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'Aztec' by JNB. Acrylic (30in. x 24in.)



Get a grip_{on} depression and anxiety.

Now indicated for the treatment of¹:
Major Depressive Episodes
Generalised Anxiety Disorder
Social Anxiety Disorder
& Panic Disorder

Lundbeck



Lexapro[®]
escitalopram

Abbreviated Prescribing Information. Please refer to the Summary of Product Characteristics before prescribing. **Presentation:** Lexapro[™] tablets 5 mg, 10 mg, 15 mg and 20 mg containing escitalopram as the oxalate. **Indications:** Treatment of major depressive episodes, Panic disorder with or without agoraphobia, Social Anxiety Disorder, Generalised Anxiety Disorder. **Dosage:** **Treating depression: Adults:** Usual dosage is 10 mg once daily. The dose may be increased to a maximum of 20 mg/day. **Panic Disorder with or without agoraphobia:** An initial dose of 5 mg is recommended for the first week before increasing the dose to 10 mg/day. The dose may be further increased, up to a maximum of 20 mg/day. **Social Anxiety Disorder:** Usual dosage is 10 mg once daily. The dose may subsequently be decreased to 5 mg or increased to a maximum of 20 mg/day. **Generalised Anxiety Disorder:** Usual dosage is 10 mg once daily. The dose may subsequently be increased to a maximum of 20 mg/day. **Elderly (>65 yrs):** Initial treatment with half the usually recommended dose and a lower maximum dose should be considered. The efficacy of Lexapro in social anxiety disorder has not been studied in elderly patients. **Children and adolescents (<18 years):** Not recommended. **Reduced hepatic/renal function:** In reduced hepatic function an initial dose of 5 mg/day for the first two weeks of treatment is recommended, the dose may be increased to 10 mg. Caution is advised in patients with severely reduced hepatic function. Dosage adjustment is not necessary in patients with mild or moderate renal impairment. Caution is advised in patients with severely reduced renal function (CL_{CR}<30 ml/min). **Contraindications:** Hypersensitivity to escitalopram. Escitalopram should not be used in combination with a non-selective, irreversible monoamine oxidase inhibitor (MAOI). Escitalopram may be started 14 days after discontinuing treatment with a reversible MAOI (RIMA). At least 7 days should elapse after discontinuing esci-

talopram treatment, before starting a non-selective MAOI. **Pregnancy and Lactation:** Lexapro should not be used during pregnancy unless clearly necessary. Avoid use during lactation. **Precautions:** No direct impairment of psychomotor function. Patients should be cautioned about the risk to their ability to drive a car or operate machinery. No pharmacokinetic or pharmacodynamic interactions are expected with concomitant alcohol intake, however the combination is not advised. Combination with the reversible MAOI-A (RIMA) moclobemide or serotonergic compounds is not recommended. Insulin and/or oral hypoglycaemic dosage may need to be readjusted in diabetics. Hyponatraemia has been observed with SSRI use. Caution in patients with a history of mania/hypomania and co-administration of ECT in patients on SSRI's. Caution is recommended in patients taking medicines that will affect clotting of blood, platelet function or patients with bleeding disorders. Patients with epilepsy, especially unstable epilepsy, should be carefully monitored. Stop treatment if patient develops serotonin syndrome. Use at a low starting dose for panic disorders. Do not stop treatment abruptly. As with all SSRI's it is advisable to closely monitor patients for suicide and self-harm risk in the first few weeks of treatment. Caution is advised in patients with coronary heart disease. **Drug Interactions:** MAO inhibitors (see Contraindications/Precautions), also advise caution in use with selegiline (MAOI-B), lithium and tryptophan, or with medicinal products that are capable of lowering the seizure threshold. Avoid concomitant use with St. John's Wort (Hypericum perforatum). In known poor metabolisers, with respect to CYP2C19, an initial 5 mg/day dose should be used, which can be increased to 10 mg after assessment. Caution is advised with co-administration of drugs metabolised by the enzymes CYP2C19 (weakly inhibited by escitalopram) and CYP2D6 (not inhibited by escitalopram) with CYP2C19 inhibitors (e.g. omeprazole, esomeprazole, fluvoxamine, lansoprazole and ticlopidine) and high doses of cimetidine may require

reduction of the escitalopram dose. **Adverse Events:** Adverse events are in general mild and transient. Most commonly observed events occurring more frequently with escitalopram than placebo in clinical trials include: nausea, sweating, somnolence, dizziness, insomnia, constipation, diarrhoea, appetite decrease, sexual dysfunction, fatigue, pyrexia, sinusitis and yawning. **Withdrawal symptoms** (dizziness, headache and nausea) have been observed in some patients after abrupt discontinuation. In order to avoid withdrawal reactions, tapered discontinuation over 1-2 weeks is recommended. Abrupt withdrawal of escitalopram should be avoided. The available pre-clinical and clinical evidence does not suggest that SSRI's cause dependence. **Overdosage:** Doses of 190 mg of escitalopram have been taken without any serious symptoms being reported. Symptoms of overdose with racemic citalopram (>600 mg): Dizziness, tremor, agitation, somnolence, unconsciousness, seizures, tachycardia, changes in the ECG with ST-T changes, broadening of the QRS complex, prolonged QT interval, arrhythmias, respiratory depression, vomiting, rhabdomyolysis, metabolic acidosis, hypokalaemia. It is anticipated that overdoses with escitalopram would result in similar symptoms. There is no specific antidote. Treatment is symptomatic and supportive with monitoring of cardiac and vital signs. Early gastric lavage suggested. **Legal Category:** POM. **Product licence holder:** H. Lundbeck A/S, Ottiliavej 9, DK-2500, Copenhagen - Valby, Denmark. **PA Numbers:** 5 mg PA805/2/1; 10 mg PA805/2/2; 15 mg PA 805/2/3; 20 mg PA805/2/4. Further information is available upon request from Lundbeck (Ireland) Ltd, 7 Riverwalk, Citywest Business Campus, Citywest, Dublin 24. 'Lexapro' is a trademark [™] 2002 Lundbeck Ltd. **Date of preparation:** May 2006. **References:** 1. Lexapro (escitalopram) Summary of Product Characteristics March 2006.

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Editorial

87 **Liaison between criminal justice and psychiatric systems: Diversion services**

Conor O'Neill

Original Papers

89 **Violence and aggression in the Drug Treatment Centre Board**

Peter Whitty, John J O'Connor

92 **The assessment of need in patients presenting to psychiatrists in the general hospital**

Larkin Feeney, Annette Kavanagh, Mary Mooney, Stephen Browne

96 **Detection, assessment and management of eating disorders; how involved are GPs?**

Claire Flahavan

Brief Reports

100 **Atypical antipsychotic monitoring: A survey of patient knowledge and experience**

Larkin Feeney, Mary Mooney

103 **Tackling a long waiting list in a child and adolescent mental health service**

Gordon Lynch, Elma Hedderman

Audit

107 **Survey of a second opinion clinic in child and adolescent psychiatry**

Alka S Ahuja

Review

111 **Read all about it: Guided bibliotherapy for depression in adults**

Tom Foster

Case Reports

114 **Olanzapine-induced rhabdomyolysis**

Loopinder Sood, Mandeep Saini, Andy Owen

116 **Duloxetine-mirtazapine combination in depressive illness: The case for Limerick 'rocket fuel'**

David Meagher, Noel Hannan, Meave Leonard

118 **Drug diversion of Oxycontin in chronic pain syndrome**

Sean O'Domhnaill, Declan O'Keeffe, Kevin Malone

95a

John Dunne Medal

110

Guidelines for Authors

121

Letters to the Editor

124

Book Reviews

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Let's get straight to the point.



Efexor[®] XL - an effective first-line treatment
for depression and generalised anxiety disorder¹⁻³

EFEXOR[®] XL
VENLAFAXINE XL

DEPRESSION • DEPRESSION WITH ANXIETY • GENERALISED ANXIETY DISORDER (GAD) • DEPRESSION • DEPRESSION WITH ANXIETY • GENERALISED ANXIETY DISORDER

EFEXOR[®] XL venlafaxine - PRESCRIBING INFORMATION (Ireland). Presentation: Efexor XL: capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness including depression accompanied by anxiety, Generalised Anxiety Disorder (GAD) primarily characterised by chronic and excessive worry and anxiety for at least 6 months; for the prevention of relapses of the initial episode of depression or for the prevention of the recurrence of new depressive episodes. **Dosage: Adults (including the elderly): Depressive illness including depression accompanied by anxiety: Efexor XL:** 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. **Prevention of Relapse/Recurrence:** Usually, the dosage for prevention of relapse, or for prevention of recurrence of a new episode, is similar to that used during the index episode. Patients should be re-assessed regularly in order to evaluate the benefit of long-term therapy. **Generalised Anxiety Disorder: Efexor XL:** 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. **Discontinuation:** Discontinue gradually to reduce the possibility of withdrawal reactions. **Children:** Contraindicated 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:** Concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years. **Precautions:** The risk of suicide should be considered in all patients. Use with caution in patients with myocardial infarction, unstable heart disease, renal or

hepatic impairment, narrow angle glaucoma, mania, a history of epilepsy (discontinue in event of seizure), using neuroleptics or diuretics or predisposed to bleeding. Patients should not drive or operate machinery if their ability to do so is impaired. Possibility of postural hypotension (especially in the elderly). Prescribe smallest quantity of capsules or tablets according to good patient management. Blood pressure monitoring is recommended. 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. Cholesterol measurement is recommended with long term use. Venlafaxine should not be used with weight loss agents. Usually not recommended during pregnancy or lactation. **Interactions:** MAOIs: do not use venlafaxine in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping venlafaxine before starting an MAOI. Use with caution in elderly or hepatically-impaired patients taking cimetidine, in patients taking other CNS-active drugs in particular serotonergic drugs, clozapine or haloperidol; in patients taking warfarin and in patients taking drugs which inhibit both CYP2D6 and CYP3A4 hepatic enzymes. Caution is advised with concurrent use of ECT. **Side-effects:** Most commonly occurring: constipation, nausea, asthenia, headache, dizziness, dry mouth, insomnia, nervousness, somnolence, abnormal ejaculation/orgasm, sweating. Also reported: vasodilatation, hypotension/postural hypotension, hypertension, palpitation, syncope, ecchymosis, mucous membrane bleeding, GI bleeding, anorexia, appetite decreased, diarrhoea, dyspepsia, vomiting, abdominal pain, bruxism, abnormal dreams, chills, pyrexia, weight gain or loss, increased serum cholesterol hyponatraemia, increased liver enzymes, arthralgia, myalgia, muscle spasm, agitation, anxiety, confusion, hypertonia, paraesthesia, tremor, myoclonus, apathy, hallucinations, urinary frequency and retention,

anorgasmia, erectile dysfunction, decreased libido, impotence, menstrual cycle disorders, menorrhagia, dyspnoea, pruritis, rash, angioedema, maculopapular eruptions, urticaria, photosensitivity reactions, alopecia, mydriasis, tinnitus, abnormal vision/accommodation, altered taste sensation. Hostility and suicidal ideation in paediatric patients. Rarely reported: thrombocytopenia, haemorrhage, prolonged bleeding time, arrhythmias, hepatitis, SIADH, ataxia and disorders of balance and co-ordination, speech disorders including dysarthria, extrapyramidal disorders including dyskinesia, dystonia, mania or hypomania, neuroleptic malignant syndrome-like effects or serotonergic syndrome, galactorrhoea, erythema multiforme, Stevens-Johnson syndrome, very rarely anaphylaxis, blood dyscrasias, ECG changes, pancreatitis, increased prolactin, rhabdomyolysis, delirium, pulmonary eosinophilia. Symptoms reported on discontinuation of venlafaxine were mostly non-serious and self-limiting and included dizziness, insomnia, nausea and nervousness. **PA Numbers:** Efexor XL 75mg capsule (PA 22/65/5). Efexor XL 150mg capsule (PA 22/65/6). **Legal Category:** S1A. Further information is available upon request from: Wyeth Pharmaceuticals, M50 Business Park, Ballymount Road Upper, Walkinstown, Dublin 12. **Marketing Authorisation Holder:** John Wyeth & Brother Limited, Taplow, Maidenhead, Berkshire, SL6 0PH. **References:** 1. Simon JS, Aguiar LM, Kunz NR, et al. Extended-release venlafaxine in relapse prevention for patients with major depressive disorder. *J Psychiatr Res.* 2004; 38: 249-257. 2. Gelenberg AJ, Lydiard RB, Rudolph RL, et al. Efficacy of venlafaxine extended-release capsules in nondepressed outpatients with generalised anxiety disorder: a 6-month randomized controlled trial. *JAMA.* 2000; 283: 3082-3088. 3. Efexor XL SmPC, November 2004. Date of preparation: 21 December 2004. * trade mark Code no. ZEF1161

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