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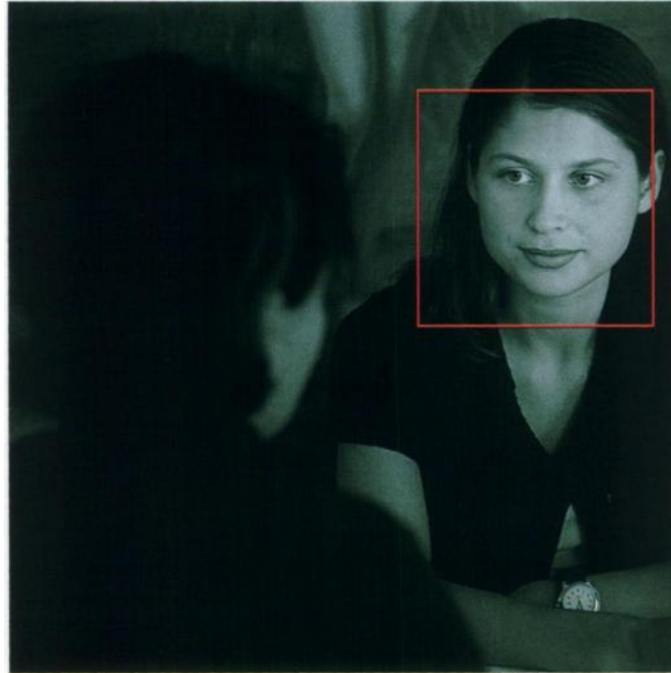
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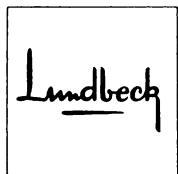
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cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. Use a low starting dose for panic disorder, to reduce the likelihood of an initial anxiogenic effect (experienced 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



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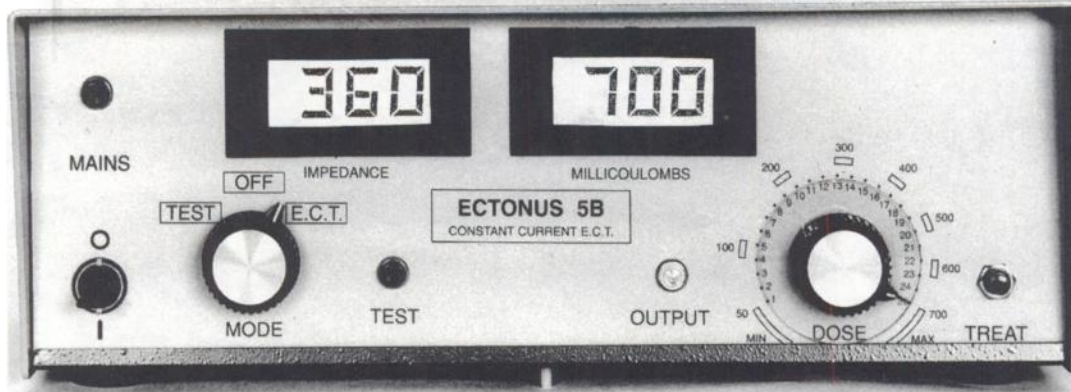
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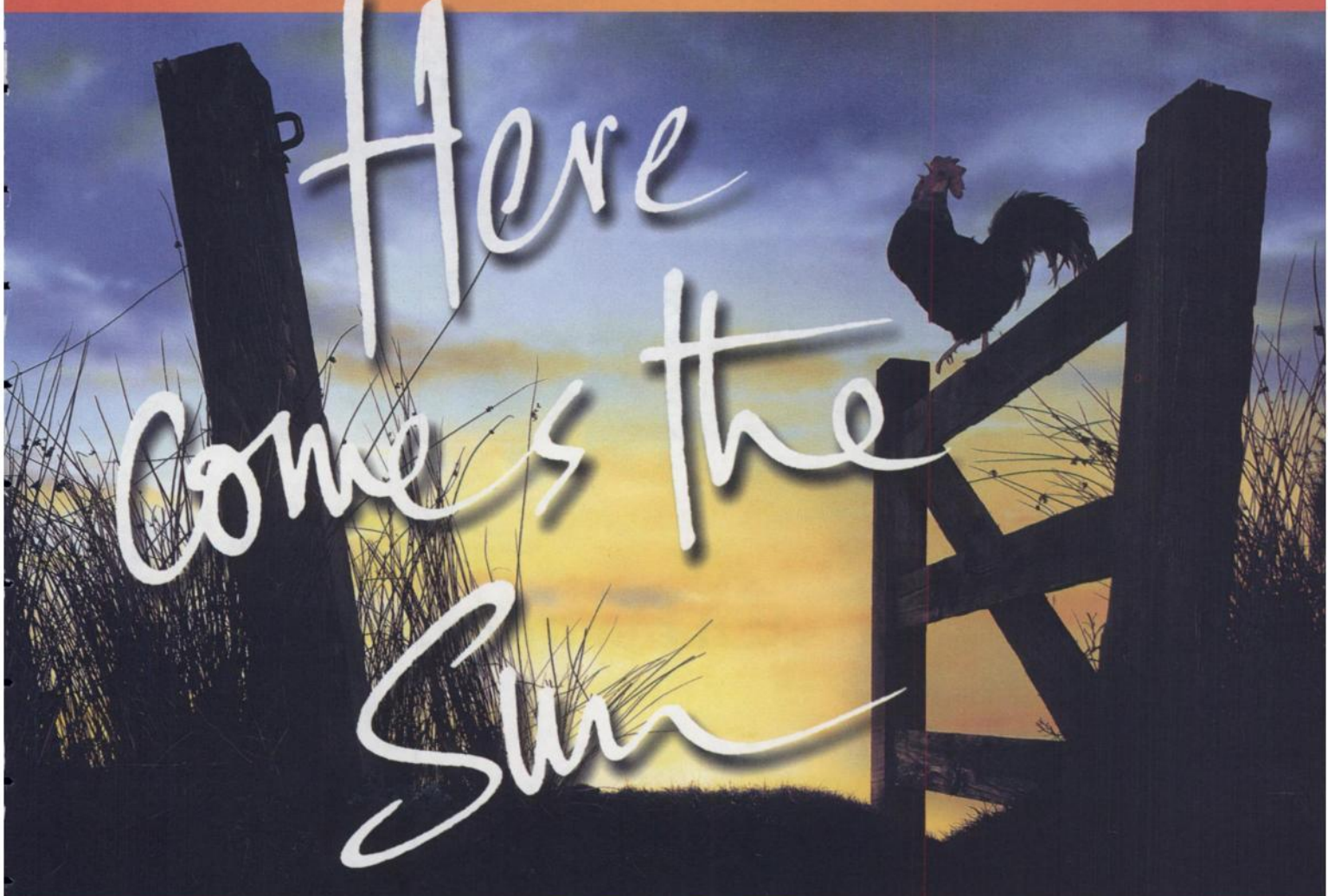
least 14 days should elapse before starting any MAOI following discontinuation of Lustral. **Use during pregnancy:** Lustral should be used only if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquilizers 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, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Rarely, abnormal LFTs, hyponatraemia. Malaise and rash have been reported. Seizures (see precautions, warnings). The following have been reported with Lustral but may have no causal relationship: movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. As with all psychoactive medicines, possible side effects on discontinuation. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL57/0308) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £39.77. Further information on request. Invicta™ Pharmaceuticals or Richborough™ Pharmaceuticals Divisions of Pfizer Limited, Sandwich, Kent. Date of preparation: June 1997

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

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

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.



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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, diplopia, nausea, nystagmus, speech disorder, taste perversion, abnormal vision and weight decrease. Increased risk of nephrolithiasis. Venous thromboembolic events reported - causal association not established. **Overdosage:** If ingestion recent, empty stomach. Activated charcoal not recommended. Supportive treatment as appropriate. Haemodialysis is effective in removing topiramate. **Pharmaceutical Precautions:** Store in a dry place at or below 25°C. **Legal Category:** POM **Package Quantities and Prices:** Bottles of 60 tablets. 25mg (PL0242/0301) = £22.02; 50mg (PL0242/0302) = £36.17; 100mg (PL0242/0303) = £64.80; 200mg (PL0242/0304) = £125.83. **Product Licence Holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ. API VER 210397. Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. © Registered Trademark © Janssen-Cilag Limited 1997 Date of Preparation March 1997

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Contra-indications: Hypersensitivity to any component of

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 co-administration 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. QTc interval (in clinical trials this was not associated with a persistent increase).

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200 mg tablet: 12619/0114

Basic NHS cost:

Starter pack £6.59; 60 x 25 mg tablets £28.20;

60 x 100 mg tablets £113.10; 90 x 100 mg tablets £169.65;

60 x 200 mg tablets £113.10; 90 x 200 mg tablets £169.65.

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

Further information is available from:

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Adult Psychiatric Disorders

Autumn 1997

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Change to



'SEROQUEL' (quetiapine)

Prescribing Notes.

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 first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose may be adjusted within the range 150 to 750 mg/day.

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 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 co-administration 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 elevation in serum transaminases.

Seroquel

quetiapine

- Effective in positive and negative symptoms¹⁻⁴ and improving mood*⁵ in patients with schizophrenia
- Incidence of EPS no different from placebo across the full dose range¹⁻⁴
- Rate of withdrawals due to adverse events no different from placebo⁶
- No requirement for routine blood, BP or ECG monitoring⁷



Changing thinking in schizophrenia.

* Defined as the BPRS item scores of depressive mood, anxiety, guilt feelings and tension

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

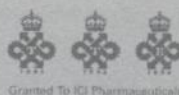
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References

- Fabre LE, Arvanitis L, Pultz J *et al.* Clin Ther 1995; **17** (No.3): 366-378.
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CLOZARIL®

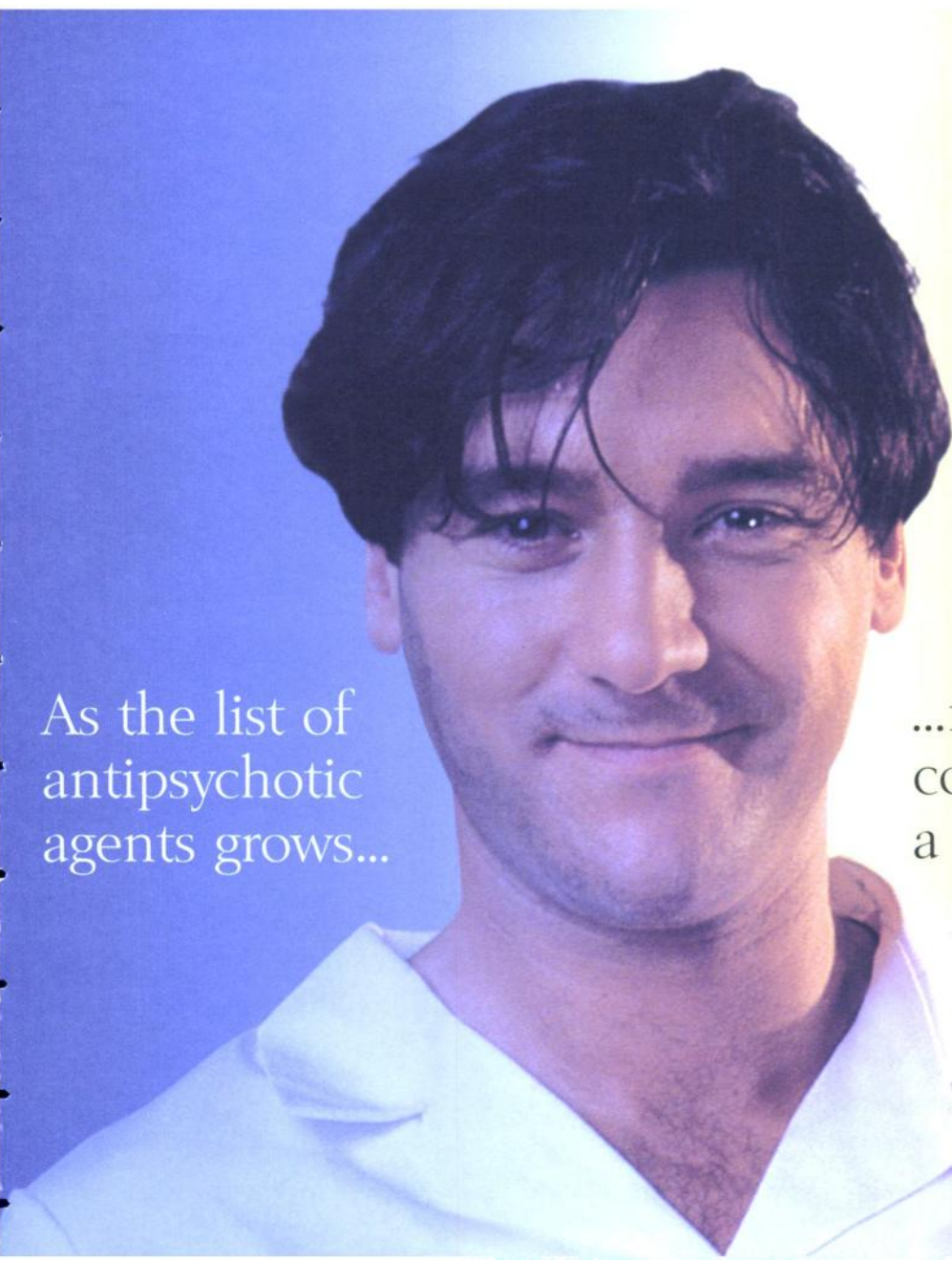
clozapine

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 $3.0 \times 10^9/L$ and/or the absolute neutrophil count drops below $1.5 \times 10^9/L$, 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 $3.5 \times 10^9/L$ and/or a neutrophil count between 1.5 and $2.0 \times 10^9/L$, with a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below $1.0 \times 10^9/L$ and/or $0.5 \times 10^9/L$ 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 $1.0 \times 10^9/L$. 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 possess 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 Ic 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.

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clozapine

Proven efficacy in treatment
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- **The first selective treatment** for the symptoms of mild or moderate dementia in Alzheimer's disease licensed in the UK^{1,2}
- **Improvements** in cognitive symptoms and global function³⁻⁵
- **Well tolerated**⁶
- **Simple** once daily dosage.

but she knew I was calling today

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 donepezil hydrochloride



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 or moderate dementia in Alzheimer's disease. **Dose and administration: Adults/elderly;** 5mg once 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 and lactation:** Use only if benefit outweighs risk. Excretion into breast milk unknown. **Precautions:** Potential for interaction with cholinergic agonists and anticholinergics particularly exaggeration of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients who are 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. Prescribe with care in patients suffering asthma and obstructive pulmonary disease. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, insomnia and dizziness. Minor increases in muscle creatine kinase but no notable laboratory abnormalities reported. **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, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5mg; PL 10555/0006 ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Europe 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:** May 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. Dementia 1996; 7: 293-303. 6. Data on file, Integrated Summary of Safety.

Aricept, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5mg; PL 10555/0006 ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Europe 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:** May 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. Dementia 1996; 7: 293-303. 6. Data on file, Integrated Summary of Safety.

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Schizophrenia treatments can't promise to put patients' lives back the way they were. But the right choice of medication may help them find a place in their community.

Zyprexa demonstrated improvement in the negative as well as the positive symptoms of schizophrenia (in four out of five controlled trials in patients presenting with both positive and negative symptoms).¹⁻³

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. 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 hyper eosinophilic 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 indirect dopamine agonists. Postural hypotension was infrequently observed in the 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/1/96/022/009 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 per pack of 56 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 RG21 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, Section 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Product Characteristics.

Antipsychotic Efficacy for First-line Use

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Olanzapine



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When you next patient, ask h of lipstick



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ABBREVIATED PRESCRIBING INFORMATION

Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the treatment of depressive illness. The remission of the acute phase of the depressive illness is associated with an improvement in the patient's quality of life in terms of social adaptation. The positive effect is also seen on accessory symptoms such as anxiety, insomnia, and depressed activity level. **Posology and method of administration:** Adults 4mg b.i.d. (8mg/day) administered orally. After 3-4 weeks, can increase to 10mg/day. Elderly 2mg

children. **Contra-indications:** Hypersensitivity to the compound. **Special warnings and precautions for use:** In elderly patients a dose reduction is recommended. In renal impairment or patients with hepatic insufficiency a dose adjustment may be required. 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 and glaucoma. At doses higher than the maximum recommended, orthostatic hypotension has been

reboxetine with other drugs known to lower blood pressure. Experience of long-term treatment of elderly patients is, at present, limited. Lowering of mean potassium levels in the elderly was found, but levels never dropped below normal limits. **Interactions with other medicaments and other forms of interaction:** Concomitant use e.g.: potassium losing diuretics, blood pressure lowering drugs. Concomitant use with other antidepressants not evaluated. Possible interaction with other drugs which also bind to α_1 acid glycoprotein should be considered. **Pregnancy and lactation:** Administration during pregnancy and in breast feeding women should be avoided. If conception occurs durin-

see a depressed er which shade she wears.

Self pride is just part of how well a depressed patient re-adapts 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^{1,2}, but also significantly improves social interaction³.

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For free copies of the SASS questionnaire, please telephone 0181 957 5156.

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REBOXETINE

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exposure to the drug. **Effects on ability to drive and use machines:** Caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring most frequently are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, hypotension, dizziness, vertigo, urinary hesitancy/retention, impotence, the latter mainly observed in patients treated with doses higher than 8mg/day. In the elderly population, newly observed rhythm disorders (mainly tachycardia) and conduction disorders were apparent on ECG in a minority of cases. **Precautions:** Monitor cardiac function and vital signs. General symptomatic supportive and/or emetic measures might be required. **Dosage and MMS Data:** Dose of 80 tablets in blister pack C10 80 Level

Category: POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited. **Marketing Authorisation Number:** PL 0032/0216. **Date of Preparation:** June 1997. **References:** 1. Berzowski H, Van Moffaert M, Gagiano CA. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S37-S47. 2. Data on file, Pharmacia & Upjohn Ltd. 3. Dubini A, Bosc M, Polin V. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S49-S55. 4. Data on file, Pharmacia & Upjohn Ltd. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101. **Edronax** is a registered trademark.



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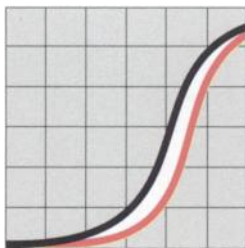
Serdolect:® Abbreviated Prescribing Information

Presentation: Tablets of 4mg, 12mg, 16mg or 20mg sertindole. **Indications:** Treatment of schizophrenia. Not for urgent relief of symptoms in acutely disturbed patients. **Dosage and administration:** Tablets should be taken orally once daily without regard for food. **Adults.** All patients should be started on 4mg/day. The dose should be increased by 4mg increments after 4-5 days on each dose to the optimum daily maintenance dose range of 12-20mg. The dose may be increased to a maximum of 24mg. Retitration is necessary if dosing is suspended for more than one week. **Children.** Not recommended. **Mild to moderate hepatic impairment.** Slower titration and lower maintenance dose. **Elderly.** Slower titration and lower maintenance doses may be required. **Contra-indications:** Known prolongation of QT interval or combined use of drugs known to prolong QT interval. Clinically significant cardiac disease or uncorrected hypokalemia. Combined use of drugs that may increase the risk of torsades de pointes may

be initiated if required but a potassium-sparing agent must be used. Combined use of quinidine or systemic ketoconazole or itraconazole. Severe hepatic impairment. Hypersensitivity to Serdolect. **Pregnancy and lactation:** Safety during human pregnancy and lactation has not been established and Serdolect should not be used during pregnancy. Nursing mothers should not breastfeed if they are taking Serdolect. **Precautions:** Serdolect is not sedative, however, patients should be advised not to drive or operate machinery until their individual susceptibility is known. History of diabetes, seizures, Parkinson's disease. Symptoms of orthostatic hypotension may occur and blood pressure should be monitored during initial dose titration and in early maintenance phase. In common with other antipsychotic drugs, Serdolect lengthens the QT interval in some patients (<1.7% of patients). Electrolyte imbalance or combined use of other drugs that inhibit Serdolect metabolism can increase the risk of occurrence of prolonged QT interval. An ECG should be performed prior to use with periodic ECG

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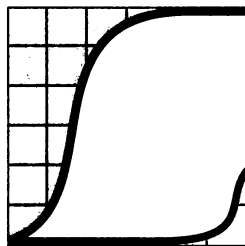
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Monitoring on treatment. Serdolect should not be initiated or should be discontinued if the QTc2 interval exceeds 520 msec. Hypokalaemia and hypomagnesaemia should be corrected and maintained within normal limits during treatment. If signs and symptoms of tardive dyskinesia appear, consider dose reduction or discontinuation. **Drug interactions:** (Also see contra-indications). Combined use of agents known to inhibit hepatic isoenzymes may necessitate lower maintenance doses. Combined use of agents known to induce hepatic isoenzymes may necessitate maintenance doses toward the upper dose range. **Adverse events:** Most commonly (>1% of patients): nasal congestion, decreased ejaculatory volume, dizziness, dry mouth, postural hypotension, weight gain, peripheral oedema, dyspnoea, paraesthesia and prolonged QT interval. Incidence of EPS adverse events similar to placebo. **Overdosage:** Symptoms have included somnolence, slurred speech, tachycardia, hypotension and transient prolongation of QT interval. Treatment is supportive and symptomatic. Ephedrine and

dopamine should not be used (may exacerbate hypotension). Cardiovascular monitoring recommended. Administration of activated charcoal and laxative should be considered. **Package quantities and basic NHS price:** 4mg tablets, £36.63 for 30 tablet pack. 12mg tablets, £102.55 for 28 tablet calendar pack. 16mg tablets, £102.55 for 28 tablet calendar pack. 20mg tablets, £102.55 for 28 tablet calendar pack. **Legal category:** POM. **Product Licence numbers:** 4mg: 13761/0001. 12mg: 13761/0003. 16mg: 13761/0004. 20mg: 13761/0005. **Date of last review:** November 1996. Further information is available on request from Lundbeck Limited, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. Serdolect® is a registered trademark of H. Lundbeck A/S. **References:** 1. Arnt J *et al.* Poster presented at the 34th ACNP Meeting, December 1995, Puerto Rico. 2. Zborowski J *et al.* Poster presented at 148th APA Meeting, May 1995, Miami, Florida. 3. Daniel DG *et al.* J Psych: In Press. 4. Data on file, H. Lundbeck A/S.



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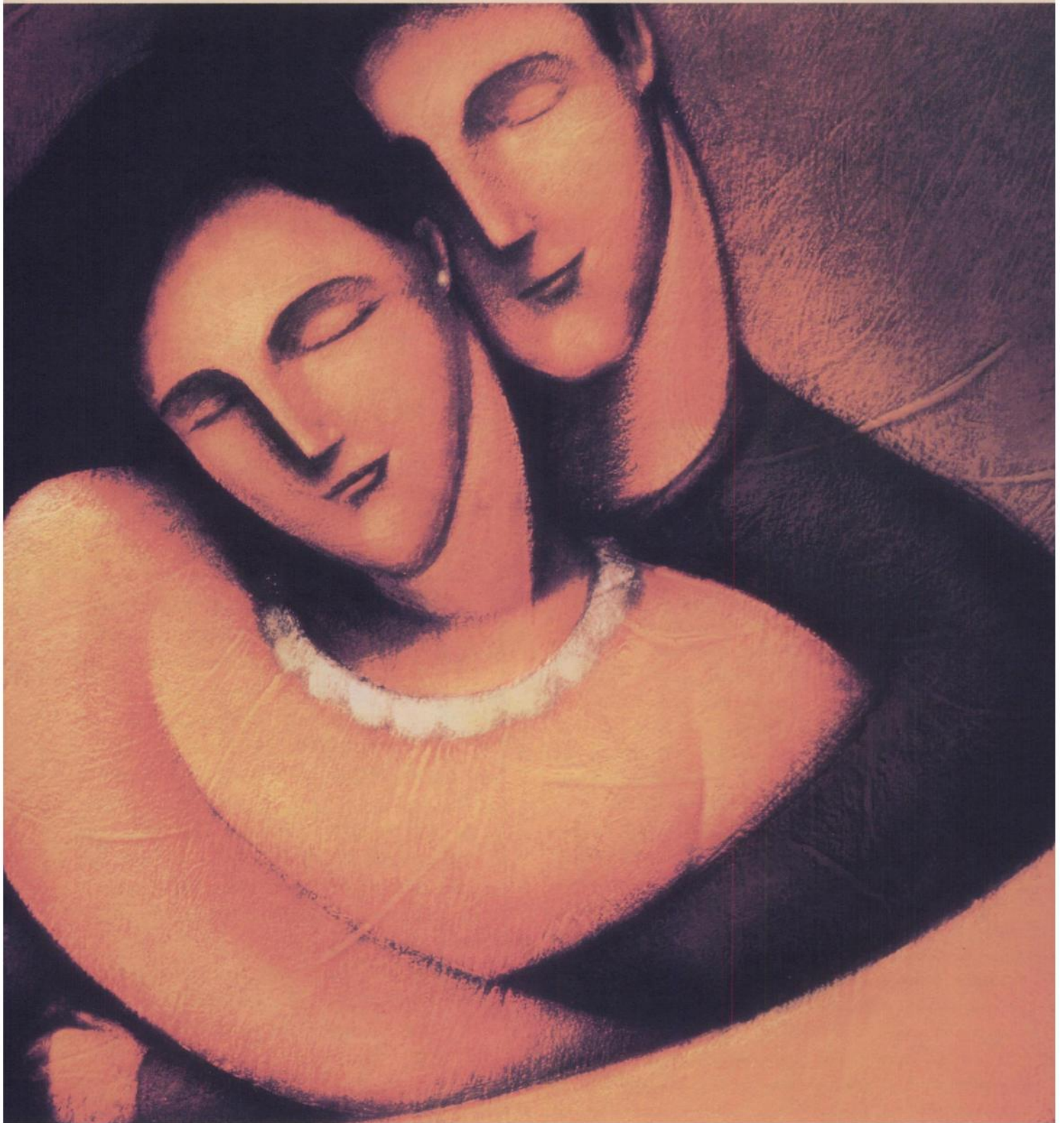


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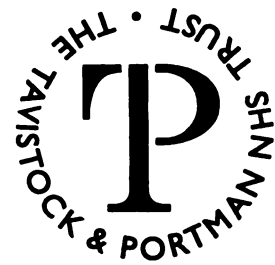
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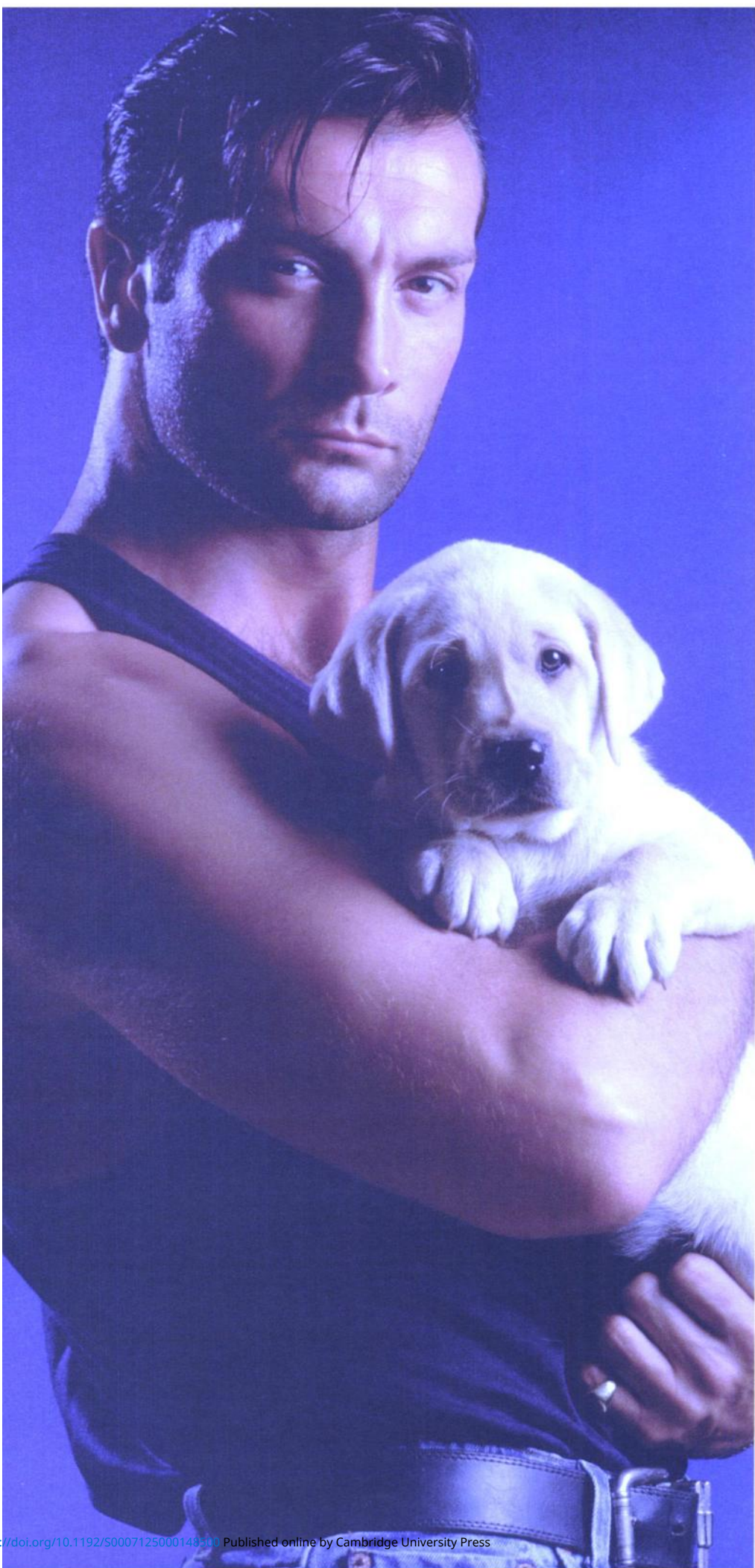


ZISPIN Prescribing Information

Presentation: Blister strips of 28 tablets each containing 30 mg of mirtazapine. **Uses:** Treatment of depressive illness. **Dosage and administration:** The tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Adults and elderly:** The effective daily dose is usually between 15 and 45 mg. **Children:** Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome; hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; in vitro data suggest that clinically significant interactions are unlikely with mirtazapine. **Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers is not recommended. **Adverse reactions:** The following adverse effects have been reported: **Common (>1/100):** Increase in appetite and weight gain. Drowsiness/sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardise antidepressant efficacy). **Less common:** Increases in liver enzyme levels. **Rare (<1/1000):** Oedema and accompanying weight gain. Reversible agranulocytosis has been reported as a rare occurrence. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. **Overdosage:** Toxicity studies in animals suggest that clinically relevant cardiotoxic effects will not occur after overdosing with Zispin. Experience in clinical trials and from the market has shown that no serious adverse effects have been associated with Zispin in overdose. Symptoms of acute overdose are confined to prolonged sedation. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Marketing authorization number:** PL 0065/0145. **Legal category:** POM. **Basic NHS cost:** £24 for 28 tablets of 30 mg.



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RISPERDAL™ ABBREVIATED PRESCRIBING INFORMATION

Please refer to Summary of Product Characteristics before prescribing Risperdal (risperidone). USES The treatment of acute and chronic schizophrenia, and other psychotic conditions, in which positive and/or negative symptoms are prominent. Risperdal also alleviates affective symptoms associated with schizophrenia. DOSAGE Where medically appropriate, gradual discontinuation of previous antipsychotic treatment while Risperdal therapy is initiated is recommended. Where medically appropriate, when switching patients from depot antipsychotics, consider initiating Risperdal therapy in place of the next scheduled injection. The need for continuing existing antiparkinson medication should be re-evaluated periodically. Adults: Risperdal may be given once or twice daily. All patients, whether acute or chronic, should start with 2 mg/day. This should be increased to 4 mg/day on the second day and 6 mg/day on the third day. However, some patients such as first-episode psychotic patients may benefit from a slower rate of titration. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual effective dosage is 4 to 8 mg/day although in some patients an optimal response may be obtained at lower doses. Doses above 10 mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16 mg/day should not be used. Elderly, renal and liver disease: A starting dose of 0.5 mg bd is recommended. This can be individually adjusted with 0.5 mg bd increments to 1 to 2 mg bd. Risperdal is well tolerated by the elderly. Use with caution in patients with renal and liver disease. Not recommended in children aged less than 15 years. CONTRAINDICATIONS, WARNINGS, ETC. Contraindications: Known hypersensitivity to Risperdal. Precautions: Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease. Consider dose reduction if hypotension occurs. For further sedation, give an additional drug (such as a benzodiazepine) rather than increasing the dose of Risperdal. Drugs with dopamine antagonistic properties have been associated with tardive dyskinesia. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotic drugs should be considered. Caution should be exercised when treating patients with Parkinson's disease or epilepsy. Patients should be advised of the potential for weight gain. Risperdal may interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known. Pregnancy and lactation: Use during pregnancy only if the benefits outweigh the risks. Women receiving Risperdal should not breast feed. Interactions: Use with caution in combination with other centrally acting drugs. Risperdal may antagonise the effect of levodopa and other dopamine agonists. On initiation of carbamazepine or other hepatic enzyme-inducing drugs, the dosage of Risperdal should be re-evaluated and increased if necessary. On discontinuation of such drugs, the dosage of Risperdal should be re-evaluated and decreased if necessary. Side effects: Risperdal is generally well tolerated and in many instances it has been difficult to differentiate adverse events from symptoms of the underlying disease. Common adverse events include: insomnia, agitation, anxiety, headache. Less common adverse events include: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, priapism, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. The incidence and severity of extrapyramidal symptoms are significantly less than with haloperidol. However, the following may occur: tremor, rigidity, hypersalivation, bradykinesia, akathisia, acute dystonia. If acute, these symptoms are usually mild and reversible upon dose reduction and/or administration of antiparkinson medication. Rare cases of Neuroleptic Malignant Syndrome have been reported. In such an event, all antipsychotic drugs should be discontinued. Occasionally, orthostatic dizziness, hypotension (including orthostatic), tachycardia (including reflex) and hypertension have been observed. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea, gynaecomastia and disturbances of the menstrual cycle. Oedema and increased hepatic enzyme levels have been observed. A mild fall in neutrophil and/or thrombocyte count has been reported. Rare cases of water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. Overdosage: Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms. A prolonged QT interval was reported in a patient with concomitant hypokalaemia who had ingested 360mg. Establish and maintain a clear airway, and ensure adequate oxygenation and ventilation. Gastric lavage and activated charcoal plus a laxative should be considered. Commence cardiovascular monitoring immediately, including continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote, so institute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. Continue close medical supervision and monitoring until the patient recovers. PHARMACEUTICAL PRECAUTIONS Tablets: Store below 30°C. Liquid: Store between 15°C and 30°C and protect from freezing. LEGAL CATEGORY POM. PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS White, oblong tablets containing 1 mg risperidone in packs of 20. PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2 mg risperidone in packs of 60. PL 0242/0187 £79.56. Yellow, oblong tablets containing 3 mg risperidone in packs of 60. PL 0242/0188 £117.00. Green, oblong tablets containing 4 mg risperidone in packs of 60. PL 0242/0189 £154.44. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless solution containing 1 mg risperidone per ml in bottles containing 100 ml. PL 0242/0199 £65.00. FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER: Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. Date of preparation: April 1997 © Janssen-Cilag Ltd

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A routine route out

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.*

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 01 3

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 Valerie Sinason
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



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.

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 80pp approx. ISBN tba £10.00

