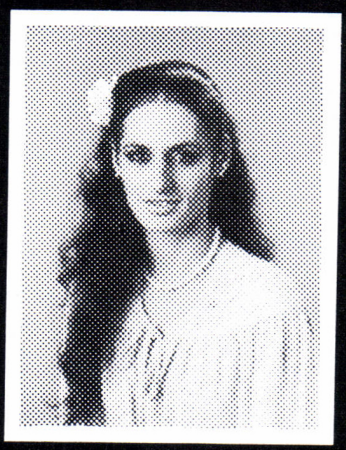
Which generation will beat Huntington's Disease... forever?



Veronica Tennant

Right now we're so close.

We've identified a "marker" that will lead us to the defective gene that sits in the body like a time bomb waiting for middle age before it goes off.

We know that the progressive memory loss and involuntary muscle spasms of Huntington's are brought on by this defective gene causing the premature death of brain cells.

What we don't know is why this gene is present in 1 out of every 10,000 people in our population. Or why it is inherited by only 50% of the children of a Huntington parent. Or why it waits until middle age to strike, often after another generation has been born to live every day with the fear that they too may have inherited the Huntington gene from their parent.

For those with Huntington's today, the struggle is not only for survival. Their fight is for their children and their children's children. They want so desperately to be the last generation that must suffer through the horror of Huntington's.

Medical research paid for by your generous donations has brought us to the brink of victory. Now we need your dollars more than ever to bring the final discovery.

This is a fight we can win. This is suffering we can end... together. Please take the time to fill out the coupon and send in your cheque today. It will make a difference. And it could make ours the generation that beats Huntington's Disease... forever.

Here's my cheque to help you beat Huntington's Disease forever.

Name _____

Address _____

_____

Amount of cheque $ _____

A receipt for tax purposes will be sent by return mail.

Huntington Society of Canada
Box 333,
Cambridge, Ontario N1R 5T8

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MUSCULAR Dystrophy — Dystrophie MUSCULAIRE

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genetic aspects of muscular dystrophy

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The Department of Pediatrics, Dalhousie University, Halifax, N.S. invites applications for a GFT Pediatric Neurologist at any academic level to join a group of two (2) full time and two (2) half-time pediatric neurologists.

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Applicants must have a special area of clinical interest and competence in clinical or basic science research.

In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents.

Please contact:
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I.W.K. Hospital for Children
P.O. Box 3070
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B3J 3G9

ALBERTA CHILDREN'S HOSPITAL
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PAEDIATRIC NEUROSURGEON

Alberta Children's Hospital, Calgary invites applications for a geographic full time position in paediatric neurosurgery. The hospital serves as the referral centre for paediatric neurosurgical cases in Southern Alberta, and is the paediatric teaching hospital for the University of Calgary Medical School. Joint appointment will be made in the Department of Clinical Neurosciences at the University of Calgary Medical School.

The successful applicant will be expected to participate in undergraduate and post graduate teaching, research, and clinical practice.

Candidates should be eligible for certification by the Royal College of Physicians and Surgeons of Canada and for licensure by the College of Physicians and Surgeons of Alberta.

In accordance with immigration requirements this advertisement is directed particularly to Canadian citizens and permanent residents.

Reply, including curriculum vitae and the names of three referees to:

Dr. S.T. Myles
Chief of Staff — Surgery
ALBERTA CHILDREN'S HOSPITAL
1820 Richmond Road S.W.
Calgary, Alberta
T2T 5C7

ADVERTISER'S INDEX

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Prolopa®

Rx Summary

Indications

Treatment of Parkinson's syndrome when not drug-induced.

Contraindications

Known hypersensitivity to levodopa or benserazide; in patients in whom sympathomimetic amines are contra-indicated; concomitantly with, or within 2 weeks of, MAOI administration; uncompensated cardiovascular, endocrine, renal, hepatic, hematologic or pulmonary disease; narrow-angle glaucoma.

Warnings

Discontinue levodopa at least 12 hours before initiating 'Prolopa'. See Dosage section for substitution recommendations.

Not indicated in intention tremor, Huntington's chorea or drug-induced Parkinsonism.

Increase dosage gradually to avoid CNS side effects (involuntary movements). Observe patients for signs of depression with suicidal tendencies or other serious behavioural changes. Caution in patients with history of psychotic disorders or receiving psychotherapeutic agents.

In patients with atrial, nodal or ventricular arrhythmias or history of myocardial infarction initiate treatment cautiously in hospital. Caution in patients with history of melanoma or suspicious undiagnosed skin lesions.

Safety in patients under 18 years has not been established. In women who are or may become pregnant, weigh benefits against possible hazards to mother and fetus. Not recommended for nursing mothers.

Precautions

Monitor cardiovascular, hepatic, hematopoietic and renal function during extended therapy. Caution in patients with history of convulsive disorders. Upper gastrointestinal hemorrhage possible in patients with a history of peptic ulcer.

Normal activity should be resumed gradually to avoid risk of injury.

Monitor intraocular pressure in patients with chronic wide-angle glaucoma. Pupillary dilation and activation of Horner's syndrome have been reported rarely. Exercise caution and monitor blood pressure in patients on anti-hypertensive medication. 'Prolopa' can be discontinued 12 hours prior to anesthesia. Observe patients on concomitant psychoactive drugs for unusual reactions.

Adverse Reactions

Most common are abnormal involuntary movements, usually dose dependent, which necessitate dosage reduction. Other serious reactions are periodic oscillations in performance (end of dose akinesia, on-off phenomenon *and akinesia paradoxica) after prolonged therapy*, psychiatric disturbances (including paranoia, psychosis, depression, dementia, increased libido, euphoria, sedation and stimulation), and cardiovascular effects (including arrhythmias, orthostatic hypotension, hypertension, ECG changes and angina pectoris).

Neurologic, intellectual, gastrointestinal, dermatologic hematologic, musculoskeletal, respiratory, genitourinary and ophthalmologic reactions have also been reported. Consult Product Monograph for complete list.

Dosage

Individualize therapy and titrate in small steps to maximize benefit without dyskinesias. Do not exceed the recommended dosage range.

Initially, one capsule 'Prolopa' 100-25 once or twice daily, increased carefully by one capsule every third or fourth day (slower in post-encephalitic Parkinsonism) until optimum therapeutic effect obtained without dyskinesias. At upper limits of dosage, increment slowly at 2-4 week intervals. Administer with food.

Optimal dosage is usually 4-8 'Prolopa' 100-25 capsules daily, in 4-6 divided doses.

'Prolopa' 200-50 capsules are intended for maintenance therapy once optimal dosage has been determined using 'Prolopa' 100-25 capsules. No patient should receive more than 1000 - 1200 mg levodopa daily during the first year of treatment. 'Prolopa' 50-12.5 capsules should be used when frequent dosing is required to minimize adverse effects.

For patients previously treated with levodopa, **allow at least 12 hours to elapse** and initiate 'Prolopa' at 15% of previous levodopa dosage.

During maintenance, reduce dosage slowly, if possible, to a maximum of 600 mg levodopa daily.

Supply

'Prolopa' 50-12.5 capsules containing 50 mg levodopa and 12.5 mg benserazide.

'Prolopa' 100-25 capsules containing 100 mg levodopa and 25 mg benserazide.

'Prolopa' 200-50 capsules containing 200 mg levodopa and 50 mg benserazide.

Bottles of 100.

Product Monograph available on request.

References:

1. Editorial Parkinson's disease, 1984. Lancet 1984;1: 829-30.
2. Lieberman AN, Goldstein M, Gopmathan G, et al. Combined use of benserazide and carbidopa in Parkinson's disease. Neurology 1984;34:227-9.
3. Rinne UK, Mölsä P. Levodopa with benserazide or carbidopa in Parkinson's disease. Neurology 1979; 29:1584-9.
4. Weiner WJ, Nausieda PA. Carbidopa - levodopa ratio *in Parkinson's disease. Arch Neurol* 1981; 38:534.
5. Hoehn MM. Increased dosage of carbidopa in patients with Parkinson's disease receiving low doses of levodopa. A pilot study. Arch Neurol 1980; 37:146-9.

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For brief prescribing information see page vi

New Tegretol® Chewtabs™ (carbamazepine)

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