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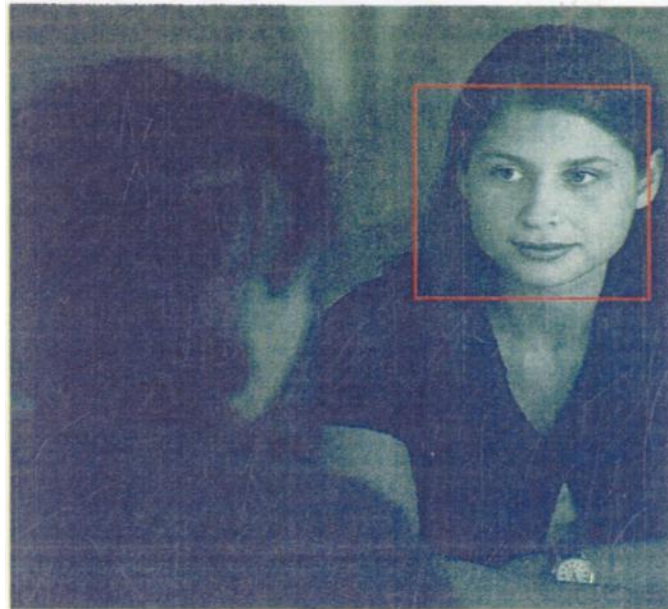
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... she just knows her doctor  
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1. Hyttel J. XXII Nordiske Psykiater Kongres, Reykjavik, 11 August 1988:11-21. 2. Essin AS et al. *Psychopharmacology Bull* 1990; 26 (3): 311-315. 3. Wade AG et al. *Br J Psychiatry* 1997; 170: 549-553. 4. Sindrup SH et al. *Ther Drug Monit* 1993; 15: 11-17. 5. Van Harten J. *Clin Pharmacokinetics* 1993; 24: 203-20. 6. Jeppesen U et al. *Eur J Clin Pharmacol* 1996; 51: 73-78.





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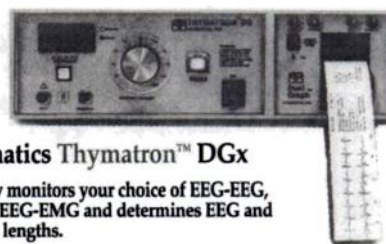
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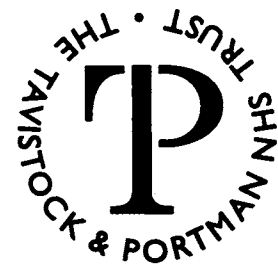
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The Aga Khan University is now in its fourteenth year of operation. Its affiliated Aga Khan University Hospital has well-equipped teaching, investigative and treatment services and will have 654 beds when fully operational. The University and the University Hospital are autonomous, privately-funded, philanthropic institutions committed to the provision of effective Medical/Nursing education and health services relevant to Pakistan and the region.

Applications are invited from highly committed professionals to fill the position of:

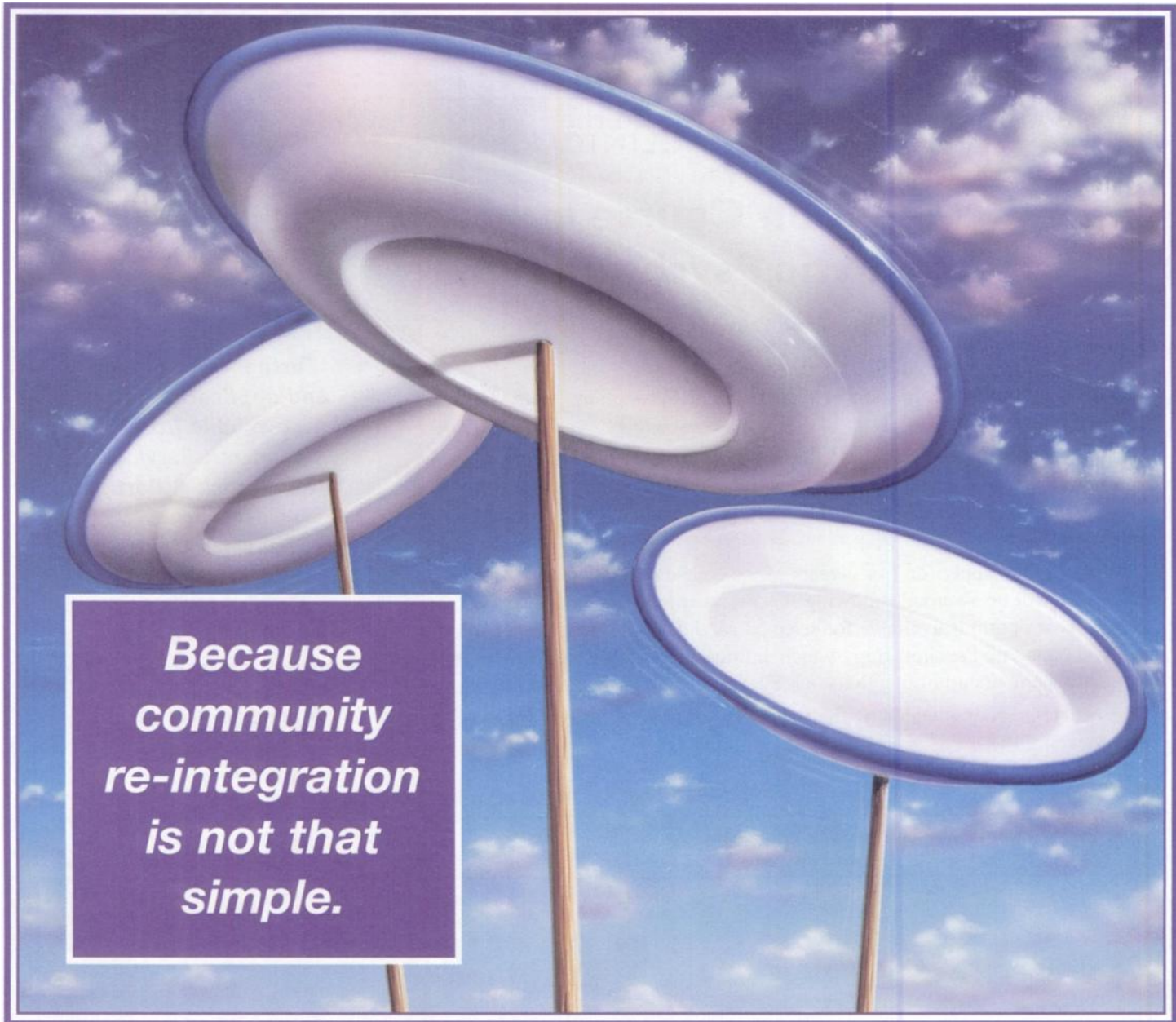
**ASSISTANT PROFESSOR/SENIOR INSTRUCTOR – DEPARTMENT OF PSYCHIATRY**

Candidates applying for the above position must possess American Board Certification in Psychiatry of Membership from Royal College of Psychiatrists (MRC Psychiatry) or Fellowship from the College of Physicians and Surgeons, Pakistan (FCPS Psychiatry).

Additionally, candidates for Assistant Professor's position, after having completed their postgraduate training in Psychiatry must also possess Fellowship in a sub-specialty of Psychiatry or have acquired 2 years of subsequent clinical and undergraduate teaching experience.

Salary and benefits will be offered commensurate with qualifications, experience and level of responsibility. Candidates intending to pursue a career in Pakistan will be preferred. If you are seeking professional growth and an excellent work environment, please send your résumé with details of clinical teaching and research experience, and names and addresses of at least three referees familiar with your recent work to the **Personnel Director**, The Aga Khan University, P.O. Box 3500, Stadium Road, Karachi-74800, Pakistan.

Asiatic



Because  
community  
re-integration  
is not that  
simple.

**ABBREVIATED PRESCRIBING INFORMATION:**

**Presentation:** Coated tablets containing 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose.  
**Uses:** Schizophrenia, both as initial therapy and for maintenance of response. **Further Information:** In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. **Pharmacodynamics:** Olanzapine was associated with significantly greater improvements in both negative and positive schizophrenic symptoms than placebo or comparator in most studies.  
**Dosage and Administration:** 10mg/day orally, as a single dose without regard to meals. Dosage may subsequently be adjusted within the range of 5-20mg daily. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. **Children:** Not recommended under 18 years of age. **The elderly:** A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Hepatic and/or renal impairment:** A lower starting dose (5mg) may be considered. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose. Dose escalation should be conservative in such patients. **Contra-indications:** Known hypersensitivity to any ingredient of the product. Known risk for narrow-angle glaucoma.  
**Warnings and Special Precautions:** Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. Caution in patients with elevated ALT and/or AST, signs and symptoms of hepatic impairment, pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hyper eosinophilic conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Although, in clinical trials, there were no reported cases of NMS in patients receiving olanzapine, if such an event occurs, or if there is unexplained high fever, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or have conditions associated with seizures. If signs or symptoms of tardive dyskinesia appear, a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other

**Antipsychotic Efficacy for First-line Use**

**ZYPREXA**  
Olanzapine



**Making Community Re-integration the Goal**

elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in

animals. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. **Driving, etc:** Because olanzapine may cause somnolence, patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects:** The only frequent (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence and weight gain. Occasional undesirable effects included dizziness, increased appetite, peripheral oedema, orthostatic hypotension, and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen occasionally. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dystonia in trials compared with titrated doses of haloperidol. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. **For further information see summary of product characteristics.** **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/008 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack of 28 x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack of 56 x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparation or Last Review:** April 1997. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 5SY. Telephone: Basingstoke (01256) 315000.

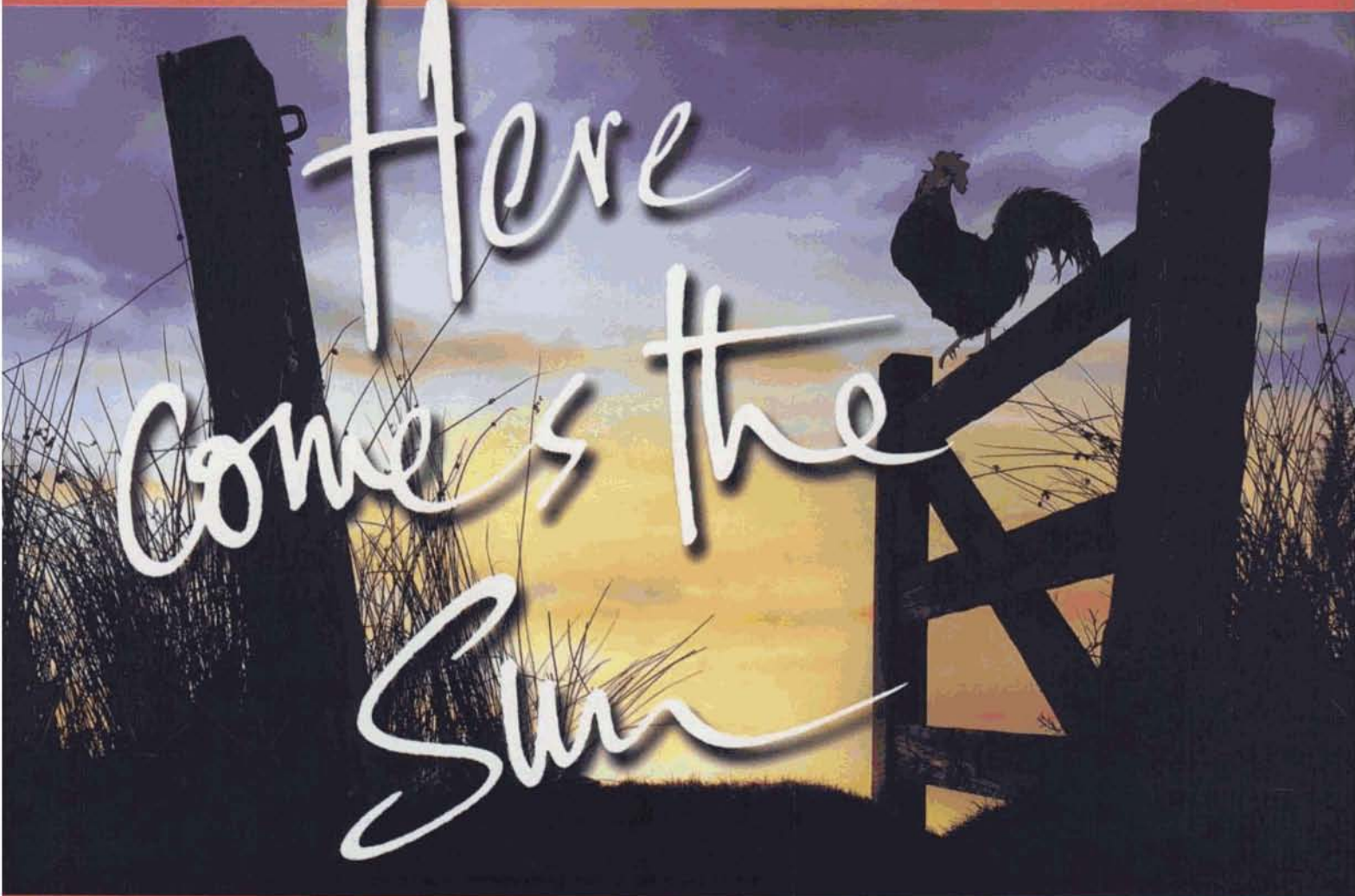




**Efexor<sup>®</sup> XL venlafaxine - Prescribing information Presentation:** Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** Adults (including the elderly): Usually 75mg, given once daily with 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 avoid possibility of discontinuation effects. **Children:** Contra-indicated 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. **Basic NHS price:** 75mg capsule (PL 00011/0223) - blister pack of 28 capsules: £23.97. 150 mg capsule (PL 00011/0224) - 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. Date of preparation: August 1997. \* trade mark Code no Z777440/0897. WEFX3-UK-JA. References: 1. Muth EA *et al.* *Biochem Pharmacol* 1986; 35(24): 4493-4497. 2. Muth EA *et al.* *Drug Development Research* 1991; 23: 191-199. 3. Rudolph R *et al.* Poster presented at the New Clinical Drug Evaluation Unit (National Institute of Mental Health), Boca Raton, Florida 1997. 4. McPartlin GM *et al.* Poster at the 10th European College of Neuropsychopharmacology meeting, Vienna, September 13th-17th, 1997. 5. Salinas E. *Biol Psychiatry* 1997; 42(Suppl. 1): 244S.



# Here comes the Sun

◆ EFEXOR XL ACTS DIRECTLY ON BOTH SEROTONIN AND NORADRENALINE<sup>1,2</sup>

◆ PROVEN EFFICACY VS LEADING SSRIs<sup>3,4</sup>

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VENLAFAXINE 75 mg o.d.

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# CLOZARIL®

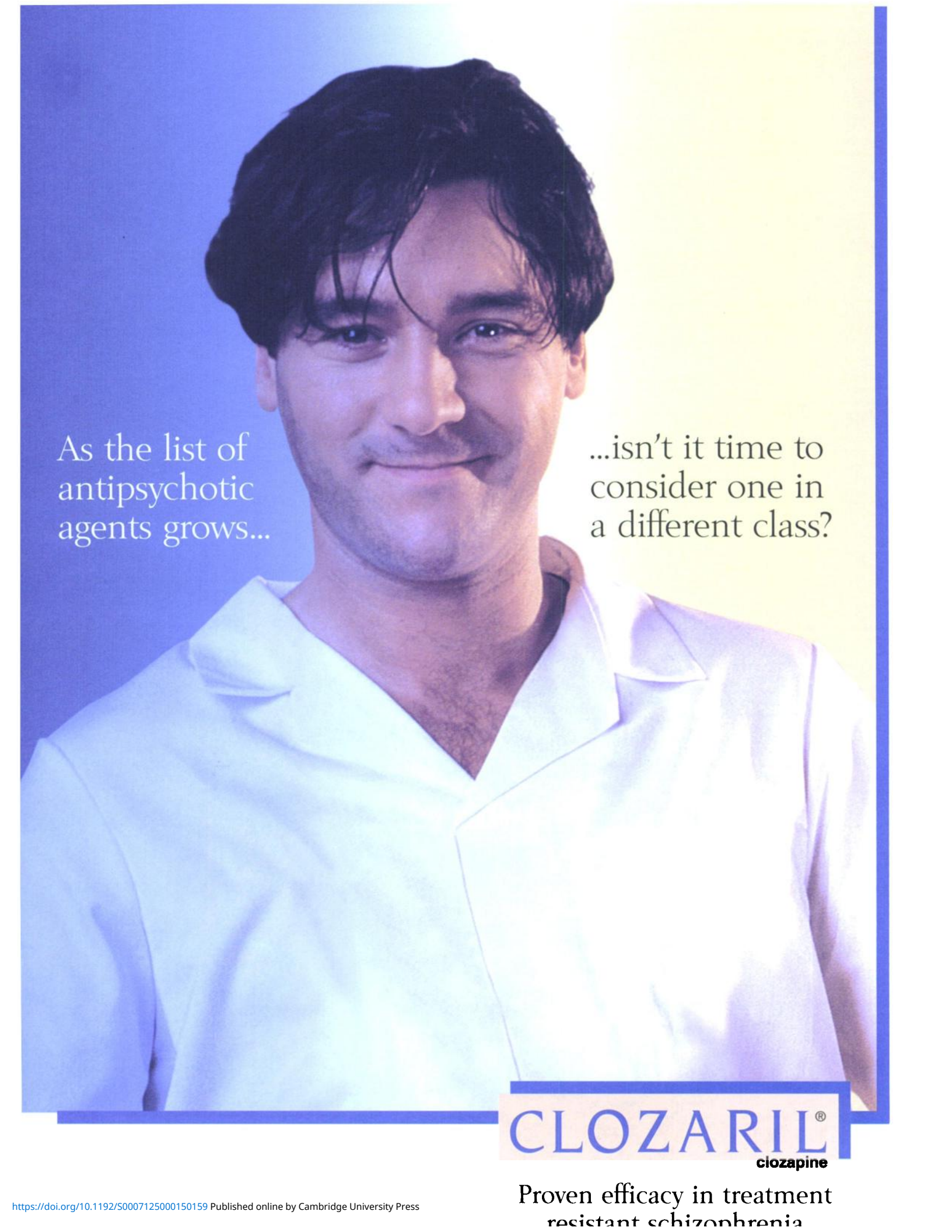
clozapine

**CLOZARIL ABBREVIATED PRESCRIBING INFORMATION.** The use of CLOZARIL is restricted to patients registered with the CLOZARIL Patient Monitoring Service. Indication Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). Presentations 25mg and 100 mg clozapine tablets. Dosage and Administration Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5 mg once or twice on the first day, followed by one or two 25 mg tablets on the second day. Increase dose slowly, by increments to reach a therapeutic dose within the range of 200 - 450mg daily (see data sheet). The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored during CLOZARIL therapy since dose-related convulsions have been reported. Patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications** Allergy to any constituents of the formulation. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause, severe renal or cardiac failure, active liver disease, progressive liver disease or hepatic failure. **Warning** CLOZARIL can cause agranulocytosis. A fatality rate of up to 1 in 300 has been estimated when CLOZARIL was used prior to recognition of this risk. Since that time strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Therefore, because of this risk its use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter for the first year of therapy. After one year's treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation of CLOZARIL. Patients must be under specialist supervision and CLOZARIL supply is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts as well as a drug supply audit so that CLOZARIL treatment is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact the treating physician immediately if any kind of infection begins to develop, especially any flu-like symptoms. **Precautions** CLOZARIL can cause agranulocytosis. Perform pre-treatment white blood cell count and differential count to ensure only patients with normal findings receive CLOZARIL. Monitor white blood cell count weekly for the first 18 weeks and at least two-weekly for the first year of therapy. After one year's treatment, monitoring may change to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation. If signs or symptoms of infection develop an immediate differential count is necessary. If the white blood count falls below  $3.0 \times 10^9/L$  and/or the absolute neutrophil count drops below  $1.5 \times 10^9/L$ , withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Re-evaluate any patient developing an infection, or when a routine white blood count is between  $3.0$  and  $3.5 \times 10^9/L$  and/or a neutrophil count between  $1.5$  and  $2.0 \times 10^9/L$ , with a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below  $1.0 \times 10^9/L$  and/or  $0.5 \times 10^9/L$  respectively, after drug withdrawal requires immediate specialised care, where protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Colony stimulating factor therapy should be discontinued when the neutrophil count returns above  $1.0 \times 10^9/L$ . CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients affected by the sedative action of CLOZARIL should not drive or

operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give CLOZARIL with other drugs with a substantial potential to depress bone marrow function. CLOZARIL may enhance the effects of alcohol, MAO inhibitors, CNS depressants and drugs with anticholinergic, hypotensive or respiratory depressant effects. Caution is advised when CLOZARIL therapy is initiated in patients who are receiving (or have recently received) a benzodiazepine or any other psychotropic drug as these patients may have an increased risk of circulatory collapse, which, on rare occasions, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant administration of therapeutic agents which are highly bound to plasma proteins. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which possess affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions have been noted with antidepressants, phenothiazines and type Ic antiarrhythmics, to date. Concomitant use of lithium or other CNS-active agents may increase the risk of neuroleptic malignant syndrome. The hypertensive effect of adrenaline and its derivatives may be reversed by CLOZARIL. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. **Side-Effects** Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects eg dry mouth, disturbances of accommodation and disturbances in sweating and temperature regulation. Hypersalivation. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. In rare cases profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Nausea, vomiting and usually mild constipation have been reported. Occasionally obstipation and paralytic ileus have occurred. Asymptomatic elevations in liver enzymes occur commonly and usually resolve. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Both urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. **Package Quantities and Price** Community pharmacies only 28 x 25mg tablets: £12.52 (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS) Hospital pharmacies only 84 x 25 mg tablets: £37.54 (Basic NHS) 84 x 100 mg tablets: £150.15 (Basic NHS) Supply of CLOZARIL is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. **Product Licence Numbers** 25 mg tablets: PL 0101/0228 100 mg tablets: PL 0101/0229 **Legal Category:** POM. CLOZARIL is a registered Trade Mark. Date of preparation, August 1997. Full prescribing information, including Product Data Sheet is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

 **NOVARTIS**

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**CLOZARIL**<sup>®</sup>  
clozapine

Proven efficacy in treatment  
resistant schizophrenia



Please refer to Summary of Product Characteristics before prescribing Risperdal (risperidone). **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** Where medically appropriate, gradual discontinuation of previous antipsychotic treatment while Risperdal therapy is initiated is recommended. Where medically appropriate, when switching patients from depot antipsychotics, consider initiating Risperdal therapy in place of the next scheduled injection. The need for continuing existing antiparkinson medication should be re-evaluated periodically. **Adults:** Risperdal may be given once or twice daily. All patients, whether acute or chronic, should start with 2 mg/day. This should be increased to 4 mg/day on the second day and 6 mg/day on the third day. However, some patients such as first-episode psychotic patients may benefit from a slower rate of titration. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual effective dosage is 4 to 8 mg/day although in some patients an optimal response may be obtained at lower doses. Doses above 10 mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16 mg/day should not be used. **Elderly, renal and liver disease:** A starting dose of 0.5 mg bd is recommended. This can be individually adjusted with 0.5 mg bd increments to 1 to 2 mg bd. Risperdal is well tolerated by the elderly. Use with caution in patients with renal and liver disease. Not recommended in children aged less than 15 years. **CONTRA-INDICATIONS, WARNINGS, ETC.** **Contra-indications:** Known hypersensitivity to Risperdal. **Precautions:** Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease. Consider dose reduction if hypotension occurs. For further sedation, give an additional drug (such as a benzodiazepine) rather than increasing the dose of Risperdal. Drugs with dopamine antagonistic properties have been associated with tardive dyskinesia. 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. 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 antagonise the effect of levodopa and other dopamine agonists. On initiation of carbamazepine or other hepatic enzyme-inducing drugs, the dosage of Risperdal should be re-evaluated and increased if necessary. On discontinuation of such drugs, the dosage of Risperdal should be re-evaluated and decreased if necessary. **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/vomiting, abdominal pain, blurred vision, priapism, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. 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. Rare cases of Neuroleptic Malignant Syndrome have been reported. In such an event, all antipsychotic drugs should be discontinued. Occasionally, orthostatic dizziness, hypotension (including orthostatic), tachycardia (including reflex) and hypertension have been observed. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea, gynaecomastia and disturbances of the menstrual cycle. Oedema and increased hepatic enzyme levels have been observed. A mild fall in neutrophil and/or thrombocyte count has been reported. Rare cases of water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. **Overdosage:** Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms. A prolonged QT interval was reported in a patient with concomitant hypokalaemia who had ingested 360 mg. 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** Tablets: Store below 30°C. Liquid: Store below 30°C; protect from freezing. **LEGAL CATEGORY** POM. **PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS** White, oblong tablets containing 1 mg risperidone in packs of 20. PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2 mg risperidone in packs of 60. PL 0242/0187 £79.56. Yellow, oblong tablets containing 3 mg risperidone in packs of 60. PL 0242/0188 £117.00. Green, oblong tablets containing 4 mg risperidone in packs of 60. PL 0242/0189 £154.44. Yellow, circular tablets containing 6 mg risperidone in packs of 28. PL 0242/0317 £109.20. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless solution containing 1 mg risperidone per ml in bottles containing 100 ml. PL 0242/0199 £85.00. **FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER 140797. **References:** 1. Brecher M, Lemmens P, Van Baelen B. Presented at the Annual Meeting of the American College of Neuropsychiatry, December 9-13, 1996, San Juan, Puerto Rico. 2. Data on file, Janssen-Cilag Ltd. MJE 12/97.



For the  
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**p e a c e**  
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- ▶ Power to relieve positive *and* negative symptoms in schizophrenia
- ▶ Placebo levels of EPS at usual effective doses<sup>1</sup>
- ▶ Over 18 million patient months experience worldwide<sup>2</sup>



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characteristics before prescribing.  
**Presentation:** White to off white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** Adults: 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. **Elderly:** Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. **Severe renal or hepatic impairment:** Reduce dose by half (100 200 mg daily). **Children:** See contra indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P 450 isoenzymes has been observed *in vitro*. Effectiveness of oral

containing at least 0.1 mg caffeine should be taken. The general impression is no clinically relevant interaction was seen in a single dose interaction study of Provigil and clomipramine. However, patients receiving such medication should be carefully monitored. Care should be observed with co administration of anti convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets £60.00. **Marketing authorisation number:** 16260 0001. **Marketing authorisation holder:** Cephalon UK Ltd., 11/13 Frederick Sanger Road, Surrey Research Park, Guildford, GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References:** 1. Mitler MM. Sleep 1994; 17: S103-S106. 2. Data on file, Cephalon [3]. 3. Lin JS *et al*. *Proc Natl Acad Sci USA* 1996; 93 (24): 14128-14133. 4. Simon P *et al*. *Eur Neuropsychopharmacol* 1995; 5: 509-514.



## WAKE UP LITTLE SUZIE, WAKE UP

Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall benefit.<sup>1</sup>

Now Provigil (modafinil) – a novel wake promoting agent – offers new advantages in narcolepsy. The clinical efficacy of Provigil has been demonstrated in large controlled clinical studies. In one study,<sup>2</sup> one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus<sup>3</sup> and differs greatly from amphetamines in its pharmacology. Consequently the incidence of amphetamine

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**MODAFINIL**





# Add life to living with schizophrenia

Solian is a new benzamide antipsychotic, with the ability to treat both the positive<sup>1</sup> and negative<sup>2</sup> symptoms of schizophrenia.

Solian offers a lower incidence of EPS than standard neuroleptics such as haloperidol,<sup>3</sup> as well as avoiding some of the drawbacks of certain atypicals: it does not require routine cardiovascular<sup>4,5</sup> or haematological<sup>4,6</sup>

monitoring and patients gain significantly less weight than those treated with risperidone.<sup>2</sup>

So when patients need the ability to cope with their condition, Solian has the power to treat their positive<sup>1</sup> and their negative<sup>2</sup> symptoms whilst still allowing them to do the everyday things that the rest of us take for granted.

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AMISULPRIDE



Efficacy that patients can live with

**Prescribing Information - Solian 200 and Solian 50** ▼ **Presentation:** Solian 200mg tablets contain 200mg amisulpride and Solian 50mg tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia in which positive and/or negative symptoms are prominent. **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 prolactinaemias and breast cancer; pheochromocytoma; children under 15 years; pregnancy; lactation; women of child-bearing potential unless using adequate contraception. **Warning and Precautions:** As with all neuroleptics, neuroleptic malignant syndrome may occur (discontinue Solian). Caution

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 Synthelabo UK and Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD. **References:** 1. Freeman HL. Int Clin Psychopharmacol 1997;12(Suppl 2):S11-S17. 2. Möller HJ. 6th World Congress of Biological Psychiatry, Nice, France, June 22-27 1997. 3. Coukell AJ, Spencer CM, Benfield P. CNS Drugs (Adis) 1996 Sep 6 (3):237-256. 4. Solian SPC. Lorex Synthelabo. 5. Sertindole SPC. Lundbeck Ltd. 6. Clozapine SPC.

SYNTHELABO  
CNS DIVISION



Some of the things Fiona Hill's got

**LAMICTAL (lamotrigine)**

**Prescribing Information (Please refer to the full data sheet before prescribing)** **Presentation:** Pale yellow tablets containing 25 mg, 50 mg, 100 mg and 200 mg lamotrigine, and white dispersible/chewable tablets containing 5 mg, 25 mg and 100 mg lamotrigine. **Uses:** *Monotherapy:* Monotherapy in children 12 years and younger is not recommended. Adults and children over 12 years for partial epilepsy with or without secondarily generalised tonic-clonic seizures and in primary generalised tonic-clonic seizures. *Add-on therapy:* Adults and children over 2 years for partial epilepsy with or without secondarily generalised tonic-clonic seizures and in primary generalised tonic-clonic seizures. Lamictal is also indicated for the treatment of seizures associated with the Lennox-Gastaut syndrome. **Dosage and administration:** The initial dose and subsequent dose escalation are a maximum and should not be exceeded to minimise the risk of rash. *Monotherapy:* Adults and children over 12 years: The initial dose in monotherapy is 25 mg daily for two weeks, followed by 50 mg

achieved. The usual maintenance dose is 100-200 mg/day given once a day or in two divided doses. *Add-on therapy:* *Adults and Children over 12 years:* In patients taking sodium valproate with or without ANY other antiepileptic drug (AED), the initial Lamictal dose is 25 mg every alternate day for two weeks, followed by 25 mg/day for two weeks. Thereafter, the dose should be increased by a maximum of 25-50 mg every 1-2 weeks until optimal response is achieved. The usual maintenance dose is 100 to 200 mg/day given once a day or in two divided doses. For patients taking enzyme inducing AEDs with or without other AEDs (but NOT valproate) the initial Lamictal dose is 50 mg daily for two weeks, followed by 100 mg/day in two divided doses for two weeks. Thereafter, the dose should be increased by a maximum of 100 mg every 1-2 weeks until optimal response is achieved. The usual maintenance dose is 200 to 400 mg/day given in two divided doses. *Children aged 2-12 years:* Children should be dosed on a mg/kg basis until the adult recommended titration dose is reached. For patients taking sodium valproate with or without ANY other AED, the

Thereafter, the dose should be increased by 0.5-1 mg/kg every 1-2 weeks until optimal response is achieved. The usual maintenance dose is 1 to 5 mg/kg/day given once a day or in two divided doses. If the calculated dose is 2.5-5 mg/day then 5 mg may be taken on alternate days for the first two weeks. If less than 2.5 mg Lamictal should not be administered. Initial dose in patients taking enzyme inducing AEDs with or without other AEDs (but NOT valproate) 2 mg/kg bodyweight/day given in two divided doses for two weeks, followed by 5 mg/kg/day for two weeks given in two divided doses. Thereafter, the dose should be increased by a maximum of 2-3 mg/kg every 1-2 weeks until optimal response is achieved. The usual maintenance dose is 5-15 mg/kg/day given in two divided doses. The weight of the child should be monitored and the dose adjusted as appropriate during maintenance therapy. *Use in the elderly:* While there is no evidence to suggest that the elderly respond differently to the young, elderly patients should be treated cautiously. **Dose Escalation:** Starter packs covering the first four weeks treatment are available for monotherapy, add-on to





Lamictal  
Lamotrigine  
Wellcome

into for the first time this year.

the dose escalation for Lamictal with concurrent sodium valproate should be used. Thereafter the dose should be adjusted to optimal clinical effect. **Contra-indications:** Hypersensitivity to lamotrigine. Significant hepatic impairment. **Precautions:** Adverse skin reactions have been reported and generally occur during the first 8 weeks of treatment. The majority are mild and self limiting. However, rarely, serious, potentially life threatening rashes including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported. All patients who develop rash should be promptly evaluated and lamotrigine withdrawn unless the rash is clearly not drug related. High initial dose, exceeding the initial recommended dose, and concomitant use of sodium valproate have been associated with an increased risk of rash. Patients who acutely develop symptoms suggestive of hypersensitivity such as rash, fever, lymphadenopathy, facial oedema, blood and liver abnormalities, flu-like symptoms, <https://doi.org/10.1097/00007125000150159> Published online by Cambridge University Press immediately and Lamictal discontinued if an alternative aetiology

Lamictal was not carcinogenic, mutagenic or shown to impair fertility in animal studies. While volunteer studies with Lamictal have shown no effect on co-ordination or reaction time, the individual response to AEDs should be considered with respect to driving. **Interactions:** AEDs which alter drug metabolising enzymes in the liver (e.g. phenytoin, carbamazepine, phenobarbitone, primidone, sodium valproate) alter the metabolism and pharmacokinetics of Lamictal (see Dosage and Administration). This is also important during AED withdrawal. **Side and Adverse Effects:** With monotherapy: headache, tiredness, rash, nausea, dizziness, drowsiness, and insomnia. In addition with add-on therapy: diplopia, blurred vision, conjunctivitis, unsteadiness, GI disturbances (including vomiting), irritability/aggression, tremor, agitation, confusion and haematological abnormalities. Severe skin reactions including angioedema, Stevens-Johnson syndrome and toxic epidermal necrolysis have occurred (see Precautions). Rarely lymphadenopathy, leucopenia and thrombocytopenia have been reported in conjunction with skin

(PL00003/0272); £58.57 for pack of 56 x 100 mg tablets (PL00003/0274); £99.56 for Calendar Pack of 56 x 200 mg tablets (PL00003/0297); £7.96 for pack of 28 x 5 mg dispersible tablets (PL00003/0346); £58.57 for pack of 56 x 100 mg dispersible tablets (PL00003/0348). **Product Licence Holder:** The Wellcome Foundation Ltd, Middlesex UB6 0NN. Lamictal is a Trade mark of the Glaxo Wellcome Group of Companies. Further information is available from **Glaxo Wellcome UK Limited**, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.

**Lamictal**<sup>TM</sup>  
lamotrigine

EFFECTIVE MONOTHERAPY FOR EPILEPSY



## Royal College of General Practitioners - Sales Office

### New publications

#### *Occasional Paper 76*

#### *The Human Side of Medicine*

Martyn Evans BA PhD and  
Kieran Sweeney MA MPhil MRCP

This new paper brings together two recent lectures, *Pictures of the Patient: Medicine, Science and Humanities*, and *The Information Paradox*. With a common theme of evidence based medicine examined from two different and illuminating angles, this paper provides a fascinating insight into one of the most topical issues in contemporary general practice.

They form essential reading on how evidence based medicine functions within general practice. *The Human Side of Medicine* prompts the medical profession to embrace a complex and stimulating paradox and to weigh the advantages of evidence based thinking against its principal shortcoming, its failure to recognise context and uniqueness.

Price: £13.00 (£11.70 to RCGP members).  
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#### *RCGP Handbook of Sexual Health in Primary Care*

Yvonne Carter, Catti Moss and  
Anne Weyman

This handbook offers practical guidance on sexual health care for those working in a primary care setting. Written by a team of experts with a special interest in sexual health, from a variety of backgrounds, this accessible handbook covers a broad range of topics.

Designed to be dipped into, or browsed through at length, the book will be invaluable for all busy practitioners.

Price: £18.00 (£16.20 to RCGP members).  
Postage included.

These, and other publications, are available from RCGP Sales Office, 14 Princes Gate, Hyde Park, London SW7 1PU.

Telephone: 0171-823-9698 (between 9.30-4.30) or  
fax orders to: 0171-225-0629.

E-mail: sales@rcgp.org.uk. Credit card orders can  
be placed using our 24 hour answerphone: 0171-  
225-3048.

### ZISPIN Prescribing Information

**Presentation:** Blister strips of 28 tablets each containing 30 mg of mirtazapine. **Uses:** Treatment of depressive illness. **Dosage and administration:** The tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Adults and elderly:** The effective daily dose is usually between 15 and 45 mg. **Children:** Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4 - 6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome; hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; In vitro data suggest that clinically significant interactions are unlikely with mirtazapine. **Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers is not recommended. **Adverse reactions:** The following adverse effects have been reported: **Common (>1/100):** Increase in appetite and weight gain. Drowsiness/sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). **Less common:** Increases in liver enzyme levels. **Rare (<1/1000):** Oedema and accompanying weight gain. Reversible agranulocytosis has been reported as a rare occurrence. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. **Overdosage:** Toxicity studies in animals suggest that clinically relevant cardiotoxic effects will not occur after overdosing with Zispin. Experience in clinical trials and from the market has shown that no serious adverse effects have been associated with Zispin in overdose. Symptoms of acute overdose are confined to prolonged sedation. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Marketing authorization number:** PL 0065/0145 **Legal category:** POM **Basic NHS cost:** £24 for 28 tablets of 30 mg.



For further information, please contact:  
Organon Laboratories Limited, Cambridge Science  
Park, Milton Road, Cambridge CB4 4FL  
Telephone: 01223 423445. Fax: 01223 424368.



MIRTAZAPINE

**ZISPIN** 30<sup>▼</sup> mg

The NaSSA

**Strong  
yet  
gentle**  
in  
depression





**DUTONIN™** Abbreviated Prescribing Information  
**PRESENTATION:** Tablets containing 50mg, 100mg and 200mg nefazodone hydrochloride. **INDICATIONS:** Symptomatic treatment of all types of depressive illness, including depressive syndromes accompanied by anxiety or sleep disturbances. **DOSAGE:** Usual therapeutic dose 200mg twice daily. Range – 100mg - 600mg daily, see Summary of Product Characteristics. **Elderly:** Usual therapeutic dose 50 - 200mg twice daily. **Renal and Hepatic Impairment:** Lower end of dose range. **Children:** Not recommended below the age of 18 years. **CONTRA-INDICATIONS:** Hypersensitivity to nefazodone hydrochloride, tablet excipients or phenylpiperazine antidepressants.



**Bristol-Myers Squibb  
Pharmaceuticals Limited**

**WARNINGS/ PRECAUTIONS:** Hepatic or renal impairment. Patients at high risk of self harm should be kept under close supervision during

initial treatment phase. Modest decrease in some psychomotor function tests but no impairment of cognitive function. Not recommended in pregnancy and lactation. Use with caution in epilepsy, history of mania/hypomania, recent M.I., unstable heart disease. No clinical studies available on concurrent use of ECT and nefazodone. **DRUG INTERACTIONS:** Caution is advised when combining with other CNS medication, digoxin, products metabolised by Cytochrome P<sub>450</sub>III<sub>4A</sub>; see Summary of Product Characteristics. **SIDE EFFECTS:** Most frequently asthenia, dry mouth, nausea, constipation, somnolence, light-headedness and dizziness; see Summary of Product Characteristics. **OVERDOSAGE:** There is no specific antidote for nefazodone. Gastric lavage recommended for suspected overdose. Treatment should be symptomatic and supportive in the case of hypotension or excessive sedation. **PRODUCT LICENCE NUMBERS:** Dutonin Tablets 50mg PL 11184/0027; Dutonin Tablets 100mg PL 11184/0028; Dutonin Tablets 200mg

PL 11184/0029, **PRODUCT LICENCE HOLDER:** Bristol-Myers Squibb Pharmaceuticals Ltd. **BASIC NHS PRICE:** Treatment Initiation Pack containing 50mg tablets 14, 100mg tablets 14, 200mg tablets 28 – £16.80; 100mg tablets 56 – £16.80; 200mg tablets 56 – £16.80. **LEGAL CATEGORY:** POM. Further information from: Medical Information, Bristol-Myers Squibb House, 141-149 Staines Road, Hounslow, Middlesex, TW3 3JA. Telephone: 0181-754-3740. Date of preparation: July 1997. **REFERENCES:** 1. Armitage R. Journal of Psychopharmacology 1996; 10(suppl): 22-25. 2. Sharpley AL *et al.* Psychopharmacology 1996; 126: 50-54. 3. Armitage R *et al.* J Clin Psychopharmacol 1997; 17(3): 161-168. 4. Armitage R *et al.* Presented at the European College of Neuropsychopharmacology (ECNP), 30 September - 4 October 1995, Venice, Italy. 5. Fontaine R *et al.* J Clin Psychiatry 1994; 55(6): 234-241. 6. Gillin JC *et al.* J Clin Psychiatry 1997; 58: 185-192.



Waking up early should be her decision, not her problem.

It's not only depression that wakes patients up early. Sleep can also be disturbed by many SSRIs.<sup>1,4</sup>

Dutonin is an excellent choice. Not only does Dutonin effectively relieve depression,<sup>5</sup> it also normalises sleep patterns.<sup>3,4,6</sup>

Moreover, Dutonin lifts anxiety symptoms within the first week of treatment.<sup>5</sup>

Waking up early should always be your patient's choice, not their problem.



**DUTONIN™**

*Makes the difference in depression*



Mum has

# Alzheimer's



- **The first selective treatment** for the symptoms of mild to moderately severe Alzheimer's dementia licensed in the UK<sup>1,2</sup>
- **Improvements** in cognitive symptoms and global function<sup>3-5</sup>
- **Simple once daily dosage**
- **Well tolerated.**<sup>6</sup>

but she knew I was calling today

**new once daily**  
**Aricept**<sup>®</sup>  
 donepezil hydrochloride



**A first step in Alzheimer's**

**BRIEF PRESCRIBING INFORMATION**

ARICEPT<sup>®</sup> (donepezil hydrochloride)  
 Please refer to the SmPC before prescribing ARICEPT 5mg or ARICEPT 10mg. **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Dose and administration:** Adults/elderly; 5mg daily which may be increased to 10mg once daily after at least one month. No dose adjustment necessary for patients with renal or mild-moderate hepatic impairment. **Children;** Not recommended. **Contra-Indications:** Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. **Pregnancy.** **Lactation:** Excretion into breast milk unknown. Women on donepezil should not breast feed. **Warnings and Precautions:** Initiation and supervision by a physician with experience of Alzheimer's dementia. A caregiver should be available to monitor compliance. Regular monitoring to ensure continued therapeutic benefit, consider discontinuation where evidence of a therapeutic effect ceases. Exaggeration of succinylcholine-

antagonists. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients at risk of ulcer disease including those receiving NSAIDs. Cholinomimetics may cause bladder outflow obstruction. Seizures occur in Alzheimer's disease and cholinomimetics have the potential to cause seizures. Care in patients suffering asthma and obstructive pulmonary disease. As with all Alzheimer's patients, routine evaluation of ability to drive/operate machinery. **Drug Interactions:** Experience of use with concomitant medications is limited, consider possibility of as yet unknown interactions. Interaction possible with inhibitors or inducers of Cytochrome P450: use such combinations with care. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers, cholinergic or anticholinergic agents. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting and insomnia. Other common effects in clinical trials (≥5% and

heart block. Minor increases in muscle creatine kinase. **Presentation and basic NHS cost:** Blister packed in strips of 14. ARICEPT 5mg; white, film coated tablets marked 5 and ARICEPT, packs of 28 £68.32. ARICEPT 10mg; yellow, film coated tablets marked 10 and ARICEPT, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5 mg; PL 10555/0006. ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Ltd. **Further information from/Marketed by:** Eisai Ltd, Hammersmith International Centre, 3 Shortlands, London, W6 8EE and Pfizer Ltd, Sandwich, Kent, CT13 9NJ. **Legal category:** POM **Date of preparation:** August 1997. **References:** 1. Kelly CA et al. Br Med J 1997; 314: 693-694. 2. Rogers SL et al. In : Becker R, Giacobini E, eds. Cholinergic Basis for Alzheimer Therapy. Boston: Birkhauser; 1991: 314-320. 3. Data on file (A301). 4. Data on file (A302) and Rogers SL et al. Neurology 1996; 46: A217. 5. Rogers SL et al. Dementia 1996; 7: 293-303. 6. Data on file, Integrated



# Change to



## 'SEROQUEL' (quetiapine)

### Prescribing Notes.

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

**Use:** Treatment of schizophrenia.

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

**Dosage and Administration:** 'Seroquel' should be administered twice daily. Adults: The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose

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

Children and adolescents: Safety and efficacy not evaluated.

Renal and hepatic impairment: Start with 25 mg/day increasing daily by 25 to 50 mg 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 in co-

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 hypotension and/or orthostatic and



# Seroquel

quetiapine

NEW

- Effective in positive and negative symptoms<sup>1-4</sup> and improving mood\*<sup>5</sup> in patients with schizophrenia
- Incidence of EPS no different from placebo across the full dose range<sup>1-4</sup>
- Rate of withdrawals due to adverse events no different from placebo<sup>6</sup>
- No requirement for routine blood, BP or ECG monitoring<sup>7</sup>



*Changing thinking in schizophrenia.*

*\* Defined as the BPRS item scores of depressive mood, anxiety, guilt feelings and tension*

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:**

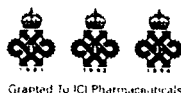
25 mg tablet: 12619/0112  
100 mg tablet: 12619/0113  
200 mg tablet: 12619/0114

**Basic NHS cost:**

Starter pack 60 x 25 mg tablets £68.20  
60 x 100 mg tablets £113.10; 90 x 100 mg tablets £169.65;

Further information is available from:

ZENECA Pharma on 0800 200 123 please ask for Medical Information, or write to King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.



#### References

1. Fabre LF, Arvanitis L, Pultz J *et al.* Clin Ther 1995; **17** (No.3): 366-378.
2. Arvanitis LA *et al.* Biol Psychiatry 1997; **42**: 233-246.
3. Small JG, Hirsch SR, Arvanitis LA *et al.* Arch Gen Psychiatry 1997; **54**: 549-557.
4. Borison RL, Arvanitis LA, Miller MS *et al.* J Clin Psychopharmacol 1996; **16** (2):158-169.
5. Data on File, Zeneca Pharmaceuticals.
6. Data on File, Zeneca Pharmaceuticals.
7. 'Seroquel' Summary of Product Characteristics.



Prescribed  
97% of psychiatrists



# Fast Response

Can start to improve symptoms within seven days<sup>1</sup>



## A first choice antidepressant



### Abbreviated Prescribing Information:

#### Lustral (sertraline)

**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. **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 50mg daily.

Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. **Use in children:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to Lustral. **Manic depression:** Do not use with or within two

**Lustral. Use during pregnancy:** Lustral should be used only if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquilizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. **Drug interactions:** Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and 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. Interactions with other highly protein bound drugs should be borne in mind. The potential of Lustral to interact with e.g. warfarin, diazepam, valproic acid and cimetidine have not been fully

nausea, anorexia, diarrhoea/loose stools, sexual dysfunction (principally, ejaculatory delay), tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Vomiting, abdominal pain, abnormal LFTs, jaundice, serious liver events, pancreatitis, arthralgia, myalgia, malaise, rash (including rare reports of erythema multiforme, photosensitivity), angioedema, tachycardia. Seizures (see precautions, warnings). Movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. Hyponatraemia. As with all psychoactive medicines, possible side effects on discontinuation. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL57/0308) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £39.77. Further information on request. Pfizer Limited, Sandwich, Kent. Date revised: September 1997. **Reference:** 1. Lustral SPC.



# Another seizure-free day

Wasn't late getting up

Didn't let fish off hook

Didn't fall in water

Didn't have a seizure



## At the end of the day, it works.

Adjunctive treatment for partial seizures with or without secondary generalisation

### TOPAMAX Abbreviated Prescribing Information

#### Please read the data sheet before prescribing

**Presentation:** Tablets each imprinted "TOP" on one side and strength on the other containing 25mg (white), 50mg (light yellow), 100mg (yellow), and 200mg (salmon) topiramate. **Uses:** Adjunctive therapy of partial seizures, with or without secondarily generalised seizures, in patients inadequately controlled on conventional first line antiepileptic drugs. **Dosage and Administration:** Adults and Elderly: Oral administration. Usual dose: 200mg - 400mg/day in two divided doses. Maximum recommended dose: 800mg/day. Initiate therapy at 50mg bd then titrate to an effective dose. See data sheet for titration. Do not break tablets. It is not necessary to monitor topiramate plasma concentrations. Patients with renal disease/haemodialysis may require a modified titration schedule. (See data sheet). Children: Not recommended. **Contra-indications:** Hypersensitivity to any component of the product. **Precautions and Warnings:** Withdraw all antiepileptic drugs gradually. Maintain adequate hydration to reduce risk of nephrolithiasis (especially increased in those with a predisposition). Drowsiness likely. TOPAMAX may be more sedating than other antiepileptic drugs therefore caution in patients driving or operating machinery, particularly until patients' experience with the drug is established. Do not use in pregnancy unless potential benefit outweighs risk to foetus. Women of child bearing potential should use adequate contraception. Do not use if breastfeeding. **Interactions:** Other Antiepileptic Drugs: No clinically significant effect except in some patients on phenytoin where phenytoin plasma concentrations

plasma concentrations on sodium valproate addition or withdrawal. Digoxin: A decrease in serum digoxin occurs. Monitor serum digoxin on addition or withdrawal of TOPAMAX. Oral Contraceptives: Should contain not less than 50µg of oestrogen. Ask patients to report any change in bleeding patterns. Others: Avoid agents predisposing to nephrolithiasis. **Side Effects:** In 5% or more: ataxia, impaired concentration, confusion, dizziness, fatigue, paraesthesia, somnolence and abnormal thinking. May cause agitation and emotional lability (which may manifest as abnormal behaviour) and depression. Less commonly: amnesia, anorexia, aphasia, diplopia, nausea, nystagmus, speech disorder, taste perversion, abnormal vision and weight decrease. Increased risk of nephrolithiasis. Venous thromboembolic events reported - causal association not established. **Overdosage:** If ingestion recent, empty stomach. Activated charcoal not recommended. Supportive treatment as appropriate. Haemodialysis is effective in removing topiramate. **Pharmaceutical Precautions:** Store in a dry place at or below 25°C. **Legal Category:** POM. **Package Quantities and Prices:** Bottles of 60 tablets. 25mg (PL0242/0301) = £22.02; 50mg (PL0242/0302) = £36.17; 100mg (PL0242/0303) = £64.80; 200mg (PL0242/0304) = £125.83.

**Product Licence Holder:** JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ. API VER 210397.

Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ.

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# When you next see a depressed patient, ask her which shade of lipstick she wears.

**S**elf pride is just part of how well a depressed patient re-adapts socially, and social interaction is an extremely valuable measure of successful treatment.

Edronax is a new selective NorAdrenaline Re-uptake Inhibitor (NARI). It not only lifts depressed mood,<sup>1</sup> but also significantly improves social interaction.<sup>2</sup>

These improvements in social functioning have been trial-proven by using the innovative SASS questionnaire (Social Adaptation Self-evaluation Scale).<sup>3</sup>

Edronax improves mood one week earlier than fluoxetine.<sup>1</sup> Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning.<sup>2</sup>

Edronax helps restore patients' appreciation of friends, family, work and hobbies, and improves their self-perception.

Prescribe 4mg b.d. then make your usual assessments, to see the Edronax difference. The SASS questionnaire, which patients can complete in their own time, may also help.

For free copies of the SASS questionnaire, please telephone 01908 603083.

  
REBOXETINE

**A NEW SELECTIVE NARI. LIFTS DEPRESSION.  
HELPS RESTORE SOCIAL INTERACTION.**

#### EDRONAX ©

#### ABBREVIATED PRESCRIBING INFORMATION

**Presentation:** Tablets containing 4mg reboxetine. **Indications:** Use in the acute treatment of depressive illness, and maintenance of clinical benefit in patients responsive to treatment. **Posology and method of administration:** Adults 4 mg b.i.d. (8 mg/day) administered orally. After 3-4 weeks, can increase to 10 mg/day. **Elderly and children** Elderly patients have been studied in comparative clinical trials at doses of 2 mg b.i.d., although not in placebo controlled conditions. There is no experience in children and therefore reboxetine cannot be recommended in either of these groups. **Renal/Hepatic**

**Special warnings and precautions for use:** Close supervision is required for subjects with a history of convulsive disorders and must be discontinued if the patient develops seizures. Avoid concomitant use with MAO-inhibitors. Close supervision of bipolar patients is recommended. Close supervision should be applied in patients with current evidence of urinary retention, glaucoma, prostatic hypertrophy and cardiac disease. At doses higher than the maximum recommended, orthostatic hypotension has been observed with greater frequency. Particular attention should be paid when administering reboxetine with other drugs known to lower blood pressure. **Interactions with other medicaments**

that have a narrow therapeutic margin and are metabolised by CYP3A4 or CYP2D6 e.g. anti-arrhythmics (flecainide), anti-psychotic drugs and tricyclic anti-depressants. No pharmacokinetic interaction with lorazepam. Reboxetine does not appear to potentiate the effect of alcohol. **Pregnancy and lactation:** Reboxetine is contraindicated in pregnancy and lactation. **Effects on ability to drive and use machines:** Reboxetine is not sedative per se. However, as with all psychoactive drugs, caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring more frequently than placebo are: dry mouth, constipation, insomnia, paraesthesia, increased sweating,

required. **Package and NHS Price:** Pack of 60 tablets in blisters £19.80. **Legal Category:** POM. **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. **Marketing Authorisation Number:** PL 0032/0216. **Date of Preparation:** October 1997. **References:** 1. Montgomery SA. *Journal of Psychopharmacology* 1997 (in press). 2. Dubini A. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S57-S70. 3. Bosc M. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S57-S70. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton



PRESCRIPTION FOR DEPRESSION

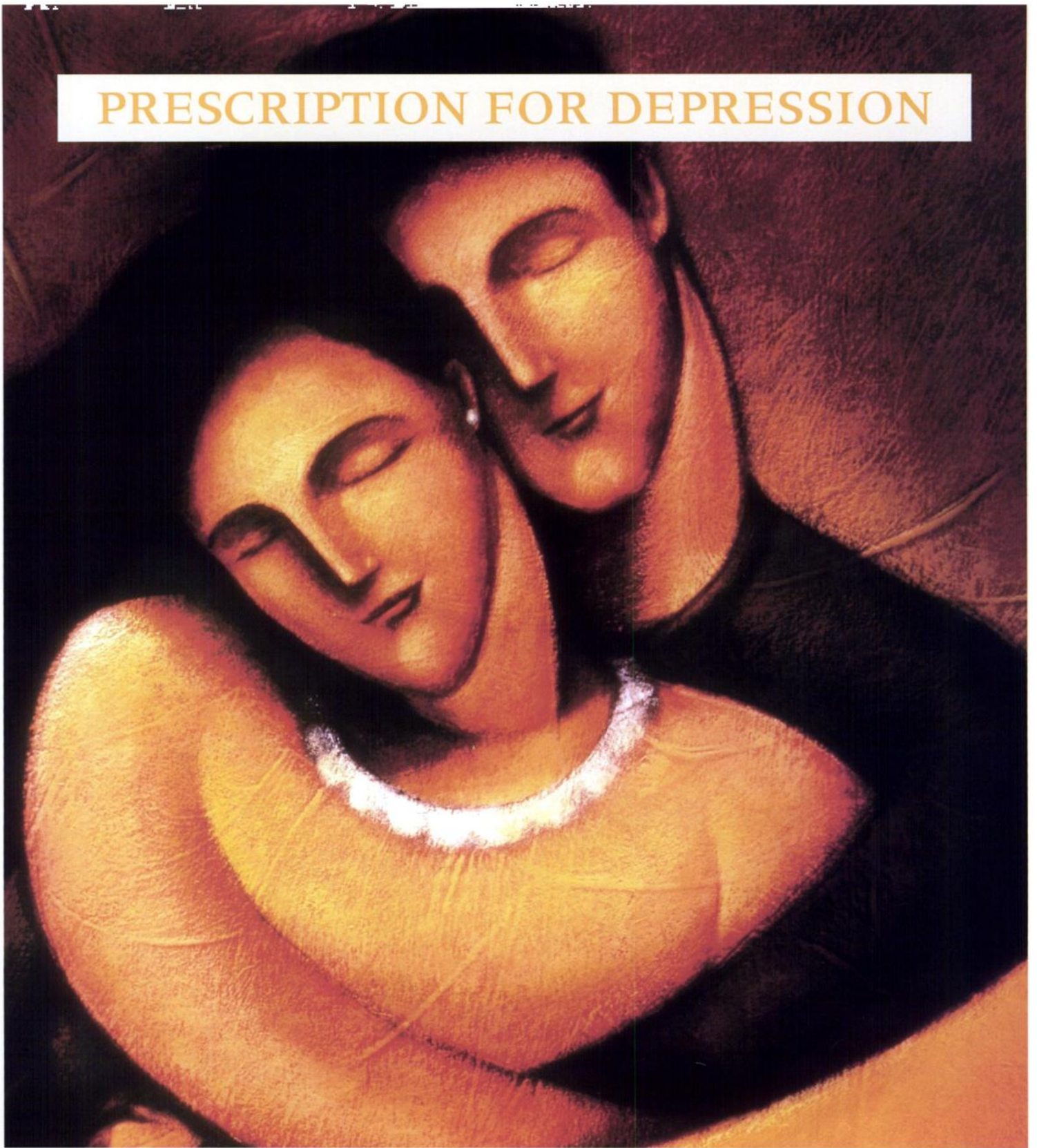


Illustration © Janet Atkinson/SIS Paris

Tender loving care and **SEROXAT**  
PAROXETINE

Rebuilding the lives  
of anxious depressed patients



## 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.

**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.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months for depression or 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. 16.2.98

 **SmithKline Beecham**  
Pharmaceuticals

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'Seroxat' is a trade mark.

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