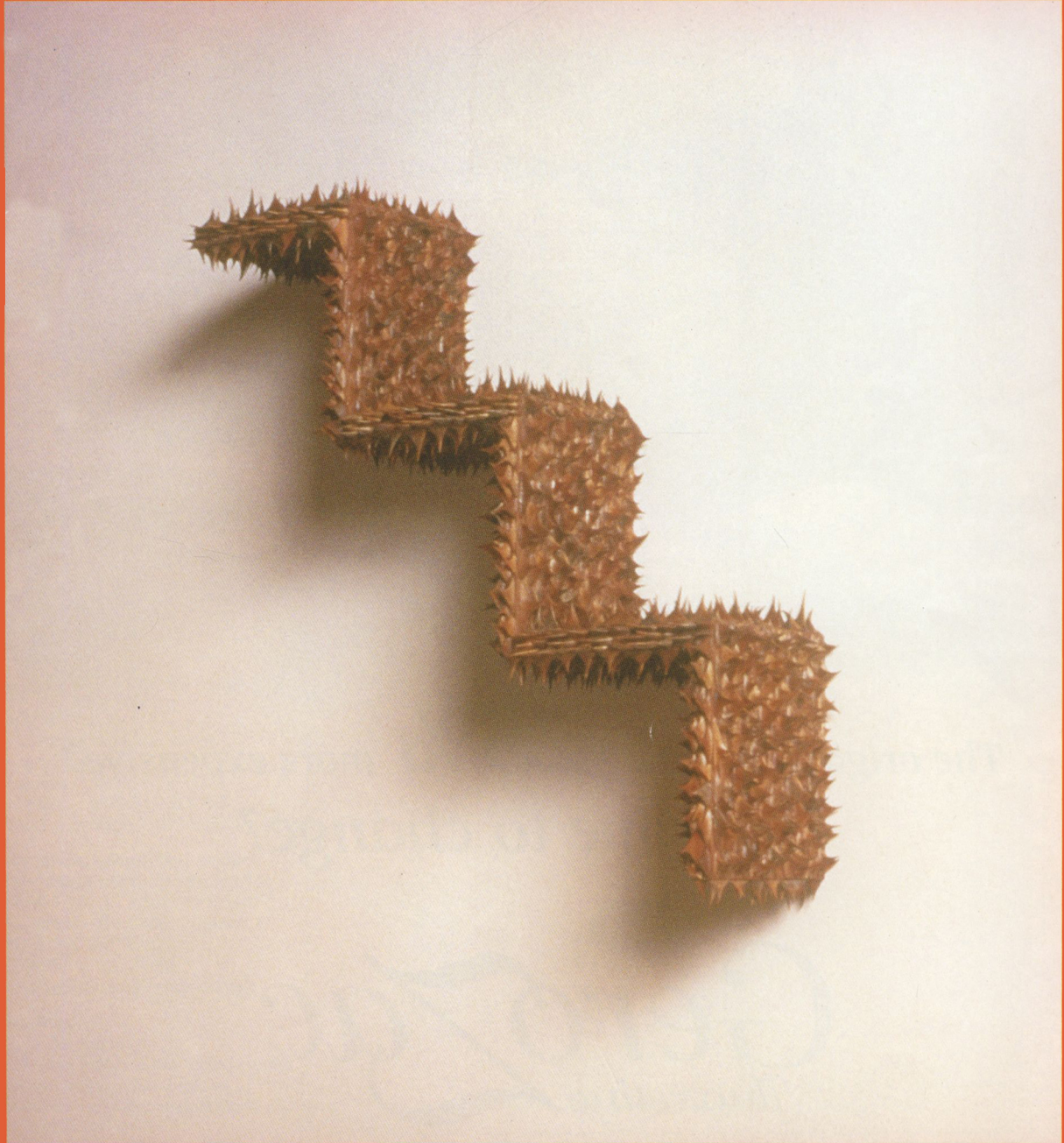


IRISH JOURNAL OF PSYCHOLOGICAL MEDICINE

VOL 18 NO 3 SEP 2001

ISSN 0790-9667



'Staircase of Thorns' by Alice Maher, 1997 (Rose thorns and wood, 38x38x10cm). Private collection, Dublin. **On show at the Irish Museum of Modern Art in the exhibition 'Irish Art Now: from the Poetic to the Political' from 14 November 2001 - 7 March 2002.**

A brighter outlook for prescribers of fluoxetine



The original brand? - **25%** more expensive.¹

Is it time to change?

NEW
GeroZac[®]
fluoxetine

A more affordable therapy in the treatment of depression



GEROZAC: (fluoxetine HCL) Abbreviated prescribing information: Presentation: Each capsule contains fluoxetine hydrochloride equivalent to 20 mg of fluoxetine. **Indication:** GEROZAC is indicated for the treatment of major depressive episodes. **Dose:** A dose of 20 mg/day is recommended and a maximum daily dose should not exceed 80 mg/day which can be administered as single or divided dose, during or between meals. **Patients with renal or liver disease:** In cases of liver dysfunction or renal failure (GFR 10-30 ml/min), the dose should be reduced, e.g. to 20 mg every second day. **Children:** Fluoxetine capsules are not indicated for use in children and adolescents below the age of 18.

Elderly: Caution is recommended when increasing the dose, which should rarely exceed 40 mg and should not exceed 60 mg. **Method of administration:** For oral administration. **Contraindications:** Concurrent treatment with MAOIs (monoamine oxidase inhibitors). Cautionary use with other antidepressants. Not to be used where there is severe renal failure (GFR < 10ml/min). Unstable or uncontrolled epilepsy. Not to be used by nursing mothers. Hypersensitivity to any of the ingredients. **Precautions:** As with all antidepressants risk of suicide particularly at the beginning of treatment due to the delay between treatment and clinical improvement. Concomitant use of tryptophan. Epilepsy, electroconvulsive therapy, cardiovascular disease, recent myocardial infarction, diabetes, alcohol, hepatic and renal insufficiency, and overdose. **Side-effects:** rash and allergic reaction, psychosis and mood shift towards manic phase, serotonin syndrome, inappropriate secretion of antidiuretic hormone, anorexia, weight loss, appetite loss, nausea, vomiting, diarrhoea, dry mouth, dyspepsia, constipation, headache, restlessness, insomnia, anxiety, dizziness, visual disturbance, drowsiness, confusion, tremor, sweating, sedation. Small increases in diastolic blood pressure and tachycardia as well as bradycardia. Hyperprolactinemia with galactorrhea, hyponatremias. Rare cases of increased ALTs and exceptional cytolytic or mixed hepatitis. **Product authorisation holder:** Generics (UK) Ltd, Station Close, Potters Bar, Herts, EN6 1TL, England. **Product authorisation number:** PA/405/36/1 Available only on prescription. **Date of preparation or last review:** December 1999. For full prescribing information please see the Summary of Product Characteristics. Further information is available from: Gerard Laboratories, 200A Orchard Avenue, CityWest Business Campus, Naas Rd, Dublin 24. **FREephone 1800 272 272.** Fax: 01 4661912 **Reference:** 1. MIMS December 1999

Editor-in-Chief: Brian Lawlor

Production Editor:
Anne Henriksen

Advertising Manager:
Niamh Gleeson

Founding Editor: Mark Hartman

Associate Editors:
Ted Dinan (Cork),
David King (Belfast)

Editorial Board: Ken Brown (Belfast),
Patricia Casey (Dublin), Anthony Clare
(Dublin), Stephen Cooper (Belfast),
Thomas Fahy (Galway), Michael
Fitzgerald (Dublin), Brian Leonard
(Galway), Roy McClelland (Belfast),
Aidan McGennis (Dublin), Ciaran
O'Boyle (Dublin), Eadbhard
O'Callaghan (Dublin), Art O'Connor
(Dublin), Ethna O'Gorman (Belfast),
Brian O'Shea (Wicklow), Ian Pullen
(Edinburgh), David Sheehan (Tampa),
Philip Snaith (Leeds), Hugh Staunton
(Dublin), John Waddington (Dublin),
Richard Williams (Victoria)

Statistical Editor:
Ronan Conroy (Dublin)

Submissions & correspondence to:
The Editor,
Irish Journal of Psychological Medicine,
25 Adelaide Street,
Dun Laoghaire,
Co Dublin, Ireland.

Telephone
01-2803967; Int: +353-1-2803967

Fax
01-2807076; Int: +353-1-2807076

Email: psychological@medmedia.ie

Publisher
MedMedia Ltd.
25 Adelaide Street,
Dun Laoghaire, Co Dublin,
Ireland.

Printing: W&G Bairds Ltd

Subscriptions
Rates per volume of four issues
(Mar, Jun, Sept, Dec)
EU countries: STG£64, €107
Outside EU: STG£74 US\$105
Incl. airmail postage internationally.

**Subscription enquiries, orders
and cheques made payable to:**
MedMedia Ltd, 25 Adelaide Street,
Dun Laoghaire, Co Dublin, Ireland.
Tel: 00 353 1 2803967
Fax: 00 353 1 2807076
Email: psychological@medmedia.ie

Circulation
3,000 to 54 countries.
Journal participates in the World Health
Organisation project to improve
distribution of scientific materials on
mental health.
Publication does not imply
endorsement. Limited photocopying
authorisation granted for a fee to
Copyright Clearance Center,
27 Congress Street, Salem, MA 01970,
USA, or to appropriate Reproduction
Rights Organisation; isolated non-profit,
academic photocopying excepted.

EDITORIAL

79 Transcranial magnetic stimulation: an alternative physical treatment in depression

Veronica O'Keane

ORIGINAL PAPERS

82 Suicidal thoughts and acts in Irish adolescents

Jo Rowley, Kathleen Ganter, Carol Fitzpatrick

87 Suicide rates in Irish counties: 10 years later

John F Connolly and David Lester

BRIEF REPORTS

90 Mass hysteria among high school girls following tetanus toxoid immunisation

Rajiv Gupta, Adarsh K Vohra, Vishal Madaan, Devinder R Gaur

REVIEWS

93 Psychopharmacological treatment of adolescent and adult attention deficit hyperactivity disorder

Michael Fitzgerald

99 Fact or fantasy? A review of recovered memories of childhood sexual abuse

Michael M DeMonte

CASE REPORTS

106 Antipsychotic induced priapism in a man with an intellectual disability

Rubina Anjum, Ashok Roy, Geoff Marston

108 Herbal mania: a diagnostic dilemma?

Brendan D Kelly, Frank Rawlinson, Ben Ogburn

86 Guidelines for Authors

99a John Dunne Medal

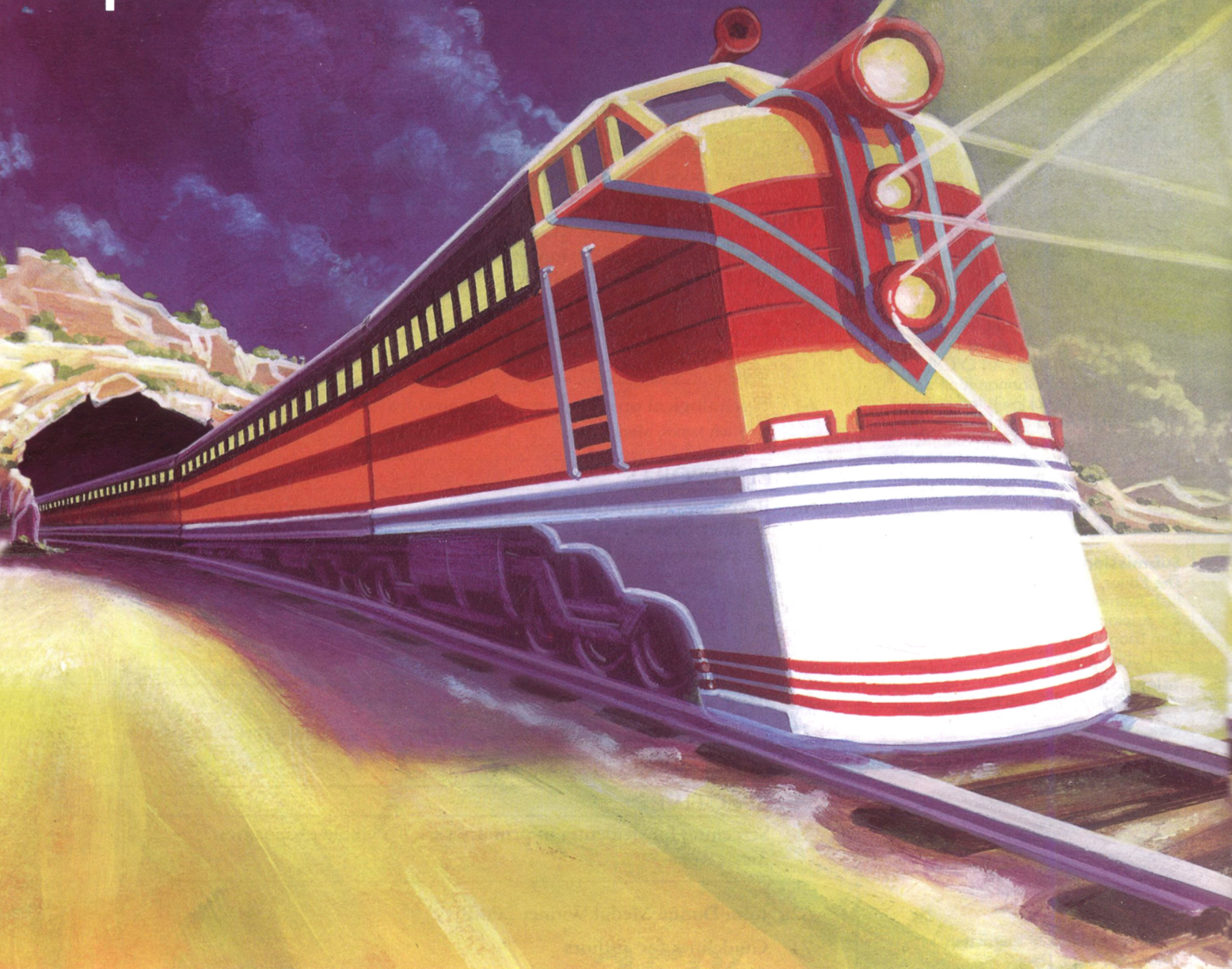
110 Letter to the Editor

112 Book reviews

Indexed and abstracted by BIOLOGICAL ABSTRACTS (BIOSIS Previews); CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE/INIST: PASCAL; EXCERPTA MEDICA/EMBASE; INSTITUTE FOR SCIENTIFIC INFORMATION: CURRENT CONTENTS/Social & Behavioural Sciences (Social Science CITATION INDEX, Research Alert); PSYCHOLOGICAL ABSTRACTS (PsycINFO/PsycLIT); Cumulative Index to Nursing & Allied Health Literature, Current AIDS Literature (CAB Abstracts), International Pharmaceutical Abstracts, Linguistics & Language Behaviour Abstracts, Nutrition Abstracts and Reviews, (CAB Abstracts), Referativnyi Zhurnal, Social Planning/Policy & Development Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

Microfilm, microfiche & article copies from **University Microfilms International**, 300 North Zeeb Rd., Ann Arbor, MI 48106, USA. Journal included in the **Adonis** service, whereby article copies can be printed out from compact disks (CD-ROM) on demand; explanatory leaflet available from ADONIS BV, PO Box 639, 1000 AV Amsterdam, The Netherlands. Journal listed in **Ulrich's International Periodicals Directory** (**Bowker International Serials Database**), **EBSCO's Selected Periodicals for the Medical and Health Sciences**, & **EBSCO's Librarians' Handbook**.

Not just emerging from depression...



... but staying on track

Abbreviated Prescribing Information: LUSTRAL™ (sertraline) Presentation: Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. Obsessive compulsive disorder (OCD). Panic disorder, with or without agoraphobia. Post-traumatic stress disorder (PTSD). **Dosage:** Lustral should be given as a single daily dose. The initial dose in depression and OCD is 50mg and the usual antidepressant dose is 50mg. The initial dose in panic disorder and PTSD is 25mg, increasing to 50mg after one week. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Changes in dose should not be made more frequently than once per week given the 24 hour elimination half life of sertraline. Patients should be maintained on the lowest effective dose. **Use in children:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to this group of drugs. Hepatic insufficiency, unstable epilepsy and convulsant disorders, pregnancy and lactation. Do not use with, or within two weeks of ending treatment with, MAOIs. At least 14 days should elapse before starting any MAOI following discontinuation of Lustral. **Precautions, warnings:** Renal insufficiency, ECT, epilepsy, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered with benzodiazepines or other tranquilizers in patients who drive or operate machinery. Serotonergic drugs such as tryptophan or fenfluramine should be used with caution. The patient should be monitored for signs of suicide or mania. **Drug Interactions:** Caution with other centrally active medication. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. The potential for Lustral to interact with other highly protein bound drugs should be borne in mind. Interactions with e.g. warfarin, diazepam, tolbutamide

and cimetidine have not been fully assessed. With warfarin prothrombin time should be monitored when Lustral is initiated or stopped. **Side-Effects:** Dry mouth, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dizziness, insomnia, somnolence, headache, anorexia and dyspepsia. Rarely, abnormal LFTs, hyponatraemia. The following have been reported with Lustral but may have no causal relationship: vomiting, abdominal pain, movement disorders, convulsions, menstrual irregularities, hyperprolactinaemia, galactorrhoea, rash and alopecia. Rarely, pancreatitis, serious liver events, altered platelet function, abnormal bleeding and purpura. As with other serotonin re-uptake inhibitors rare reports of agitation, confusion, depersonalisation, hallucinations, nervousness, postural hypotension, hypo/hypertension, tachycardia and arrhythmias. Withdrawal reactions have been reported with Lustral. Common symptoms include dizziness, paraesthesia, headache, anxiety and nausea. Abrupt discontinuation of treatment with Lustral should be avoided. The majority of symptoms experienced on withdrawal of Lustral are non-serious and self-limiting. **Legal Category:** S1A. **Package Quantities:** 50mg tablet (PA 822/1/4) Calendar pack of 28; 100mg tablet (PA 822/1/5) Calendar pack of 28. **Product Authorisation Holder:** Pfizer (Ireland) Limited, Parkway House, Ballymount Road Lower, Dublin 12, Republic of Ireland. **Further information on request:** Pfizer (Ireland) Limited. Date last revised: 17 March 1999.



67876

April 2001



LUSTRALTM 50^{MG}

sertraline

Antidepressant therapy that prevents relapse and recurrence

<https://doi.org/10.1017/S0790966700006418> Published online by Cambridge University Press