



## EDITORIALS

### 201 Genetics and psychiatry

M. J. Owen and P. McGuffin

### 203 Psychiatry, medicine and consultation-liaison

R. A. Mayou

### 205 Dual diagnosis of severe mental illness and substance misuse: a case for specialist services?

S. Johnson

## REVIEW ARTICLE

### 209 Opportunities for psychiatry from genetic findings

M. Rutter and R. Plomin

## EVIDENCE-BASED PSYCHIATRY

### 220 Closing the gap between research and practice

J. R. Geddes and P. J. Harrison

### 226 Invited commentaries on: Closing the gap between research and practice

I. Anderson; T. A. Sheldon and S. M. Gilbody; G. Lewis

## PAPERS

### 228 Psychiatrists and their patients: views on forms of dress and address

J. A. Gledhill, J. P. Warner and M. King

### 233 Helpfulness of interventions for mental disorders: beliefs of health professionals compared with the general public

A. F. Jorm, A. E. Korten, P. A. Jacomb, B. Rodgers, P. Pollitt, H. Christensen and S. Henderson

### 238 Ethnicity and use of acute psychiatric beds: one-day survey in North and South Thames regions

J. Koffman, N. J. Fulop, D. Pashley and K. Coleman

### 242 Disability, outcome and case-mix in acute psychiatric in-patient units

B. Boot, W. Hall and G. Andrews

### 247 One hundred in-patient suicides

F. Proulx, A. D. Lesage and F. Grunberg

### 251 Prospective study of clinical and social outcome of stay in small group homes for people with mental illness

T. Middelboe

### 256 Effects of level of socio-economic development on course of non-affective psychosis

V. K. Varma, A. S. Brown, N. N. Wig, B. M. Tripathi, A. K. Misra, C. B. Khare, H. R. Phookun, D. K. Menon and E. S. Susser

### 260 Ethnic differences in satisfaction with mental health services among representative people with psychosis in South London: PRISM Study 4

S. Parkman, S. Davies, M. Leese, M. Phelan and G. Thornicroft

### 265 Prevalence of spontaneous dyskinesia in schizophrenic and non-schizophrenic psychiatric patients

W. S. Fenton, C. R. Blyler, R. J. Wyatt and T. H. McGlashan

### 269 Prevalence of dementia and depression among elderly people in Black and ethnic minorities

C. F. M. McCracken, M. A. Boneham, J. R. M. Copeland, K. E. Williams, K. Wilson, A. Scott, P. McKibbin and N. Cleave

### 274 Change in borderline symptoms one year after therapeutic community treatment for severe personality disorder

B. Dolan, F. Warren and K. Norton

### 280 Brain 5-HT function in obsessive-compulsive disorder. Prolactin responses to d-fenfluramine

N. A. Fineberg, A. Roberts, S. A. Montgomery and P. J. Cowen

### 283 Personality disorder and psychopathology in Tourette's syndrome: a controlled study

M. M. Robertson, S. Banerjee, P. J. Fox Hiley and C. Tannock

## COLUMNS

### 287 Correspondence

### 291 One hundred years ago

### 293 Book reviews

### 300 Contents of *The American Journal of Psychiatry*

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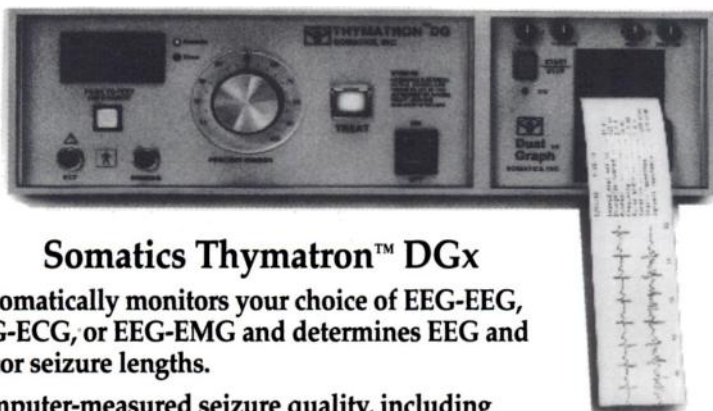
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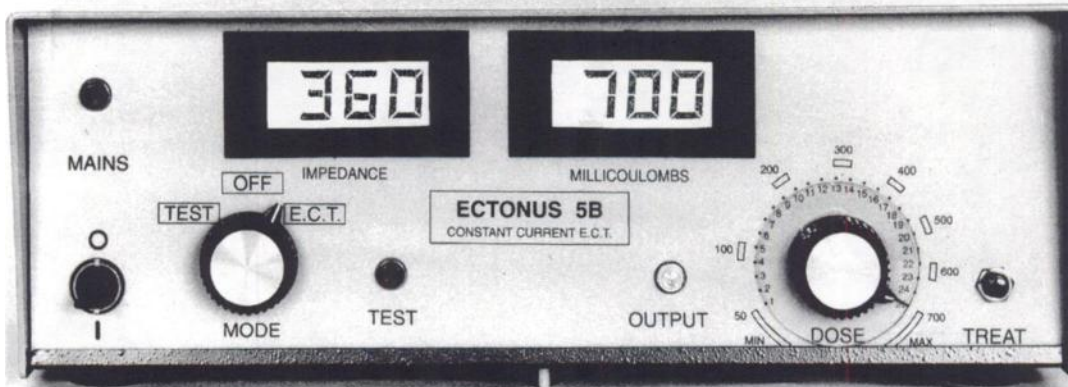
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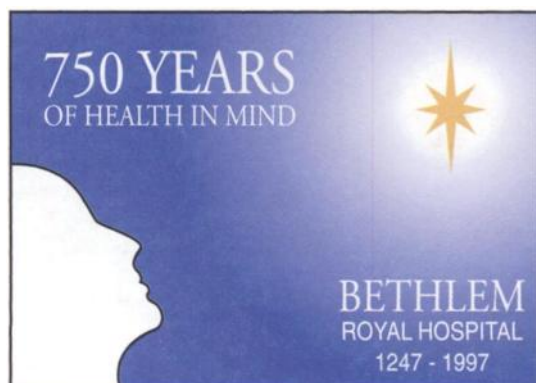


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- 9.50 - 10.15 **Health services research at the Maudsley**  
Sir David Goldberg
- 10.15 - 10.40 **Research into psychosis**  
Professor Robin Murray
- 10.40 - 11.15 Coffee break
- 11.15 - 11.40 **The social, genetic and developmental research centre**  
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

# When you next patient, ask h of lipstick



Edronax®  
ABBREVIATED PRESCRIBING INFORMATION

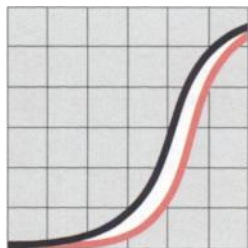
**Presentation:** Tablets containing 4mg reboxetine. **Indications:** Use in the treatment of depressive illness. The remission of the acute phase of the depressive illness is associated with an improvement in the patient's quality of life in terms of social adaptation. The positive effect is also seen on accessory symptoms such as anxiety, insomnia, and decreased activity level. **Posology and method of administration:** Adults 4mg-8.13 (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  $\alpha_1$  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

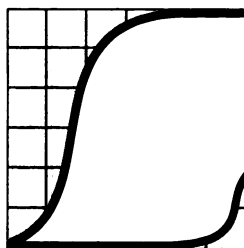
## A new window of opportunity



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.<sup>1</sup> 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<sup>2,3</sup>
- Placebo-level EPS at all doses tested<sup>2,3</sup>
- Sedation at placebo level<sup>4</sup>
- No clinically significant changes in haematological parameters<sup>4</sup>
- Mean serum prolactin levels maintained within normal limits<sup>4</sup>
- 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 nas

# Alzheimer's



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

but she knew I was calling today

**new** ● **once daily**  
**Aricept**®  
 donepezil hydrochloride



**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.

# see a depressed er which shade she wears.

**S**elf 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<sup>1,2</sup>, but also significantly improves social interaction<sup>3</sup>.

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

Edronax improves mood at least as effectively as fluoxetine<sup>4</sup>. Additionally, when compared to fluoxetine,

Edronax shows a significantly better outcome in terms of social functioning<sup>3</sup>.

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.

  
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. Berzowski 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

# AKATHISIA TREMOR DYSTONIA RIGIDITY



Lundbeck

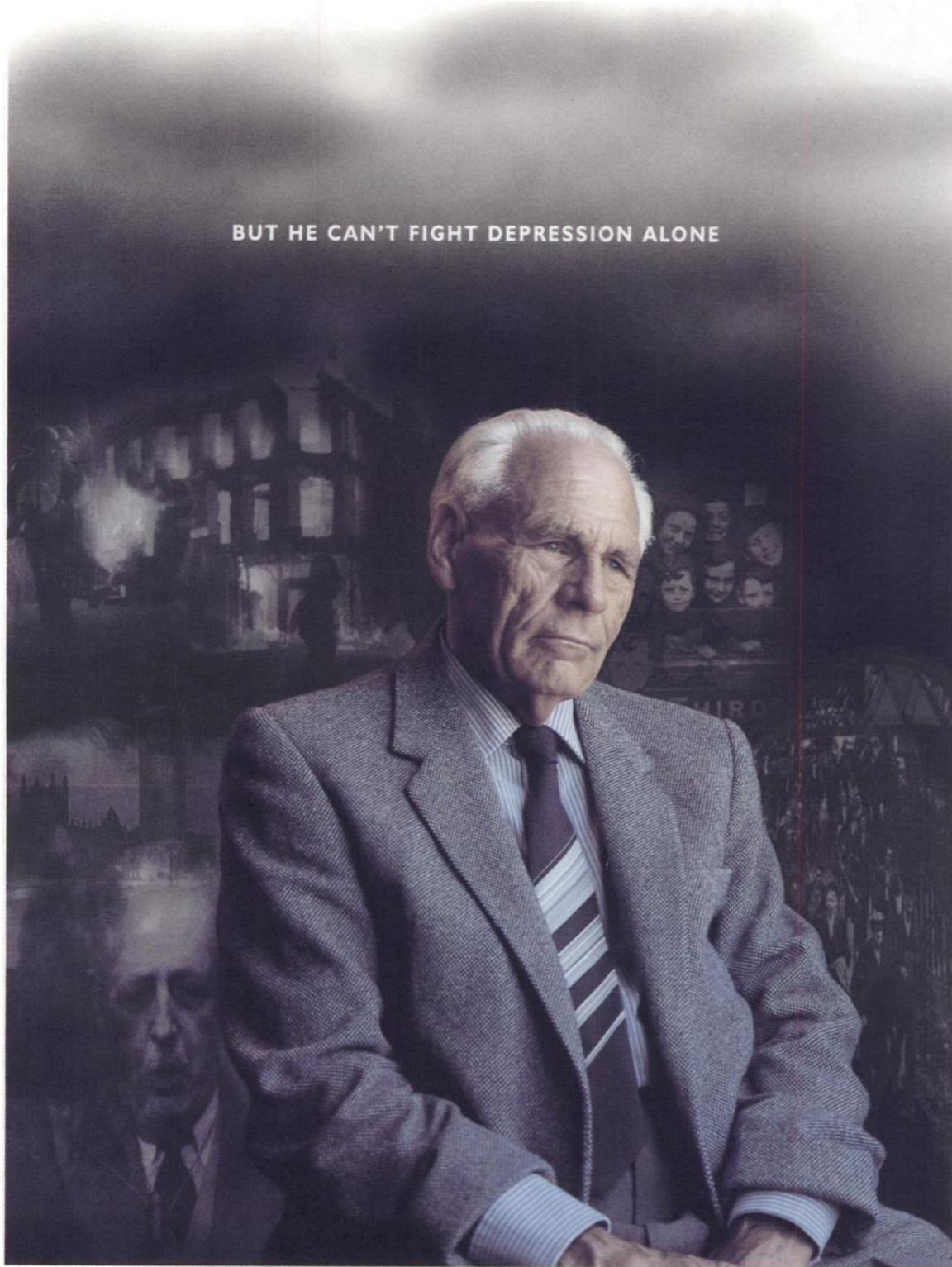
#### Serdolect:® Abbreviated Prescribing Information

**Presentation:** Tablets of 4mg, 12mg, 16mg or 20mg sertindole. **Indications:** Treatment of schizophrenia. Not for urgent relief of symptoms in acutely disturbed patients. **Dosage and administration:** Tablets should be taken orally once daily without regard for food. **Adults.** All patients should be started on 4mg/day. The dose should be increased by 4mg increments after 4-5 days on each dose to the optimum daily maintenance dose range of 12-20mg. The dose may be increased to a maximum of 24mg. Re-titration is necessary if dosing is suspended for more than one week. **Children.** Not recommended. **Mild to moderate hepatic impairment.** Slower titration and lower maintenance dose. **Elderly.** Slower titration and lower maintenance doses may be required. **Contra-indications:** Known prolongation of QT interval or combined use of drugs known to prolong QT interval. Clinically significant cardiac disease or

be initiated if required but a potassium-sparing agent must be used. Combined use of quinidine or systemic ketoconazole or itraconazole. Severe hepatic impairment. Hypersensitivity to Serdolect. **Pregnancy and lactation:** Safety during human pregnancy and lactation has not been established and Serdolect should not be used during pregnancy. Nursing mothers should not breastfeed if they are taking Serdolect. **Precautions:** Serdolect is not sedative, however, patients should be advised not to drive or operate machinery until their individual susceptibility is known. History of diabetes, seizures, Parkinson's disease. Symptoms of orthostatic hypotension may occur and blood pressure should be monitored during initial dose titration and in early maintenance phase. In common with other antipsychotic drugs, Serdolect lengthens the QT interval in some patients (<1.7% of patients). Electrolyte imbalance or combined use of other drugs that inhibit Serdolect metabolism can increase the risk of

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

BUT HE CAN'T FIGHT DEPRESSION ALONE



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 at retiring. This may be increased to 300mg/day the major portion of which is preferably taken at 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. **Contraindications:** 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-adrenergic 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 UB8 3HP. **Distributor:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB8 3HP. 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

**WE WON'T  
PROMISE  
THE WORLD**



# DO YOU PREPARE MAN

**ABBREVIATED PRESCRIBING INFORMATION: Presentation:** Coated tablets containing 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose. **Uses:** Schizophrenia, both as initial therapy and for maintenance of response. **Further Information:** In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. Olanzapine was associated with significantly

greater improvements in both negative and positive schizophrenic symptoms than placebo or comparator in most studies. **Dosage and Administration:** 10mg/day orally, as a single dose without regard to meals. Dosage may subsequently be adjusted within the range of 5-20mg daily. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. **Children:** Not recommended under 18 years of age. **The elderly:** A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Hepatic and/or renal impairment:** A lower starting dose (5mg) may be considered. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose. Dose escalation should be conservative in such patients. **Contraindications:** Known hypersensitivity to any ingredient of the product. Known risk for narrow-angle glaucoma. **Warnings and Special**

**Precautions:** Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. Caution in patients with elevated ALT and/or AST signs and symptoms of hepatic impairment pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hypersensitization conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Although, in clinical trials, there were no reported cases of NMS in patients receiving olanzapine, if such an event occurs, or if there is unexplained high fever, all antipsychotic drugs, including olanzapine, must be discontinued.

Lilly

PSYCHIATRY



Improving lives, restoring hope

by Cambridge University Press

<https://doi.org/10.1017/9781107125018>





*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).<sup>1-3</sup>*

*With a simple once-daily dosage and no requirement for routine blood or ECG monitoring,<sup>4</sup> 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 teratogenic effects in animals. Because human experience is limited, olanzapine 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 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 full information see summary of product characteristics. Legal Category: P Marketing Authorisation Numbers:* EU/1/96/022/004 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 RG24 0AP. 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, Sec 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Product Characteristics.

Books from Gaskell

# The Psychotherapy of Psychosis

Edited by Chris Mace and Frank Margison

This book provides an unusually comprehensive survey of the current state and prospects of psychological methods of treatment for people with schizophrenia and other psychotic illnesses. It will be an invaluable resource for mental health professionals and clinical managers involved in their care, and essential reading for psychiatrists at all levels of experience.

The three traditions of psychotherapy and integrated approaches are covered. Recent research in the process and outcome of psychotherapy is reviewed and summarised. Clear advice is also given on treatment techniques and settings with reference to national policies.

As with other titles in the series, there is frequent use of boxes, tables and figures to set out important points and key information.

1997, 296pp, ISBN 1 901242 04 8, £25.00

Gaskell books are available from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44(0)171 235 2351, extension 146).

The latest information on College publications is available on the INTERNET at: <http://www.demon.co.uk/rcpsych/>



## RISPERDAL™ ABBREVIATED PRESCRIBING INFORMATION

Please refer to Summary of Product Characteristics before prescribing Risperdal (risperidone). **USES** The treatment of acute and chronic schizophrenia, and other psychotic conditions, in which positive and/or negative symptoms are prominent. Risperdal also alleviates affective symptoms associated with schizophrenia. **DOSAGE** Where medically appropriate, gradual discontinuation of previous antipsychotic treatment while Risperdal therapy is initiated is recommended. Where medically appropriate, when switching patients from depot antipsychotics, consider initiating Risperdal therapy in place of the next scheduled injection. The need for continuing existing antiparkinson medication should be re-evaluated periodically. **Adults:** Risperdal may be given once or twice daily. All patients, whether acute or chronic, should start with 2 mg/day. This should be increased to 4 mg/day on the second day and 6 mg/day on the third day. However, some patients such as first-episode psychotic patients may benefit from a slower rate of titration. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual effective dosage is 4 to 8 mg/day although in some patients an optimal response may be obtained at lower doses. Doses above 10 mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16 mg/day should not be used. **Elderly, renal and liver disease:** A starting dose of 0.5 mg bd is recommended. This can be individually adjusted with 0.5 mg bd increments to 1 to 2 mg bd. Risperdal is well tolerated by the elderly. Use with caution in patients with renal and liver disease. Not recommended in children aged less than 15 years. **CONTRAINDICATIONS, WARNINGS, ETC.** Contraindications: Known hypersensitivity to Risperdal. Precautions: Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease. Consider dose reduction if hypotension occurs. For further sedation, give an additional drug (such as a benzodiazepine) rather than increasing the dose of Risperdal. Drugs with dopamine antagonistic properties have been associated with tardive dyskinesia. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotic drugs should be considered. Caution should be exercised when treating patients with Parkinson's disease or epilepsy. Patients should be advised of the potential for weight gain. Risperdal may interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known. **Pregnancy and lactation:** Use during pregnancy only if the benefits outweigh the risks. Women receiving Risperdal should not breast feed. **Interactions:** Use with caution in combination with other centrally acting drugs. Risperdal may antagonise the effect of levodopa and other dopamine agonists. On initiation of carbamazepine or other hepatic enzyme-inducing drugs, the dosage of Risperdal should be re-evaluated and increased if necessary. On discontinuation of such drugs, the dosage of Risperdal should be re-evaluated and decreased if necessary. **Side effects:** Risperdal is generally well tolerated and in many instances it has been difficult to differentiate adverse events from symptoms of the underlying disease. Common adverse events include: insomnia, agitation, anxiety, headache. Less common adverse events include: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, priapism, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. The incidence and severity of extrapyramidal symptoms are significantly less than with haloperidol. However, the following may occur: tremor, rigidity, hypersalivation, bradykinesia, akathisia, acute dystonia. If acute, these symptoms are usually mild and reversible upon dose reduction and/or administration of antiparkinson medication. Rare cases of Neuroleptic Malignant Syndrome have been reported. In such an event, all antipsychotic drugs should be discontinued. Occasionally, orthostatic dizziness, hypotension (including orthostatic), tachycardia (including reflex) and hypertension have been observed. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea, gynaecomastia and disturbances of the menstrual cycle. Oedema and increased hepatic enzyme levels have been observed. A mild fall in neutrophil and/or thrombocyte count has been reported. Rare cases of water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. **Overdosage:** Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms. A prolonged QT interval was reported in a patient with concomitant hypokalaemia who had ingested 360mg. Establish and maintain a clear airway, and ensure adequate oxygenation and ventilation. Gastric lavage and activated charcoal plus a laxative should be considered. Commence cardiovascular monitoring immediately, including continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote, so institute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. Continue close medical supervision and monitoring until the patient recovers. **PHARMACEUTICAL PRECAUTIONS** Tablets: Store below 30°C. Liquid: Store between 15°C and 30°C and protect from freezing. **LEGAL CATEGORY POM. PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS** White, oblong tablets containing 1 mg risperidone in packs of 20. PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2 mg risperidone in packs of 60. PL 0242/0187 £79.56. Yellow, oblong tablets containing 3 mg risperidone in packs of 60. PL 0242/0188 £117.00. Green, oblong tablets containing 4 mg risperidone in packs of 60. PL 0242/0189 £154.44. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless solution containing 1 mg risperidone per ml in bottles containing 100 ml. PL 0242/0199 £65.00. **FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER: Janssen-Cilag Ltd, Sanderton, High Wycombe, Buckinghamshire HP14 4HJ.** Date of preparation: April 1997 © Janssen-Cilag Ltd ™ trademark

801116

 JANSSEN-CILAG Ltd



# 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

# Another seizure-free day

Wasn't late getting up

Didn't let fish off hook

Didn't fall in water

Didn't have a seizure



## TOPAMAX<sup>®</sup>

topiramate

### At the end of the day, it works.

Adjunctive treatment for partial seizures with or without secondary generalisation

#### 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 - 400mg/day in two divided doses. Maximum recommended dose: 800mg/day. Initiate therapy at 50mg bd then titrate to an effective dose. See data sheet for titration. Do not break tablets. It is not necessary to monitor topiramate plasma concentrations. Patients with renal disease/haemodialysis may require a modified titration schedule. (See data sheet). Children: Not recommended. **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 monitoring is advised. Effects of other antiepileptic drugs: Phenytoin

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 nephrolithiasis. Venous thromboembolic events reported - causal association not established. **Overdosage:** If ingestion recent, empty stomach. Activated charcoal not recommended. Supportive 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. API VER 210397. Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. © Registered Trademark © Janssen-Cilag Limited 1997 Date of Preparation March 1997



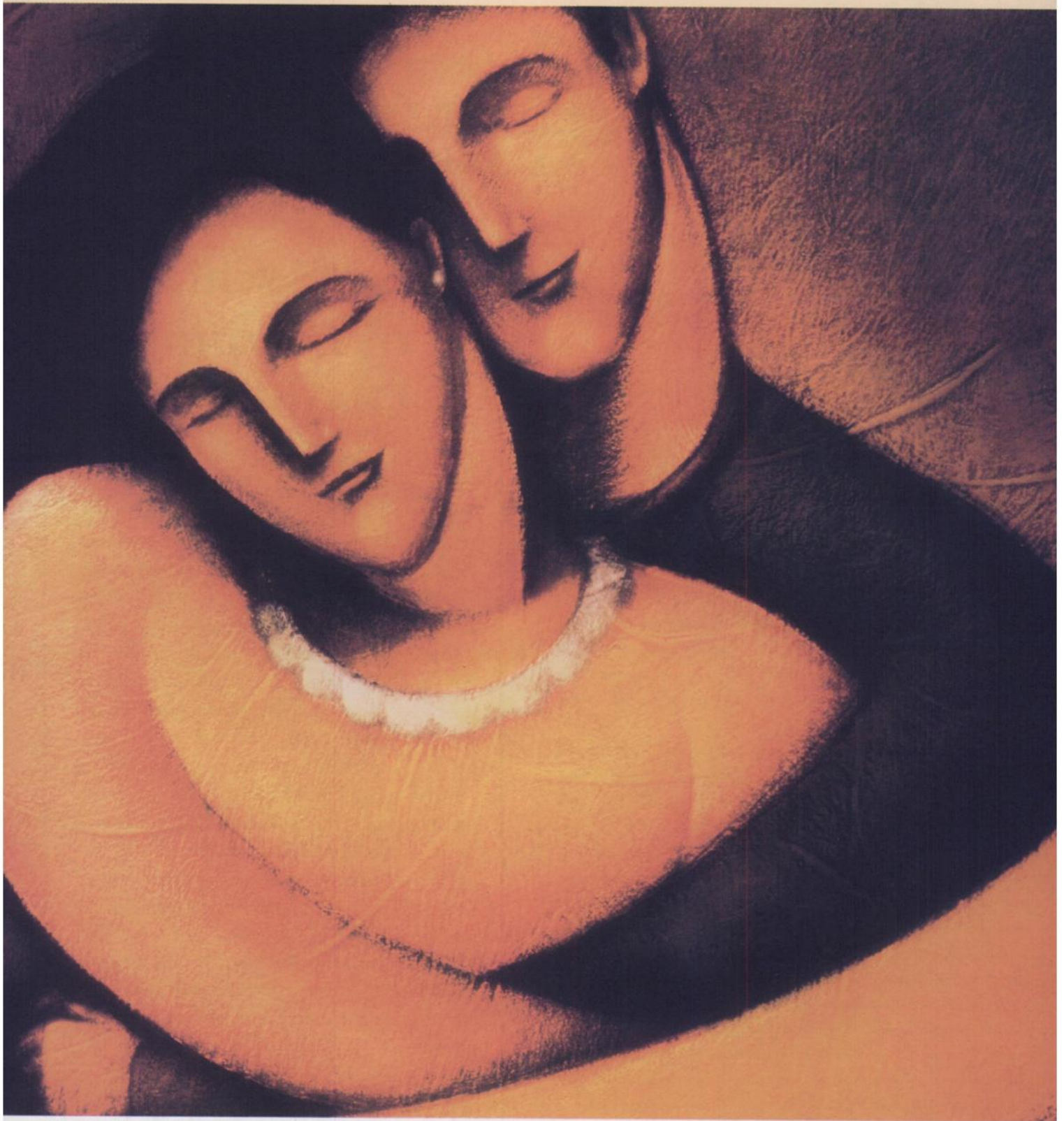


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**SEROXAT**  
PAROXETINE

'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

#### Prescribing information

**Presentation** 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16. 'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77. **Indications** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. 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. 3.3.97

**SB** **SmithKline Beecham**  
Pharmaceuticals

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