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Their doctor knew that their symptoms were similar



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Symptoms: Palpitations, intense anxiety
Diagnosis: **Panic disorder**



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Topics

- Prevention of suicide and deliberate self-harm • Anti-bullying strategies
- Mental health care and promotion • Medical care, sexual health
- Therapeutic work with families, creative therapies • Special needs of young women in custody • Reducing re-offending: offender treatment programmes
- Services for substance misuse • Contracting and commissioning services
- Health improvement plans and primary care groups

Opening Address

- HM Chief Inspector of Prisons, Sir David Ramsbotham

Royal College of Psychiatrists' CPD Validation (for Consultants): is being sought.

Venue: Institute of Psychiatry, De Crespigny Park, Camberwell, London SE5 8AF

Course Fee: £60 (including buffet lunch & refreshments)

Application Forms From: Mrs Lee Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF
Tel: 0171 919 3170 Fax: 0171 740 5172 Email: L.wilding@iop.bpmf.ac.uk

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Closing date: 15 March 1999.

The course is limited to a maximum of 30 participants

Venue: Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF.

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Further information and application forms from: Ms Lee Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF. Tel: 0171 919 3170 or 0171 740 5125. Fax: 0171 740 5172. Email: L.wilding@iop.bpmf.ac.uk

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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 retention with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. **Overdose:** 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 300mg. 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 substitute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. 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Please refer to summary of product characteristics before prescribing.
Presentation: White to off white tablets each containing modafinil 100 mg
Indication: Narcolepsy. **Dosage:** Adults 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. **Elderly:** Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. **Severe renal or hepatic impairment:** Reduce dose by half (100-200 mg daily). **Children:** See contra-indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P-450 isoenzymes has been observed *in vitro*. Effectiveness of oral

containing at least 50 mg ethinyloestradiol should be taken. Tricyclic antidepressants, no clinically relevant interaction was seen in a single dose interaction study of Provigil and clomipramine. However, patients receiving such medication should be carefully monitored. Care should be observed with co-administration of anti convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets, £60.00. **Marketing authorisation number:** 16260/0001. **Marketing authorisation holder:** Cephalon UK Ltd, 11-13 Frederick Sanger Road, Surrey Research Park, Guildford, GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References:** 1. Mittleman MM. Sleep 1994; 17: S103-S106. 2. Data on file, Cephalon [3]. 3. *Lim IS, Lee JW, Park YH, et al. Acad Sci USA* 1996; 93: 14128-14133. 4. Simon P *et al.* *Eur Neuropsychopharmacol* 1995; 5: 509-514.



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Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the acute 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 be recommended in either of these groups. **Renal/Hepatic Insufficiency:** Reboxetine should be used with caution in patients with renal or hepatic impairment, 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 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 medications 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. anti-arrhythmics (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, tachycardia, vertigo, urinary hesitancy (retention), impotence. **Caution:** 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 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. Date of preparation: November 1998.

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A SURPRISING ANTI-PSYCHOTIC



TURNING POINT IN

As a modern antipsychotic, it is no surprise that Zoleptil offers effective control of positive symptoms of schizophrenia as well as a significant reduction in SANS total score. But what may come as a surprise is the fact that over 2 million patients have already been treated with Zoleptil.



SCHIZOPHRENIA?

Prescribing Information appears overleaf



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Zoleptil Brief Prescribing Information

Indication: Treatment of schizophrenia. **Dosage and Administration:** Zoleptil is given orally in divided doses with or without food. **Adults:** The effective adult dose is 75 to 300mg daily. The recommended starting dose is 25mg taken three times daily. The dose may be adjusted according to clinical response up to a maximum of 100mg three times daily. Dosage adjustments should be made at intervals of four days. Doses above 300mg per day may increase the risk of seizures. **Elderly patients and patients with established hepatic and/or renal impairment:** A starting dose of 25mg twice daily is recommended. Titration should be gradual, based on efficacy and tolerability, up to a maximum of 75mg twice daily. Zoleptil is not recommended for use in children under 18 years of age. **Contra-indications:** Known hypersensitivity to Zoleptil or any of its excipients. Patients suffering from acute intoxication with CNS depressants including alcohol. As with other uricosuric agents, Zoleptil should not be used in patients with acute gout or a history of nephrolithiasis though in practice the risk of increased urate renal stone formation appears to be low. **Precautions:** Zoleptil should not be used to treat patients with a history of epilepsy unless the benefit outweighs the risk. Caution is advised when using Zoleptil in patients at risk of arrhythmias or in combination with drugs known to cause prolongation of the QTc interval. When treating patients from these groups it is recommended that an ECG is performed before starting treatment. Caution is advised in patients with known severe cardiovascular disease including severe hypertension or severely restricted cardiac output. Zoleptil is associated with an increase in heart rate and should therefore be used with caution in patients suffering from angina pectoris. Zoleptil may cause orthostatic hypotension and a dose reduction or more gradual titration should be considered if this occurs. Isolated cases of neuroleptic malignant syndrome have been reported. In this event all antipsychotic drugs including Zoleptil should be discontinued. If a reduction in white cell count is suspected a white cell count should be performed. A lower starting dose, gradual titration and a reduced maximum daily dose should be used in the elderly, and in renally or hepatically impaired patients. Monitoring of liver function tests is recommended in patients with hepatic impairment. Patients should be advised of the possibility of weight gain. Isolated cases of tardive dyskinesia have occurred. In this case the discontinuation or reduction in dose of all antipsychotics should be considered. Zoleptil should be used with caution in patients with prostatic hypertrophy, retention of urine, narrow angle glaucoma and paralytic ileus. Zoleptil has uricosuric properties and should be used with caution in patients with gout or hyperuricaemia. Patients should be advised not to drive or operate machinery until their susceptibility has been established. **Pregnancy and Lactation:** Zoleptil should not be used during pregnancy unless the benefits to the mother outweigh the potential risks to the baby. Nursing mothers taking Zoleptil should not breast-feed. **Interactions:** Zoleptil should be used with caution in combination with other centrally acting drugs, in particular high doses of other antipsychotics which may further lower the seizure threshold, as well as fluoxetine and diazepam which may lead to increased plasma concentrations of zotepine. Caution should be exercised when Zoleptil is co-prescribed with hypotensive agents, including some anaesthetic agents. **Side Effects and Adverse Reactions:** The following adverse events have been reported in association with Zoleptil therapy in clinical trials and spontaneously during clinical usage (approximately 1.98 million patients treated). Most commonly reported adverse events include: asthenia, chills, headache, infection, pain, hypotension, tachycardia, constipation, dyspepsia, elevated liver function tests, changes in ESR, leucocytosis and leucopenia, weight increase, agitation, anxiety, depression, dizziness, dry mouth, EEG abnormal, extrapyramidal syndrome, insomnia, salivation increased, somnolence, rhinitis, sweating, blurred vision. Occasionally reported were: abdominal pain, chest pain, fever, flu syndrome, malaise, arrhythmia, ECG abnormality, hypertension, postural hypotension, syncope, anorexia, appetite increased, diarrhoea, nausea, vomiting, prolactin increased, abnormal blood cells, anaemia, thrombocythaemia, creatinine increased, hyperglycaemia, hypoglycaemia, hyperlipidaemia, hypouricaemia, oedema, thirst, weight loss, arthralgia, joint disease, myalgia, confusion, convulsions, dysautonomia, hostility, libido decreased, nervousness, speech disorder, vertigo, cough increase, dyspnoea, acne, dry skin, rash, conjunctivitis, impotence, urinary incontinence. **Overdosage:** May result in exaggerated pharmacological effects which include hypotension, tachycardia, arrhythmias, agitation, pronounced extrapyramidal effects, hypo- or hyperthermia, seizures, respiratory depression, stupor or coma. There is no specific antidote, therefore appropriate supportive measures should be instituted. A clear airway should be established and maintained, and adequate oxygenation and ventilation ensured. Gastric lavage and administration of activated charcoal together with a laxative should be considered. Cardiovascular monitoring should commence immediately and should include continuous ECG monitoring to detect possible arrhythmias. Hypotension and circulatory collapse should be treated by plasma volume expansion and other appropriate measures. If sympathomimetic agents are used for vascular support, adrenaline and dopamine should not be used as this may worsen hypotension. In the case of severe extrapyramidal symptoms, anticholinergic medication should be administered. Seizures may be treated with intravenous diazepam. Close medical supervision and monitoring should continue until the patient recovers. **Legal Category:** POM. **Product Licence Numbers:** 25mg tablets: PL00169/0110; 50mg tablets: PL00169/0111; 100mg tablets: PL00169/0112. **Presentations, Nature and Content of Containers, Basic NHS Cost:** Zoleptil 25: white sugar-coated tablets containing 25mg zotepine provided in blister strip packs of 30 £15.00 and 90 £45.00. Zoleptil 50: yellow sugar-coated tablets containing 50mg zotepine provided in blister strip packs of 30 £20.00 and 90 £60.00. Zoleptil 100mg: pink sugar-coated tablets containing 100mg zotepine provided in blister strip packs of 30 £33.00 and 90 £99.00. **Marketing Authorisation Holder:** Knoll Ltd, 9 Castle Quay, Castle Boulevard, Nottingham NG7 1FW, England. Full prescribing information is available on request from Orion Pharma (UK) Ltd, 1st floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, Berkshire, RG14 5UX. Zoleptil is a registered trade mark. **Date of Preparation:** October 1998.

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Prescribing Information - Solian 200 and Solian 50 ▼ **Presentation:** Solian 200mg tablets contain 200mg amisulpride and Solian 50mg tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia in which positive and/or negative symptoms are prominent. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing up to 1200mg/day according to individual response (dose titration not required), in divided doses. Predominantly negative symptoms: 50-300mg once daily adjusted according to individual response. Elderly: administer with caution due to the risk of hypotension or sedation. Renal insufficiency: reduce dose and consider intermittent therapy. Hepatic insufficiency: no dosage adjustment necessary. Children: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland prolactinaemias and breast cancer; phaeochromocytoma; children under 15 years; pregnancy; lactation; women of child-bearing potential unless using adequate contraception. **Warning and Precautions:** As with all antipsychotics, caution should be exercised in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in

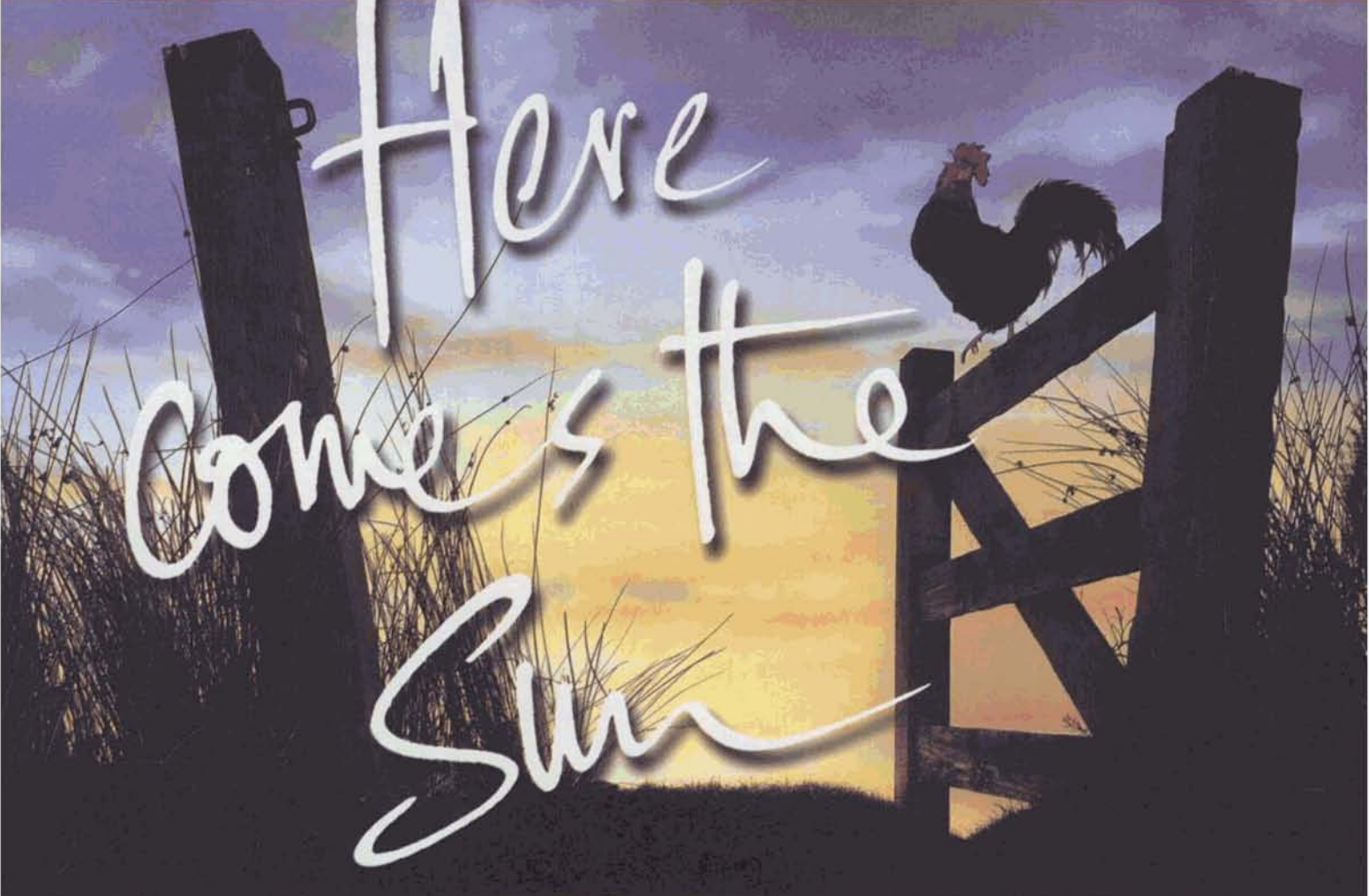
hypotensive medications, and dopamine agonists. **Side Effects:** Insomnia, anxiety, agitation. Less commonly somnolence and GI disorders. In common with other neuroleptics: Solian causes a reversible increase in plasma prolactin levels; Solian may also cause weight gain, acute dystonia, extrapyramidal symptoms, tardive dyskinesia, hypotension and bradycardia; rarely, allergic reactions, seizures and neuroleptic malignant syndrome have been reported. **Basic NHS Cost:** Blister packs of: 200mg x 60 tablets - £60.00; 200mg x 90 tablets - £90.00; 50mg x 60 tablets - £16.45; 50mg x 90 tablets - £24.69. **Legal Category:** POM. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex Synthelabo UK and Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD. **References:** 1. Freeman HL. *Int Clin Psychopharmacol* 1997;12(Suppl 2):S11-S17. 2. Möller HJ. 6th World Congress of Biological Psychiatry, Nice, France, June 22-27 1997. 3. Coukell AJ, Spencer CM, Benfield P. *CNS Drugs (Adis)* 1996 Sep 6 (3):237-256. 4. Solian SPC. Lorex Synthelabo. 5. Serindole SPC. Lundbeck Ltd. 6. Clozapine SPC.

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Efexor[®] XL venlafaxine - Prescribing information Presentation: 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

or operate machinery if their ability to do so is impaired. 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

dreams, vasodilatation, hypertension, rash, agitation, 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. McPartin 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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Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. **Uses** **TREATMENT OF THE SYMPTOMS OF DEPRESSION, 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 'Contraindications' and 'Precautions' sections. **Contraindications** 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. **Monoamine oxidase inhibitors:** At least 14 days should elapse between discontinuation of an MAOI and initiation of treatment with Prozac. 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:** Angioedema, 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 to fluoxetine and clinical importance are unclear. **Drug interactions:** Increased (with lithium toxicity) or decreased lithium levels have been reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450/D6 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. Hyponatraemia (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 (internal review June 1998). **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 352011. PROZAC is a Dista trademark.



PROZAC DELIVERS

PROZAC
fluoxetine

TREATING DEPRESSION

CAMPRAL EC PRESCRIBING INFORMATION

Campral EC acamprosate

Presentation: Off-white round enteric-coated tablets, containing 333mg acamprosate calcium. Printed on one side with 333. **Properties:** Acamprosate may act by stimulating GABAergic inhibitory neurotransmission and antagonising excitatory amino acids, particularly glutamic acid. **Indication:** Maintenance of abstinence in alcohol dependent patients. It should be combined with counselling. **Dosage and Administration:** *Adults ≥ 60kg:* 6 tablets per day (2 tablets taken three times daily with meals) *Adults < 60kg:* 4 tablets per day (2 tablets in the morning, 1 at noon and 1 at night with meals). Recommended treatment period one year, starting as soon as possible after the withdrawal period. Treatment should be maintained if the patient relapses. *Elderly:* Not recommended. *Children:* Not recommended. **Contraindications:** Known hypersensitivity to the drug, renal insufficiency (serum creatinine > 120 micromol/L), severe hepatic failure (Childs-Pugh classification C), pregnancy, lactation. **Precautions and**

Warnings: Campral EC does not constitute treatment during the withdrawal period. **Interactions:** None observed in studies with diazepam, desfluram or imipramine. The concomitant intake of alcohol and acamprosate does not affect the pharmacokinetics of either alcohol or acamprosate. **Side Effects:** Diarrhoea, and less frequently nausea, vomiting and abdominal pain; pruritus. These are usually mild and transient. An occasional maculopapular rash and rare cases of bullous skin reactions have been reported. Fluctuations in libido have been reported. Campral EC should not impair the patient's ability to drive or operate machinery. **Overdose:** Gastric lavage; should hypercalcaemia occur, treat patient for acute hypercalcaemia. **Legal Category:** POM. **Pharmaceutical Precautions:** None. **Package Quantities and Basic NHS Price:** 84 blister packed tablets £24.95. **Marketing Authorisation Number/Holder:** 13466/0001, Lipo SA, Lyon, France. **Date of Preparation:** August 1997. Further information is available on request from Merck Pharmaceuticals, Harrier House, High Street, West Drayton, Middlesex, UB7 7QG.



SPECIAL COMMENDATION
AWARDED 1998
PRIX GALIEN AWARD
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PHARMACEUTICAL PRODUCTS

BRAIN BIOCHEMISTRY ADAPTS TO
LIFE WITH ALCOHOL

CAMPRAL EC HELPS PATIENTS ADAPT TO
LIFE WITHOUT ALCOHOL



Non-aversive **Campral EC** can help reduce the craving in patients who are adapting to a life without alcohol.

EFFECTIVE IN MAINTAINING ABSTINENCE

Campral EC

Another seizure-free day

Wasn't late for milking

Wasn't embarrassed at market

Didn't lose any sheep

Didn't have a seizure



TOPAMAX[®]
topiramate

At the end of the day, it works.

A first choice add-on therapy for most seizure types

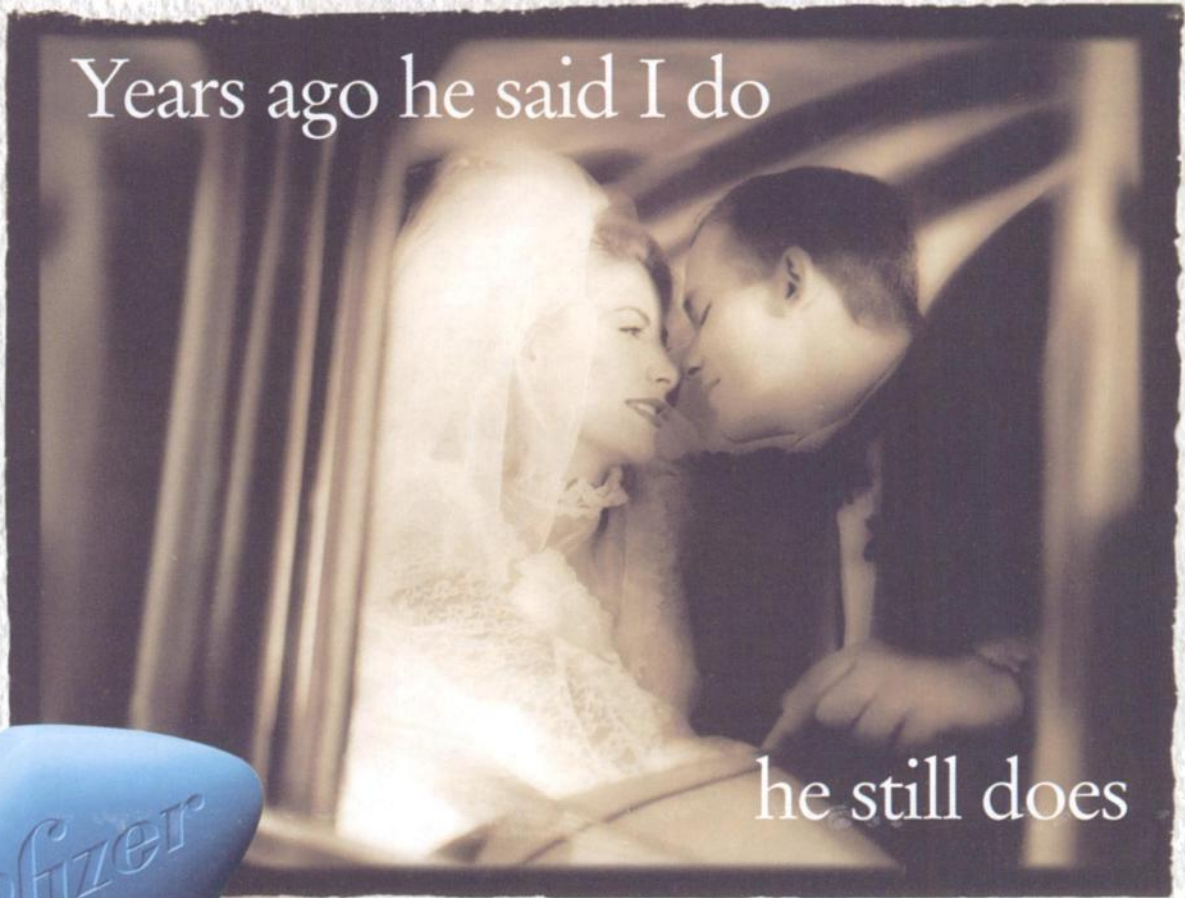
Topamax Abbreviated Prescribing Information.

Please read Summary of Product Characteristics before prescribing.

Presentation: Tablets containing 25 mg, 50 mg, 100 mg, or 200 mg topiramate. **Uses:** Adjunctive therapy of inadequately controlled seizures: partial seizures; seizures associated with Lennox Gastaut Syndrome and primary generalised tonic/clonic seizures. **Dosage and Administration:** Oral administration. *Over 16 years of age:* Usual dose: 200-400 mg/day in two divided doses. Initiate at 50 mg daily then titrate to an effective dose. A lower dose may be used. Patients with significant renal disease may require a dose modification. See SmPC for additional information. *Children age 2 to 16:* Usual dose: Approximately 5 to 9 mg/kg/day in two divided doses. Initiate at 25 mg nightly, and increase at 1 to 2 week intervals in 1 to 3 mg/kg increments, to an effective dose. **Contraindications:** Hypersensitivity to any component. **Precautions and Warnings:** Withdraw all antiepileptic drugs slowly. Hydrate to reduce the risk of nephrolithiasis (especially if predisposed). Drowsiness likely. Topamax may be sedating; therefore caution if driving or operating machinery. Do not use in pregnancy unless potential benefit outweighs risk. Woman of childbearing 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 monitoring is advised. *Effects of other antiepileptic drugs:* Phenytoin and carbamazepine decrease topiramate plasma concentration. *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 changes in bleeding pattern. *Other Antiepileptic Drugs:* Topiramate may decrease plasma concentrations of phenytoin, carbamazepine, clobazam, lamotrigine, valproic acid, and zonisamide. *Side Effects:* Adverse effects include: weight decrease, somnolence, speech disorders/related speech problems, abnormal vision and weight decrease. May cause agitation and emotional lability (mood problems and nervousness) and depression. Less common adverse effects include, gait abnormal, aggressive reaction, apathy, cognitive problems, coordination problems, leucopenia, psychotic symptoms (such as hallucinations), and taste perversion. Venous thromboembolic events reported - causal association not established. *Children:* In 5% or more: somnolence, anorexia, fatigue, insomnia, nervousness, personality disorder (behaviour problems), difficulty with concentration/attention, aggressive reaction, weight decrease, gait abnormal, mood problems, ataxia, saliva increased, nausea, difficulty with memory, hyperkinesia, dizziness, speech disorders/related speech problems and paraesthesia. Less frequently but potentially relevant: emotional lability, agitation, apathy, cognitive problems, psychomotor slowing, confusion, hallucination, depression and leucopenia. Topamax increases the risk of nephrolithiasis. **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. 25 mg (PL0242/0301) = £22.02, 50 mg (PL0242/0302) = £36.17; 100 mg (PL0242/0303) = £64.80; 200 mg (PL0242/0304) = £125.83. **Product licence holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ ENGLAND. APIVER200498.

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 1999.

Years ago he said I do



he still does



everyone has something to say about it

now it's our turn

it's not for men without
erectile dysfunction
it's not an aphrodisiac
or a fertility pill

rather

it works¹ to restore
natural erectile function
it's easy to take
it's well tolerated²
and it's here

VIAGRATM
sildenafil citrate

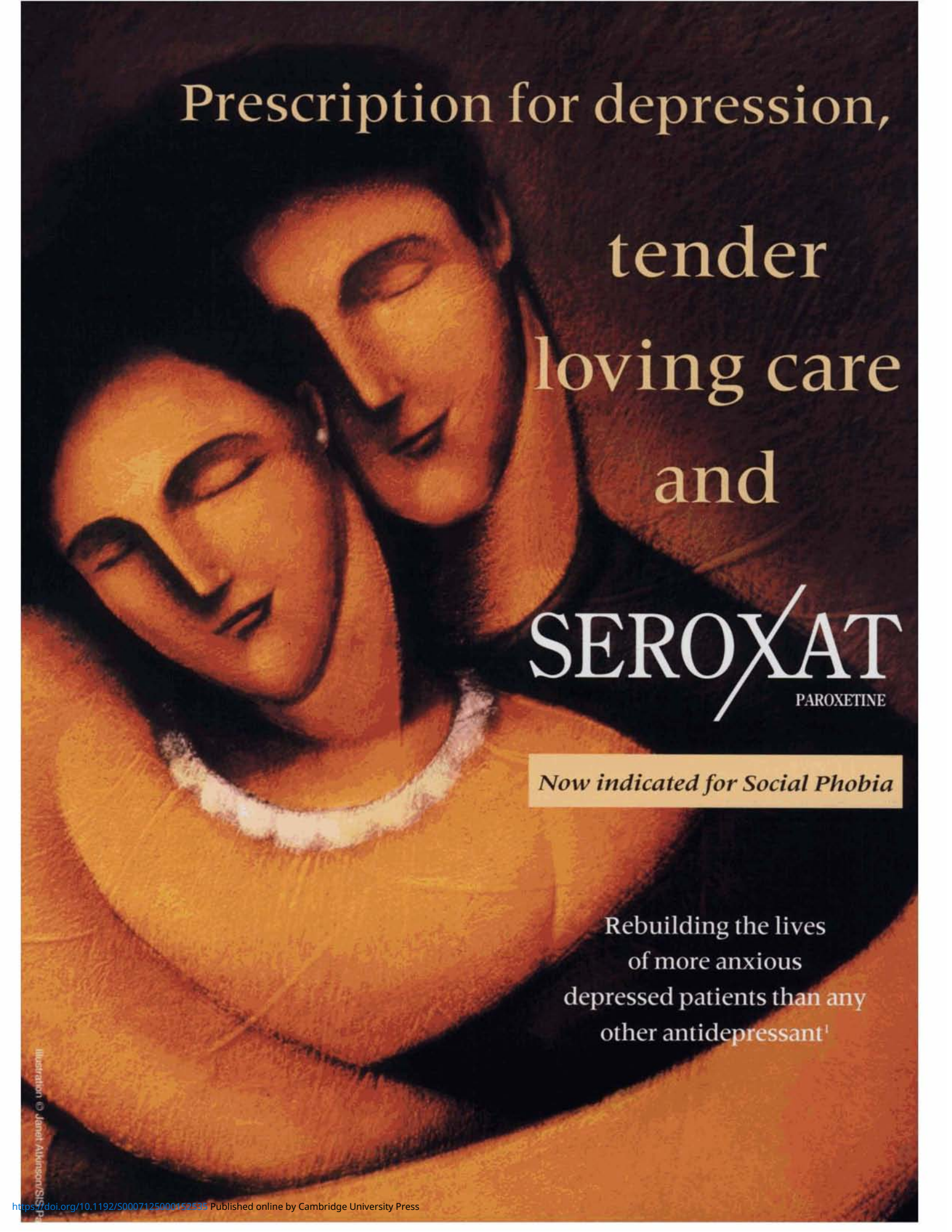
ORAL TREATMENT FOR ERECTILE DYSFUNCTION

ABBREVIATED PRESCRIBING INFORMATION
Please refer to the SmPC before prescribing VIAGRA. 25mg, 50mg or 100mg. **Presentation:** Blue film-coated, rounded diamond-shaped tablets containing sildenafil citrate equivalent to 25mg, 50mg and 100mg sildenafil. **Indications:** Erectile dysfunction. Sexual stimulation is required for efficacy. Not for use by women. **Dosage:** *Adults:* 50mg approximately one hour before sexual activity. Adjust dose based on efficacy and toleration. Maximum dose is 100mg. One single dose per day is recommended. If taken with food, the onset of activity may be delayed. *Elderly:* a first dose of 25mg should be used. **Hepatic impairment, severe renal impairment;** 25mg initial dose should be considered; adjust dose based on efficacy and toleration. *Children under 18 years;* Not indicated. **Contra-indications:** Co-administration with nitric oxide donors (such as amyl nitrite) or nitrates in any form; patients for whom sexual activity is inadvisable (e.g. patients with severe cardiovascular disorders); severe hepatic impairment; hypotension; recent stroke or myocardial infarction; known hereditary degenerative retinal disorders; hypersensitivity to sildenafil or to any of the excipients. **Pregnancy and lactation:** Published online by Cambridge University Press

Warnings and precautions: A medical history and physical examination should be undertaken to diagnose erectile dysfunction and determine potential underlying causes. Cardiovascular status, as sexual activity is associated with cardiac risk. Sildenafil has vasodilator properties, resulting in mild and transient decreases in blood pressure and as such potentiates the hypotensive effect of nitrates. Patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis or Peyronie's disease) or predisposed to priapism (such as sickle cell anaemia, multiple myeloma or leukaemia). Patients with bleeding disorders or active peptic ulceration. Not recommended in combination with other treatments for erectile dysfunction. **Drug Interactions:** In combination with inhibitors of CYP3A4 eg ketoconazole, erythromycin, cimetidine, a 25mg starting dose should be considered. Potentiates the hypotensive effects of nitrates (see contra-indications). Small, additional reduction in blood pressure with amlodipine. No potentiation of the increase in bleeding time caused by acetyl salicylic acid (150mg) or the hypotensive effects of alcohol. No data on non-specific phosphodiesterase inhibitors such as dipyridamole. Side-effects: Clinical

study experience: headache, flushing, dizziness, dyspepsia, nasal congestion, altered vision (colour tinge, increased perception of light or blurred vision). Dyspepsia and altered vision more common at 100mg. Muscle aches when sildenafil administered more frequently than recommended. Post marketing experience: priapism. **Driving and operating machinery;** Caution if affected by dizziness or altered vision. **Legal category:** POM. **Basic NHS cost:** Packs of 4, 25mg tablets [EU/1/98/077/002] £16.59; Packs of 8, 25mg tablets [EU/1/98/077/003] £33.19; Packs of 4, 50mg tablets [EU/1/98/077/006] £19.34; Packs of 8, 50mg tablets [EU/1/98/077/007] £38.67; Packs of 4, 100mg tablets [EU/1/98/077/010] £23.50; Packs of 8, 100mg tablets [EU/1/98/077/011] £46.99. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. Last revised: 3 September 1998. Further information on request: Pfizer Limited, Sandwich, Kent, CT13 9NJ. **References:** 1. Goldstein I et al. *New Engl J Med*, 1998, 338(20): 1397-1404. 2. Morales A et al. *Int J Impotence Res*, 1998, 10: 69-74. 10223d





Prescription for depression,
tender
loving care
and

SEROXAT
PAROXETINE

Now indicated for Social Phobia

Rebuilding the lives
of more anxious
depressed patients than any
other antidepressant¹

PRESCRIBING INFORMATION

Prescribing information

Presentation: 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16.

'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77.

Indications: Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Following satisfactory response, continuation is effective in preventing relapse. Treatment of symptoms and prevention of relapse of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. Treatment of symptoms of social anxiety disorder/social phobia.

Dosage: Adults: Depression: 20 mg a day. Review response within two to three weeks and if necessary increase dose in 10 mg increments to a maximum of 50 mg according to response.

Obsessive compulsive disorder: 40 mg a day. Patients should be given 20 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 60 mg a day.

Panic disorder: 40 mg a day. Patients should be given 10 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 50 mg a day.

Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which should be at least four to six months after recovery for depression and may be longer for OCD and panic disorder. As with many psychoactive medications abrupt discontinuation should be avoided – see **Adverse reactions**.

Elderly: Dosing should commence at the adult starting dose and may be increased in weekly 10 mg increments up to a maximum of 40 mg a day according to response.

Children: Not recommended.

Severe renal impairment (creatinine clearance <30 ml/min) or severe hepatic impairment: 20 mg a day. Restrict incremental dosage if required to lower end of range.

Contra-indication: Hypersensitivity to paroxetine.

Precautions: History of mania. Cardiac conditions: caution. Caution in patients with epilepsy; stop treatment if seizures develop. Driving and operating machinery.

Drug interactions: Do not use with or within two weeks after MAO inhibitors; leave a two-week gap before starting MAO inhibitor treatment. Possibility of interaction with tryptophan. Great caution with warfarin and other oral anticoagulants. Use lower doses if given with drug metabolising enzyme inhibitors; adjust dosage if necessary with drug metabolising enzyme inducers. Alcohol is not advised. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants.

Pregnancy and lactation: Use only if potential benefit outweighs possible risk.

Adverse reactions: In controlled trials most commonly nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction (including impotence and ejaculation disorders), dizziness, constipation and decreased appetite.

Also spontaneous reports of dizziness, vomiting, diarrhoea, restlessness, hallucinations, hypomania, rash including urticaria with pruritus or angioedema, and symptoms suggestive of postural hypotension. Extrapyramidal reactions reported infrequently; usually reversible abnormalities of liver function tests and hyponatraemia described rarely. Symptoms including dizziness, sensory disturbance, anxiety, sleep disturbances, agitation, tremor, nausea, sweating and confusion have been reported following abrupt discontinuation of 'Seroxat'. It is recommended that when antidepressant treatment is no longer required, gradual discontinuation by dose-tapering or alternate day dosing be considered.

Overdosage: Margin of safety from available data is wide. Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability, sweating and somnolence. No specific antidote. General treatment as for overdosage with any antidepressant. Early use of activated charcoal suggested.

Legal category: POM. 10.9.98

SB *SmithKline Beecham*
Pharmaceuticals



Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

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Reference: 1. Data on file.

0988/ST/AD/8/0398J





The 3rd Annual Meeting Will Be Held Between 20-21 March 1999.

Venue:
Hanover
International Hotel,
Hinckley, Leicestershire.

British Indian Psychiatric Association

The meeting will comprise of lectures on Advances in Schizophrenia, Psychopharmacology-making Choices, Advances in Affective Disorders and Clinical Risk Management. In addition, there will be a choice of workshops on mental health issues affecting Asians in the UK and a social cultural evening.

All BIPA members are welcome and anyone interested in becoming one.

For details contact:

Dr Thakor Mistry, Organising Secretary, All Saints Hospital, Lodge Road, Birmingham, B18 5SD

Tel.: 0121 685 6430

Fax.: 0121 685 6206

The meeting has been supported by an Educational Grant from Zeneca.

Tulip 10th Anniversary Conference

MENTAL HEALTH Services



Extending the Voluntary Sector Role

A ONE DAY CONFERENCE

Monday March 1st 1999, Congress House, London, WC1

For ten years Tulip has provided a network of community mental health services working with users, carers and other voluntary and statutory agencies. Tulip has sought to offer unique and quality support services targeted at people who fall through the net of conventional care, pioneering a comprehensive support model which has proven highly successful in seeking solutions tailored to individual client's needs.

This conference will assess the contribution of the voluntary sector in providing professional and creative mental health services and assess its future role in specific niches. It will examine ways in which the voluntary and statutory agencies can work successfully together in future to provide a more integrated approach to community mental health support services.

SPEAKERS INCLUDE

Government Spokesperson

To be Confirmed

Judi Clements

MIND

Erville Millar

Chief Executive, Lambeth Healthcare NHS Trust

Lennox Thomas

Clinical Director, Nasfyat, Inter-Cultural Therapy Centre

Janice Lowe

Acting Executive Director, Tulip

Maggie Pinder

Senior Consultant, Centre for Mental Health Services Development

For more information contact:

Neil Stewart Associates

13th Floor, Centre Point
103 New Oxford Street
London WC1A 1DD

tel 0171 240 9393 fax 0171 240 8833
e-mail mail@neilstewartassociates.com
website www.neilstewartassociates.com

CONFERENCE FEES

Supported Rate

£140 + VAT (Total: £164.50)

Voluntary Organisations, Independent Academics

Reduced Rate

£195 + VAT (Total: £229.13)

TECs, Local Authorities, Universities

Full Rate

£245 + VAT (Total: £287.88)

Commercial Companies,
Central Government Departments and Agencies

Hosted by Tulip and Supported by
an Educational Grant From Pfizer



Evaluating treatments for schizophrenia - time for a change.

For fifty years, the trials which inform the care of those with schizophrenia have often been **small**, of **short duration** and employ outcome scales of **limited relevance** to clinical practice. The Schizophrenia Trials Meeting is for those with a practical interest in evaluative research. It will focus on learning from past trials, the practical use of current studies and setting a research agenda for schizophrenia trials in the future.

Schizophrenia Trials Meeting Stratford-upon-Avon 5th-7th May 1999

Speakers include: **Clive Adams**-Coordinating Editor, *Cochrane Schizophrenia Group* * **Richard Ashcroft**-Lecturer of Ethics in Medicine, *University of Bristol* * **Barbara Farrell**-Trial manager, *Institute of Health Sciences, Oxford* * **Philippa Garety**-Professor of Clinical Psychology, *St. Thomas's Hospital* * **John Geddes**-Director, *Centre for Evidence Based Mental Health, Oxford* * **Richard Gray**-Director, *Clinical Trials Unit, Birmingham* * **Richard Lilford**-Regional Director, *NHS National & Clinical Trials, West Midlands* * **Angus MacKay**-Clinical Director, *Argyle & Bute Hospital* * **Liam O'Toole**-MRC Trials Manager, *London*

————— **Accredited with 10 CME points** —————

The meeting will comprise didactic sessions interspersed with workshops and debate. It will be held in The Alveston Manor, a 15th Century hotel situated in the centre of Stratford-upon-Avon, which will also provide full accommodation for delegates.

All fees are solely to cover costs.

Registration: **£195**

Two nights full board at The Alveston Manor: **£200**

For further details please contact:

Leanne Roberts, Conference Organiser, Cochrane Schizophrenia Group, Summertown Pavilion, Middle Way, Oxford, OX2 7LG, UK.

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Executive
R&D Directorate
West Midlands



Cochrane Schizophrenia
Group



South Warwickshire
Mental Health Services

POWIC

Prince of Wales
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