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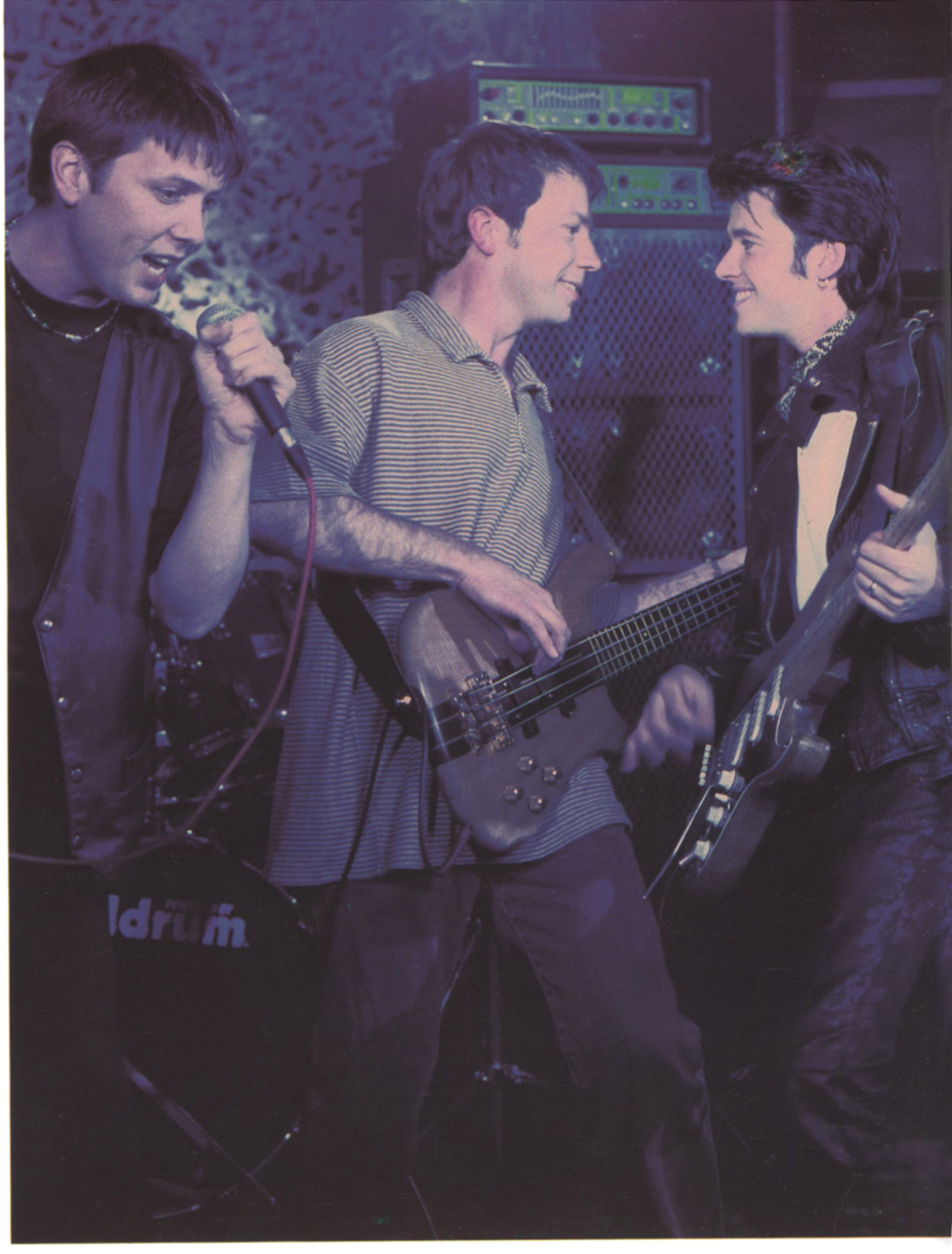
JANSSEN

Organon

Risperdal (risperidone)

(Always refer to the data sheet before prescribing) **USES:** The treatment of acute and chronic schizophrenia, and other psychotic conditions, in which positive and/or negative symptoms are prominent. Risperdal also alleviates affective symptoms associated with schizophrenia. **DOSAGE:** Adults: All patients, whether acute or chronic, should start with 1mg b.d. This should be increased to 2mg b.d. on the second day and 3mg b.d. on the third day. From then on the dosage can be maintained unchanged, or further individualized if needed. The usual optimal dosage is 2 to 4mg b.d. Doses above 5mg b.d. generally have not been shown to provide additional efficacy over lower doses and may increase the risk of extrapyramidal symptoms. Since the safety of doses above 8mg b.d. has not been evaluated, doses above this level should not be used. A benzodiazepine may be added to Risperdal when additional sedation is required. Elderly, renal and liver disease: A starting dose of 0.5mg b.d. is recommended. This can be individually adjusted with 0.5mg b.d. increments to 1 to 2mg b.d. Use with caution in these patients. Children: Experience is lacking in children aged less than 15 years. **CONTRAINDICATIONS, WARNINGS ETC:** Contraindications: Known hypersensitivity to Risperdal. Precautions: Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease (e.g. heart failure, myocardial infarction, conduction abnormalities, dehydration, hypovolaemia, or cerebrovascular disease). Consider dose reduction if hypotension occurs. There is a risk that tardive dyskinesia may occur. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotic drugs should be considered. Caution should be exercised when treating patients with Parkinson's disease or epilepsy. The Neuroleptic Malignant Syndrome, characterised by hyperthermia, muscle rigidity, autonomic instability, altered consciousness and elevated CPK levels has been reported to occur with classical neuroleptics. Consequently, the possible occurence of this syndrome cannot be ruled out for Risperdal. In the event, all antipsychotic drugs, including Risperdal, should be discontinued. Patients should be advised of the potential for weight gain. Risperdal may interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known. Pregnancy and lactation: Use during pregnancy only if the benefits outweigh the risks. Women receiving Risperdal should not breast feed. Interactions: Use with caution in combination with other centrally acting drugs. Risperdal may antagonize the effect of levodopa and other dopamine agonists. 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, abdominal pain, blurred vision, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, rhinitis, rash. 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. Occasionally, orthostatic dizziness, orthostatic hypotension and reflex tachycardia have been observed, particularly with higher initial doses. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea and disturbances of the menstrual cycle. Rare cases of water intoxication with hyponatraemia have been reported. Overdosage: Experience is limited. Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension and extrapyramidal symptoms. Establish and maintain a clear airway, and ensure adequate oxygenation and ventilation. Gastric lavage and activated charcoal plus a laxative should be considered. Commence cardiovascular monitoring immediately, including continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote, so institute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. Continue close medical supervision and monitoring until the patient recovers. **PHARMACEUTICAL PRECAUTIONS:** Store between 15°C and 30°C, in a dry place and protected from light. **PRESCRIPTION MEDICINE. PRESENTATIONS, PACK SIZES, PRODUCT AUTHORISATION NUMBERS AND COSTS:** White, oblong tablets containing 1mg risperidone in packs of 20. PA545/31/1 £14.35. Pale orange, oblong tablets containing 2mg risperidone in packs of 60. PA545/31/2 £84.85. Yellow, oblong tablets containing 3mg risperidone in packs of 60. PA545/31/3 £124.77. Green, oblong tablets containing 4mg risperidone in packs of 60. PA545/31/4 £164.69. Starter packs containing 6 Risperdal 1mg tablets are also available £4.43. **REFERENCES:** 1. Peuskens J et al. B J Psych, 1995, **166**, 712-726. 2. Lindstrom E et al. Clin Therapeutics, 1995 [N111879]. Date of preparation June 1995. Code No: 0097822. **PA HOLDER:** Janssen Pharmaceutical Ltd., Little Island, Co. Cork, Ireland. TM denotes Trademark. Additional information is available on request from: Janssen-Cilag Ltd., Saunderton, High Wycombe, Bucks HP14 4HJ.



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Risperdal has the desired benefits of a first line therapy. It is effective in both positive and negative symptoms, and benefits patients in acute and chronic stages of schizophrenia. And with a low risk of extrapyramidal side-effects compared with a conventional neuroleptic[1], Risperdal may also help patient compliance.

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REASON TO BE CHEERFUL

LUSTRAL™ 50mg

sertraline

Established in treating depression

Abbreviated Prescribing Information LUSTRAL™ Presentation: Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. Obsessive compulsive disorder (OCD). **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual antidepressant dose is 50mg. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose. **Use in children:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to Lustral. Hepatic insufficiency, unstable epilepsy and convulsant disorders, pregnancy and lactation. Do not use with, or within two weeks of ending treatment with, MAOI's. At least 7 days should elapse before starting any MAOI following discontinuation of Lustral. **Precautions, Warnings:** Renal insufficiency, ECT, epilepsy, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered with benzodiazepines or other tranquillizers in patients who drive or operate machinery. The patient should be monitored for signs of suicide or mania. **Drug Interactions:** Caution with other centrally active medication. Serotonergic drugs such as tryptophan or fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. The potential for Lustral to interact with other highly protein bound drugs should be borne in mind. Interactions with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully assessed. With warfarin prothrombin time should be monitored when Lustral is initiated or stopped. **Side effects:** Dry mouth, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dizziness, insomnia, somnolence, headache and dyspepsia. Rarely, abnormal LFTs, hyponatraemia. The following have been reported with Lustral but may have no causal relationship: movement disorders, convulsions, menstrual irregularities, hyperprolactinaemia, galactorrhoea and rash. As with other serotonin re-uptake inhibitors rare reports of agitation, confusion, depersonalisation, hallucinations, nervousness, postural hypotension, hypo/hypertension, tachycardia and arrhythmias. As with all psychoactive medicines, possible side effects on discontinuation, such as dizziness, sensory disturbance, sleep disturbance, agitation or anxiety, nausea and sweating. **Legal Category:** S1A. **Package Quantities:** 50mg tablet (PA 19/46/4) Calendar pack of 28: 100mg tablet (PA 19/46/5) Calendar pack of 28. Further information on request.

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