THE BRITISH JOURNAL OF PSYCHIATRY

SEPTEMBER 1997 VOL. 171

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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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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.

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ST GEORGE'S HOSPITAL MEDICAL SCHOOL DEPARTMENT OF GENERAL PSYCHIATRY

MRCPSYCH PART TWO COURSE

Dr Stuart Lieberman and Dr Lynne Drummond, Directors of the MRCPsych Part 2 Course, invite applications from trainees who wish to attend the Part 2 Course at St George's Hospital Medical School.

This two year course runs on a Wednesday morning from 9.00 am to 1.00 pm. The next term starts on Wednesday 1 October and finishes on Wednesday 3 December 1997. This term will cover the following subjects:

Clinical Lectures: Psychological Effects & the Mental Health Act
Basic Science: Neurophysiology & Behavioural Medicine

Further information is available from Mrs Jill Edwards, Regional Course Administrator, Department of General Psychiatry, Jenner Wing, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Telephone: 0181 725 3837; Fax: 0181 725 1216.

ASSOCIATION OF UNIVERSITY TEACHERS OF PSYCHIATRY

'WHAT IS THE FUTURE OF ACADEMIC PSYCHIATRY?'

An important discussion at the ANNUAL GENERAL MEETING of AUTP

to be held at the

Commonwealth Institute, Kensington High Street, London W8

on

Friday 17 October 1997

Interested parties are welcome to attend. The cost of attendance will be £25. If you wish to attend, contact Dr Howard Ring, Hon. Secretary of AUTP, at The Royal London Hospital, Academic Department of Psychological Medicine, Whitechapel, London E1 1BB. Telephone: 0171 377 7344; Fax: 0171 377 7343.

Ensuring peace of mind

Consultant Psychiatrist
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Defence Secondary Care Agency

MINISTRY OF DEFENCE

Defence Services Psychiatric Centre, Duchess of Kent's Hospital, Catterick Garrison, North Yorkshire

Keeping the peace around the world is an important job. It's a job that Britain's armed forces do extremely well, their skills and techniques renowned throughout the world.

However, it's a job that often involves extreme pressure, pressure that can sometimes adversely affect even the strongest of our personnel.

The Defence Services Psychiatric Centre at the Duchess of Kent's Hospital is an In-patient Unit that was set up to deal with tertiary referrals for traumatic stress. Covering the Army, Navy and Air-Force world-wide, the majority of our admissions are for first episodic psychotic illness, neurotic disorders and personality disorders.

As a consultant psychiatrist, you will be responsible for leading a multi-disciplinary mental health team at the Centre. You will also be closely involved with the supervision of trainees, assisting with their teaching and research.

In addition to offering a challenging, rewarding environment for your skills, there are extensive opportunities for research and training including a basic provision of 10 working days for study leave. Increasingly, links are being developed with the school of Behavioural Sciences at Leeds University.

This is an Established position available shortly with a competitive salary ranging between £42,170 - £54,430 per annum. Relocation expenses of up to £5,000 may be available.

Applicants will be required to be registered with the GMC and provide evidence of inclusion in the Specialist Training Register.

If you are interested in applying then please write for an application form, job description and Agency Brochure to: The Ministry of Defence, CM(Pers) 2C1a, Room 124, Pinesgate East, Lower Bristol Road, Bath, BA1 5AB. Tel 01225 449625. If you have any enquiries, please call Dr L. Neil on 01748 873163 or Colonel R M L Anderson on 01748 873611.

The MoD is an equal opportunities employer.

The Duchess of Kent's Hospital is part of the Defence Secondary Care Agency, a Joint Service Agency of the Ministry of Defence, that provides a comprehensive medical facility for service personnel and referred NHS patients throughout Northern England, Scotland and North Wales.

Closing date: 12th September 1997.

POSITIVE ABOUT DISABLED PEOPLE

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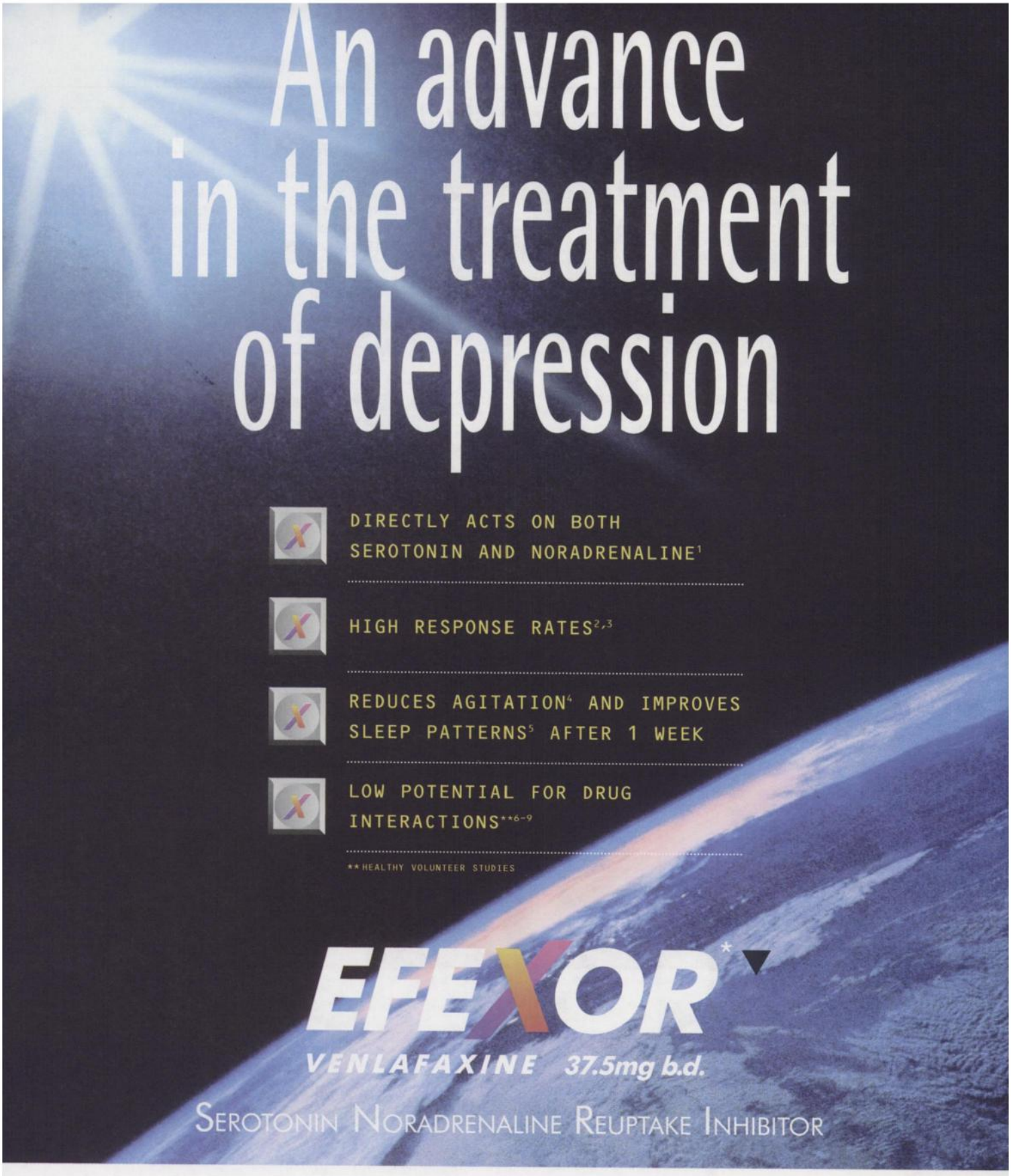

PRESCRIBING INFORMATION: PRESENTATION: Tablets containing 37.5mg, 50mg or 75mg venlafaxine (as hydrochloride). USE: Treatment of depressive illness. DOSAGE: Usually 75mg/day (37.5mg bd) with food, increasing to 150mg/day (75mg bd) if necessary. In more severely depressed patients, 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Discontinue gradually. Elderly: use normal adult dose. Children: contraindicated. Doses should be reduced by 50% for moderate renal or moderate hepatic impairment. CONTRA-INDICATIONS: Pregnancy, lactation, concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years. PRECAUTIONS: Use with caution in patients with myocardial infarction, unstable heart disease, renal or hepatic impairment, or a history of epilepsy (discontinue in event of seizure). Patients should not drive or operate machinery if their ability to do so is impaired. Possibility of postural hypotension (especially in the elderly). Women of child-bearing potential should use contraception. Prescribe smallest quantity of tablets according to good patient management. Monitor blood pressure with doses > 200mg/day. Advise patients to notify their doctor should an allergy develop or if they become or intend to become pregnant. Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine. Patients with a history of drug abuse should be monitored carefully. Not recommended in severe renal or severe hepatic impairment. INTERACTIONS: MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor before starting a MAOI. SIDE-EFFECTS: Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation, vasodilation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, agitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, hyponatraemia. BASIC NHS PRICE: 37.5mg tablet (PL 0011/0199) – Calendar pack of 56 tablets: £23.97, 50mg tablet (PL 0011/0200) – Blister pack of 42 tablets: £23.97, 75mg tablet (PL 0011/0201) – Calendar pack of 56 tablets: £39.97. LEGAL CATEGORY: POM. Further information is available upon request. PRODUCT LICENCE HOLDER: Wyeth Laboratories (John Wyeth & Brother Limited), Taplow, Maidenhead, Berkshire, SL6 0PH. Space photography provided courtesy of National Aeronautics and Space Administration (NASA). References: 1. Muth EA *et al.* Biochem Pharmacol 1986; 35(24): 4493-4497. (EX00007). 2. Dierick M *et al.* Prog Neuropsychopharmacol Biol Psychiat 1996; 20: 57-71. 3. Clerc GE *et al.* Int Clin Psychopharmacol 1994; 9(3): 139-143. (EX00101). 4. Entsuah R *et al.* Human Psychopharmacol 1995; 10: 195-200. 5. Data on file, 635. 6. Troy SM *et al.* J Clin Pharmacol 1995; 35: 410-419. 7. Data on file, 20276. 8. Parker V *et al.* J Clin Pharmacol 1991; 3(9): 867 (Abstract 110). (EX00023). 9. Troy S *et al.* Clin Neuropharm 1992; 15(Suppl 1 pt.B): 324B. (EX00067). Date of preparation: September 1996. Code: ZZ76040/0996. *trade marks

Wyeth

THE MAUDSLEY IN A CHANGING WORLD
Thinking ahead

THE MAUDSLEY ALUMNI DAY

To celebrate the 750th birthday of the Bethlem Royal Hospital we are having a re-union for all those who trained at the Maudsley. The celebrations begin with a re-union dinner at the Science Museum on Wednesday 29th October where you can meet old friends again and exchange news with one another. The following day we have a complete programme of events at the Royal Geographical Society sponsored by an educational grant from Zeneca Pharmaceuticals. There we'll bring you up to date with changes at the Maudsley and present an overview of five of our research institutes. The day will finish with an address by seven distinguished alumni. Places will be allocated on a first come, first served basis so for more information please call Paul Clark on 0171 919 3193.

The Bethlem and Maudsley NHS Trust • Institute of Psychiatry

PROGRAMME OF EVENTS: THE MAUDSLEY IN A CHANGING WORLD
30th October 1997

9.00 - 9.25	**Chairman's welcome to**
	The Institute of Psychiatry today
	The Dean Professor Stuart Checkley
	The physical structure
	* new departments and configurations
	* our research record
	* Interdisciplinary Research Groups
9.25 - 9.50	**The Bethlem Maudsley Trust**
	Director of Medical Services Dr George Szmukler
	Surviving the market
	* new departments
	* education and training for psychiatrists
9.50 - 10.15	**Health services research at the Maudsley**
	Sir David Goldberg
10.15 - 10.40	**Research into psychosis**
	Professor Robin Murray
10.40 - 11.15	Coffee break
11.15 - 11.40	**The social, genetic and developmental research centr**
	Sir Michael Rutter
11.40 - 12.05	**Epidemiological research for tomorrow's world**
	Professor Simon Wessely
12.05 - 12.30	**Psychopharmacological research of the future**
	Professor Rob Kerwin
12.30 - 2.00	Lunch
	The Alumni respond
	Chairmen: Professor Gerald Russell
	and Dr Frank Njenga
2.00	Professor Paul McHugh - Johns Hopkins Hospital, Baltimore USA
2.20	Professor Valentim Gentil - University of Sao Paulo, Brazil
2.40	Professor Naren Wig - Professor Emeritus, Chandigarh, India
3.00	Professor Michele Tansella - University of Verona, Italy
3.20 - 3.45	**Tea break**
3.45	Professor David Shaffer - Columbia University, New York, USA
4.05	Professor Paul Mullen - Forensic Psychiatry Service, Adelaide, Australia
4.25	Professor Norman Sartorius - President, World Psychiatric Association

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When you next patient, ask h of lipstick

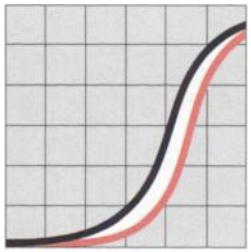
Edronax®
ABBREVIATED PRESCRIBING INFORMATION
Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the treatment of depressive illness. The remission of the acute phase of the depressive illness is associated with an improvement in the patient's quality of life in terms of social adaptation. The positive effect is also seen on accessory symptoms such as anxiety, insomnia, and decreased activity level. **Posology and method of administration:** Adults 4mg b.i.d. (8mg/day) administered orally. After 3-4 weeks, can increase to 10mg/day. *Elderly* 2mg

children. **Contra-indications:** Hypersensitivity to the compound. **Special warnings and precautions for use:** In elderly patients a dose reduction is recommended. In renal impairment or patients with hepatic insufficiency a dose adjustment may be required. 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 and glaucoma. At doses higher than the maximum recommended, orthostatic hypotension has been

reboxetine with other drugs known to lower blood pressure. Experience of long-term treatment of elderly patients is, at present, limited. Lowering of mean potassium levels in the elderly was found, but levels never dropped below normal limits. **Interactions with other medicaments and other forms of interaction:** Concomitant use e.g.: potassium losing diuretics, blood pressure lowering drugs. Concomitant use with other antidepressants not evaluated. Possible interaction with other drugs which also bind to α_1 acid glycoprotein should be considered. **Pregnancy and lactation:** Administration during pregnancy and in breast feeding women should be avoided. If conception occurs during

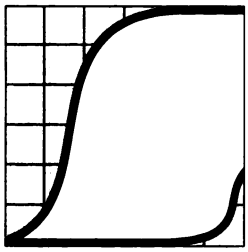
CUT IT OUT

A new window of opportunity



is opening in the treatment of schizophrenia, with the promise of substantial improvements to the quality of patients' lives.

Serdolect® is a novel limbic-selective anti-psychotic. Pre-clinical studies have shown that it inhibits the number of spontaneously active dopamine neurones in the mesolimbic ventral tegmental area without affecting dopamine neurones in the substantia nigra. Furthermore, it has been found to be more selective than certain other atypical drugs.[1] This indicates that Serdolect® may have a lower potential for producing extra-pyramidal side-effects across the therapeutic range.



Serdolect® opens the window of opportunity for your patients

- Effective against positive and negative symptoms[2,3]
- Placebo-level EPS at all doses tested[2,3]
- Sedation at placebo level[4]
- No clinically significant changes in haematological parameters[4]
- Mean serum prolactin levels maintained within normal limits[4]
- Once daily dosage
- One price for all routine maintenance doses

Thankfully, such a profile not only extends your choice, it also opens the window of opportunity for your patients.

Serdolect®

sertindole

Separates efficacy from EPS

monitoring on treatment. Serdolect should not be initiated or should be discontinued if the QTC2 interval exceeds 520 msec. Hypokalaemia and hypomagnesaemia should be corrected and maintained within normal limits during treatment. If signs and symptoms of tardive dyskinesia appear, consider dose reduction or discontinuation. **Drug interactions:** (Also see contra-indications). Combined use of agents known to inhibit hepatic isoenzymes may necessitate lower maintenance doses. Combined use of agents known to induce hepatic isoenzymes may necessitate maintenance doses toward the upper dose range. **Adverse events:** Most commonly (>1 % of patients): nasal congestion, decreased ejaculatory volume, dizziness, dry mouth, postural hypotension, weight gain, peripheral oedema, dyspnoea, paraesthesia and prolonged QT interval. Incidence of EPS adverse events similar to placebo. **Overdosage:** Symptoms have included somnolence, slurred speech, tachycardia, hypotension and transient prolongation of QT interval. There is no specific antidote. Treatment is supportive and symptomatic. Epinephrine and dopamine should not be used (may exacerbate hypotension). Cardiovascular monitoring recommended. Administration of activated charcoal and laxative should be considered. **Package quantities and basic NHS price:** 4mg tablets, £36.63 for 30 tablet pack. 12mg tablets, £102.55 for 28 tablet calendar pack. 16mg tablets, £102.55 for 28 tablet calendar pack. 20mg tablets, £102.55 for 28 tablet calendar pack. **Legal category:** POM. **Product Licence numbers:** 4mg: 13761/0001. 12mg: 13761/0003. 16mg: 13761/0004. 20mg: 13761/0005. **Date of last review:** November 1996. Further information is available on request from Lundbeck Limited, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. Serdolect® is a registered trademark of H. Lundbeck A/S.

References: 1. Arnt J *et al.* Poster presented at the 34th ACNP Meeting, December 1995, Puerto Rico. 2. Zborowski J *et al.* Poster presented at 148th APA Meeting, May 1995, Miami, Florida. 3. Daniel DG *et al.* J Psych: In Press. 4. Data on file, H. Lundbeck A/S.

Mum has

Alzheimer's

- The first selective treatment for the symptoms of mild or moderate dementia in Alzheimer's disease licensed in the UK [1,2]
- Improvements in cognitive symptoms and global function [3-5]
- Well tolerated [6]
- Simple once daily dosage.

but she knew I was calling today

new ● once daily

Aricept®

donepezil hydrochloride

Eisai Pfizer

A first step 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 or moderate dementia in Alzheimer's disease. **Dose and administration:** ***Adults/elderly;*** 5mg once 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:** Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. **Pregnancy and lactation:** Use only if benefit outweighs risk. Excretion into breast milk unknown. **Precautions:** Potential for interaction with cholinergic agonists and anticholinergics particularly exaggeration of effect of succinylcholine-type muscle relaxants. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients who are 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. Prescribe with care in patients suffering asthma and obstructive pulmonary disease. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, insomnia and dizziness. Minor increases in muscle creatine kinase but no notable laboratory abnormalities reported. **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 Europe 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:** POM. **Date of preparation:** May 1997.

References: 1. Kelly CA et al. Br Med J 1997; 314: 693-694. **2.** Rogers SL et al. In : Becker R, Giacobini E, eds. Cholinergic Basis for Alzheimer Therapy. Boston: Birkhauser; 1991: 314-320. **3.** Data on file (A301). **4.** Data on file (A302) and Rogers SL et al. Neurology 1996; 46: A217. **5.** Rogers SL et al. Dementia 1996; 7: 293-303. **6.** Data on file, Integrated Summary of Safety.

A043-30113-06-97

see a depressed er which shade she wears.

Self pride is just part of how well a depressed patient re-adapts socially, and social interaction is an extremely valuable measure of successful treatment.

Edronax is a new selective NorAdrenaline Re-uptake Inhibitor (NARI). It not only lifts depressed mood[1,2], but also significantly improves social interaction[3].

These improvements in social function have been trial-proven by using the innovative, SASS (Social Adaptation Self-evaluation Scale) questionnaire[3].

Edronax improves mood at least as effectively as fluoxetine[4]. Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning[3].

Edronax helps restore patients' appreciation of friends, family, work, hobbies and improves their self-perception.

Prescribe 4mg b.d. then make your usual assessments to see the Edronax difference. The SASS questionnaire, which patients can complete in their own time, may also help.

For free copies of the SASS questionnaire, please telephone 0181 957 5156.

Edronax®
REBOXETINE

A NEW SELECTIVE NARI. LIFTS DEPRESSION. HELPS RESTORE SOCIAL INTERACTION.

Exposure to the drug. **Effects on ability to drive and use machines:** Caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring most frequently are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, hypotension, dizziness, vertigo, urinary hesitancy/retention, impotence, the latter mainly observed in patients treated with doses higher than 8mg/day. In the elderly population, newly observed rhythm disorders (mainly tachycardia) and conduction disorders were apparent on ECG in a minority of cases. **Overdose:** Monitor cardiac function and vital signs. General symptomatic supportive and/or emetic measures might

Category: POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited. **Marketing Authorisation Number:** PL 0032/0216. **Date of Preparation:** June 1997.

References: 1. Berzewski H, Van Moffaert M, Gagiano CA. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S37-S47. 2. Data on file, Pharmacia & Upjohn Ltd. 3. Dubini A, Bosc M, Polin V. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S49-S55. 4. Data on file, Pharmacia & Upjohn Ltd. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH. UK. Telephone: 01908 661101.

Pharmacia & Upjohn

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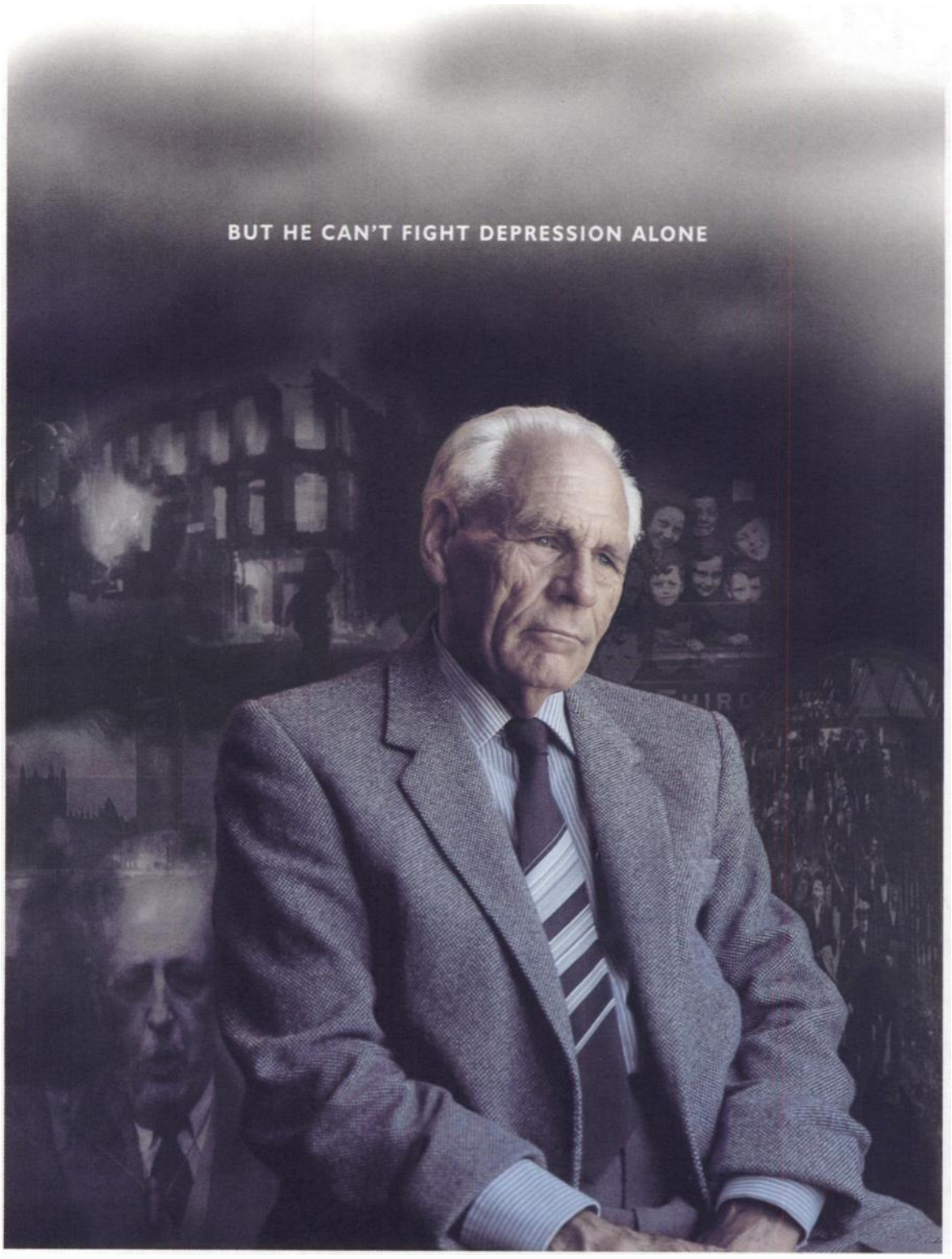
HE'S SURVIVED 1 WORLD WAR, 2 REDUNDANCIES AND 9 GOVERNMENTS



Treats older patients with the respect they deserve

Molipaxin

trazodone HCl

100mg capsules, Molipaxin tablets 150mg, 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.

Date of issue: Dec 1996

Hoechst Marion Roussel

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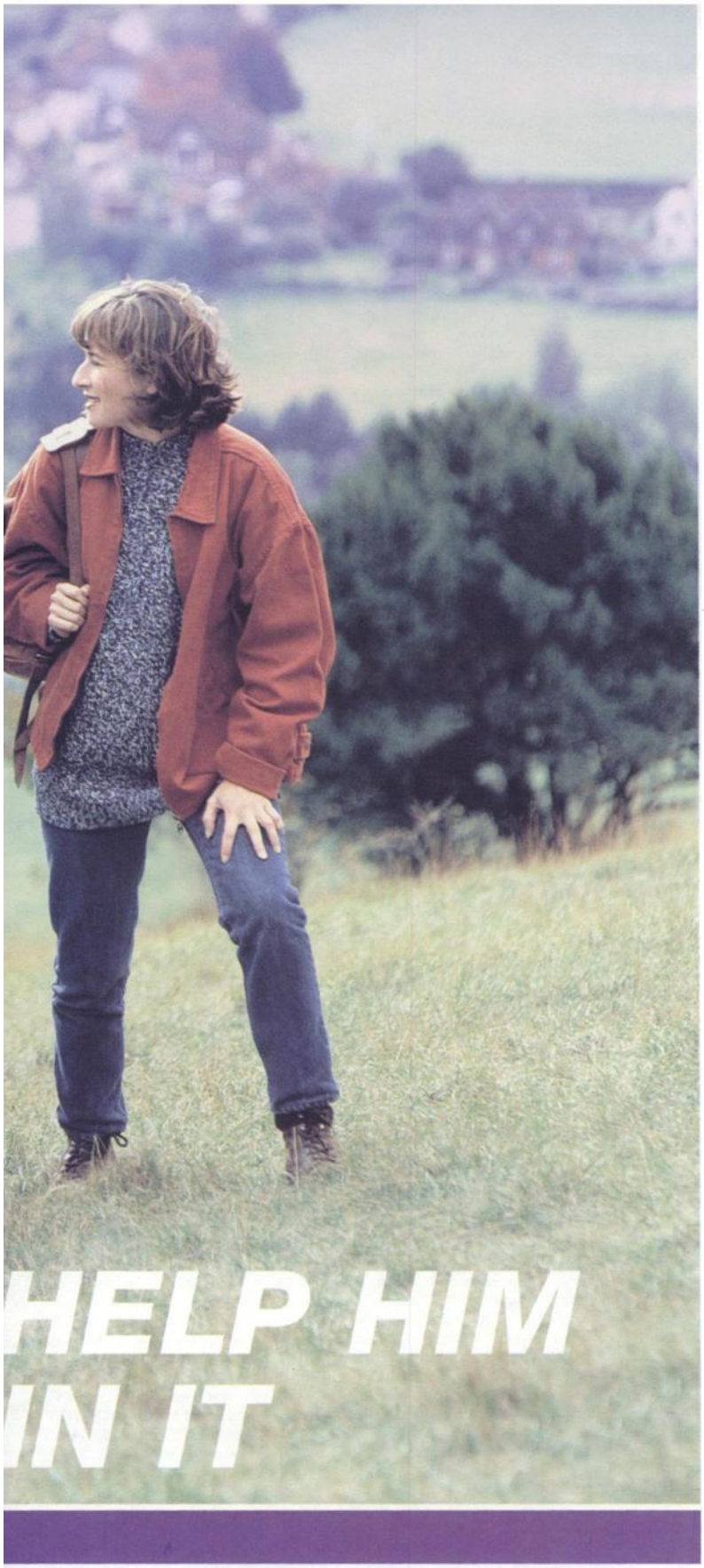

promise to put patients' lives back the way they were. But the right choice of medication may help them find a place in their community.

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 [illegible] should be used in pregnancy only if the potential benefit justifies the potential 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 o x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack o x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparati** 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, L Industries. 3. Zyprexa Summary of Product Characteristics, Sec 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Pro Characteristics.

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Patient with schizophrenia exercises *self* esteem by going downhill

The SDA effect of Risperdal can mean a huge difference to the lives of patients with schizophrenia.

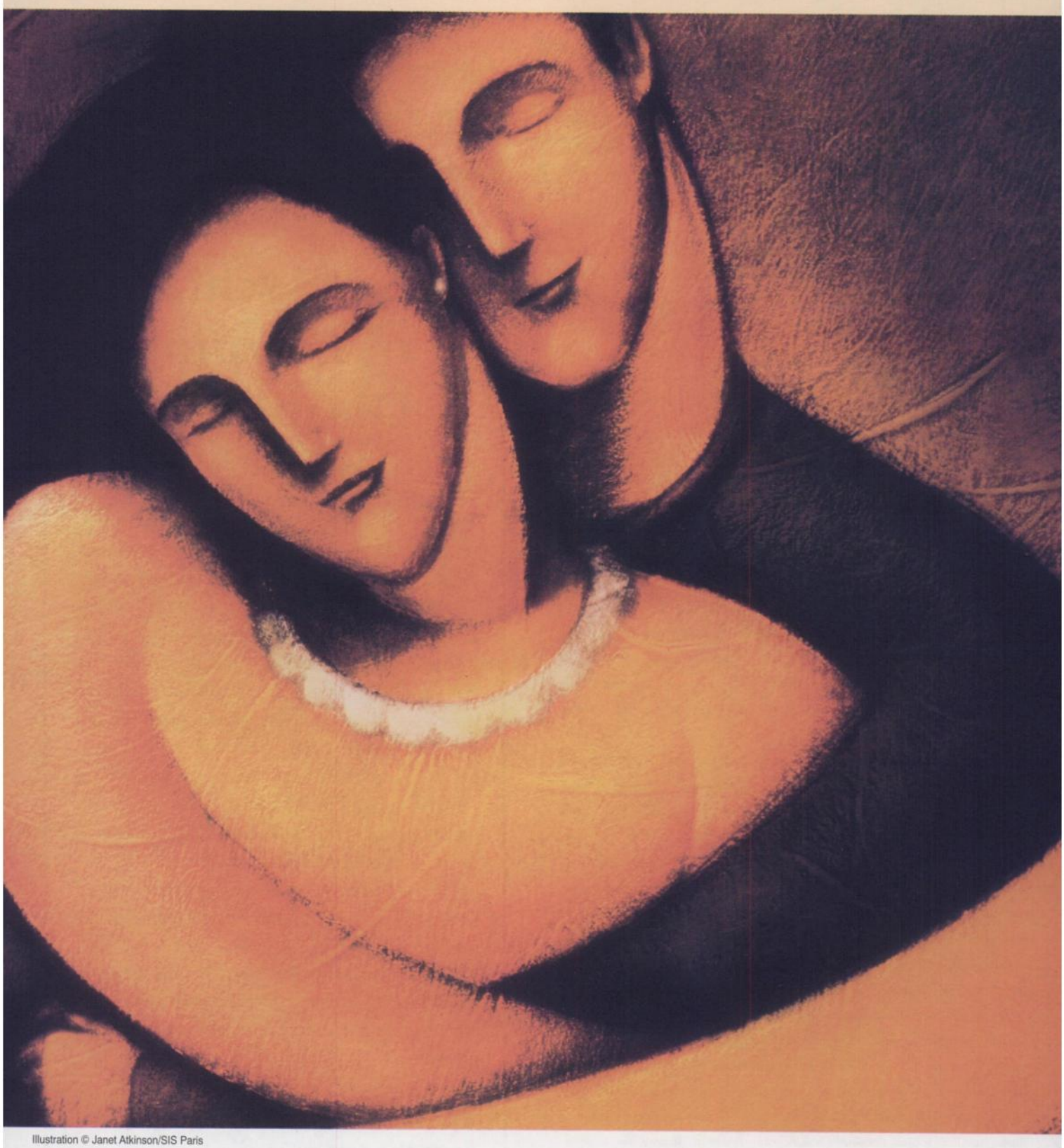
Because SDA is the action of Serotonin and Dopamine Antagonism in a single drug. In positive and negative symptoms. In first episode and acute presentations, and in chronic patients. Risperdal continues to provide this SDA effect to give high efficacy, with low levels of extrapyramidal side-effects,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

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

The word is on the street.

Risperdal™
RISPERIDONE

A routine route out



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Tender loving care and SEROXAT

PAROXETINE

'Seroxat' helps get depressed patients back to normal, liberating them from everyday stresses and anxiety.

For all those depressed patients who need a helping hand to face life again, make 'Seroxat' your first-choice prescription for depression.

Rebuilding the lives of anxious depressed patients

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