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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 House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. 'Cipramil' is a

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A structured summary should be given at the beginning of the article, incorporating the following headings: Background; Method; Results; Conclusions. These should outline the questions investigated, the design, essential findings, and main conclusion of the study. This should be up to 150 words long. Review articles do require summaries, although editorials do not.

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Aylard, P. R., Gooding, J. H., McKenna, P. S., *et al* (1987) A validation study of three anxiety and depression self assessment scales. *Psychosomatic Research*, **1**, 261–268.

De Rougemont, D. (1950) *Passion and Society* (trans. M. Belgion). London: Faber and Faber.

Fisher, M. (1990) *Personal Love*. London: Duckworth.

Flynn, C. H. (1987) Defoe's idea of conduct: ideological fictions and fictional reality. In *Ideology of Conduct* (eds N. Armstrong & L. Tennehouse), pp. 73–95. London: Methuen.

Freud, S. (1955) Some neurotic mechanisms in jealousy, paranoia and homosexuality. In *Standard Edition, Vol. 18* (ed. & trans. J. Strachey), pp. 221–232. London: Hogarth Press.

Jones, E. (1937) Jealousy. In *Papers on Psychoanalysis*, pp. 469–485. London: Baillière, Tindall.

Mullen, P. E. (1990*a*) Morbid jealousy and the delusion of infidelity. In *Principles and Practice of Forensic Psychiatry* (eds R. Bluglass & P. Bowden), pp. 823–834. London: Churchill Livingstone.

—— (1990*b*) A phenomenology of jealousy. *Australian and New Zealand Journal of Psychiatry*, **24**, 17–28.

Vaukhonen, K. (1968) On the pathogenesis of morbid jealousy. *Acta Psychiatrica Scandinavica* (suppl. 202).

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The use of percentages to report results from small samples is discouraged, other than where this facilitates comparisons. The number of decimal places to which numbers are given should reflect the accuracy of the determination, and estimates of error should be given for statistics.

A brief and useful introduction to the place of confidence intervals is given by Gardner & Altman (1990, *British Journal of Psychiatry*, **156**, 472–474). Use of these is encouraged but not mandatory.

Authors are encouraged to include estimates of statistical power where appropriate. To report a difference as being statistically significant is generally insufficient, and comment should be made about the magnitude and direction of change.

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All abbreviations must be spelt out on first usage.

The generic names of drugs should be used, and the source of any compounds not yet available on general prescription should be indicated.

Generally, SI units should be used; where they are not, the SI equivalent should be included in parentheses. Units should not use indices: i.e. report g/ml, not gml^{-1}.

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If an individual patient is described, his or her consent should be obtained. The patient should read the report before submission. Where the patient is not able to give informed consent, it should be obtained from an authorised person. Where the patient refuses to give consent, then the case study can only be written up if personal details and dates and other information which identify the patient are omitted to ensure that there is no breach of confidentiality. Contributors should be aware of the risk of complaint by patients in respect of defamation and breach of confidentiality, and where concerned should seek advice.

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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

that restores restful sleep[7]

30 mg paroxetine as the hydrochloride. 30 (OP 20 mg tablets, £20.77; 30 (OP) 30 mg tablet £31.16. **Indications:** Treatment of symptoms depressive illness of all types includin depression accompanied by anxiety. It is als indicated in the treatment of symptoms obsessive compulsive disorder (OCD) an symptoms of panic disorder with or witho agoraphobia. **Dosage:** *Adults: Depression:* 20 m a day. Review response within two to thre weeks and if necessary increase dose in 10 m increments to a maximum of 50 mg accordin to response. *Obsessive compulsive disorder:* 40 m a day. Patients should be given 20 mg a da initially and the dose increased weekly in 10 m increments. Some patients may benefit from maximum dose of 60 mg a day. *Panic disorder* mg a day. Patients should be given 10 mg a da initially and the dose increased weekly in 10 m increments. Some patients may benefit from maximum dose of 50 mg a day. Give orally on a day in the morning with food. The table should not be chewed. Continue treatment a sufficient period, which may be sever months for depression or longer for OCD an panic disorder. As with many psychoactiv medications abrupt discontinuation should b avoided - see **Adverse reactions.** *Elderly:* Dosing should commence at the adult startin dose and may be increased in weekly 10 m increments up to a maximum of 40 m a day according to response. *Children:* N recommended. *Severe renal impairmen (creatinine clearance <30 ml/min) or severe hepa impairment:* 20 mg a day. Restrict increment dosage if required to lower end of rang **Contra-indication:** Hypersensitivity t paroxetine. **Precautions:** History of mani Cardiac conditions: caution. Caution i patients with epilepsy; stop treatment if seizu develop. Driving and operating machiner **Drug interactions:** Do not use with or with two weeks after MAO inhibitors; leave a two week gap before starting MAO inhibito treatment. Possibility of interaction wit tryptophan. Great caution with warfarin a other oral anticoagulants. Use lower doses given with drug metabolising enzym inhibitors; adjust dosage if necessary with dru metabolising enzyme inducers. Alcohol is no advised. Use lithium with caution and monito lithium levels. Increased adverse effects wi phenytoin; similar possibility with othe anticonvulsants. **Pregnancy and lactation:** U only if potential benefit outweighs possible ris **Adverse reactions:** In controlled trials mos commonly nausea, somnolence, sweatin tremor, asthenia, dry mouth, insomni sexual dysfunction (including impotence an ejaculation disorders), dizziness, constipatio and decreased appetite. Also spontaneou reports of dizziness, vomiting, diarrhoe restlessness, hallucinations, hypomania, ra including urticaria with pruritus or angioedem and symptoms suggestive of postura hypotension. Extrapyramidal reactions reporte infrequently; usually reversible abnormalitie of liver function tests and hyponatraemi described rarely. Symptoms including dizzi sensory disturbance, anxiety, sleep disturbance agitation, tremor, nausea, sweating an confusion have been reported following abrup discontinuation of 'Seroxat'. It is recommende that when antidepressant treatment is no longe required, gradual discontinuation by dos 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. N specific antidote. General treatment as fo overdosage with any antidepressant. Early use o activated charcoal suggested. **Legal category** POM. 2.10.95. † In the UK. **References** **1.** Fleming J. Prog Neuro-Psychopharmacol, Bio Psychiatr 1989;13:419-29. **2.** Hutchinson D *et al.* Br J Clin Res 1991;2:43-57. **3.** Hindmarch Int Clin Psychopharmacol 1992;6(Suppl 4):65 7. **4.** Dunbar GC *et al.* Acta Psychiatr Scan 1993;87:302-5. **5.** Medicines Resource Centre Int Pharm J 1992;6:6-9. **6.** Dunbar GC, Fue DL. Int Clin Psychopharmacol 199 (Suppl 4):81-9. **7.** Dorman T. Int Cli Psychopharmacol 1992;6(Suppl 4):53.

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Now we've turned our thoughts to psychiatry.

Zeneca are currently undertaking a comprehensive programme of events aimed at supporting those involved in caring for the seriously mentally ill.

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THINKING AHEAD IN PSYCHIATRY

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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 or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no 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 [illegible] of haloperidol. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Asymptom haematological variations were occasionally seen in trials. *For fu information see summary of product characteristics.* **Legal Category:** P **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparat** August 1996. **Full Prescribing Information is Available From:** Industries Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire R 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is a Lilly tradem References: 1. Data on file, Lilly Industries. 2. Data on file, Industries. 3. Zyprexa Summary of Product Characteristics, Sec 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Pro Characteristics.

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DEPRESSION IS BAD ENOUGH

WITHOUT SSRIs GETTING IN THE WAY OF A GOOD NIGHT'S SLEEP[1]

Because Dutonin reduces the number of night-time awakenings, patients can still enjoy a sound night's sleep.[2,3]

DUTONIN™
NEFAZODONE
200 mg b.d.

MAKE A DIFFERENCE

DUTONIN™ (nefazodone hydrochloride) Prescribing Information (Abbreviated) PRESENTATION: Tablets containing 100mg and 200mg nefazodone hydrochloride. INDICATIONS: Symptomatic treatment of all types of depressive illness, including depressive syndromes accompanied by anxiety or sleep disturbances. DOSAGE: Usual therapeutic dose 200mg twice daily. Range – 200mg-600mg daily, see data sheet. **Elderly:** Usual therapeutic dose 100-200mg twice daily. **Renal and hepatic impairment:** Lower end of dose range. **Children:** Not recommended below the age of 18 years. CONTRA-INDICATIONS: Hypersensitivity to nefazodone hydrochloride, tablet excipients or other phenylpiperazine antidepressants. WARNINGS/PRECAUTIONS: Hepatic or renal impairment. Patients at high risk of self harm should be kept under close supervision during initial treatment phase. Modest decrease in some psychomotor function tests but no impairment of cognitive function. Not recommended in pregnancy and lactation. Use with caution in epilepsy, history of mania/ hypomania. No clinical studies available CNS medication, see data sheet. SIDE EFFECTS: Most frequently asthenia, dry mouth, nau somnolence and dizziness; see data sheet. OVERDOSAGE: There is no specific antidote for nefazod Gastric lavage recommended for suspected overdose. Treatment should be symptomatic and supportiv the case of hypotension or excessive sedation. PRODUCT LICENCE NUMBERS: Dutonin tal 100mg PL11184/0028; Dutonin tablets 200mg PL11184/0029. PRODUCT LICENCE HOLD Bristol-Myers Squibb Pharmaceuticals Limited. BASIC NHS PRICE: 100mg tablets 56 – £16 200mg tablets 56 – £16.80. LEGAL CATEGORY: POM. Further information from: Mec Information Department, Bristol-Myers Squibb House, 141-149 Staines R Hounslow, Middlesex TW3 3JA. Tel: 0181-754 3740. Date of PI preparation: M 1995. Date of advertisement preparation: September 1996.

References: 1. Armitage R. J Psychopharmacol 1996; **10**(1): 22-25. 2. Armitag *et al.* Neuropsychopharmacol 1994; **10**: 123-127. 3. Data on file, Bristol-M

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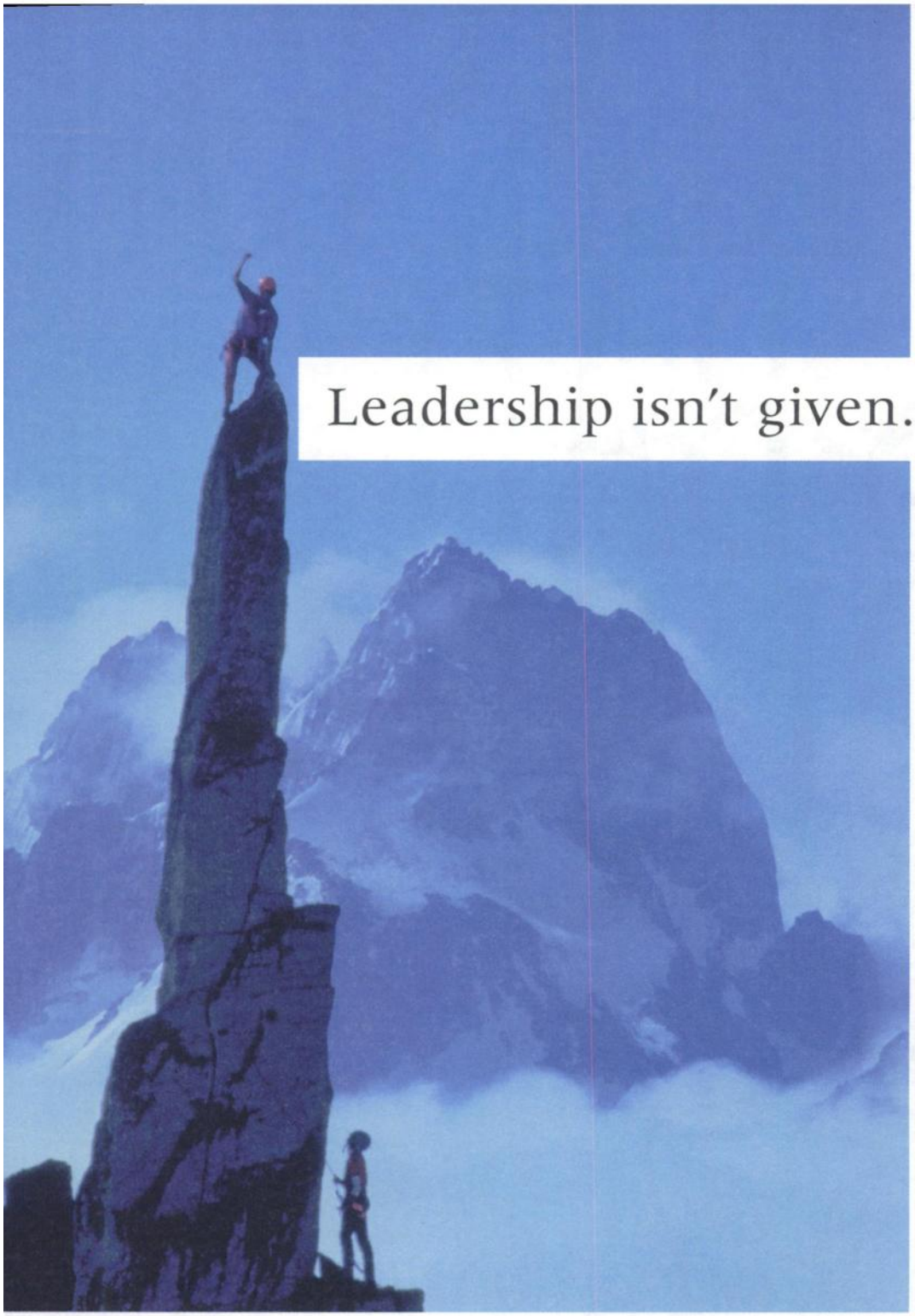

Leadership isn't given. It's earned.

Prozac has appeared in more than 7,500 clinical publications and is currently approved in over 85 countries. Its record of clinical use now stands at more than 21 million patients worldwide.[1]

As the world's leading prescription brand for depression, Prozac has the experience you can trust.

PROZAC
fluoxetine

The World's No.1 prescribed antidepressant brand.[1]

'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)

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

Date of Preparation or Last Review October 1996.

Full Prescribing Information is Available From Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 52011.

'PROZAC' is a Dista trade mark.

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References: 1. Data on file, Dista Products Ltd.

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The IX$^{th.}$ European Certificate in Anxiety and Mood Disorders

MAASTRICHT, 29 JUNE - 4 JULY 1997.

The European Certificate in Anxiety and Mood Disorders is an international post graduate programme, providing a thorough and updated overview of the most recent scientific developments in the field of affective disorders. Research strategies are emphasized. Lectures and seminars are given by a panel of leading clinicians and scientists during intensive residential sessions. There is ample opportunity for informal exchange.

The Certificate consists of two intensive one week courses, one on anxiety and one on mood disorders, each course being organized every other year. Candidates may enroll each year, beginning either with the anxiety or the mood disorders course.
Next course, in Maastricht, 29 June - 4 July, will be on mood disorders.

The programme has been designed for residents in psychiatry with a special interest in affective pathology, in particular those considering a future activity in clinical research. Scientists from related fields, as psychology and pharmacology may apply as well. Graduates in one of the above disciplines may participate under special conditions. Participants who successfully take both courses are awarded the European Certificate in Anxiety and Mood Disorders by the University of Maastricht.

Fees: 750 Dutch fl. per course, covering accommodation and all course materials.

Information and application forms (*deadline: 15 April*):

Prof. E. Griez, chairman of the board of directors
University of Maastricht
Department of Psychiatry and Neuropsychology
P.O. Box 616
6200 MD Maastricht
phone: (31) 43.368.53.32, fax: (31) 43.368.53.31

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