Neurotop Tablets are used for the treatment of epilepsy. They are an anticonvulsant that belongs to a group of drugs called carbamazepine.

**What are Neurotop Tablets used for?**

- **Epilepsy**

Neurotop Tablets are used in the symptomatic treatment of epilepsy, including partial seizures (simple or complex, with or without secondary generalization) and mixed forms of these seizures.

**Neurotop Tablets are not recommended** for the treatment of myoclonic epilepsy in children (age < 6 years).

**Neurotop Tablets may be used** in patients with myoclonic and absence seizures if the symptomatic treatment with other anticonvulsants has been unaltered in the elderly. No data are available on patients with impaired liver or kidney function.

**Pharmacokinetics in special clinical situations:**

Carbamazepine is metabolized in the liver, 70–80% of which is bound to serum proteins. The concentration of unchanged substance in the CSF and saliva is equivalent to the non-protein-bound portion of the plasma. Carbamazepine is excreted in breast milk. The concentration of unbound carbamazepine in the breast milk of women taking 600 mg Neurotop retard 600 mg daily is 1–2 μg/ml. Carbamazepine crosses the placental barrier.

**Distribuzione**

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**Steady-state plasma concentrations of carbamazepine during pregnancy have been associated with reports of various types of embryonic malformation, including harelip/cleft palate, cardiovascular malformations, and digital hypoplasia.**

**In the event of signs or symptoms suggestive of haemolytic uraemic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP), Neurotop should be discontinued.**

**Hypersensitivity reactions, intoxication**

Hypersensitivity reactions, intoxication, and/or respiratory depression in neonates whose mothers took Neurotop or another anticonvulsant shortly before or during delivery, as well as in the period immediately after delivery. These reactions are usually dose-related and may affect the skin, liver, haematopoietic organs and lymphatic system, either individually or together...
Overdosage usually involve the central nervous, cardiovascular and respiratory systems. The presenting signs and symptoms of overdose may include:

- CNS depression, disorientation, drowsiness, coma
- Respiratory depression, pulmonary oedema
- Tachycardia, hypotension, occasionally cardiac arrest
- Urinary retention, oliguria or anuria; fluid retention, water intoxication due to an ADH-like effect of carbamazepine.

Management

Supportive medical care in an intensive care unit is required. Give a benzodiazepine (e.g. diazepam), if required, the prolonged-release tablets must be given in divided doses, e.g. release tablets: Clinical experience shows that the dosage may need to be increased in some patients. If required, the prolonged-release tablets can normally be prescribed for twice-daily dosage.

Management on a case-by-case basis.

Give dopamine or dobutamine i.v. if severe hypotension occurs. Supportive medical care in an intensive care unit is required. Give a benzodiazepine (e.g. diazepam), if required, the prolonged-release tablets must be given in divided doses, e.g. release tablets: Clinical experience shows that the dosage may need to be increased in some patients. If required, the prolonged-release tablets can normally be prescribed for twice-daily dosage.

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