THE BRITISH JOURNAL OF PSYCHIATRY

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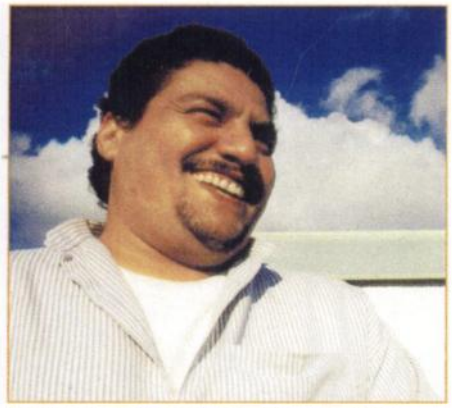
Their doctor knew that their symptoms were similar



Symptoms: Low mood, suicidal thoughts
Diagnosis: **Depression**

Symptoms: Palpitations, intense anxiety
Diagnosis: **Panic disorder**

Symptoms: Sleep disturbance, hopelessness
Diagnosis: **Depression**

Depression and panic disorder are seen across all age groups in both sexes. From the doctor's viewpoint, overlapping symptoms can make them appear similar. For the patients, the same effective treatment can make a real difference to their quality of life.

Cipramil combines proven efficacy with an established safety and tolerability profile, which makes it a logical first choice for patients suffering from depression or panic disorder. For effective relief from depression and panic disorder, prescribe Cipramil - the most selective SSRI - and make a real difference to your patients.

Cipramil ▼
citalopram
make a difference in depression and panic disorder

They just know that Cipramil makes a real difference

Abbreviated prescribing information. Presentation: 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £10.09. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £16.79. 'Cipramil' tablets 40 mg: PL 0458/0059, each containing 40 mg of citalopram as the hydrobromide. 28 (OP) 40 mg tablets £28.38. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/ recurrence. Treatment of panic disorder, with or without agoraphobia. **Dosage:** ***Treating depression: Adults:*** 20 mg a day. Depending upon individual patient response, this may be increased in 20 mg increments to a maximum of 60 mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Treatment for at least 6 months is usually necessary to provide adequate maintenance against the potential for relapse. ***Treating panic disorder:*** 10 mg daily for the first week, increasing to 20 mg daily. Depending upon individual patient response, dosage may be further increased to a maximum of 60 mg daily. Depending upon individual patient response, it may be necessary to continue treatment for several months. ***Elderly:*** 20 mg a day increasing to a maximum of 40 mg dependent upon individual patient response. ***Children:*** Not recommended. ***Reduced hepatic/renal function:*** Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. ***Pregnancy and Lactation:*** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. Use a low starting dose for panic disorder, to reduce the likelihood of an initial anxiogenic 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. Withdrawal symptoms have been reported with SSRIs. Abrupt withdrawal of citalopram should be avoided. **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. © 1998 Lundbeck Ltd. Date of preparation: January 1999. 1298/CIP/501/056

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Past Editors

Eliot Slater	1961–72	John L. Crammer	1978–83
Edward H. Hare	1973–77	Hugh L. Freeman	1984–93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963.

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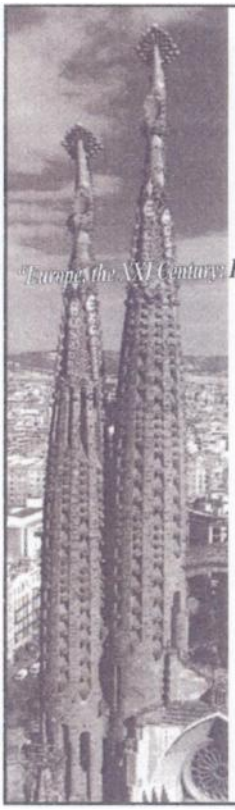

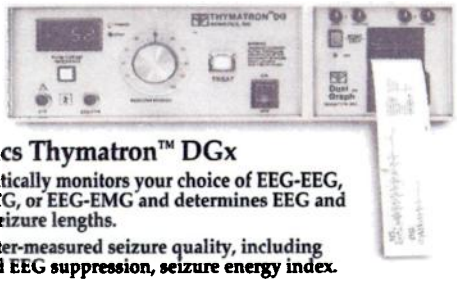

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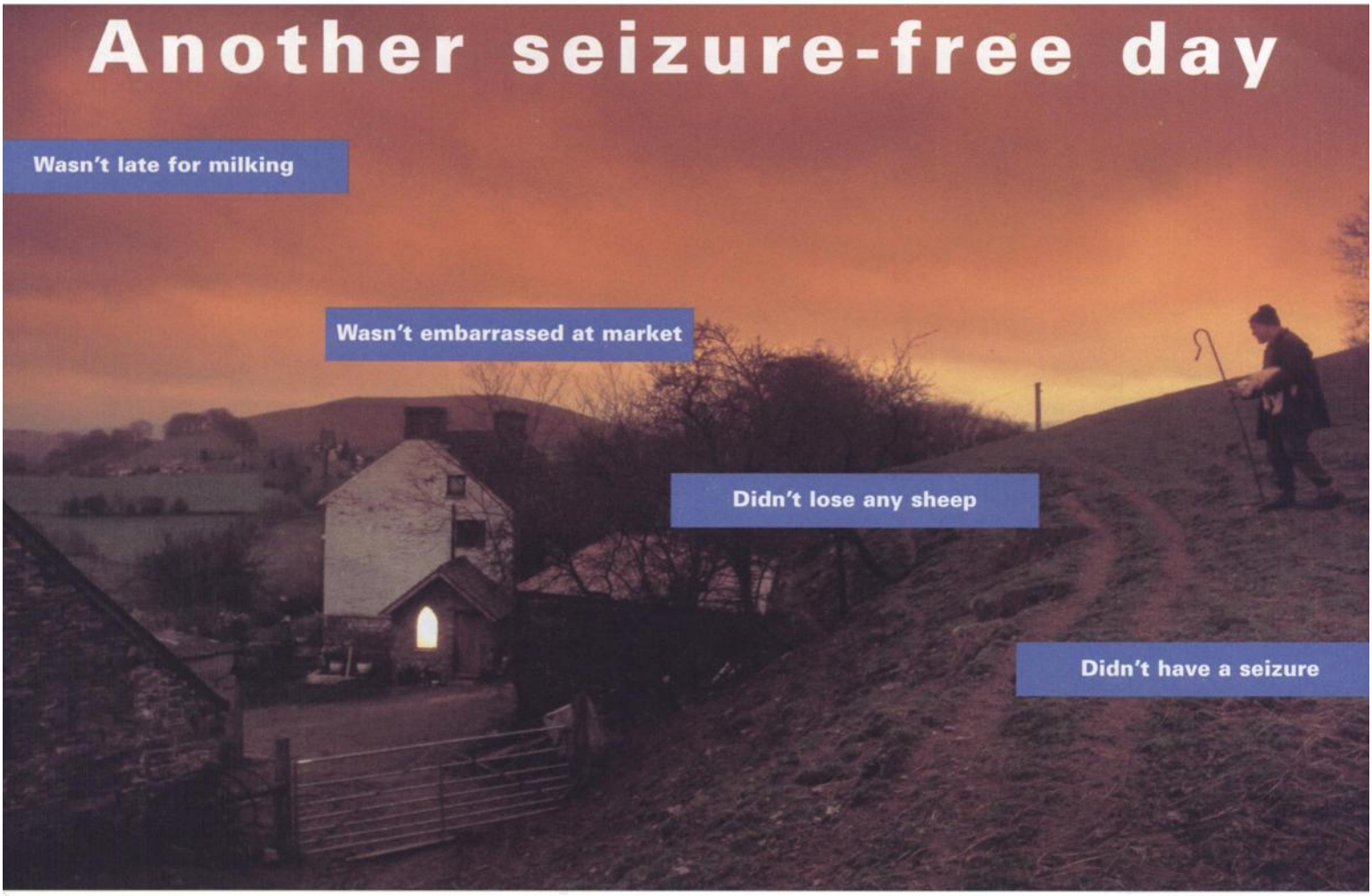
Spot the Edronax difference.

Highly selective noradrenaline re-uptake inhibitor (NARI)[1]

Edronax® reboxetine tablets

Helps restore energy and motivation in tired depressed patients[2,3]

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 Insufficiency*** 2 mg b.i.d. **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** 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, tachycardia, vertigo, urinary hesitancy **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 **References: 1.** Brunello N et al. *Human Psychopharmacology* 1998;**13**:S13-S19. **2.** Dubini A et al. *J Psychopharmacol* 1997; 11(4):S17-S23. **3.** Montgomery SA. *Prescriber* April 1998; 116-119. Further information is available from the Marketing Authorisation Holder: Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101. ® Edronax is a registered trademark. Code No.P4008/12/98.
Date of preparation:



TOPAMAX®

topiramate

At the end of the day, it works.

A first choice add-on therapy for most seizure types

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 mgs/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:** Withdraw all antiepileptic drugs slowly. Hydrate to reduce the risk of nephrolithiasis (especially if predisposed). 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:* Decrease in digoxin concentration. Withdrawal of TOPAMAX®. *Oral Contraceptives:* Should contain not less than 50µg of oestrogen. Ask patients to report any slowing, somnolence, speech disorders/related 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, hallucination, depression and leucopenia. Topamax increases the risk of nepthrolithiasis. **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. 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.

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:** 25 mg 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 first day, followed by one or two 25 mg tablets on second day. Increase dose slowly, by increments (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. Doses up to 900mg daily may be used. Dose-related convulsions have been reported especially during dose titration. Patients with a history of seizures, those suffering from cardiovascular, renal or hepatic disorders, and 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 and Precautions:** 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 then strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of this risk, CLOZARIL 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 two-weekly for the first year of therapy. After one years 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 discontinuation of CLOZARIL. Patients must be under specialist supervision. 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 and a drug supply audit so that CLOZARIL is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact their physician immediately if any kind of infection begins to develop, especially if flu-like. Immediate differential count is necessary if signs or symptoms of infection develop. Re-evaluate any patient developing an infection, or when a routine white blood count of between 3.0 and 3.5 x 10^9/l and/or a neutrophil count between 1.5 and 2.0 x 10^9/l, with a view to discontinuing CLOZARIL. If the white blood count falls below 3.0 x 10^9/l and/or the absolute neutrophil count drops below 1.5 x 10^9/l, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Any further fall in white blood/neutrophil count below 1.0 x 10^9/l and/or 0.5 x 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. Discontinue colony stimulating factor when the neutrophil count returns above 1.0 x 10^9/l. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients, if 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 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, rarely, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant highly protein bound drugs. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which posses affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL has been 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 CLOZARIL effectiveness. No clinically relevant interactions have been noted with tricyclic antidepressants, phenothiazines and type Ic antiarrhythmics, to date. Concomitant 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 e.g. dry mouth, disturbances of accommodation and sweating/temperature regulation. Hypersalivation may occur. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. Rarely, 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 and vomiting have been reported. Mild constipation may occur, however, it may be more severe and fatal complications including gastrointestinal obstruction and paralytic ileus have occurred. Monitor patients and prescribe laxatives, as required. Care is required in patients receiving other medicines known to cause constipation or with a history of colonic disease or lower abdominal surgery. Asymptomatic elevations in liver enzymes occur commonly and usually resolve without drug discontinuation. 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. 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:** January 1999. Full prescribing information, including Summary of Product Characteristics is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

CLZ 98/46

Jan '99

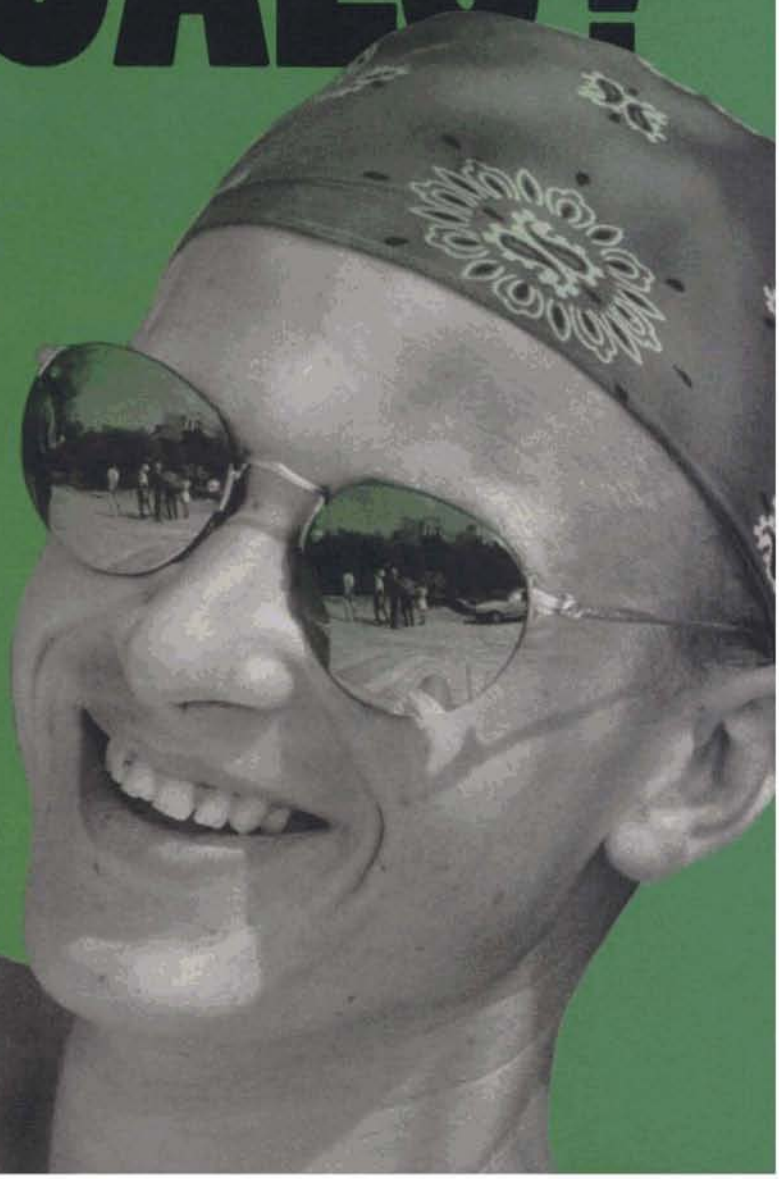
NOVARTIS

THE ENVY OF OTHER ATYPICALS?

A GOLD STANDARD THERAPY FOR TREATMENT-RESISTANT SCHIZOPHRENIA

WHY?

When others fail, its unsurpassed efficacy changes people's lives. Why don't you use it more?



CLOZARIL
clozapine

A pathway to lasting care in the community

https://doi.org/10.1192/S0007125000262168 Published online by Cambridge University Press

Please refer to summary of product characteristics before prescribing
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 contraceptives may be reduced. Patients should be advised to use alternative methods of contraception or additional methods of barrier contraception when taking oral contraceptives containing at least 50 mcg ethinyloestradiol should be taken. Tricyclic antidepressants: no clinically relevant interaction was seen in a single dose interaction study of Provigil and clomipramine. 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. Buccolacial 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

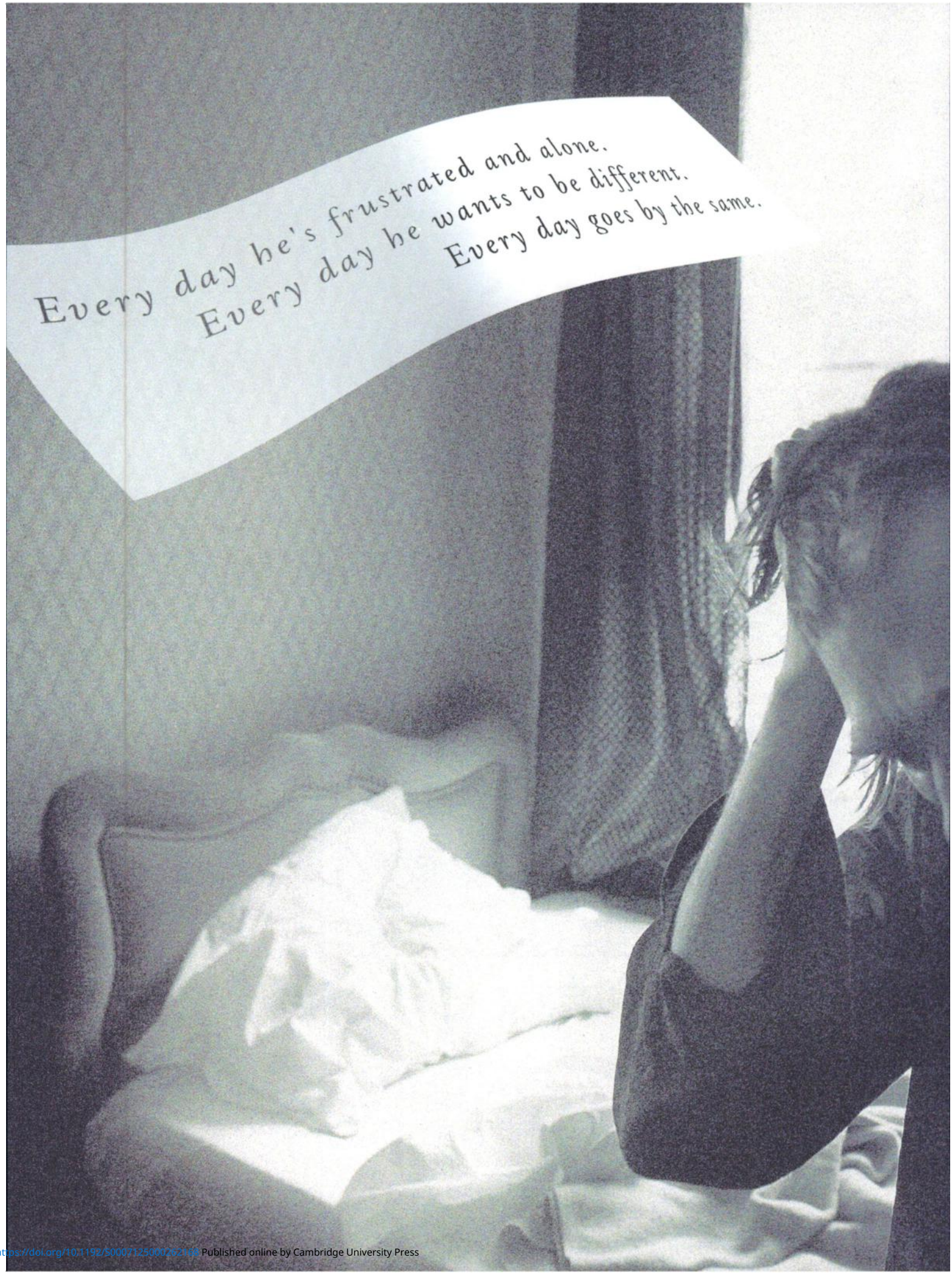
WAKE UP LITTLE SUZIE, WAKE UP

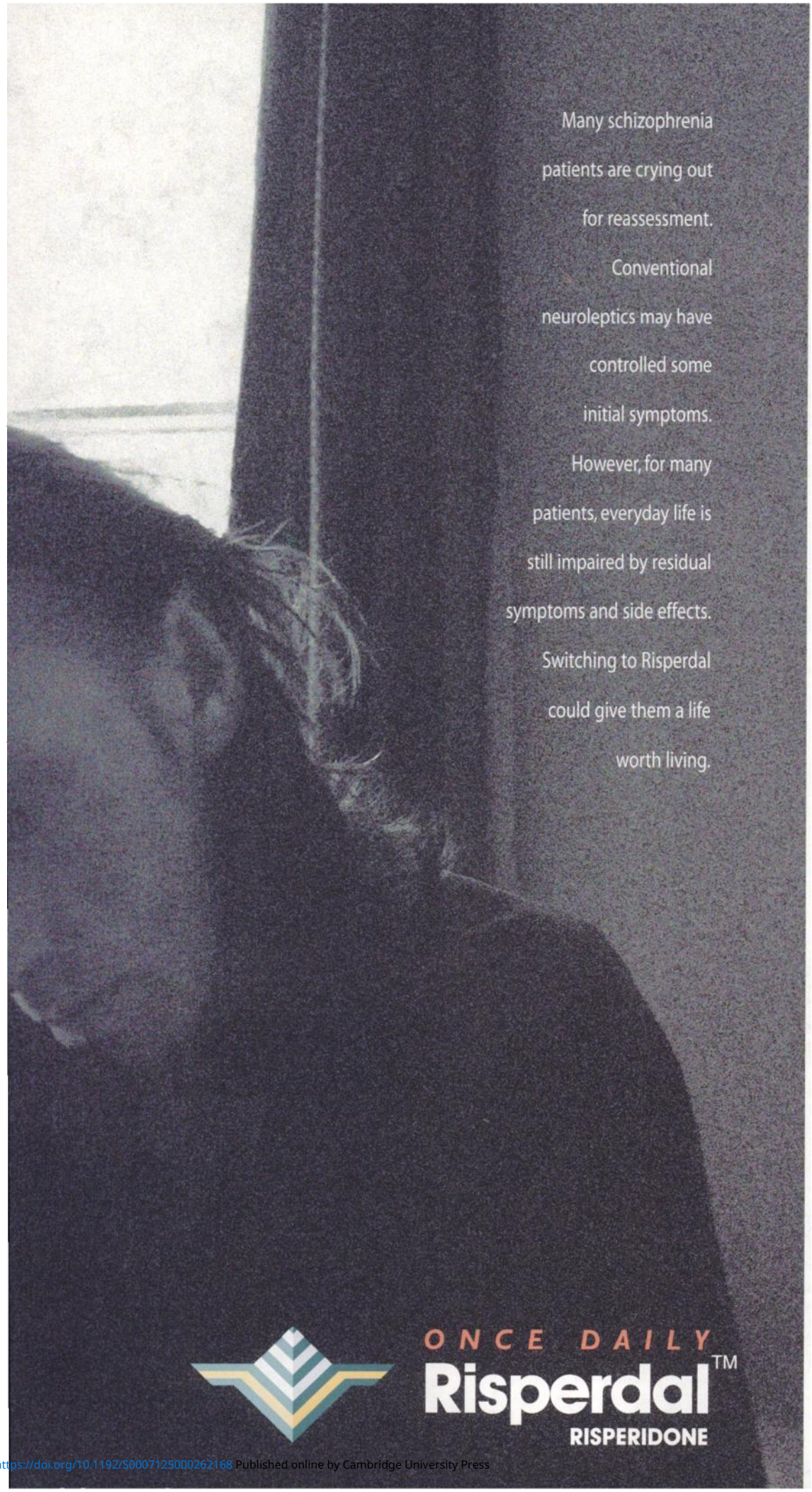
Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall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

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,[2] one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus[3] and differs greatly from amphetamines in its pharmacology.[4] Consequently the incidence of amphetamine

PROVIGIL®▼
MODAFINIL





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. PHARMACEUTICAL 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 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, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER140797

JANSSEN-CILAG Ltd

Organon

Date of preparation: August 1998

https://doi.org/10.1192/S0007125000262168 Published online by Cambridge University Press

Add life to living with schizophrenia

Solian is a new benzamide antipsychotic, with the ability to treat both the positive[1] and negative[2] symptoms of schizophrenia.

Solian offers a lower incidence of EPS than standard neuroleptics such as haloperidol,[3] as well as avoiding some of the drawbacks of certain atypicals: it does not require routine cardiovascular[4,5] or haematological[4,6] monitoring and patients gain significantly less weight than those treated with risperidone.[2]

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

Solian®
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; phaeochromocytoma; children under 15 years; pregnancy; lactation; women of child bearing potential not using contraception. **Warnings and Precautions:** As with all neuroleptics, neuroleptic malignant syndrome may occur (discontinue Solian). Caution 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 Synthélabo 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

Indication: Treatment of schizophrenia. **Dosage and Administration:** Zoleptil is given orally in divided doses with or without food. **Adults:** The effective adult dose is 75 to 300mg daily. The recommended starting dose is 25mg taken three times daily. The dose may be adjusted according to clinical response up to a maximum of 100mg three times daily. Dosage adjustments should be made at intervals of four days. Doses above 300mg per day may increase the risk of seizures. **Elderly patients and patients with established hepatic and/or renal impairment:** A starting dose of 25mg twice daily is recommended. Titration should be gradual, based on efficacy and tolerability, up to a maximum of 75mg twice daily. Zoleptil is not recommended for use in children under 18 years of age. **Contra-indications:** Known hypersensitivity to Zoleptil or any of its excipients. Patients suffering from acute intoxication with CNS depressants including alcohol. As with other uricosuric agents, Zoleptil should not be used in patients with acute gout or a history of nephrolithiasis though in practice the risk of increased urate renal stone formation appears to be low. **Precautions:** Zoleptil should not be used to treat patients with a history of epilepsy unless the benefit outweighs the risk. Caution is advised when using Zoleptil in patients at risk of arrhythmias or in combination with drugs known to cause prolongation of the QTc interval. When treating patients from these groups it is recommended that an ECG is performed before starting treatment. Caution is advised in patients with known severe cardiovascular disease including severe hypertension or severely restricted cardiac output. Zoleptil is associated with an increase in heart rate and should therefore be used with caution in patients suffering from angina pectoris. Zoleptil may cause orthostatic hypotension and a dose reduction or more gradual titration should be considered if this occurs. Isolated cases of neuroleptic malignant syndrome have been reported. In this event all antipsychotic drugs including Zoleptil should be discontinued. If a reduction in white cell count is suspected a white cell count should be performed. A lower starting dose, gradual titration and a reduced maximum daily dose should be used in the elderly, and in renally or hepatically impaired patients. Monitoring of liver function tests is recommended in patients with hepatic impairment. Patients should be advised of the possibility for weight gain. Isolated cases of tardive dyskinesia have occurred. In this case the discontinuation or reduction in dose of all antipsychotics should be considered. Zoleptil should be used with caution in patients with prostatic hypertrophy, retention of urine, narrow angle glaucoma and paralytic ileus. Zoleptil has uricosuric properties and should be used with caution in patients with gout or hyperuricaemia. Patients should be advised not to drive or operate machinery until their susceptibility has been established. **Pregnancy and Lactation:** Zoleptil should not be used during pregnancy unless the benefits to the mother outweigh the potential risks to the baby. Nursing mothers taking Zoleptil should not breast-feed. **Interactions:** Zoleptil should be used with caution in combination with other centrally acting drugs, in particular high doses of other antipsychotics which may further lower the seizure threshold, as well as fluoxetine and diazepam which may lead to increased plasma concentrations of zotepine. Caution should be exercised when Zoleptil is co-prescribed with hypotensive agents, including some anaesthetic agents. **Side Effects and Adverse Reactions:** The following adverse events have been reported in association with Zoleptil therapy in clinical trials and spontaneously during clinical usage (approximately 1.98 million patients treated). Most commonly reported adverse events include: asthenia, chills, headache, infection, pain, hypotension, tachycardia, constipation, dyspepsia, elevated liver function tests, changes in ESR, leucocytosis and leucopenia, weight increase, agitation, anxiety, depression, dizziness, dry mouth, EEG abnormal, extrapyramidal syndrome, insomnia, salivation increased, somnolence, rhinitis, sweating, blurred vision. Occasionally reported were: abdominal pain, chest pain, fever, flu syndrome, malaise, arrhythmia, ECG abnormality, hypertension, postural hypotension, syncope, anorexia, appetite increased, diarrhoea, nausea, vomiting, prolactin increased, abnormal blood cells, anaemia, thrombocythaemia, creatinine increased, hyperglycaemia, hypoglycaemia, hyperlipidaemia, hypouricaemia, oedema, thirst, weight loss, arthralgia, joint disease, myalgia, confusion, convulsions, dysautonomia, hostility, libido decreased, nervousness, speech disorder, vertigo, cough increase, dyspnoea, acne, dry skin, rash, conjunctivitis, impotence, urinary incontinence. **Overdosage:** May result in exaggerated pharmacological effects which include hypotension, tachycardia, arrhythmias, agitation, pronounced extrapyramidal effects, hypo- or hyperthermia, seizures, respiratory depression, stupor or coma. There is no specific antidote, therefore appropriate supportive measures should be instituted. A clear airway should be established and maintained, and adequate oxygenation and ventilation ensured. Gastric lavage and administration of activated charcoal together with a laxative should be considered. Cardiovascular monitoring should commence immediately and should include continuous ECG monitoring to detect possible arrhythmias. Hypotension and circulatory collapse should be treated by plasma volume expansion and other appropriate measures. If sympathomimetic agents are used for vascular support, adrenaline and dopamine should not be used as this may worsen hypotension. In the case of severe extrapyramidal symptoms, anticholinergic medication should be administered. Seizures may be treated with intravenous diazepam. Close medical supervision and monitoring should continue until the patient recovers. **Legal Category:** POM. **Product Licence Numbers:** 25mg tablets: PL00169/0110; 50mg tablets: PL00169/0111; 100mg tablets: PL00169/0112. **Presentations, Nature and Content of Containers, Basic NHS Cost:** Zoleptil 25: white sugar-coated tablets containing 25mg zotepine provided in blister strip packs of 30 £15.00 and 90 £45.00. Zoleptil 50: yellow sugar-coated tablets containing 50mg zotepine provided in blister strip packs of 30 £20.00 and 90 £60.00. Zoleptil 100mg: pink sugar-coated tablets containing 100mg zotepine provided in blister strip packs of 30 £33.00 and 90 £99.00. **Marketing Authorisation Holder:** Knoll Ltd. 9 Castle Quay. Castle Boulevard. Nottingham NG7 1FW. England. Full prescribing information is available on request from Orion Pharma (UK) Ltd. 1st floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, Berkshire, RG14 5UX. Zoleptil is a registered trade mark. **Date of Preparation:** October 1998.

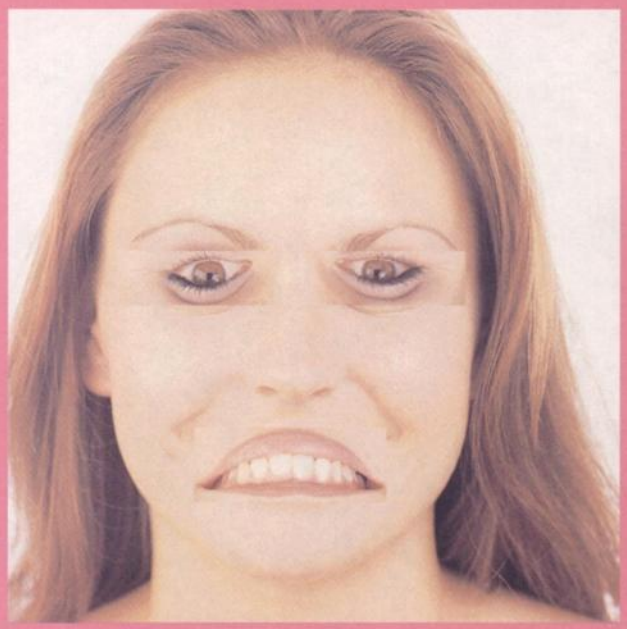
Orion Pharma (UK) Ltd, 1st Floor, Leat House, Overbridge Square,
Hambridge Lane, Newbury, BERKS RG14 5UX

ORION PHARMA

Licensed from Fujisawa Pharmaceutical Co. Ltd., Japan

ZOL0210

SCHIZOPHRENIA?



As a modern antipsychotic, it is no surprise that Zoleptil offers effective control of positive symptoms of schizophrenia as well as a significant reduction in SANS total score. But what may come as a surprise is the fact that over 2 million patients have already been treated with Zoleptil.

TURNING POINT IN

Zoleptil®
zotepine

A SURPRISING ANTIPSYCHOTIC

https://doi.org/10.1192/S0007125000262168 Published online by Cambridge University Press

Campral EC acamprosate

Presentation: Off-white round enteric-coated tablets, containing 333mg acamprosate calcium. Printed on one side with 333. **Properties:** Acamprosate may act by stimulating GABAergic inhibitory neurotransmission and antagonising excitatory amino acids, particularly glutamic acid. **Indication:** Maintenance of abstinence in alcohol dependent patients. It should be combined with counselling. **Dosage and Administration:** *Adults ≥ 60kg:* 6 tablets per day (2 tablets taken three times daily with meals) *Adults < 60kg:* 4 tablets per day (2 tablets in the morning, 1 at noon and 1 at night with meals). Recommended treatment period one year, starting as soon as possible after the withdrawal period. Treatment should be maintained if the patient relapses. *Elderly:* Not recommended. *Children:* Not recommended. **Contraindications:** Known hypersensitivity to the drug, renal insufficiency (serum creatinine > 120 micromol/L), severe hepatic failure (Childs-Pugh classification C), pregnancy, lactation. **Precautions and** period. **Interactions:** None observed in studies with diazepam, disulfiram or imipramine. The concomitant intake of alcohol and acamprosate does not affect the pharmacokinetics of either alcohol or acamprosate. **Side Effects:** Diarrhoea, and less frequently nausea, vomiting and abdominal pain; pruritus. These are usually mild and transient. An occasional maculopapular rash and rare cases of bullous skin reactions have been reported. Fluctuations in libido have been reported. Campral EC should not impair the patient's ability to drive or operate machinery. **Overdose:** Gastric lavage; should hypercalcaemia occur, treat patient for acute hypercalcaemia. **Legal Category:** POM. **Pharmaceutical Precautions:** None. **Package Quantities and Basic NHS Price:** 84 blister packed tablets £24.95. **Marketing Authorisation Number/Holder:** 13466/0001, Lipha SA, Lyon, France. **Date of Preparation:** August 1997. Further information is available on request from Merck Pharmaceuticals, Harrier House, High Street, West Drayton, Middlesex, UB7 7QG.

SPECIAL COMMENDATION AWARDED 1998 PRIX GALIEN AWARD FOR INNOVATIVE PHARMACEUTICAL PRODUCTS

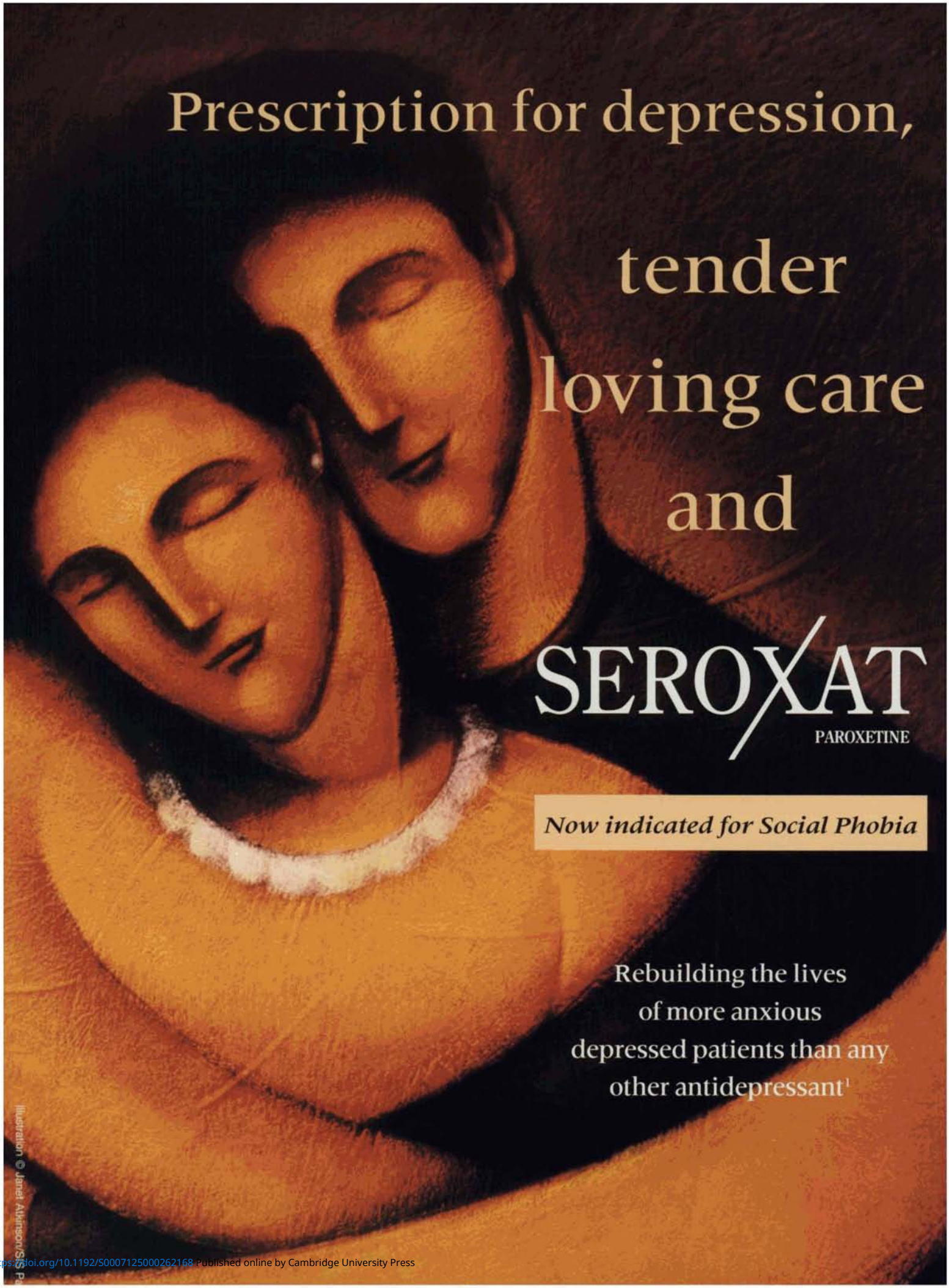
BRAIN BIOCHEMISTRY ADAPTS TO
LIFE WITH ALCOHOL

CAMPRAL EC HELPS PATIENTS ADAPT TO
LIFE WITHOUT ALCOHOL

Non-aversive **Campral EC** can help reduce the craving in patients who are adapting to a life without alcohol.

EFFECTIVE IN MAINTAINING ABSTINENCE

Campral EC



PRESCRIBING INFORMATION

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. Treatment of symptoms of social anxiety disorder/social phobia.

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.

Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

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. 10.9.98

SB SmithKline Beecham Pharmaceuticals

PARTNERS IN PSYCHIATRIC CARE

Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

Reference: 1. Data on file.

0998/ST:AD/8/039BJ

SEROXAT

Rebuilding the lives of anxious depressed patients

https://doi.org/10.1192/S0007125000262168 Published online by Cambridge University Press