THE BRITISH JOURNAL OF PSYCHIATRY

DECEMBER 1998 VOL. 173

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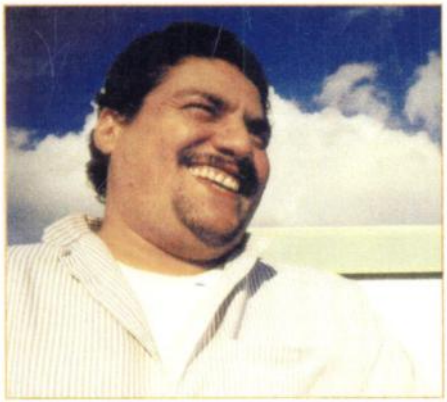
Their doctor knew that their symptoms were similar



Depression

Panic disorder

Depression with anxiety symptoms

From the doctor's viewpoint, overlapping symptoms can make these mood disorders appear similar. For the patients, the same effective treatment can make a real difference to their quality of life. Cipramil combines proven efficacy with an established safety and tolerability profile, which makes it a logical first choice for patients suffering from depression, depression with anxiety symptoms, and panic disorder.

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citalopram
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Abbreviated prescribing information: 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £10.09. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £16.79. 'Cipramil' tablets 40 mg: PL 0458/0059, each containing 40 mg of citalopram as the hydrobromide. 28 (OP) 40 mg tablets £28.38. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/ recurrence. Treatment of panic disorder, with or without agoraphobia. **Dosage:** ***Treating depression: Adults:*** 20 mg a day. Depending upon individual patient response, this may be increased in 20 mg increments to a maximum of 60 mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Treatment for at least 6 months is usually necessary to provide adequate maintenance against the potential for relapse. ***Treating panic disorder:*** 10 mg daily for the first week, increasing to 20 mg daily. Depending upon individual patient response, dosage may be further increased to a maximum of 60 mg daily. Depending upon individual patient response, it may be necessary to continue treatment for several months. ***Elderly:*** 20 mg a day increasing to a maximum of 40 mg dependent upon individual patient response. ***Children:*** Not recommended. ***Reduced hepatic/renal function:*** Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. ***Pregnancy and Lactation:*** - Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors, leave a seven day gap before starting MAO inhibitor treatment. Use a low starting dose for panic disorder to reduce the likelihood of an initial anxiogenic effect (experienced by some patients) when starting pharmacotherapy. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. With citalopram, adverse effects are in general mild and transient. When they occur, they are most prominent during the first two weeks of treatment and usually attenuate as the depressive state improves. Withdrawal symptoms have been reported with SSRIs. Abrupt withdrawal of citalopram should be avoided. **Overdosage:** Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd., Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. - 'Cipramil' is a Registered Trade Mark. **Date of preparation:** August 1998. 0998/CIP/501/049/NP

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Past Editors

Eliot Slater	1961–72	John L. Crammer	1978–83
Edward H. Hare	1973–77	Hugh L. Freeman	1984–93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963.

Forthcoming from Gaskell this Winter

Gaskell is the imprint of the Royal College of Psychiatrists

FOCUS on Clinical Audit in Child and Adolescent Mental Health Services

Emma Hardman & Carol Joughin

This book aims to 'demystify' the process of clinical audit for those working in child and adolescent mental health services. It provides a step-by-step guide to clinical audit followed by examples of clinical audit projects undertaken in child and adolescent mental health services across Great Britain. It will be invaluable to child and adolescent psychiatrists, clinical psychologists, nurses, occupational therapists, education/training establishments and managers of CAMHS services.

Nov 1998, £18.00, 144pp, ISBN 1 901242 23 4

Camberwell Assessment of Need Scales

Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes

The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of the severely mentally ill which is suitable both for research studies and routine clinical use. Developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, CAN is suitable for use in primary care settings, specialist mental health teams, and social services. It will be of particular interest to care managers and mental health staff who wish to meet the legal requirement that the severely mentally ill receive a comprehensive needs assessment.

Jan 1999, £tba, 144pp approx, ISBN 1 901242 25 0

Antisocial Personality Disorder: An Epidemiological Perspective

Paul Moran

This book provides a comprehensive review and evaluation of the published epidemiological literature on antisocial personality disorder and diagnostic equivalents: dissocial personality disorder, psychopathy and sociopathy. It opens with a discussion of the central problems associated with assessing and classifying personality disorders and then focuses more specifically on the epidemiology of antisocial personality disorder. It will be a valuable source of reference to all those who are interested in antisocial personality disorder, whether from a research, clinical or management perspective.

Dec 1998, £18.00, 144pp, ISBN 1 901242 24 2

Critical Review in Psychiatry

Greg Wilkinson & Tom Brown

From April 1999 The Royal College of Psychiatrists is proposing to introduce into the MRCPsych Part II examination a critical review paper. One main reason for this introduction is the increasing recognition of the importance of developing critical appraisal skills and evidence-based practice. Candidates will be required to demonstrate knowledge of different kinds of research and of statistics, and to develop skills in the systematic appraisal of papers. The book is unique in its coverage of psychiatric aspects of critical review papers and will be essential reading for all psychiatric trainees taking the MRCPsych exam.

Dec 1998, £tba, 216pp, ISBN 1 901242 27 7

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Submissions are invited for presentations from Practitioners and Researchers at a National Conference on Interpersonal Psychotherapy.

Themes will include:

Case Presentations in a variety of clinical settings
Comparisons of IPT with other therapies
Clinical Effectiveness of IPT
Training in IPT

The conference aims to pool national expertise in IPT, to set up a network of practitioners and researchers, and to establish mechanisms for training.

Closing date for submissions is 11 February 1999. Guidelines and submission forms are available from **The Conference Organiser, Psychological Treatment Service, Box 190, Addenbrooke's NHS Trust, Cambridge CB2 2QQ. Tel: 01223 217960; Fax: 01223 274368; Email: ys83@dial.pipex.com.** Informal enquiries can be made to Lee Brosan or Dr Chess Denman.

Please refer to summary of product characteristics before prescribing
Presentation: White to off white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** *Adults:* 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. *Elderly:* Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. *Severe renal or hepatic impairment* Reduce dose by half (100-200 mg daily). *Children* See contra-indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P-450 isoenzymes has been observed *in vitro*. Effectiveness of oral contraceptives containing at least 50 mcg ethinyloestradiol should be taken. Tricyclic antidepressants no clinically relevant interaction was found in a single dose interaction study with [illegible] and clomipramine. However, patients receiving such medication should be carefully monitored. Care should be observed with co-administration of anti-convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets £60.00. **Marketing authorisation number:** 16260/0001. **Marketing authorisation holder:** Cephalon UK Ltd, 11-13 Frederick Sanger Road, Surrey Research Park, Guildford GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References:** 1. Miller MM. *Sleep* 1984; **17**: S103-S106. 2. Data on file, Cephalon [A]. 3. Lin JS *et al. Proc Natl Acad Sci USA* 1996; **93**: 12411-12418. 4. Simon P *et al. Eur Neuropsychopharmacol* 1995; **5**: 509-514.

WAKE UP LITTLE SUZIE, WAKE UP

Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall benefit.[1]

Now Provigil (modafinil) – a novel wake promoting agent – offers new advantages in narcolepsy. The clinical efficacy of Provigil has been demonstrated in large controlled clinical studies. In one study,[2] one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus[3] and differs greatly from amphetamines in its pharmacology.[4] Consequently the incidence of amphetamine

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MODAFINIL

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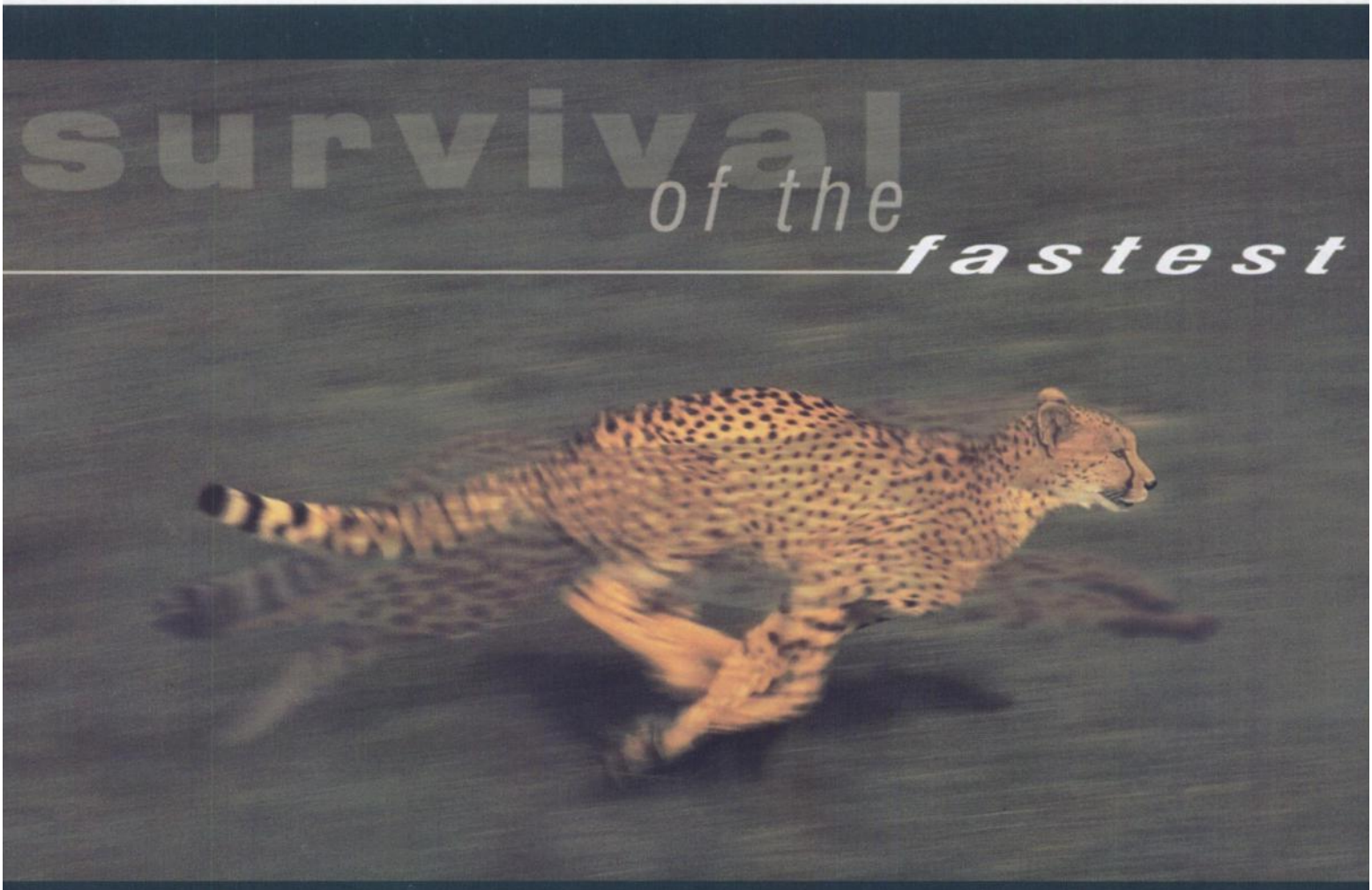

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fosphenytoin sodium

Evolved for speed and convenience

ABBREVIATED PRESCRIBING INFORMATION: PRO-EPANUTIN® CONCENTRATE FOR INJECTION **Presentation:** Pro-Epanutin Concentrate for Injection is supplied in 10ml vials, each containing 750mg fosphenytoin sodium (equivalent to 500mg of phenytoin sodium or 500mg PE*). One ml of Pro-Epanutin contains 50mg PE* **Indications:** Pro-Epanutin Concentrate for Injection is indicated for the control of status epilepticus; for the prevention and treatment of seizures connected with neurosurgery and/or head trauma; as a temporary substitute for oral phenytoin. **Dosage:** Pro-Epanutin should be prescribed and dispensed in PE* units. (1.5mg fosphenytoin sodium is equivalent to 1mg PE). Administration is by IV infusion or IM injection. The rate of IV infusion should not exceed 150mg PE/min (3mg PE/kg/minute for children). Pro-Epanutin should be diluted prior to administration via IV infusion. Monitor ECG, blood pressure and respiratory function during IV infusion. Cardiac resuscitative equipment should be available. N.B. IM injection should not be used for emergency administration. ***Adults:*** *Status epilepticus: Loading dose:* Following IV diazepam or lorazepam, 15mg PE/kg by IV infusion at 100 to 150mg PE/min. *Maintenance dose:* Initially 4 to 5mg PE/kg by IV infusion at 50 to 100mg PE/min or by IM injection. Use therapeutic drug monitoring to adjust dose. Transfer to oral phenytoin therapy when appropriate. *Treatment or prophylaxis of seizures: Loading dose:* 10 to 15mg PE/kg by IM Injection or IV infusion at 50 to 100mg PE/min. *Maintenance dose:* As for status epilepticus. *Temporary substitution of oral phenytoin:* Use same dose and dosing frequency as for oral phenytoin. *Children (ages 5 and above):* By IV infusion at the same mg PE/kg dose and rate as for adults. Recommended rate of IV infusion 50 to 100mg PE/min (1 to 2mg PE/kg/min) except for status epilepticus where 100 to 150mg PE/min (2 to 3mg PE/kg/min). *Elderly, renal or hepatic disease:* Doses or infusion rates may need to be reduced. (See Summary of Product Characteristics). **Contraindications:** Hypersensitivity to any of the ingredients, sinus bradycardia, sino-atrial block, second and third degree A-V block, Stokes-Adams syndrome, and acute intermittent porphyria. **Warning and precautions:** Doses are expressed as mg PE* to avoid conversion of phenytoin doses. Abrupt withdrawal may increase seizures. Discontinue therapy if skin rash, allergic or hypersensitivity reaction or syndrome or signs of hepatotoxicity or lymphadenopathy occur. Therapeutic drug monitoring should be used to assess for acute toxicity. Use with caution in patients with hypotension, severe myocardial insufficiency, renal and/or hepatic disease, pregnancy and lactation, hypoalbuminaemia or phosphate intake restriction. Reduce rate or temporarily stop IV infusion if transient itching, burning, warmth or tingling in the groin occurs. Blood glucose levels may be raised in diabetics. Alcohol intake and concomitant drug therapy can affect blood levels of phenytoin following Pro-Epanutin administration (see Summary of Product Characteristics). **Side effects:** Side effects reported for Pro-Epanutin are similar to those of phenytoin and predominantly affect the central nervous system. Cardiovascular complications, blood dyscrasias, hepatitis, liver damage, gastrointestinal disturbance, pruritus, rash, hypersensitivity syndrome have been reported. (See Summary of Product Characteristics). **Legal category:** POM. **Date of Revision:** June 1998. **Package quantities, marketing authorisation numbers and basic NHS price:** 10 vials of 10ml, £400.00, PL00019/0157. **Marketing Authorisation Holder:** Parke Davis, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ, UK. Further information is available on request from: Parke Davis, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. Pro-Epanutin is a registered trademark. *PE = phenytoin sodium equivalents. **Date of preparation:** September 1998. **Item code:** 3410000370b

PARKE-DAVIS

A first choice add-on ther

Topamax Abbreviated Prescribing Information.
Please read Summary of Product Characteristics before prescribing.
Presentation: Tablets containing 25 mg, 50 mg, 100 mg, or 200 mg topiramate. **Uses:** Adjunctive therapy of inadequately controlled seizures: partial seizures; seizures associated with Lennox Gastaut Syndrome and primary generalised tonic/clonic seizures. **Dosage and Administration:** Oral administration. *Over 16 years of age:* Usual dose: 200-400 mg/day in two divided doses. Initiate at 50 mg daily then titrate to an effective dose. A lower dose may be used. Patients with significant renal disease may require a dose modification. See SmPC for additional information. *Children age 2 to 16:* Usual dose: Approximately 5 to 9 mgs/kg/day in two divided doses. Initiate at 25 mg nightly, and increase at 1 to 2 week intervals in 1 to 3 mg/kg increments, to an effective dose. **Contraindications:** Hypersensitivity to any component. **Precautions and Warnings:** Withdraw all Drowsiness likely. Topamax may be sedating; therefore caution if driving or operating machinery. Do not use in pregnancy unless potential benefit outweighs risk. Woman of childbearing potential should use adequate contraception. Do not use if breastfeeding. **Interactions:** *Other Antiepileptic Drugs:* No clinically significant effect except in some patients on phenytoin where phenytoin plasma concentrations may increase. Phenytoin level monitoring is advised. *Effects of other antiepileptic drugs:* Phenytoin and carbamazepine decrease topiramate plasma concentration. *Digoxin:* A decrease in serum digoxin occurs. Monitor serum digoxin on addition or withdrawal of TOPAMAX®. *Oral Contraceptives:* Should contain not less than 50µg of oestrogen. Ask patients to report any change in bleeding patterns. *Others:* Avoid agents predisposing to nephrolithiasis. **Side Effects:** *Adults:* In 5% or more: abdominal pain, ataxia, anorexia, asthenia, confusion, difficulty with concentration/attention, difficulty with memory, diplopia, dizziness, fatigue, language problems,

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topiramate

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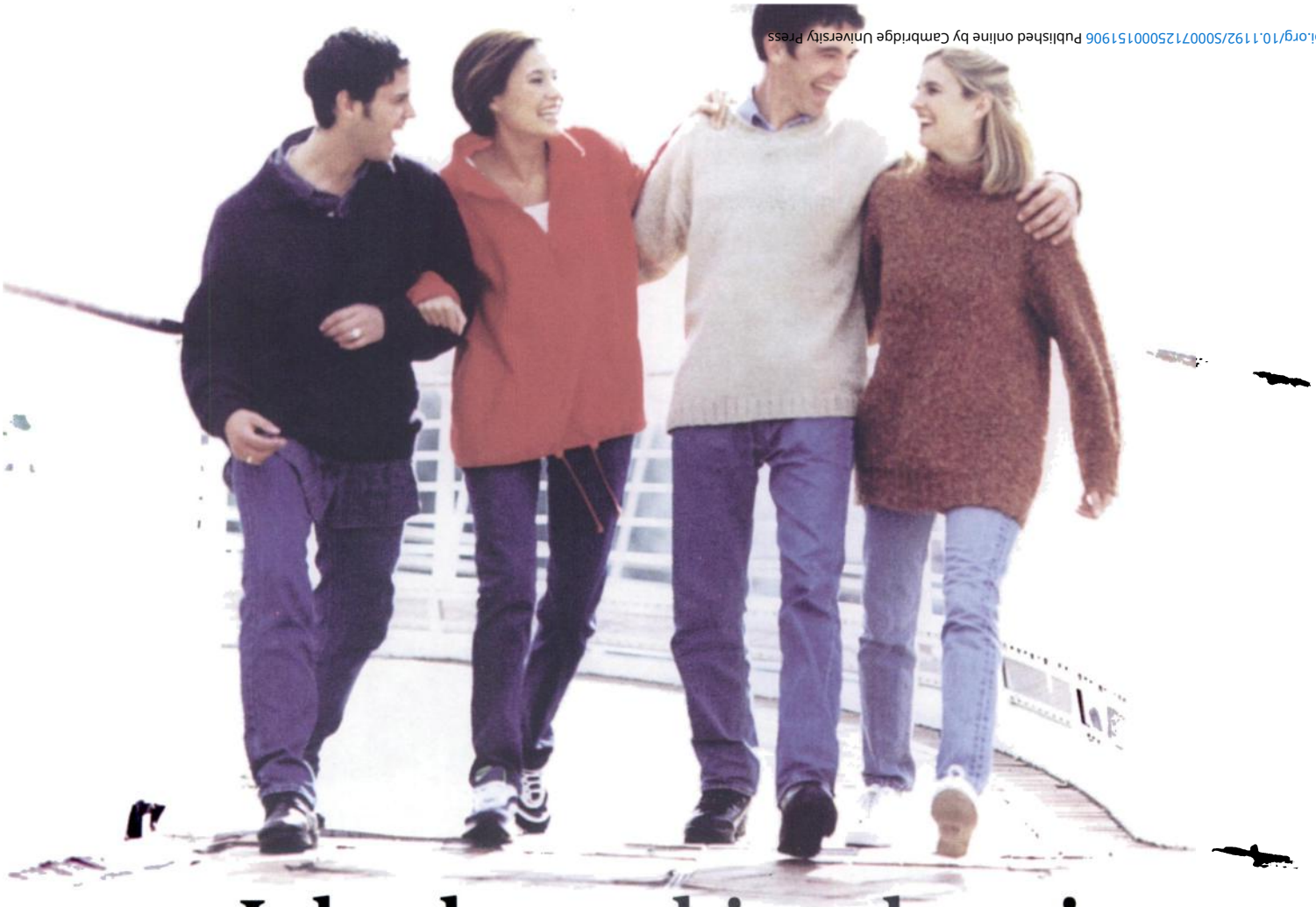
apy for most seizure types

speech problems, abnormal vision and weight decrease. May cause agitation and emotional lability (mood problems and nervousness) and depression. Less common adverse effects include, gait abnormal, aggressive reaction, apathy, cognitive problems, coordination problems, leucopenia, psychotic symptoms (such as hallucinations), and taste perversion. Venous thromboembolic events reported - causal association not established. *Children:* In 5% or more: somnolence, anorexia, fatigue, insomnia, nervousness, personality disorder (behaviour problems), difficulty with concentration/attention, aggressive reaction, weight decrease, gait abnormal, mood problems, ataxia, saliva increased, nausea, difficulty with memory, hyperkinesia, dizziness, speech disorders/related speech problems and paraesthesia. Less frequently but potentially relevant: emotional lability, agitation, apathy, cognitive problems, psychomotor slowing, confusion, hallucination, depression and leucopenia. Topamax increases the risk of nepthrolithiasis. Supportive treatment as appropriate. Haemodialysis is effective in removing topiramate. **Pharmaceutical Precautions:** Store in a dry place at or below 25°C. **Legal Category:** POM. **Package Quantities and Prices:** Bottles of 60 tablets. 25 mg (PL0242/0301) = £22.02, 50 mg (PL0242/0302) = £36.17; 100 mg (PL0242/0303)= £64.80; 200 mg (PL0242/0304) = £125.83. **Product licence holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ ENGLAND. APIVER200498.

Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ.

Date of Preparation April 1998

References:
1. Fabre LF, Arvanitis L, Pultz J, et al. Clin Ther 1995; 17 (No.3): 366-378.
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 RL, Arvanitis LA, Miller MS, 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

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

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

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For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer's.

NEW

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Beyond cognition: improving functional ability.

EXELON Prescribing Information. Indication: Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Presentation**: Capsules containing 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration**: Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Reassess patients regularly. Initial dose 1.5mg twice daily, then build up dose, at a minimum of two week intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily, if tolerated well. If adverse effects or weight decrease occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications**: Known hypersensitivity to rivastigmine or excipients or any other carbamate derivatives; severe liver impairment. **Special Warning & Precautions**: Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sick Sinus Syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ulcerative conditions, history of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, titrate dose individually.Safety in pregnancy not established; women should not breastfeed. Use in children not recommended. **Interactions**: May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinomimetic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or fluoxetine (in healthy volunteers). Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects**: Most commonly (≥5% and twice frequency of placebo): asthenia, anorexia, dizziness, nausea, somnolence, vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (≥5% and ≥ placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, upper respiratory tract and urinary tract infections. Increased sweating, malaise, weight loss, tremor. Rarely, angina pectoris, gastrointestinal haemorrhage and syncope. No notable abnormalities in laboratory values observed. **Package Quantities and basic NHS Price**: 1.5mg x 28, £31.50; 1.5mg x 56, £63.00; 3mg x 28, £31.50; 3mg x 56, £63.00; 4.5mg x 28, £31.50; 4.5mg x 56, £63.00; 6mg x 28, £31.50; 6mg x 56, £63.00. **Legal Classification**: POM. **Marketing Authorisation Number**: 1.5mg, EU/1/98/066/001 - 2; 3mg, EU/1/98/066/004 - 5; 4.5mg, EU/1/98/066/007 - 8; 6mg, EU/1/98/066/010 - 11. Full prescribing information including Summary of Product Characteristics is available from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

Reference: 1. Corey-Bloom J, *et al. International Journal of Geriatric Pyschopharmacology* 1998; 1: 55-65.

Date of preparation: August 1998. Code No. EXE 98/63

NOVARTIS

ZISPIN Prescribing Information
Presentation: Blister strips of 28 tablets each containing 30 mg of mirtazapine. **Uses:** Treatment of depressive illness. **Dosage and administration:** The tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Adults and elderly:** The effective daily dose is usually between 15 and 45 mg. **Children:** Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4 – 6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome; hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; In vitro data suggest that clinically significant interactions are unlikely with mirtazapine. **Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers is not recommended. **Adverse reactions:** The following adverse effects have been reported: **Common (>1/100):** Increase in appetite and weight gain. Drowsiness/sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). **Less common:** Increases in liver enzyme levels. **Rare (<1/1000):** Oedema and accompanying weight gain. Reversible agranulocytosis has been reported as a rare occurrence. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. **Overdosage:** Toxicity studies in animals suggest that clinically relevant cardiotoxic effects will not occur after overdosing with Zispin. Experience in clinical trials and from the market has shown that no serious adverse effects have been associated with Zispin in overdose. Symptoms of acute overdosage are confined to prolonged sedation. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Marketing authorization number:** PL 0065/0145 **Legal category:** POM **Basic NHS cost:** £24 for 28 tablets of 30 mg.

Organon

For further information, please contact:
Organon Laboratories Limited,
Cambridge Science Park, Milton Road,
Cambridge CB4 4FL.
Telephone: 01223 423445.
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Zispin is a registered trade mark
Date of Preparation: April 1998

MIRTAZAPINE

ZISPIN® 30 mg

The NaSSA

Strong yet gentle in depression

'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)

Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. **Uses** *Depression:* TREATMENT OF THE SYMPTOMS OF DEPRESSIVE ILLNESS, WITH OR WITHOUT ASSOCIATED ANXIETY SYMPTOMS. *Obsessive-compulsive disorder. Bulimia nervosa:* For the reduction of binge-eating and purging activity. **Dosage and Administration** (For full information, see data sheet.) For oral administration toadults only. *Depression, with or without associated anxiety symptoms - adults and the elderly:* A dose of 20mg/day is recommended. *Obsessive-compulsive disorder:* 20mg/day to 60mg/day. A dose of 20mg/day is recommended as the initial dose. *Bulimia - adults and the elderly:* A dose of 60mg/day is recommended. Because of the long elimination half-lives of the parent drug (1-3 days after acute administration; may be prolonged to 4-6 days after chronic administration) and its major metabolite (average 9.3 days), active drug substance will persist in the body for several weeks after dosing is stopped. The capsule and liquid dosage forms are bioequivalent. *Children:* Not recommended. *Patients with renal and/or hepatic dysfunction:* See 'Contra-indications' and 'Precautions' sections. **Contra-indications** Hypersensitivity to fluoxetine. Prozac should not be administered to patients with severe renal failure (GFR <10ml/min). *Usage in nursing mothers:* Prozac should not be prescribed to nursing mothers. *Monoamine oxidase inhibitors:* At least 14 days should elapse between discontinuation of an MAOI and initiation of treatment with Prozac. At least five weeks should elapse between discontinuation of Prozac and initiation of therapy with an MAOI. Serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability and mental status changes that include extreme agitation, progressing to delirium and coma) have been reported with concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndrome. **Warnings** *Rash and allergic reactions:* Angioneurotic oedema, urticaria and other allergic reactions have been reported. Upon appearance of rash, or of other allergic phenomena for which an alternative aetiology cannot be identified, Prozac should be discontinued. *Pregnancy:* Use of Prozac should be avoided unless there is no safer alternative. **Precautions** Prozac should be discontinued in any patient who develops seizures. Prozac should be avoided in patients with unstable epilepsy; patients with controlled epilepsy should be carefully monitored. There have been rare reports of prolonged seizures in patients on fluoxetine receiving ECT treatment. A lower dose of Prozac, eg, alternate day dosing, is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50ml/min). Caution is advisable when Prozac is used in patients with acute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycaemic control. There have been reports of abnormal bleeding in several patients, but causal relationship to fluoxetine and clinical importance are unclear. *Drug interactions:* Increased (with lithium toxicity) or decreased lithium levels have been reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450IID6 isoenzyme system, concomitant therapy with other drugs also metabolised by this system, and which have a narrow therapeutic index (eg, carbamazepine, tricyclic antidepressants), should be initiated at or adjusted to the low end of their dose range. Greater than 2-fold increases of previously stable plasma levels of cyclic antidepressants have been observed when Prozac has been administered in combination. Agitation, restlessness and gastro-intestinal symptoms have been reported in a small number of patients receiving fluoxetine in combination with tryptophan. Patients on stable phenytoin doses have developed elevated plasma concentrations and clinical phenytoin toxicity after starting fluoxetine. *For further information, see data sheet.* **Adverse Effects** Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, rarely abnormal LFTs, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngitis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, anaphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established: aplastic anaemia, cerebral vascular accident, confusion, ecchymoses, eosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemolytic anaemia, pancreatitis, pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal and violent behaviour. Hyponatraemia (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. **Overdosage** On the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mal seizures that remitted spontaneously. **Legal Category** POM **Product Licence Numbers** 0006/0195, 0006/0198, 0006/0272. **Basic NHS Cost** £20.77 per pack of 30 capsules (20mg). £67.85 per pack of 98 capsules (20mg). £62.31 per pack of 30 capsules (60mg). £19.39 per 70ml bottle. **Date of Preparation or Last Review** October 1996 (internal review June 1998). **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 352011.

'PROZAC' is a Dista trademark

Date of preparation: July 1998

PROZAC DELIVERS

PROZAC

TREATING DEPRESSION WITH ASSOCIATED ANXIETY

TURNING POINT IN SCHIZOPHRENIA?

Prescribing Information appears overleaf

As a modern antipsychotic, it is no surprise that Zoleptil offers effective control of positive symptoms of schizophrenia as well as a significant reduction in SANS total score. But what may come as a surprise is the fact that over 2 million patients have already been treated with Zoleptil.

Zoleptil zotepine

A SURPRISING ANTIPSYCHOTIC

https://doi.org/10.1192/S0007125000151906 Published online by Cambridge University Press

A SURPRISING ANTIPSYCHOTIC

Zoleptil Brief Prescribing Information
Indication: Treatment of schizophrenia. **Dosage and Administration:** Zoleptil is given orally in divided doses with or without food. **Adults:** The effective adult dose is 75 to 300mg daily. The recommended starting dose is 25mg taken three times daily. The dose may be adjusted according to clinical response up to a maximum of 100mg three times daily. Dosage adjustments should be made at intervals of four days. Doses above 300mg per day may increase the risk of seizures. **Elderly patients and patients with established hepatic and/or renal impairment:** A starting dose of 25mg twice daily is recommended. Titration should be gradual, based on efficacy and tolerability, up to a maximum of 75mg twice daily. Zoleptil is not recommended for use in children under 18 years of age. **Contra-indications:** Known hypersensitivity to Zoleptil or any of its excipients. Patients suffering from acute intoxication with CNS depressants including alcohol. As with other uricosuric agents, Zoleptil should not be used in patients with acute gout or a history of nephrolithiasis though in practice the risk of increased urate renal stone formation appears to be low. **Precautions:** Zoleptil should not be used to treat patients with a history of epilepsy unless the benefit outweighs the risk. Caution is advised when using Zoleptil in patients at risk of arrhythmias or in combination with drugs known to cause prolongation of the QTc interval. When treating patients from these groups it is recommended that an ECG is performed before starting treatment. Caution is advised in patients with known severe cardiovascular disease including severe hypertension or severely restricted cardiac output. Zoleptil is associated with an increase in heart rate and should therefore be used with caution in patients suffering from angina pectoris. Zoleptil may cause orthostatic hypotension and a dose reduction or more gradual titration should be considered if this occurs. Isolated cases of neuroleptic malignant syndrome have been reported. In this event all antipsychotic drugs including Zoleptil should be discontinued. If a reduction in white cell count is suspected a white cell count should be performed. A lower starting dose, gradual titration and a reduced maximum daily dose should be used in the elderly, and in renally or hepatically impaired patients. Monitoring of liver function tests is recommended in patients with hepatic impairment. Patients should be advised of the possibility for weight gain. Isolated cases of tardive dyskinesia have occurred. In this case the discontinuation or reduction in dose of all antipsychotics should be considered. Zoleptil should be used with caution in patients with prostatic hypertrophy, retention of urine, narrow angle glaucoma and paralytic ileus. Zoleptil has uricosuric properties and should be used with caution in patients with gout or hyperuricaemia. Patients should be advised not to drive or operate machinery until their susceptibility has been established. **Pregnancy and Lactation:** Zoleptil should not be used during pregnancy unless the benefits to the mother outweigh the potential risks to the baby. Nursing mothers taking Zoleptil should not breast-feed. **Interactions:** Zoleptil should be used with caution in combination with other centrally acting drugs, in particular high doses of other antipsychotics which may further lower the seizure threshold, as well as fluoxetine and diazepam which may lead to increased plasma concentrations of zotepine. Caution should be exercised when Zoleptil is co-prescribed with hypotensive agents, including some anaesthetic agents. **Side Effects and Adverse Reactions:** The following adverse events have been reported in association with Zoleptil therapy in clinical trials and spontaneously during clinical usage (approximately 1.98 million patients treated). Most commonly reported adverse events include: asthenia, chills, headache, infection, pain, hypotension, tachycardia, constipation, dyspepsia, elevated liver function tests, changes in ESR, leucocytosis and leucopenia, weight increase, agitation, anxiety, depression, dizziness, dry mouth, EEG abnormal, extrapyramidal syndrome, insomnia, salivation increased, somnolence, rhinitis, sweating, blurred vision. Occasionally reported were: abdominal pain, chest pain, fever, flu syndrome, malaise, arrhythmia, ECG abnormality, hypertension, postural hypotension, syncope, anorexia, appetite increased, diarrhoea, nausea, vomiting, prolactin increased, abnormal blood cells, anaemia, thrombocythaemia, creatinine increased, hyperglycaemia, hypoglycaemia, hyperlipidaemia, hypouricaemia, oedema, thirst, weight loss, arthralgia, joint disease, myalgia, confusion, convulsions, dysautonomia, hostility, libido decreased, nervousness, speech disorder, vertigo, cough increase, dyspnoea, acne, dry skin, rash, conjunctivitis, impotence, urinary incontinence. **Overdosage:** May result in exaggerated pharmacological effects which include hypotension, tachycardia, arrhythmias, agitation, pronounced extrapyramidal effects, hypo- or hyperthermia, seizures, respiratory depression, stupor or coma. There is no specific antidote, therefore appropriate supportive measures should be instituted. A clear airway should be established and maintained, and adequate oxygenation and ventilation ensured. Gastric lavage and administration of activated charcoal together with a laxative should be considered. Cardiovascular monitoring should commence immediately and should include continuous ECG monitoring to detect possible arrhythmias. Hypotension and circulatory collapse should be treated by plasma volume expansion and other appropriate measures. If sympathomimetic agents are used for vascular support, adrenaline and dopamine should not be used as this may worsen hypotension. In the case of severe extrapyramidal symptoms, anticholinergic medication should be administered. Seizures may be treated with intravenous diazepam. Close medical supervision and monitoring should continue until the patient recovers. **Legal Category:** POM. **Product Licence Numbers:** 25mg tablets: PL00169/0110; 50mg tablets: PL00169/0111; 100mg tablets: PL00169/0112. **Presentations, Nature and Content of Containers, Basic NHS Cost:** Zoleptil 25: white sugar-coated tablets containing 25mg zotepine provided in blister strip packs of 30 £15.00 and 90 £45.00. Zoleptil 50: yellow sugar-coated tablets containing 50mg zotepine provided in blister strip packs of 30 £20.00 and 90 £60.00. Zoleptil 100mg: pink sugar-coated tablets containing 100mg zotepine provided in blister strip packs of 30 £33.00 and 90 £99.00. **Marketing Authorisation Holder:** Knoll Ltd. 9 Castle Quay. Castle Boulevard. Nottingham NG7 1FW. England. Full prescribing information is available on request from Orion Pharma (UK) Ltd. 1st floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, Berkshire, RG14 5UX. Zoleptil is a registered trade mark. **Date of Preparation:** October 1998.

Orion Pharma (UK) Ltd, 1st Floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, BERKS RG14 5UX

ORION PHARMA

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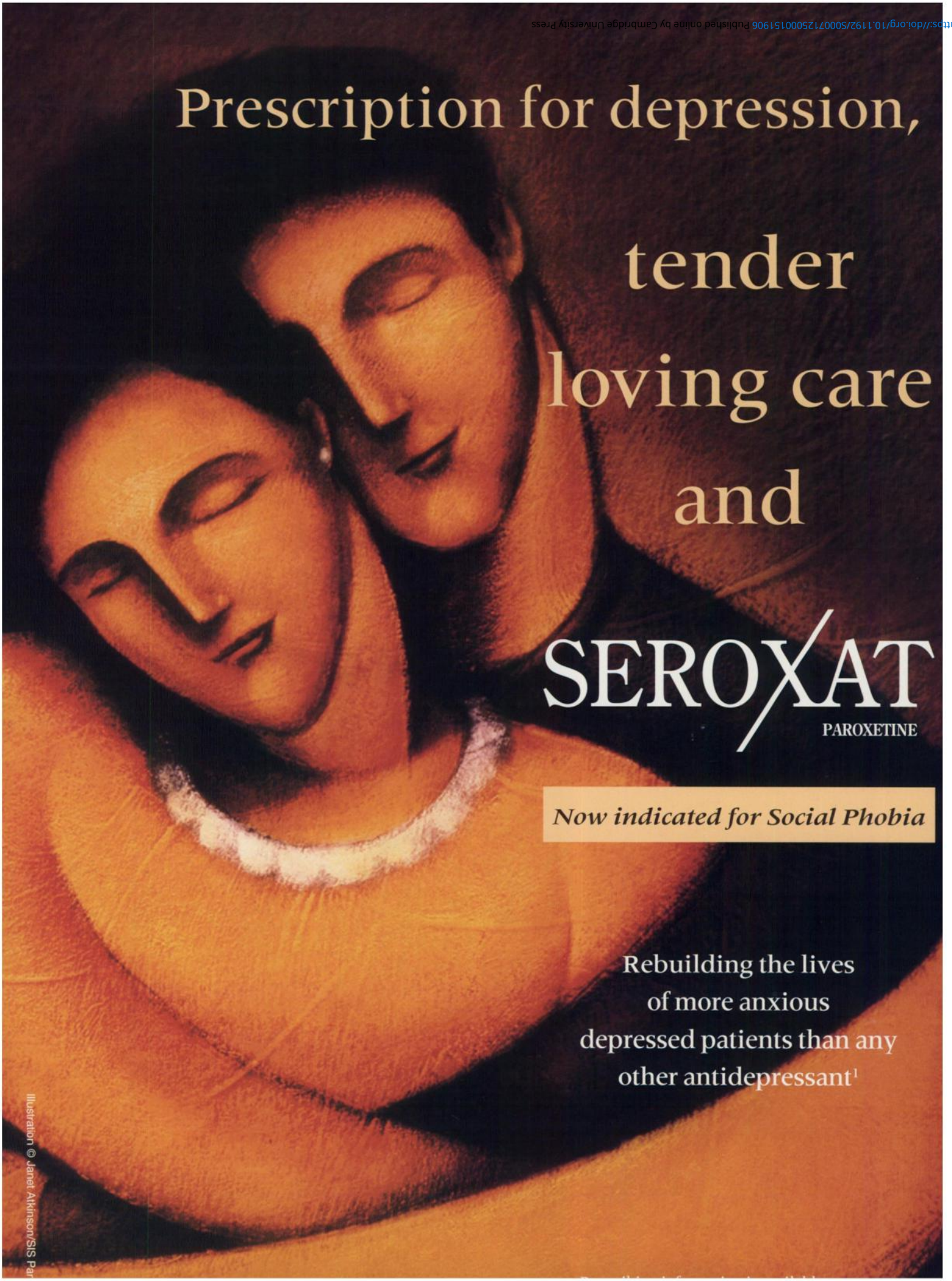

PRESCRIBING INFORMATION

Prescribing information

Presentation: 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16.

'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77.

Indications: Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Following satisfactory response, continuation is effective in preventing relapse. Treatment of symptoms and prevention of relapse of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. Treatment of symptoms of social anxiety disorder/social phobia.

Dosage: Adults: Depression: 20 mg a day. Review response within two to three weeks and if necessary increase dose in 10 mg increments to a maximum of 50 mg according to response.

Obsessive compulsive disorder: 40 mg a day. Patients should be given 20 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 60 mg a day.

Panic disorder: 40 mg a day. Patients should be given 10 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 50 mg a day.

Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which should be at least four to six months after recovery for depression and may be longer for OCD and panic disorder. As with many psychoactive medications abrupt discontinuation should be avoided – see **Adverse reactions.**

Elderly: Dosing should commence at the adult starting dose and may be increased in weekly 10 mg increments up to a maximum of 40 mg a day according to response.

Children: Not recommended.

Severe renal impairment (creatinine clearance <30 ml/min) or severe hepatic impairment: 20 mg a day. Restrict incremental dosage if required to lower end of range.

Contra-indication: Hypersensitivity to paroxetine.

Precautions: History of mania. Cardiac conditions: caution. Caution in patients with epilepsy; stop treatment if seizures develop. Driving and operating machinery.

Drug interactions: Do not use with or within two weeks after MAO inhibitors; leave a two-week gap before starting MAO inhibitor treatment. Possibility of interaction with tryptophan. Great caution with warfarin and other oral anticoagulants. Use lower doses if given with drug metabolising enzyme inhibitors; adjust dosage if necessary with drug metabolising enzyme inducers. Alcohol is not advised. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants.

Pregnancy and lactation: Use only if potential benefit outweighs possible risk.

Adverse reactions: In controlled trials most commonly nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction (including impotence and ejaculation disorders), dizziness, constipation and decreased appetite.

Also spontaneous reports of dizziness, vomiting, diarrhoea, restlessness, hallucinations, hypomania, rash including urticaria with pruritus or angioedema, and symptoms suggestive of postural hypotension. Extrapyramidal reactions reported infrequently; usually reversible abnormalities of liver function tests and hyponatraemia described rarely. Symptoms including dizziness, sensory disturbance, anxiety, sleep disturbances, agitation, tremor, nausea, sweating and confusion have been reported following abrupt discontinuation of 'Seroxat'. It is recommended that when antidepressant treatment is no longer required, gradual discontinuation by dose-tapering or alternate day dosing be considered.

Overdosage: Margin of safety from available data is wide. Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability, sweating and somnolence. No specific antidote. General treatment as for overdosage with any antidepressant. Early use of activated charcoal suggested.

Legal category: POM. 10.9.98

SmithKline Beecham Pharmaceuticals

PARTNERS IN PSYCHIATRIC CARE

Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

Reference: 1. Data on file.

0998/ST:AD/8/0398BJ

SEROXAT

Rebuilding the lives of anxious depressed patients