

I too had a life, filled with laughter and tears.

we made Wonderful

PLANS

for our later years.

And now here I am, in this world of my own.

I'M Lost and I'M frightened, and feel all alone.

Because of my illness, I'm no longer the same,

BUT reach OUT AND touch ME

I'm more than a name.

MORE THAN A NAME by Jerry Ham (Alzheimer's carer)

 **Aricept**TM
donepezil hydrochloride

Making a difference in Alzheimer's

BRIEF PRESCRIBING INFORMATION
ARICEPTTM (donepezil hydrochloride) Please refer to the SmPC before prescribing ARICEPT 5mg or ARICEPT 10mg. **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Dose and administration:** **Adults/elderly:** 5mg daily which may be increased to 10mg once daily after at least one month. No dose adjustment necessary for patients with renal or mild-moderate hepatic impairment. **Children:** Not recommended. **Contra-Indications:** Pregnancy. Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. **Lactation:** Excretion into breast milk unknown. Women on donepezil should not breast feed. **Warnings and Precautions:** Initiation and supervision by a physician with experience of Alzheimer's dementia. A caregiver should be available to monitor compliance. Regular monitoring to ensure continued therapeutic benefit, consider discontinuation when evidence of a therapeutic effect ceases. Exaggeration of succinylcholine-type muscle relaxation. Avoid concurrent use of anticholinesterases, cholinergic agonists, cholinergic antagonists. Possibility of vagotonic effect on the heart which may be particularly important with "sick

sinus syndrome", and supraventricular conduction conditions. There have been reports of syncope and seizures - in such patients the possibility of heart block or long sinus pauses should be considered. Careful monitoring of patients at risk of ulcer disease including those receiving NSAIDs. Cholinomimetics may cause bladder outflow obstruction. Seizures occur in Alzheimer's disease and cholinomimetics have the potential to cause seizures. Cholinomimetics may have the potential to exacerbate or induce extrapyramidal symptoms. Care in patients suffering asthma and obstructive pulmonary disease. As with all Alzheimer's patients, routine evaluation of ability to drive/operate machinery. **Drug Interactions:** Experience of use with concomitant medications is limited, consider possibility of as yet unknown interactions. Interaction possible with inhibitors or inducers of Cytochrome P450; use such combinations with care. Potential to interfere with anticholinergic agents. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers or cholinergic agents. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, and insomnia. Other common effects in clinical trials ($\geq 5\%$, and \geq placebo) headache, pain, accident, common cold, abdominal disturbance and dizziness.

Syncope, bradycardia, and rare cases of sinoatrial block and atrioventricular block, and seizure have been reported. Rare reports of liver dysfunction including hepatitis. Psychiatric disturbances, including hallucinations, agitation and aggressive behaviour have also been reported; these resolved on dose reduction or discontinuation. There have been some reports of anorexia, gastric and duodenal ulcers and gastrointestinal haemorrhage. Extrapyramidal symptoms have been rarely reported. Minor increases in muscle creatine kinase. **Presentation:** Blister packed in strips of 14, ARICEPT 5mg; white, film coated tablets marked 5 and ARICEPT, packs of 28, ARICEPT 10mg; yellow, film coated tablets marked 10 and ARICEPT, packs of 28. **Marketing authorisation numbers:** ARICEPT 5mg; PA 822/2/1, ARICEPT 10mg; PA 822/2/2. **Marketing authorisation holder:** Pfizer (Ireland) Ltd., Parkway House, Ballymount Road Lower, Dublin 12, Republic of Ireland. **Further information from/Marketed by:** Pfizer (Ireland) Ltd., Parkway House, Ballymount Road Lower, Dublin 12, Republic of Ireland. **Date of preparation:** September 2000.



1002-04-01

ZYPREXA® (OLANZAPINE) REPUBLIC OF IRELAND ABBREVIATED PRESCRIBING INFORMATION: Presentation: Coated tablets containing 2.5mg, 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose. Velotab 5mg and 10mg orodispersible tablets. Velotab orodispersible tablet is a freeze dried, rapid-dispersing preparation to be placed in the mouth or alternatively to be dispersed in water or other suitable beverage for administration. Velotabs also contain aspartame, mannitol and parahydroxybenzoates. **Uses:** Schizophrenia, both as initial therapy and for maintenance of response. **Further information:** In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. Velotab orodispersible tablets are bioequivalent to olanzapine coated tablets, with a similar rate and extent of absorption. They have the same dosage and frequency of administration as olanzapine coated tablets. Olanzapine orodispersible tablets may be used as an alternative to olanzapine coated tablets. **Pharmacodynamics:** Olanzapine was associated with significantly greater improvements in both negative and positive schizophrenic symptoms than placebo or comparator in most studies. **Dosage and Administration:** 10mg/day orally, as a single dose without regard to meals. Dosage may subsequently be adjusted within the range of 5-20mg daily. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. **Children:** Not recommended under 18 years of age. **The elderly:** A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Renal and/or hepatic impairment:** A lower starting dose (5mg) should be considered. In moderate hepatic insufficiency, the starting dose should be 5mg, and only increased with caution. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose. Dose escalation should be conservative in such patients. **Contra-indications:** Known hypersensitivity to any ingredient of the product. Known risk of narrow-angle glaucoma. **Warnings and Special Precautions:** Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. During antipsychotic treatment, improvement in the patient's clinical condition may take several days to some weeks. Patients should be closely monitored during this period. Caution in patients with elevated ALT and/or AST, signs and symptoms of hepatic impairment, pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hypersensitising conditions or with myeloproliferative disease. Thirty-two patients with olanzapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Rare cases reported as NMS have been received in association with olanzapine. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or are subject to factors which may lower the seizure threshold. If signs or symptoms of tardive dyskinesia appear, a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other centrally acting drugs and alcohol. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Postural hypotension was infrequently observed in the elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. Hyperglycaemia or exacerbation of pre-existing diabetes has been reported in very rare cases during Zyprexa treatment. In some cases, a prior increase in body weight has been reported, which may be a predisposing factor. Appropriate clinical monitoring is advisable in diabetic patients and in patients with risk factors for the development of diabetes mellitus. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in animals. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. **Driving, etc:** Because olanzapine may cause somnolence, patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects:** The only frequent (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence and weight gain. Occasional undesirable effects included dizziness, increased appetite, peripheral oedema, orthostatic hypotension, and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen occasionally. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dystonia in trials compared with titrated doses of haloperidol. Photosensitivity reaction, rash or high creatine phosphokinase were reported rarely. Rare reports of hepatitis, pruritus, seizures, hyperglycaemia or exacerbation of pre-existing diabetes have been received. Rare cases reported as NMS have been received in association with olanzapine. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. In most patients, levels returned to normal ranges without cessation of treatment. Haematological variations, such as leucopenia and thrombocytopenia, have been reported occasionally. **For further information see summary of product characteristics. Marketing Authorisation Numbers:** EU/1/96/022/002 EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010 EU/1/99/125/001 EU/1/99/125/002. **Date of Preparation or Last Review:** February 2000. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dexta Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000 or Eli Lilly and Company (Ireland) Limited, 44 Fitzwilliam Place, Dublin 2, Republic of Ireland. Telex: 310321. **References:** 1. Jones B et al. Schizophrenia Research 1999; 28:1-3: 183. **website:** www.elililly.ie

NEW!

going

going

gone

Orally
dispersible
tablet

placed in
the mouth,
starts dispersing
in about 15
seconds¹

disperses
complete
within one
minute¹

ZYPREXA[®] VeloTab[™]

Orodispersible Tablets, Olanzapine

Zyprexa VeloTab is a new oral rapidly dispersing formulation of Zyprexa which offers greater ease of use and aims to enhance compliance.

Zyprexa VeloTab is especially suitable for patients with schizophrenia unable to take oral tablets.

Zyprexa VeloTab is available in 5mg and 10mg tablets.

 Zyprexa is manufactured in Cork.

