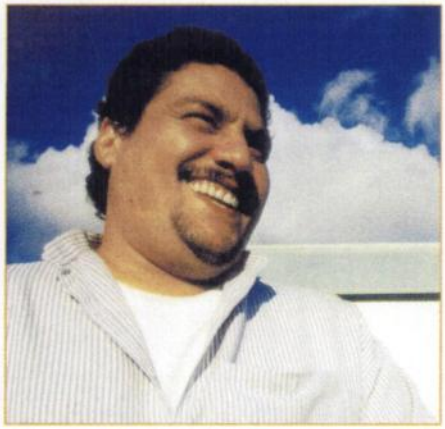
THE BRITISH JOURNAL OF PSYCHIATRY

MAY 1999 VOL. 174

PUBLISHED BY THE ROYAL COLLEGE OF PSYCHIATRISTS ISSN 0007-1250

Their doctor knew that their symptoms were similar



Symptoms: Low mood, suicidal thoughts
Diagnosis: **Depression**

Symptoms: Palpitations, intense anxiety
Diagnosis: **Panic disorder**

Symptoms: Sleep disturbance, hopelessness
Diagnosis: **Depression**

Depression and panic disorder are seen across all age groups in both sexes. From the doctor's viewpoint, overlapping symptoms can make them 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 or panic disorder. For effective relief from depression and panic disorder, prescribe Cipramil - the most selective SSRI - and make a real difference to your patients.

Cipramil
citalopram
make a difference in depression and panic disorder

They just know that Cipramil makes a real difference

Abbreviated prescribing information. Presentation: '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:*** Safety during human pregnancy and lactation has not been established. 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. © 1998 Lundbeck Ltd. Date of preparation: January 1999. 1298/CIP/501/056

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

THE BRITISH JOURNAL OF PSYCHIATRY

MAY 1999 VOL. 174

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The *BJP* publishes original work in all fields of psychiatry. Manuscripts for publication should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SWIX 8PG. Queries, letters to the Editor and book reviews may also be sent electronically to sthakor@rcpsych.ac.uk.

Instructions to authors

Full instructions to authors are given at the beginning of the January and July issues, and on the Web Site below. Copies are also available from the Journal Office.

Information about the College's publications is available on the World Wide Web at http://www.rcpsych.ac.uk.

Subscriptions

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London WIA 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1999 (12 issues post free) are as follows:

	INSTITUTIONS	INDIVIDUALS
Europe (& UK)	£185	£157
US	$375	$270
Elsewhere	£220	£170

Full airmail is £36/ US$64 extra.

Single copies of the Journal are £19, $30 (post free).

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SWIX 8PG.

Payment should be made out to the British Journal of Psychiatry.

Back Issues

Back issues published before 1996 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

Advertising

Correspondence and copy should be addressed to Stephen H. P. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

US Mailing Information

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is $375. Second class postage paid at Rathway, NJ. Postmaster send address corrections to the British Journal of Psychiatry, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

™The paper used in this publication meets the minimum requirements of the American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Typeset by Dobbie Typesetting Ltd, Tavistock.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

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.

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

Centre for Applied Psychology

The Psychology of Stalking

Applied issues in case management

FIRST ANNUAL SEMINAR

To be held on 14 September 1999
at Leicester University

OUTLINE PROGRAMME

Opening Address by Diana Lamplugh, OBE

Stalking Case Histories

The Psychology of Stalking

Perceptions of the Crime/Prevalence/International Legal Perspectives

Issues and Future Directions in the Management of Imprisoned Stalkers

Discussion

COST: £120

(including lunch and beverages)

Contact

Mrs Vivienne Doughty
Centre Administrator
Centre for Applied Psychology
Leicester University
University Road
Leicester
LE1 7RH

Tel:
0116 252 2481

Fax:
0116 223 1057

Email:
vld2@le.ac.uk

Leicester University

Delivering excellence in University teaching and research

THE TAVISTOCK CLINIC

Understanding Trauma:
Principles & Practice

Applications for this one year course are invited from all professionals who work with adults who have experienced traumatic events. The course aims to provide an understanding of the principles and practice of a psychoanalytic approach to trauma, through weekly work discussion, theoretical teaching and an experiential group

Time Commitment:
Thursdays, 2.45pm - 6.30pm, commencing 4th October 1999

Fee:
£815

Closing date for applications:
31st July 1999

Organising Tutor: Ms Linda Young

For further information and application form please contact: Academic Services, Tavistock & Portman NHS Trust, 120 Belsize Lane, London NW3 5BA or telephone: 0171 447 3718.

email: academic@tavi-port.org.

Please quote ref: PC7

A general prospectus of training is available on request.

BPS approval applied for

We are striving towards Equal Opportunities and operate a No-Smoking Policy.

MENTAL HEALTH IN CHINA
17–27 June 1999
A Study Tour

A unique educational opportunity to observe Chinese psychiatric services first hand at a range of mental health institutions throughout the country.

The tour allows participants to visit a range of psychiatric services, from community based out patients to acute care and long stay institutional care. Professional visits are combined with talks and discussion groups, allowing participants to gain a real insight into psychiatric services within China.

There are alternative visits examining forensic and legal aspects of mental health in China. These include visits to a Chinese court and the Charity Hospital (specialising in drug addiction) and talks on legal issues in mental health and on crime and punishment.

This tour allows you access to mental health facilities that would not normally be open to westerners.

The professional visits are combined with a cultural programme in Beijing, Xian and Wuhan.

The group is led throughout the tour by Harry Field who has a wide understanding of both British and Chinese Psychiatric services and is a regular visitor to China. His knowledge of the country, its health care and people will greatly add to the tour.

For a full itinerary and booking form please contact Master Travel on 0181 671 7521, Email tours@mastertravel.co.uk or write to (no stamp required) Master Travel, FREEPOST (SE 7045), London SE24 9BR.

MASTER TRAVEL LIMITED

ATOL 3800

THE TAVISTOCK CLINIC &
THE UNIVERSITY OF EAST LONDON

Communicating with Young People:
PGCert in Adolescent Mental Health
Commencing 5th October 1999

Applications for this course are invited from professionals with a minimum of two years work experience, who are involved in services for adolescents and young people. The multi-disciplinary course provides a detailed psychodynamic introduction to the understanding of the psychosocial development, problems and disturbances of adolescence.

Successful completion will lead to the award of a Postgraduate Certificate. Social Workers will receive credits towards the MA in Advanced Social Work and the advanced Award (CCETSW).

Time commitment: Tuesday 10.00am-1.00pm for one academic year

Closing date for applications: 8th June 1999

Organising Tutors: Dr Domenico Di Ceglie, Mrs Joanne Silove.

For further information and application forms contact: Academic Services, The Tavistock & Portman NHS Trust, Tavistock Centre, 120 Belsize Lane, London NW3 5BA or tel: 0171 447 3768.

Please quote ref: D33-C

We are striving towards Equal Opportunities and operate a No-Smoking Policy.

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

National Association of Psychiatric Intensive Care Units

4th International Conference

on

Innovations in Psychiatric Intensive Care Practice

at

Severn NHS Trust

The Cheltenham and Gloucester College of Higher Education, the Park, Cheltenham, Gloucestershire, UK

9th & 10th September 1999

With the support of the NAPICU executive committee, the conference has been designed and administrated by clinical staff from "Greyfriars Ward" PICU which is part of the Severn NHS Trust in Gloucester, UK. The conference is firmly committed to addressing the challenges and practice issues at the very core of PICU's. Presenting speakers from a range of professions; nursing, medicine, occupational therapy, psychology and the police service. It targets all the disciplines working within psychiatric intensive care.

Early registration full delegate, includes accommodation and evening dinner, £150

Early registration day delegate, includes full programme and lunch, £110

For registration forms contact **Julie Bundy (Telephone 01452 891532; Fax 01452 891501).** Non UK enquiries: **00 44 1452 891532.**

For much more information visit the conference web site on **http://napicu.co.uk**

UNIVERSITY COLLEGE LONDON
INSTITUTE OF NEUROLOGY
in association with
THE NATIONAL HOSPITAL FOR NEUROLOGY AND NEUROSURGERY
Queen Square, London WC1
will be offering

Short Courses

10-21 May 1999

Epilepsy (10 and 11 May)
Multiple Sclerosis (12 May)
Developmental Paediatric Neurology for General Neurologists (13 May)
(Statistical Parametric Mapping (14 & 15 (morning only) May) - FULL)
Functional Neuroimaging (17 May)
Movement Disorders (18 May)
Headache (19 May)
Dementia (20 May)
Neuropsychiatry (21 May)

Course fee £175 per day (£125 for 5 or more days; £150 per day for clinical trainees; £125 per day student rate; to include refreshments.

For further details please contact:
The Assistant Secretary for Students, Institute of Neurology,
National Hospital for Neurology and Neurosurgery,
Queen Square, London WC1N 3BG
Tel 0171 829 8740. Fax: 0171 278 5069
E-mail: j.Reynolds@ion.ucl.ac.uk

The Institute of Neurology promotes teaching and research of the highest quality in neurology and the neurosciences.

UNIVERSITY OF LONDON

Forthcoming from Gaskell

Promoting Mental Health Internationally

Editors
Leon Eisenberg, David Goldberg, Giovanni di Girolamo and John Cooper

To mark the retirement of Dr Norman Sartorius in 1974 from his post as Director of the Division of Mental Health of the World Health Organisation, the editors (all long-standing advisors and collaborators with the WHO programme) have brought together contributions from a mixture of advisors, collaborators and WHO staff members. The chapters provide descriptions and commentaries on the main aspects of the last 30 years of the WHO programme in mental health.The major topics and issues include the cross-cultural epidemiology and outcome of persons with serious mental illnesses, cross-cultural aspects of problems related to the abuse and control of alcohol and drugs of dependency, the role of psychiatry in primary care, and the development of a 'common language' for psychiatrists and mental health workers.

July 1999, £25.00, 192pp, Hardback, ISBN 1 901242 37 4

Royal College of Psychiatrists
17 Belgrave Square, London, SW1X 8PG
Tel: 0171 235 2351
Fax: 0171 245 1231

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

THE Prise INITIATIVE IN NEUROPSYCHIATRY

Invitation

Expert Speakers include:

- **Professor Thomas Barnes** – London. Introduction and Welcome.
- **Dr David Cunningham-Owens** – Edinburgh. The clinical impact of the new anti-psychotic agents.
- **Dr Stephen Cooper** – Belfast. Review of adjunctive therapies for schizophrenia and TD.
- **Professor John Waddington** – Dublin. Understanding the aetiology of TD and hope for the

RCP ANNUAL MEETING

Current Perspectives in Tardive Dyskinesia
Satellite Symposium

- Tardive Dyskinesia is a debilitating side effect of anti-psychotic agents, and the symptoms are thought to be an underlying cause of the stigma associated with schizophrenia.
- Is there a component of TD which is intrinsic to the pathophysiology of schizophrenia?
- With the introduction of the new atypical anti-psychotic drugs, will the symptoms of TD be reduced? What is the medical opinion on the current use of this new therapy and its clinical data? What is the view on the treatment options for TD, which are currently under development?
- There is a clear need to treat the symptoms of TD to ensure a high level of compliance amongst schizophrenic patients thus decreasing the prevalence of the disease and improving both patients and carers quality of life.

A series of presentations + discussion forum

AT: **ICC, Birmingham**

ON: **Monday 28th June 1999**

TIME: **6.45pm – 8.30pm** followed by drinks and supper

Prise INITIATIVE IN NEUROPSYCHIATRY

PARTNERSHIP IN RESEARCH INFORMATION SUPPORT EDUCATION

For further information and bookings please contact: Symposium Organiser, Peregrine Park, Gomm Wycombe, Bucks, HP13 7DL Tel: 01494 448588 Fax: 01494 452927 **email** lisa.burridge@counsellor.holmes-marchant .com

Supported by an educational grant from SHS International as a service to medicine

To register for the Satellite Symposium, please fax back this slip with your details to: 01494 528437/448385

Name: _____

Address: _____

_____ Postcode: _____

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

PSYCHIATRY ON NEW THRESHOLDS

XI WORLD CONGRESS OF PSYCHIATRY

August 6 to 11, 1999

The World's largest international Congress of Psychiatry (organized by the World Psychiatric Association representing over 150.000 psychiatrists from more than 100 countries and the German Society of Psychiatry, Psychotherapy and Nervous Diseases). English and five other languages will be used. Topics include management and ethical issues, review of research findings, symposia and workshops on psychiatric aspects of medical disorders (AIDS, cancer, chronic pain, etc.) and special sessions for young physicians. CME credits are being negotiated.

For further information please contact:

CPO HANSER SERVICE
P.O. Box 1221
D - 22882 Barsbüttel
Tel.: +49-40-670 88 20
Fax: +49-40-670 32 83
e-mail: cpo@wpa-hamburg.de
http://www.wpa-hamburg.de

1999 Annual General Meeting

GASKELL

AGM Dates: 28 June–2 July 1999

Working together towards the new Millennium: a vision of a shared future.

This year's meeting will be the first in which the College has concentrated its energies into a single Annual Meeting. The programme has been developed by a truly inter-faculty organising committee and, as a result, this flagship meeting will embrace the whole College community. Every discipline and specialty is represented in the programme, and it is our hope that all members of the College will be able to benefit from sessions which are relevant to their interests and clinical practice and will also form opportunities for interdisciplinary discussion.

27th May	Deadline for conference cancellation at low penalty, and deadline for guaranteed accommodation. After this date hotel bookings will be wait-listed and placed as availabilty occurs by the Birmingham International Convention Centre.
28th May	Registration and full payment due for conference and social programme.
AGM Venue:	The Birmingham International Convention Centre, Broad Street, Birmingham, tel: +44 0121 644 6011, fax: +44 0121 643 3280
Accommodation:	To arrange accommodation please contact The Birmingham Convention and Visitor Bureau tel: +44 0121 665 6116, fax: +44 0121 643 3280
Correspondence:	The Conference Office, The Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG, tel: +44 0171 235 2351, fax: +44 0171 259 6507

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

Spot the Edronax difference.

Highly selective noradrenaline re-uptake inhibitor (NARI)[1]

Edronax® reboxetine tablets

Helps restore energy and motivation in tired depressed patients[2,3]

EDRONAX ® ABBREVIATED PRESCRIBING INFORMATION
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 in children and therefore reboxetine cannot be recommended in either of these groups. ***Renal/Hepatic Insufficiency*** 2 mg b.i.d. **precautions for use:** Close supervision is 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 should be paid when administering reboxetine with other drugs known to lower [illegible] **with other medicaments and other forms of** that have a narrow therapeutic margin and are metabolised by CYP3A4 or CYP2D6 e.g. anti-arrhythmics (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 [illegible] **NHS Price:** Pack of 60 tablets in blisters £19.80. **Legal Category:** POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. **Marketing Authorisation Number:** PL 0032/0216 **References: 1.** Brunello N et al. *Human Psychopharmacology* 1998;**13**:S13-S19. **2.** Dubini A et al. *J Psychopharmacol* 1997; 11(4):S17-S23. **3.** Montgomery SA. *Prescriber* April 1998; 116-119. Further information is available from the Marketing Authorisation Holder: Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101. ® Edronax is a registered trademark. Code No.P4008/12/98.
Date of preparation:

Life beyond Alzheimer's.

With new Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer's disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer's disease attacks - cognition, global functioning and activities of daily living.[1]

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

EXELON®▼

(rivastigmine)

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 Psychopharmacology* 1998; 1: 55-65.

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

NOVARTIS

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

CLOZARIL
clozapine

CLOZARIL ABBREVIATED PRESCRIBING INFORMATION. The use of Clozaril is restricted to patients registered with the Clozaril Patient Monitoring Service. Indication: Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). **Presentations:** 25 mg and 100 mg clozapine tablets. **Dosage and Administration:** Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5 mg once or twice on first day, followed by one or two 25 mg tablets on second day. Increase dose slowly, by increments (see data sheet). The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Doses up to 900mg daily may be used. Dose-related convulsions have been reported especially during dose titration. Patients with a history of seizures, those suffering from cardiovascular, renal or hepatic disorders, and the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications:** Allergy to any constituents of the formulation. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause, severe renal or cardiac failure. Active liver disease, progressive liver disease or hepatic failure. **Warning and Precautions:** CLOZARIL can cause agranulocytosis. A fatality rate of up to 1 in 300 has been estimated when CLOZARIL was used prior to recognition of this risk. Since then strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of this risk, CLOZARIL use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least two-weekly for the first year of therapy. After one years treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after discontinuation of CLOZARIL. Patients must be under specialist supervision. CLOZARIL supply is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts and a drug supply audit so that CLOZARIL is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact their physician immediately if any kind of infection begins to develop, especially if flu-like. Immediate differential count is necessary if signs or symptoms of infection develop. Re-evaluate any patient developing an infection, or when a routine white blood count of between 3.0 and 3.5 x 10^9/l and/or a neutrophil count between 1.5 and 2.0 x 10^9/l, with a view to discontinuing CLOZARIL. If the white blood count falls below 3.0 x 10^9/l and/or the absolute neutrophil count drops below 1.5 x 10^9/l, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Any further fall in white blood/neutrophil count below 1.0 x 10^9/l and/or 0.5 x 10^9/l respectively, after drug withdrawal requires immediate specialised care. Where protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Discontinue colony stimulating factor when the neutrophil count returns above 1.0 x 10^9/l. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients, if affected by the sedative action of CLOZARIL, should not drive or operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give with other drugs with a substantial potential to depress bone marrow function. CLOZARIL may enhance the effects of alcohol, MAO inhibitors, CNS depressants and drugs with anticholinergic, hypotensive or respiratory depressant effects. Caution is advised when CLOZARIL therapy is initiated in patients who are receiving (or have recently received) a benzodiazepine or any other psychotropic drug as these patients may have an increased risk of circulatory collapse, which, rarely, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant highly protein bound drugs. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which posses affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL has been associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced CLOZARIL effectiveness. No clinically relevant interactions have been noted with tricyclic antidepressants, phenothiazines and type Ic antiarrhythmics, to date. Concomitant lithium or other CNS-active agents may increase the risk of neuroleptic malignant syndrome. The hypertensive effect of adrenaline and its derivatives may be reversed by CLOZARIL. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. **Side-Effects:** Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects e.g. dry mouth, disturbances of accommodation and sweating/temperature regulation. Hypersalivation may occur. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. Rarely, profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Nausea and vomiting have been reported. Mild constipation may occur, however, it may be more severe and fatal complications including gastrointestinal obstruction and paralytic ileus have occurred. Monitor patients and prescribe laxatives, as required. Care is required in patients receiving other medicines known to cause constipation or with a history of colonic disease or lower abdominal surgery. Asymptomatic elevations in liver enzymes occur commonly and usually resolve without drug discontinuation. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. **Package Quantities and Price:** Community pharmacies only: 28 x 25mg tablets: £12.52, (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS). Hospital pharmacies only: 84 x 25 mg tablets: £37.54 (Basic NHS), 84 x 100 mg tablets: £150.15 (Basic NHS). Supply of CLOZARIL is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. **Product Licence Numbers:** 25 mg tablets: PL 0101/0228, 100 mg tablets: PL 0101/0229. **Legal Category:** POM. CLOZARIL is a registered Trade Mark. **Date of preparation:** January 1999. Full prescribing information, including Summary of Product Characteristics is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

CLZ 98/46

Jan '99

https://doi.org/10.1192/S0007125000226278 Published online by Cambridge University Press

SPECIAL COMMENDATION AWARDED 1998 PRIX GALIEN AWARD FOR INNOVATIVE PHARMACEUTICAL PRODUCTS

BRAIN BIOCHEMISTRY ADAPTS TO
LIFE WITH ALCOHOL

CAMPRAL EC HELPS PATIENTS ADAPT TO
LIFE WITHOUT ALCOHOL

Non-aversive **Campral EC** can help reduce the craving in patients who are adapting to a life without alcohol.

EFFECTIVE IN MAINTAINING ABSTINENCE

Campral EC

Action in Alzheimer's

real lives - realistic expectations

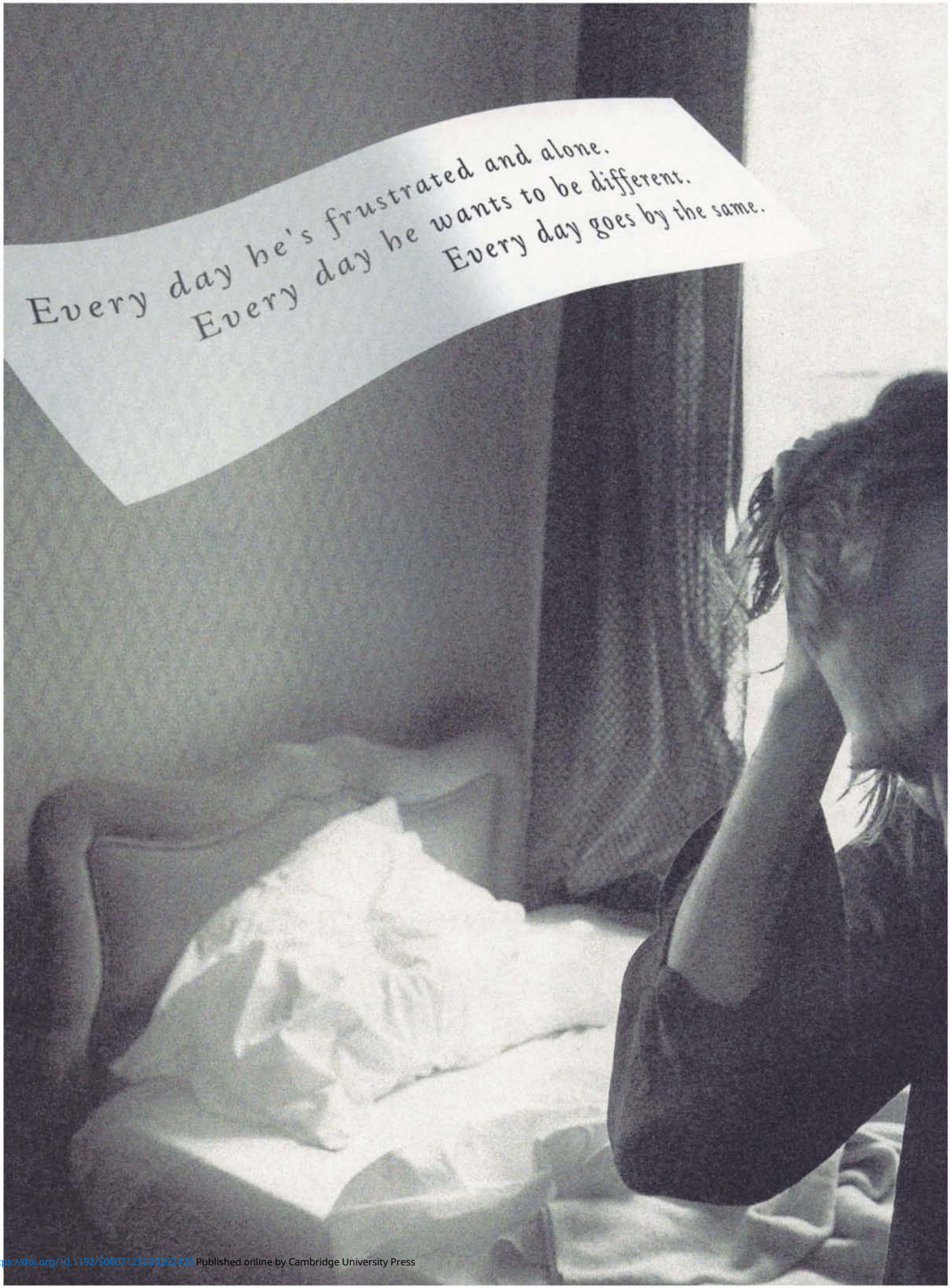
Aricept®

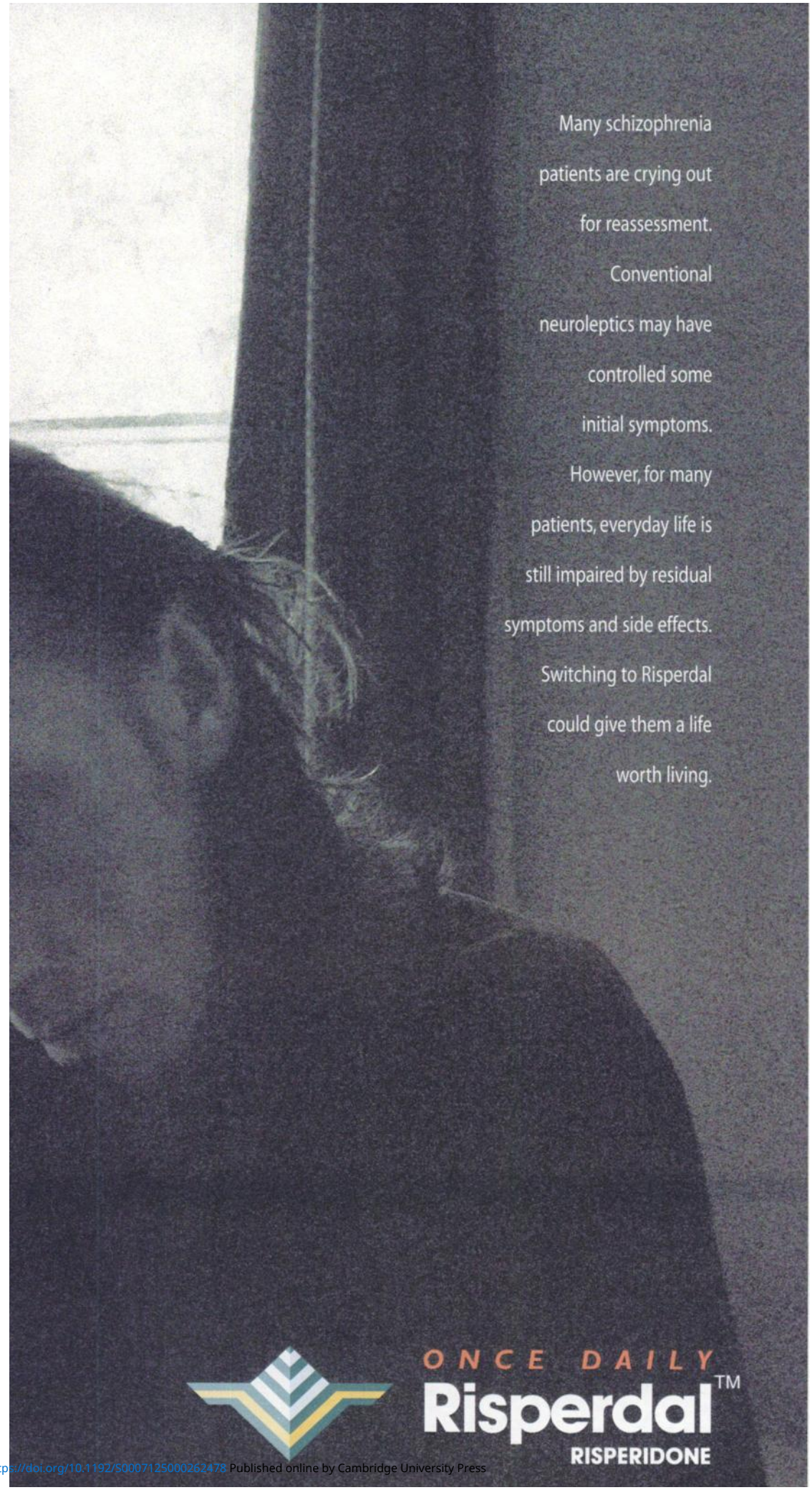
donepezil hydrochloride

Once daily in Alzheimer's

BRIEF PRESCRIBING INFORMATION
ARICEPT® (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 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. 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. 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. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers, cholinergic or anticholinergic agents. **Side** vomiting, and insomnia. Other common effects in clinical trials (≥5%, and ≥placebo) headache, pain, accident, common cold, abdominal disturbance and dizziness. Rare cases of syncope, bradycardia, heart block. Psychiatric disturbances, including hallucinations, agitation and aggressive behaviour have been reported; these resolved on dose reduction or discontinuation. Minor increases in muscle creatine kinase. **Presentation and basic NHS cost:** Blister packed in strips of 14. ARICEPT 5mg; white, film coated tablets marked 5 and Aricept, packs of 28 £68.32. ARICEPT 10mg; yellow, film coated tablets marked 10 and Aricept, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5mg; PL 10555/0006. ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Ltd. **Further Information from/Marketed by:** Eisai Ltd, Hammersmith International Centre, 3 Shortlands, London, W6 8EE and Pfizer Ltd, Sandwich, Kent, CT13 9NJ. **Legal category:**

18-30451-01-99





Please refer to Summary of Product Characteristics before prescribing Risperdal (risperidone). USES The treatment of acute and chronic schizophrenia, and other psychotic conditions, in which positive and/or negative symptoms are prominent. Risperdal also alleviates affective symptoms associated with schizophrenia. DOSAGE Where medically appropriate, gradual discontinuation of previous antipsychotic treatment while Risperdal therapy is initiated is recommended. Where medically appropriate, when switching patients from depot antipsychotics, consider initiating Risperdal therapy in place of the next scheduled injection. The need for continuing existing antiparkinson medication should be re-evaluated periodically. Adults. Risperdal may be given once or twice daily. All patients, whether acute or chronic, should start with 2 mg/day. This should be increased to 4 mg/day on the second day and 6 mg/day on the third day. However, some patients such as first-episode psychotic patients may benefit from a slower rate of titration. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual effective dosage is 4 to 8 mg/day although in some patients an optimal response may be obtained at lower doses. Doses above 10 mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16 mg/day should not be used. Elderly, renal and liver disease. A starting dose of 0.5 mg bd is recommended. This can be individually adjusted with 0.5 mg bd increments to 1 to 2 mg bd. Risperdal is well tolerated by the elderly. Use with caution in patients with renal and liver disease. Not recommended in children aged less than 15 years. CONTRA-INDICATIONS, WARNINGS, ETC. Contra-indications: Known hypersensitivity to Risperdal. Precautions. Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease. Consider dose reduction if hypotension occurs. For further sedation, give an additional drug (such as a benzodiazepine) rather than increasing the dose of Risperdal. Drugs with dopamine antagonistic properties have been associated with tardive dyskinesia. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotic drugs should be considered. Caution should be exercised when treating patients with Parkinson's disease or epilepsy. Patients should be advised of the potential for weight gain. Risperdal may interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known. Pregnancy and lactation: Use during pregnancy only if the benefits outweigh the risks. Women receiving Risperdal should not breast feed. Interactions: Use with caution in combination with other centrally acting drugs. Risperdal may antagonise the effect of levodopa and other dopamine agonists. On initiation of carbamazepine or other hepatic enzyme-inducing drugs, the dosage of Risperdal should be re-evaluated and increased if necessary. On discontinuation of such drugs, the dosage of Risperdal should be re-evaluated and decreased if necessary. Side effects: Risperdal is generally well tolerated and in many instances it has been difficult to differentiate adverse events from symptoms of the underlying disease. Common adverse events include: insomnia, agitation, anxiety, headache. Less common adverse events include: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, priapism, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. The incidence and severity of extrapyramidal symptoms are significantly less than with haloperidol. However, the following may occur: tremor, rigidity, hypersalivation, bradykinesia, akathisia, acute dystonia. If acute, these symptoms are usually mild and reversible upon dose reduction and/or administration of antiparkinson medication. Rare cases of Neuroleptic Malignant Syndrome have been reported. In such an event, all antipsychotic drugs should be discontinued. Occasionally, orthostatic dizziness, hypotension (including orthostatic), tachycardia (including reflex) and hypertension have been observed. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea, gynaecomastia and disturbances of the menstrual cycle. Oedema and increased hepatic enzyme levels have been observed. A mild fall in neutrophil and/or thrombocyte count has been reported. Rare cases of water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. Overdosage. Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms. A prolonged QT interval was reported in a patient with concomitant hypokalaemia who had ingested 360mg. Establish and maintain a clear airway, and ensure adequate oxygenation and ventilation. Gastric lavage and activated charcoal plus a laxative should be considered. Commence cardiovascular monitoring immediately, including continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote, so institute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. Continue close medical supervision and monitoring until the patient recovers. PHARMACEUTICAL PRECAUTIONS Tablets: Store below 30°C. Liquid: Store below 30°C; protect from freezing. LEGAL CATEGORY POM. PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS White, oblong tablets containing 1 mg risperidone in packs of 20: PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2 mg risperidone in packs of 60: PL 0242/0187 £79.56. Yellow, oblong tablets containing 3 mg risperidone in packs of 60: PL 0242/0188 £117.00. Green, oblong tablets containing 4 mg risperidone in packs of 60: PL 0242/0189 £154.44. Yellow, circular tablets containing 6 mg risperidone in packs of 28: PL 0242/0317 £109.20. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless solution containing 1 mg risperidone per ml in bottles containing 100 ml: PL 0242/0199 £65.00. FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER. Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER140797

JANSSEN-CILAG Ltd

Organon

Date of preparation: August 1998

Add life to living with schizophrenia

Solian is a new benzamide antipsychotic, with the ability to treat both the positive[1] and negative[2] symptoms of schizophrenia.

Solian offers a lower incidence of EPS than standard neuroleptics such as haloperidol,[3] as well as avoiding some of the drawbacks of certain atypicals: it does not require routine cardiovascular[4,5] or haematological[4,6] monitoring and patients gain significantly less weight than those treated with risperidone.[2]

So when patients need the ability to cope with their condition, Solian has the power to treat their positive[1] *and* their negative[2] symptoms whilst still allowing them to do the everyday things that the rest of us take for granted.

Solian®
AMISULPRIDE

Efficacy that patients can live with

Prescribing Information - Solian 200 and Solian 50 ▼ Presentation: Solian 200mg tablets contain 200mg amisulpride and Solian 50mg tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia in which positive and/or negative symptoms are prominent. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing up to 1200mg/day according to individual response (dose titration not required), in divided doses. Predominantly negative symptoms: 50-300mg once daily adjusted according to individual response. Elderly: administer with caution due to the risk of hypotension or sedation. Renal insufficiency: reduce dose and consider intermittent therapy. Hepatic insufficiency: no dosage adjustment necessary. Children: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland prolactinaemias and breast cancer; phaeochromocytoma; children under 15 years; pregnancy; lactation; women of child bearing potential unless using [illegible] **Warnings and Precautions:** As with all neuroleptics, neuroleptic malignant syndrome may occur (discontinue Solian). Caution [illegible] hypotensive medications, and dopamine agonists. **Side Effects:** Insomnia, anxiety, agitation. Less commonly somnolence and GI disorders. In common with other neuroleptics: Solian causes a reversible increase in plasma prolactin levels; Solian may also cause weight gain, acute dystonia, extrapyramidal symptoms, tardive dyskinesia, hypotension and bradycardia; rarely, allergic reactions, seizures and neuroleptic malignant syndrome have been reported. **Basic NHS Cost:** Blister packs of: 200mg x 60 tablets - £60.00; 200mg x 90 tablets - £90.00; 50mg x 60 tablets - £16.45; 50mg x 90 tablets - £24.69. **Legal Category:** POM. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex Synthélabo UK and Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD. **References:** 1. Freeman HL. Int Clin Psychopharmacol 1997;12(Suppl 2):S11-S17. 2. Möller HJ. 6th World Congress of Biological Psychiatry, Nice, France, June 22-27 1997. 3. Coukell AJ, Spencer CM, Benfield P. CNS Drugs (Adis) 1996 Sep 6 (3):237-256. 4. Solian SPC. Lorex

SYNTHÉLABO

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 may be ethinyoestradiol should be taken. Tricyclic antidepressants – no clinically relevant interaction was seen in a single dose interaction study of Provigil 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.** Mitler MM. Sleep 1994; **17**: S103-S106. **2.** Data on file, Cephalon [676]. **3.** Lin JS *et al. Proc Natl Acad Sci USA* 1996; **93** (24): 14128-14133. **4.** Simon P *et al.* Eur Neuropsychopharmacol 1995; **5**: 509-514.

PRAD/1/Feb 99

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 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

PROVIGIL®▼

MODAFINIL

A NOVEL, NON AMPHETAMINE WAKE PROMOTING AGENT

For further information please contact our

Clinical Neuropsychological Assessment

for research and clinical practice

1999 Autumn Conference

4-5-6TH OCTOBER 1999

The Queen Elizabeth II Conference Centre
Westminster, London

presented by neuropsych limited

conference organisers

Dr Darren M Mockler — Institute of Psychiatry and Kings College Hospital
Prof. John R Crawford — University of Aberdeen
Dr Robin G Morris — Institute of Psychiatry and Kings College Hospital

[redacted]

Many other specialised areas

with...

Oral and poster presentations.
Computer demonstrations including virtual reality

key note speakers include...

Prof. Alan D Baddeley — University of Bristol
Prof. Ian J Deary — University of Edinburgh
Prof. Tom M McMillan — University of Surrey
Prof. Ronan E O'Carroll — University of St Andrews
Dr Graham E Powell — London
Prof. Ian H Robertson — Trinity College, Dublin
Prof. Barbara A Wilson — MRC Cognition & Brain Sciences Unit, Cambridge

Of special interest to neuropsychologists, clinical psychologists, psychiatrists, occupational therapists, speech and language therapists, and other related professions.
A three day symposium focusing on memory, executive function, language, intelligence (current and premorbid), attention, medico – legal and aging.

abstracts

Call for submissions of abstracts.
Abstract submission deadline: 18th June 1999

registration packs

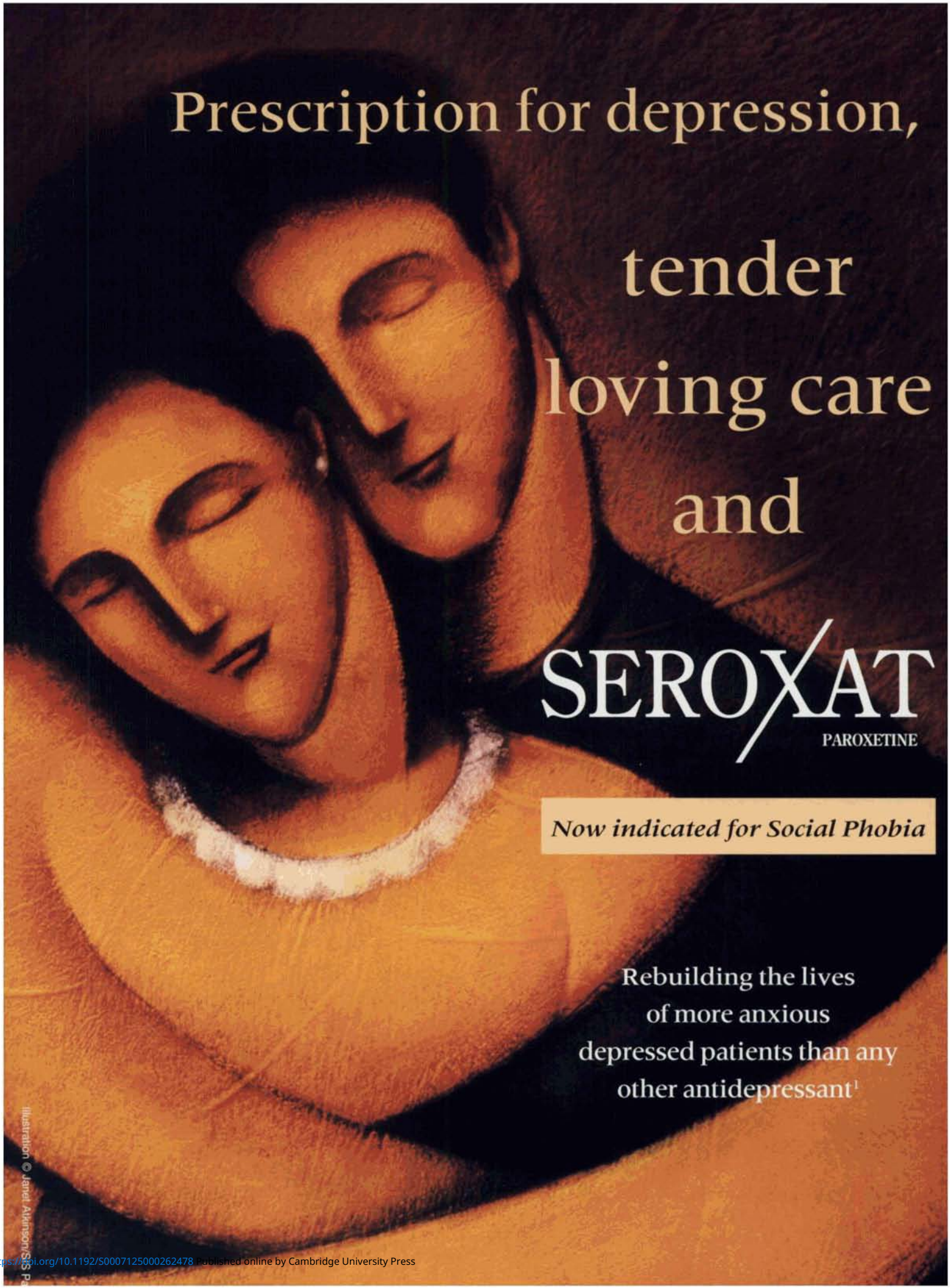
for further information and registration packs, please contact...

neuropsych limited

Conference Manager, Templeman House, 12 Eastwood Close, London E18 1BX

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press



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/8/039BJ

SEROXAT

Rebuilding the lives of anxious depressed patients

https://doi.org/10.1192/S0007125000262478 Published online by Cambridge University Press