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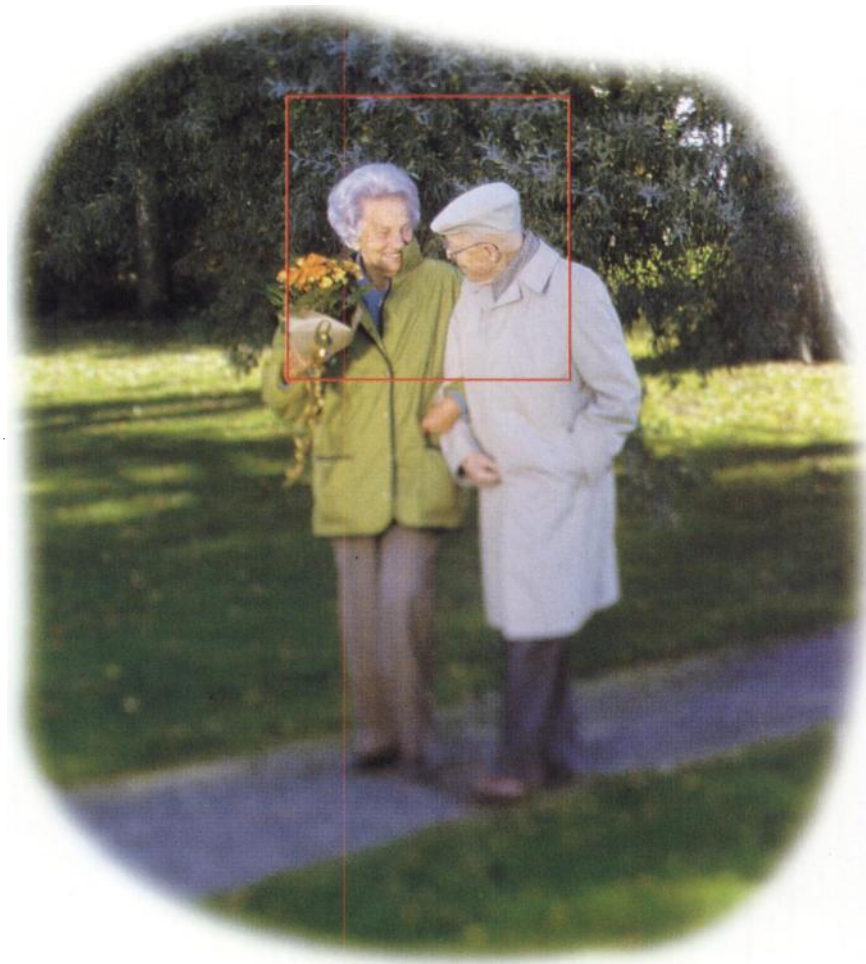
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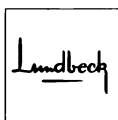
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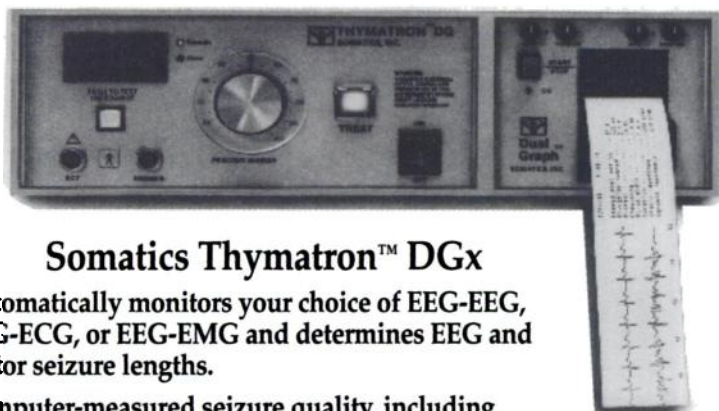
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risk to the foetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. **Driving, etc:** Because olanzapine 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 placebo. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes

elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. *For full information see summary of product characteristics. Legal Category: P. Marketing Authorisation Numbers: EU/1/96/022/004 EU/1/96/022/009 EU/1/96/022/010. Basic NHS Cost: £52.73 per pack (x 5mg tablets). £105.47 per pack of 28 x 10mg tablets. £158.20 per pack (x 7.5mg tablets). £210.93 per pack of 56 x 10mg tablets. Date of Preparation: August 1996. Full Prescribing Information is Available From: Lilly Industries Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire F5 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is a Lilly trademark. References: 1. Data on file, Lilly Industries. 2. Data on file, Lilly Industries. 3. Zyprexa Summary of Product Characteristics, Sec 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Product Characteristics.*

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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. Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine. Patients with a history of drug abuse should be monitored carefully. Not recommended in severe renal or severe hepatic impairment. INTERACTIONS: MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor before starting a MAOI. SIDE-EFFECTS: Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation, vasodilation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, palpitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, hyponatraemia.

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References: 1. Baldwin DS *et al* *Psychopharmacol* 1996; 10(1): 30-34. 2. Baier Philipp M. *Fortschr Neurol Psychiatr* 1994; 62: 14-21. 3. Feiger A *et al* *J Clin Psychiatry* 1996; 57(2): 53-62. 4. Robinson DS *et al* *J Clin Psychiatry* 1996; 57:

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CNS medication, see data sheet. SIDE EFFECTS: Most frequently asthenia, dry mouth, nau- somnolence and dizziness; see data sheet. OVERDOSAGE: There is no specific antidote for nefazodone. Gastric lavage recommended for suspected overdose. Treatment should be symptomatic and supportiv the case of hypotension or excessive sedation. PRODUCT LICENCE NUMBERS: Dutonin tab 100mg PL11184/0028; Dutonin tablets 200mg PL11184/0029. PRODUCT LICENCE HOLD Bristol-Myers Squibb Pharmaceuticals Limited. BASIC NHS PRICE: 100mg tablets 56 - £16 200mg tablets 56 - £16.80. LEGAL CATEGORY: POM. Further information from: Mec Information Department, Bristol-Myers Squibb House, 141-149 Staines R, Hounslow, Middlesex TW3 3JA. Tel: 0181-754 3740. Date of PI preparation: M. 1995. Date of advertisement preparation: September 1996. References: 1. Armitage R. J Psychopharmacol 1996; 10(1): 22-25. 2. Armitage et al Neuropsychopharmacol 1994; 10: 123-127. 3. Data on file, Bristol-M



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Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. **Uses** DEPRESSION; TREATMENT OF THE SYMPTOMS OF DEPRESSIVE ILLNESS, WITH OR WITHOUT ASSOCIATED ANXIETY SYMPTOMS. **Obsessive-compulsive disorder, Bulimia nervosa:** For the reduction of binge eating and purging activity. **Dosage and Administration** (For full information, see data sheet.) For oral administration to adults only. **Depression, with or without associated anxiety symptoms - adults and the elderly:** A dose of 20mg/day is recommended. **Obsessive-compulsive disorder:** 20mg/day to 60mg/day. A dose of 20mg/day is recommended as the initial dose. **Bulimia - adults and the elderly:** A dose of 60mg/day is recommended. Because of the long elimination half-lives of the parent drug (1-3 days after acute administration; may be prolonged to 4-6 days after chronic administration) and its major metabolite (average 9.3 days), active drug substance will persist in the body for several weeks after dosing is stopped. The capsule and liquid dosage forms are bioequivalent. **Children:** Not recommended. **Patients with renal and/or hepatic dysfunction:** See 'Contra-indications' and 'Precautions' sections. **Contra-indications** Hypersensitivity to fluoxetine. Prozac should not be administered to patients with severe renal failure (GFR <10ml/min). **Usage in nursing mothers:** Prozac should not be prescribed to nursing mothers.

At least five weeks should elapse between discontinuation of Prozac and initiation of therapy with an MAOI. Serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability and mental status changes that include extreme agitation, progressing to delirium and coma) have been reported with concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndrome. **Warnings** *Rash and allergic reactions:* Angioneurotic oedema, urticaria and other allergic reactions have been reported. Upon appearance of rash, or of other allergic phenomena for which an alternative aetiology cannot be identified, Prozac should be discontinued. **Pregnancy:** Use of Prozac should be avoided unless there is no safer alternative. **Precautions** Prozac should be discontinued in any patient who develops seizures. Prozac should be avoided in patients with unstable epilepsy; patients with controlled epilepsy should be carefully monitored. There have been rare reports of prolonged seizures in patients on fluoxetine receiving ECT treatment. A lower dose of Prozac, eg. alternate day dosing, is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50ml/min). Caution is advisable when Prozac is used in patients with acute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycaemic control. There have been reports of abnormal bleeding in several patients; but causal relationship of abnormal bleeding in several patients; but causal relationship increased (with lithium toxicity) or decreased lithium levels have been

reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450IID6 isoenzyme system, concomitant therapy with other drugs also metabolised by this system, and which have a narrow therapeutic index (eg. carbamazepine, tricyclic antidepressants), should be initiated at or adjusted to the low end of their dose range. Greater than 2-fold increases of previously stable plasma levels of cyclic antidepressants have been observed when Prozac has been administered in combination. Agitation, restlessness and gastro-intestinal symptoms have been reported in a small number of patients receiving fluoxetine in combination with tryptophan. Patients on stable phenytoin doses have developed elevated plasma concentrations and clinical phenytoin toxicity after starting fluoxetine. *For further information, see data sheet.* **Adverse Effects** Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, rarely abnormal LFTs, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngitis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, anaphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established: aplastic anaemia, cerebral vascular accident, confusion, ecchymoses, eosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemolytic anaemia, pancreatitis,

pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal and violent behaviour. **Hyponaatraemia** (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. **Overdosage** On the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mal seizures that remitted spontaneously. **Legal Category** POM **Product Licence Numbers** 0006/0195 0006/0198 0006/0272 **Basic NHS Cost** £20.77 per pack of 30 capsules (20mg), £67.85 per pack of 98 capsules (20mg), £62.31 per pack of 30 capsules (60mg), £19.39 per 70ml bottle. **Date of Preparation or Last Review** October 1996. **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 52011. **'PROZAC' is a Dista trade mark.** **Date of preparation:** November 1996 PZ 787

References: 1. Data on file, Dista Products Ltd.



Initiated under the auspices of the European Community.
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The IXth. European Certificate in Anxiety and Mood Disorders

MAASTRICHT, 29 JUNE - 4 JULY 1997.

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The European Certificate in Anxiety and Mood Disorders is an international post graduate programme, providing a thorough and updated overview of the most recent scientific developments in the field of affective disorders. Research strategies are emphasized. Lectures and seminars are given by a panel of leading clinicians and scientists during intensive residential sessions. There is ample opportunity for informal exchange.

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Next course, in Maastricht, 29 June - 4 July, will be on mood disorders.

The programme has been designed for residents in psychiatry with a special interest in affective pathology, in particular those considering a future activity in clinical research. Scientists from related fields, as psychology and pharmacology may apply as well. Graduates in one of the above disciplines may participate under special conditions. Participants who successfully take both courses are awarded the European Certificate in Anxiety and Mood Disorders by the University of Maastricht.

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Information and application forms (*deadline: 15 April*):

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P.O. Box 616
6200 MD Maastricht
phone: (31) 43.368.53.32, fax: (31) 43.368.53.31

We gratefully acknowledge an educational grant from H. Lundbeck A/S

Another seizure

Wasn't late getting up

Didn't let fish off hook



Adjunctive treatment for partial seizures

TOPAMAX Abbreviated Prescribing Information. Please read the data sheet before prescribing.

Presentation: Tablets each imprinted "TOP" on one side and strength on the other containing 25mg (white), 50mg (light yellow), 100mg (yellow), and 200mg (salmon) topiramate. **Uses:** Adjunctive therapy of partial seizures, with or without secondary generalised seizures, in patients inadequately controlled on conventional first line antiepileptic drugs.

Dosage and Administration: Adults and Elderly: Oral administration. Usual dose: 200mg - 600mg/day in two divided doses. See data sheet for titration. Do not break tablets. It is not necessary to monitor topiramate plasma concentrations. Patients with renal impairment may require modified dosing schedule. (See data sheet). **Children:** Not recommended.

Contra-indications: Hypersensitivity to any component of the product. **Precautions and Warnings:** Withdraw all antiepileptic drugs gradually. Maintain adequate hydration to reduce risk of nephrolithiasis (especially increased in those with a predisposition). Drowsiness likely. TOPAMAX may be more sedating than other antiepileptic drugs therefore caution in patients driving or operating machinery, particularly until patients' experience with the drug is established. Do not use in pregnancy unless potential benefit outweighs risk to foetus. Women of child bearing potential should use adequate contraception. Do not use if breastfeeding. **Interactions: Other Antiepileptic Drugs:** No clinically significant effect except in some patients on phenytoin where phenytoin plasma concentrations may increase. Phenytoin level

ure-free day

Didn't fall in water

Didn't have a seizure



TOPAMAX[®]
topiramate

At the end of the day, it works

with or without secondary generalisation

concentration. No clinically significant changes in plasma concentrations on sodium valproate addition or withdrawal. Digoxin: A decrease in serum digoxin occurs. Monitor serum digoxin on addition or withdrawal of TOPAMAX. Oral Contraceptives: Should contain not less than 50µg of oestrogen. Ask patients to report any change in bleeding patterns. Others: Avoid agents predisposing to nephrolithiasis. Side Effects: In 5% or more: ataxia, impaired concentration, confusion, dizziness, fatigue, paraesthesia, somnolence and abnormal thinking. May cause agitation and emotional lability (which may manifest as abnormal behaviour) and depression. Less commonly: amnesia, anorexia, aphasia,

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