THE BRITISH JOURNAL OF PSYCHIATRY

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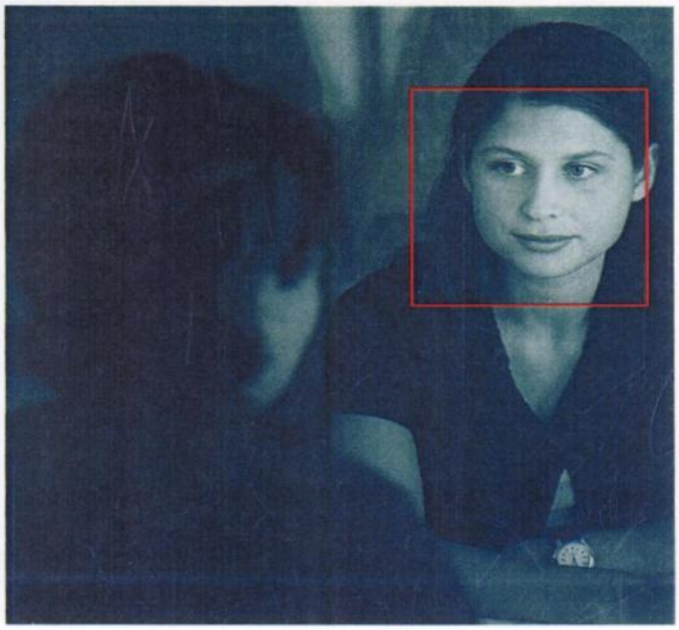
Debbie doesn't know that Cipramil is now indicated for panic disorder



... 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[1,2], good tolerability[3], and low risk of drug interactions[4,5,6]. She just recognises the difference that Cipramil makes to the stability and quality of her life.

Lundbeck

Cipramil
citalopram
now indicated for panic disorder

Presentation: 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £12.77. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £21.28. **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. **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

1. Hyttel J. XXII Nordiske Psykiater Kongres, Reykjavic, 11 August 1988:11-21. 2. Eison AS et al Psychopharmacology Bul 1990; 26 (3): 311-315. 3. Wade AG et al. Br J Psychiatry 1997; 170: 549-553. 4. Sindrup SH et al. Ther Drug Monit 1993; 15 11-17. 5. Van Harten J. Clin Pharmacokinetics 1993; 24: 203-20. 6. Jeppesen U et al. Eur J Clin Pharmacol 1996; 51: 73-78.

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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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Books Beyond Words

These books are joint publications between the Royal College of Psychiatrists and St. George's Hospital Medical School. They are intended for people with learning disabilities or difficulties or mental health needs. The stories are told through pictures alone to allow each reader to make his or her own interpretation. A short written text at the end of the book provides one possible narrative for the pictures. *Gaskell books are available from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. (Tel. +44(0)171 235 2351, extension 146). Credit card orders can be taken over the telephone. The latest information on College publications is available on the INTERNET at: www.rcpsych.ac.uk*

You're under Arrest

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb
£10.00 72pp. 1996 ISBN 1 901242 01 3

You're on Trial

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb
£10.00 72pp. 1996 ISBN 901242 00 5

Going to Court

By Sheila Hollins with Valerie Sinason and Julie Boniface
Illustrated by Beth Webb
£10.00 70pp. 1994 ISBN 1 874439 08 7

The pictures and text in these books are intended to show the likely events when someone with learning disabilities or mental health needs is under arrest and comes into contact with the criminal justice system. *Going to Court* is about being a witness in a Crown Court. The pictures suit any crime and any verdict.

Jenny Speaks Out

£10.00 60pp. 1992 ISBN 1 874439 001

Bob Tells All

£10.00 62pp. 1993 ISBN 1 874439 03 6
By Sheila Hollins and Valerie Sinason
Illustrated by Beth Webb

These two companion books may enable a person with learning disabilities to open up about their experience of sexual abuse. Bob and Jenny have been abused and feel unsettled when they move to a new homes in the community. In each story, the carers sensitively help Bob and Jenny unravel their painful past as victims of sexual abuse, to begin a slow but positive healing process.

Making Friends

£10.00 68pp. 1995 ISBN 1 874439 10 9

Hug Me Touch Me

£10.00 70pp. 1994 ISBN 1 874439 05 2
By Sheila Hollins and Terry Roth, illustrated by Beth Webb

The characters in these stories want to make new friends. The books show when they can and can't hug and touch other people. *Making Friends* tells the story from a man's perspective, while *Hug Me Touch Me* tells the story from a woman's point of view.

Feeling Blue

By Sheila Hollins and Jenny Curran
Illustrated by Beth Webb

This book is for people with learning disabilities who get depressed. It shows what happens to the character when he is depressed, and how he is helped to feel better.

£10.00 66pp. 1995 ISBN 1 874439 09 5

GASKELL

Michelle Finds a Voice

By Sheila Hollins and Sarah Barnett
Illustrated by Denise Redmond

This is the story of a young woman with cerebral palsy who is unable to speak, and so cannot communicate what she is feeling to the very people who might help her. The book shows how Michelle and her carers are helped to overcome these difficulties.

1997 82pp ISBN 1-901242-06-4 £10.00

Going to the Doctor

By Sheila Hollins, Jane Bernal and Matthew Gregory
Illustrated by Beth Webb

Going to the doctor can be a worrying experience. For people with a learning disability, there is the added fear of not being able to explain what's wrong, as well as not understanding what's happening. Feelings, information and consent are all addressed. A variety of scenarios are covered (examination, blood test, prescription, etc.). Ideally, this book should be used to prepare someone before going to the doctor but it will also be invaluable to General Practitioners and primary health care workers during consultations and before treatments. *£10.00 73pp. 1996 ISBN 1 874439 13 3*

When Dad Died

£10.00 60pp. 1989 ISBN 1 874439 06 0

When Mum Died

£10.00 60pp. 1989 ISBN 1 874439 07 9
By Sheila Hollins and Lester Sireling
Illustrated by Beth Webb

These two books take an honest and straightforward approach to death in the family. The pictures tell the story of the death of a parent in a simple but moving way. The approach is non-denominational. One book illustrates a cremation (*When Dad Died*), the other a burial. Children without learning disabilities will also appreciate these books which adopt a more direct approach to death than is usual.

A New Home in the Community

£10.00 72pp. 1993 ISBN 1 874439 02 8

Peter's New Home

£10.00 72pp. 1993 ISBN 1 874439 01 X
By Sheila Hollins and Deborah Hutchinson
Illustrated by Beth Webb

These two books are designed to help people with learning disabilities make a happy transition to a new home. *Peter's New Home* tells the story of leaving one's family for a group home while *A New Home in the Community* tells the story of leaving a long-stay hostel or hospital to go to a group home.

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Medicine Hat is located 288 km southeast of Calgary. It is a family oriented community offering full range of cultural, recreational and educational facilities.

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Fax or write with C.V. and three references, before 30 April 1998, to: **Dr Noorali Bharwani, FRCSC, FACS, Regional Chief of Staff, Palliser Health Authority, 666 – 5 Street S.W., Medicine Hat, Alberta, T1A 4H6, Canada. Tel.: 403-529-8024; Fax: 403-529-8998.**

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Deadlines to remember:

- Submission of proposal for Symposia, Workshops and Courses **1 March 1998**
- Submission of proposal for Papers, Posters and Videos **31 December 1998**
- Early Registration for the Congress **1 February 1999**

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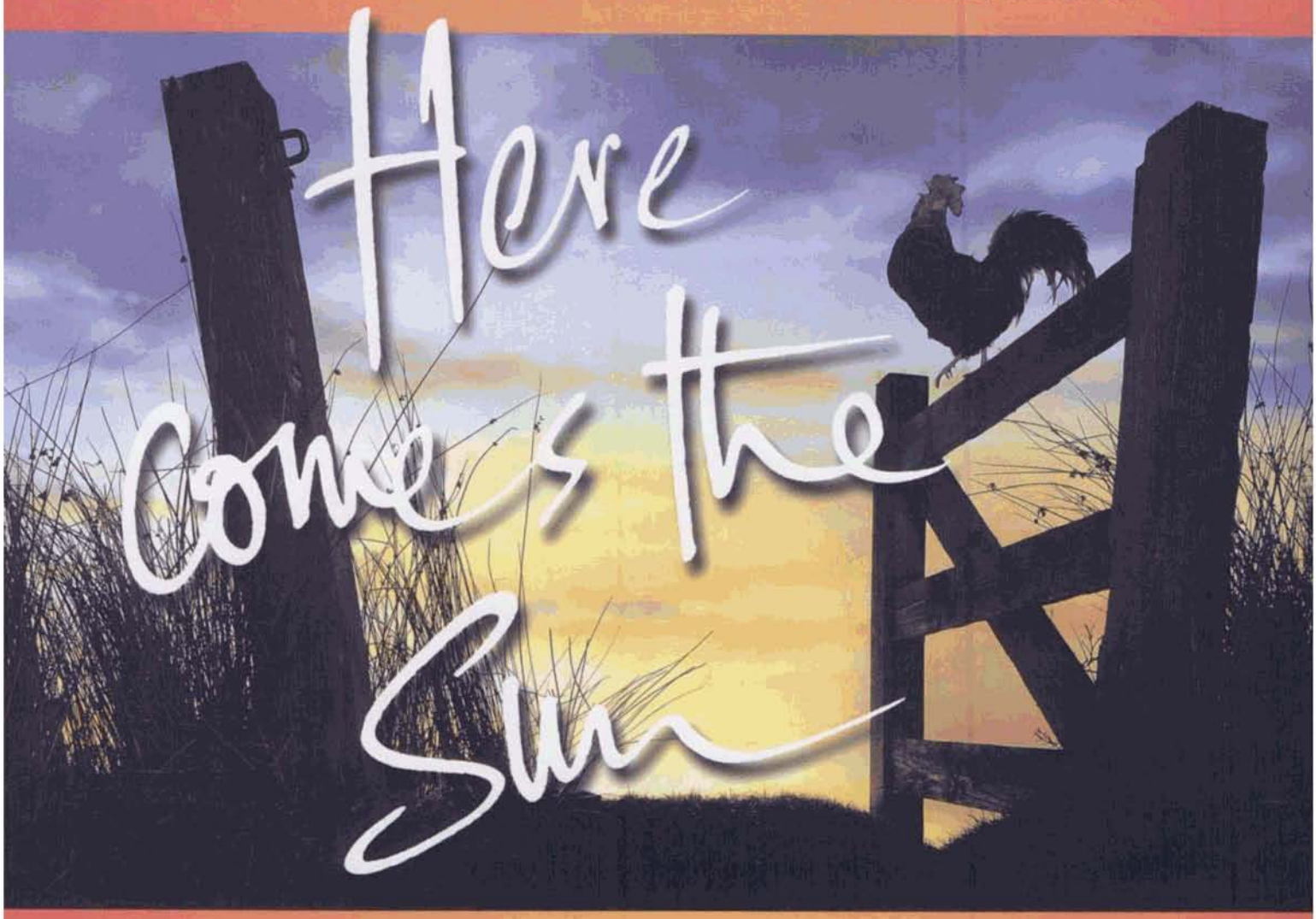
Efexor® XL venlafaxine - Prescribing information Presentation: Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** *Adults (including the elderly):* Usually 75mg, given once daily with food, increasing 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. McPartlin 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.



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

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VENLAFAXINE 75 mg o.d.

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ABBREVIATED PRESCRIBING INFORMATION: PROVIGIL®

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 impaired when these [illegible] containing at least 50 mcg ethinyoestradiol 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. 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**: 1240-14128-14133. 4. Simon P *et al.* Eur Neuropsychopharmacol 1995; **5**: 509-514.

WAKE UP LITTLE SUZIE, WAKE UP

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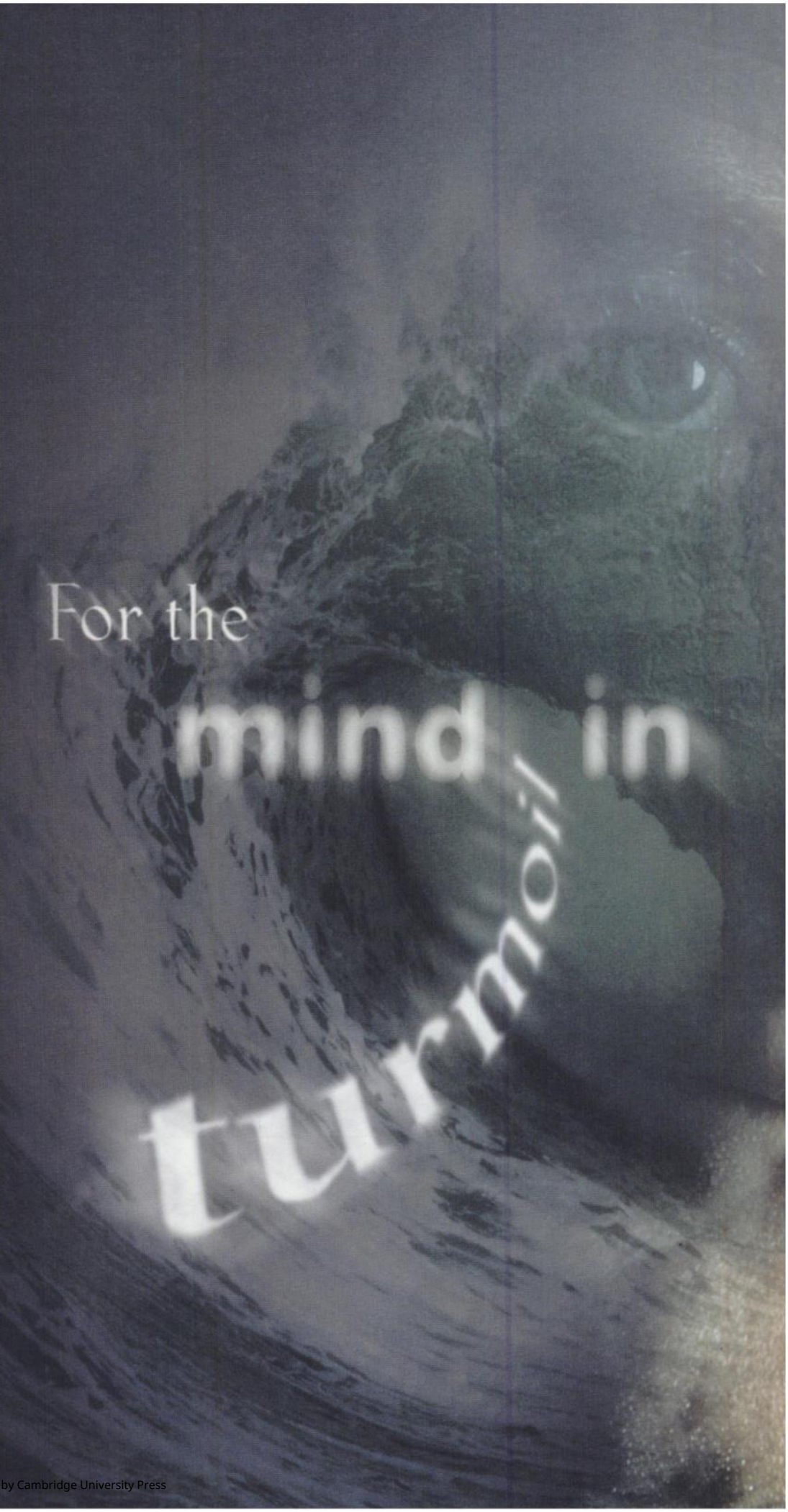

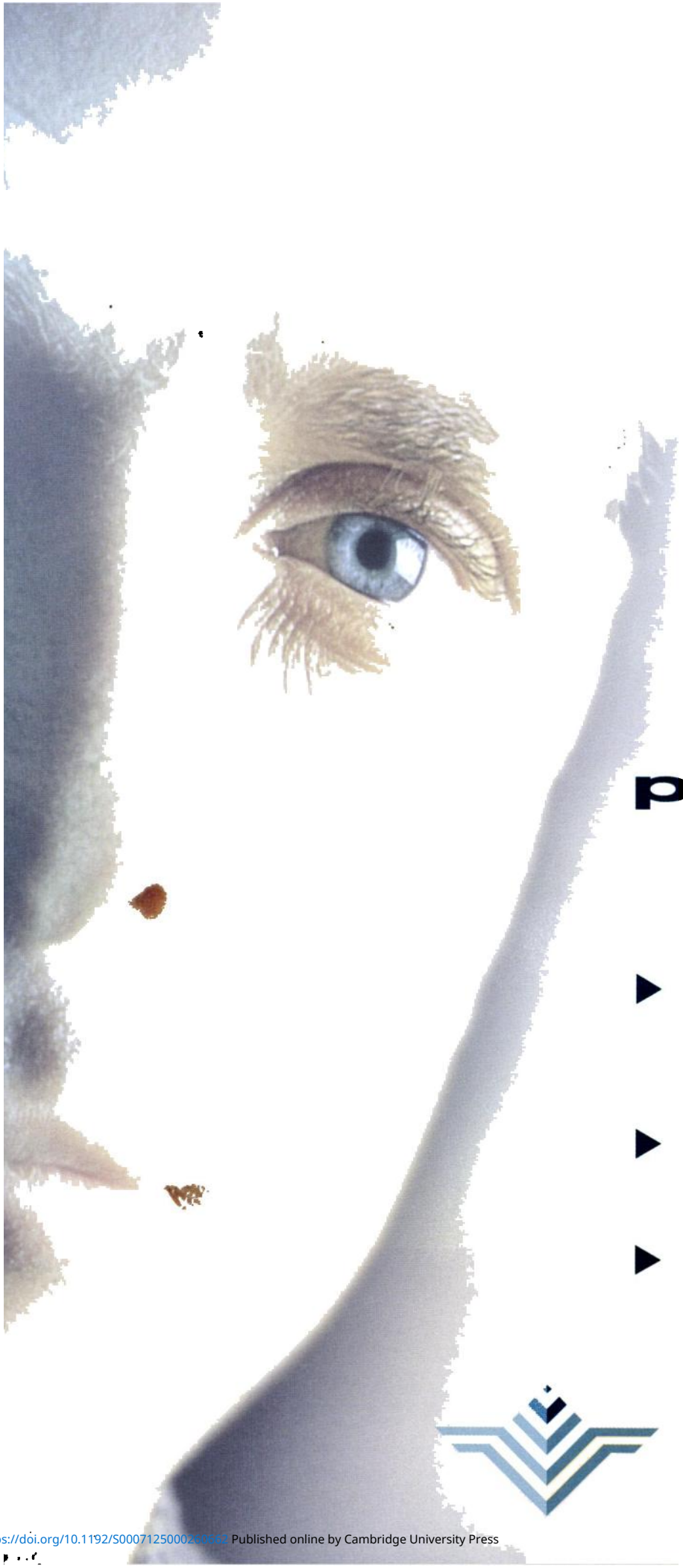

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- Placebo levels of EPS at usual effective doses[1]
- Over 18 million patient months experience worldwide[2]

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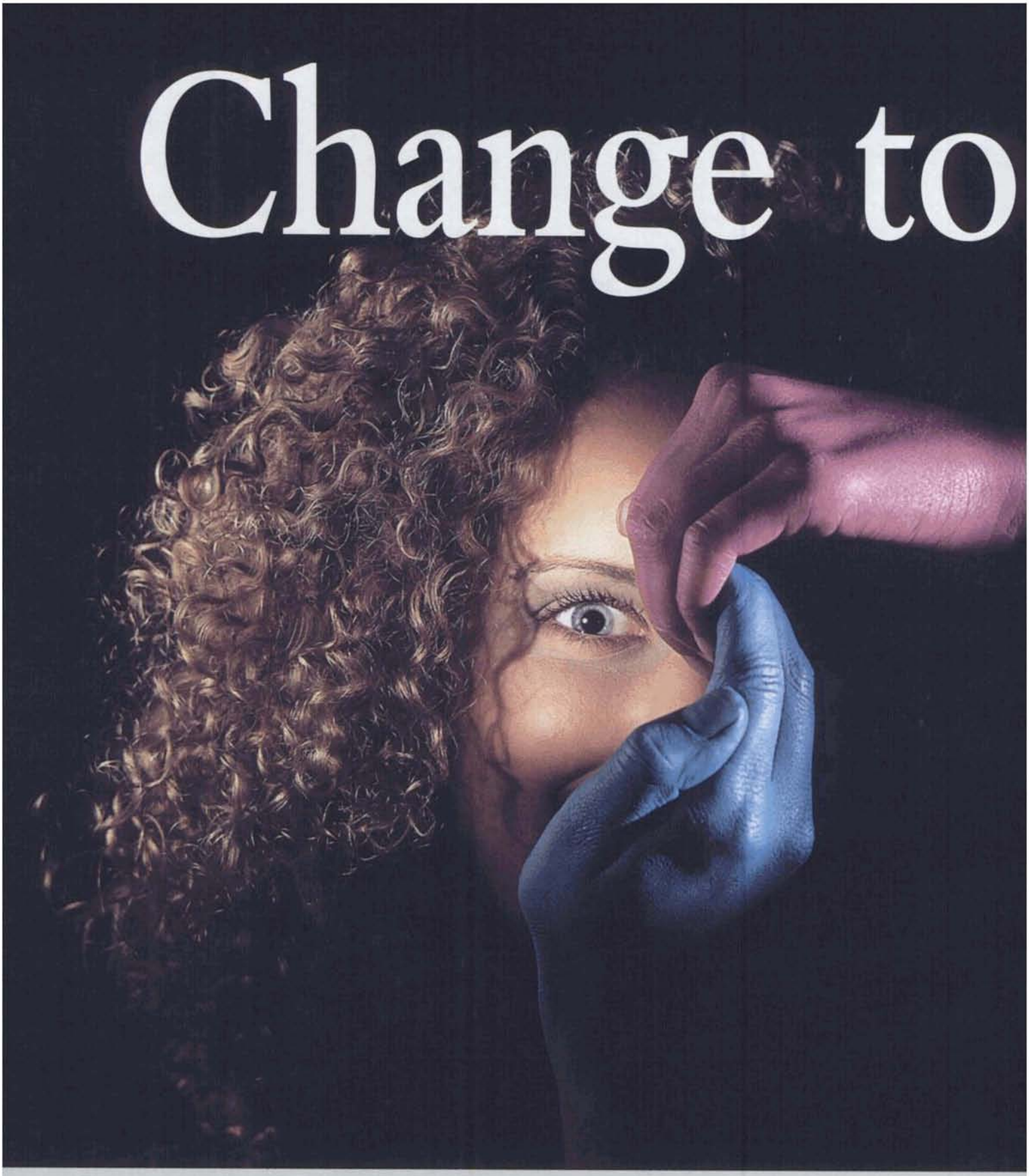

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Consult Summary of Product.
Characteristics before prescribing
Special reporting to the CSM required.

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 [illegible] 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 [illegible]n 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

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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.

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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 childbearing age not 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 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 Synthélabo. 5. Sertindole SPC. Lundbeck Ltd. 6. Clozapine SPC.

SYNTHÉLABO
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- **Improvements** in cognitive symptoms and global function [3-5]
- **Simple** once daily dosage
- **Well tolerated.** [6]

but she knew I was calling today

new ● once daily

Aricept®

donepezil hydrochloride

Eisai Pfizer

A first step in Alzheimer's

BRIEF PRESCRIBING INFORMATION
ARICEPT® (donepezil hydrochloride)
Please refer to the SmPC before prescribing ARICEPT 5mg or ARICEPT 10mg. **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Dose and administration:** ***Adults/elderly;*** 5mg daily which may be increased to 10mg once daily after at least one month. No dose adjustment necessary for patients with renal or mild-moderate hepatic impairment. ***Children;*** Not recommended. **Contra-Indications:** Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. Pregnancy. **Lactation:** Excretion into breast milk unknown. Women on donepezil should not breast feed. **Warnings and Precautions:** Initiation and supervision by a physician with experience of Alzheimer's dementia. A caregiver should be available to monitor compliance. Regular monitoring to ensure continued therapeutic benefit, consider discontinuation when evidence of

antagonists. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients at risk of ulcer disease including those receiving NSAIDs. Cholinomimetics may cause bladder outflow obstruction. Seizures occur in Alzheimer's disease and cholinomimetics have the potential to cause seizures. Care in patients suffering asthma and obstructive pulmonary disease. As with all Alzheimer's patients, routine evaluation of ability to drive/operate machinery. **Drug Interactions:** Experience of use with concomitant medications is limited, consider possibility of as yet unknown interactions. Interaction possible with inhibitors or inducers of Cytochrome P450: use such combinations with care. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers, cholinergic or anticholinergic agents. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting

heart block. Minor increases in muscle creatine kinase. **Presentation and basic NHS cost:** Blister packed in strips of 14. ARICEPT 5mg; white, film coated tablets marked 5 and ARICEPT, packs of 28 £68.32. ARICEPT 10mg; yellow, film coated tablets marked 10 and ARICEPT, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5 mg; PL 10555/0006. ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Ltd. **Further information from/Marketed by:** Eisai Ltd, Hammersmith International Centre, 3 Shortlands, London, W6 8EE and Pfizer Ltd, Sandwich, Kent, CT13 9NJ. **Legal category:** POM **Date of preparation:** August 1997.

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

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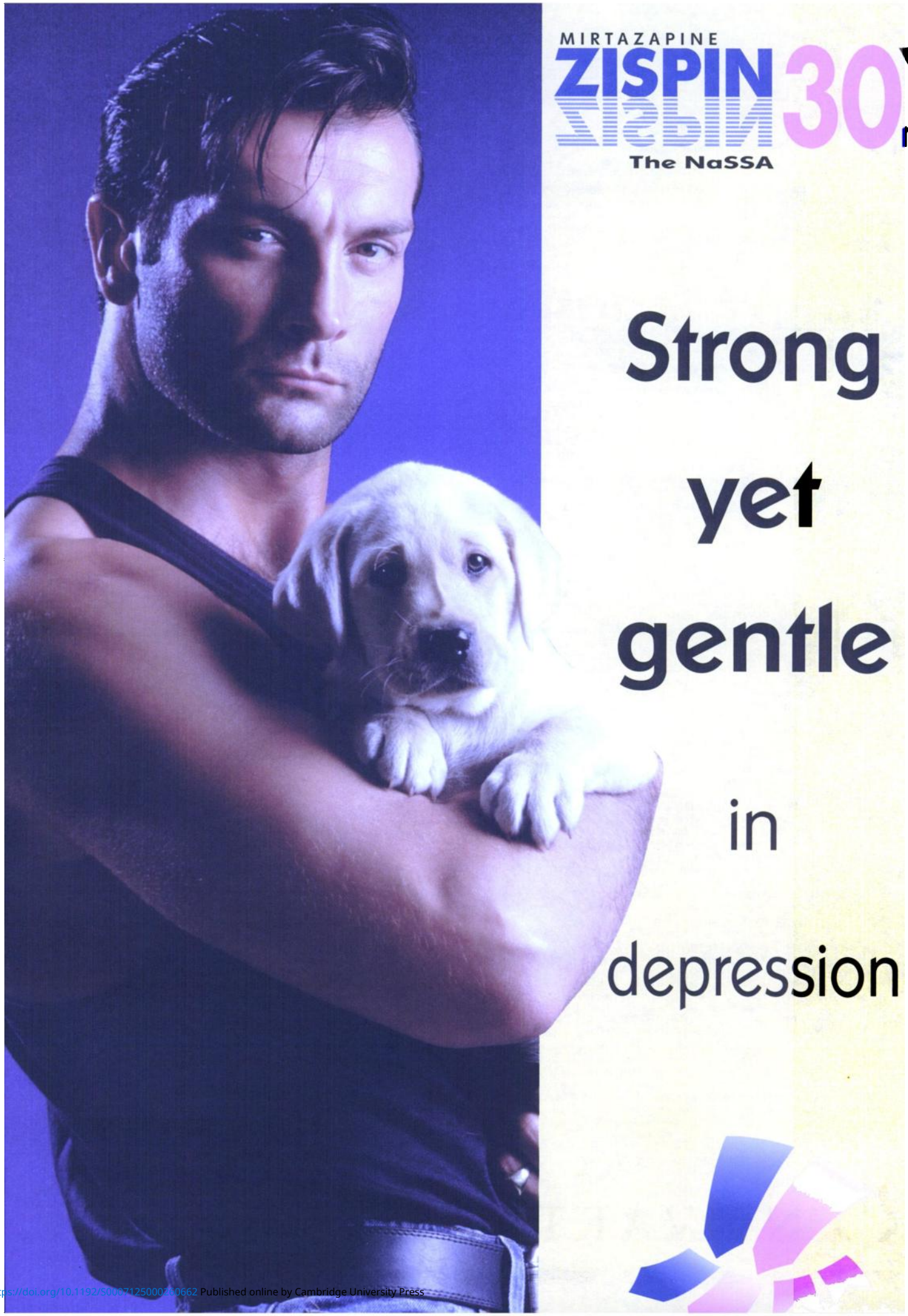

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CLOZARIL®
clozapine

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 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. Re-evaluate any patient developing an infection, or when a routine white blood count is 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. 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. Colony stimulating factor therapy should be discontinued 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 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 posses 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 lc 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.

NOVARTIS

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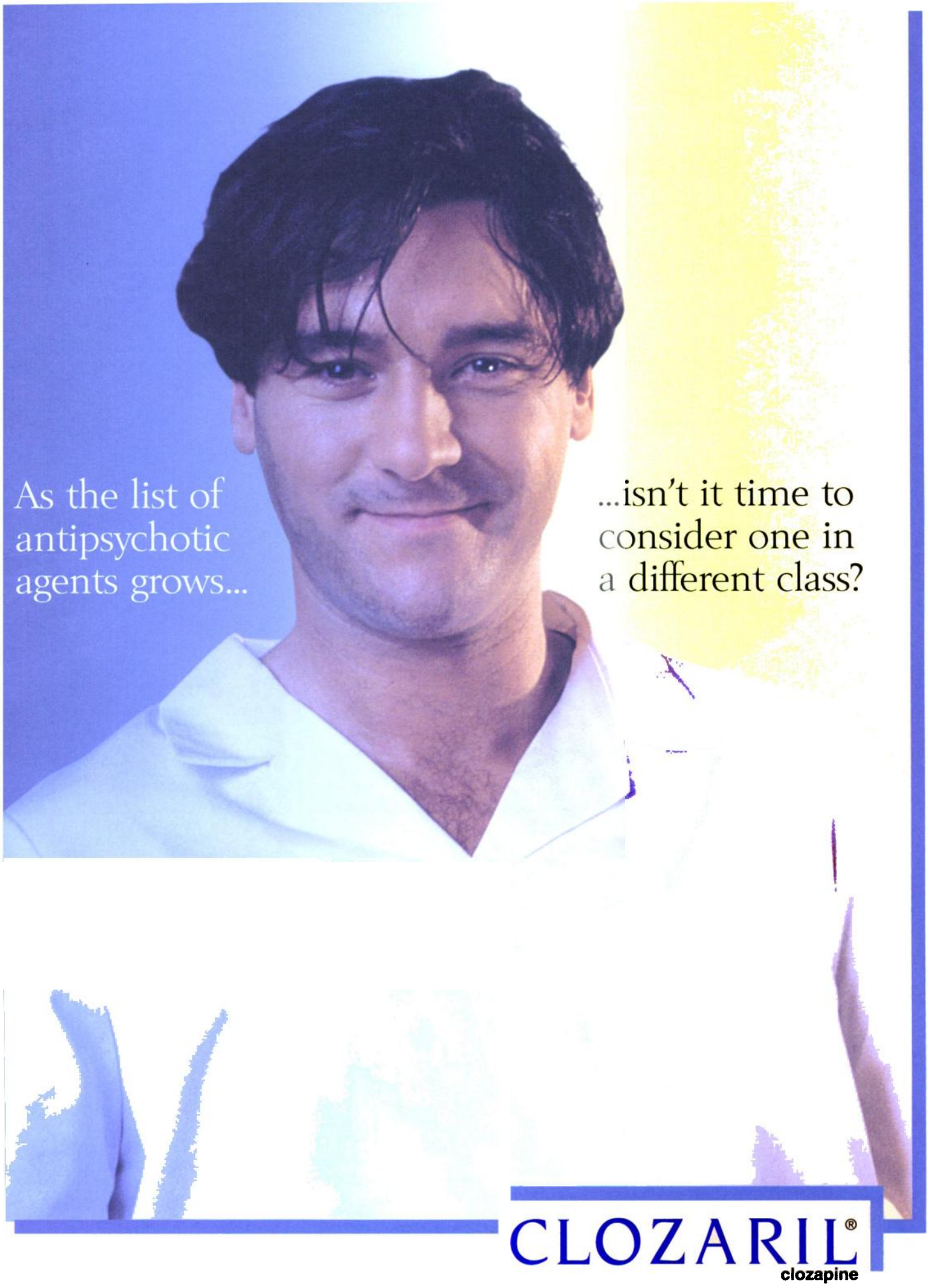

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Fast Response

Can start to improve symptoms within seven days

FIRST CHOICE

LUSTRAL™ 50mg

sertraline

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:** least 14 days should elapse before starting any MAOI following discontinuation of 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 tranquillizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. **Drug Interactions:** Caution with other centrally active medication. 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 Lustral is initiated or stopped. **Side-Effects:** Dry mouth, naus diarrhoea/loose stools, ejaculatory delay, tremor, increa sweating, dyspepsia, dizziness, insomnia and somnolence. Rar abnormal LFTs, hyponatraemia. Malaise and rash have been repor Seizures (see precautions, warnings). The following have been repor with Lustral but may have no causal relationship: movem disorders, menstrual irregularities, hyperprolactinaemia galactorrhoea. As with all psychoactive medicines, possible side eff on discontinuation. **Legal Category:** POM. **Basic NHS Cost:** 5 tablet (PL57/0308) Calendar pack of 28, £26.51; 100mg tablet 57/0309) Calendar pack of 28, £39.77. Further information on requ Invicta™ Pharmaceuticals or Richborough™ Pharmaceuticals Divisi of Pfizer Limited, Sandwich, Kent.
Date of preparation: June 1997

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

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

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

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

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.

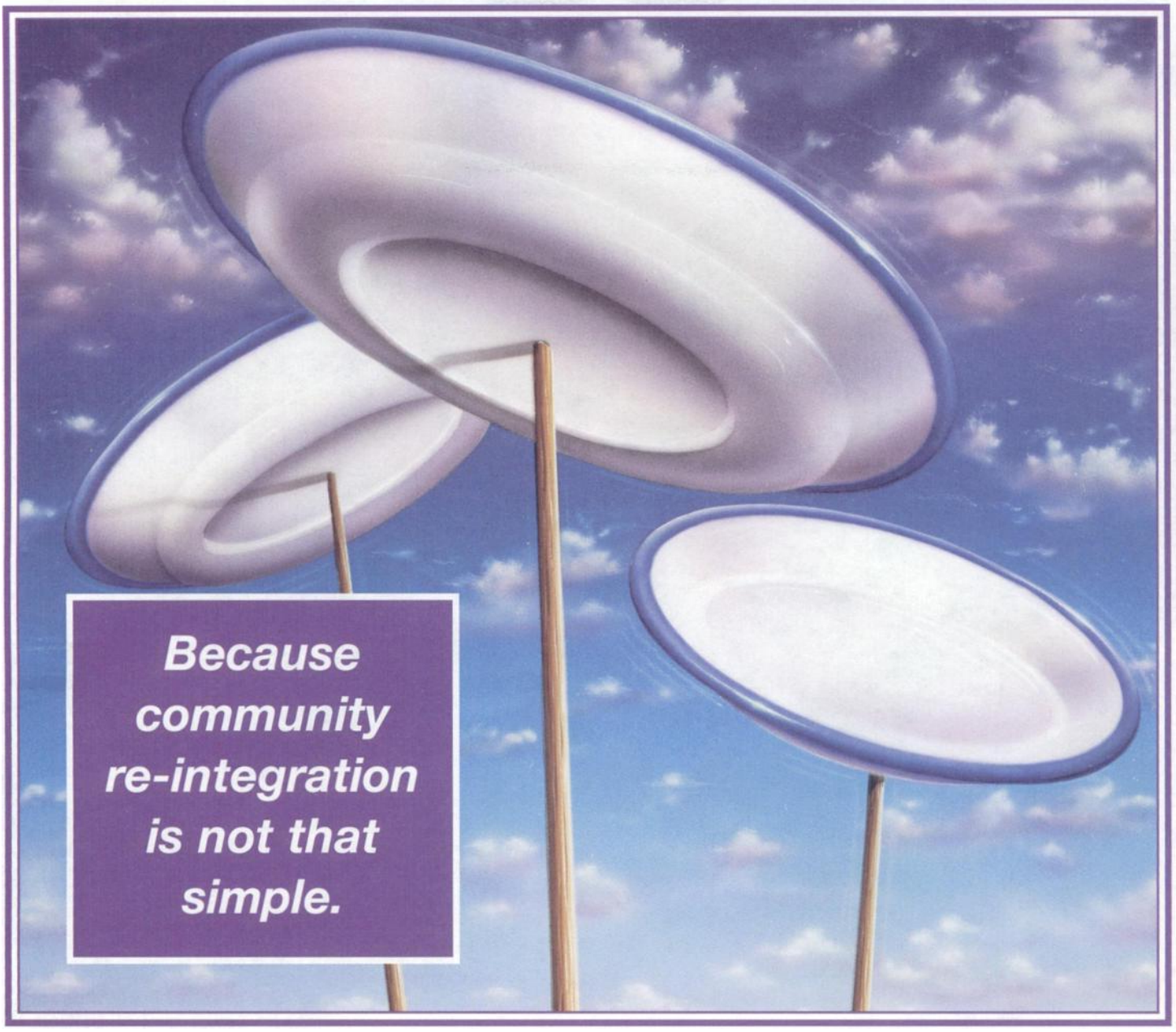
For free copies of the SASS questionnaire, please telephone 01908 603083.

Edronax® ▼
REBOXETINE

A NEW 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** 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:** October 1997. **References: 1.** Montgomery SA. *Journal of Psychopharmacology* 1997 (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



Antipsychotic Efficacy for First-line Use

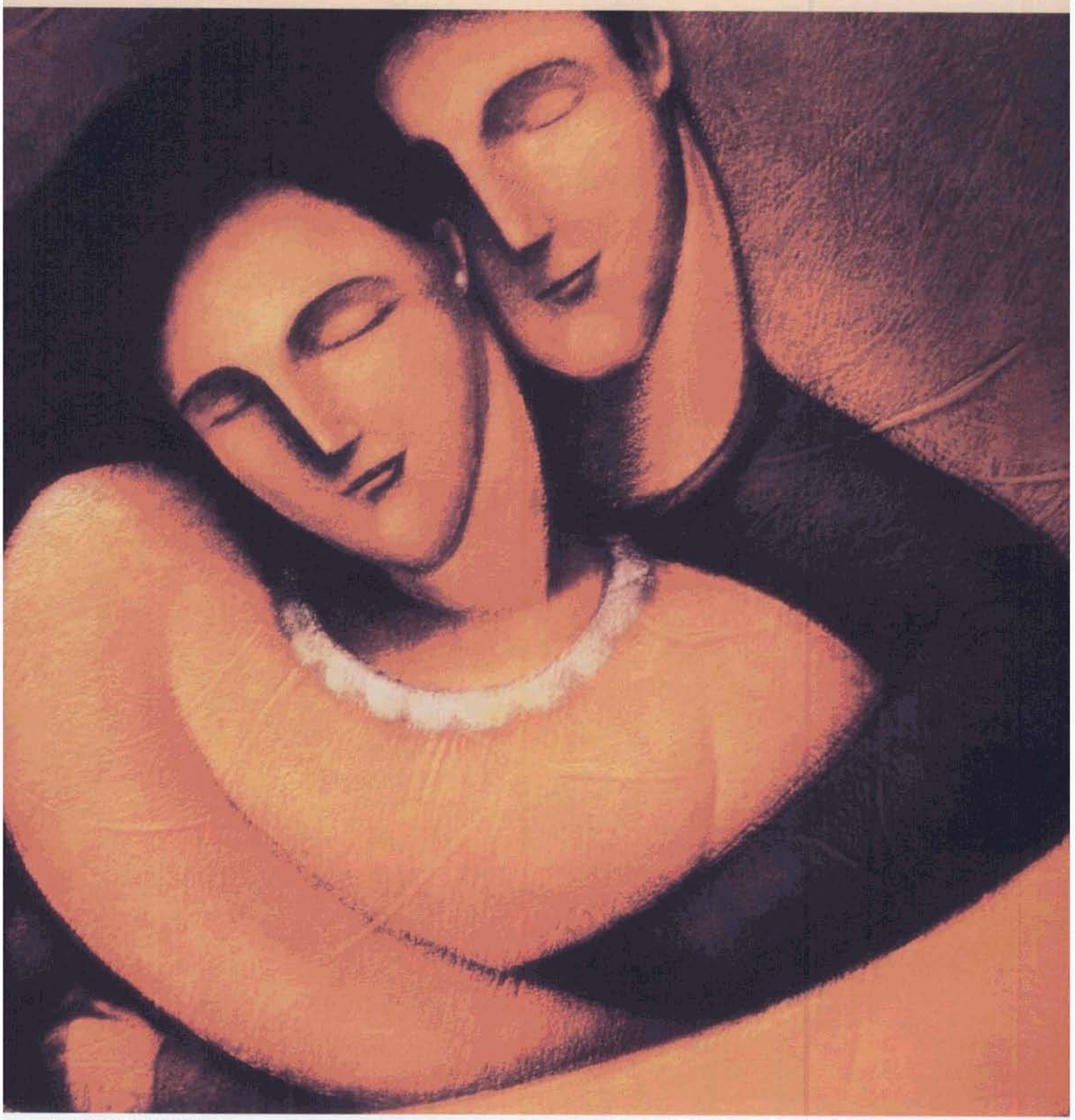
Zyprexa Olanzapine

Making Community Re-integration the Goal

ABBREVIATED PRESCRIBING INFORMATION: **Presentation:** Coated tablets containing 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose. **Uses:** Schizophrenia, both as initial therapy and for maintenance of response. **Further Information:** In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. **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. *Hepatic and/or renal impairment:* A lower starting dose (5mg) may be considered. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose. Dose escalation should be conservative in such patients. **Contra-indications:** Known hypersensitivity to any ingredient of the product. Known risk for narrow-angle glaucoma. **Warnings and Special Precautions:** Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. Caution in patients with elevated ALT and/or AST, signs and symptoms of hepatic impairment, pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hypereosinophilic conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Although, in clinical trials, there were no reported cases of NMS in patients receiving olanzapine, if such an event occurs, or if there is unexplained high fever, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or have conditions associated with seizures. If signs or symptoms of tardive dyskinesia appear a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other centrally acting drugs and alcohol. Olanzapine may antagonise the effects of direct and elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in animals. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. **Driving, etc:** Because olanzapine may cause somnolence, patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects:** The only frequent (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence and weight gain. Occasional undesirable effects included dizziness, increased appetite, peripheral oedema, orthostatic hypotension, and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen occasionally. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dystonia in trials compared with titrated doses of haloperidol. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/008 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack of 28 x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 perpack of 56 x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparation or Last Review:** April 1997. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 5SY. Telephone: Basingstoke (01256) 315000.

Lilly PSYCHIATRY

PRESCRIPTION FOR DEPRESSION



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Tender loving care and SEROXAT PAROXETINE

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

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

Rebuilding the lives of anxious depressed patients

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