

## Rotman Research Institute, Baycrest Centre for Geriatric Care and Sunnybrook Health Science Centre (fully Affiliated with the University of Toronto)

Joint position available in functional magnetic resonance imaging and cognitive neuroscience. The successful candidate will develop and implement an independent research program using functional magnetic resonance imaging (fMRI) to examine the neural substrates of cognition. He or she will possess a Ph.D. or equivalent, and will be eligible for cross-appointment at the University of Toronto at the assistant or associate professor level. Preference will be given to candidates with demonstrated experience in fMRI and cognitive neuroscience. The successful candidate will work closely with the MRI research group at Sunnybrook and the neuroscientists at the Rotman, where the research emphasis has been on human memory and executive function.

Baycrest Centre, Sunnybrook, and the University of Toronto encourage applications from qualified women and men, members of visible minorities, aboriginal peoples and persons with disabilities. In accordance with Canadian immigration requirements, this advertisement is directed firstly to Canadian citizens and permanent residents.

Applicants should submit a covering letter describing current research interests and future research goals, a complete C.V., relevant reprints and the names of three potential references, by August 30, 1997 to: Dr. Donald T. Stuss, Rotman Research Institute, Baycrest Centre for Geriatric Care, 3560 Bathurst Street, Toronto, Ontario, CANADA M6A 2E1; E-mail: rotman@psych.utoronto.ca



## CHARLES G. DRAKE ENDOWED PROFESSORSHIP IN NEUROSURGERY, LONDON, ONTARIO, CANADA

The University of Western Ontario, an equal opportunity employer, and its affiliated teaching hospital the London Health Sciences Centre, London, Ontario, invites applications for the Charles G Drake Professorship in Neurosurgery. The individual filling this position would also be a candidate for head, Division of Neurosurgery in the Department of Clinical Neurological Sciences. London Health Sciences Centre is a 1000 bed acute care teaching hospital and is the regional centre for Neurosciences in Southwestern Ontario. Applicants must be Fellows of the Royal College of Physicians and Surgeons of Canada or equivalent and eligible for licensure in the province of Ontario. The successful candidate must be an excellent clinician and surgeon with a demonstrated commitment to teaching and active clinical or basic research. An individual with a special interest in paediatric, spine, trauma, or vascular neurosurgery, including the use of minimally invasive techniques, would be desirable. Academic rank, salary and contractual arrangements will be commensurate with experience and qualifications. Competition will close September 30, 1997.

Submit curriculum vitae and the names of three referees to:

Dr. Vladimir Hachinski  
Chair, Search Committee-CG Drake Professorship  
Department of Clinical Neurological Sciences  
London Health Sciences Centre  
339 Windermere Road  
London, Ontario, Canada N6A 5A5  
Phone: (519) 663-3652 Fax: (519) 663-3982  
E-mail: vladimir.hachinski@lhsc.on.ca

*In accordance with Canadian immigration requirements, this advertisement is directed to Canadian Citizens and Permanent Residents of Canada. The University of Western Ontario is committed to employment equity, welcomes diversity in the workplace, and encourages applications from all qualified individuals including women, members of visible minorities, aboriginal persons and persons with disabilities.*



**PERMAX<sup>®</sup>**  
pergolide mesylate

## A Renewed Opportunity In Parkinson's Disease

Pergolide Mesylate tablets

**THERAPEUTIC CLASSIFICATION:** Dopamine Agonist

**PRESENTATION:** Tablets containing .05 mg or .25 mg or 1 mg of pergolide base.

**INDICATIONS AND CLINICAL USE:** As an adjunctive treatment to levodopa in the management of the signs and symptoms of Parkinson's disease.

**CONTRAINDICATIONS:** Hypersensitivity to this drug or other ergot derivatives.

**WARNINGS:** Patients should be warned to begin therapy with low doses and to increase dosage in carefully adjusted increments over a period of 3 to 4 weeks, to minimize the risk of syncope, symptomatic postural and/or sustained hypotension. In controlled trials, pergolide mesylate with L-dopa caused hallucinosis in about 14 percent of patients, as opposed to 3 percent taking placebo with L-dopa. Caution should be exercised when administering to patients prone to cardiac dysrhythmias or with significant underlying cardiac disease. In a placebo-controlled study, patients taking pergolide mesylate had significantly more episodes of atrial premature contractions (APCs) and sinus tachycardia. Care should be exercised with regard to engaging in activities requiring rapid and precise responses, such as driving an automobile or operating machinery.

**PRECAUTIONS:** Abrupt discontinuation of pergolide mesylate, in patients receiving it chronically as an adjunct to L-dopa, may precipitate the onset of hallucinations and confusion. Administration to patients receiving L-dopa, may cause and/or exacerbate pre-existing dyskinesias. Patients and their families should be informed of the common adverse consequences of the use of pergolide mesylate and the risk of hypotension. Patients should be advised to tell their doctors if they become pregnant, intend to become pregnant, or if they are breast feeding. **Drug interactions:** Dopamine antagonists, such as the neuroleptics (phenothiazines, butyrophenones, thioxanthines) or metoclopramide, ordinarily should not be administered concurrently with pergolide mesylate (a dopamine agonist); these agents may diminish the effectiveness of pergolide mesylate. Caution should be exercised if pergolide mesylate is co-administered with anti-hypertensive agents. **Pregnancy:** In animal studies there was no evidence of harm to the fetus due to pergolide mesylate. There are, however, no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy only if the benefits outweigh the potential risk to the fetus. **Nursing mothers:** It is not known whether pergolide mesylate is excreted in human milk. The pharmacological action of pergolide mesylate suggests it may interfere with lactation. A decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

**ADVERSE REACTIONS:** Body as a whole: Pain, abdominal pain, injury, accident, headache, asthenia, chest pain, back pain, flu syndrome, neck pain. Gastrointestinal: Nausea, constipation, diarrhea, dyspepsia, anorexia, dry mouth, dysphagia. Special senses: Diplopia, abnormal vision, taste perversion, eye disorder. Other events that have been reported include hypotension, atrial premature contractions and sinus tachycardia. Nervous system: Hallucinations, psychosis, paranoid reaction, personality disorder, akinesia, dyskinesia, choreoathetosis, dystonia, tremor, abnormal gait, incoordination, speech disorders, dizziness, confusion, depression, anxiety, somnolence, insomnia, abnormal dreams, amnesia. Respiratory system: Rhinitis, dyspnea, pneumonia, pharyngitis, cough increased. Metabolic and nutritional findings: Peripheral edema, weight loss, weight gain. Musculoskeletal system: Twitching myalgia, arthralgia. Skin and appendages system: Sweating rash. Urogenital system: Urinary tract infection, urinary frequency, urinary incontinence, prostatic disorder, dysmenorrhea, hematuria. Hemic and lymphatic system: Anemia.

**OVERDOSAGE:** There is no clinical experience with massive overdosage. Symptoms and signs have included vomiting, hypotension, agitation, severe hallucinations, severe involuntary movements, tingling sensations, palpitations and ventricular extrasystoles. **Treatment:** Symptomatic supportive therapy is recommended to maintain blood pressure. Cardiac function should be monitored: an antiarrhythmic agent may be necessary. If signs of CNS stimulation are present a phenothiazine, or other butyrophenone neuroleptic agent, may be indicated.

**DOSAGE AND ADMINISTRATION:** Pergolide is administered orally. Administration should be initiated with a daily dosage of 0.05 gm for the first two days. The dosage should then be gradually increased by 0.1 or 0.15 mg/day every third day over the next 12 days of therapy. The dosage may then be increased by 0.15 mg/day every third day until an optimal therapeutic dosage is achieved. Pergolide mesylate is usually administered in divided doses 3 times per day. During dosage titration, the dosage of current L-dopa may be cautiously decreased. **SUPPLIED:** 0.05 mg: Each ivory coloured, modified rectangle-shaped tablet, scored and engraved with the company logo and identi-code 4131, contains: pergolide mesylate 0.05 mg. Also contains lactose. Gluten- and tartrazine free. Amber HDPE bottles of 30. 0.25 mg: Each green coloured, modified rectangle-shaped tablet, scored and engraved with the company logo and identi-code 4133, contains: pergolide mesylate 0.25 mg. Also contains lactose. Gluten- and tartrazine free. Amber HDPE bottles of 100. 1 mg: Each pink-coloured, modified rectangle-shaped tablet, scored and engraved with the company logo and identi-code 4135, contains: pergolide mesylate 1 mg. Also contains lactose. Gluten- and tartrazine free. Amber HDPE bottles of 100. Store at room temperature.

The product monograph is available upon request.

Permax is a schedule F drug.

### References:

1. Jankovic J. Pergolide: Short-term and long-term experience in Parkinson's disease. Recent Developments in Parkinson's Disease, ed by S Fahh et al. Raven Press, New York 1986
2. Jenner P. The rationale for the use of dopamine agonists in Parkinson's disease. Neurology 1995;45(suppl 3):S6-S12.
3. Olanow CW, Fahh S, Muentner M, Klawans H, Hurlig H, Stern M, Shoulson I, Kurlan R, Grimes JD, Jankovic J et al. A multicenter double-blind placebo-controlled trial of pergolide as an adjunct to Sinemet in Parkinson's disease. Mov Disord (1994 Jan) 9(1):40-7.
4. Goetz CG et al. Chronic agonist therapy for Parkinson's disease: A 5-year study of bromocriptine and pergolide. Neurology (1985 May) 35(5):749-51.
5. Mizuno, Y et al. Pergolide in the treatment of Parkinson's disease. Neurology 1995;45(suppl 3):S13-S21.
6. Goetz CG et al. Agonist substitution in advanced Parkinson's disease. Neurology 1989;39:1121-1122.



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