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## EDITORIALS

**279 Psychodynamics, narrative and 'intentional causality'**

J. Holmes

**281 Overcoming obstacles to routine outcome measurement. The nuts and bolts of implementing clinical audit**

I. Marks

**287 Hair analysis. New laboratory ability to test for substance use**

M. A. McPhillips, J. Strang and T. R. E. Barnes

## REVIEW ARTICLES

**291 Psychological treatment of depression in children and adolescents. A review of treatment research**

R. Harrington, J. Whittaker and P. Shoebridge

**299 Neuroimaging in autism**

S. Deb and B. Thompson

## PAPERS

**303 Nuclear schizophrenic symptoms as a window on the relationship between thought and speech**

T. J. Crow

**310 Invited commentaries on: Nuclear schizophrenic symptoms as a window on the relationship between thought and speech**

M. Trimble; J. Cutting

**312 Typology of common psychiatric syndromes. An empirical study**

P. F. Sullivan and K. S. Kendler

**320 Methods used for suicide by farmers in England and Wales. The contribution of availability and its relevance to prevention**

K. Hawton, J. Fagg, S. Simkin, L. Harriss and A. Malmberg

**325 Mortality in schizophrenia. Antipsychotic polypharmacy and absence of adjunctive anticholinergics over the course of a 10-year prospective study**

J. L. Waddington, H. A. Youssef and A. Kinsella

**330 Antecedents of suicide in people with schizophrenia**

H. Heilä, E. T. Isometsä, M. M. Henriksson, M. E. Heikkinen, M. J. Marttunen and J. K. Lönnqvist

**334 Utilisation of mental health services and costs of patients with schizophrenia in three areas of Spain**

J. M. Haro, L. Salvador-Carulla, J. Cabañes, V. Madoz, J. L. Vázquez-Barquero and the PSICOST Group

**341 Long-term pharmacokinetics of clozapine**

M. Kurz, M. Hummer, G. Kemmler, I. Kurzthaler, A. Saria and W. W. Fleischhacker

**345 Cocaine use, abuse and dependence in a population-based sample of female twins**

K. S. Kendler and C. A. Prescott

## COLUMNS

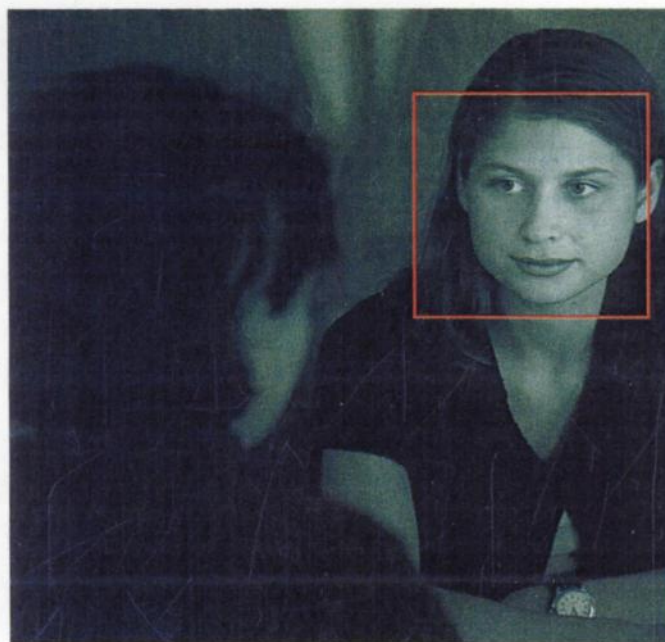
**351 Correspondence**

**354 One hundred years ago**

**355 Book reviews**

**358 Contents of *The American Journal of Psychiatry***

# Debbie doesn't know that Cipramil is now indicated for panic disorder



... she just knows her doctor  
made a logical choice

As a patient with Panic Disorder, Debbie is beginning to appreciate the value of the Cipramil treatment that her doctor has newly prescribed.

Of course, Debbie would no more talk of the recently extended indication for Cipramil than its high selectivity<sup>1,2</sup>, good tolerability<sup>3</sup>, and low risk of drug interactions<sup>4,5,6</sup>. She just recognises the difference that Cipramil makes to the stability and quality of her life.



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cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. Use a low starting dose for panic disorder, to reduce the likelihood of an initial adrenergic effect (experienced by some patients) when starting pharmacotherapy. **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. With citalopram, adverse effects are in general mild and transient. When they occur, they are most prominent during the first two weeks of treatment and usually attenuate as the depressive state improves. **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 Registered Trade Mark. © 1997 Lundbeck Ltd. Date of preparation: April 1997. 0897/CIP/501/044

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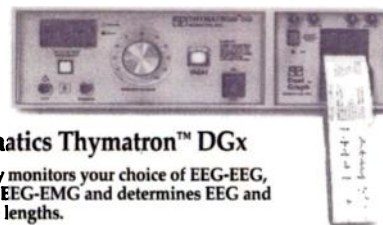
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FURTHER DETAILS, PROGRAMMES AND BOOKING FORMS  
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NEW Gaskell Publication



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*Emma Hardman and Carol Joughin*

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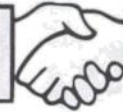
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Enquiries regarding Department of Community and Health Services matters can be directed to Ms K Boyer or Ms M Blackwood, Community and Rural Health Division, telephone + 61 3 6233 3764 or + 61 3 6233 2508.

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Phone: 0171-229 2266. Fax: 0171-229 3549.  
E-mail: John\_Padbury@Talentmark.com



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9th - 11th November 1998

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Dr Sarah Davenport	Dr Frank Margison
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#### For a registration form, please contact:-

Julie Shaw  
Conference Organiser  
Training Services Department  
Mental Health Services of Salford NHS Trust  
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## Barnsley Community and Priority Services NHS Trust Consultant Psychiatrist General Adult Psychiatry (Community)

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For an informal discussion or to visit the services please contact Dr N Rao Pudukollu, Consultant Psychiatrist and Medical Director, Tel: (01226) 777781, or Mr R Denison, Trust Chief Executive, Tel: (01226) 730000, ext 4050. Please quote ref: CPS/MD/13.

Job descriptions, person specifications and application forms are available from the Personnel Jobline, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD, on tel: (01226) 290736 (24 hour answering service). Closing date: 23 October 1998.

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The Royal College of Psychiatrists'  
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*Editor: Andrew Sims, Professor of Psychiatry,  
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**A brief introduction**

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The Guidelines for Psychotherapy Training as part of General Professional Psychiatric Training stress that psychotherapy be seen as integral to the practice of psychiatry, not only as a treatment modality in its own right, but also providing concepts which inform diagnosis, management decisions and treatment in other modalities. This course supports the Guidelines focusing on interviewing skills, and an understanding of the complexities of the doctor/patient relationship. In addition it will cover the basic principles of psychodynamic psychotherapy and psychopathology, and in particular those aspects relevant to general psychiatry.

Each afternoon will include a lecture and work discussion group. Lectures will include the doctor/patient relationship, basic principles of psychoanalytic psychotherapy; resistance and defence in the therapeutic relationship; attachment in psychiatry; adolescence; depression; psychosis; acting out and suicide; the violent patient; and institutions and how to survive them. Work discussion groups will provide the participants with an opportunity to present a recent piece of work, encounter or situation involving a general psychiatric patient, within a small group led by a psychodynamic psychotherapist.

**The fee for the course is £310. Closing date: 11 December 1998.**

**The course is approved by the Royal College of Psychiatrists, under module C, for the purposes of CPD.**

The course is primarily aimed at SHOs, although it would also be of interest to more senior psychiatric trainees who have had little contact with psychotherapy, or to vocational trainees from other disciplines who may have a particular interest.

*Further information and application forms available from:*

**Academic Services, The Tavistock & Portman NHS Trust, Tavistock Centre, 120 Belsize Lane, London NW3 5BA  
or Tel: 0171 447 3718. Please quote ref: PC6.**

*A general prospectus of training is available on request.*

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## Child Psychiatry and the Law (3rd Edn)

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This book has been revised and updated, with advice from Richard White, solicitor, to take account of the developing practice and legal decisions since the implementation of the Children Act 1989 (England and Wales). A framework for the provision of expert evidence on behalf of children, in the private and public civil law, has been approved by the official solicitor to the supreme court.

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**September 1998, £20.00, 250pp approx, Paperback, ISBN 1 901242 14 5**

*Gaskell books are available from good bookshops and from the Book Sales Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Telephone +44 (0)171 235 2351 extension 146, fax +44 (0)171 245 1231. Credit card orders can be taken over the telephone. The latest information on College publications can be seen on the internet at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)*



# New Occasional Papers

**OP42** *Community Psychiatric Nursing, £5.00, February 1998*  
Revision of 1980 Discussion Document of Community Psychiatric nursing. Reviews the development of Community Mental Health Nursing and current issues relating to their role in the provision of care for those with mental illness.

**OP43** *Higher Specialist Training Handbook, £7.50, March 1998*  
Eighth edition and the first to be produced under the newly constituted Higher Specialist Training Committee

**OP44** *Annual Census of Psychiatric Staffing 1997, £7.50, 1998*  
Sixth annual census undertaken by the Royal College of Psychiatrists indicating psychiatric staffing in England, Scotland, Wales and Northern Ireland.

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DEPARTMENT OF PSYCHIATRY AND  
BEHAVIOURAL SCIENCE

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**For further information and copies of the selection criteria please contact Mr R Mattaboni, Human Resources on telephone +61 8 9380 3541 or confidential fax +61 8 9380 1036 or email [rmattaboni@acs.uwa.edu.au](mailto:rmattaboni@acs.uwa.edu.au). Further information concerning the Chair may be obtained from Professor A Jablensky on telephone +61 8 9224 0290; fax +61 8 9224 0285; or email [assen@cyllene.uwa.edu.au](mailto:assen@cyllene.uwa.edu.au).**

Applicants with teaching experience are requested to submit a teaching portfolio as part of their application. Applications including a statement addressing the selection criteria and a full curriculum vitae stating name, address (home and work) and telephone and facsimile numbers and covering teaching and research activities, qualifications and experience, should reach the Director of Human Resources, The University of Western Australia, Nedlands WA 6907, Australia by **23 October 1998**. The names, addresses, facsimile numbers and email addresses of 3 referees should also be included with the application.

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# Schizophrenia Trials Meeting

**Stratford-upon-Avon  
5th - 7th May 1999**

## FIRST ANNOUNCEMENT

The trials which inform the care for those with schizophrenia are often small, of short duration and use outcome scales of little relevance to clinical practice.

Collaboration between the Clinical Trials Unit (Birmingham), the Cochrane Schizophrenia Group, Greater Glasgow Community and Mental Health Services, the NHS Executive (West Midlands), and South Warwickshire Mental Healthcare Services has allowed the planning of a unique meeting.

The Schizophrenia Trials Meeting is for those with a practical interest in evaluative research. It will focus on learning from past trials, the practical use of current studies and setting a research agenda for schizophrenia trials of the future.

The speakers will include methodologists, clinicians, funders, and consumer representatives. Didactic sessions will be interspersed with workshop and debate.

**The meeting will be held in The Alveston Manor, the 15th Century hotel situated in the centre of Stratford-upon-Avon, which will also provide full accommodation for delegates. All fees are solely to cover costs.**

**Registration: £175 (before 15th December 1998, £195 thereafter). Two nights full board at The Alveston Manor: £200.**

***For further details please contact:***

*Leanne Roberts, Conference Organiser,  
Cochrane Schizophrenia Group, Summertown  
Pavilion, Middle Way, Oxford, OX2 7LG, UK.  
Tel: +44 (0)1865 316776 Fax: +44 (0)1865 316023  
E-mail: [leanne.roberts@psych.ox.ac.uk](mailto:leanne.roberts@psych.ox.ac.uk)*

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Because  
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re-integration  
is not that  
simple.

**ABBREVIATED PRESCRIBING INFORMATION:**

**Presentation:** Coated tablets containing 2.5mg, 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. **Pharmacodynamics:** 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. **Renal and/or hepatic impairment:** A lower starting dose (5mg) should be considered. In moderate hepatic insufficiency, the starting dose should be 5mg, and only increased with caution. 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. **Contra-indications:** Known hypersensitivity to any ingredient of the product. Known risk of 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 hyper eosinophilic conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Rare cases reported as NMS have been received in association with olanzapine. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, all antipsychotic drugs, including olanzapine, must be discontinued. 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.

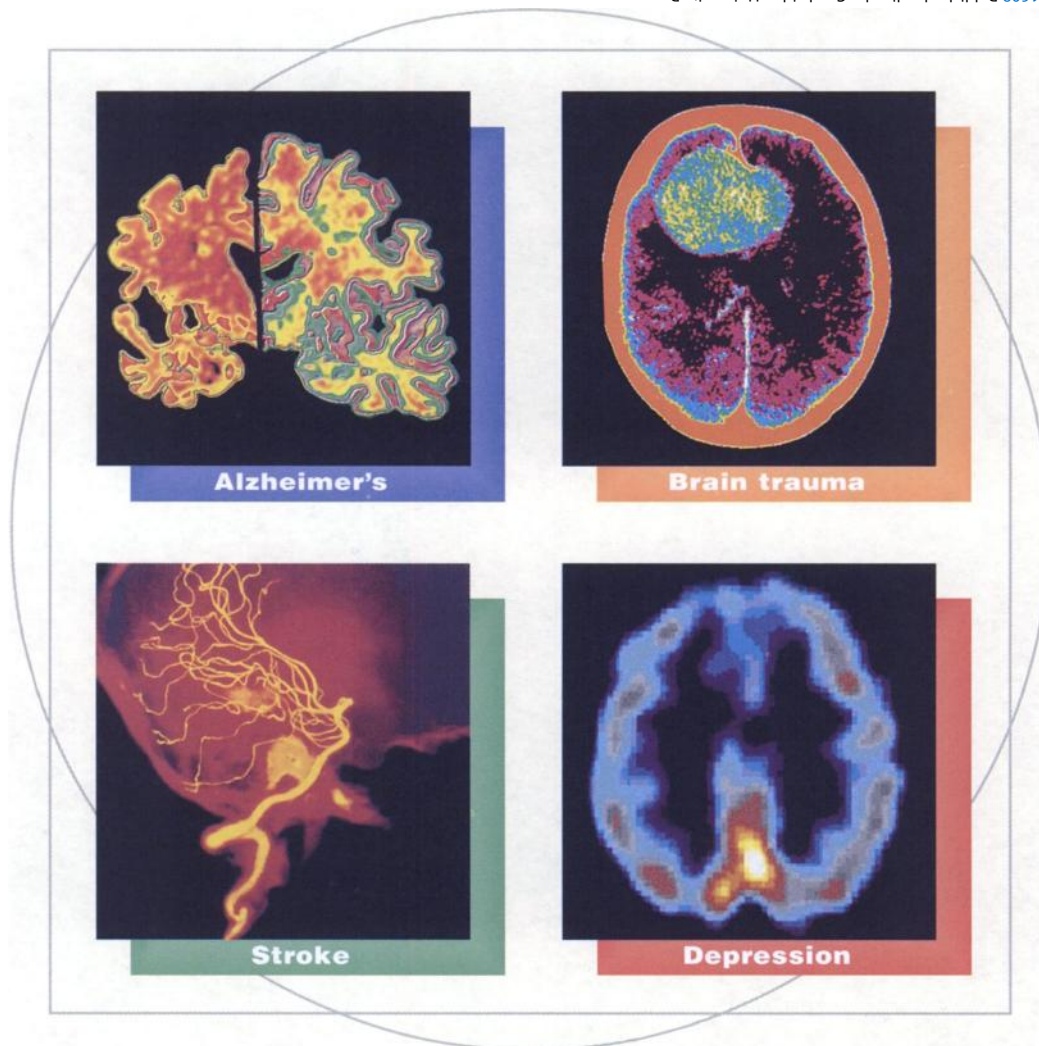
**Antipsychotic Efficacy for First-line Use**



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 fetus. 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, rash or high creatine phosphokinase were reported rarely. Rare cases reported as NMS have been received in association with olanzapine. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Haematological variations, such as leucopenia and thrombocytopenia, have been reported occasionally. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/002 EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £34.27 per pack of 28 2.5mg tablets. £52.73 per pack of 28 5mg tablets. £158.20 per pack of 56 7.5mg tablets. £105.47 per pack of 28 10mg tablets. £210.93 per pack of 56 10mg tablets. **Date of Preparation or Last Review:** March 1998. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is an Eli Lilly and Company product.





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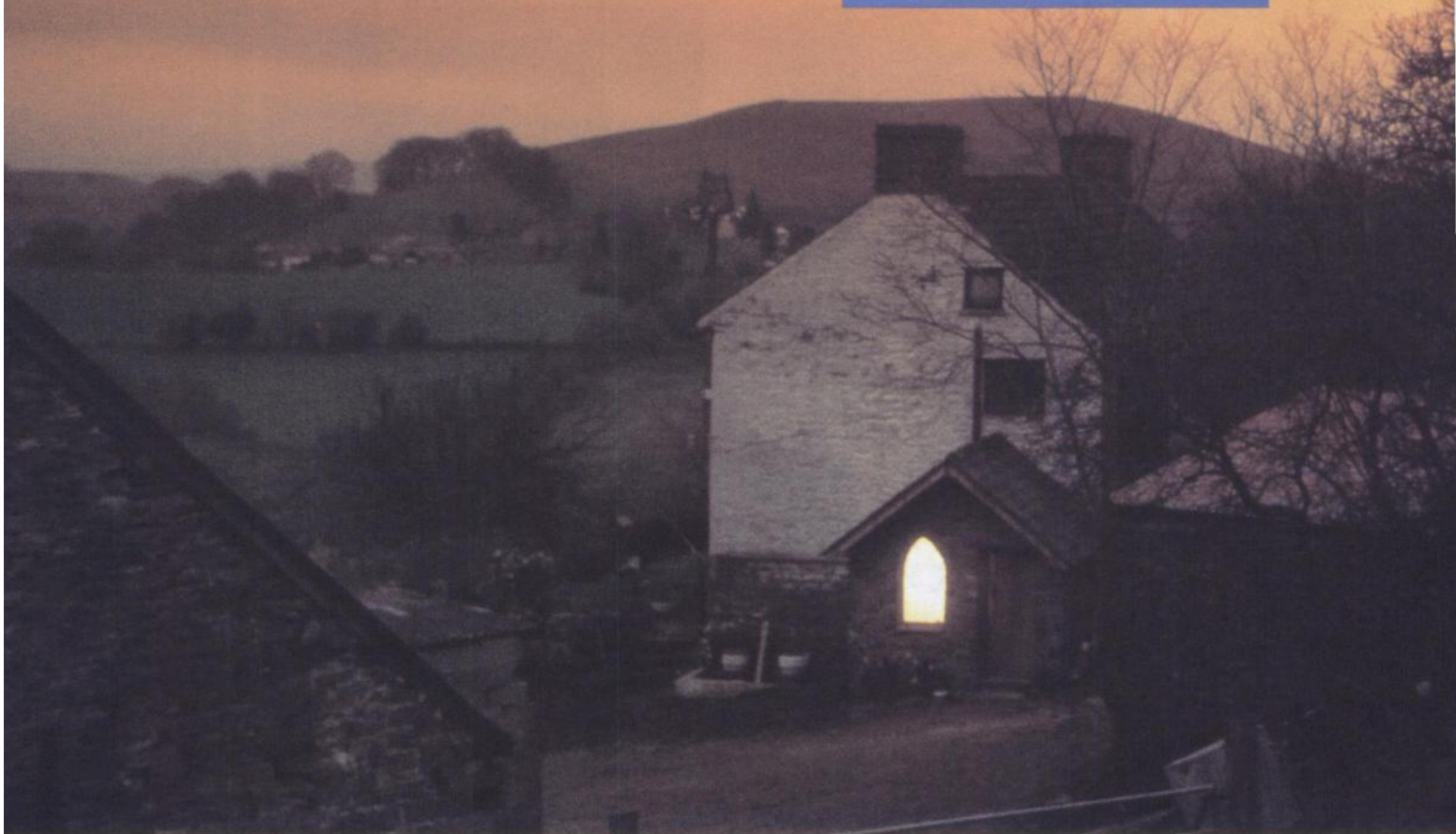
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**4ward thinking in CNS**

# Another seizure

Wasn't late for milking

Wasn't embarrassed at market



## A first choice add-on therapy

### Topamax Abbreviated Prescribing Information.

Please read Summary of Product Characteristics before prescribing.

**Presentation:** Tablets containing 25 mg, 50 mg, 100 mg, or 200 mg topiramate. **Uses:** Adjunctive therapy of inadequately controlled seizures: partial seizures; seizures associated with Lennox Gastaut Syndrome and primary generalised tonic/clonic seizures. **Dosage and Administration:** Oral administration. *Over 16 years of age:* Usual dose: 200-400 mg/day in two divided doses. Initiate at 50 mg daily then titrate to an effective dose. A lower dose may be used. Patients with significant renal disease may require a dose modification. See SmPC for additional information. *Children age 2 to 16:* Usual dose: Approximately 5 to 9 mg/kg/day in two divided doses. Initiate at 25 mg nightly, and increase at 1 to 2 week intervals in 1 to 3 mg/kg increments, to an effective dose. **Contraindications:** Hypersensitivity to any component. **Precautions and Warnings:** Withdrawal

Drowsiness likely. Topamax may be sedating; therefore caution if driving or operating machinery. Do not use in pregnancy unless potential benefit outweighs risk. Woman of childbearing 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 and carbamazepine decrease topiramate plasma concentration. *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:** *Adults:* In 5% or more: abdominal pain, ataxia, anorexia, asthenia, confusion, difficulty with concentration, dizziness, difficulty with memory, fatigue, diarrhoea, fatigue, headache, insomnia, irritability, nausea, vomiting, weight loss. *Children:* In 5% or more: anorexia, asthenia, ataxia, confusion, difficulty with concentration, dizziness, difficulty with memory, fatigue, diarrhoea, fatigue, headache, insomnia, irritability, nausea, vomiting, weight loss.



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Didn't have a seizure



# TOPAMAX<sup>®</sup>

topiramate

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speech problems, abnormal vision and weight decrease. May cause agitation and emotional lability (mood problems and nervousness) and depression. Less common adverse effects include, gait abnormal, aggressive reaction, apathy, cognitive problems, coordination problems, leucopenia, psychotic symptoms (such as hallucinations), and taste perversion. Venous thromboembolic events reported - causal association not established. *Children:* In 5% or more: somnolence, anorexia, fatigue, insomnia, nervousness, personality disorder (behaviour problems), difficulty with concentration/attention, aggressive reaction, weight decrease, gait abnormal, mood problems, ataxia, saliva increased, nausea, difficulty with memory, hyperkinesia, dizziness, speech disorders/related speech problems and paraesthesia. Less frequently but potentially relevant: emotional lability, agitation, apathy, cognitive problems, psychomotor slowing, confusion, hallucinations, depression and leucopenia. Topiramate increases the effect of oral contraceptives.

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. 25 mg (PL0242/0301) = £22.02, 50 mg (PL0242/0302) = £36.17; 100 mg (PL0242/0303) = £64.80; 200 mg (PL0242/0304) = £125.83. **Product licence holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ ENGLAND. APIVER200498. 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 1998

Date of Preparation: April 1998

Every day he's frustrated and alone.  
Every day he wants to be different.  
Every day goes by the same.



Many schizophrenia patients are crying out for reassessment. Conventional neuroleptics may have controlled some initial symptoms. However, for many patients, everyday life is still impaired by residual symptoms and side effects. Switching to Risperdal could give them a life worth living.



ONCE DAILY  
**Risperdal**<sup>TM</sup>  
 RISPERIDONE

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. **CONTRA-INDICATIONS, WARNINGS, ETC., Contra-indications:** 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. **PHARMA-CEUTICAL PRECAUTIONS:** Tablets: Store below 30°C. Liquid: Store below 30°C; 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. Yellow, circular tablets containing 6 mg risperidone in packs of 28. PL 0242/0317 £109.20. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless liquid 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, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER140797



Date of preparation: August 1998  
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Prescribed by  
7% of psychiatrists



# Fast Response

Can start to improve symptoms within seven days<sup>1</sup>



## A first choice antidepressant



**Abbreviated Prescribing Information:**  
**Lustral (sertraline)**  
**Presentation:** Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 50mg daily. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. **Use in children:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity

**Lustral. Use during pregnancy:** Lustral should be used only if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquilizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. **Drug Interactions:** Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. Interactions with other highly protein bound drugs should be borne in mind. The potential of Lustral to interact with e.g. warfarin,

nausea, anorexia, diarrhoea/loose stools, sexual dysfunction (principally, ejaculatory delay), tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Vomiting, abdominal pain, abnormal LFTs, jaundice, serious liver events, pancreatitis, arthralgia, myalgia, malaise, rash (including rare reports of erythema multiforme, photosensitivity), angioedema, tachycardia. Seizures (see precautions, warnings). Movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. Hyponatraemia. As with all psychoactive medicines, possible side effects on discontinuation. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL57/0300) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £39.77. Further information on request. Pfizer Limited, Sandwich, Kent. Date revised: September 1997 **Reference:** 1. Lustral SPC.

Prescription for depression,

tender  
loving care  
and

**SEROXAT**  
PAROXETINE

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. Following satisfactory response, continuation is effective in preventing relapse. Treatment of symptoms and prevention of relapse 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 should be at least four to six months after recovery for depression and may be 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. 7.4.98



Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

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# New Books Beyond Words

## Going Into Hospital

By Sheila Hollins, Angie Avis and  
Samantha Cheverton  
Illustrated by Denise Redmond

We all of us worry about going into hospital. For people with learning disabilities, there is the added fear of not being able to explain what is wrong, as well as not understanding what is happening.

This book is designed to support patients like Martin and Mary who are shown going into hospital – one is having a planned operation and the other is admitted as an emergency – by explaining what happens to them there.

Feelings, information and consent are all addressed. Ideally this book should be used to prepare someone before he or she goes into hospital. But it will also be invaluable to hospital staff to use during consultations and before treatments, and to understand the needs of people with learning disabilities.

£10.00, approx. 56 pp, ISBN 1 901242 19 6,  
Ringbound, Gaskell, September 1998

## Going to Out-Patients

By Sheila Hollins, Jane Bernal and  
Matthew Gregory  
Illustrated by Denise Redmond

This book is a companion text to *Going Into Hospital*. Both books are aimed at people with learning disabilities, their carers and medical professionals in hospital settings.

*Going to Out-Patients* follows a man and a woman through various out-patient situations and treatment scenarios. Situations covered include trying to find the right place, waiting, and seeing the doctor. Common procedures are also illustrated, including an ultrasound, a hearing test, an X-ray, and a plaster cast being put on and eventually removed.

£10.00, approx. 56 pp, ISBN 1 901242 18 8,  
Ringbound, Gaskell, Autumn 1998



## I Can Get Through It

By Sheila Hollins, Christiana Horrocks  
and Valerie Sinason  
Illustrated by Lisa Kopper

This book is a logical follow-on to the three other titles about abuse in this series: *Bob Tells All*, *Jenny Speaks Out* and *Going to Court*. As with all the books in the series it is aimed at people with learning disabilities, their carers and counselling professionals working with people with learning disabilities who have been sexually abused.

*I Can Get Through It* is the story of a woman who is abused. It shows how, with the help of a counsellor/therapist, she is able to 'get through it' and back to coping with life. It will provide a valuable resource for families who are looking for treatment for their son or daughter who has been abused.

£10.00, approx. 56 pp, ISBN 1 901242 20 X,  
Paperback, Gaskell, September 1998

### About the Series

*Books Beyond Words* literally go beyond words, they speak visually. They are intended for people with learning disabilities or difficulties or mental health needs. The stories are told through pictures alone, although a short written text at the end of the book provides extra help in understanding for those who can read. The stylised drawings include mime and body language to communicate simple, explicit messages to the reader. The carefully chosen colours in the pictures add the dimension of emotions to the stories in a way that is more readily understood than verbal explanation. There are no other books for adults and adolescents which provide information and address the emotional aspects of difficult experiences in this way.

Topics covered include criminal justice, bereavement, sexual abuse, visiting the doctor, depression, and other difficult life events. Each book has the dual purpose of being both an educational and counselling resource.



### Other titles in the series

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#### Feeling Blue

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#### When Dad Died

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#### Michelle Finds a Voice

1997, 80pp, ISBN 1 901242 06 4, £10.00

These and other College publications are available from good book shops and from the Book Sales Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Telephone +44 (0)171 235 2351 extension 146, fax +44 (0)171 245 1231. Credit card orders can be taken over the telephone. The latest information on College publications can be seen on the Internet at [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

Jointly Published by the  
Royal College of Psychiatrists  
and St George's Hospital  
Medical School

# Change to



## 'SEROQUEL' (quetiapine)

### Prescribing Notes.

#### Consult Summary of Product Characteristics before prescribing Special reporting to the CSM required

**Use:** Treatment of schizophrenia.

**Presentation:** Tablets containing 25 mg, 100 mg and 200 mg of quetiapine.

**Dosage and Administration:** 'Seroquel' should be administered twice daily. Adults: The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards,

Elderly patients: Use with caution, starting with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose.

Children and adolescents: Safety and efficacy not evaluated.

Renal and hepatic impairment: Start with 25 mg/day

increasing daily by 25 to 50 mg to an effective dose. Use with caution in patients with hepatic impairment.

**Contra-indications:** Hypersensitivity to any component of the product.

**Precautions:** Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination

systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

**Undesirable events:** Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthenia, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant



# Seroquel

quetiapine

- Effective in positive and negative symptoms<sup>1-4</sup> and improving mood<sup>\*5</sup> in patients with schizophrenia
- Incidence of EPS no different from placebo across the full dose range<sup>1-4</sup>
- Rate of withdrawals due to adverse events no different from placebo<sup>6</sup>
- No requirement for routine blood, BP or ECG monitoring<sup>7</sup>



*Changing thinking in schizophrenia.*

*\* Defined as the BPRS item scores of depressive mood, anxiety, guilt feelings and tension*

Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

**Legal category:** POM

**Product licence numbers:**

25 mg tablet: 12619/0112  
100 mg tablet: 12619/0113  
200 mg tablet: 12619/0114

**Basic NHS cost:**

Starter pack £6.59; 60 x 25 mg tablets £28.20;

Further information is available from:

ZENECA Pharma on 0800 200 123 please ask for Medical Information, or write to King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.



Granted To ICI Pharmaceuticals

**References**

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6. Data on File, Zeneca Pharmaceuticals.
7. 'Seroquel' Summary of Product Characteristics.

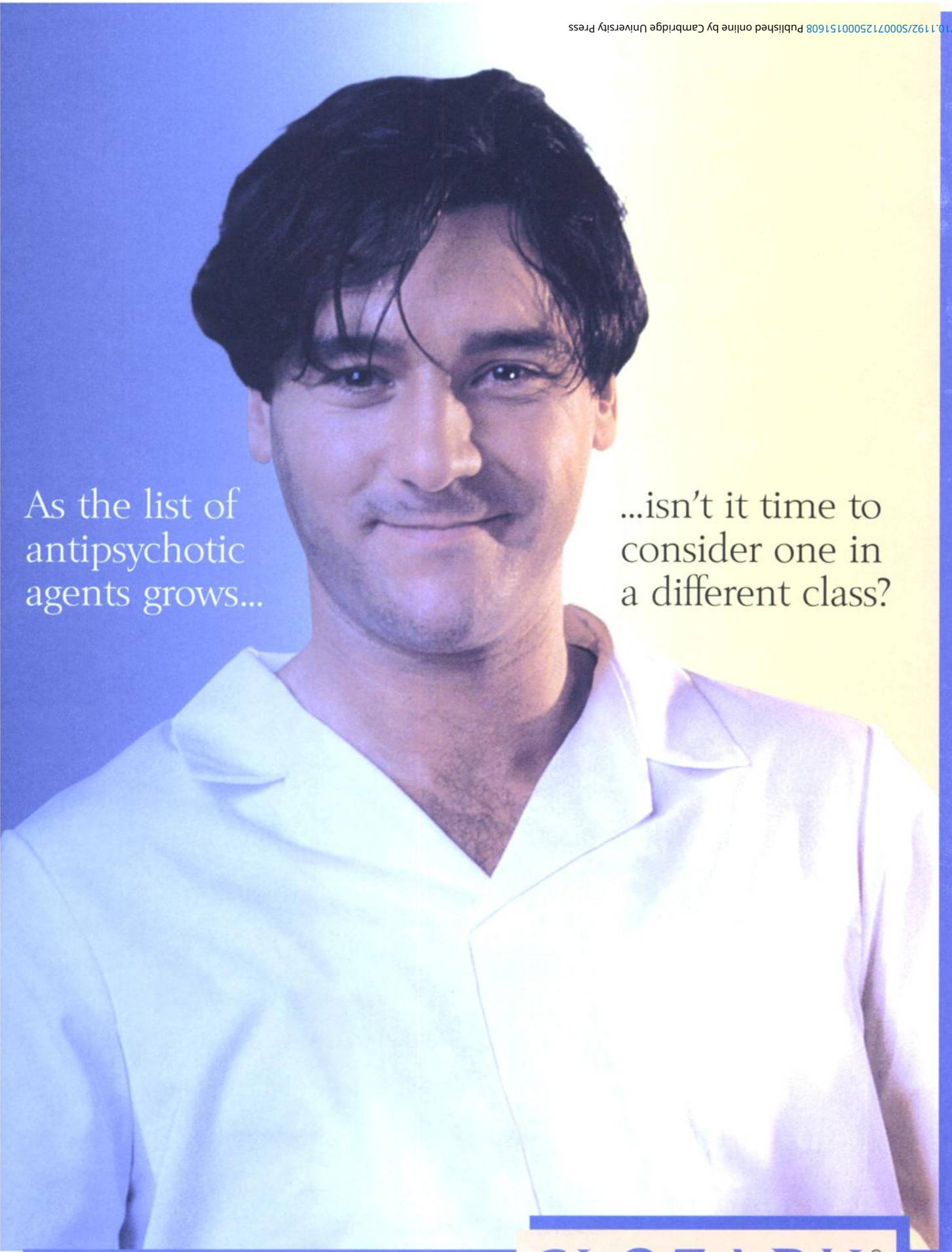
# CLOZARIL®

clozapine

## CLOZARIL ABBREVIATED PRESCRIBING INFORMATION.

The use of CLOZARIL is restricted to patients registered with the CLOZARIL Patient Monitoring Service. Indication Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). Presentations 25mg and 100 mg clozapine tablets. Dosage and Administration Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5 mg once or twice on the first day, followed by one or two 25 mg tablets on the second day. Increase dose slowly, by increments to reach a therapeutic dose within the range of 200 - 450mg daily (see data sheet). The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored during CLOZARIL therapy since dose-related convulsions have been reported. Patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. Contra-Indications Allergy to any constituents of the formulation. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause, severe renal or cardiac failure, active liver disease, progressive liver disease or hepatic failure. Warning CLOZARIL can cause agranulocytosis. A fatality rate of up to 1 in 300 has been estimated when CLOZARIL was used prior to recognition of this risk. Since that time strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Therefore, because of this risk its use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter for the first year of therapy. After one year's treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation of CLOZARIL. Patients must be under specialist supervision and CLOZARIL supply is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts as well as a drug supply audit so that CLOZARIL treatment is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact the treating physician immediately if any kind of infection begins to develop, especially any flu-like symptoms. Precautions CLOZARIL can cause agranulocytosis. Perform pre-treatment white blood cell count and differential count to ensure only patients with normal findings receive CLOZARIL. Monitor white blood cell count weekly for the first 18 weeks and at least two-weekly for the first year of therapy. After one year's treatment, monitoring may change to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation. If signs or symptoms of infection develop an immediate differential count is necessary. If the white blood count falls below  $3.0 \times 10^9/L$  and/or the absolute neutrophil count drops below  $1.5 \times 10^9/L$ , withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Re-evaluate any patient developing an infection, or when a routine white blood count is between  $3.0$  and  $3.5 \times 10^9/L$  and/or a neutrophil count between  $1.5$  and  $2.0 \times 10^9/L$ , with a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below  $1.0 \times 10^9/L$  and/or  $0.5 \times 10^9/L$  respectively, after drug withdrawal requires immediate specialised care, where protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Colony stimulating factor therapy should be discontinued when the neutrophil count returns above  $1.0 \times 10^9/L$ . CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients affected by the sedative action of CLOZARIL should not drive or

operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give CLOZARIL with other drugs with a substantial potential to depress bone marrow function. CLOZARIL may enhance the effects of alcohol, MAO inhibitors, CNS depressants and drugs with anticholinergic, hypotensive or respiratory depressant effects. Caution is advised when CLOZARIL therapy is initiated in patients who are receiving (or have recently received) a benzodiazepine or any other psychotropic drug as these patients may have an increased risk of circulatory collapse, which, on rare occasions, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant administration of therapeutic agents which are highly bound to plasma proteins. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which possess affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions have been noted with antidepressants, phenothiazines and type Ic antiarrhythmics, to date. Concomitant use of lithium or other CNS-active agents may increase the risk of neuroleptic malignant syndrome. The hypertensive effect of adrenaline and its derivatives may be reversed by CLOZARIL. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. Side-Effects Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects eg dry mouth, disturbances of accommodation and disturbances in sweating and temperature regulation. Hypersalivation. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. In rare cases profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Nausea, vomiting and usually mild constipation have been reported. Occasionally obstipation and paralytic ileus have occurred. Asymptomatic elevations in liver enzymes occur commonly and usually resolve. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Both urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. Package Quantities and Price Community pharmacies only 28 x 25mg tablets: £12.52 (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS) Hospital pharmacies only 84 x 25 mg tablets: £37.54 (Basic NHS) 84 x 100 mg tablets: £150.15 (Basic NHS) Supply of CLOZARIL is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Product Licence Numbers 25 mg tablets: PL 0101/0228 100 mg tablets: PL 0101/0229 Legal Category: POM. CLOZARIL is a registered Trade Mark. Date of preparation, August 1997. Full prescribing information, including Product Data Sheet is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

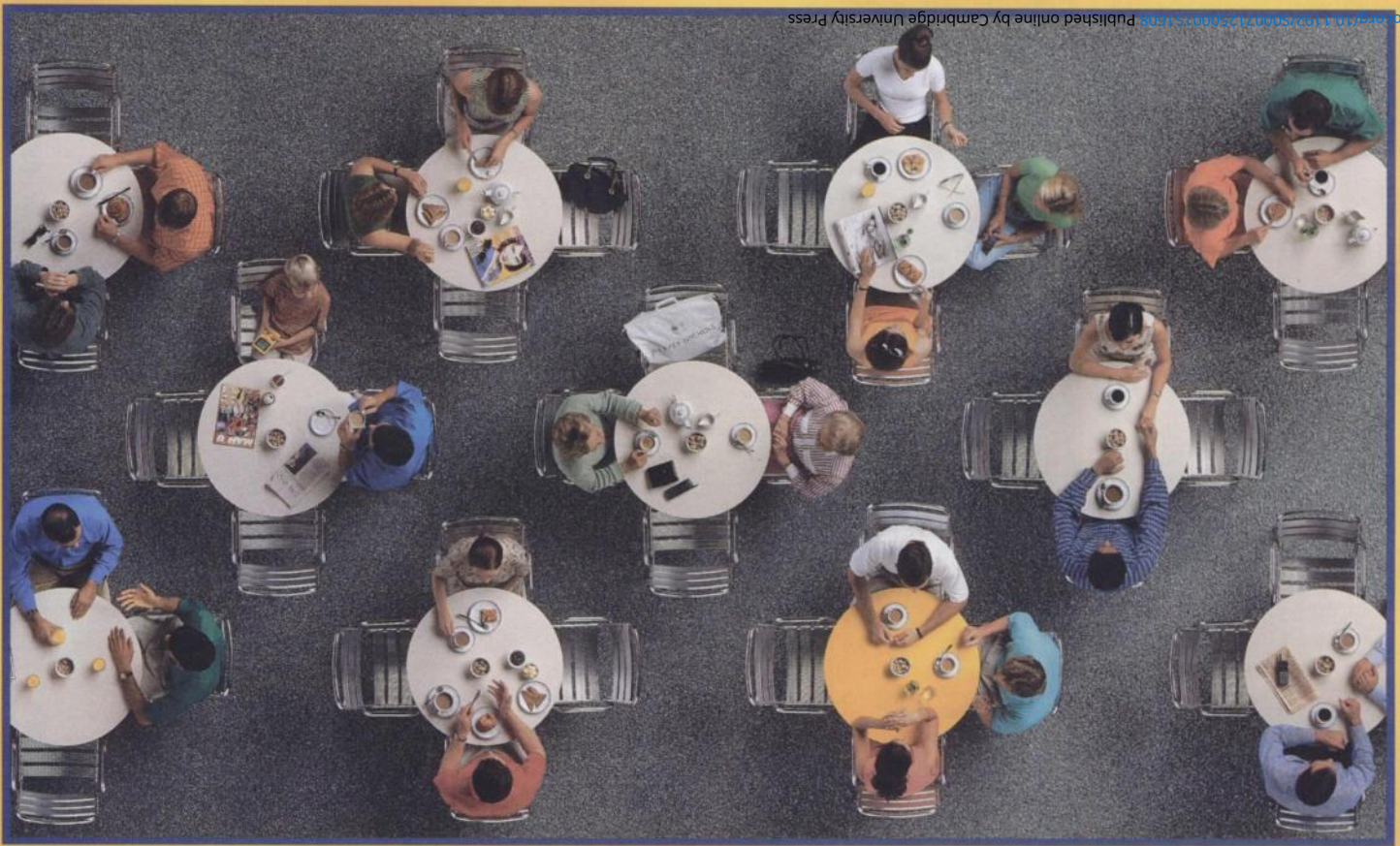


As the list of  
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consider one in  
a different class?

**CLOZARIL**<sup>®</sup>  
clozapine

Proven efficacy in treatment  
resistant schizophrenia



# Add life to living with schizophrenia

Solian is a new benzamide antipsychotic, with the ability to treat both the positive<sup>1</sup> and negative<sup>2</sup> symptoms of schizophrenia.

Solian offers a lower incidence of EPS than standard neuroleptics such as haloperidol,<sup>3</sup> as well as avoiding some of the drawbacks of certain atypicals: it does not require routine cardiovascular<sup>4,5</sup> or haematological<sup>4,6</sup>

monitoring and patients gain significantly less weight than those treated with risperidone.<sup>2</sup>

So when patients need the ability to cope with their condition, Solian has the power to treat their positive<sup>1</sup> and their negative<sup>2</sup> symptoms whilst still allowing them to do the everyday things that the rest of us take for granted.

**Solian**<sup>®</sup>  
AMISULPRIDE



Efficacy that patients can live with

**Prescribing Information - Solian 200 and Solian 50** ▼ **Presentation:** Solian 200mg tablets contain 200mg amisulpride and Solian 50mg tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia in which positive and/or negative symptoms are prominent. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing up to 1200mg/day according to individual response (dose titration not required), in divided doses. Predominantly negative symptoms: 50-300mg once daily adjusted according to individual response. Elderly: administer with caution due to the risk of hypotension or sedation. Renal insufficiency: reduce dose and consider intermittent therapy. Hepatic insufficiency: no dosage adjustment necessary. Children: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland prolactinaemias and breast cancer; pheochromocytoma; children under 15 years; pregnancy; lactation; women of child-bearing potential unless using adequate contraception. **Warning and Precautions:** As with all neuroleptics, neuroleptic malignant syndrome may occur (discontinue Solian). Caution in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in

hypotensive medications, and dopamine agonists. **Side Effects:** Insomnia, anxiety, agitation. Less commonly somnolence and GI disorders. In common with other neuroleptics: Solian causes a reversible increase in plasma prolactin levels; Solian may also cause weight gain, acute dystonia, extrapyramidal symptoms, tardive dyskinesia, hypotension and bradycardia; rarely, allergic reactions, seizures and neuroleptic malignant syndrome have been reported. **Basic NHS Cost:** Blister packs of: 200mg x 60 tablets - £60.00; 200mg x 90 tablets - £90.00; 50mg x 60 tablets - £16.45; 50mg x 90 tablets - £24.69. **Legal Category:** POM. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex Synthelabo UK and Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD. **References:** 1. Freeman HL. Int Clin Psychopharmacol 1997;12(Suppl 2):S11-S17. 2. Möller HJ. 6th World Congress of Biological Psychiatry, Nice, France, June 22-27 1997. 3. Coukell AJ, Spencer CM, Benfield P. CNS Drugs (Adis) 1996 Sep 6 (3):237-256. 4. Solian SPC. Lorex Synthelabo. 5. Sertindole SPC. Lundbeck Ltd. 6. Clozapine SPC.



# United Kingdom Psychiatric Pharmacy Group

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0171 919 2999

Open 11.00am to 5.00pm. Weekdays only.

This helpline is staffed by experienced pharmacists at the Maudsley Hospital, London. Patients and carers may telephone with any queries they have about medicines used in psychiatry.

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Kingdom  
Psychiatric  
Pharmacy  
Group

U.K.P.P.G.

**ZISPIN Prescribing Information:** Blister strips of 28 tablets each containing 30 mg of mirtazapine.

**Uses:** Treatment of depressive illness.

**Dosage and administration:** The tablets should be taken orally, if necessary with fluid, and swallowed without chewing.

**Adults and elderly:** The effective daily dose is usually between 15 and 45 mg.

**Children:** Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4 - 6 months.

**Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin.

**Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome; hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness.

**Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; In vitro data suggest that clinically significant interactions are unlikely with mirtazapine.

**Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers is not recommended.

**Adverse reactions:** The following adverse effects have been reported: **Common (>1/100):** Increase in appetite and weight gain. Drowsiness/sedation, generally occurring during the first few weeks of treatment. (NB. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). **Less common:** Increases in liver enzyme levels. **Rare (<1/1000):** Oedema and accompanying weight gain. Reversible agranulocytosis has been reported as a rare occurrence. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus.

**Overdosage:** Toxicity studies in animals suggest that clinically relevant cardiotoxic effects will not occur after overdosing with Zispin. Experience in clinical trials and from the market has shown that no serious adverse effects have been associated with Zispin in overdose. Symptoms of acute overdosage are confined to prolonged sedation. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions.

**Marketing authorization number:** PL 0065/0145 **Legal category:** POM Basic **NHS cost:** £24 for 28 tablets of 30 mg.

MIRTAZAPINE  
**ZISPIN<sup>®</sup> 30** mg  
 The NaSSA

**Strong  
 yet  
 gentle  
 in  
 depression**



For further information, please contact:  
 Organon Laboratories Limited,  
 Cambridge Science Park, Milton Road,  
 Cambridge CB4 4FL  
 Telephone: 01223 423445.  
 Fax: 01223 424368.

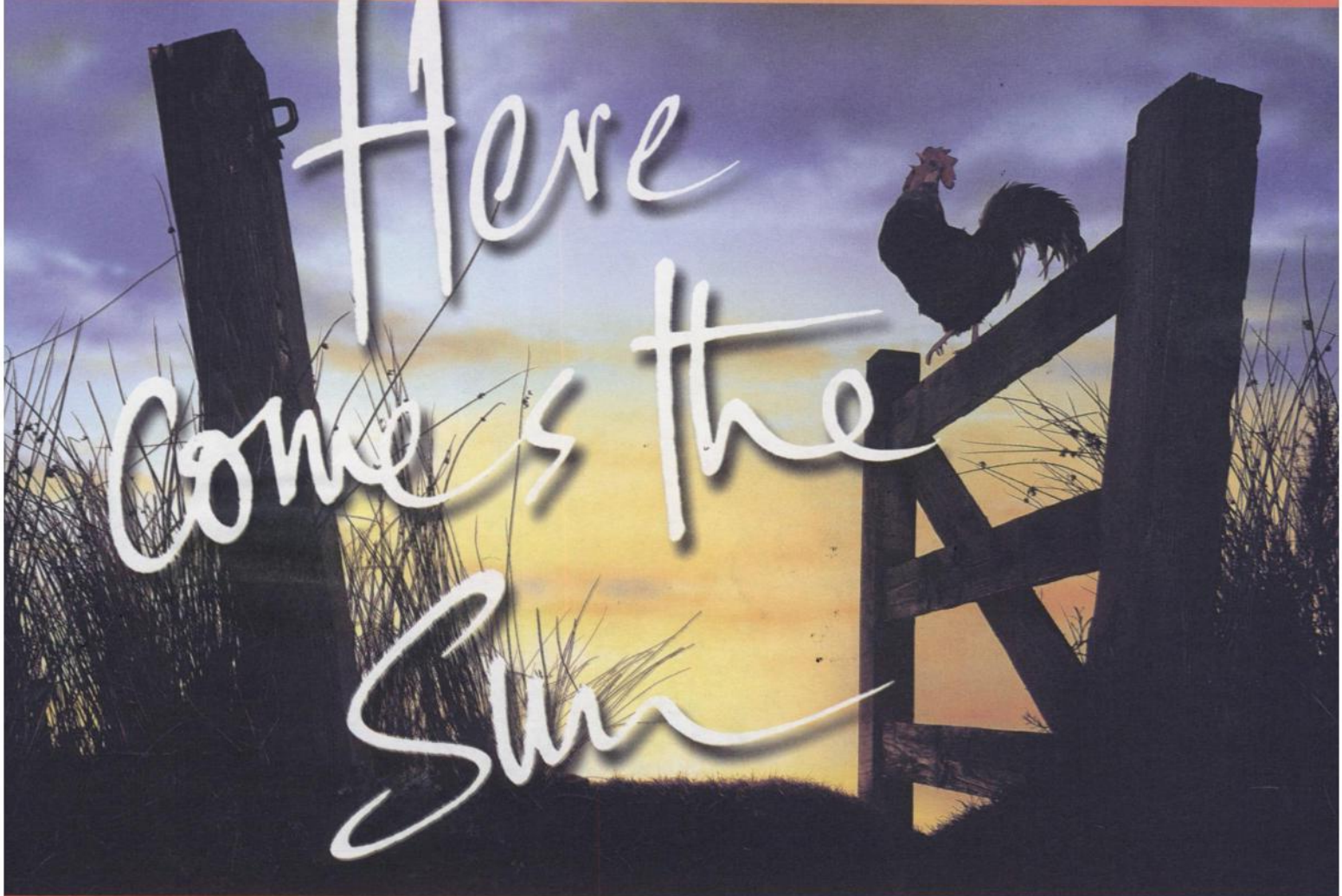
Zispin is a registered trade mark  
 Date of Preparation: April 1998  
 Ref No: 0175709



**Efexor<sup>®</sup> XL venlafaxine - Prescribing information Presentation:** Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** Adults (including the elderly): Usually 75mg, given once daily with food, increasing to 150mg once daily if necessary. The dose can be increased further to 225mg once a day. Dose increments should be made at intervals of approximately 2 weeks or more, but not less than 4 days. Discontinue gradually to avoid possibility of discontinuation effects. **Children:** Contra-indicated below 18 years of age. **Moderate renal or moderate hepatic impairment:** Doses should be reduced by 50%. Not recommended in severe renal or severe 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. Patients with a history of drug abuse should be monitored carefully. **Interactions:** MAOIs: do not use Efexor XL in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor XL before starting an MAOI. Use with caution in elderly or hepatically-impaired patients taking cimetidine, in patients taking other CNS-active drugs, and in patients taking drugs which inhibit both CYP2D6 and CYP3A4 hepatic enzymes. **Side-effects:** Nausea, insomnia, dry mouth, somnolence, dizziness, constipation, sweating, nervousness, asthenia, abnormal ejaculation/orgasm, anorexia, abnormal vision/accommodation, impotence, vomiting, tremor, abnormal

dreams, vasodilatation, hypertension, rash, agitation, hypertonia, paraesthesia, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, weight gain or loss, hyponatraemia. **Basic NHS price:** 75mg capsule (PL 00011/0223) - blister pack of 28 capsules: £23.97. 150 mg capsule (PL 00011/0224) - blister pack of 28 capsules: £39.97. **Legal category:** POM. Further information is available upon request from the Product Licence holder: Wyeth Laboratories, Taplow, Maidenhead, Berkshire, SL6 0PH. Date of preparation: August 1997. \* trade mark Code no Z777440/0897. WEFX3-UK-JA. References: 1. Muth EA *et al.* *Biochem Pharmacol* 1986; 35(24): 4493-4497. 2. Muth EA *et al.* *Drug Development Research* 1991; 23: 191-199. 3. Rudolph R *et al.* Poster presented at the New Clinical Drug Evaluation Unit (National Institute of Mental Health), Boca Raton, Florida 1997. 4. McPartin GM *et al.* Poster at the 10th European College of Neuropsychopharmacology meeting, Vienna, September 13th-17th, 1997. 5. Salinas E. *Biol Psychiatry* 1997; 42(Suppl. 1): 244S.



# Here comes the Sun

- ◆ EFEXOR XL ACTS DIRECTLY ON BOTH SEROTONIN AND NORADRENALINE<sup>1,2</sup>
- ◆ PROVEN EFFICACY VS LEADING SSRIs<sup>3,4</sup>
- ◆ TOLERABILITY<sup>3,4,5</sup> AND CONVENIENCE YOU EXPECT FROM A FIRST-LINE THERAPY

NEW ONCE DAILY

**EFEXOR XL<sup>®</sup>**  
VENLAFAXINE 75 mg o.d.

Simply effective

**DUTONIN™** Abbreviated Prescribing Information  
**PRESENTATION:** Tablets containing 50mg, 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 – 100mg - 600mg daily, see Summary of Product Characteristics. **Elderly:** Usual therapeutic dose 50 - 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 phenylpiperazine antidepressants.



**Bristol-Myers Squibb  
 Pharmaceuticals Limited**

**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 cognition. Use with caution in epilepsy, history of mania/hypomania, recent M.I., unstable heart disease. No clinical studies available on concurrent use of ECT and nefazodone. **DRUG INTERACTIONS:** Caution is advised when combining with other CNS medication, digoxin, products metabolised by Cytochrome P<sub>450</sub>III<sub>A4</sub>; see Summary of Product Characteristics. **SIDE EFFECTS:** Most frequently asthenia, dry mouth, nausea, constipation, somnolence, light-headedness and dizziness; see Summary of Product Characteristics. **OVERDOSAGE:** There is no specific antidote for nefazodone. Gastric lavage recommended for suspected overdose. Treatment should be symptomatic and supportive in the case of hypotension or excessive sedation. **PRODUCT LICENCE NUMBERS:** Dutonin Tablets 50mg PL 11184/0027; Dutonin Tablets 100mg PL 11184/0028; Dutonin Tablets 200mg

PL 11184/0029, **PRODUCT LICENCE HOLDER:** Bristol-Myers Squibb Pharmaceuticals Limited, 11184/0027, 11184/0028, 11184/0029. **Initiation Pack** containing 50mg tablets 14, 100mg tablets 14, 200mg tablets 28 – £16.80; 100mg tablets 56 – £16.80; 200mg tablets 56 – £16.80. **LEGAL CATEGORY:** POM. Further information from: Medical Information, Bristol-Myers Squibb House, 141-149 Staines Road, Hounslow, Middlesex, TW3 3JA. Telephone: 0181-754-3740. Date of preparation: July 1997. **REFERENCES:** 1. Armitage R. *Journal of Psychopharmacology* 1996; 10(suppl1): 22-25. 2. Sharpley AL *et al.* *Psychopharmacology* 1996; 126: 50-54. 3. Armitage R *et al.* *J Clin Psychopharmacol* 1997; 17(3): 161-168. 4. Armitage R *et al.* Presented at the European College of Neuropsychopharmacology (ECNP), 30 September - 4 October 1995, Venice, Italy. 5. Fontaine R *et al.* *J Clin Psychiatry* 1994; 55(6): 234-241. 6. Gillin JC *et al.* *J Clin Psychiatry* 1997; 58: 185-192.



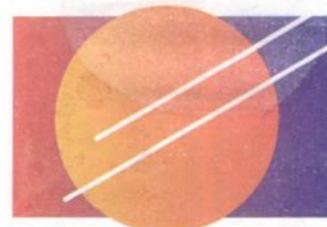
Waking up early should be her decision, not her problem.

It's not only depression that wakes patients up early. Sleep can also be disturbed by many SSRIs.<sup>1-4</sup>

Dutonin is an excellent choice. Not only does Dutonin effectively relieve depression,<sup>5</sup> it also normalises sleep patterns.<sup>3,4,6</sup>

Moreover, Dutonin lifts anxiety symptoms within the first week of treatment.<sup>5</sup>

Waking up early should always be your patient's choice, not their problem.



*Makes the difference in depression*

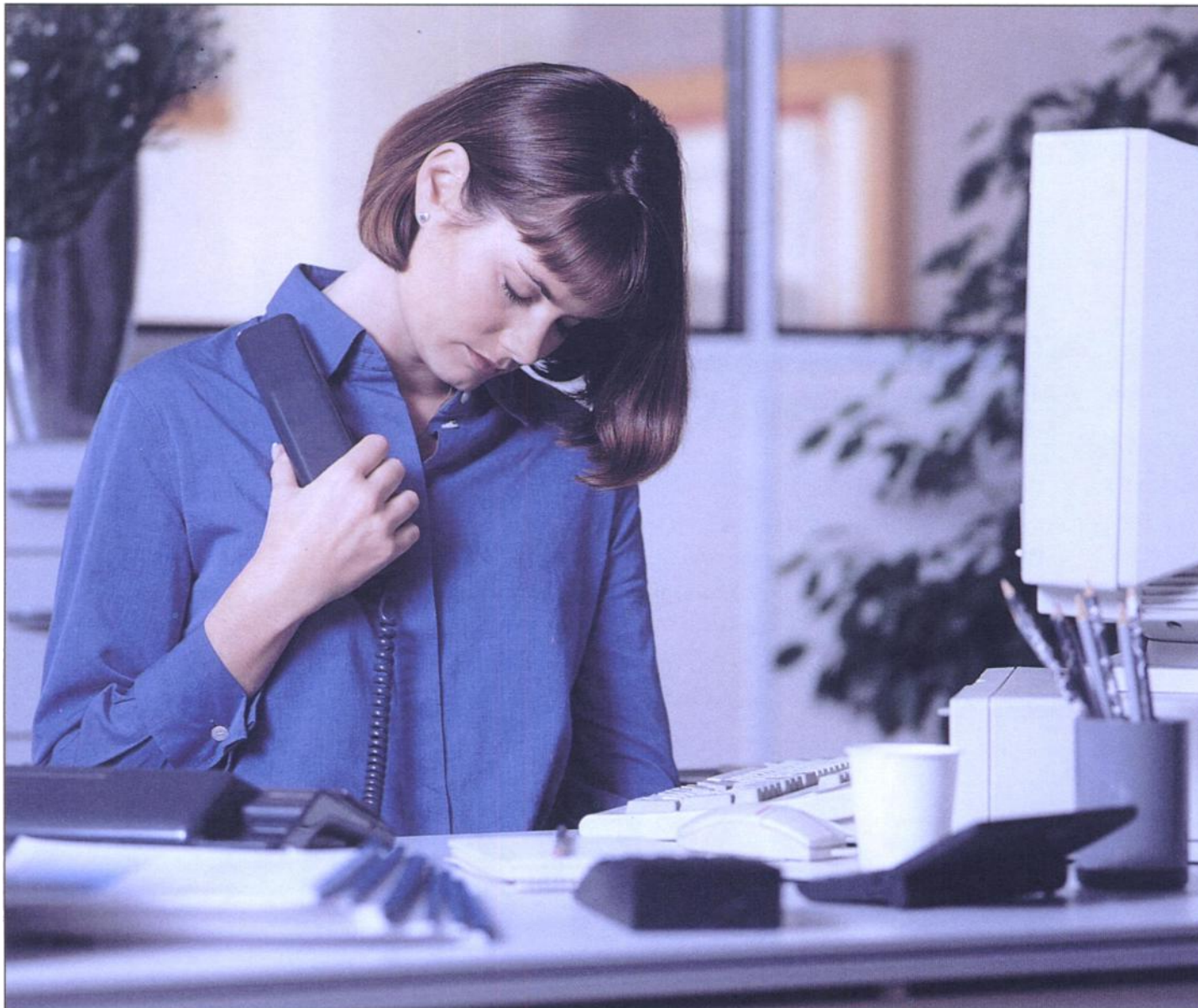
**DUTONIN™**

**NEFAZODONE**



**Presentation:** White to off white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** Adults 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. **Elderly:** Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. **Severe renal or hepatic impairment:** Reduce dose by half (100/200 mg daily). **Children:** See contra indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P 450 isoenzymes has been observed *in vitro*. Effectiveness of oral

no clinically relevant interaction was seen in a single dose interaction study of Provigil and clomigamir. However, patients receiving such medication should be carefully monitored. Care should be observed with co-administration of anti convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets: £60.00. **Marketing authorisation number:** 16260/0001. **Marketing authorisation holder:** Cephalon UK Ltd., 11/13 Frederick Sanger Road, Surrey Research Park, Guildford, GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References:** 1. Mitler MM. Sleep 1994; 17: S103-S106. 2. Data on file, Cephalon [3]. 3. Lin JS *et al. Proc Natl Acad Sci USA* 1996; 93 (24): 14128-14133. 4. Simon P *et al. Eur Neuropsychopharmacol* 1995; 5: 509-514.



## WAKE UP LITTLE SUZIE, WAKE UP

Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall benefit.<sup>1</sup>

Now Provigil (modafinil) – a novel wake promoting agent – offers new advantages in narcolepsy. The clinical efficacy of Provigil has been demonstrated in large controlled clinical studies. In one study,<sup>2</sup> one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus<sup>3</sup> and differs greatly from amphetamines in its pharmacology.<sup>4</sup> Consequently the incidence of amphetamine

**PROVIGIL<sup>®</sup>**  
**MODAFINIL**

# Life beyond Alzheimer's.



With new Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer's disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer's disease attacks - cognition, global functioning and activities of daily living.<sup>1</sup>

For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer's.

**NEW**  
**EXELON**<sup>®</sup>  
(rivastigmine)

## Beyond cognition: improving functional ability.

**EXELON Prescribing Information.** **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Presentation:** Capsules containing 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration:** Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Reassess patients regularly. Initial dose 1.5mg twice daily, then build up dose, at a minimum of two week intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily, if tolerated well. If adverse effects or weight decrease occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications:** Known hypersensitivity to rivastigmine or excipients or any other carbamate derivatives; severe liver impairment. **Special Warning & Precautions:** Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sick Sinus Syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ulcerative conditions, history of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, titrate dose individually. Safety in pregnancy not established; women should not breastfeed. Use in children not recommended. **Interactions:** May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinomimetic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or fluoxetine (in healthy volunteers). Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects:** Most commonly (≥5% and twice frequency of placebo): asthenia, anorexia, dizziness, nausea, somnolence,

vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (≥5% and ≥ placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, upper respiratory tract and urinary tract infections. Increased sweating, malaise, weight loss, tremor. Rarely, angina pectoris, gastrointestinal haemorrhage and syncope. No notable abnormalities in laboratory values observed. **Package Quantities and basic NHS Price:** 1.5mg x 28, £31.50; 1.5mg x 56, £63.00; 3mg x 28, £31.50; 3mg x 56, £63.00; 4.5mg x 28, £31.50; 4.5mg x 56, £63.00; 6mg x 28, £31.50; 6mg x 56, £63.00. **Legal Classification:** POM. **Marketing Authorisation Number:** 1.5mg, EU/1/98/066/001 - 2; 3mg, EU/1/98/066/004 - 5; 4.5mg, EU/1/98/066/007 - 8; 6mg, EU/1/98/066/010 - 11. Full prescribing information including Summary of Product Characteristics is available from: Novartis Pharmaceuticals UK Ltd, Fimley Business Park, Fimley, Camberley, Surrey, GU16 5SG.

Reference: 1. Corey-Bloom J, et al. *International Journal of Geriatric Psychopharmacology* 1998; 1: 55-65.

Date of preparation: August 1998.

Code No. EXE 98/63

 **NOVARTIS**



# There's a depressed patient sitting in front of you. Ask them if it's good to talk.

**C**ommunicating confidently, whether it's at work or with friends and family, is just one sign of how well a depressed patient is re-adapting socially. And social interaction is an extremely valuable measure of successful treatment.

Edronax is a selective NorAdrenaline Re-uptake Inhibitor (NARI). It not only lifts depressed mood,<sup>1</sup> but also significantly improves social interaction.<sup>2</sup>

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

Edronax improves mood one week earlier than fluoxetine.<sup>1</sup> Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning.<sup>2</sup>

Edronax helps restore patients' appreciation of friends, family, work and 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 01908 603083.



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

**EDRONAX®**  
**ABBREVIATED PRESCRIBING INFORMATION**  
**Presentation:** Tablets containing 4mg reboxetine. **Indications:** Use in the acute treatment of depressive illness, and maintenance of clinical benefit in patients responsive to treatment. **Posology and method of administration:** Adults 4 mg b.i.d. (8 mg/day) administered orally. After 3-4 weeks, can increase to 10 mg/day. **Elderly and children** Elderly patients have been studied in comparative clinical trials at doses of 2 mg b.i.d., although not in placebo controlled conditions. There is no experience in children and therefore reboxetine cannot be recommended in either of these groups. **Renal/Hepatic**

**Special warnings and precautions for use:** 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, glaucoma, prostatic hypertrophy and cardiac disease. At doses higher than the maximum recommended, orthostatic hypotension has been observed with greater frequency. Particular attention should be paid when administering reboxetine with other drugs known to lower blood pressure. **Interactions with other medicaments**

and other forms of interaction. Reboxetine should not be that have a narrow therapeutic margin and are metabolised by CYP3A4 or CYP2D6 e.g. anti-arrhythmics (flecainide), anti-psychotic drugs and tricyclic anti-depressants. No pharmacokinetic interaction with lorazepam. Reboxetine does not appear to potentiate the effect of alcohol. **Pregnancy and lactation:** Reboxetine is contraindicated in pregnancy and lactation. **Effects on ability to drive and use machines:** Reboxetine is not sedative per se. However, as with all psychoactive drugs, caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring more frequently than placebo are: dry mouth, constipation, insomnia, paraesthesia, increased sweating,

required. **Package and NHS Price:** Pack of 60 tablets in blisters £19.80. **Legal Category:** POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. **Marketing Authorisation Number:** PL 0032/0216, **Date of Preparation:** June 1998. **References:** 1. Montgomery SA. *Journal of Psychopharmacology* 1997; 7 (in press). 2. Dubini A. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S57-S70. 3. Bosc M. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S57-S70. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.



# New Books from Gaskell Autumn 1998

## **Seminars in Old Age Psychiatry**

*Edited by Rob Butler and Brice Pitt*

An impressive and comprehensive review of the diagnosis and management of psychiatric problems associated with old age. All the major disorders and approaches to treatment are covered. An essential text for trainees and clinicians

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## **Acute Psychosis, Schizophrenia and Comorbid Disorders**

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Volume I covers the management of acutely disturbed in-patients, drug and psychosocial approaches to the treatment of schizophrenia, and the problems of comorbid substance misuse and homelessness. There are chapters on risk and childbirth, psychoses in the elderly, and the special problems of identifying and treating psychiatric disorders in those with learning disability. There is also practical advice on assessing fitness to be interviewed by the police, and on preparing medico-legal reports. The book will be especially useful in conjunction with the *College Seminars* titles for those preparing for the College Membership exams.

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This book presents expert contributions on the diagnosis and management of sexual problems from a number of perspectives, looking at medical, psychological and sociological models. As well as considering what may go wrong between couples and ways of dealing with these problems, the contributors also discuss disorders of sexual direction, and examine the background and management associated with deviant sexual behaviour, with homosexual expression and gender problems. This book will be invaluable reading for psychiatric trainees and clinicians, psychologists, psychotherapists, general practitioners and counsellors.

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The focus of this book is on specific conditions for which psychotherapy is the main treatment currently in use. Common syndromes which patients present to the psychotherapist and to general psychiatrists are covered. Contributors provide a succinct review of what treatment works in each condition, and how it works. Some of the chapters have been published previously in the *British Journal of Psychiatry*.

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This book sets the scene for identifying and meeting the mental health needs of black and minority ethnic groups. Clinicians, researchers, academics, hospital managers, commissioners and voluntary organisation workers come together to discuss the problems in health care delivery and the way of moving the agenda forward. In addition to multi-disciplinary working, the key emphasis here is in involving commissioners and voluntary organisations in deciding how best to meet the needs of the communities.

1998 240pp ISBN 1 901242 15 3 £25.00

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