

Improvement...



...without Impairment*

*Seroquel has proven broad-based efficacy resulting in improvements in positive, negative, cognitive and affective symptoms, combined with an excellent tolerability profile - *a neutral effect on weight in long-term use and *placebo-level EPS and *prolactin across the entire dose range.*

A FIRST LINE, FIRST CHOICE ANTIPSYCHOTIC

 Improvement
without impairment
Seroquel
quetiapine
A FIRST LINE, FIRST CHOICE ANTIPSYCHOTIC

AstraZeneca 
CNS

'SEROQUEL' ABBREVIATED CORE DATA SHEET

USES Treatment of acute and chronic psychoses, including schizophrenia. **DOSAGE** 'Seroquel' should be administered twice daily. Titrate over 4 days to 300 mg/day and thereafter within the usual effective dose range of 300 to 450 mg/day. However, adjust to patient's requirements within the dose range 150 to 750 mg/day. In the elderly and in patients with known hepatic impairment (hepatically impaired patients should be started on 25 mg/day) 'Seroquel' should be used with caution. Dosage titration and therapeutic dose depend on clinical response and tolerability of the individual patient. Safety and efficacy of 'Seroquel' in children is not yet evaluated. **CONTRAINDICATIONS** Hypersensitivity to 'Seroquel'. **PRECAUTIONS** Caution in patients with known cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension, and patients with a history of seizures. Caution in combination with other centrally acting drugs and alcohol, and on coadministration with phenytoin, thioridazine or other enzyme inducers (eg barbiturates, rifampicin), potent inhibitors of CYP3A4 such as systemic ketoconazole and erythromycin (eg azole antifungals, macrolide antibiotics). Pregnancy and lactation. Assess ability to drive and operate machinery. **SIDE EFFECTS** Asthenia, **Published online by Cambridge University Press**

in the first few weeks, orthostatic hypotension (associated with dizziness, tachycardia and, in some patients, syncope), priapism and peripheral oedema. Occasional seizures. Rare NMS and hypersensitivity reactions including angioedema. Transient leucopenia and/or neutropenia. Asymptomatic, usually reversible elevations in AST, ALT or gamma-GT. Small elevations in nonfasting serum triglycerides and total cholesterol. Decreases in thyroid hormone levels (particularly total T4 and free T4). **PRESENTATION** Film-coated tablets containing quetiapine fumarate delivering 25 mg, 100 mg, 150 mg, 200 mg or 300 mg quetiapine as free base.

'Seroquel'™ is a trademark, the property of AstraZeneca.

Revised March 2001. Consult full prescribing information before prescribing.
Visit our website at www.psychiatry-in-practice.com

Further information available on request.
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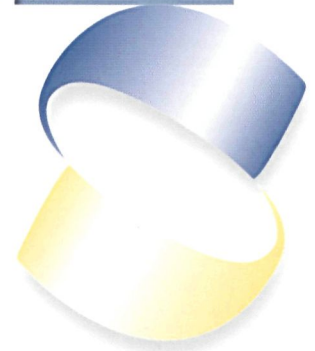
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Tailored to treat your schizophrenic patients



AMISULPRIDE
Solian[®]



Day by Day moving to social recovery

Trade name of the medicinal product: SOLIAN[®] Forms and composition: Box of 30 tablets each containing 50mg or 200mg amisulpride Therapeutic indications: Treatment of acute and chronic schizophrenic disorders, in which positive symptoms (such as delusions, hallucinations, thought disorders) and/or negative symptoms (such as blunted affect, emotional and social withdrawal) are prominent, including patients characterised by predominant negative symptoms. Posology and method of administration: For acute psychotic episodes, oral doses between 400 and 800 mg/d are recommended. In individual cases, the daily dose may be increased up to 1200 mg/d. Doses above 1200 mg/d (not extensively evaluated for safety) should not be used. No specific titration is required when initiating the treatment - For patients characterised by predominant negative symptoms, oral doses between 50 and 300 mg/d are recommended - Doses should be adjusted according to individual response Maintenance treatment should be established individually with the minimally effective dose - Should be administered bid for doses above 400 mg. Elderly: Caution, possible risk of hypotension or sedation. Renal insufficiency: Dose should be reduced to half in patients with creatinine clearance (CRCL) between 30-60 ml/min and to third in patients with CRCL between 10-30 ml/min. No experience in patients with severe renal impairment. Contra-indications: Hypersensitivity to amisulpride or to other ingredients of the product - Concomitant prolactin-dependent tumours e.g. pituitary gland prolactinomas and breast cancer - Pheochromocytoma - Children up to puberty - Lactation. Special warnings and special precautions for use: As with other neuroleptics, Neuroleptic Malignant Syndrome, characterized by hyperthermia, muscle rigidity, autonomic instability, and elevated CPK, may occur. In the event of hyperthermia, particularly with high daily doses, all antipsychotic drugs including Amisulpride should be discontinued - Amisulpride can lower the seizure threshold : patients with a history of seizures should be closely monitored - As with other antidopaminergic agents, caution should be exercised to patients with Parkinson's disease since it may cause worsening of the disease. Amisulpride should be used only if neuroleptic treatment cannot be avoided. Interaction with other medicaments and other forms of interaction: Possible enhancement of the central effects of alcohol - Caution when concomitant administration of - CNS depressants including narcotics, anaesthetics, analgesics, sedative H1 antihistamines, barbiturates, benzodiazepines and other anxiolytic drugs, clonidine and derivatives - antihypertensive drugs and other hypotensive medications - dopamine agonists (eg: levodopa) since it may attenuate their action. Pregnancy and lactation: Pregnancy: A decrease in fertility linked to prolactin mediated effect was observed but no teratogenic effects in animals were noted. As a precautionary measure amisulpride is not recommended during pregnancy unless the benefits justify the potential risks. Lactation: It is not known whether Amisulpride is excreted in breast milk, breast-feeding is therefore contra-indicated. Effects on ability to drive and use machines: Even at night dosage the ability to drive vehicles or operate machinery can be impaired. Undesirable effects: Common adverse effects (5-10%): insomnia, anxiety, agitation Less common adverse effects (0.1-5%): somnolence - gastrointestinal disorders such as constipation, nausea, vomiting, dry mouth. In common with other neuroleptics: increase in plasma prolactin levels (galactorrhoea, amenorrhoea, gynaecomastia, breast pain, orgasmic dysfunction and impotence) reversible after drug discontinuation - Possible weight gain - Possible dose related acute dystonia and extrapyramidal symptoms at least partially reversible without discontinuation of amisulpride upon treatment with an antiparkinsonian agent. - Possible tardive dyskinesia usually after long term administration. Antiparkinsonian medication is ineffective or may induce aggravation of the symptoms - Hypotension, bradycardia, cases of QT prolongation, allergic reactions and cases of seizures have been reported occasionally - Rare cases of Neuroleptic Malignant Syndrome. Overdose: Experience in overdosage is limited. Since Amisulpride is weakly dialysed, hemodialysis should not be used to eliminate the drug. There is no specific antidote, appropriate supportive measures should therefore be instituted. Anticholinergic agents should be administered if severe extrapyramidal symptoms occur. Date of (partial) revision of the text: February 1998. More detailed information on request: Sanofi-Synthelabo, 174 Avenue de France, 75635 Paris Cedex 13, France, Tel: +33 1 53 77 40 00. **Prescribing Information may differ from a country to another one, please refer to the appropriate one in your country.**