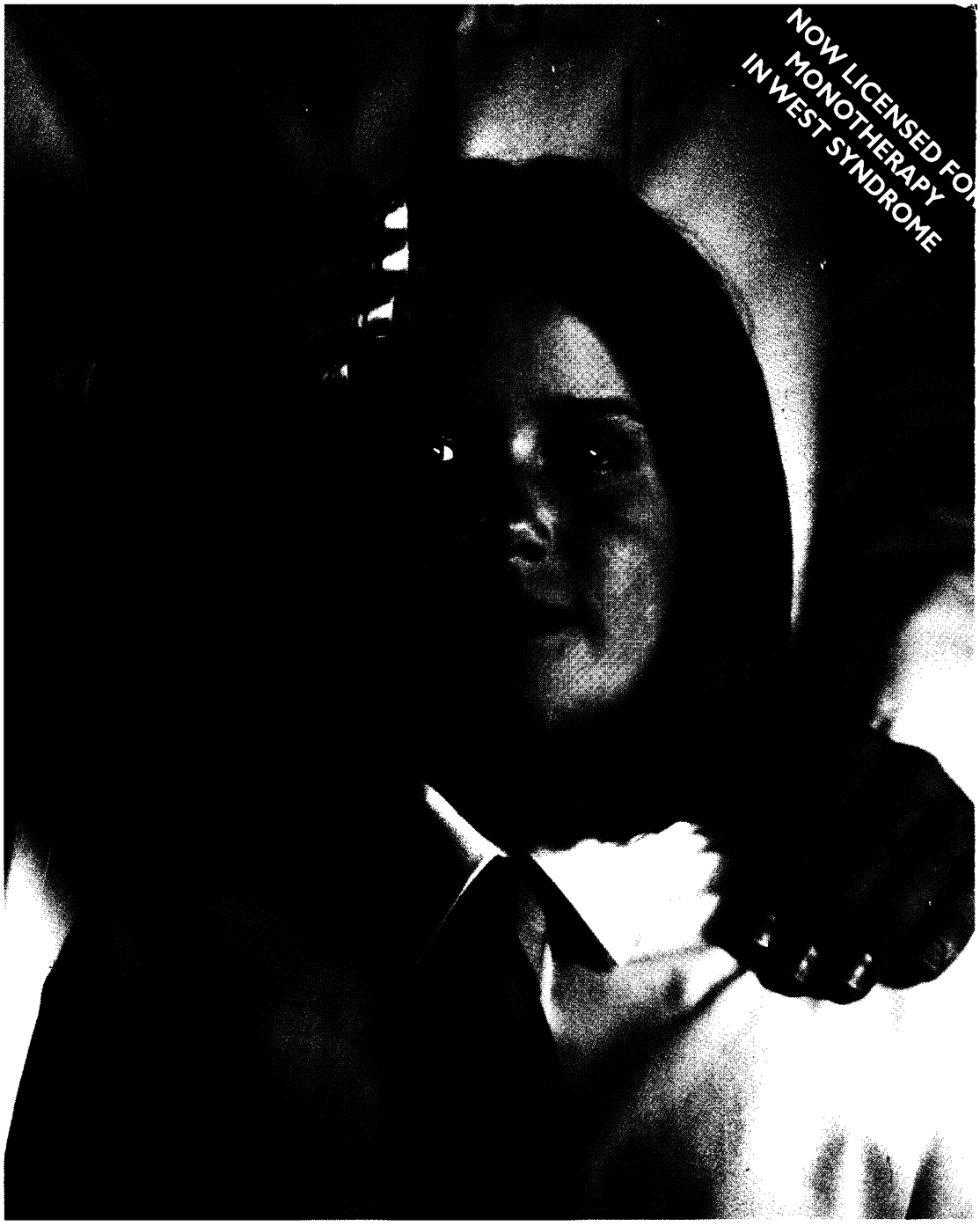
ABRIDGED PRESCRIBING INFORMATION
SABRIL TABLETS/SACHETS

Presentations *Tablets:* White, film coated with a breakline marked SABRIL, each containing 500mg vigabatrin. *Sachets:* Containing 500mg vigabatrin. Dissolve in water or soft drink immediately before use. **Uses** *Indications:* Treatment of epilepsy not controlled by another antiepileptic drug. Monotherapy for the management of infantile spasms (West's Syndrome). **Dosage and Administration** Oral administration once or twice daily added to the patient's current therapeutic regimen. *Adults:* Recommended starting dose 1g/day. Increased or decreased in 0.5g increments at weekly intervals, depending upon clinical response and tolerability up to 4g/day. (Slightly increased efficacy but increased incidence of adverse events with doses up to 6g/day). There is no direct correlation between plasma concentration and efficacy. *Children:* The recommended starting dose in children is 40mg/kg/day increasing to 80-100mg/kg/day depending on response. Convenient recommendations in relation to bodyweight are:

Bodyweight: 10-15kg	1-2 tablets or sachets/day
15-30kg	2-3 tablets or sachets/day
30-50kg	3-6 tablets or sachets/day
>50kg	4-8 tablets or sachets/day (adult dose)

Monotherapy for infantile spasms (West's Syndrome): The recommended dose is between 60-100mg/kg/day depending on the severity of the spasms. This may be titrated over one week if necessary. Doses of up to 150mg/kg/day have been used with good tolerability. *Elderly and patients with renal impairment:* Consider dose reduction and reduced frequency of administration. **Contra-indications, Precautions, Warnings etc.** *Contra-indications:* Patients with history of hypersensitivity to vigabatrin or its product components; pregnancy and lactation. *Precautions:* Abrupt withdrawal may lead to rebound seizures. Withdraw gradually over 2-4 weeks. Caution in patients with history of psychosis or behavioural problems. Caution in elderly and patients with renal impairment, particularly creatinine clearance below 60ml/min. Reduce dose and monitor closely for adverse events. *Warnings:* Vigabatrin causes intramyelinic oedema in the brain white matter tracts of animals but there is no evidence of this in man. However, monitor patients for neurological changes. See the full product data sheet for further information. *Effects on driving ability:* Drowsiness has been seen and patients should be warned. *Side-effects:* Are mainly CNS related. *Reported reactions:* drowsiness and fatigue, dizziness, nervousness, irritability, headache, nystagmus, ataxia, tremor, paraesthesia, impaired or decreased concentration or alertness and less commonly, memory disturbance and vision complaints; psychiatric events (agitation, aggression, depression, abnormal thinking, paranoid reactions) have been reported in patients with and without a psychiatric history and were usually reversible when vigabatrin doses were reduced or gradually discontinued. Less common events included psychotic symptoms, hypomania and mania. Rarely marked sedation/stupor/confusion with EEG changes soon after vigabatrin introduction, reversible following dose reduction or discontinuation; also weight gain, oedema, minor gastrointestinal side-effects, alopecia and rarely rash and urticaria. Also in children excitation and agitation. Some patients may experience an increase in seizure frequency with vigabatrin, particularly those with myoclonic seizures. Lab data do not indicate renal or hepatic toxicity. Decreases in SGOT and SGPT have been observed. Chronic treatment may lead to a slight decrease in haemoglobin. *Drug Interactions:* Are unlikely. A gradual reduction of about 20% in plasma phenytoin concentration has been observed but is unlikely to be of therapeutic significance. No clinically significant interactions with carbamazepine, phenobarbitone or sodium valproate. *Overdose:* There is no specific antidote and the usual supportive measures should be employed. You must refer to the full prescribing information before administering Sabril. **Legal Category:** POM **Package Quantities:** *Tablets:* Blister strips of 10 in cartons of 100. *Sachets:* Packs of 50 **Product Licence Number:** *Tablets:* PL 4425/0098 *Sachets:* PL 4425/0119 **NHS Price:** *Tablets:* £44.85 *Sachets:* £24.33 **Product Licence Holder:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex, UB9 5HP. Further information including full product data sheet is available from **Hoechst Marion Roussel Ltd** at the above address. **References: 1** Dalla Bernardina B, et al. Epilepsia 1993; 34 (Suppl 2): 121. **2** Ferrie C D and Robinson R O, Reviews in Contemporary Pharmacotherapy 1995; 6: 469–76. **3** SABRIL Data Sheet, February 1996.



DECISIVE CONTROL

- Effective seizure control[1,2]
- Simple to use
- No significant drug interactions[3]
- Well tolerated[2]

SABRIL
VIGABATRIN

Hoechst Marion Roussel

SAB027 **Date of issue:** August 1996

A first choice add-on in partial seizures