IRISH JOURNAL OF
PSYCHOLOGICAL MEDICINE
VOL 25 NO 2 JUNE 2008 ISSN 0790-9667

'Poppies' Acrylics on canvas (20"x20")

A stitch in time...

CONVENIENCE & COMPLIANCE

20mg ONCE DAILY

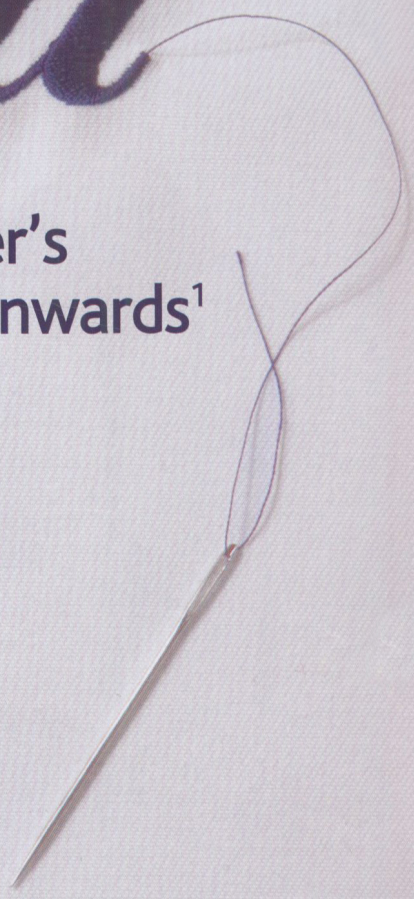
Ebixa

Continuous treatment for Alzheimer's Disease from the moderate stage onwards[1]

- Ebixa: Now Once Daily[1]

  Easier Administration = Convenience + Compliance Benefits [2,3]

- Ebixa: Stabilises symptoms of AD*. Fewer Ebixa treated patients worsened versus placebo [4]



Lundbeck

Ebixa® memantine

*Moderate AD onwards

Abbreviated Prescribing Information: For full prescribing information refer to the Summary of Product Characteristics. **Name:** Ebixa **Active Substance:** Memantine Hydrochloride. **Indication:** Treatment of patients with moderate to severe Alzheimer's disease. **Dosage & Administration:** Treatment should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's dementia. Therapy should only be started if a caregiver is available who will regularly monitor the intake of the medicinal product by the patient. Treatment is orally either as tablets (10 mg) or solution (10 mg/g) taken with or without food at the same time every day. Maintenance dose is 20mg/day, (two tablets or 40 drops once a day). Treatment starts with 5mg/day (half a tablet or 10 drops once a day) for the first week; the 2nd week 10mg/day (one tablet or 20 drops once a day); the 3rd week 15mg/day (one and a half tablets or 30 drops once a day) and the 4th week 20mg/day (two tablets or 40 drops once a day). Moderate renal impairment 10mg/day (one tablet or 20 drops once a day), if well tolerated after 7 days the dose can be titrated up to 20mg/day (two tablets or 40 drops once a day). Severe renal impairment- dose is 10 mg/day. Mild-moderate hepatic impairment- no dose adjustment. Severe hepatic impairment- no data available. Children & Adolescents: Not recommended. **Contraindications:** Hypersensitivity to the active substance or any of the excipients. **Pregnancy and Lactation:** Pregnancy: Memantine should not be used in pregnant women unless clearly necessary. Lactation: Memantine should not be used in women who are breastfeeding. **Special Warnings and Precautions for use:** Caution is recommended in patients with epilepsy. Caution is advised in patients with raised urine pH as this may elevate plasma levels. Clinical trial data are limited on patients with myocardial infarction, uncompensated congestive heart failure and uncontrolled hypertension and patients with these conditions should be closely supervised. Avoid concomitant use of NMDA antagonists (see also interactions). Patients with sugar intolerance should not take Ebixa. Patients should be warned to take special care if driving and using machines as Ebixa has minor to moderate influence on these tasks. Interactions: Effects of L-Dopa, dopaminergic agonists and anticholinergics may be enhanced. Effects of barbiturates and neuroleptics may be reduced. Effect of concomitant treatment with antispasmodic agents e.g. dantrolene and baclofen may be modified. Plasma levels of cimetidine, ranitidine, procainamide, quinidine, quinine and nicotine may be increased. Co-administration with hydrochlorothiazide (HCT) may lead to a reduced serum level of HCT. Concomitant use of NMDA antagonist- amantadine, ketamine, dextromethorphan or phenytoin should be avoided. Close monitoring of prothrombin time or INR is advisable for patients treated concomitantly with oral anticoagulants. **Adverse reactions:** Common (>1/100 and <1/10) headache, somnolence, hypertension, constipation and dizziness. Uncommon reactions (>1/1000 and <1/100): fatigue, fungal infections, confusion, hallucinations (mainly in severe Alzheimer's disease), venous thrombosis/thromboembolism, vomiting, gait abnormal. Very rare (<1/10,000): seizures. Not known: Isolated cases of pancreatitis and psychotic reactions have been reported post-marketing. Alzheimer's disease has been associated with depression, suicidal ideation and suicide. In post-marketing experience these events have been reported in patients treated with memantine. **Overdose:** Symptomatic treatment. **Elimination:** Mainly in unchanged form via the kidneys. **Legal Category:** POM. **Marketing Authorisation Holder:** H.Lundbeck A/S, 9 Ottiliavej, DK-2500, Valby, Denmark. **Marketing Authorisation Numbers:** EU/1/02/219/005 Ebixa 10mg/g Oral drops solution-50g bottle. EU/1/02/219/006 Ebixa 10mg/g Oral drops solution-100g bottle. EU/1/02/219/007 Ebixa Tablets 10mg, 28 pack size. EU/1/02/219/008 Ebixa Tablets 10mg, 56 pack size. Further information may be obtained from: Lundbeck (Ireland) Ltd., 7 Riverwalk, Citywest Business Campus, Citywest, Dublin 24. **Date of Preparation: May 2008**

2/EB/05/08

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Irish Journal of Psychological Medicine,
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Co Dublin, Ireland.
Telephone: 00-353-1-2803967
Fax: 00-353-1-2807076
Email: psychological@medmedia.ie
Website: www.ijpm.org

Publisher
MedMedia Ltd, medmedia publications
25 Adelaide Street,
Dun Laoghaire, Co Dublin, Ireland.
www.medmedia.ie

Printing: W&G Baird Ltd

Subscriptions
Rates per volume of four issues (Mar, Jun, Sept, Dec): €160
Incl. airmail postage internationally.

Subscription enquiries, orders and cheques made payable to:
MedMedia Ltd,
25 Adelaide St, Dun Laoghaire,
Co Dublin, Ireland
Tel: + 353 1 280 3967
Email: psychological@medmedia.ie
www.medmedia.ie

Circulation
2,200 to 54 countries. The Journal participates in the World Health Organisation project to improve distribution of scientific materials on mental health. Publication does not imply endorsement.

IRISH JOURNAL OF **PSYCHOLOGICAL MEDICINE**

VOL 25 NO 2 JUNE 2008 ISSN 0790-9667

Indexed and abstracted by BIOLOGICAL ABSTRACTS (BIOSIS Previews); CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE/INIST: PASCAL; EXCERPTA MEDICA/EMBASE; INSTITUTE FOR SCIENTIFIC INFORMATION: CURRENT CONTENTS/ Social & Behavioural Sciences (Social Science CITATION INDEX, Research Alert); PSYCHOLOGICAL ABSTRACTS (PsycINFO/PsycLIT); Cumulative Index to Nursing & Allied Health Literature, Current AIDS Literature (CAB Abstracts), International Pharmaceutical Abstracts, Linguistics & Language Behaviour Abstracts, Nutrition Abstracts and Reviews, (CAB Abstracts), Referativnyi Zhurnal, Social Planning/Policy & Development Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

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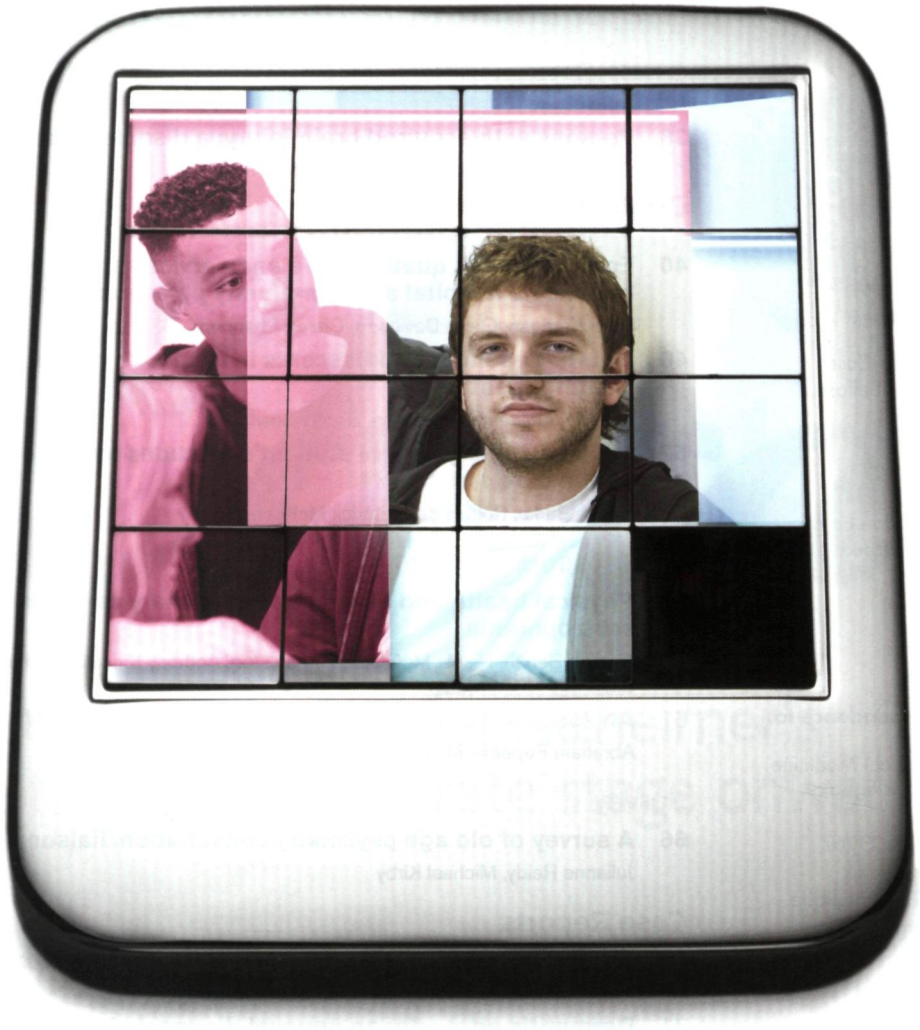
https://doi.org/10.1017/S0790966700010892 Published online by Cambridge University Press

NEW

Once Daily
Seroquel XR™
quetiapine



Putting the pieces in place

Reach recommended dose of 600mg by day 2*

- **Simple once-daily dosing**
- **Proven efficacy and broad symptom improvement in schizophrenia**[1]

Seroquel XR™

*Refer to SPC. Elderly patients and patients with hepatic impairment should be started on 50mg/day. The dose can be increased in increments of 50mg/day to an effective dose depending on the clinical response and tolerability.

1. Kahn RS et al. Efficacy and tolerability of once daily extended release quetiapine fumarate in acute schizophrenia: A randomized, double-blind, placebo-controlled study. J Clin Psych 2007; 68: 832–842.

Seroquel XR® Abridged prescribing information

(For full details see summary of product characteristics) **Presentations**: Prolonged-release tablets containing 50mg, 200mg, 300mg and 400mg of quetiapine (as quetiapine fumarate). **Uses**: Treatment of schizophrenia and is effective in preventing relapse in stable schizophrenic patients who have been maintained on Seroquel XR. **Dosage and Administration**: Tablets should be administered once daily, without food (at least one hour before a meal) and should be swallowed whole. ***Adults***: The daily dose at the start of therapy is 300mg on Day 1 and 600mg on Day 2 and up to 800mg after Day 2. The dose should be adjusted within the effective dose range of 400mg to 800mg per day depending on clinical response and tolerability. Recommended daily dose is 600mg daily. For maintenance therapy no dosage adjustment is necessary. ***Elderly***: Rate of dose titration may need to be slower and daily therapeutic dose lower than in younger patients. Patients should be started on 50mg/day and can be increased in increments of 50mg/day to an effective dose. ***Children & Adolescents***: Not evaluated. ***Renal Impairment***: No dose adjustment required. ***Hepatic Impairment***: Use with caution. Patients should be started on 50mg/day and can be increased in increments of 50mg/day to an effective dose. **Contra-indications**: Hypersensitivity to quetiapine fumarate or excipients. Concomitant administration of cytochrome P450 3A4 inhibitors, such as HIV-protease inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone. **Precautions and warnings**: Known cardiovascular disease (consider slower titration), cerebrovascular disease, or other conditions predisposing to hypotension. Possible initial orthostatic hypotension during the dose titration period. Caution is recommended in patients with a history of seizures. If signs and symptoms of tardive dyskinesia appear dose reduction or discontinuation should be considered. In the event of neuroleptic malignant syndrome discontinue treatment and appropriate medical treatment given. Hyperglycaemia or exacerbation of pre-existing diabetes has been reported in very rare cases – monitoring advised. QT prolongation was observed with overdose. As with other antipsychotics, caution should be exercised when quetiapine is prescribed in patients with cardiovascular disease or family history of QT prolongation, and when quetiapine is prescribed with medicines known to increase QTc interval and concomitant neuroleptics, especially in the elderly, in patients with congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia or hypomagnesaemia. Acute withdrawal symptoms such as nausea, vomiting and insomnia have been described after abrupt cessation of antipsychotic drugs including Seroquel. Gradual withdrawal is advisable. Not approved for the treatment of patients with dementia – related psychosis. Contains lactose, patients with rare hereditary problems of galactose intolerance, the lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. **Undesirable effects**: The most commonly reported Adverse Drug Reactions with quetiapine are somnolence, dizziness, dry mouth, mild asthenia, constipation, tachycardia, orthostatic hypotension and dyspepsia. As with other antipsychotics, weight gain, syncope, neuroleptic malignant syndrome, leucopenia, neutropenia and peripheral oedema, have been associated with quetiapine. For full list of undesirable effects refer to SPC. **Interactions**: Use with caution with other centrally acting drugs and alcohol. CYP3A4 inhibitors such as ketoconazole are contraindicated. Grapefruit juice, phenytoin, carbamazepine, thioridazine. Observe caution when used concomitantly with drugs known to cause electrolyte imbalance or to increase QTc interval. **Pregnancy & lactation**: Safety and efficacy not established. Effects on ability to drive: Patients should be advised not to drive or operate machinery until individual susceptibility is known. **Pharmaceutical precautions**: No special requirements. **Legal category**: POM. S1A **Marketing Authorisation Numbers**: Seroquel XR 50mg, 200mg, 300mg and 400mg PA 970/18/8-11 **Marketing Authorisation Holder(s)**: AstraZeneca Ltd., Horizon Place, 600 Capability Green, Luton, Bedfordshire, LU1 3LU. **Further information on request from**: AstraZeneca Pharmaceuticals (Ireland) Limited, College Park House, 20 Nassau Street, Dublin 2. Tel. 01 609 7100; Fax. 01 679 6650. Abridged Prescribing Information prepared: February 2008. Date prepared: March 2008

AstraZeneca
NEUROSCIENCE

08/021