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THE BRITISH JOURNAL OF PSYCHIATRY

DECEMBER 1999 VOL. 175

EDITORIALS

PAPERS

COLUMNS

PUBLISHED BY THE ROYAL COLLEGE OF PSYCHIATRISTS ISSN 0007-1250

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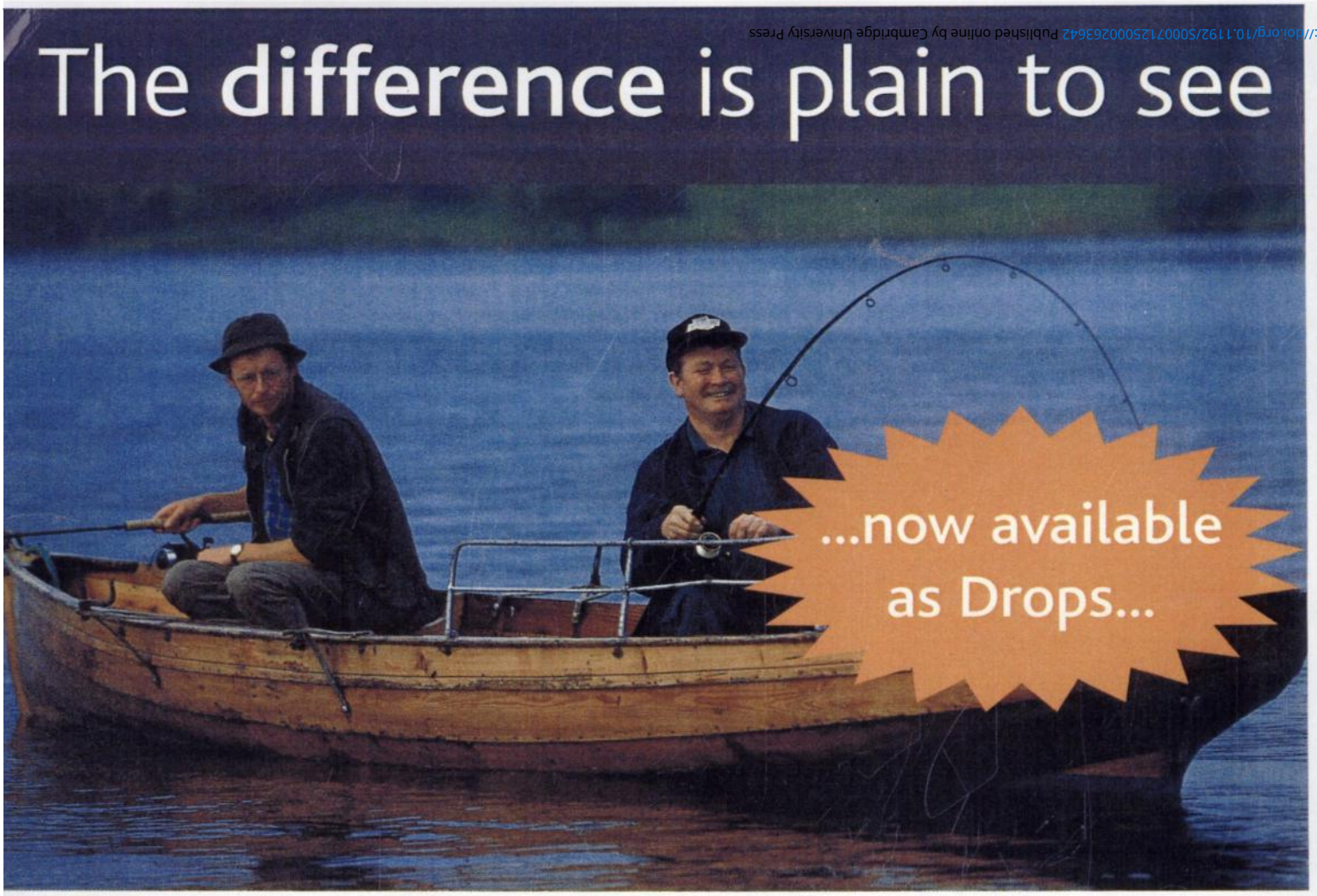

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Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

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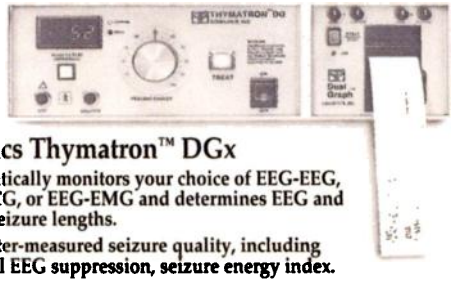

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Enquiries: Dr John Allan +61 7 4781 9145 or Ms Debbie Fawcett +61 7 4781 9703.
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Clinical Director

Forensic Community Mental Health Service, Integrated Mental Health Services, Townsville Health Service District, Queensland, Australia. Remuneration value up to A$201,114 p.a., comprising salary between A$84,758 - A$106,952 p.a., employer contribution to superannuation (up to 14.65%), annual leave loading (17.5%), private use of fully maintained vehicle, communication package, study and conference leave with full pay and expenses paid, professional indemnity cover, private practice arrangements and accommodation assistance. (MO1-1 to MO1-7) VRN: 99/08/12. **Duties/Abilities:** We are seeking an experienced, capable Forensic Psychiatrist for the position of Clinical Director in a new Forensic Psychiatry Service. There is an opportunity to participate in the development from the very beginning in conjunction with a Team Leader and Senior Project Officer who is responsible for other tertiary service developments. Initially, the placement will concentrate on the development of community based services in the Townsville District and later the planning and commissioning of a 31 bed secure inpatient unit for North Queensland Zone (11 Health Districts from the Torres Strait to Mackay) as well as a broad range of Forensic Psychiatry services throughout North Queensland; there is a significant budget for this development. Townsville Integrated Mental Health Service is a progressive service which is the principle service centre for the zone. It is recognised for RANZCP training, offering a full Registrar rotation and is part of the North Queensland Clinical School of the University of Queensland for undergraduate medical education and research and strong links with James Cook University in a variety of disciplines. There is a significant Indigenous population. Telepsychiatry is well advanced and there will be a requirement for some travel to meet the needs of the position.
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Director of Integrated Mental Health Tertiary Services

Townsville Health Service District, Queensland, Australia. Remuneration value up to A$201,114 p.a., comprising salary between A$84,758 - A$106,952 p.a., employer contribution to superannuation (up to 14.65%), annual leave loading (17.5%), private use of fully maintained vehicle, communication package, study and conference leave with full pay and expenses paid, professional indemnity cover, private practice arrangements and accommodation assistance. (MO1-1 to MO1-7) VRN: 99/08/13. **Duties/Abilities:** We are seeking an experienced Tertiary and capable Psychiatrist for the position of Clinical Director in a new Psychiatry Service. There is an opportunity to participate in the development and ongoing work from the very beginning, in conjunction with Team Leaders and a Senior Project Officer who is responsible for Tertiary service Development. The position will concentrate on the redevelopment of extended care rehabilitation services for the seriously mentally ill in Charters Towers and at Kirwan Rehabilitation Unit. Further facilities for psychogeriatric and acquired brain injury patients are planned. These services will serve the entire North Queensland Zone. There is a significant budget for this development and an opportunity to create a new style of Tertiary Mental Health Service with strong community links. Townsville Integrated Mental Health Service is a progressive service which is the principle service centre. It is recognised for FANZCP training, offering a full Registrar rotation and is part of the North Queensland Clinical School of the University of Queensland for undergraduate medical education and research and strong links with James Cook University in a variety of disciplines. There is a significant Indigenous population. Telepsychiatry is well advanced and there will be a requirement for some travel to meet the needs of the position.
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Staff Specialist/Community Psychiatrist

Mobile Intensive Treatment Team, Integrated Mental Health Services, Townsville Health Service District, Queensland, Australia. Remuneration value up to A$207,114 p.a., comprising salary between A$84,758 - A$106,952 p.a., employer contribution to superannuation (up to 14.65%), annual leave loading (17.5%), private use of fully maintained vehicle, communication package, study and conference leave with full pay and expenses paid, professional indemnity cover, private practice arrangements and accommodation assistance. (MO1-1 to MO1-7) VRN: 99/09/16. **Duties/Abilities:** Townsville Integrated Mental Health Services District are redeveloping their services to place more emphasis on intensive community based management and integration of hospital and community services by developing a Mobile Intensive Treatment Team in addition to the existing comprehensive range of inpatient, community, outreach and specialist services including indigenous mental health, child and youth mental health and medical student and registrar training. We are seeking one psychiatrist to offer clinical leadership to the Mobile Intensive Treatment Team, as well as participate in community case management teams and outreach work to surrounding districts. There is already a strong mental health service with eight psychiatrist positions and a full range of supporting staff. Further developments in tertiary and forensic services are also planned. There is an opportunity to shape an exciting job in a truly progressive service and to enjoy all the benefits of the North Queensland lifestyle in a University town.
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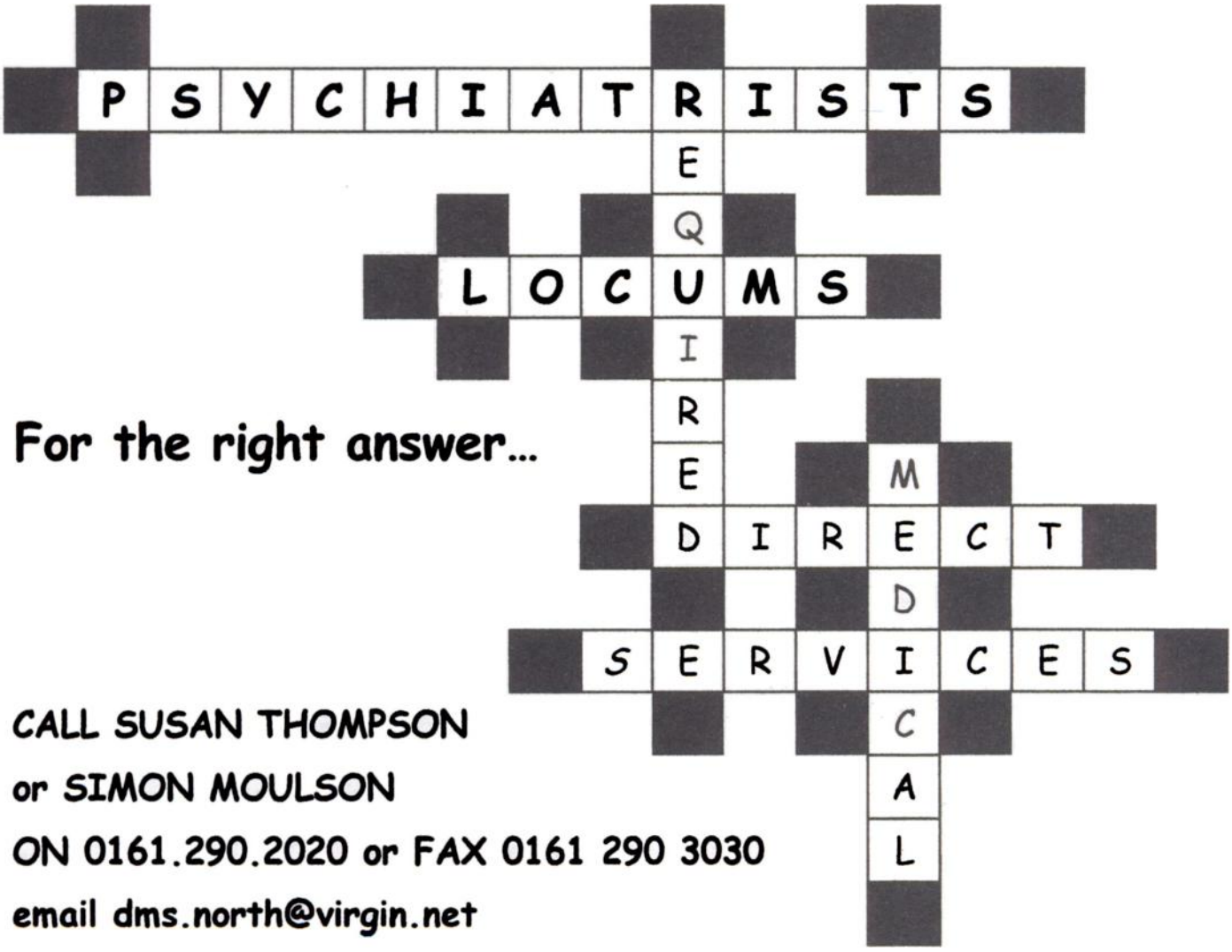

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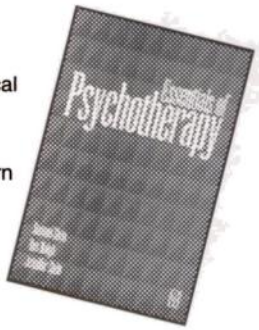

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Conference

advances in cause, cure and care for dementia

The Queen Elizabeth II Conference Centre
Westminster, London, UK

19 to 22 November 2000

Alzheimer's
Quality Research
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3 March 2000

Keynote speakers include:

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Prof Henry Brodaty, Prince Henry Hospital, Melbourne, Australia
Prof John Hardy, Mayo Institute, Jacksonville, Florida, USA
Prof Ian McKeith, Institute of Healthcare for the Elderly, Newcastle, UK
Dr Martin Orrell, University College London, UK
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www.alzheimers.org.uk

The Alzheimer's Society is the leading care and research charity for people with all forms of dementia, their families and carers.
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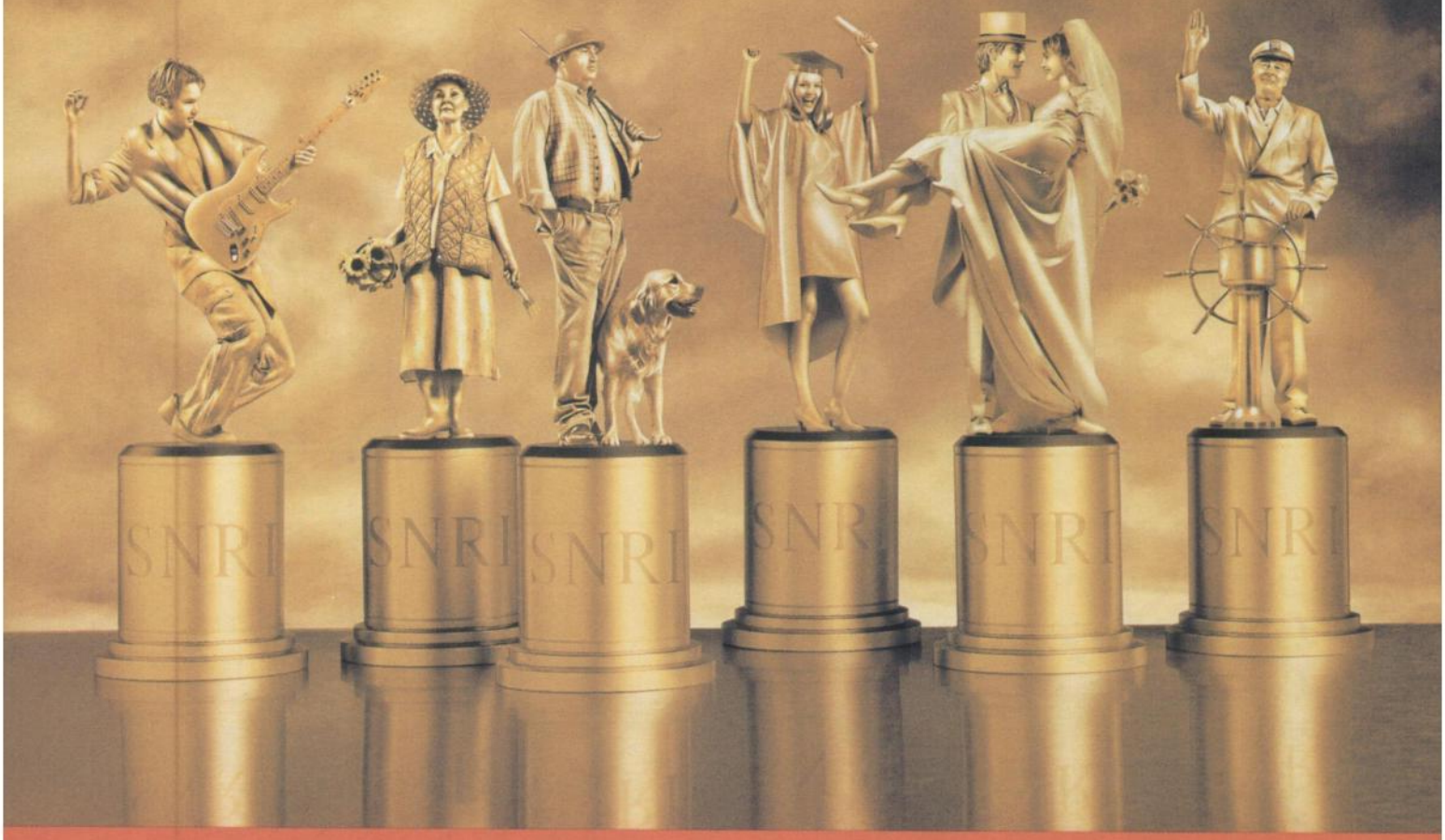
Excel in depression

With efficacy superior to the leading SSRI[1]

Efexor XL, the world's first SNRI, is nearly twice as effective as fluoxetine in eradicating the symptoms of depression.[1] Eradication of symptoms reduces the risk of relapse, impairment and suicide.[2]



Simply effective

EFEXOR XL

VENLAFAXINE 75 mg o.d.

RAISING LEVELS OF EFFECTIVENESS 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, unstable heart disease, renal or hepatic impairment, or a history of epilepsy (discontinue in event of seizure). Patients should not drive or operate machinery if their ability to do so is impaired. Possibility of postural hypotension (especially in the elderly). Women of child-bearing potential should use contraception. Prescribe smallest quantity of tablets according to good patient management. Monitor blood pressure with doses >200mg/day. Advise patients to notify their doctor should an allergy develop or if they become or intend to become pregnant. Patients with a history of drug abuse should be monitored carefully. **Interactions:** MAOIs: do not use Efexor XL in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor XL before starting an MAOI. Use with caution in elderly or hepatically-impaired patients taking cimetidine, in patients taking other CNS-active drugs, and in patients taking drugs which inhibit *both* CYP2D6 and CYP3A4 hepatic enzymes. **Side-effects:** Nausea, insomnia, dry mouth, somnolence, dizziness, constipation, sweating, nervousness, asthenia, abnormal ejaculation/orgasm, anorexia, abnormal vision/accommodation, impotence, vomiting, tremor, abnormal dreams, vasodilatation, hypertension, rash, agitation, hypertonia, paraesthesia, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, weight gain or loss, hyponatraemia. 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 0011/0224) – 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. Rudolph R *et al.* Poster presented at ECNP, Vienna, 1997 [112093]. 2. Ferrier IN. J Clin Psychiatry 1999; 60 (Suppl 6): 10-14 [122559]. **Wyeth**
Date of preparation: October 1999. ® trade mark. Code no. Z781620/1099

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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.
Sprinkle capsules containing 15mg or 25mg 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.
TOPAMAX® Sprinkle Capsules may be swallowed whole or opened and sprinkled on a small amount (teaspoon) of soft food (e.g. ice cream or yoghurts) which should then be swallowed immediately and not chewed.

Contra-indications: 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 breast feeding.

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 50 µg 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: Tablets: Store in a dry place at or below 25°C. Sprinkle Capsules: Store 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. Containers of 60 capsules. 15mg (PL0242/0348) = £16.88, 25mg (PL0242/0349) = £25.32.

Product licence holder: JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ ENGLAND.
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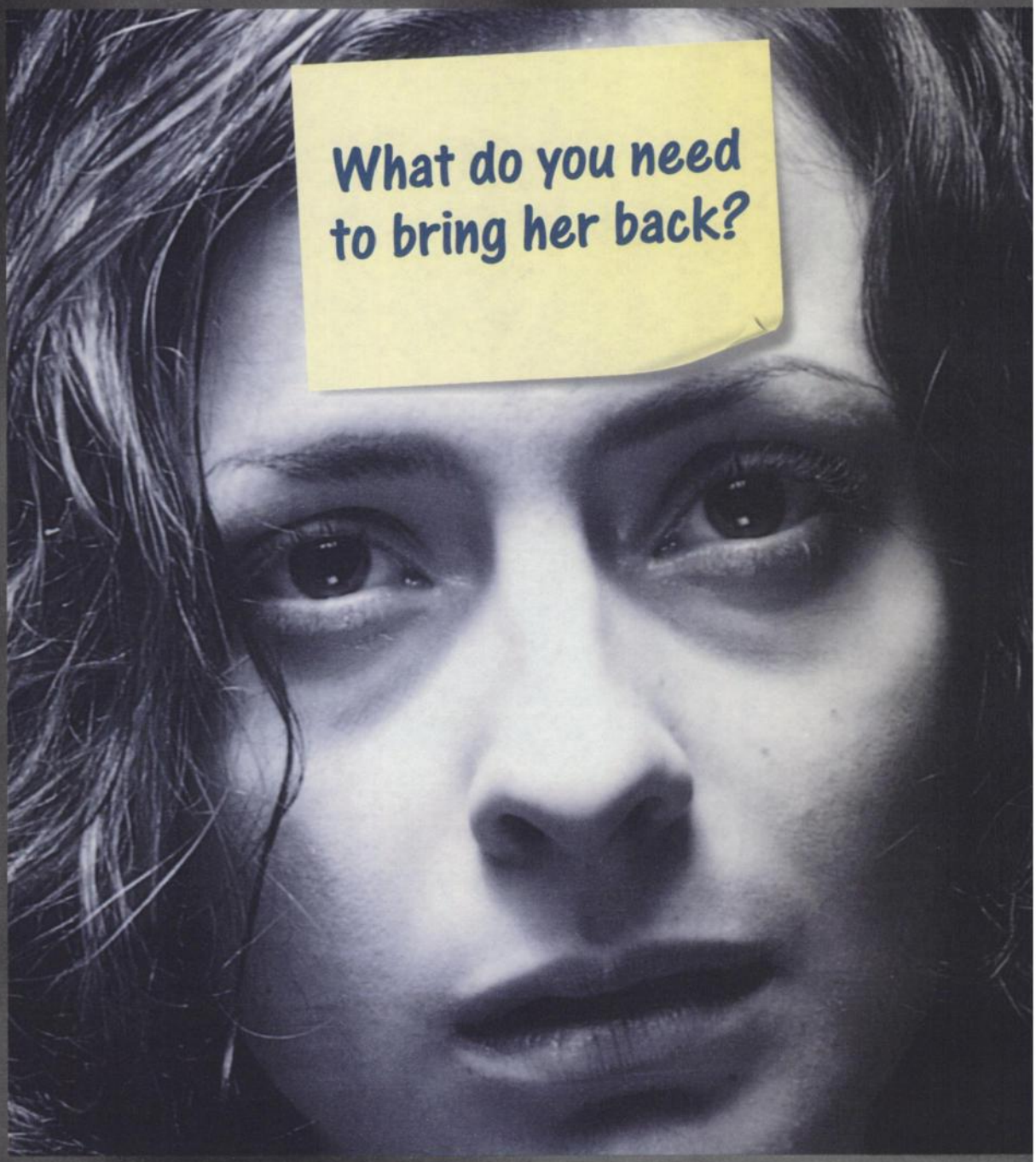

Prescribing Information - Solian 200 and Solian 50 Presentation: Solian 200 tablets contain 200mg amisulpride and Solian 50 tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia including predominant negative symptoms. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing 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: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland prolactinoma and breast cancer; phaeochromocytoma; children under 15 years; 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. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex Synthélabo UK &

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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.

▼Solian®
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.

Date of preparation: April 1999

Solian is a trademark SOL 84

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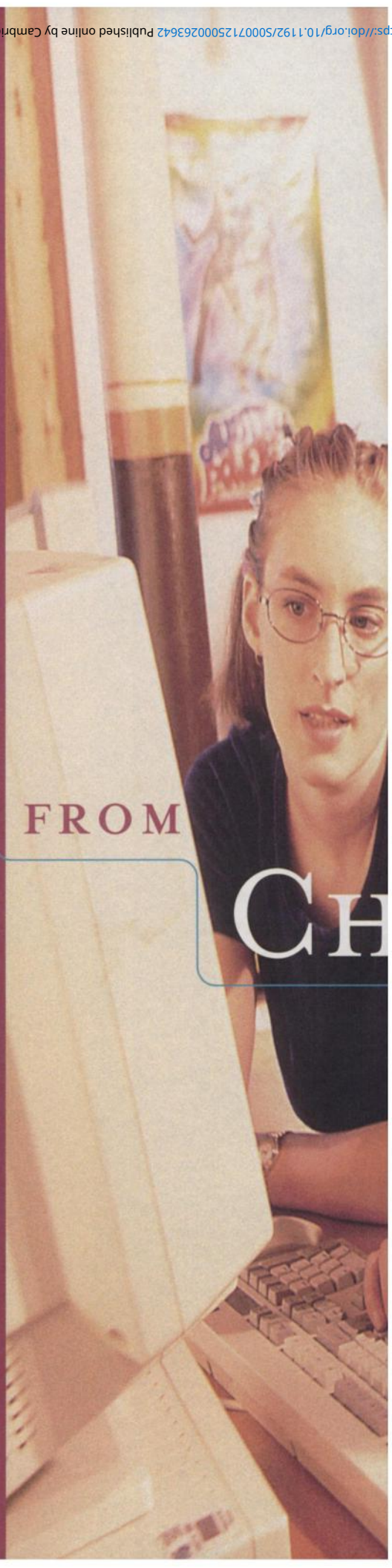
'Seroquel' helps patients with schizophrenia in their quest for stability and is the only first-line atypical antipsychotic with treatment emergent EPS no different from placebo across the full dose range.[1]

The Journey FROM CH



'SEROQUEL' (quetiapine)

Prescribing Notes.

Consult Summary of Product Characteristics before prescribing. Special reporting to the CSM required.

Use: Treatment of schizophrenia.

Presentation: Tablets containing 25mg, 100mg, 150mg and 200mg of quetiapine.

Dosage and Administration: 'Seroquel' should be administered twice daily.

Adults: The total daily dose for the first 4 days of therapy is 50mg (Day 1), 100mg (Day 2), 200mg (Day 3) and 300mg (Day 4). From Day 4 onwards, titrate to usual effective range of 300 to 450mg/day. Dose may be adjusted within the range 150 to 750mg/day according to clinical response and tolerability.

Elderly patients: Use with caution, starting with 25mg/day and increasing daily by 25 to 50mg to an effective dose.

Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25mg/day increasing daily by 25 to 50mg to an effective dose. Use with caution in patients with hepatic impairment.

Contra-indications: Hypersensitivity to any component of the product.

Precautions: Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on coadministration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

Undesirable events: Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthenia, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Transient leucopenia and/or neutropenia and occasionally eosinophilia. Asymptomatic, usually reversible elevations in serum transaminase or gamma - GT levels. Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

Legal category: POM

Product licence numbers:

25mg tablet: 12619/0112 100mg tablet: 12619/0113 150mg tablet: 12619/0124 200mg tablet: 12619/0114

Basic NHS cost:

Starter pack £10.36; 60 x 25mg tablets £28.20; 60 x 100mg tablets £113.10; 60 x 150mg tablets £113.10; 60 x 200mg tablets £113.10;

'Seroquel' is a trade mark, the property of Zeneca Limited.

Further information is available from: AstraZeneca, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

AstraZeneca Medical Information Freephone 0800 200 123.

Reference:

1. Arvanitis LA *et al*. Biol Psychiatry 1997; **42:** 233-246.

99/11164/JJJ Issued August 1999

P40666

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Clinical Audit Project Examples
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This series, published by the College Research Unit, provides examples of clinical audit projects that have been performed with psychiatric services. The projects have been divided into topic areas, and formatted into structured abstracts for ease of use. Clinical audit is an essential part of mordern health care delivery and a core principle of clinical governance. The books contain a selection of clinical audit projects, all of which have been carried out in practice, with some still in progress. This series will be an invaluable guide for use in everyday practice.

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The second title in the series provides examples of clinical audit projects that have been performed within learning disability services. Examples of topic areas covered are organisational processes, clincial processes, assessment and management of challenging behaviour and outcomes.

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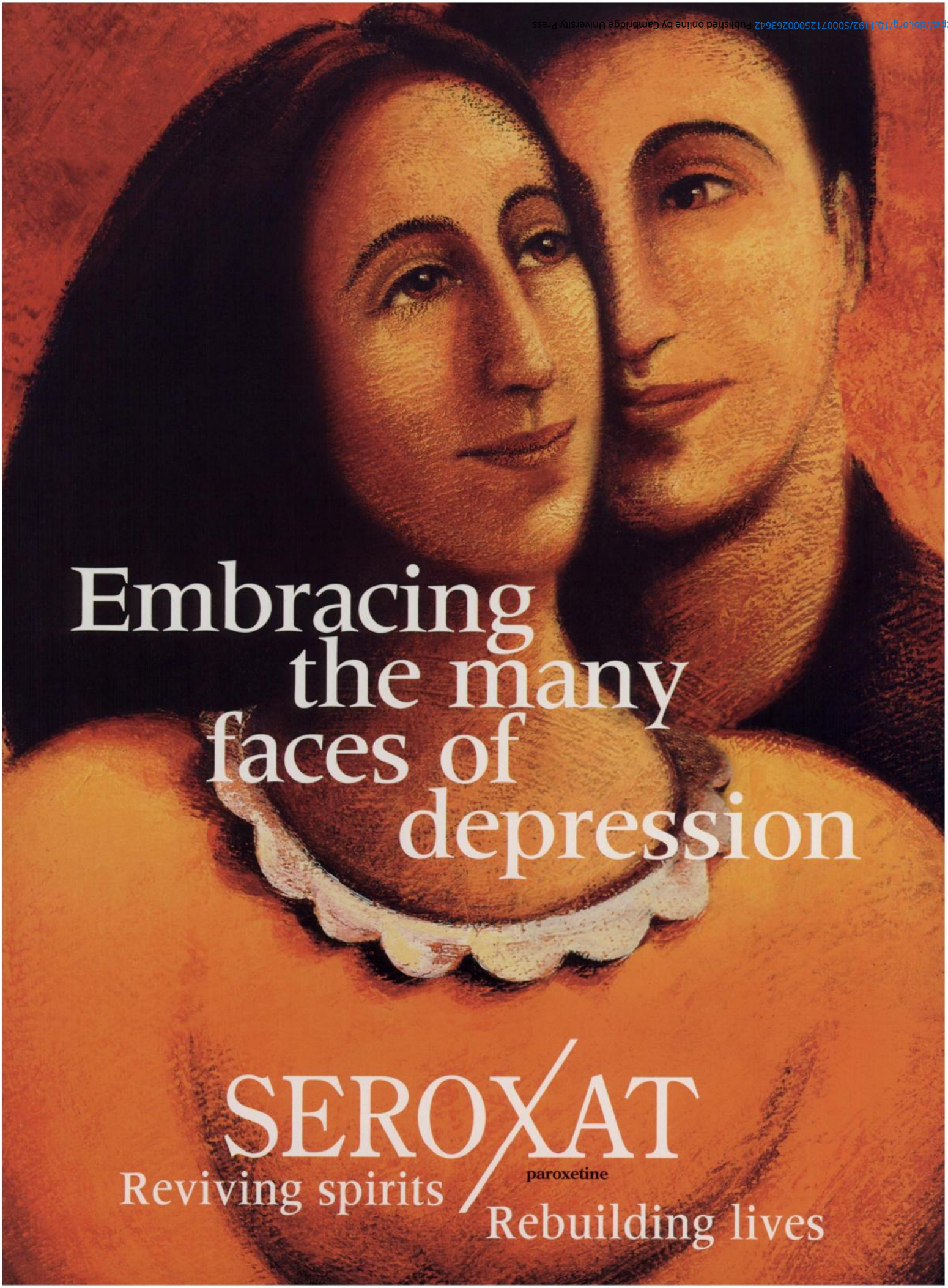

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PRESCRIBING INFORMATION

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
SmithKline Beecham Pharmaceuticals
Welwyn Garden City, Hertfordshire AL7 1EY.
'Seroxat' is a trade mark.
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Date of issue: August 1999.

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PARTNERS IN PSYCHIATRIC CARE

SEROXAT

PAROXETINE