

## New from Gaskell Imprint of the Royal College of Psychiatrists

#### CAN: Camberwell Assessment of Need

Mike Slade, Graham Tornicroft, Linda Loftus, Michael Phelan & Til Wykes

The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of severely mentally ill. Rigorously developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, it records both staff and patient assessments. Three versions are included, all designed to be photocopied. The full clinical research versions give a comprehensive assessment, and a short (one page) version (CANSAS) is suitable for routine clinical use. Also included are materials and instructions for a half-day CAN training workshop.

The CAN is suitable for use in primary care settings, specialist mental health teams, and social services. Translations are available in 9 other languages.

July 1999, £45.00, 144pp, Includes scales which can be photocopied freely, ISBN 1 901242 25 0

#### Promoting Mental Health Internationally

Giovanni de Girolamo, Leon Eisenberg, David Goldberg and John Cooper

To mark the retirement of Dr Norman Sartorius in 1993 from his post as Director of the Division of Mental Health of the World Health Organisation, the editors (all long-standing advisors and collaborators with the WHO programme) have brought together contributions from a mixture of advisors and collaborators and WHO staff members.

The major topics and issues include the cross-cultural epidemiology and outcome of persons with serious mental illnesses (particularly the schizophrenic syndromes), cross-cultural aspects of problems related to the abuse and control of alcohol and drugs of dependency, the role of psychiatrists and mental health workers (manifest as a progression through ICD-8 and ICD-9 to the family of documents associated with ICD-10).

This book will be of particular interest to Consultant and Research Psychiatrists with an interest in international, epidemiology and public health aspects of general psychiatry.

July 1999, £25.00, 208pp, Hardback, ISBN 1 901242 37 4



Royal College of Psychiatrists 17 Belgrave Square London SW1X 8PG Tel: 0171 235 2351 ext 146 Fax: 0171 245 1231

http://www.rcpsych.ac.uk

#### Prescribing Notes.

CSSSIAL/SSJANHURJOBY PARSO (CO. PLANTED PARSISTED & CELEGIO PROST LABORS / LOU OL/GAO 10P//:sdrill Special reporting to the CSM required.

Use: Treatment of schizophrenia.

Presentation: Tablets containing 25mg, 100mg, 150mg and 200mg of quetiapine.

Dosage and Administration: 'Seroquel' should be administered twice daily.

Adults: The total daily dose for the first 4 days of therapy is 50mg (Day 1), 100mg (Day 2), 200mg (Day 3) and 300mg (Day 4). From Day 4 onwards, titrate to usual effective range of 300 to 450mg/day. Dose may be adjusted within the range 150 to 750mg/day according to clinical response and tolerability.

Elderly patients: Use with caution, starting with 25mg/day and increasing daily by 25 to 50mg to an effective dose.

Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25mg/day increasing daily by 25 to 50mg 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 in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on coadministration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as 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 syndrome. Transient leucopenia and/or neutropenia and occasionally eosinophilia. Asymptomatic, usually reversible elevations in serum transaminase or gamma - GT levels. Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

#### Legal category: POM

#### Product licence numbers:

25mg tablet: 12619/0112 100mg tablet: 12619/0113 150mg tablet: 12619/0124 200mg tablet: 12619/0114

#### Basic NHS cost:

Starter pack £10.36;

60 x 25mg tablets £28.20;

60 x 100mg tablets £113.10;

60 x 150mg tablets £113.10;

60 x 200mg tablets £113.10;

#### 'Seroquel' is a trademark, the property of Zeneca Limited.

Further information is available from: AstraZeneca, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

AstraZeneca Medical Information Freephone 0800 200 123.

#### References:

- 1. Fabre LF, Arvanitis L, Pultz J, et al. Clin Ther 1995; 17: 366-378.
- 2. Arvanitis LA, et al. Biol Psychiatry 1997; 42: 233-246.
- 3. Small JG, Hirsch SR, Arvanitis LA, et al. Arch Gen Psychiatry 1997; 54: 549-557.
- Borison RL, Arvanitis LA, Miller BG, et al. J Clin Psychopharmacol 1996; 16(2): 158-169.
- 5. Data on File ZENECA Pharmaceuticals.
- 6. Data on File ZENECA Pharmaceuticals.







# John has schizophrenia



Effective in negative and positive symptoms<sup>1-4</sup> and mood\*<sup>5</sup> in patients with schizophrenia



EPS no different from placebo across the full dose range (150 - 750 mg/day)<sup>1-4</sup>



Plasma prolactin levels no different from placebo across the full dose range (150 - 750 mg/day)<sup>6</sup>



Low level of sexual dysfunction (3 patients out of 1085) in long term use (3-5 months)<sup>6</sup>

\* Defined as the BPRS item score of depressive mood, anxiety, guilt feelings and tension.





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**#** Highly selective noradrenaline re-uptake inhibitor (NARI)1



### Helps restore energy and motivation in tired depressed patients<sup>2,3</sup>

**EDRONAX ® ABBREVIATED** 

PRESCRIBING INFORMATION

Presentation: Tablets containing 4mg reboxetine. Indications: Use in the acute treatment of depressive illness, and 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 in children and therefore reboxetine cannot be recommended in either of these groups. Renal/Hepatic Insufficiency 2 mg b.i.d. which can be increased based on patient

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 patients supervision of bipolar patients is recommended. Close supervision should be applied in patients with current evidence of urinary retention, glaucoma, prostatic hypertrophy and cardiac disease. At doses higher than the maximum recommended, orthostatic hypotension has been observed with greater frequency. Particular attention should be paid when administering reboxetine with other drugs known to lower blood pressure. Interactions with other medicaments and other forms of interaction: Reboxetine should not be co-

that have a narrow therapeutic margin and are metabolised by CYP3A4 or CYP2D6 e.g. antiarrhythmics (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, lachycardia, vertico, urinary, hesitancy. tachycardia, vertigo, urinary hesitancy /retention, impotence. Overdose: Monitor

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 UK. Marketing Authorisation Number: PL 0032/0216 References: 1. Brunello N et al. Human Psychopharmacology 1998;13:S13-S19. 2. Dubini A et al. J Psychopharmacol 1997; 11(4):S17-S23. 3. Montgomery SA. Prescriber April 1998; 116-119. Further information is available from the Marketing Authorisation Holder: Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101. ® Edronax is a registered trademark. Code No.P4008/12/98. Code No.P4008/12/98. Date of preparation: November 1998.