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George doesn't know what SSRI means ...

... He just knows his doctor made a logical choice

"... SSRIs deserve consideration as first-line therapy for depression in older patients[1]"

Lundbeck

Cipramil▼
citalopram
your partner in depression

Presentation: 'Cipramil' tablets. PL 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage: Adults:** 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. **Elderly:** 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. **Children:** Not recommended. 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 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. **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. **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

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

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PSYCHIATRY IN PROGRESS

PROGRAMMES FOR ADVANCED AND POSTGRADUATE TRAINING

For more than 10 years now, hospital Zon & Schild, one of the major psychiatric hospitals in the Netherlands, is organizing masterclasses in psychiatry and psychotherapy.
In our programme 1997 - 1998 we present a course on

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a series of two-day workshops on the etiology, development and treatment of personality disorders.

March	20th + 21th 1997	**Michael Stone**	*Personality: the concept, the models, the biology*
April	17th + 18th 1997	**John Clarkin**	*Research: the problems, the practice, the outcome Contract management*
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September	25th + 26th 1997	**Otto Kernberg**	*Expressive psychotherapy*
October	30th + 31th 1997	**Salman Akhtar**	*Integrated psychodynamic psychotherapy*
December	11th + 12th 1997	**Arthur Freeman**	*Cognitive psychotherapy*
March	5th + 6th 1998	**Lorna Smith Benjamin**	*Interpersonal diagnosis and treatment*
May	7th + 8th 1998	**Glen Gabbard**	*Pharmacotherapy, Pitfalls in psychotherapy*
June	1998	**Marsha Linehan***	*Dialectical behavioral therapy*

Subscription is possible for each workshop separately or for the whole course. The price of each workshop is DFL 595,-- (approximately £ 195,--). The reduced price for the whole series is DFL 4760,-- (approximately £ 1560,--), including the book "Borderline Personality Disorder" by J. Paris. There is a 10% extra reduction for institutions that subscribe to six courses or more.

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Information : J. B. van Luyn, tel.: (+31) 33 4 609 503
Subscription : G. Pels - v.d. Heuvel, tel.: (+31) 33 4 609 852

** Or one of the senior trainers of Dialectical Behavioral Therapy. Exact dates have yet to be fixed.*

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Goodnight depression

THE FIRST ANTIDEPRESSANT LICENSED FOR PANIC DISORDER†

Good morning world

Because most patients with depression suffer from insomnia and disturbed sleep,[1] an antidepressant should tackle this problem early on.

'Seroxat' has a difference, now well documented in major trials. It has the ability to match tricyclic efficacy in improving sleep by night, without the likelihood of sedation by day.[2,3]

With 'Seroxat', you can give your patients much needed sleep as early as week one.[4] You can lift both depression[5] and anxiety[2] and reduce rather than increase agitation.[6]

It's a real difference for people needing the strength to face reality again, and a real reason to prescribe this SSRI, which is now also indicated for Panic Disorder and Obsessive Compulsive Disorder.

SEROXAT
PAROXETINE

An SSRI that restores restful sleep[7]

30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16. **Indications:** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Treatment of symptoms of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. **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. Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months for depression or 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. 1.7.96. † In the UK. **References**

1. Fleming J. Prog Neuro-Psychopharmacol, Biol Psychiatr 1989;13:419-29. 2. Hutchinson D et al. Br J Clin Res 1991;2:43-57. 3. Hindmarch I. Int Clin Psychopharmacol 1992;6(Suppl 4):65-7. 4. Dunbar GC et al. Acta Psychiatr Scand 1993;87:302-5. 5. Medicines Resource Centre Int Pharm J 1992;6:6-9. 6. Dunbar GC, Fuel DL. Int Clin Psychopharmacol 1992;6 (Suppl 4):81-9. 7. Dorman T. Int Clin Psychopharmacol 1992;6(Suppl 4):53.

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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 of CLOZARIL treatment must be in hospital in-patients and is restricted to those patients with a normal white blood cell count and differential count. Initially, 12.5 mg once or twice on first day, followed by one or two 25 mg tablets on second day. Increase slowly, initially by daily increments of 25 to 50 mg, followed by increments of 50 to 100 mg to reach a therapeutic dose within the range of 200 to 450 mg daily. 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. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored during CLOZARIL therapy since dose-related convulsions have been reported. Therefore, patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications** Hypersensitivity to clozapine. 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 and severe hepatic, renal or cardiac failure. **Warning** 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 that time strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of the risk associated with CLOZARIL therapy its use is therefore limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings (white blood cell count and differential blood count), and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter 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 as long as treatment continues. Patients must be under specialist supervision and CLOZARIL supply is restricted to hospital and community 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 as well as a drug supply audit so that CLOZARIL treatment is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact the treating physician immediately if any kind of infection begins to develop. Particular attention should be paid to flu-like complaints or other symptoms which might suggest infection, such as fever or sore throat. **Precautions** CLOZARIL can cause agranulocytosis. Perform pre-treatment white blood cell count and differential count to ensure only patients with normal findings receive CLOZARIL. Monitor white blood cell count weekly for 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 as long as treatment continues. 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. Re-evaluate any patient developing an infection, or with a routine white blood count 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. 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 may be indicated. Colony stimulating factor therapy should be discontinued 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. Monitor hepatic function in liver disease. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients affected by the sedative action of CLOZARIL should not drive or operate machinery. CLOZARIL should be administered with caution to patients who participate in activities requiring complete mental alertness. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Do not give CLOZARIL 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, on rare occasions, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant administration of therapeutic agents which are highly bound to plasma proteins. Clozapine binds to and is partially metabolised by the isoenzyme cytochrome P450 2D6. Caution is advised with drugs which possess affinity for the same isoenzyme. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions noted with antidepressants, phenothiazines and type Ic antiarrhythmics observed, to date. Isolated reports of fluvoxamine increasing clozapine plasma levels by 5-10 fold. Concomitant use of 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. 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. Neuroleptic malignant syndrome has been reported. Transient autonomic effects eg dry mouth, disturbances of accommodation and disturbances in sweating and temperature regulation. Hypersalivation. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. In rare cases profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. GI disturbances, increases in hepatic enzymes. In rare cases, cholestasis has been reported and very rarely ileus may occur. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Both urinary incontinence and retention and priapism have been reported. 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 hospital and community 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 1996. Full prescribing information, including Product Data Sheet is available from SANDOZ PHARMACEUTICALS. Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

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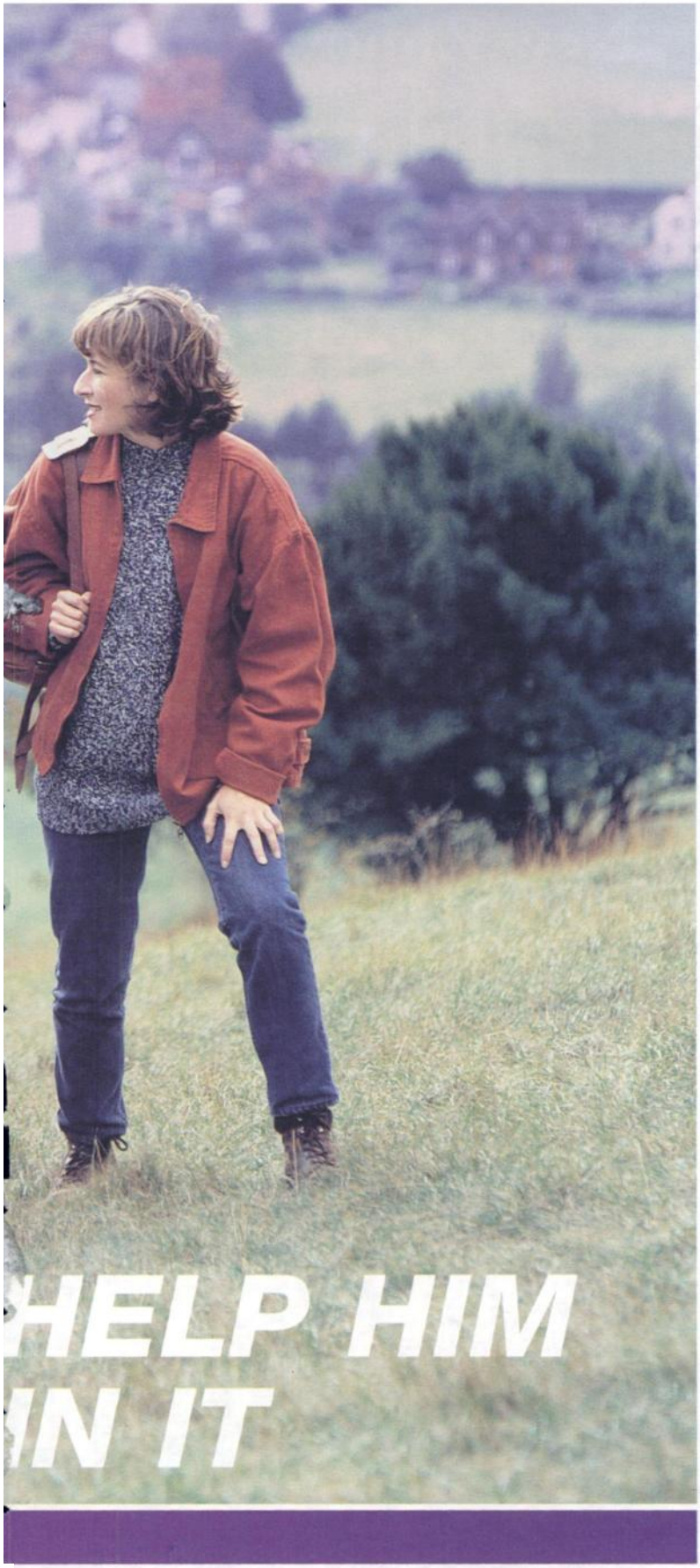

promise to put patients' lives back the way they were. But the right choice of medication may help them find a place in their community.

Zyprexa demonstrated improvement in the negative as well as the positive symptoms of schizophrenia (in four out of five controlled trials in patients presenting with both positive and negative symptoms).[1-3]

With a simple once-daily dosage and no requirement for routine blood or ECG monitoring,[4] *Zyprexa may offer a step towards community re-integration.*

Antipsychotic Efficacy for First-line Use

Zyprexa
Olanzapine

Making Community Re-integration the Goal

Caution in patients who have a history of seizures or have conditions associated with seizures. 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. **Interactions:** Metabolism may be induced by concomitant smoking

risk to the foetus. 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 or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes

elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack of 28 x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack of 56 x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparation:** August 1996. **Full Prescribing Information is Available From:** Lilly Industries Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is a Lilly trademark.

References: 1. Data on file, Lilly Industries. 2. Data on file, Lilly Industries. 3. Zyprexa Summary of Product Characteristics, Section 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Product Characteristics.

New Zimovane™ LS. Half the strength for added flexibility in the elderly.

Zimovane™
zopiclone 7.5mg

NEW Zimovane™ LS
Low Strength
zopiclone 3.75mg

A non-benzodiazepine that's just right for the elderly.

Presentation: Zimovane™: white film coated tablets containing 7.5mg zopiclone. Zimovane™ LS: blue film coated tablets containing 3.75mg zopiclone. The tablets also contain lactose, cellulose and sodium. **Pharmacology:** Zopiclone is a non-benzodiazepine hypnotic, a member of the cyclopyrrolone group of compounds which is structurally unrelated to existing hypnotics and tranquillisers. **Indications:** Short term treatment of insomnia which is debilitating or causing severe distress for the patient. A course of treatment should not be longer than 4 weeks. **Dosage and Administration:** Adults: One 7.5mg tablet shortly before retiring. Elderly and renally impaired: A lower dose of 3.75mg zopiclone is recommended initially. The dosage subsequently may be increased to 7.5mg if clinically necessary. Hepatic insufficiency: A lower dose of 3.75mg is recommended. **Contra-indications:** Myasthenia gravis, respiratory failure, severe sleep apnoea syndrome, severe hepatic insufficiency, hypersensitivity to zopiclone. As with all hypnotics zopiclone should not be used in children. **Precautions:** Zopiclone is not a treatment for depression. Hepatic or renal insufficiency: A lower dose of 3.75mg zopiclone is recommended. **Pregnancy and lactation:** Use of zopiclone is not recommended. **Risk of dependence:** Minimal risk if treatment limited to not more than 4 weeks. Rebound may be marked in those who abuse drugs or alcohol, or who have marked personality disorders. **Withdrawal:** Withdrawal effects are unlikely although all patients should be monitored. **Interactions:** Alcohol, CNS depressant, tricyclic antidepressants. **Adverse Effects:** Most frequently, mild bitter or metallic after-taste, mild gastrointestinal disturbances. Occasionally drowsiness on waking, dizziness, light-headedness and incoordination. Although residual effects are rare, patients should not drive or operate machinery until it is established that performance is unimpaired. Psychological and behavioural disturbances and allergic manifestations such as urticaria or rash have been reported. Rebound insomnia on discontinuation of treatment and anterograde amnesia should not be excluded. **Legal Category:** POM. **Pharmaceutical Precautions:** Protect from light. Store in a dry place below 30°C. **Presentation and Basic NHS Cost:** Zimovane™ tablets: PL12/0259; 28 x 7.5mg tablets Basic NHS cost: £4.48. Zimovane™ LS: PL12/0260; 28 x 3.75mg tablets Basic NHS cost: £3.08. **Date of Preparation:** July 1996. Further information is available on request from Rhône-Poulenc Rorer, RPR House, St Leonards Road, Eastbourne, East Sussex BN21 3YG. ZIM 9896

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Patient with schizophrenia exercises *self* discipline by going wild

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Because SDA is the action of Serotonin and Dopamine Antagonism in a single drug. In positive and negative symptoms. In first episode and acute presentations, and in chronic patients. Risperdal continues to provide this SDA effect to give high efficacy, with low levels of extrapyramidal side effects, to more and more patients.

Helping them keep out of hospitals while enhancing their appreciation of, and participation in, community and family life.

It's not called the great outdoors for nothing.

Risperdal™
RISPERIDONE

A routine route out

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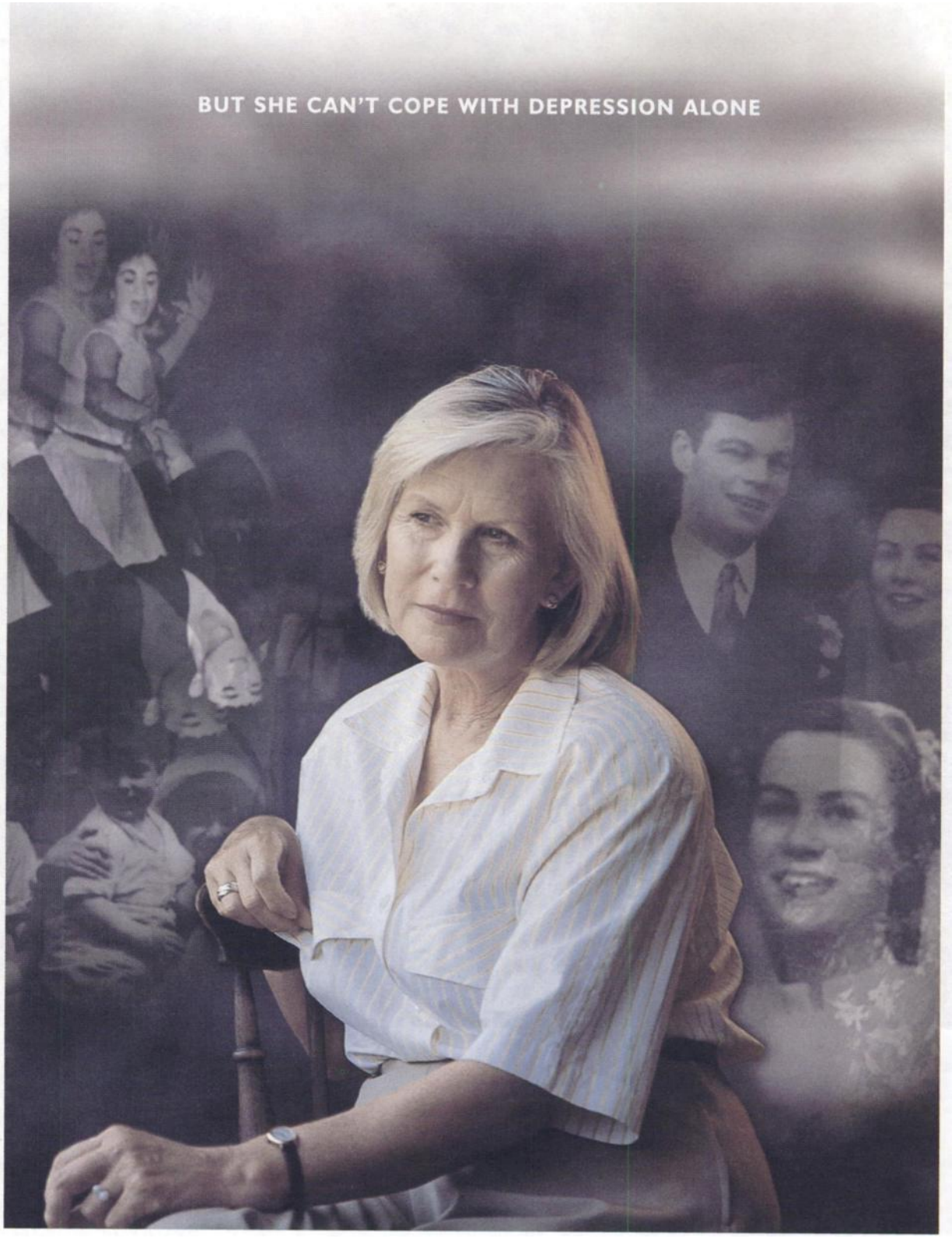
SHE'S CARED FOR 4 CHILDREN, 10 GRANDCHILDREN AND 2 HUSBANDS.



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Molipaxin®

trazodone HCl

Molipaxin CR tablets 150mg, Molipaxin Liquid (50mg/5ml). Indications: Relief of symptoms in all types of depression including depression accompanied by anxiety. Symptoms likely to respond in the first week include depressed mood, insomnia, anxiety, somatic symptoms and hypochondriasis. Dosage and Administration: Starting dose of Molipaxin is 150mg daily taken in divided doses after food or as a single dose on retiring. This may be increased to 300mg/day the major portion of which is preferably taken on retiring. In hospitalised patients, dosage may be further increased to 600mg/day in divided doses. Dosage in the elderly and frail: Starting dose of 100mg/day in divided doses or as a single night-time dose. This may be increased, under supervision, according to efficacy and tolerance. Doses above 300mg/day are unlikely to be required. Cessation of Molipaxin should be gradual. Children: Not recommended. Contra-indications: Known sensitivity to trazodone. Precautions: Avoid during first trimester of pregnancy and in nursing mothers. Warn against risks of handling machinery and driving. May enhance muscle relaxants, some antihypertensive agents, sedatives or antidepressants and alcohol, acute effects of clonidine may be reduced. Avoid concurrent therapy with MAOIs and do not give Molipaxin within 2 weeks of stopping MAOIs or give MAOIs within 1 week of stopping Molipaxin. Use with care in patients with epilepsy, severe hepatic, cardiac or renal disease. Patients receiving long-term therapy with any antidepressant should be kept under regular surveillance. Side effects: Molipaxin is a sedative antidepressant. Any dizziness or drowsiness usually disappears on continued dosage. Anticholinergic-like symptoms occur, but the incidence is similar to placebo. Blood dyscrasias, including agranulocytosis, thrombocytopenia and anaemia, have been reported on rare occasions. Adverse effects on hepatic function, including jaundice and hepatocellular damage, sometimes severe, have been rarely reported. Should such effects occur, Molipaxin should be discontinued immediately. As with other drugs with alpha-adrenolytic activity, Molipaxin has very rarely been associated with priapism. This may be treated with an intracavernosum injection of alpha-adrenergic agents such as adrenalin or metaraminol. However, there are reports of trazodone-induced priapism which have on occasion required surgical intervention or led to permanent sexual dysfunction. Priapism should be dealt with as an urological emergency and Molipaxin therapy should be discontinued immediately. Other side effects include isolated cases of oedema and postural hypotension. Overdosage: No specific antidote is available. Give supportive and symptomatic treatment. Legal Category: POM Presentations, product licence numbers and basic NHS prices: Molipaxin 50mg, 84 capsules; 0109/0045; £17.31. Molipaxin 100mg, 56 capsules; 0109/0046; £20.38. Molipaxin 150mg, 28 tablets; 0109/0133; £11.62. Molipaxin CR 150mg, 28 tablets; 0109/0214; £11.62. Molipaxin Liquid 50mg/5ml, 150ml bottle; 0109/0117; £7.74. Product Licence Holder: Roussel Laboratories Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP Distributor: Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP. Further product information is available from Hoechst Marion Roussel Ltd at the above address.Hoechst Marion Roussel is a member of the Hoechst Group. ® Molipaxin is a registered trademark.

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Adjunctive treatment for partial seizures

TOPAMAX Abbreviated Prescribing Information. Please read the data sheet before prescribing.
Presentation: Tablets each imprinted "TOP" on one side and strength on the other containing 25mg (white), 50mg (light yellow), 100mg (yellow), and 200mg (salmon) topiramate. **Uses:** Adjunctive therapy of partial seizures, with or without secondarily generalised seizures, in patients inadequately controlled on conventional first line antiepileptic drugs. **Dosage and Administration:** *Adults and Elderly:* Oral administration. Usual dose: 200mg - 600mg/day in two divided doses. Titrate dose. See data sheet for titration. Do not break tablets. It is not necessary to monitor topiramate plasma concentrations. Patients with

Contra-indications: Hypersensitivity to any component of the product. **Precautions and Warnings:** Withdraw all antiepileptic drugs gradually. Maintain adequate hydration to reduce risk of nephrolithiasis (especially increased in those with a predisposition). Drowsiness likely. TOPAMAX may be more sedating than other antiepileptic drugs therefore caution in patients driving or operating machinery, particularly until patients' experience with the drug is established. Do not use in pregnancy unless potential benefit outweighs risk to foetus. Women of child bearing 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

TOPAMAX®

topiramate

At the end of the day, it works.

with or without secondary generalisation

concentration. No clinically significant changes in plasma concentrations on sodium valproate addition or withdrawal. *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:** In 5% or more: ataxia, impaired concentration, confusion, dizziness, fatigue, paraesthesia, somnolence and abnormal thinking. May cause agitation and emotional lability (which may manifest as abnormal behaviour) and depression. Less commonly: amnesia, anorexia, aphasia, diplopia, nausea, nystagmus, speech disorder, taste perversion, abnormal vision and weight decrease. Increased risk of 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. 25mg (PL0242/0301) = £22.02; 50mg (PL0242/0302) = £36.17; 100mg (PL0242/0303) = £64.80; 200mg (PL0242/0304) = £125.83. **Product Licence Holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. ® Registered Trademark

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