

THIS IS MY BROTHER, RORY

I'm always there for him but it's as if he doesn't know I'm here. Things have been tough but are starting to get better...



It's here somewhere, it's here... where is it?

HELPS MAKE LIVING A REALITY...

Seroquel has proven efficacy in the treatment of a broad range of symptoms in schizophrenia including agitation and hostility^{1,2,3}, and has been proven to reduce mania symptoms in bipolar disorder as early as day 4⁴.

Seroquel® Abridged prescribing information

[for full details see summary of product characteristics]

Presentations: Film coated tablets containing 25mg, 100mg, 200mg and 300mg of quetiapine (as quetiapine fumarate). **Uses:** Treatment of schizophrenia and moderate to severe manic episode. **Dosage and Administration: Schizophrenia: Adults:** Initial titration from 50mg to 300mg over first 4 days. From day 4 onwards the dose should be titrated to the usual effective dose of 300-450 mg/day. Dose range 150 to 750 mg/day. **Bipolar disorder: Adults:** Initial titration from 100mg to 400mg over first 4 days. Dose range: 200-800 mg/day. **Elderly:** Rate of dose titration may need to be slower and daily therapeutic dose lower than in younger patients. **Children & Adolescents:** Not evaluated. **Renal Impairment:** No dose adjustment required. **Hepatic Impairment:** Use with caution. Patients should be started on 25 mg/day and increased by 25 - 50 mg/day until an effective dosage is achieved. **Contra-indications:** Hypersensitivity to quetiapine fumarate or excipients. Concomitant administration of cytochrome P450 3A4 inhibitors, such as HIV-protease inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone. **Precautions and warnings:** Known cardiovascular disease, cerebrovascular disease, or other conditions predisposing to hypotension. Possible initial orthostatic hypotension during the dose titration period. Caution is recommended in patients with a history of seizures. If signs and symptoms of tardive dyskinesia appear dose reduction or discontinuation should be considered. In the event of neuroleptic malignant syndrome discontinue treatment. Hyperglycaemia or exacerbation of pre-existing diabetes has been reported in very rare cases. **Undesirable effects:** Mild asthenia, dizziness, somnolence, peripheral oedema, syncope, dry mouth, rhinitis, dyspepsia, constipation, leucopenia and tachycardia. Elevations in gamma-GT levels, non-fasting serum triglyceride levels and total cholesterol. Seroquel was associated with dose related decreases in thyroid hormone levels

particularly total T₄ and free T₄. **Interactions:** Use with caution with other centrally acting drugs and alcohol. CYP3A4 inhibitors such as ketoconazole are contraindicated. Grapefruit juice, phenytoin, carbamazepine, thioridazine. **Pregnancy & lactation:** Safety and efficacy not established. **Effects on ability to drive:** Patients should be advised not to drive or operate machinery until individual susceptibility is known. **Pharmaceutical precautions:** Do not store above 30°C. **Legal category:** POM. **Product Authorisation Numbers:** Seroquel 25 PA970/18/1; Seroquel 100 PA970/18/2; Seroquel 200 PA970/18/3; Seroquel 300 PA970/18/7) 4 Day starter pack (Schizophrenia) PA 970/18/5. **Product authorisation holder:** AstraZeneca Ltd., Horizon Place, 600 Capability Green, Luton Bedfordshire, LU1 3LU. **Date of Preparation:** December 2005.

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AstraZeneca 
 NEUROSCIENCE

(Footnotes)

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2. Small JG et al. Arch of Gen Psych. 1997; 54: 549-557
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4. Vieta E et al. Current Medical Research and Opinion. 2005; 21:P1-P12

Effective Symptom Control¹⁻³



**Zyprexa is an
antipsychotic and
a mood stabiliser⁴**

ZYPREXA
Olanzapine
HELPING MOVE LIVES FORWARD

ZYPREXA® TABLETS (OLANZAPINE), ZYPREXA VELOTABS, ZYPREXA INTRAMUSCULAR INJECTION. ABBREVIATED PRESCRIBING INFORMATION
REPUBLIC OF IRELAND. Presentations Tablets 2.5mg, 5mg, 7.5mg, 10mg, or 15mg of olanzapine. Also contain lactose. Velotab® 5mg, 10mg, or 15mg orodispersible tablets. Also contain gelatin, aspartame, mannitol, and parahydroxybenzoates. Powder for solution for injection, containing 10mg olanzapine. **Uses** *Tablets and Velotabs:* Schizophrenia, both as initial therapy and for maintenance. Moderate to severe manic episode; prevention of recurrence in bipolar disorder in patients whose manic episode has responded to treatment. **Injection:** Rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral therapy is not appropriate. **Dosage and Administration** *Tablets and Velotabs:* Schizophrenia: 10mg/day orally. Manic episode: 15mg/day in monotherapy; 10mg/day in combination therapy. Preventing recurrence in bipolar disorder: 10mg/day, or for patients who have been receiving olanzapine for treatment of manic episode, continue therapy for preventing recurrence at the same dose. May subsequently be adjusted to 5-20mg daily. **Injection:** Intramuscular use only for a maximum of three consecutive days. Initial dose 10mg. A second injection, 5-10 mg, may be administered 2 hours after. Maximum daily dose is 20mg, with not more than 3 injections in any 24-hour period. **Treatment with Zyprexa Intramuscular Injection should be discontinued, and oral Zyprexa initiated, as soon as clinically appropriate. Do not administer intravenously or subcutaneously. Children:** Not recommended (under 18 years). **Elderly patients:** Oral therapy - a lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Injection -** recommended starting dose is 2.5-5mg. **Renal and/or hepatic impairment:** 5mg starting dose in moderate hepatic insufficiency. When more than one factor which might cause slower metabolism, consider a decreased starting dose. **Contra-indications** Known hypersensitivity to any ingredient. Known risk of narrow-angle glaucoma. **Warnings and Special Precautions** Olanzapine is not approved for the treatment of dementia-related psychosis and/or behavioural disturbances because of an increase in mortality and the risk of CVA. **Injection:** Efficacy not established in patients with agitation and disturbed behaviours related to conditions other than schizophrenia or manic episode. Should not be administered to patients with unstable medical conditions (see Summary of Product Characteristics [SPC]). Safety and efficacy have not been evaluated in patients with alcohol or drug intoxication. Patients should be closely observed for hypotension, including postural hypotension, bradycardia, and/or hypovolaemia (see SPC). Simultaneous injection with paraneoplastic benzodiazepine is not recommended. Use to treat drug-induced psychosis with Parkinson's disease is not recommended. Caution in patients: • who receive other medicinal products having haemodynamic properties similar to those of Zyprexa Intramuscular Injection. • with prostatic hypertrophy, or paralytic ileus and related conditions. • with elevated ALT and/or AST, hepatic impairment, limited hepatic functional reserve, and in patients treated with hepatotoxic drugs. If hepatitis is diagnosed, discontinue Zyprexa. • with low leucocyte and/or neutrophil counts, bone marrow depression, in patients receiving medicines known to cause neutropenia, and in patients with hypereosinophilic conditions or with myeloproliferative disease. • who have a history of seizures or are subject to factors which may lower the seizure threshold. • using other centrally acting drugs and alcohol. In clinical trials, clinically meaningful QTc prolongations were uncommon in patients treated with olanzapine, with no significant differences in associated cardiac events compared to placebo. As with other antipsychotics, caution should be exercised when olanzapine is prescribed with medicines known to increase QTc interval, especially in the elderly, in patients with congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia, or hypomagnesaemia. Discontinue if signs and symptoms indicative of NMS, or unexplained high fever. If tardive dyskinesia appears, consider dose reduction or discontinuation. Clinical monitoring advisable in diabetic patients and those with risk factors for diabetes. Blood pressure should be measured periodically in patients over 65 years. May antagonise effects of dopamine agonists. Gradual dose reduction should be considered when discontinuing olanzapine. **Phenylalanine:** Velotabs contain aspartame - a source of phenylalanine. Sodium methyl parahydroxybenzoate and sodium propyl parahydroxybenzoate. Contained in Velotabs, known to cause urticaria, contact dermatitis, and, rarely, immediate reactions with bronchospasm. Interactions Metabolism may be affected by substances that can specifically induce (eg, concomitant smoking or carbamazepine) or inhibit (eg, fluvoxamine) the isoenzyme P450-CYP1A2 which metabolises olanzapine. Activated charcoal reduces the bioavailability of oral olanzapine. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Olanzapine showed no interaction when co-administered with lithium or biperiden. Zyprexa Intramuscular Injection 5mg, administered 1 hour before lorazepam 2mg, added to the somnolence observed with either drug alone. **Pregnancy and Lactation** There are very rare reports of tremor, hypertonia, lethargy, and sleepiness in infants born to mothers who used olanzapine during the 3rd trimester. Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Patients should be advised not to breast-feed an infant if they are taking Zyprexa. **Driving, etc** May cause somnolence or dizziness. Patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects** **Clinical Trial Adverse Event Reporting and Investigations With Oral Zyprexa** In placebo-controlled clinical trials of elderly patients with dementia-related psychosis and/or disturbed behaviours, there was a 2-fold increase in mortality in olanzapine-treated patients compared to placebo (3.5% versus 1.5%, respectively). In the same clinical trials, there was a 3-fold increase in cerebrovascular adverse events (CVAE, eg, stroke, transient ischaemic attack) in patients treated with olanzapine compared to placebo (1.3% versus 0.4%, respectively). Very common (>10%) undesirable effects in this patient group were abnormal gait and falls. Pneumonia, increased body temperature, lethargy, erythema, visual hallucinations, and urinary incontinence were observed commonly (1-10%). **Blood and lymphatics.** Common (1-10%): Eosinophilia. Neutropenia was seen in a valproate combination therapy trial in bipolar mania patients: a potential contributing factor could be high plasma valproate levels. **Metabolism and nutritional.** Very common (>10%): Weight gain. Common (1-10%): Increased appetite, elevated glucose levels (incidence 1.0% for Zyprexa versus 0.9% for placebo for non-fasting levels ≥ 11 mmol/L), elevated triglyceride levels. **Nervous.** Very common (>10%): Somnolence, abnormal gait in Alzheimer's disease patients. **Worsening of Parkinsonian symptomatology and hallucinations** were reported in patients with Parkinson's disease. Common (1-10%): Dizziness, akathisia, parkinsonism, dyskinesia. (Zyprexa-treated patients had a lower incidence of parkinsonism, akathisia, and dystonia compared with titrated doses of haloperidol.) **Cardiac.** Uncommon (0.1-1%): Bradycardia, with or without hypotension or syncope. **Vascular.** Common (1-10%): Orthostatic hypotension. Very rare (<0.01%): QTc prolongation, ventricular tachycardia, fibrillation, and sudden death. **Gastro-intestinal** Common (1-10%): Mild, transient, anticholinergic effects, including constipation and dry mouth. **Hepatobiliary.** Common (1-10%): Transient, asymptomatic elevations of ALT, AST. **General.** Common (1-10%): Asthenia, oedema. **Investigations.** Very common (>10%): Elevated plasma prolactin levels, but associated clinical manifestations (eg, gynaecomastia, galactorrhoea, breast enlargement) were rare. **Post-Marketing Spontaneous Reporting With Oral Zyprexa. Blood and lymphatics.** Rare (0.01-0.1%): Leucopenia. Very rare (<0.01%): Thrombocytopenia, neutropenia. **Metabolism and nutritional.** Very rare (<0.01%): Hyperglycaemia and/or development or exacerbation of diabetes, occasionally associated with ketoacidosis or coma, including some fatal cases. Hypertiglyceridaemia, hypercholesterolaemia. **Additional Clinical Trial Adverse Event Reporting and Investigations With Zyprexa Intramuscular Injection. Cardiac.** Common (1-10%): Bradycardia, with or without hypotension or syncope, tachycardia. Uncommon (0.1-1%): Sinus pause. **Vascular.** Common (1-10%): Postural hypotension, hypotension. **General.** Common (1-10%): Injection site discomfort, somnolence. **Post-Marketing Spontaneous Events With Zyprexa Intramuscular Injection** Temporal association in cases of respiratory depression, hypotension, or bradycardia, and death reported very rarely, mostly with concomitant use of benzodiazepines and/or other antipsychotic drugs, or use of olanzapine in excess of recommended dose. **For further information see SPCs. Legal Category POM. Marketing Authorisation Numbers and Holder** EU/1/96/022/002, EU/1/96/022/004, EU/1/96/022/005, EU/1/96/022/009, EU/1/96/022/010, EU/1/96/022/012, EU/1/96/022/016, EU/1/96/125/002, EU/1/96/125/003, EU/1/96/125/004, Eli Lilly, New Ireland BV, Grootslag 1-5, 3991 RA Houten, The Netherlands. **Date of Preparation or Last Review** October 2005. **Full Prescribing Information is Available From** Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL. Telephone: Basingstoke (01256) 315 999 or Eli Lilly and Company (Ireland) Limited, Hyde House, 65 Adelaide Road, Dublin 2, Republic of Ireland. Telephone: Dublin (01) 661 4377. *ZYPREXA (olanzapine) and VELOTAB are trademarks of Eli Lilly and Company. **References:** 1. Tran PV, Hamilton SH, Kuntz A, et al. *J Clin Psychopharmacol* 1997; 17(5):407-418. 2. Beasley CM, Tollefson G, Tran P, et al. *Neuropsychopharmacology* 1996; 14(2):111-123. 3. Tohen M, Zhang F, Feldman P, et al. Presented at APA, May 5-10, 2001, New Orleans. 4. Adapted from Zyprexa Summary of Product Characteristics.