



Helpline And Information Serv  
The Royal College Of Psychiatrists  
17 Belgrave Square  
London  
SW1A 8PG  
Tel. 0171 235 2351 Ext. 138/152

## EDITORIAL

- 103 Suicide in farmers**  
A. Malmberg, S. Simkin and K. Hawton

## REVIEW ARTICLES

- 106 British psychiatry and homosexuality**  
M. King and A. Bartlett
- 114 Alcohol and the brain. Pharmacological insights for psychiatrists**  
D. Nutt

## PAPERS

- 120 Paroxetine in social phobia/social anxiety disorder. Randomised, double-blind, placebo-controlled study**  
D. Baldwin, J. Bobes, D. J. Stein, I. Scharwächter and M. Faure, on behalf of the Paroxetine Study Group
- 127 Schizophrenia and temporal lobe asymmetry. A post-mortem stereological study of tissue volume**  
J. R. Highley, B. McDonald, M. A. Walker, M. M. Esiri and T. J. Crow
- 135 Prevalence and characteristics of patients with severe mental illness and borderline intellectual functioning. Report from the UK700 randomised controlled trial of case management**  
A. Hassiotis, O. Ukoumunne, P. Tyrer, J. Piachaud, C. Gilvarry, K. Harvey and J. Fraser
- 141 Characteristics, context and consequences of memory recovery among adults in therapy**  
B. Andrews, C. R. Brewin, J. Ochera, J. Morton, D. A. Bekerian, G. M. Davies and P. Mollon
- 147 Compulsory treatment in anorexia nervosa. Short-term benefits and long-term mortality**  
R. Ramsay, A. Ward, J. Treasure and G. F. M. Russell

- 154 Using consensus OPCRIT diagnoses. An efficient procedure for best-estimate lifetime diagnoses**  
M. H. Azevedo, M. J. Soares, I. Coelho, A. Dourado, J. Valente, A. Macedo, M. Pato and C. Pato
- 158 Evaluation of the opioid addiction test in an out-patient drug dependency unit**  
A. H. Ghodse, J. L. Greaves and D. Lynch
- 163 Frequency, phenomenology and anatomical-clinical correlates of major post-stroke depression**  
G. Gainotti, A. Azzoni and C. Marra
- 168 Psychological autopsy study of suicides by people aged under 35**  
L. Appleby, J. Cooper, T. Amos and B. Faragher
- 175 Risk factors for suicide independent of DSM-III-R Axis I disorder. Case-control psychological autopsy study in Northern Ireland**  
T. Foster, K. Gillespie, R. McClelland and C. Patterson

## PRELIMINARY REPORTS

- 180 Group treatment of auditory hallucinations. Exploratory study of effectiveness**  
T. Wykes, A.-M. Parr and S. Landau
- 186 Ecstasy - long-term effects on the human central nervous system revealed by positron emission tomography**  
J. Obrocki, R. Buchert, O. Väterlein, R. Thomasius, W. Beyer and T. Schiemann

## COLUMNS

- 189 Correspondence**
- 193 One hundred years ago**
- 194 Book reviews**
- 197 Books received**
- 198 Contents of *The American Journal of Psychiatry***

# The difference is plain to see



## Consider the plain facts

### Cipramil:

- Proven efficacy in depression and panic disorder
- The most selective SSRI<sup>1,2</sup>
- The least expensive branded SSRI<sup>3</sup>
- Faster onset of action than fluoxetine<sup>4</sup> and sertraline<sup>5</sup>
- Clinical experience in over 12 million patients worldwide<sup>6</sup>

With differences like these, it's plain to see why Cipramil is the UK's fastest growing SSRI<sup>7</sup>.

Cipramil - makes a visible difference both to your patients and your prescribing costs.



**Cipramil**<sup>▼</sup>  
citalopram  
make a difference

**Abbreviated prescribing information. Presentation:** Cipramil tablets 10 mg PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide; 28 (OP) 10 mg tablets £10.00; Cipramil tablets 20 mg PL 0458/0056, each containing 20 mg of citalopram as the hydrobromide; 28 (OP) 20 mg tablets £16.79; Cipramil tablets 40 mg PL 0458/0059, each containing 40 mg of citalopram as the hydrobromide; 28 (OP) 40 mg tablets £26.38. **Indications:** Treatment of depressive illness. In the initial phase and as maintenance against relapse/recurrence. Treatment of panic disorder, with or without agoraphobia. **Dosage: Treating depression:** Adults: 20 mg a day. Depending upon individual patient response, this may be increased in 20 mg increments to a maximum of 60 mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Treatment for at least 6 months is usually necessary to provide adequate maintenance against the potential for relapse. **Treating panic disorder:** 10 mg daily for the first week, increasing to 20 mg daily. Depending upon individual patient response, dosage may be further increased to a maximum of 60 mg daily. Depending upon individual patient response, it may be necessary to continue treatment for several months. **Elderly:** 20 mg a day irrespective to

not recommended. **Reduced hepatic/renal function:** Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT<sub>2</sub> agonists. Hypersensitivity to citalopram. **Pregnancy and lactation:** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of 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 dosage is stable

withdrawal of citalopram should be avoided. **Overdosage:** Symptoms have included somnolence, coma, sinus bradycardia, 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. © 1999 Lundbeck Ltd. Date of preparation: May 1999. 0599/CIP/501/05B

**References:** 1. Hyttel J. XXII Nordiske Psykiater Kongres, Reykjavik, 1988: 11-21. 2. Eisen AS et al. *Psychopharmacology Bull* 1990; 26(3): 311-315. 3. Based on 28 days' treatment, prices from MIMS, May 1999. 4. Patris M et al. *Int Clin Psychopharmacol* 1996; 11: 129-136. 5. Stahl SM. Citalopram vs sertraline vs placebo: preliminary efficacy results. Poster presented at the APA meeting, 1998. 6. Data on file, Lundbeck Limited, to December 1998. 7. Taylor Nelson 'Scriptcount' prescription audit data, 6 months to March 1999.



# THE BRITISH JOURNAL OF PSYCHIATRY

AUGUST 1999 VOL. 175

**EDITOR** Greg Wilkinson LIVERPOOL

## EDITORIAL BOARD

### DEPUTY EDITOR

Alan Kerr  
NEWCASTLE UPON TYNE

### ASSOCIATE EDITORS

Sidney Crown  
LONDON

Julian Leff  
LONDON

Sir Martin Roth, FRS  
CAMBRIDGE

Sir Michael Rutter, FRS  
LONDON

Peter Tyrer  
LONDON

### EDITORIAL ADVISERS

Howard Croft  
OXFORD

Tony Johnson  
CAMBRIDGE

Kathleen Jones  
YORK

Martin Knapp  
LONDON

Herschel Prins  
LEICESTER

John Wing  
LONDON

Sir John Wood  
SHEFFIELD

### ASSISTANT EDITORS

Louis Appleby  
MANCHESTER

Alistair Burns  
MANCHESTER

Patricia Casey  
DUBLIN

John Cookson  
LONDON

Tom Fahy  
LONDON

Anne Farmer  
CARDIFF

Michael Farrell  
LONDON

Nicol Ferrier  
NEWCASTLE UPON TYNE

Simon Gowers  
CHESTER

Richard Harrington  
MANCHESTER

Sheila Hollins  
LONDON

Jeremy Holmes  
BARNSTAPLE

Michael King  
LONDON

Michael Kopelman  
LONDON

Alan Lee  
NOTTINGHAM

Glyn Lewis  
CARDIFF

Shôn Lewis  
MANCHESTER

Robin McCreadie  
DUMFRIES

Ian McKeith  
NEWCASTLE UPON TYNE

J. Spencer Madden  
UPTON-BY-CHESTER

David Owens  
LEEDS

Ian Pullen  
MELROSE

Henry Rollin  
LONDON

Jan Scott  
GLASGOW

Andrew Sims  
LEEDS

George Stein  
LONDON

### CORRESPONDING EDITORS

Andrew Cheng  
TAIWAN

Kenneth Kendler  
USA

Arthur Kleinman  
USA

Paul Mullen  
AUSTRALIA

Michele Tansella  
ITALY

J. L. Vázquez-Barquero  
SPAIN

### STATISTICAL ADVISER

Pak Sham  
LONDON

### STAFF

PUBLICATIONS MANAGER

Dave Jago

MARKETING MANAGER

Lucy Alexander

SCIENTIFIC EDITOR

Andrew Morris

ASSISTANT SCIENTIFIC EDITORS

Bryony Stuart

Zoë Stagg

EDITORIAL ASSISTANTS

Eloise Glover

Sue Thakor

MARKETING OFFICER

Emily Falconer

## Subscriptions

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1A 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1999 (12 issues post free) are as follows:

	INSTITUTIONS	INDIVIDUALS
Europe (& UK)	£185	£157
US	\$375	\$270
Elsewhere	£220	£170

Full airmail is £36/  
US\$64 extra

Single copies of the  
journal are £19, \$30  
(post free)

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Payment should be made out to the British Journal of Psychiatry.

## Back issues

Back issues published before 1996 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

## Advertising

Correspondence and copy should be addressed to Stephen H. P. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

## US Mailing Information

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is \$375. Second class postage paid at Rathway, NJ. Postmaster send address corrections to the British Journal of Psychiatry, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

†††The paper used in this publication meets the minimum requirements of the American National Standard for Information Sciences - Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Typeset by Dobbie Typesetting Ltd, Tavistock.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

## Past Editors

Elot Slater	1961-72	John L. Crammer	1978-83
Edward H. Hare	1973-77	Hugh L. Freeman	1984-93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963.

©1999 The Royal College of Psychiatrists. Unless so stated, material in the *British Journal of Psychiatry* does not necessarily reflect the views of the Editor or the Royal College of Psychiatrists. The publishers are not responsible for any error of omission or fact.

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The *BJP* publishes original work in all fields of psychiatry. Manuscripts for publication should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG. Queries, letters to the Editor and book reviews may also be sent electronically to [sthakor@rcpsych.ac.uk](mailto:sthakor@rcpsych.ac.uk).

## Instructions to authors

Full instructions to authors are given at the beginning of the January and July issues, and on the Web Site below. Copies are also available from the Journal Office.

Information about the College's publications is available on the World Wide Web at <http://www.rcpsych.ac.uk>.

# NB MEDICAL EDUCATION

## MRCPSYCH PART I LONDON

Intensive exam-orientated weekend courses

- Theory for *new syllabus*.
- Technique and tactics.
- Over 2000 relevant MCQ's.
- Practice MCQ exams.
- HM67(27) approved for study leave.

London 28 and 29 August, 4 and 5 September  
(4 day course).

Details: NB Medical Education, PO Box 767,  
OXFORD OX1 1XD. Tel/fax. 01865 842206.

## New Brief Pulse ECT with *Computer-Assisted* Easy Seizure Monitoring



### Somatics Thymatron™ DGx

- Automatically monitors your choice of EEG-EEG, EEG-ECG, or EEG-EMG and determines EEG and motor seizure lengths.
- Computer-measured seizure quality, including postictal EEG suppression, seizure energy index.
- Up to 8 seconds stimulus duration; pulsewidth as short as 0.5 ms.
- Single dial sets stimulus charge by age; high-dose option available.
- FlexDial™ adjusts pulsewidth and frequency without altering dose.

Distributed in the U.K. by: DANTEC Electronics, Ltd. Garonor Way Royal Portbury Bristol BS20 9XE TEL (44) 1275-375333 FAX (44) 1275-375336	Distributed in Australia by: SONORAY Pty. Ltd. 32 Miamba Ave. Carlingford NSW 2118 TEL (61) 29-871-0804 FAX (61) 29-779-2110	Distributed in New Zealand by: MEDIC Healthcare Ltd. 20 Peterkin St. Wingate Lower Hutt TEL (64) 4-577-0000 FAX (64) 4-577-2000
Distributed in Ireland by: BRENNAN & CO. Dublin TEL (353) 1-295-2501 FAX (353) 1-295-2333	Distributed in India by: HOSPIMEDICA Pvt. Ltd. 58/10, 11d floor, Ashok Nagar New Delhi 110 018 TEL (91) 11-540-0964 FAX (91) 11-549-2977	Distributed in South Africa by: DELTA SURGICAL Craighall TEL (27) 11-792-6120 FAX (27) 11-792-6926

ASK ABOUT THE NEW 4-CHANNEL THYMATRON SYSTEM IV™  
SOMATICS, INC., 910 Sherwood Drive # 17, Lake Bluff, IL, 60044, U.S.A.  
Fax: (847) 234-6763; Tel: (847) 234-6761

## BBR MEDICAL EDUCATION

Intensive weekend courses

### MRCPsychiatry Parts I & II Written and Clinical skills courses

MRCPsychiatry Part I written 11-12 September

MRCPsychiatry Part II written 11-12 September

Critical Appraisal - Four hour course  
10 September 1999

MRCPsychiatry clinical 6-7 November

BBR Courses are  
Stimulating, entertaining and successful.

Telephone or Fax 0181-959-7562  
33 Flower Lane, Mill Hill, London NW7

## PSYCHIATRISTS

- Positions across the UK, Middle East & USA
- All Grades
- Quality locum positions
- Long & short term
- Excellent on-call
- Top rates paid

Apply on-line:  
[www.directmedical.co.uk](http://www.directmedical.co.uk)

Call now for further details

Tel: 01792 472 525

Fax: 01792 472 535

e-mail: [info@directmedical.co.uk](mailto:info@directmedical.co.uk)

The Psychiatrists' Choice.

Direct Medical



Appointments

Leeds Community & Mental Health Services Teaching NHS Trust,  
with support from The Black Mental Health Resource Centre, present

# 'Visibility & Invisibility'

A conference addressing current issues in  
Mental Health for Black & Asian Communities

**13-14 April 2000**

venue: The Great Hall, University of Leeds, Leeds, England

Fee: £125.00

Britain has for centuries been a multi-cultural society. Yet this reality has often been invisible in mental health teaching training and service delivery. Good practice requires an attention to culturally influenced dimensions of human functioning. This conference provides an opportunity to augment understanding and critical thinking about the impact of race and culture on mental health.

**Further information and application forms may be obtained from:**

Mr Errol A. Reid  
40 Clarendon Road, Leeds LS2 9PJ Tel: 0113 295 5430 Fax: 0113 295 5431



## Key Speakers include:

Dr Suman Fernando: Senior Lecturer in  
Mental Health, University of Kent, Canterbury.  
Fellow of the Royal College of Psychiatrists.  
Author, most recently, of 'Forensic Psychiatry,  
Race & Culture'.

Dr Carl Bell: Clinical Professor of Psychiatry  
and Public Health, University of Illinois,  
Chicago. President & CEO of the Community  
Mental Health Council, Chicago.

Mr Lenox Thomas: Principal Psychotherapist,  
Clinical Director of NAFSIYAT, London.

Dr Stanley Sue: Director of the National  
Research Centre on Asian American Health.  
Professor of Psychology & Psychiatry, University  
of California, Davis.

Dr Nancy Boyd-Franklin: Family Therapist,  
Professor of Psychology, Graduate School of  
Rutgers University. Author of 'Black Families in  
Therapy: a Multisystems Approach'.

Dr A.J. Franklin: Psychotherapist, Professor; The  
City College and the Graduate School of the  
City University of New York.

## CONSULTANTS AND OTHER LEVELS NEEDED IN ALL SPECIALITIES OF PSYCHIATRY

Consultants require Section 12 or 20

**Immediate Start**

**Short Term/Long Term  
Assignments**

**Great on-call**

£ £ Excellent £ £  
£ £ Rates of £ £  
£ £ Pay £ £



**THROUGHOUT THE UK**

**Accommodation  
Provided**

**Work Permits  
Arranged**

**Contributions to  
Travelling Expenses**

Call Anna: Tel. 01703 393988; Fax. 01703 393908; Email [anna@direct-medical.com](mailto:anna@direct-medical.com)

**DIRECT  
MEDICAL SERVICES**



## HARLEY STREET

### OCCASIONAL AND SESSIONAL ROOMS

Open Monday–Friday, 9.00am–9.00pm

Saturday and Sunday, 9.00am–5.30pm

Early mornings by arrangement

**FLEXIBLE, COST-EFFECTIVE  
CONSULTING OPTIONS**

**PERSONALISED TELEPHONE ANSWERING  
AND FULL ADMINISTRATIVE SUPPORT**

TELEPHONE 0171 467 8301

Visit the Royal College of Psychiatrists  
web site at

<http://www.rcpsych.ac.uk>

### **Information on:**

- up-to-date information on College books, reports, and journals
- press and public initiatives
- conferences
- library services
- examinations
- postgraduate education
- the college research unit

### **And for members, information on:**

- divisions, faculties, sections, SIGS, committees and more

For further information please contact Lucy Alexander:

e-mail: [lalexander@rcpsych.ac.uk](mailto:lalexander@rcpsych.ac.uk),

Tel: 0171 235 2351 ext 120

### *New from Gaskell*



## **Improving the Care of Elderly People with Mental Health Problems: Clinical Audit Project Examples**

**Kirsty Maclean Steel and Claire Palmer**

This book contains 43 clinical audit projects, all of which have been divided into topic areas and formatted into structured abstracts for ease of use. The topic areas are Referrals, Assessment, Care Plans, Medication, Clinical Care, Depression, Deliberate Self Harm, Suicide, Organisational and Management Processes and Discharge.

### **Features**

'Live' examples of clinical audit projects

Advice from the people who carried out the clinical audits

### **Readership**

Old Age Psychiatrists, Psychologists, Audit Co-ordinators, Nurses

**August 1999, £15.00, ISBN 1 901242 38 2**

<http://www.rcpsych.ac.uk>

Available from the Book Sales Office, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Telephone +44 (0)171 235 2351 extension 146, fax +44 (0)171 245 1231.

# PSYCHIATRISTS

We offer :

- **Immediate Vacancies**
- **Short & Long Term Work**
- **All Grades**
- **Competitive Rates**
- **Fast and Friendly Service**

Please send CV to :

Psychiatric Locum Appointments  
Suite 301 Albany House  
324-326 Regent Street  
London W1R 5AA

Tel : 0171 637 5357

Fax : 0171 323 1732



## HOW TO TEACH CRITICAL REVIEW SKILLS

4-5 November 1999

Weetwood Hall, Leeds

This course will equip psychiatrists of all grades with the knowledge, understanding and skills to undertake critical appraisal of the published literature. It will also refresh knowledge and develop skills and attitudes necessary for teaching critical review for the MRCPsych Part II critical review paper.

The course will be especially valuable for those wishing to acquire or refresh critical appraisal skills for lifelong learning, clinical psychiatric practice and for assessing evidence-based material.

**Cost:** £180 (inclusive of b/b accommodation, three course dinner, 2 course carvery lunch and tea/coffee during the course).

**CPD Validation Units** 9

For an application form please contact Mr Noel Bell at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel: 0171 235 2351 ext 157; email: nbell@rcpsych.ac.uk

# LOCUMS

(UK) LIMITED

The National Medical Recruitment Company

## PSYCHIATRISTS

England – Scotland – Wales  
all areas

Varied assignments  
Weekly Payments  
Expenses  
Professional and Friendly Service  
Also GP Locum Specialists

Call us today

Locums (UK)

Tel: 01489 788772 Fax: 01489 788771  
email: doctors@locums.co.uk

LOTHIAN  
PRIMARY CARE  
NHS TRUST

GREATER GLASGOW  
PRIMARY CARE NHS TRUST

## SOUTH OF SCOTLAND COGNITIVE THERAPY COURSE 2000

A course in the theory and practice of Cognitive Behavioural Therapy, based in the south of Scotland. The course has been specifically designed to minimise costs and travelling time for busy clinical staff.

### Course Directors

Dr Chris Freeman, Edinburgh  
Dr Kate Davidson, Glasgow

### Structure

The teaching programme will run from February to November, starting with a three day Induction Block. Thereafter, fortnightly whole-day teaching sessions, alternating with fortnightly individual supervision and case work.

Cost £2,150

### Further Information

Course Administrator, Mrs Diane Matheson, The Cottage, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF. Tel: 0131 537 6707; Fax: 0131 537 6104.



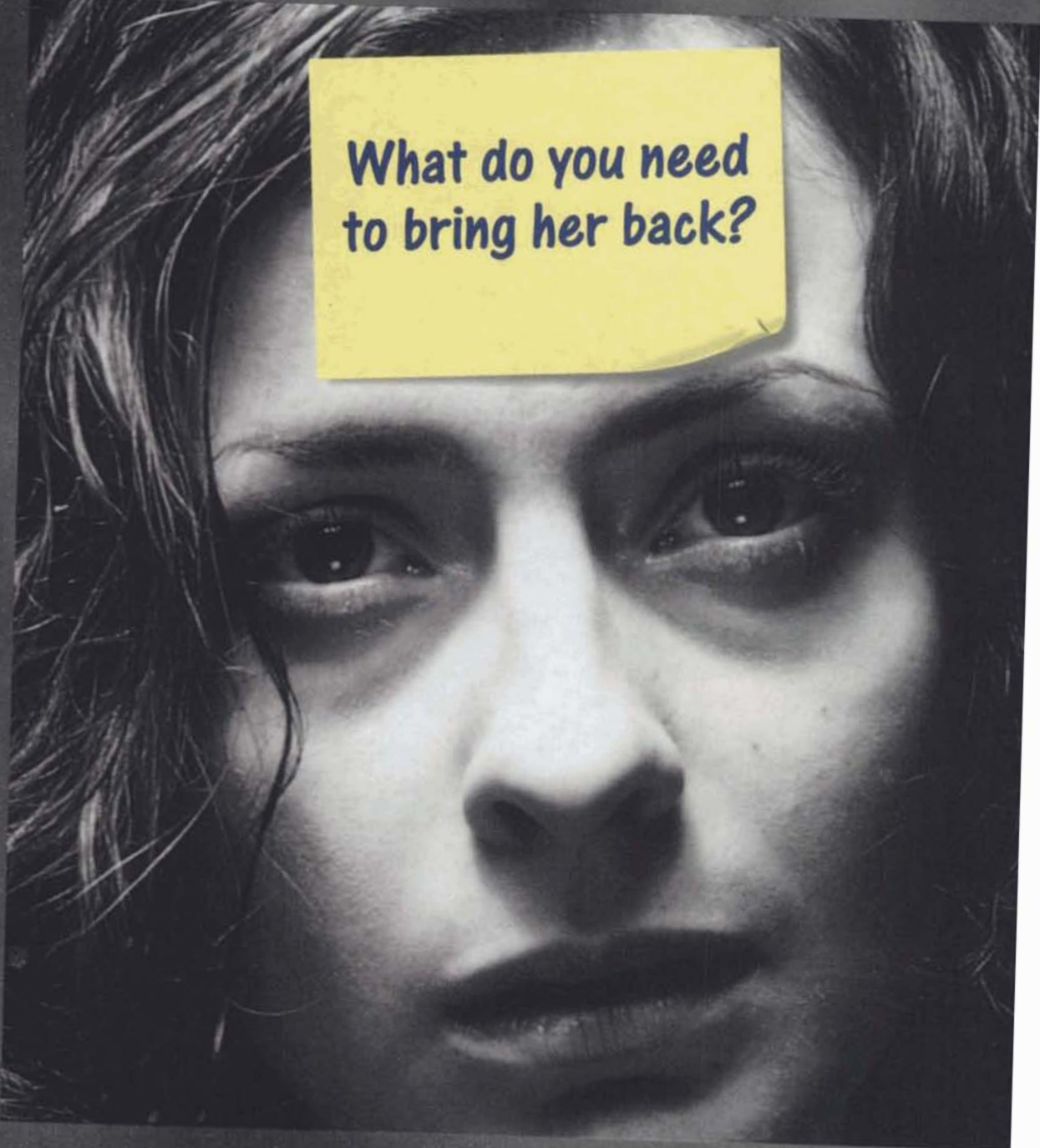


**Abbreviated Prescribing Information.**  
 Please read Summary of Product Characteristics before prescribing.  
**Presentation:** Tablets containing 25 mg, 50 mg, 100 mg, or 200 mg topiramate.  
**Uses:** Adjunctive therapy of inadequately controlled seizures: partial seizures; seizures associated with 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 change in bleeding patterns. *Others:* Avoid agents predisposing to nephrolithiasis.  
**Side Effects:** *Adults:* In 5% or more: abdominal pain, ataxia, anorexia, asthenia, confusion, difficulty with concentration/attention, difficulty with memory, diplopia, dizziness, fatigue, language problems, nausea, nystagmus, paraesthesia, psychomotor slowing, 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. NPIVER200498.  
 ® Registered Trademark  
 © Janssen-Cilag Limited 1999  
 Date of preparation: May 1999

"Every day I share a train with thousands of other commuters... Great Stuff"

 **TOPAMAX**®  
 topiramate

Because life without seizures is so much better.



What do you need  
to bring her back?

**Prescribing Information - Solian 200 and Solian 50 Presentation:** Solian 200 tablets contain 200mg amisulpride and Solian 50 tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia including predominant negative symptoms. **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: 13 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours, e.g. pituitary gland

occur (discontinue Solian). Caution in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in concomitant administration of CNS depressants (including alcohol), antihypertensives and other 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.

She's frightened, disturbed, disoriented - even disruptive. But behind her screams and tears, she's crying out to you - to bring her back from her terror of acute phase schizophrenia.

## A rapid response

You can rely on Solian (amisulpride) in this critical acute phase. A significantly greater number of patients responded to Solian 800mg than haloperidol 20mg (62% vs 44%  $p = 0.014$ )<sup>1</sup> and Solian controls key symptoms - activation, thought disturbance and hostility - just as effectively.<sup>2</sup>

You can rely on Solian to start working quickly - with over 50% more patients responding to Solian therapy than to haloperidol within the first 2 weeks.<sup>3</sup>

Finally, because Solian is an atypical, it won't just bring her back - it'll keep her back in the community. So you can rely on it, just as your patients rely on you.

 **Solian**<sup>®</sup>  
AMISULPRIDE



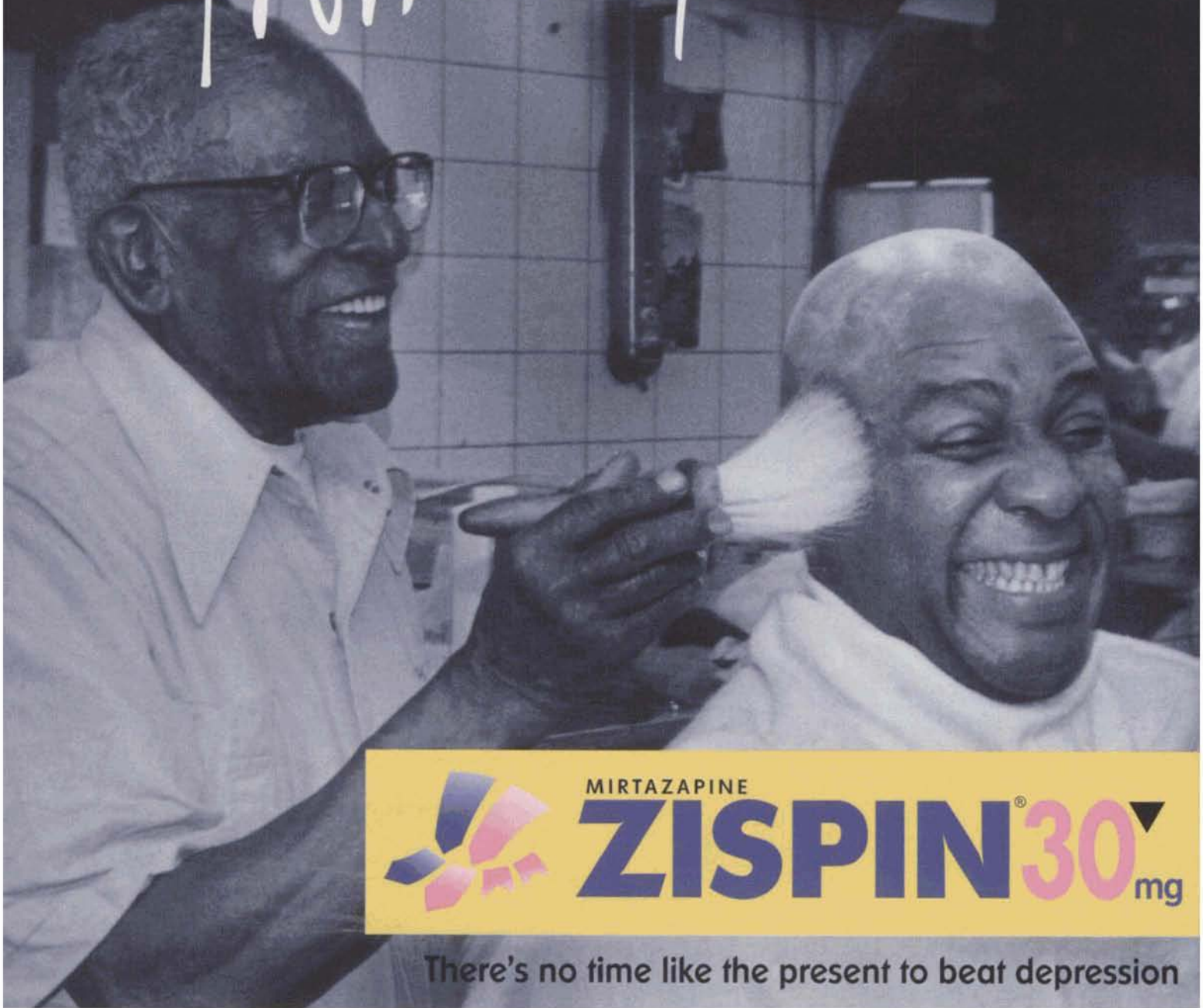
**RELIABLE CONTROL OF ACUTE PHASE SCHIZOPHRENIA**

*Pharmacopsychiatry* 1990; **23**: 125 - 130. **3**.  
Turjanski S *et al.* Presented at ECNP Congress,  
Paris, France, 1998, November.

Further information is available on request.  
Lorex Synthelabo UK & Ireland Ltd, Foundation  
Park, Roxborough Way, Maidenhead, Berks,  
SL6 3UD.

<http://www.cambridge.org/9780521559808> Published online by Cambridge University Press

# Short cut from depression



MIRTAZAPINE

**ZISPIN<sup>®</sup> 30<sup>▼</sup> mg**

There's no time like the present to beat depression

#### 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 monitoring in patients with epilepsy and organic brain

melitus. 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 in nursing mothers is not recommended. **Adverse reactions:** The following adverse effects have been reported: **Common**

**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 overdosage 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.

For further information, please contact:



**Nourypharma**

MISSION: To make depressed patients well again.<sup>1</sup>

MEANS: The SNRI that achieves remission rates nearly twice as high as fluoxetine.<sup>2</sup>

EFEXOR XL: Mission accomplished

REMISSION  
ACCOMPLISHED

EFEXOR XL

VENLAFAXINE 75 mg o.d.

Simply effective

AGENT OF REMISSION IN DEPRESSION

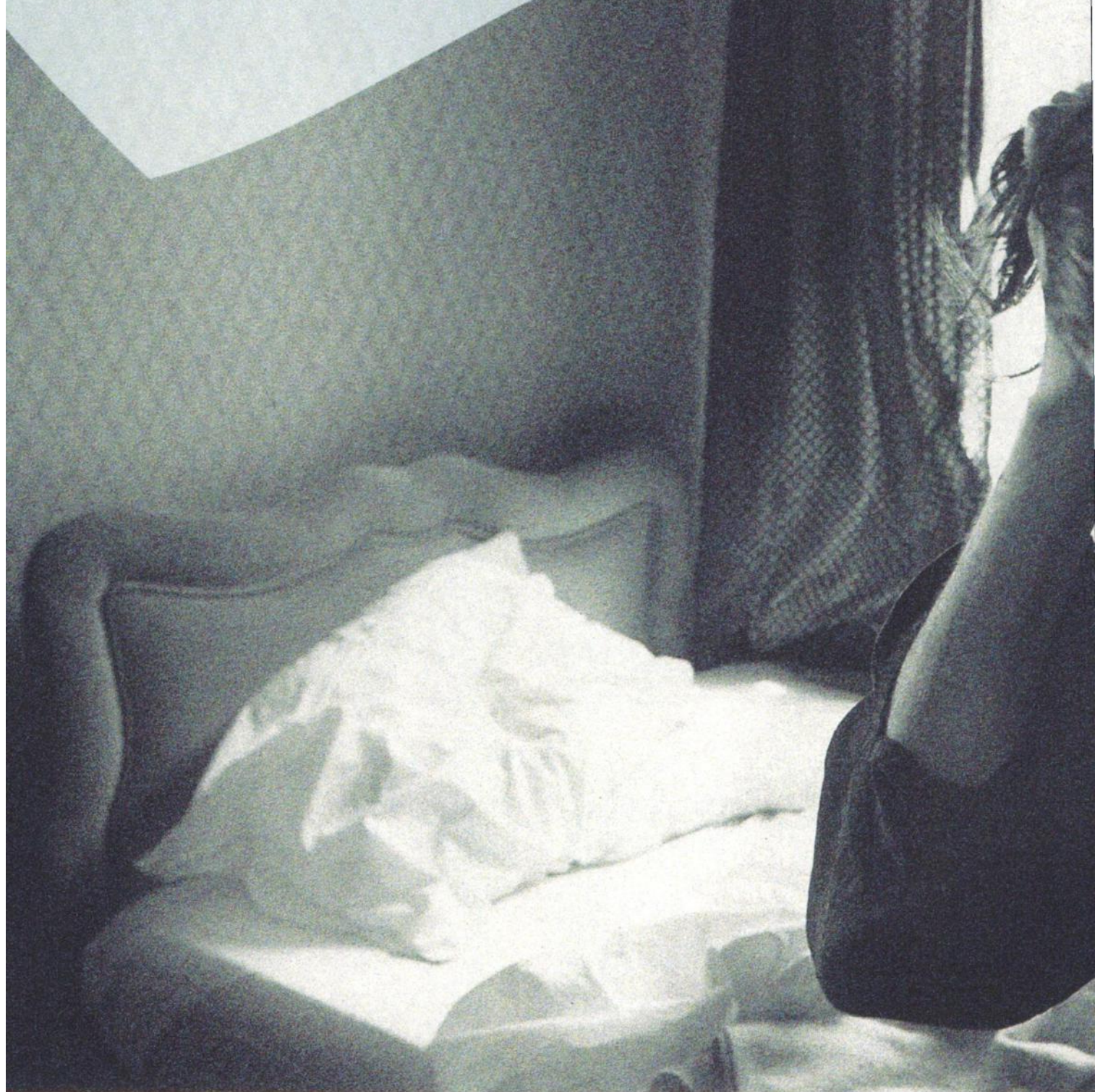
**EFEXOR<sup>®</sup> XL venlafaxine – PRESCRIBING INFORMATION**

**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 reduce the possibility of withdrawal reactions. **Children:** Contraindicated below 18 years of age. **Moderate renal or moderate hepatic impairment:** Doses should be reduced by 50%. Not recommended in severe renal or severe hepatic impairment. **Contra-indications:** Pregnancy, lactation, concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years. **Precautions:** **Warnings:** Use with caution in patients with myocardial infarction

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 CYP2A4 hepatic enzymes. **Side effects:** Nervousness,

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. Symptoms reported on discontinuation of venlafaxine were mostly non-serious and self-limiting and included dizziness, insomnia, nausea and nervousness. **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. References: 1. Ferrier N. Presentation at Wyeth Symposium, CINP, Glasgow, July 1998. 2. British Society of Psychiatry, 1997.

Every day he's frustrated and alone.  
Every day he wants to be different.  
Every day goes by the same.



**SPERDAL™ ABBREVIATED PRESCRIBING INFORMATION**

base refer to Summary of Product Characteristics before prescribing Risperdal (risperidone).  
IES Schizophrenia. Other psychotic conditions, in which positive and/or negative symptoms are  
ominent. Alleviates affective symptoms of schizophrenia. DOSAGE. Adults: Once or twice daily. All  
tients, start with 2 mg/day. This may be increased to 4 mg/day on the second day. Some patients  
y benefit from slower titration. Then can be maintained unchanged, or individualised, if needed.

by 0.5 mg bd to 1 to 2 mg bd. Well tolerated in elderly. Caution if renal and liver disease. Children:  
Not recommended. Contra-indications: Hypersensitivity. Precautions: Orthostatic hypotension.  
Cardiovascular disease. Drugs prolonging QT. Reduce dose if hypotension. If tardive dyskinesia,  
consider stopping all antipsychotic drugs. Parkinson's disease. Epilepsy. Advise of potential for  
weight gain. Advise not to drive or operate machinery if mental alertness affected. Pregnancy: Only  
if benefits outweigh risks. Lactation: Avoid. Interactions: Caution in combination with centrally

Many schizophrenia patients are crying out for reassessment.

Conventional neuroleptics may have controlled some initial symptoms.

However, for many patients, everyday life is still impaired by residual symptoms and side effects.

Switching to Risperdal could give them a life worth living.



ONCE DAILY  
**Risperdal**<sup>™</sup>  
RISPERIDONE

*M a k e   t h e   c h a n g e*

symptoms may occur but are usually mild and reversible. Rarely Neuroleptic Malignant Syndrome. Occasionally, orthostatic dizziness, hypotension, tachycardia and hypertension observed. Plasma prolactin can increase with associated galactorrhoea, gynaecomastia and menstrual cycle disturbances. Oedema and increased hepatic enzymes. A mild fall in neutrophil and/or thrombocyte counts. Headache, drowsiness, dry mouth, constipation, blurred vision, weight gain, hypotension, body temperature dysregulation and seizures. See SmPC for full listing of side-effects. Overdosage:

and liquid: Store below 30°C. Do not refrigerate. LEGAL CATEGORY POM. PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS 1 mg tablets (PL 0242/0186) 20: £13.45, 60: £40.35. 2 mg tablets (PL 0242/0187) 60: £79.56. 3 mg tablets (PL 0242/0188) 60: £117.00. 4 mg tablets (PL 0242/0189) 60: £154.44. 6 mg tablets (PL 0242/0317) 28: £109.20. 1 mg per ml solution: (PL 0242/0199) 100 ml: £65.00. FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER: Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER200599

# Life beyond Alzheimer's.



With Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer's disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer's disease attacks - cognition, global functioning and activities of daily living.<sup>1</sup>

For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer's.

**EXELON**<sup>®</sup>  
(rivastigmine)

## Beyond cognition: improving functional ability.

**EXELON Prescribing Information. Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Presentation:** Capsules containing 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration:** Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Reassess patients regularly. Initial dose 1.5mg twice daily, then build up dose, at a minimum of two week intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily, if tolerated well. If adverse effects or weight decrease occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications:** Known hypersensitivity to rivastigmine or excipients or any other carbamate derivatives; severe liver impairment. **Special Warning & Precautions:** Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sick Sinus Syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ulcerative conditions, history of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, titrate dose individually. Safety in pregnancy not established; women should not breastfeed. Use in children not recommended. **Interactions:** May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinergic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or fluoxetine (in healthy volunteers). Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects:** Most commonly 65% and twice frequency of placebo; asthenia, anorexia, diarrhoea, nausea, somnolence,

vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (25% and 2 placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, upper respiratory tract and urinary tract infections, increased sweating, malaise, weight loss, tremor. Rarely, angina pectoris, gastrointestinal haemorrhage and syncope. No notable abnormalities in laboratory values observed. **Package Quantities and basic NHS Price:** 1.5mg x 28, £31.50; 1.5mg x 56, £63.00; 3mg x 28, £31.50; 3mg x 56, £63.00; 4.5mg x 28, £31.50; 4.5mg x 56, £63.00; 6mg x 28, £31.50; 6mg x 56, £63.00. **Legal Classification:** POM. **Marketing Authorisation Number:** 1.5mg, EU/1/98/066/001 - 2; 3mg, EU/1/98/066/004 - 5; 4.5mg, EU/1/98/066/007 - 8; 6mg, EU/1/98/066/010 - 11. Full prescribing information including Summary of Product Characteristics is available from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

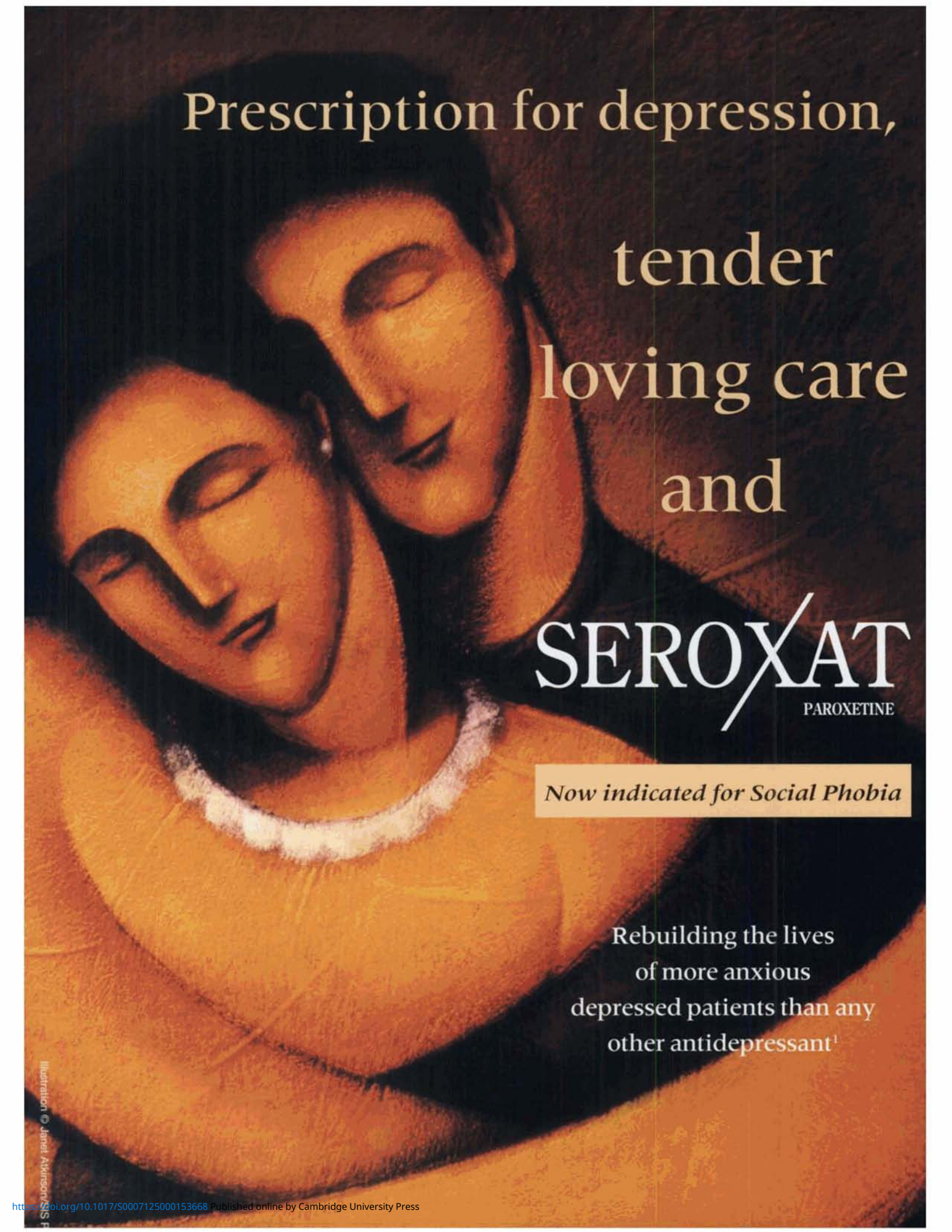
Reference: 1. Corey-Bloom J, et al. *International Journal of Geriatric Psychopharmacology* 1998; 1: 55-65.

Date of preparation: May 1999.

Code No. EXE 99/20

 NOVARTIS





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 antidepressant<sup>1</sup>

## 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.

© 1998 SmithKline Beecham Pharmaceuticals.

**Reference:** 1. Data on file.

0698/ST:AD/8/0396J

