



THE CANADIAN JOURNAL OF

# Neurological Sciences

LE JOURNAL CANADIEN DES

# Sciences Neurologiques

AN INTERNATIONAL JOURNAL / UN JOURNAL INTERNATIONAL

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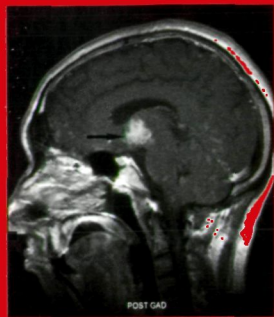
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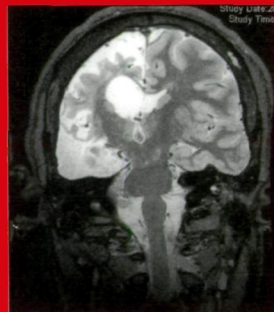
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Neuroimaging Highlight



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Caution should be exercised in severely hypercholesterolemic patients who are also renally impaired, elderly, or are concomitantly being administered digoxin or CYP 3A4 inhibitors.

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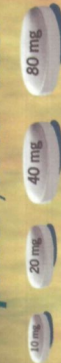
<sup>‡</sup> A patient-year represents the total time of exposure to LIPITOR as defined by the sum of each patient's time on LIPITOR.<sup>1</sup>

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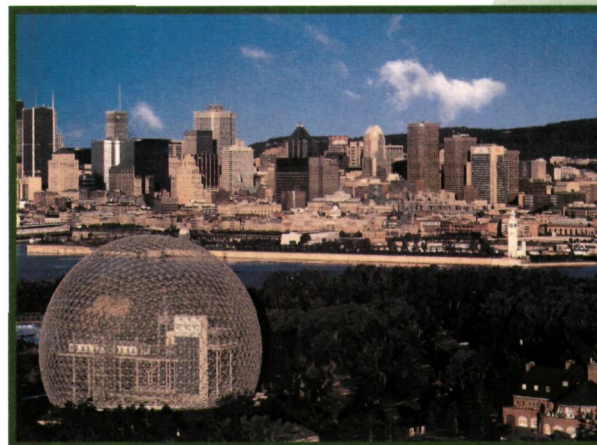


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# PORTRAIT OF A FAMILY HISTORY

## HISTORY DOESN'T HAVE TO REPEAT ITSELF



Roger,  
History of  
angina.

Died age 57  
of MI.

### Help Reduce the Risk of CV Death

# by 26%<sup>1</sup>

( $p < 0.001$ ; 6.1% vs. 8.1%)

Alice,  
History of  
diabetes and  
high total  
cholesterol.

Died age 62  
of stroke.



### ALTACE 10 mg ramipril

GUARDING AGAINST CV DEATH

ALTACE is indicated in the treatment of essential hypertension, normally when beta-blockers and diuretics are inappropriate. It may be used alone or in association with thiazide diuretics. ALTACE is indicated following acute myocardial infarction in clinically stable patients with signs of left ventricular dysfunction to improve survival and reduce hospitalizations for heart failure.

Results from the HOPE study showed that ALTACE improved survival in patients by reducing the risk of CV death by 26% ( $p < 0.001$ ; 6.1% vs. 8.1%). ALTACE may be used to reduce the risk of MI, stroke, or CV death in patients over age 55 who are at high risk of CV events because of a history of CAD, stroke, peripheral artery disease, or diabetes accompanied by at least 1 other CV risk factor such as hypertension, elevated total cholesterol levels, low HDL levels, cigarette smoking, or documented microalbuminuria.

Like other ACE inhibitors, ALTACE is not recommended for pregnant or lactating women and should be used with caution in patients with renal insufficiency. The most frequent adverse events occurring in clinical trials with ALTACE monotherapy in hypertensive patients who were treated for at least 1 year ( $n=651$ ) were: headache (15.1%); dizziness (3.7%); asthenia (3.7%); chest pain (2.0%). Discontinuation of therapy due to clinical adverse events was required in 5 patients (0.8%).

The reasons for stopping treatment were cough (ramipril 7.3% vs. placebo 1.8%); hypotension/dizziness (1.9% vs. 1.5%) and edema (0.4% vs. 0.2%).

## ALTACE is the most prescribed ACEI in Canada and the ACEI most prescribed by cardiologists.\*

\*IMS Health Canada: Canadian CompuScript Audit, Moving Annual Total ending March 2005, Total Dispensed Prescriptions.



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# Neuropathic Pain Scalded From Within

LYRICA is contraindicated in patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

The most commonly observed adverse events (twice the rate as that seen with placebo) were dose related for PHN and DPN patients in the recommended dose range of 150 mg/day to 600 mg/day: dizziness (9-37%), somnolence (6.1-24.7%), peripheral edema (6.1-16.2%) and dry mouth (1.9-14.9%).

**Dosage reduction is required in patients with renal impairment as pregabalin is primarily eliminated by renal excretion.**

¥ Pharmacodynamic interactions were reported with oxycodone, lorazepam, ethanol and thiazolidinedione antidiabetic agents. Please consult Prescribing Information for complete interaction information.

Please see Prescribing Information for complete Warnings and Precautions, Dosage and Administration, and patient selection criteria.

† A 13-week, multicentre, double-blind, placebo-controlled trial in 368 patients with PHN. A significant difference was shown over placebo for all doses: 150 mg/day, 300 mg/day, and 600 mg/day at week 1,  $p < 0.001$  for pain and  $p < 0.01$  for sleep.

‡ A 12-week, multicentre, randomised, double-blind, placebo-controlled study in 338 patients with neuropathic pain (DPN [n=249] or PHN [n=89]), resulting in a significant difference from placebo in the flexible dose range 150-600 mg/day ( $p \leq 0.05$ , week 2 and  $p \leq 0.01$ , weeks 3-12), and the fixed dose of 600 mg/day ( $p \leq 0.05$ , week 1 and  $p \leq 0.01$ , weeks 2-12).



# New

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- Sustained neuropathic pain relief demonstrated over 3 months<sup>3†</sup>
- Rapid improvement in pain-related sleep interference observed in patients with PHN as of Week 1<sup>2†</sup>
- No clinically significant pharmacokinetic drug interactions reported<sup>1\*</sup>
- Simple dosing regimen<sup>1</sup>



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# Brain Tumour

## Young investigator research awards

### ABSTRACT DEADLINE: February 10, 2006

The 2006 Canadian Neuro-Oncology Meeting will be held in Winnipeg, Manitoba on May 26-28, 2006 and will take place at The Fort Garry Hotel, 222 Broadway Avenue, Winnipeg, Manitoba.

The Scientific Committee of the 12th Biennial Canadian Neuro-Oncology Meeting is now inviting abstracts for platform and poster presentation. Abstracts presented at the meeting will be published in the Canadian Journal of the Neurological Sciences. The scientific program will encompass basic science, medical neuro-oncology, radiation neuro-oncology, pediatric neuro-oncology and quality of life/epidemiology.

### YOUNG INVESTIGATOR RESEARCH AWARDS

We are pleased to announce the continuation of two "Young Investigator Awards" for which graduate students, postdoctoral fellows, residents in training and allied health professionals are eligible.

Two awards have been made possible by Schering Canada Inc. and the Canadian Brain Tumour Consortium:

- Canadian Brain Tumour Consortium Young Investigator Award in Basic Science
- Canadian Brain Tumour Consortium Young Investigator Award in Clinical Investigation

### INSTRUCTIONS FOR SUBMISSION OF ABSTRACT

1. Submit an electronic abstract (not exceeding 250 words) and use 12-point typeface in Word format only. Submit by February 10, 2006 to faye.pagdonsolan@cancercare.mb.ca
2. The web does not support special characters and these must be spelled out in full (e.g., alpha, beta, greater than and equal to, etc.)
3. The abstract title must be in LOWER CASE LETTERS except for the first word and abbreviations, and followed by the authors' initials, family name(s), city and province(s). The presenting author MUST be asterisked.  
Example: J. Smith, E. Clarke\* (Anywhere, Ontario), A. Brown (Elsewhere, Newfoundland).
4. Type the abstract body in a program on your own computer so that you can retain a copy for your records and submit the abstract in Word format.
5. Spell out special or unusual abbreviations in full words.
6. An individual may present more than one abstract. Abstracts submitted for presentation in poster or platform session will be reviewed by the Scientific Program Committee. Notification of acceptance and schedule information will be sent via email by April 3, 2006.

### IMPORTANT DATES:

ABSTRACT DEADLINE: February 10, 2006  
EARLY REGISTRATION DEADLINE: April 15, 2006

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