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Past Editors

Eliot 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.

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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 mgs/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 nepthrolithiasis.

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.

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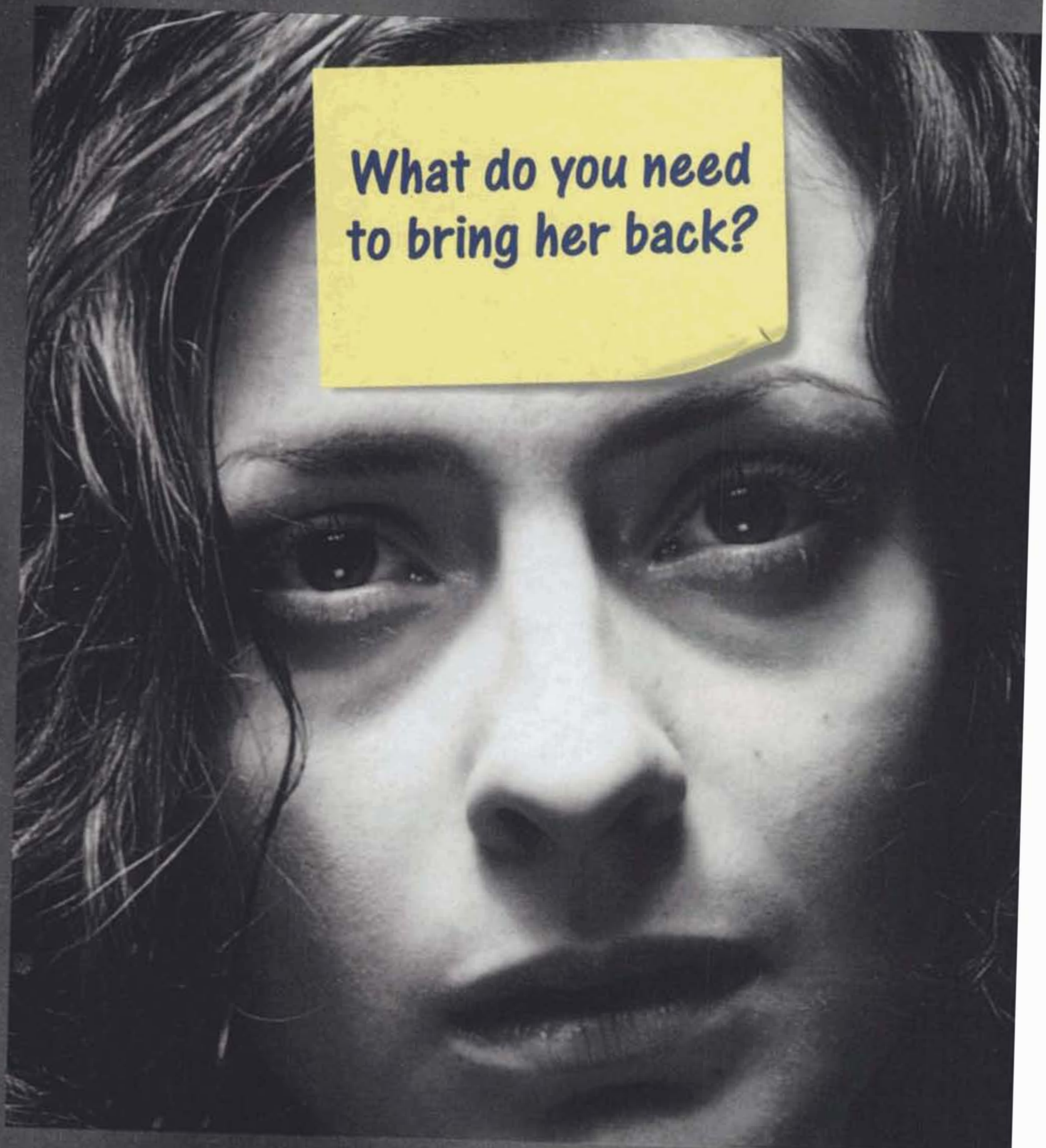

She's frightened, disturbed, disoriented - even disruptive. But behind her screams and tears, she's crying out to you - to bring her back from her terror of acute phase schizophrenia.

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)[1] and Solian controls key symptoms - activation, thought disturbance and hostility - just as effectively.[2]

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.[3]

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.

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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 Synthélabo UK & Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD.

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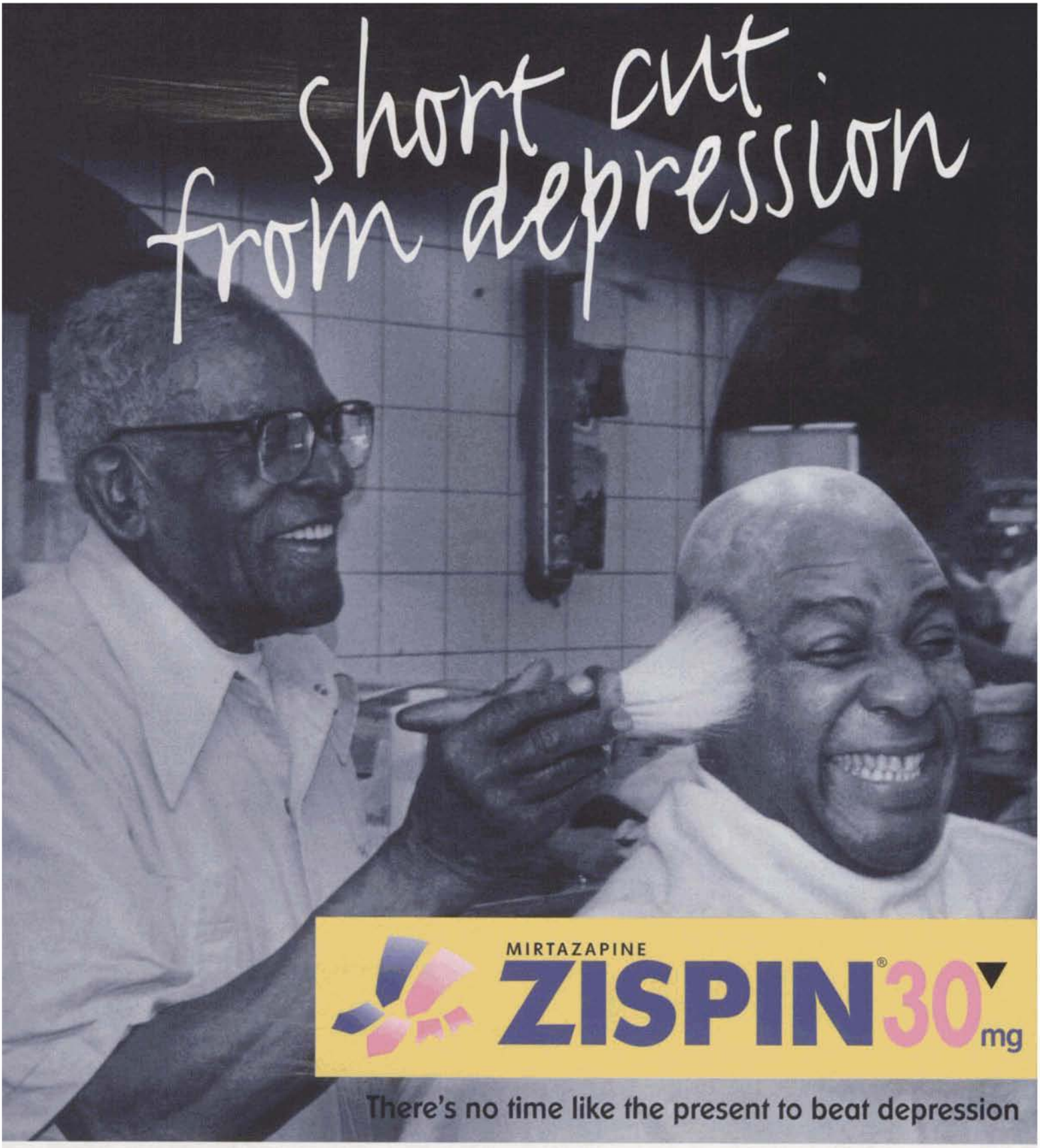

Prescribing Information

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 is necessary in patients with: epilepsy and organic brain mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; In vitro data suggest that clinically significant interactions are unlikely with mirtazapine. **Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. Women of child bearing potential should employ an adequate method 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:

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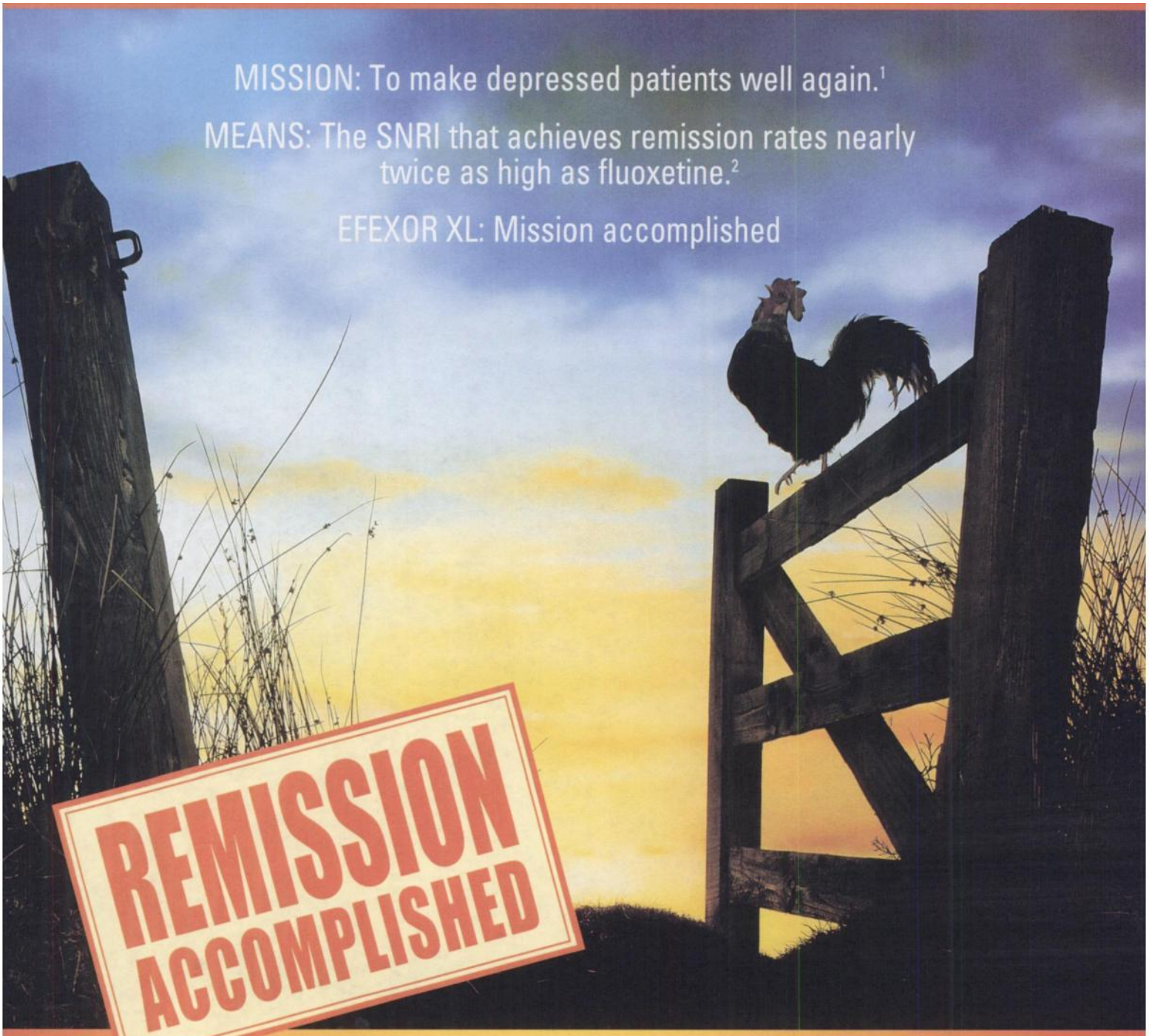


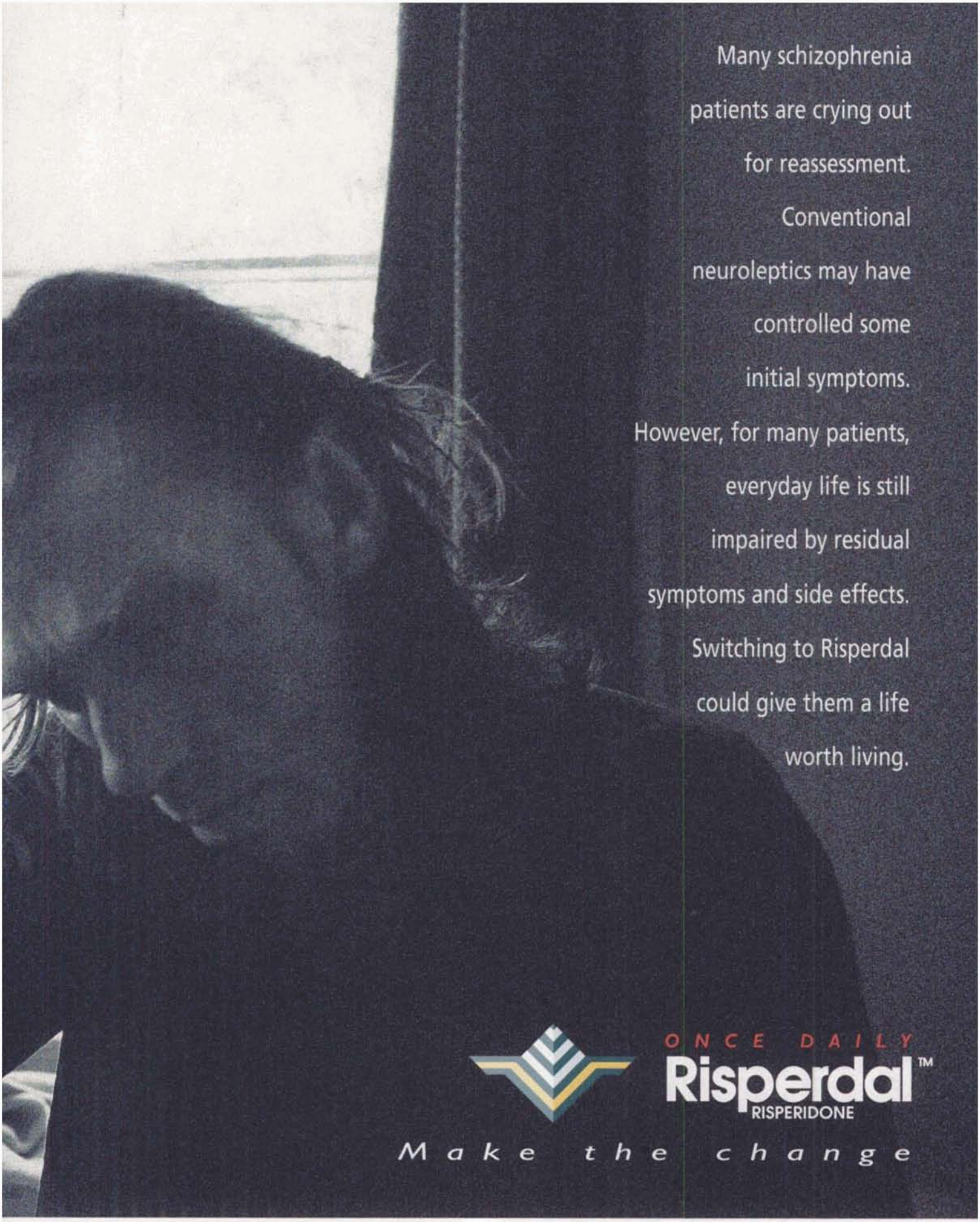
EFEXOR XL

VENLAFAXINE 75 mg o.d.

Simply effective

AGENT OF REMISSION IN DEPRESSION

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 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:** 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 CYP3A4 hepatic enzymes. **Side effects:** Nervousness, insomnia, nausea and 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.



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 [illegible] dysphagia, 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.[1]

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®

(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 cholinomimetic 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 (≥5% and twice frequency of placebo): asthenia, anorexia, dizziness, nausea, somnolence, vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (≥5% and ≥ 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 Pyschopharmacology* 1998; 1: 55-65.

Date of preparation: May 1999. Code No. EXE 99/20

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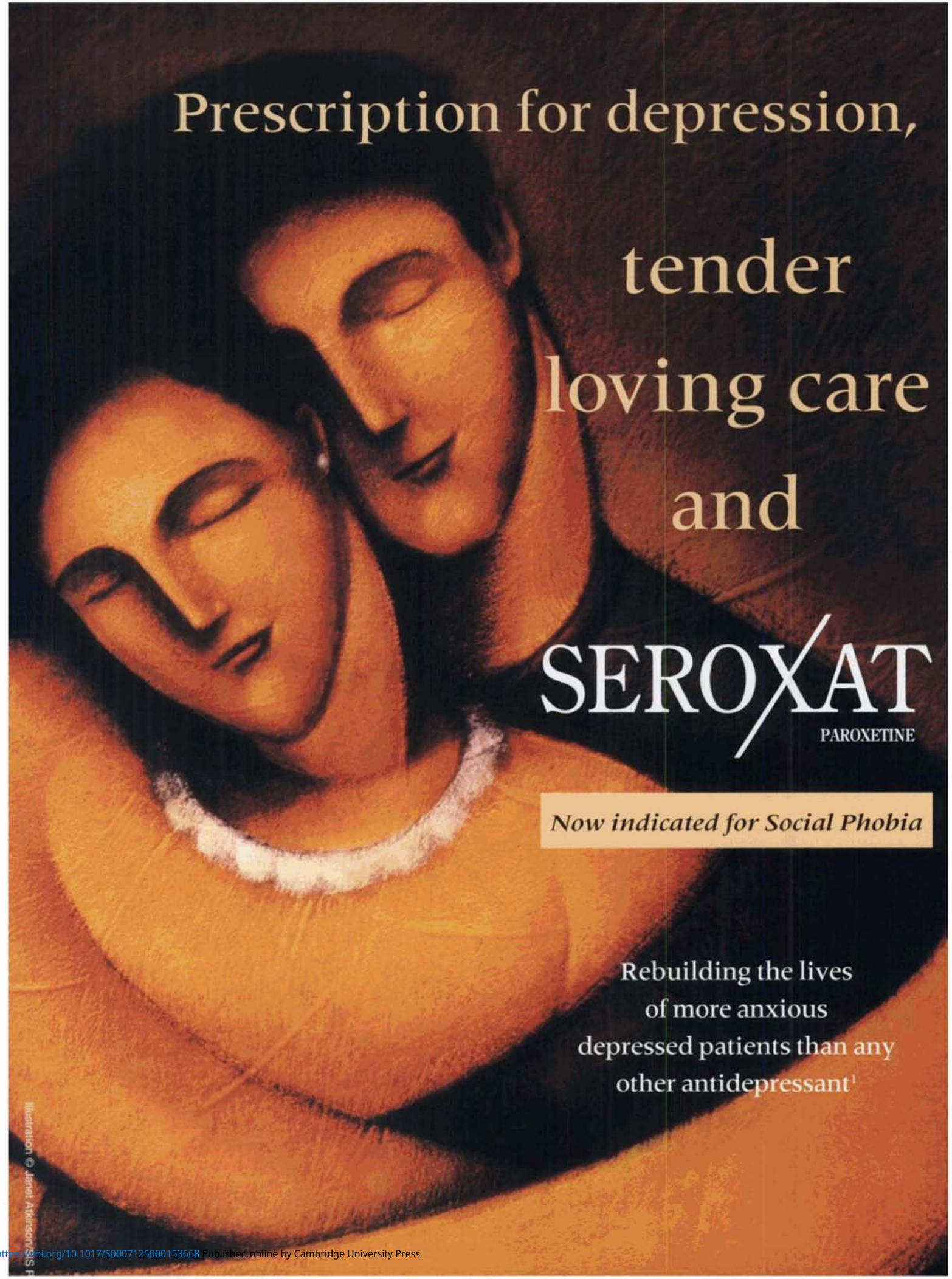

PRESCRIBING INFORMATION

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

PARTNERS IN PSYCHIATRIC CARE

Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

Reference: 1. Data on file.

0998/ST:AD/8/0398J

SEROXAT

Rebuilding the lives of anxious depressed patients

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