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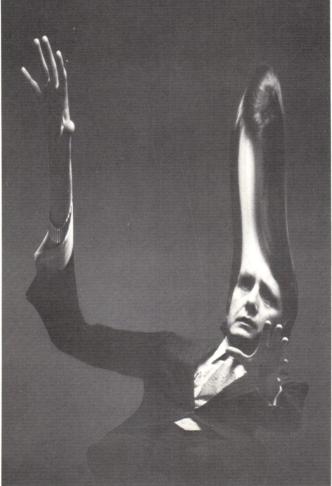
QUEBEC COOPERATIVE STUDY ON

FRIEDREICH'S ATAXIA —

PHASE ONE

Continued on page iv

For the management of Vertigo in Meniere's



disease

TABLETS (Betahistine hydrochloride)

histaminic - not antihistaminic often a more helpful approach

Clinical Features

Chemically Unique Vasoactive Compound

- Vascular responses similar to those of histamine^{1,2}
- Tends to restore, not depress vestibular response^{3,4}

May Increase Blood Flow To Inner Ear

- Increases cochlear blood flow in experimental
- Increases basilar and labyrinthine artery flow in canine studies7,8

Demonstrated Efficacy and Patient Acceptance

- Reduces the number and severity of vertigo attacks^{9,10}
- Suitable for long term management^{9,10}
- Effective when other medications failed 9, 10
- Well tolerated^{2, 3, 4, 9, 10}

REFERENCES

- REFERENCES

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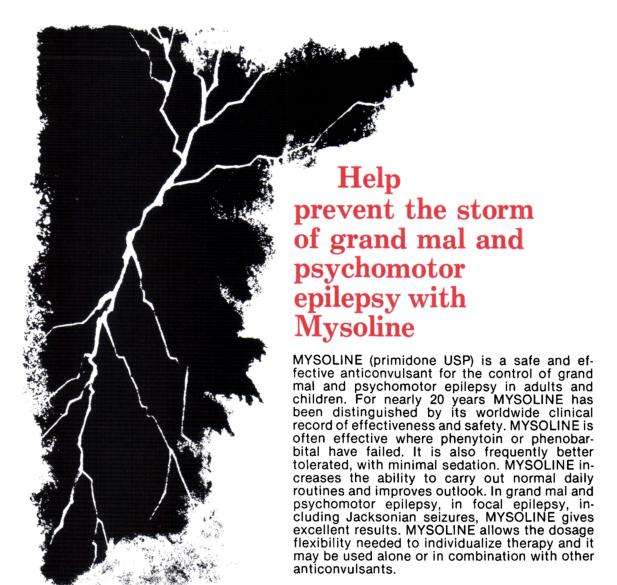
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- PRESCRIBING INFORMATION
 DESCRIPTION AND CHEMISTRY: SERC is the proprietary name for a histamine-like drug gener-

- PRESCRIBING INFORMATION
 DESCRIPTION AND CHEMISTRY: SERC is the proprietary name for a histamine-like drug generically designated as betahistine hydrochloride.
 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 or 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 causal 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 phenochromocytoma.
 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.

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a drug of choice for control and maintenance in epilepsy.

Mysoline*

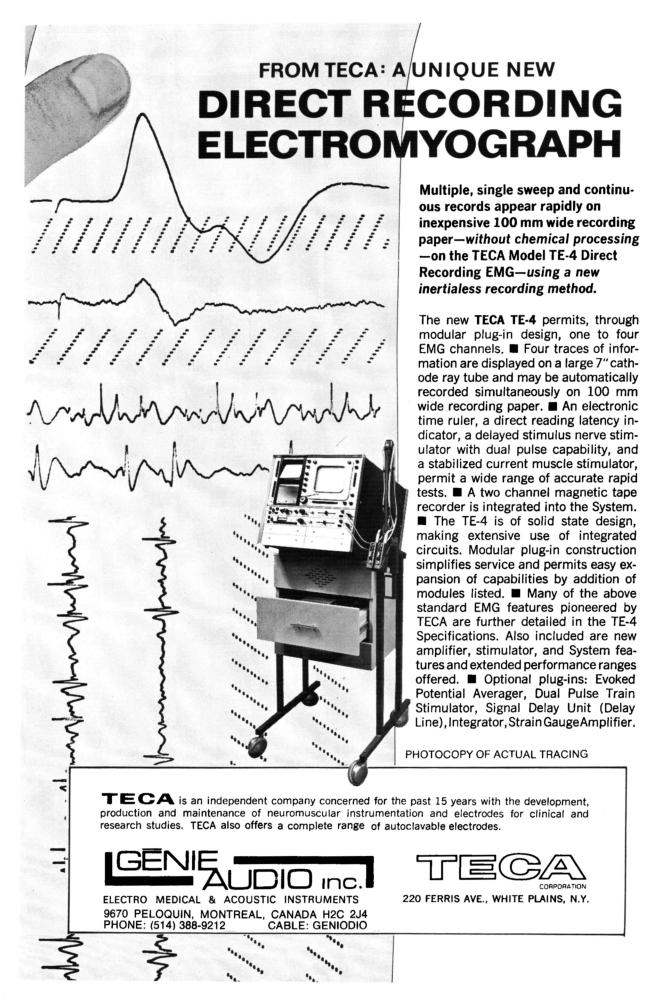
Dosage: Adults and children over 8 years—week 1: 250 mg h.s.: week II: 250 mg b.i.d.: week III: 250 mg t.i.d.: week IV: 250 mg q.i.d. Dosage may be increased until seizures are controlled but should not exceed 2 gm daily. Children under 8 years—half the adult dosage. In patients already receiving other anticonvulsants, dosage is gradually increased while the dosage of the other drug(s) is gradually decreased. Adverse Effects: Drowsiness, ataxia, vertigo, anorexia, irritability, general malaise, nausea and vomiting. These reactions are usually minor and transitory tending to disappear as therapy is continued or dosage is adjusted. No serious irreversible toxic reactions have been observed. (Occasionally, megaloblastic anemia has been reported, which is reversible by folic acid, 15 mg daily, while MYSOLINE is continued). As with any drug used over prolonged periods, routine laboratory studies at regular intervals are recommended. Supplied: Tablets—250 mg and 125 mg Suspension—250 mg/5ml. Complete prescribing information available on request.

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