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Depakene advertisement.

[s.l.]: [s.n.], 1979

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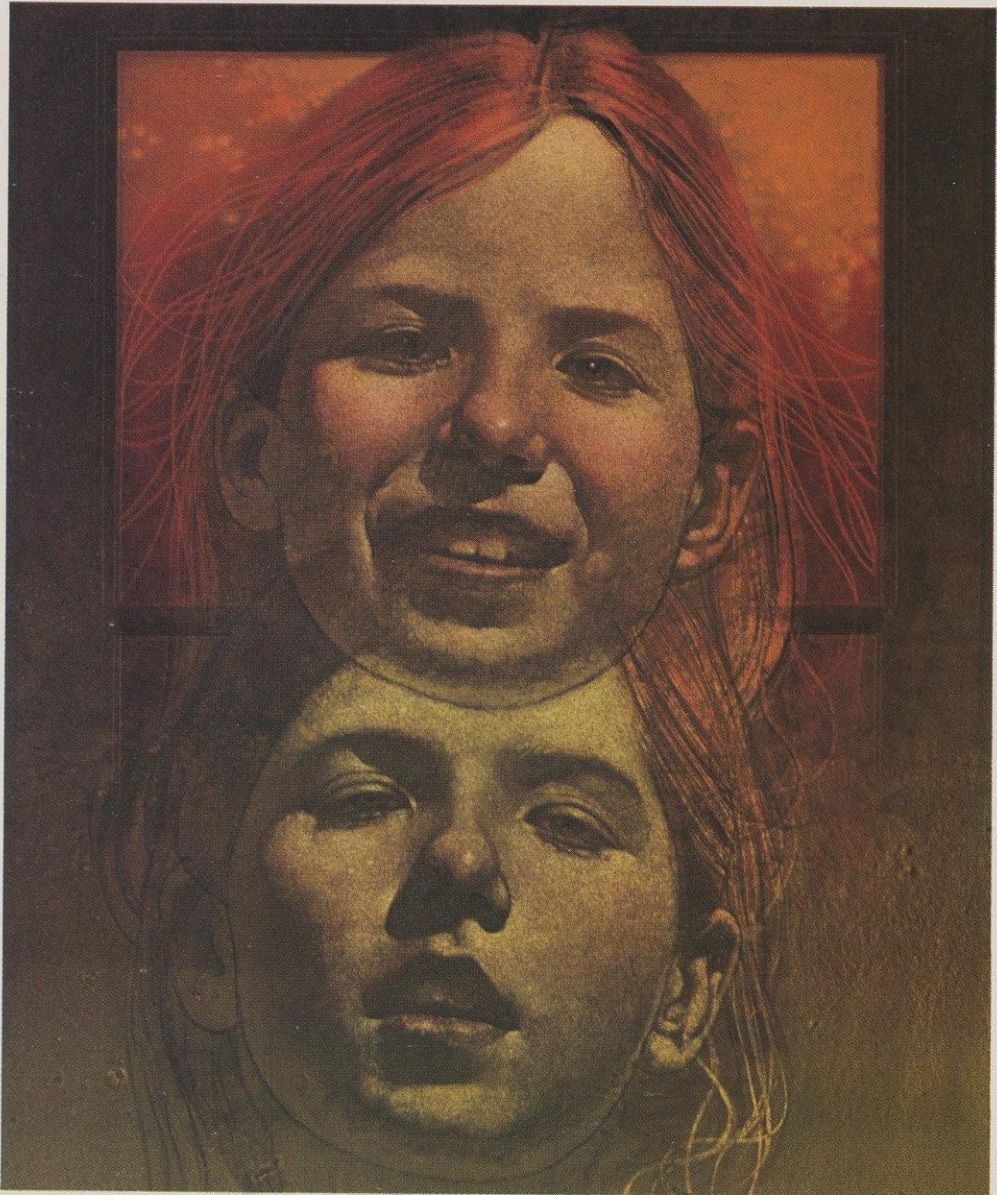
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Depakene[®]

Valproic Acid

Start with—or add—Depakene. More toxic agents can often be avoided or reduced.



Start with Depakene®

Depakene is indicated for sole or adjunctive therapy in patients with absence seizures, and adjunctively in patients with multiple seizure types that include absence.

With drug-naive patients, the chances are excellent that Depakene will be the only agent needed to control absence seizures.

After a decade of clinical use throughout the world, Depakene has an impressive record of controlling absence seizures, often in patients resistant to other forms of drug therapy. Depakene is considered a drug of choice in many European countries.

Common side effects are relatively mild in context with other agents.

Capsules: 250 mg; Syrup: 250 mg/5 ml

Add Depakene® Subtract more toxic agents.

Studies show $\frac{1}{3}$ to $\frac{1}{2}$ of patients with absence seizures also experience tonic-clonic seizures^{1,2,3}. These patients often need multiple drug therapy.

By using Depakene as part of the initial regimen, you can frequently reduce the need for more toxic agents, and extend your range of therapy from the start of treatment.

Complete prescribing information can be found on the following page along with full disclosure.

1. Sato, S., Dreifuss, F.E., Penry, J.K., Prognostic factors in absence seizures., *Neurology*, 26:788-796, 1976.
2. Livingston, S., Torres, I., Pauli, L.L., et al, Petit mal epilepsy. Results of a prolonged follow-up study of 117 patients., *JAMA*, 1974:113-118, 1965.
3. Currier, R.D., Kooi, K.A., Saidman, L.J., Prognosis of "pure" petit mal. A follow-up study., *Neurology (Minneapolis)* 13:959-967, 1963.



