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Council Report 75

Development of Psychological Therapy Services: Role of the Consultant **Psychotherapist**

The demand for psychological treatments for psychiatric disorder as is the evidence for their efficacy is increasing. The aim of this document is both to act as a spur to existing consultants to try to meet this need, and to convince potential purchasers of the contribution the consultant psychotherapist can make to a modern, equitable, effective, comprehensive and balanced mental health service.

It features a summary, core functions of the consultant psychiatrist in psychotherapy and patterns of practice based on a multi-dimensional perspective on service delivery.

Feb 1999, 20pp, £5.00



Royal College of Psychiatrists 17 Belgrave Square London SWIX 8PG Tel: 0171 235 2351 ext 146 Fax: 0171 245 1231 http://www.rcpsych.ac.uk Prescribing Notes.

Consult Summary of Product Characteristics before prescribing.

Special reporting to the CSM required.

Use: Treatment of schizophrenia.

Presentation: Tablets containing 25mg, 100mg, 150mg and 200mg of quetiapine.

Dosage and Administration: 'Seroquel' should be administered twice daily.

Adults: The total daily dose for the first 4 days of therapy is 50mg (Day 1), 100mg (Day 2), 200mg (Day 3) and 300mg (Day 4). From Day 4 onwards, titrate to usual effective range of 300 to 450mg/day. Dose may be adjusted within the range 150 to 750mg/day according to clinical response and tolerability.

Elderly patients: Use with caution, starting with 25mg/day and increasing daily by 25 to 50mg to an effective dose.

Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25mg/day increasing daily by 25 to 50mg to an effective dose. Use with caution in patients with hepatic impairment.

Contra-indications: Hypersensitivity to any component of the product.

Precautions: Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on coadministration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

Undesirable events: Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthenia, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Transient leucopenia and/or neutropenia and occasionally eosmophilia. Asymptomatic, usually reversible elevations in serum transaminase or gamma - GT levels. Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

Legal category: POM

Product licence numbers:

25mg tablet: 12619/0112 100mg tablet: 12619/0113 150mg tablet: 12619/0124 200mg tablet: 12619/0114

Basic NHS cost:

Starter pack £10.36; 60 x 25mg tablets £28.20; 60×100 mg tablets £113.10; 60 x 150mg tablets £113.10; 60 x 200mg tablets £113.10;

'Seroquel' is a trademark, the property of Zeneca Limited.

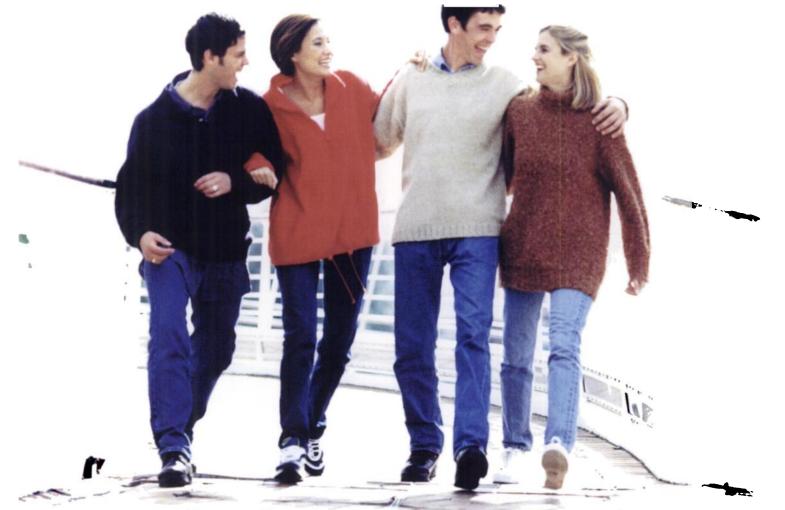
Further information is available from: AstraZeneca, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

AstraZeneca Medical Information Freephone 0800 200 123.

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- 2. Arvanitis LA, et al. Biol Psychiatry 1997; 42: 233-246.
- 3. Small JG, Hirsch SR, Arvanitis LA, et al. Arch Gen Psychiatry 1997; 54: 549-557.
- 4. Borison R.L., Arvanitis LA, Miller BG, et al. J. Clin Psychopharmacol 1996; 16(2): 158-169.
- 5. Data on File ZENECA Pharmaceuticals.
- 6. Data on File ZENECA Pharmaceuticals.







John has schizophrenia

5

Effective in negative and positive symptoms¹⁻⁴ and mood*⁵ in patients with schizophrenia

5

EPS no different from placebo across the full dose range (150 - 750 mg/day)¹⁻⁴

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Plasma prolactin levels no different from placebo across the full dose range (150 - 750 mg/day)⁶

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Low level of sexual dysfunction (3 patients out of 1085) in long term use (3-5 months)⁶

* Defined as the BPRS item score of depressive mood, anxiety, guilt feelings and tension.





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Presentation: Tablets containing 4mg reboxetine. Indications: Use in the acute treatment of depressive illness, and maintenance of clinical benefit in patients responsive to treatment. Posology and method of administration: Adults 4 mg b.i.d. (8 mg/day) administered orally. After 3-4 weeks, can increase to 10 mg/day. Elderly and children Elderly patients have been studied in comparative clinical trials at doses of 2 mg b.i.d., although not in placebo controlled conditions. There is no experience controlled conditions. There is no experience should be paid when administering https://dei.org/10.1000/15.672 Published online by Cambridge University Press with other Renal/Hepatic Insufficiency 2 mg b.l.d.

required for subjects with a history of convulsive disorders and must be discontinued if the patient develops seizures. Avoid concomitant use with MAO-inhibitors. Close supervision of bipolar patients is recommended. Close supervision should be applied in patients with current evidence of urinary retention, glaucoma, prostatic hypertrophy and cardiac disease. At doses higher than the maximum recommended, orthostatic hypotension has been observed with greater frequency. Particular attention medicaments and other forms of

metabolised by CYP3A4 or CYP2D6 e.g. antiarrhythmics (flecainide), anti-psychotic drugs and tricyclic anti-depressants. No pharmacokinetic interaction with lorazepam. Reboxetine does not appear to potentiate the effect of alcohol. Pregnancy and lactation: Reboxetine is contraindicated in pregnancy and lactation. Effects on ability to drive and use machines: Reboxetine is not sedative per se. However, as with all psychoactive drugs, caution patients about operating machinery and driving. Undesirable effects: Adverse events occurring more frequently than placebo are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, vertigo, urinary hesitancy

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