- Editorial Questionnaire -

Your comments are important to us. This form provides you with the opportunity to express your opinions. Our goal is to make CNS Spectrums your source for practical and clinical neuropsychiatric information. By filling out this Questionnaire, you enable us to incorporate your views about our editorial content in future issues. Please fill out this form in its entirety. Thank you.	
Name (please print)	
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 On a scale of 1 to 5 (1=Poor, 5=Excellent), please indicate your level of interest and/or satisfaction with the editorial content in this issue. 	3. Please describe your reading pattern for this issue: ☐ Read cover to cover ☐ Skimmed table of contents
REVIEW ARTICLES	☐ Read select items of interest
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ORIGINAL RESEARCH	☐ Skimmed text
	☐ Did not read
<u>CASE REPORT</u> □ 1 □ 2 □ 3 □ 4 □ 5	4. On a scale of 1 to 5 (1=Incomplete, 5=Comprehensive), how would you describe the depth of coverage for this issue?
<u>DEPARTMENTS</u> Clinical Updates in Neuropsychiatry	□1 □2 □3 □4 □5
□1 □2 □3 □4 □5	5. Any other comments about CNS Spectrums' edito-
Interactive Case Conference	rial content, design, or overall usefulness?
CME	
□ 1 □ 2 □ 3 □ 4 □ 5	
2. Which areas of neuropsychiatry would you like us to cover in the future?	
	6. Please indicate your title: ☐ Neurologist ☐ Psychiatrist
Y	- Nourologist
Please select any of the following complimentary	educational materials you would like to receive:
CME-ACCREDITED CD-ROMS	CLINICAL POCKET REFERENCE GUIDES
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□ Depression in the Elderly: The Unique Features Related to Diagnosis and Treatment	 2006 Algorithms for Primary Care: Mood and Anxiety Disorders
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Cholinesterease Inhibitors Across Stages of Dementia	Schizophrenia and Bipolar Disorder ☐The 2006 Guide to Psychotropic Drug Interactions
and Cognitive Impairments in the Elderly ☐ Anxiety Disorders and Medical Illness: Risk Factors, Effectiveness Trials, and Quality of Care	2000 Galac to 1 Systicatopic Diag interactions
CNS Spectr	55 January 2006

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Scope of Manuscripts

CNS Spectrums will consider and encourages the following types of articles for publication:

- Original Research presents methodologically sound original data.
- Reviews are comprehensive articles summarizing and synthesizing the literature on various neuropsychiatric topics and presented in a scholarly and clinically relevant fashion. Diagnostic and treatment algorithms should be designed to aid the clinician in diagnosis and treatment.
- Case Reports, single or multiple, are encouraged for publication.
- Letters to the Editor will be considered and are encouraged for publication. All letters will be edited for style, clarity, and length.

Manuscript Submission

General Information Two copies of the manuscript with a letter on the author's letterhead should be submitted to Jack M. Gorman, MD, Editor (or, in Europe, to Joseph Zohar, MD, International Editor), c/o MBL Communications, 333 Hudson Street, 7th Floor, New York, NY 10013. Authors are also required to submit their manuscripts on computer disk in Microsoft Word format. Disks should be labeled with the word processing program, title of paper, and lead author's name. Accepted manuscripts will be edited for clarity and style.

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Peer Review Authors must provide five to 10 names of qualified potential reviewers with no conflict of interest in reviewing the work. Contact information with affiliations and E-mail address should be included. Peer review is anonymous.

Manuscript Preparation

Length Reviews and Original Research should not exceed 5,000 words (excluding References). Diagnostic and treatment algorithms should contain an introduction, flowcharts or a series of graphs, and a concise summary. Letters should not exceed 1,500 words. Single-Case Reports should not exceed 3,750 words and may be submitted with a photograph, if applicable.

Please note: If your article is Original Research, it should be formatted as: Abstract (100–200 words); Introduction, Methods; Findings; Discussion; Conclusion; References (numbered and comprehensive list).

Spacing and Pagination Manuscripts should be double-spaced and numbered.

Abstract Authors must provide a brief abstract of 100–200 words.

Focus Points Please provide three to six learning objectives that begin with an action verb and specify what the reader should know after reading the article.

Learning Objectives Authors are required provide 3-5

learning objectives, which begin with an action verb and specify what the reader should know after reading the article. See the following examples:

Upon the completion of this lecture the participants will be able to:

- List four causes of aplastic anemia
- Give an example of the effect of a strong alkali reacting with human tissue
- Calculate the amount of AIV fluid necessary to replenish a dehydrated patient

Needs Assessment Please provide a brief summary outlining the educational needs and reasons for reading the article. It should address a deficit or gap in knowledge, skills, attitudes, and/or behavior among the expected readers about the main topic of the article. It should justify the reasons for focusing on the given topic and offering it as a CME activity. Reasons would include recurrent discussions with colleagues about the topic, new therapy or treatment techniques, new data published, "hot topic" in the field, clinical trials in progress, etc. The Needs Assessment should be 35-50 words.

Figures/Tables Please provide original figures and/or tables if content is amenable to it.

References Please use American Medical Association style. References should be superscripted in text, then numbered, and comprehensive in list. For example:

- 1. Jones J. Necrotizing Candida esophagitis. *JAMA*. 1980;244:2190-2191.
- Stryer L. Biochemistry. 2nd ed. San Francisco, Calif: WH Freeman Co; 1980:559-596.
- Alzheimer's Disease Cooperative Study. Valproate protocal. Available at: http://adcs.ucsd.edu/VP_Protocol.htm. Accessed October 15, 2003.

Continuing Medical Education Authors must submit six multiple-choice questions (three Type A and three Type K), with answers.

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Submission Checklist

- Original manuscript plus one copy, with cover letter on author's letterhead
- Copies of permission letters to reproduce previously published and unpublished material
- A brief abstract of the article
- ☐ Six CME multiple-choice questions with answers
- ☐ Three to six focus points that dictate the main focus of the manuscript in bulleted format
- Three to six learning objectives, which begin with an action verb and specify what the reader should know after reading the article
- Disk labeled with the word processing program, title of paper, and lead author's name
- ☐ Names and affiliations of 3–5 potential peer reviewers

BRIEF SUMMARY of Prescribing Information—Before prescribing, please consult complete

Prescribing Information.

Increased Mortality in Elderly Patients with Dementia-Related Psychosis: Elderly patients with dementia-related psychosis readed with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of asyentheen placebo-controlled trials (media duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 limes that seen in placebo-treated patients. Over the course of a typical 10 week controlled risk, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiotoscatiar (ep. heart faiture, sudden death) or infectious (ep. pneumonia) in nature. SERQQUEL (quetiapine) is not approved for the treatment of patients with Dementia-Raiserd Service (exception of the death) or infectious (ep. pneumonia) in nature. SERQQUEL (quetiapine) is not approved for the treatment of patients with Dementia-Raiserd Service (exception of the death) or infectious (ep. pneumonia) in nature. Related Psychosis.

INDICATIONS AND USAGE: Bipolar Mania: SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar of disorder, as either monotherapy or adjunct therengy to lithium or diveloprex. The efficiency of SEROQUEL in acute bipolar manic was established in no 12-week monotherapy trais and on 3-week adjunct therapy first of bipolar i patients initially insoptialized for up to 7 days for acute mania. Effectiveness has adjunct therapy. Therefore, the physician who elects to use SEROQUEL for extended periods should periodically re-evaluate the inon-premiser was and benefits of the day for the inimidual patient. Selbaciperionic SEROQUEL is indicated for the treatment of schizophrenia. The efficacy of SEROQUEL in schizophrenia was astablished in soft-time (Tevelop controlled trais of shizophrenia inclinated); evaluated in controlled trais. Therefore, the physician who elects to use SEROQUEL for extended periods should periodically re-evaluated for the treatment of schizophrenia. The efficacy of SEROQUEL in controlled trais. Therefore, the physician who elects to use SEROQUEL for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

CONTRAINDICATIONS: SEROQUEL is contraindicated in individuals with a known hypersensitivity to this

sphysical who elects to use SERGOUEL is contraindicated in individuals with a known hypersensitivity to this medication or any of its ingredients.

COMTRANDICATIONS: SERGOUEL is contraindicated in individuals with a known hypersensitivity to this medication or any of its ingredients.

WARNINGS: herased Mortality in Ederly Palants with Demettin-Raitad Psychiatric Steley patients with emential-railed psychotal treated with abjust and milysychotic drugs are at an increased risk of death compared to places. Schoult: questionally also approved for the treatment pollutions with demential-railed psychotal steep services bear of Warning. Neurologist Bellipation Sympotem (Martin Steep Steep

probably reflecting its c_adverseric antigonist properties. Synope was reported in 1% (222567) of the patients treated with SEROULE. Longuage with 1% (1907) on placebo and about 0.4% (22727) on active control drugs. SEROULE should be used with particular caution in patients with known cardiovascular disease or conditions which would predispose patients to hypothesion (dehydration, hyporhesion disease or conditions which would predispose patients to hypothesion (dehydration, hyporhesina and treatment with antihypertensive medications). The risk of orthostatic hypotension and synoprosis dose in the tritical schedule is appropriet. Cataractic hypotension and synoprosis dose in the tritical schedule is appropriet. Cataractic The development of cataracts was observed in patients during internal schedules. Provide schedules are internationally associated and the patients was observed in patients during internal schedules. The schedules are caused to the cataractic variance of the patients during the patients of the patients during the patients of the patients

therapy does not affect them adversely. Pringism: One case of origins in a patient receiving SEROOUEL has been reported prior to market introduction. While a causal relationship to use of SEROOUEL has not been established, other drugs with able-ardranergic blooking effects have been exported to hindure pringism; and it is possible that SEROOUEL may share the capacity. Severe prispers may require surgical intervention. Body Temperathera Regulations. Atthough not reported with SEROOUEL discipling of the body's ability to reduce the body largerature as been atthituded to antispsychotic agents. Appropriate care is advised when prescribing SEROOUEL for patients who will be experiencing conditions which may contribute the an elevation in core body temperature. —e.g. expercising strenuosity, exposure to externe bad, receiving concomitant enteractions with articholinergic activity, or being subject to dehydration. Dysphagia: Esportage dysmotifyi and aspiration have been associated with antispsychotic dray use. Aspiration previewing is dementia. SEROOUEL and other antispsychotic drays with proclams of the desire of the proclams of the proclams of the proclams of the proclams. SEROOUEL and other antispsychotic drays should be used actiously in protents at risk of a spiration premismon. Suitable. The possibility of dode crops should be used calcuracy in experts at risk for apprison preumons. Stalles: The possibility of associal among a harment in liquid accordancy and convergence of the price synders should accordancy drug through Prescriptions for SCHOULE. Another to the smallest quality at block committees of the previous of

There was title difference in the indication of tools continuation due to adverse events (4% for SERDOULE, u.S. %), and monitoring should continued unit to paramet recovers.

And monitoring should continued unit to present the present of the statization and the positionist and to systemiciation and the positionistic and hypothesis on Setziation and Hypothesis on

Treated Palliants in Short-Term, Placebo-Controlled Finists: The following heatmert-emergent adverse events and court during a best hand by our mans (se) to 2 weeks of 19 to 19

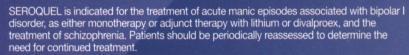
I always wanted to achieve more Now can



Now the most prescribed atypical*

Proven efficacy To help patients achieve continued success¹¹⁻⁴

Trusted tolerability To help patients stay on treatment 1-5



Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis.

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

Precautions include the risk of seizures, orthostatic hypotension, and cataract development. The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

*All atypical prescriptions: Total prescriptions. Jan. 05-June 05. New prescriptions. Sept. 04-June 05. IMS Health. National Prescription Audit.

Significant improvement in all 11 YMRS items was measured at Day 21 and continued through Day 84 in monotherapy mania trials.

Please see Brief Summary of Prescribing Information on adjacent page.



Redefine Success

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References: 1. Vieta E, Mullen J, Brecher M, et al. Quetiapine monotherapy for mania associated with bipolar disorder: combined analysis of two international, double-blind, randomised, placebo-controlled studies. Curr Med Res Opin. 2005;21:923-934. 2. Sachs G, Chengappa KNR, Suppes T, et al. Quetiapine with lithium or divalproex for the treatment of bipolar mania: a randomized, double-blind, placebo-controlled study, Bipolar Disord, 2004;6:213-223. 3. Small JG, Kolar MC, Kellams JJ. Quetiapine in schizophrenia: onset of action within the first week of treatment. Curr Med Res Opin. 2004;20:1017-1023. 4. Kasper S, Brecher M, Fitton L, et al. Maintenance of long-term efficacy and safety of quetiapine in the open-label treatment of schizophrenia. Int Clin Psychopharmacol. 2004;19:281-289. 5. SEROQUEL Prescribing Information.