

What men can learn from women about investing



ELIZABETH HARDING & DIANA ORLIC
Finance

We've noticed that women will come to our office and engage in a long conversation about their income, their aspirations, their family obligations and their plans for the future. Women will listen as much as they talk, taking the time to

educate themselves about the intricacies medical professionals face in structuring their finances.

Missing the full picture

A lot of men (though in fairness, not all of them) start off

talking about the equity market or fixate on the price movements of certain stocks. They want to look smart and sophisticated and be on the right side of an equity bet. This misses many other critical issues that go into a compre-

hensive financial plan.

Rather than investing according to what will make them look good, women will invest according to a plan—not according to what mood they are in or whether they will be “right” or “wrong.”

A complete financial plan goes beyond investing and proving your stock market prowess

The list of differences between the genders is long and growing. An evolving body of knowledge over the years has revealed, for example, that men and women communicate differently, they manage their health differently and they solve problems in unique ways.

Is there a difference between the way men and women approach financial planning? You bet there is. And the reason is the gender-specific approach to problem-solving. Faced with a challenge, men take charge, assert control and stay in command until the situation is resolved. Women tend to adopt a more collaborative approach to problem-solving.

Now, if the “problem” at hand is investing, research by Dr. Brad Barber (PhD) of the University of California at Davis and Dr. Terrance Odean (PhD) from the University of California at Berkeley showed that female investors tend to see better results over time. Their 2001 study in the *Quarterly Journal of Economics*, “Boys Will Be Boys: Gender, Overconfidence and Common Stock Investment,” looked at investing patterns in more than 35,000 households from a large discount brokerage firm. They found men traded stocks nearly 50% more often than women, driving up the men’s costs and lowering their returns.

LYRICA® PREGABALIN

PRESCRIBING SUMMARY

PATIENT SELECTION CRITERIA

THERAPEUTIC CLASSIFICATION

Analgesic Agent

INDICATIONS AND CLINICAL USE

LYRICA (pregabalin) is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia and spinal cord injury. LYRICA is indicated for the management of pain associated with fibromyalgia. The efficacy of LYRICA in the management of pain associated with fibromyalgia for up to 6 months was demonstrated in a placebo-controlled trial in patients who had initially responded to LYRICA during a 6-week open-label phase.

Use in Special Populations

Geriatrics (>65 years of age): Pregabalin oral clearance tended to decrease with increasing age. This decrease in pregabalin oral clearance is consistent with age-related decreases in creatinine clearance. Reduction of pregabalin dose may be required in patients who have age-related compromised renal function (see **WARNINGS AND PRECAUTIONS, Geriatrics** [*>65 years of age*]).

Pediatrics (<18 years of age): The safety and efficacy of pregabalin in pediatric patients (<18 years of age) have not been established.

Renal: There have been reports of patients, with or without previous history, experiencing renal failure while receiving pregabalin alone or in combination with other medications. Discontinuation of pregabalin showed reversibility of this event in some cases (see Product Monograph, **WARNINGS AND PRECAUTIONS; ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions; and DOSAGE AND ADMINISTRATION**). Because pregabalin is eliminated primarily by renal excretion, the dose of pregabalin should be adjusted as noted for elderly patients or those with renal impairment (see Product Monograph, **ACTION AND CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION**).

Pregnant Women: There are no adequate and well-controlled studies in pregnant women. Pregabalin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labour and Delivery: The effects of pregabalin on labour and delivery in pregnant women are unknown.

Nursing Women: It is not known if pregabalin is excreted in human breast milk; however, it is present in the milk of rats. Because of the potential for adverse reactions in nursing infants from pregabalin, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

CONTRAINDICATIONS

Patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Angioedema: There have been post-marketing reports of angioedema in patients, some without reported previous history/episode(s), during initial/acute and chronic treatment with LYRICA. Specific symptoms included swelling of the face, mouth (tongue, lips, and gums), neck, throat, and larynx/upper airway. There have been reports of life-threatening angioedema with respiratory compromise requiring emergency treatment. Some of these patients did not have reported previous history/episode(s) of angioedema. LYRICA should be immediately discontinued in patients with these symptoms. During the pre-marketing assessment of pregabalin in clinical trials, angioedema was reported

as a rare reaction (see Product Monograph, **ADVERSE REACTIONS, Less Common Clinical Trial Adverse Reactions and Post-Marketing Adverse Drug Reactions**). Caution should be exercised when prescribing LYRICA to patients with previous history/episode(s) of angioedema and related events. In addition, patients who are taking other drugs associated with angioedema (eg, ACE-inhibitors) may be at increased risk of developing this condition.

Hypersensitivity: There have been post-marketing reports of hypersensitivity reactions (eg, skin redness, blisters, hives, rash, dyspnea, and wheezing). Pregabalin should be discontinued immediately if such symptoms occur (see Product Monograph, **Post-Marketing Adverse Drug Reactions**).

Renal Failure: In both clinical trials of various indications and post-marketing database, there are reports of patients, with or without previous history, experiencing renal failure while receiving pregabalin alone or in combination with other medications. Discontinuation of pregabalin should be considered as it has shown reversibility of this event in some cases. Caution is advised when prescribing pregabalin to the elderly or those with any degree of renal impairment (see Product Monograph, **Special Populations, Renal; Abrupt or Rapid Discontinuation; ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions; and DOSAGE AND ADMINISTRATION**).

Tumorigenic Potential: In standard preclinical in vivo lifetime carcinogenicity studies of pregabalin, a high incidence of hemangiosarcoma was identified in two different strains of mice. The clinical significance of this finding is uncertain. Clinical experience during pregabalin's premarketing development provides no direct means to assess its potential for inducing tumors in humans.

Ophthalmological Effects: In controlled studies, pregabalin treatment was associated with vision-related adverse events such as blurred vision (amblyopia) (6% pregabalin and 2% placebo) and diplopia (2% pregabalin and 0.5% placebo). Approximately 1% of pregabalin-treated patients discontinued treatment due to vision-related adverse events (primarily blurred vision). Of the patients who did not withdraw, the blurred vision resolved with continued dosing in approximately half of the cases (see Product Monograph, **Post-Marketing Adverse Drug Reactions**).

Patients should be informed that if changes in vision occur, they should notify their physician.

Peripheral Edema: LYRICA may cause peripheral edema. In controlled peripheral neuropathic pain and fibromyalgia clinical trials, pregabalin treatment caused peripheral edema in 9% of patients compared with 3% of patients in the placebo group. In these studies, 0.7% of pregabalin patients and 0.3% of placebo patients withdrew due to peripheral edema (see Product Monograph, **ADVERSE REACTIONS, Peripheral Edema**).

In controlled clinical trials of up to 13 weeks in duration of patients without clinically significant heart or peripheral vascular disease, there was no apparent association between peripheral edema and cardiovascular complications such as hypertension or congestive heart failure. In the same trials, peripheral edema was not associated with laboratory changes suggestive of deterioration in renal or hepatic function.

Higher frequencies of weight gain and peripheral edema were observed in patients taking both LYRICA and a thiazolidinedione antidiabetic agent compared to patients taking either drug alone. As the thiazolidinedione class of antidiabetic drugs can cause weight gain and/or fluid retention, possibly exacerbating or leading to heart failure, care should be taken when co-administering LYRICA and these agents.

Congestive Heart Failure: In controlled clinical studies, events of congestive heart failure were reported at an infrequent rate (between 0.1% and 1%; see Product Monograph, **ADVERSE REACTIONS, Less Common Clinical Trial Adverse Reactions**).

There have been post-marketing reports of congestive heart failure in some patients receiving pregabalin (see Product Monograph, **ADVERSE REACTIONS, Post-marketing Adverse Drug Reactions**). Although this adverse reaction has mostly been observed in elderly cardiovascular-compromised patients during pregabalin treatment for a neuropathic pain indication, some cases have occurred in patients without reported edema or previous history of cardiovascular disease.

Pregabalin should be used with caution in these patients. Discontinuation of pregabalin may resolve the reaction.

Gastrointestinal: There have been post-marketing reports of events related to reduced lower gastrointestinal tract function (eg, intestinal obstruction, paralytic ileus, and constipation) in patients, some without reported previous history/episode(s), during initial/acute and chronic treatment with LYRICA, primarily in combination with other medications that have the potential to produce constipation. Some of these events were considered serious and required hospitalization. In a number of instances, patients were taking opioid analgesics including tramadol.

Caution should be exercised when LYRICA and opioid analgesics are used in combination, and measures to prevent constipation may be considered, especially in female patients and elderly as they may be at increased risk of experiencing lower gastrointestinal-related events (see Product Monograph, **ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions**).

Weight Gain: LYRICA may cause weight gain. In pregabalin-controlled peripheral neuropathic pain and fibromyalgia clinical trials with durations of up to 14 weeks, a gain of 7% or more over baseline weight was observed in 8% of pregabalin-treated patients and 3% of placebo-treated patients. Few patients treated with pregabalin (0.6%) withdrew from controlled trials due to weight gain (see Product Monograph, **ADVERSE REACTIONS, Weight Gain**).

Pregabalin-associated weight gain was related to dose and duration of exposure. Pregabalin-associated weight gain did not appear to be associated with baseline BMI, gender, or age. Weight gain was not limited to patients with edema and was not necessarily due to edema-related events (see Product Monograph, **WARNINGS AND PRECAUTIONS, Peripheral Edema**).

Although weight gain was not associated with clinically important changes in blood pressure in short-term controlled studies, the long-term cardiovascular effects of pregabalin-associated weight gain are unknown.

While the effects of pregabalin-associated weight gain on glycemic control have not been systematically assessed, in controlled and longer-term open-label clinical trials with diabetic patients, pregabalin treatment did not appear to be associated with loss of glycemic control (as measured by HbA_{1c}).

Dizziness and Somnolence: LYRICA may cause dizziness and somnolence. In controlled studies, pregabalin caused dizziness in 32% of patients compared to 8% in placebo. Somnolence was experienced by 17% and 4% of the patients treated with pregabalin and placebo, respectively. These events begin shortly after the initiation of therapy and generally occur more frequently at higher doses. In these studies, dizziness and somnolence led to withdrawal of 5% (pregabalin: 0.5%) and 3% (placebo: 0.1%) of the pregabalin-treated patients, respectively. For the remaining patients who experienced these events, dizziness and somnolence persisted until the last dose of pregabalin in 35% and 49% of the patients, respectively (see Product Monograph, **ADVERSE REACTIONS, Tables 2, 4, and 11, and Post-Marketing Adverse Drug Reactions**).

Abrupt or Rapid Discontinuation: Following abrupt or rapid discontinuation of pregabalin, some patients reported symptoms including insomnia, nausea, headache, anxiety, hyperhidrosis and diarrhea. Pregabalin should be tapered gradually over a minimum of one week rather than discontinued abruptly (see Product Monograph, **ADVERSE REACTIONS, Adverse Events Following Abrupt or Rapid Discontinuation**).

ADVERSE REACTIONS

Because clinical trials are conducted under very specific conditions, the adverse reaction rates observed in clinical trials may not reflect the rates observed in practice and should not be compared to the rates in clinical trials of another drug. Adverse drug reaction information from clinical trials is useful for identifying drug-related adverse events and for approximating rates.

Clinical Trial Adverse Drug Reactions

Most Common Adverse Events in All Pre-marketing Controlled Clinical Studies of Neuropathic Pain: The most commonly observed adverse events ($\geq 5\%$ and twice the rate of that seen in placebo) in pregabalin-

The good news is that our X and Y chromosomes don't have to control our investing destiny. Regardless of gender, there are three golden rules every medical practitioner should follow when drawing up a financial plan.

First, the marketplace is flooded with products and solutions that are promoted with slick marketing. Look beyond an investment portfolio of stocks, bonds, exchange-traded funds and what have you. Your financial picture must also

include tax and estate planning, accounting and legal advice, and risk and insurance planning, especially if you've incorporated your practice.

Second, don't go it alone—this applies to you and your adviser. A broker with a big ego may try to craft your entire financial plan himself. Find an investment adviser who has experience working with physician clients and who is willing to work with lawyers, accountants and tax professionals and be in constant

conversation with all parties so your best interests are always looked after.

Third, educate yourself and your advisory team. Learning involves asking questions, which some people—particularly men—won't do for fear of looking naive. But being inquisitive is the best defence against getting the wrong advice. On the flip side, make sure you tell your advisory team everything about your financial picture and your long-term goals for you and your family.

At a fundamental level, women tend to see investments as simply one part of a greater whole that includes important concepts such as values, goals and relationships. When framed within this broader context, we've found that men will also open up about the bigger picture and come away with a far more balanced and enduring financial plan than they would have otherwise.

Of course, statements about gender behaviour are, by def-

inition, generalizations. But ask any market observer, and they'll probably confirm there are a few things men could learn from women when it comes to investing.

Elizabeth Harding and Diana Orlic are investment advisers with the Orlic Harding Cooke Wealth Management Group at Macquarie Private Wealth in Burlington, Ont. They can be reached at elizabeth.harding@macquarie.com and diana.orlic@macquarie.com.

treated patients were: dizziness, somnolence, peripheral edema, and dry mouth. Adverse events were usually mild to moderate in intensity.

Adverse Events from a Controlled Clinical Study in Neuropathic Pain Associated with Spinal Cord Injury: The most commonly observed treatment-related adverse events ($\geq 5\%$ and twice the rate of that seen in placebo) in pregabalin-treated patients were: somnolence, dizziness, asthenia, dry mouth, edema, myasthenia, constipation, thinking abnormal, amblyopia, and amnesia. Adverse events were usually mild to moderate in intensity.

Most Common Adverse Events in Controlled Clinical Studies in Fibromyalgia: The most commonly observed treatment-related adverse events ($\geq 5\%$ and twice the rate of that seen in placebo) in pregabalin-treated patients were: dizziness (37.5%), somnolence (18.6%), weight gain (10.6%), dry mouth (7.9%), blurred vision (6.7%), peripheral edema (6.1%), constipation (5.8%), and disturbance in attention (5.3%). Adverse events were usually mild to moderate in intensity.

To monitor drug safety, Health Canada collects information on serious and unexpected effects of drugs. If you suspect a patient has had a serious or unexpected reaction to this drug, you may notify Health Canada by telephone: 1-866-234-2345.

ADMINISTRATION

DOSING CONSIDERATIONS

Patients with Impaired Renal Function

Pregabalin is primarily eliminated from the systemic circulation by renal excretion as unchanged drug. In some elderly patients and those with a medical history of significant renal insufficiency, daily dosages should be reduced accordingly (see Table in Supplemental Product Information).

Adults

Neuropathic pain associated with diabetic peripheral neuropathy and postherpetic neuralgia: The recommended starting dose for LYRICA is 150 mg/day, given in two or three divided doses (75 mg BID or 50 mg TID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Efficacy of LYRICA has been demonstrated within the first week. Based on individual patient response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, maximum daily dose of 600 mg (300 mg twice a day, BID) can be used. However, in clinical trials, LYRICA 600 mg/day did not provide additional significant efficacy and patients treated with this dose experienced markedly higher rates of adverse events and discontinued the trial more frequently (see Product Monograph, *ADVERSE REACTIONS*, Tables 1 and 5). Doses above 600 mg/day have not been studied and are not recommended.

Neuropathic pain associated with spinal cord injury: The recommended starting dose for LYRICA is 150 mg/day, given in two divided doses (75 mg BID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Efficacy of LYRICA has been demonstrated within the first week. Based on individual patient response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, a maximum daily dose of 600 mg (300 mg twice a day, BID) may be considered. Doses above 600 mg/day have not been studied and are not recommended.

Pain associated with fibromyalgia: The recommended dosage is 300 to 450 mg/day, given in two divided doses. The recommended starting dose for LYRICA is 150 mg/day, given in two divided doses (75 mg BID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Based on individual response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week. Patients who do not experience sufficient benefit with 300 mg/day may be further increased to 225 mg BID (450 mg/day). In some patients, efficacy of LYRICA has been demonstrated within the first week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, maximum daily dose of 600 mg (300 mg twice a day, BID) can be used. However, in clinical trials of fibromyalgia, LYRICA 600 mg/day did not provide additional significant efficacy and patients treated with this dose experienced significantly higher rates of adverse events and discontinued the trial more frequently (see Product Monograph, *ADVERSE REACTIONS*, Tables 7 and 10). In view of the dose-related adverse events, the decision to treat patients with doses above 450 mg/day should be based on clinical judgment of the treating physician. Doses above 600 mg/day have not been studied and are not recommended.

ADMINISTRATION

LYRICA is given orally with or without food.



STUDY REFERENCES

References:

- LYRICA Product Monograph, Pfizer Canada Inc., June 21, 2010.
- Moulin DE *et al.* Pharmacological management of chronic neuropathic pain – consensus statement and guidelines from the Canadian Pain Society. *Pain Res Manage* 2007;12:13-21.
- Arnold LM *et al.* A 14-week, randomized, double-blind, placebo-controlled monotherapy trial of pregabalin in patients with fibromyalgia. *J Pain* 2008;9:792-805.
14-week, randomized, double-blind, multiple-dose, placebo-controlled, multicentre study. 745 patients who had moderate-to-severe pain, i.e. mean baseline score (mean of the last 7 daily diary pain scores prior to study medication) of ≥ 4 , and a diagnosis of fibromyalgia based on the ACR criteria. This study used an enriched population as placebo responders ($\geq 30\%$ reduction in mean pain scores) during the one-week run-in phase were discontinued and did not enter the double-blind phase. 1.6% of patients screened (n=19/1,195) were reported to be placebo responders. Patients were randomized to LYRICA 300 mg/day (n=183), 450 mg/day (n=190), 600 mg/day (n=188), or placebo (n=184). Patients were allowed to take acetaminophen up to 4 g/day as needed for pain relief. The number of completers was: LYRICA 300 mg/day (n=123), 450 mg/day (n=125), 600 mg/day (n=113), or placebo (n=125). The primary endpoint was the reduction in endpoint mean pain scores. Pain scores rated on 11-point numerical scale from 0 (no pain) to 10 (worst possible pain) during the past 24 hours. Mean baseline pain scores were 6.7 for LYRICA 300 mg/day, 6.7 for 450 mg/day, 6.8 for 600 mg/day, and 6.6 for placebo.
- Crofford LJ *et al.* Fibromyalgia relapse evaluation and efficacy for durability of meaningful relief (FREEDOM): a 6-month, double-blind, placebo-controlled trial with pregabalin. *Pain* 2008;136:419-31.
26-week, long-term relapse observation study. Patients who met the ACR criteria for fibromyalgia and who had a score of ≥ 4 on the pain Visual Analog Scale (VAS) were eligible to enter a 6-month, double-blind, placebo-controlled trial with pregabalin. During this phase, patients were titrated up to a total daily dose of 300 mg, 450 mg, or 600 mg. 566 LYRICA responders were randomized in the double-blind phase to either their optimized LYRICA dose (n=279) or to placebo (n=287). 38% of LYRICA responders completed 26 weeks of treatment vs 19% on placebo. The primary endpoint was time to loss of therapeutic response. Loss of therapeutic response was defined as having either a $<30\%$ reduction in pain VAS score, or worsening of symptoms necessitating alternate treatment. Responders were defined as having a $\geq 50\%$ reduction in pain on the VAS and self-rating on the Patient Global Impression of Change scale of "much improved" or "very much improved".
- Freyhagen R *et al.* Efficacy of pregabalin in neuropathic pain evaluated in a 12-week, randomized, double-blind, multicentre, placebo-controlled trial of flexible- and fixed-dose regimens. *Pain* 2005;115:254-63.
In a 12-week, multicentre, randomized, double-blind, placebo-controlled study, 338 patients with either DPN (n=249) or PHN (n=89) were randomized to receive BID flexible-dose pregabalin (150-600 mg/day), fixed-dose pregabalin (600 mg/day) or placebo. In the flexible-dose arm, dose could be adjusted up or down over the first four weeks based on patients' individual response and tolerability. The primary efficacy measurement was mean pain score at endpoint, derived from ratings recorded by patients in a daily diary on an 11-point numerical pain rating scale (0=no pain, 10=worst possible pain). A significant difference in pain scores versus placebo was seen in the flexible dose range 150-600 mg/day ($p \leq 0.05$, weeks 2-3 and $p \leq 0.01$, weeks 4-12), and the fixed dose of 600 mg/day ($p \leq 0.05$, week 1 and $p \leq 0.01$, weeks 2-12).
- Mease PJ *et al.* A randomized, double-blind, placebo-controlled, phase III trial of pregabalin in the treatment of patients with fibromyalgia. *J Rheumatol* 2008;35:502-14.
Multicentre, double-blind, 13-week, randomized trial. 748 patients who met the ACR criteria for fibromyalgia and who had an average mean pain score of ≥ 4 on an 11-point numeric rating scale (NRS) during the baseline assessment were randomized to LYRICA 300 mg/day (n=185), 450 mg/day (n=183), 600 mg/day (n=190), or placebo (n=190). Patients were allowed to take acetaminophen up to 4 g/day as needed for pain relief. The number of completers was: LYRICA 300 mg/day (n=123), 450 mg/day (n=121), 600 mg/day (n=111), or placebo (n=130). The primary endpoint was the reduction in endpoint mean pain scores (mean of the last 7 daily pain scores while on study medication). Pain-related sleep difficulties were assessed using the Medical Outcomes Study-Sleep Scale (MOS-SS), a scale that runs from 0-100. Mean baseline MOS-SS score for overall sleep problem index was 65.0.

SUPPLEMENTAL PRODUCT INFORMATION

Warnings and Precaution

See the Product Monograph for further information on the following: tumorigenic potential, ophthalmological effects, peripheral edema, congestive heart failure, weight gain, dizziness and somnolence, sexual function/reproduction, and special populations.

Drug Interactions

Overview: Since pregabalin is predominately excreted unchanged in the urine, undergoes negligible metabolism in humans ($\leq 2\%$ of a dose recovered in urine as metabolites), does not inhibit drug metabolism in vitro, and is not bound to plasma proteins, LYRICA (pregabalin) is unlikely to produce, or be subject to, pharmacokinetic interactions.

Drug Abuse and Dependence/Liability: Pregabalin is not known to be active at receptor sites associated with drugs of abuse. As with any CNS active drug, physicians should carefully evaluate patients for history of drug abuse and observe them for signs of LYRICA misuse or abuse (e.g., development of tolerance, dose escalation, drug-seeking behaviour).

ADMINISTRATION

Dosage Adjustment Based on Renal Function: Dosing adjustment should be based on creatinine clearance (Cl_{cr}), as indicated in Table 1. Pregabalin is effectively removed from plasma by hemodialysis. Over a 4-hour hemodialysis treatment, plasma pregabalin concentrations are reduced by approximately 50%. For patients receiving hemodialysis, pregabalin daily dose should be adjusted based on renal function. In addition to the daily dose adjustment, a supplemental dose should be given immediately following every 4-hour hemodialysis treatment (see Table below).

Table 1. Pregabalin Dosage Adjustment Based on Renal Function

Creatinine Clearance (Cl_{cr}) (mL/min)	Total Pregabalin Daily Dose (mg/day) ^a Recommended Dose Escalation ^b			Dose Regimen	
	Starting dose	up to	Maximum daily dose		
≥ 60	150	300	450	BID or TID	
30-60	75	150	225	BID or TID	
15-30	25-50	75	100-150	QD or BID	
< 15	25	25-50	50-75	75	QD
Supplementary dosage following hemodialysis (mg)^b					
Patients on the 25 mg QD regimen: take one supplemental dose of 25 mg or 50 mg					
Patients on the 25-50 mg QD regimen: take one supplemental dose of 50 mg or 75 mg					
Patients on the 50-75 mg QD regimen: take one supplemental dose of 75 mg or 100 mg					
Patients on the 75 mg QD regimen: take one supplemental dose of 100 mg or 150 mg					

TID = Three divided doses; BID = Two divided doses; QD = Single daily dose.

^a Based on individual patient response and tolerability.

^b Total daily dose (mg/day) should be divided as indicated by dose regimen to provide mg/dose.

^c Supplementary dose is a single additional dose.

Overdosage

For management of a suspected drug overdose, contact your regional Poison Control Centre.

Signs, Symptoms and Laboratory Findings of Acute Overdosage in Humans:

The highest known dose of pregabalin received in the clinical development program in which there was no fatal outcome was 15,000 mg in 1 patient. The types of adverse events experienced by patients who received an overdose were not clinically different from other patients receiving recommended doses of pregabalin. In post-marketing experience, fatal outcomes in cases in which pregabalin has been taken in combination with other medications have been reported with a pregabalin overdose as low as 800 mg in a day. In none of these cases has pregabalin been established as the cause of death or in pregabalin monotherapy. The lowest fatal dose with pregabalin alone has not yet been identified.

The most commonly reported adverse events observed when pregabalin was taken in overdose (dose range from 800 mg/day up to 11,500 mg as a single dose) included affective disorder, somnolence, confusional state, depression, agitation, and restlessness.

Treatment or Management of Overdose: There is no specific antidote for overdose with pregabalin. If indicated, elimination of unabsorbed drug may be attempted by emesis or gastric lavage; usual precautions should be observed to maintain the airway. General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient. A Certified Poison Control Center should be contacted for up-to-date information on the management of overdose with pregabalin.

Hemodialysis: Standard hemodialysis procedures result in significant clearance of pregabalin (approximately 50% in 4 hours) and should be considered in cases of overdose. Although hemodialysis has not been performed in the few known cases of overdose, it may be indicated by the patient's clinical state or in patients with significant renal impairment.

Availability of Dosage Forms

LYRICA is available in dosage strengths of 25 mg, 50 mg, 75 mg, 100 mg^{*}, 150 mg, 200 mg^{*}, 225 mg, and 300 mg capsules.

^{*} Not commercially available in Canada

For a copy of the Product Monograph or full Prescribing Information, please contact: Pfizer Canada Medical Information at 1-800-463-6001 or visit www.pfizer.ca.



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Practice Gems

Smile—even if you don't feel like it

A 2005 STUDY from researchers at Penn State University concluded that people who smile are considered more likable, more courteous and more competent. So that's one reason to grin during patient interactions. The other reason is it's supposed to put you in a better mood, too. Even fake smiling helps. In *On the Origin of Species*, Charles Darwin mentioned a neurologist, Dr. Guillaume Duchenne, who stimulated facial muscles with electricity and concluded that these induced smiles resulted in a better mood. Another 2005 study that the computer firm Hewlett Packard carried out in the U.K. showed the level of neurological stimulation from seeing a child's smile was equivalent to the stimulation from having eaten 2,000 chocolate bars or receiving a gift of £16,000 cash. So even if you are more inclined to imitate the realistic, sober Eeyore than the bouncy, slapdash Tigger, consider turning that frown upside down to kick-start your mood and make patients and administrators smile back at you.—*Melissa Yuan-Innes is an emergency physician in Cornwall and Alexandria, Ont.*

Do you have a Practice Gem to share? Send your ideas to Carol Hilton at carol.hilton@medicalpost.rogers.com.