

# Evidence-Based Mental Health

**EDITORS:** John Geddes, Shirley Reynolds, David Streiner & Peter Szatmari

**M**ental health practitioners can now stay up-to-date with the best available evidence - as it is published.

New from the BMJ Publishing group, 'Evidence-Based Mental Health' follows on from the success of its sister publication 'Evidence-Based Medicine' and is designed to meet the needs of mental health specialists worldwide. The first issue will be published in February 1998.

## Evidence-Based Mental Health

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Publication: Quarterly

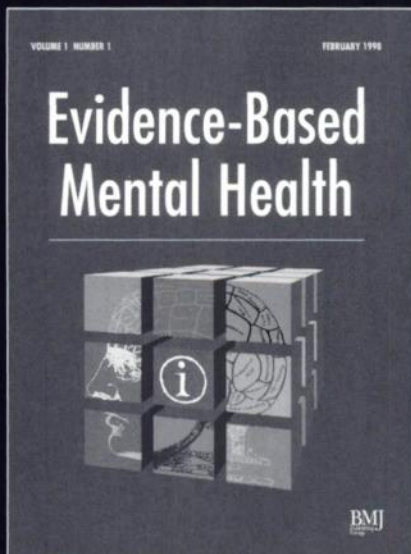
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### Evidence-Based Mental Health will:

- keep the clinician up-to-date by using scientific criteria to select and abstract the most reliable and important clinically relevant papers from an expanded range of journals
- abstract promising preclinical studies to keep the specialist informed about current developments
- cover developments in diagnosis, therapy, harm, prognosis, economic evaluation, quality improvement, causation
- provide accompanying commentaries by experienced clinicians to facilitate the integration of research and clinician experience
- provide educational and theoretical articles on development in evidence-based practice, particularly aspects relevant to the mental health clinician
- adopt a multidisciplinary approach to mental health

**Evidence-Based Mental Health will be essential reading for clinicians from all disciplines, managers and policy makers**

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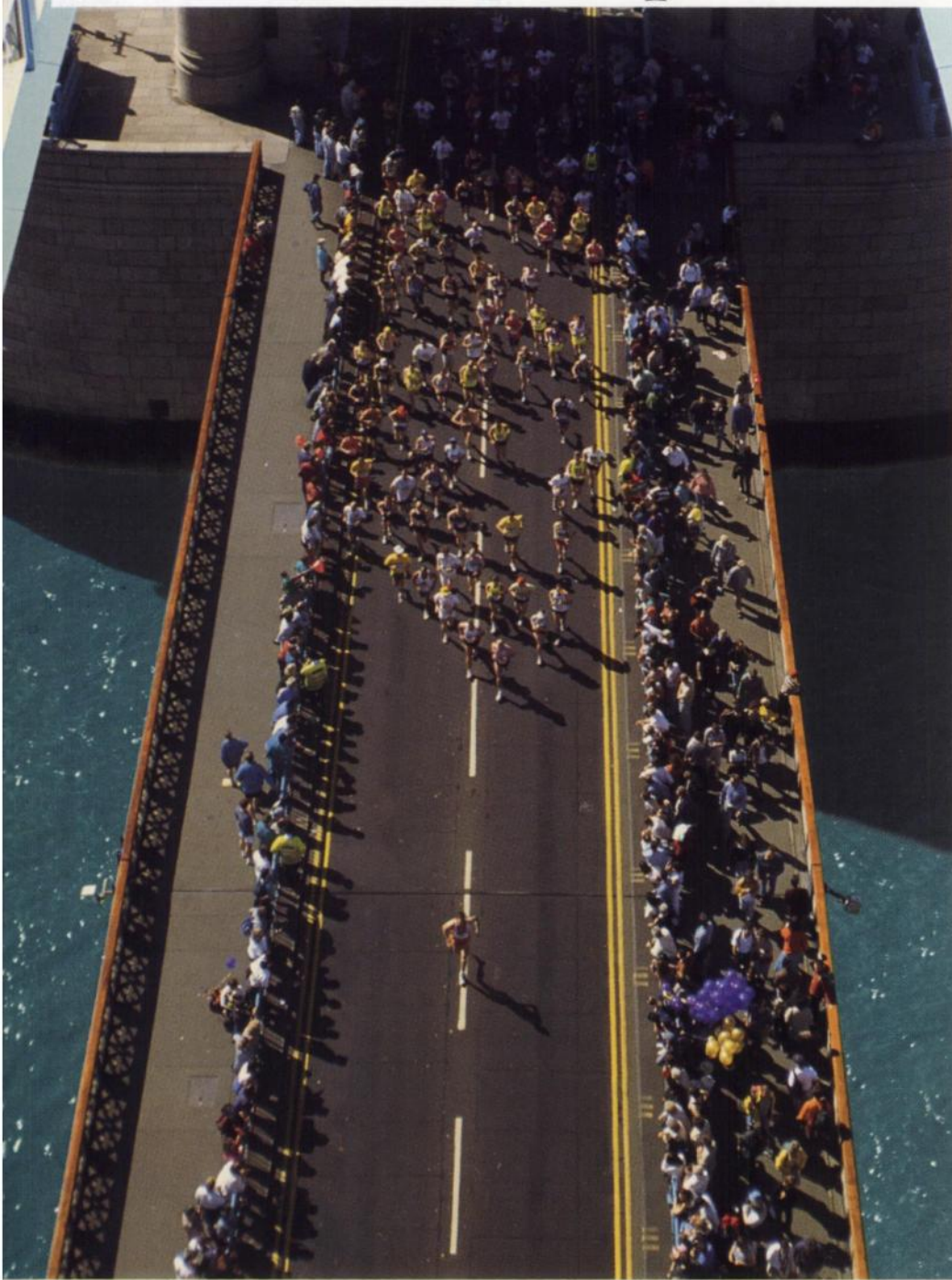
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# PROZAC

*fluoxetine*

The World's No.1  
prescribed  
antidepressant brand.<sup>1</sup>

**'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)**  
**Presentation** Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride, per 5ml syrup. **USES Depression: TREATMENT OF THE SYMPTOMS OF DEPRESSIVE ILLNESS, WITH OR WITHOUT ASSOCIATED ANXIETY SYMPTOMS.** *Obsessive-compulsive disorder. Bulimia nervosa:* For the reduction of binge-eating and purging activity. **Dosage and Administration** (For full information, see data sheet.) For oral administration to adults only. *Depression, with or without associated anxiety symptoms - adults and the elderly:* A dose of 20mg/day is recommended. *Obsessive-compulsive disorder:* 20mg/day to 60mg/day. A dose of 20mg/day is recommended as the initial dose. *Bulimia - adults and the elderly:* A dose of 60mg/day is recommended. Because of the long elimination half-lives of the parent drug (4-6 days after chronic administration) and its major metabolite (average 9.3 days), active drug substance will persist in the body for several weeks after dosing is stopped. The capsule and liquid dosage forms are bioequivalent. *Children:* Not recommended. *Patients with renal and/or hepatic dysfunction:* See 'Contra-indications' and 'Precautions' sections. **Contra-indications** Hypersensitivity to fluoxetine. Prozac should not be administered to patients with severe renal failure (GFR <10ml/min). *Usage in nursing mothers:* Prozac should not be prescribed to nursing mothers. *Monoamine oxidase inhibitors:* At least 14 days should elapse between discontinuation of an MAOI and initiation of therapy with an MAOI. Serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability and mental status changes that include extreme agitation, progressing to delirium and coma) have been reported with concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndrome. **Warnings** *Rash and allergic reactions:* Angioneurotic oedema, urticaria and other allergic reactions have been reported. Upon appearance of rash, or of other allergic phenomena for which an alternative aetiology cannot be identified, Prozac should be discontinued. *Pregnancy:* Use of Prozac should be avoided unless there is no safer alternative. **Precautions** Prozac should be discontinued in any patient who develops seizures. Prozac should be avoided in patients with unstable epilepsy; patients with controlled epilepsy should be carefully monitored. There have been rare reports of prolonged seizures in patients on fluoxetine receiving ECT treatment. A lower dose of Prozac, eg, alternate day dosing, is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50ml/min). Caution is advisable when Prozac is used in patients with acute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycaemic control. There have been reports of abnormal bleeding in several patients, but causal relationship to fluoxetine and clinical importance are unclear. **Drug interactions:** Increased (with lithium toxicity) or decreased lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic

cytochrome P450IID6 isoenzyme system, concomitant therapy with other drugs also metabolised by this system, and which have a narrow therapeutic index (eg, carbamazepine, tricyclic antidepressants), should be initiated at or adjusted to the low end of their dose range. Greater than 2-fold increases of previously stable plasma levels of cyclic antidepressants have been observed when Prozac has been administered in combination. Agitation, restlessness and gastro-intestinal symptoms have been reported in a small number of patients receiving fluoxetine in combination with tryptophan. Patients on stable phenytoin doses have developed elevated plasma concentrations and clinical phenytoin toxicity after starting fluoxetine. **For further information, see data sheet.** **Adverse Effects** Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, rarely abnormal LFTs, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngitis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, anaphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established: aplastic anaemia, cerebral vascular accident, confusion, ecchymoses, eosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemolytic anaemia, pancreatitis, pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal and violent behaviour.

Hyponatraemia (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. **Overdosage** On the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdose of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mal seizures that remitted spontaneously. **Legal Category POM** **Product Licence Numbers** 0006/0195 0006/0198 0006/0272 **Basic NHS Cost** £20.77 per pack of 30 capsules (20mg), £67.85 per pack of 98 capsules (20mg), £62.31 per pack of 30 capsules (60mg), £19.39 per 70ml bottle. **Date of Preparation or Last Review** October 1996. **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 52011 'PROZAC' is a Dista trademark

References: 1. Data on file, Dista Products Ltd. 2. Tignol J. *J Clin Psychopharm* 1993; 13 (6, suppl. 2): 18S-22S. 3. Bennie EH, Mullin JM, Martindale JJ. *J Clin Psychiatry* 1995; 56: 229-237. 4. Prozac Data Sheet 24M.

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