BRIEF SUMMARY
(SEE PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION)

INDICATIONS AND USAGE

SEROQUEL is indicated for the management of the manifestations of psychotic disorders.

The antipsychotic efficacy of SEROQUEL was established in short-term (6-week) controlled trials of schizophrenic inpatients.

CONTRAINDICATIONS

SEROQUEL is contraindicated in individuals with a known hypersensitivity to this medication or any of its ingredients.

WARNINGS

Neuroleptic Malignant Syndrome (NMS): A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs. Two possible cases of NMS [2/2387 (0.1%)] have been reported in clinical trials with SEROQUEL. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatinine phosphokinase, myoglobinuria (rhabdomyolysis) and acute renal failure.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be carefully monitored since recurrences of NMS have been reported.

Tardive Dyskinesia: A syndrome of potentially irreversible, involuntary, dyskinetic movements may develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown.

If signs and symptoms of tardive dyskinesia appear in a patient on SEROQUEL, drug discontinuation should be considered. However, some patients may require treatment with SEROQUEL despite the presence of the syndrome.

PRECAUTIONS: General

Orthostatic Hypotension: SEROQUEL may induce orthostatic hypotension associated with dizziness, tachycardia and, in some patients, syncope, especially during the initial dose-titration period, probably reflecting its α_1-adrenergic antagonist properties. Syncope was reported in 1% (22/2162) of the patients treated with SEROQUEL, compared with 0% (0/206) on placebo and about 0.5% (2/420) on active control drugs. The risk of orthostatic hypotension and syncope may be minimized by limiting the initial dose to 25 mg bid. If hypotension occurs during titration to the target dose, a return to the previous dose in the titration schedule is appropriate.

SEROQUEL should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease or conditions which would predispose patients to hypotension (dehydration, hypovolemia and treatment with antihypertensive medications).

Cataracts: The development of cataracts was observed in association with quetiapine treatment in chronic dog studies. Lens changes have also been observed in patients during long-term SEROQUEL treatment, but a causal relationship to SEROQUEL use has not been established. Nevertheless, the possibility of lenticular changes cannot be excluded at this time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6 month intervals during chronic treatment.

Seizures: As with other antipsychotics SEROQUEL should be used cautiously in patients with a history of seizures or with conditions that potentially lower the seizure threshold, e.g., Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in a population of 65 years or older.

Hypothyroidism: Clinical trials with SEROQUEL demonstrated a dose-related decrease in total and free thyroxine (T4) of approximately 20% at the higher end of the therapeutic dose range was maximal in the first two *to four weeks of treatment and maintained without adaptation or progression* during more chronic therapy. Generally, these changes were of no clinical significance and TSH was unchanged in most patients, and levels of TBG were unchanged. In nearly all cases, cessation of SEROQUEL treatment was associated with a reversal of the effects on total and free T4, irrespective of the duration of treatment. About 0.4% (10/2386) of SEROQUEL patients did experience TSH increases. Six of the patients with TSH increases needed replacement thyroid treatment.

Cholesterol and Triglyceride Elevations: In a pool of 3- to 6-week placebo-controlled trials, SEROQUEL-treated patients had increases from baseline in cholesterol and triglyceride of 11% and 17%, respectively, compared to slight decreases for placebo patients. These changes were only weakly related to the increases in weight observed in SEROQUEL-treated patients.

Hyperprolactinemia: Although an elevation of prolactin levels was not demonstrated in clinical trials with SEROQUEL, increased prolactin levels were observed in rat studies with this compound, and were associated with an increase in mammary gland neoplasia in rats (see Carcinogenesis). Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported with prolactin-elevating compounds, the clinical significance of elevated serum prolactin levels is unknown for most patients. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans; the available evidence is considered too limited to be conclusive at this time.

Transaminase Elevations: Asymptomatic, transient and reversible elevations in serum transaminases (primarily ALT) have been reported. The proportions of patients with transaminase elevations of > 3 times the upper limits of the normal reference range in a pool of 3- to 6-week placebo-controlled trials were approximately 6% for SEROQUEL compared to 1% for placebo. These hepatic enzyme elevations usually occurred within the first 3 weeks of drug treatment and promptly returned to pre-study levels with ongoing treatment with SEROQUEL.

Potential for Cognitive and Motor Impairment: Somnolence was a commonly reported adverse event reported in patients treated with SEROQUEL especially during the 3-5 day period of initial dose-titration. In the 3- to 6-week placebo-controlled trials, somnolence was reported in 18% of patients on SEROQUEL compared to 11% of placebo patients. Since SEROQUEL has the potential to impair judgment, thinking, or motor skills, patients should be cautioned about performing activities requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery until they are reasonably certain that SEROQUEL therapy does not affect them adversely.

Priapism: One case of priapism in a patient receiving SEROQUEL has been reported prior to market introduction.

Body Temperature Regulation: Although not reported with SEROQUEL, disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. SEROQUEL and other antipsychotic drugs should be used cautiously in patients at risk for aspiration pneumonia.

Suicide: The possibility of a suicide attempt is inherent in schizophrenia and close supervision of high risk patients should accompany drug therapy. Prescriptions for SEROQUEL should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose.

Use in Patients with Concomitant Illness: Clinical experience with SEROQUEL in patients with certain concomitant systemic illnesses is limited.

SEROQUEL *has not been evaluated or used to any appreciable extent in* patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from premarketing clinical studies. Because of the risk of orthostatic hypotension with SEROQUEL, caution should be observed in cardiac patients (see Orthostatic Hypotension).

Information for Patients

Physicians are advised to discuss the following issues with patients for whom they prescribe SEROQUEL.

Orthostatic Hypotension: Patients should be advised of the risk of orthostatic hypotension, especially during the 3-5 day period of initial dose titration, and also at times of re-initiating treatment or increases in dose.

Interference with Cognitive and Motor Performance: Since somnolence was a commonly reported adverse event associated with SEROQUEL treatment, patients should be advised of the risk of somnolence, especially during the 3-5 day period of initial dose titration. Patients should be cautioned about performing any activity requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating hazardous machinery, until they are reasonably certain that SEROQUEL therapy does not affect them adversely.

Pregnancy: Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy.

Nursing: Patients should be advised not to breast feed if they are taking *SEROQUEL*.

Concomitant Medication: As with other medications, patients should be advised to notify their physicians if they are taking, or plan to take, any prescription or over-the-counter drugs.

Alcohol: Patients should be advised to avoid consuming alcoholic beverages while taking SEROQUEL.

Heat Exposure and Dehydration: Patients should be advised regarding appropriate care in avoiding overheating and dehydration.

Laboratory Tests

No specific laboratory tests are recommended.

Drug Interactions

The risks of using SEROQUEL in combination with other drugs have not been extensively evaluated in systematic studies. Given the primary CNS effects of SEROQUEL, caution should be used when it is taken in combination with other centrally acting drugs. SEROQUEL potentiated the cognitive and motor effects of alcohol in a clinical trial in subjects with selected psychotic disorders, and alcoholic beverages should be avoided while taking SEROQUEL.

Because of its potential for inducing hypotension, SEROQUEL may enhance the effects of certain antihypertensive agents.

SEROQUEL may antagonize the effects of levodopa and dopamine agonists.

The Effect of Other Drugs on SEROQUEL

Phenytoin: Coadministration of quetiapine (250 mg tid) and phenytoin (100 mg tid) increased the mean oral clearance of quetiapine by 5-fold. Increased doses of SEROQUEL may be required to maintain control of psychotic symptoms in patients receiving quetiapine and phenytoin, or other hepatic enzyme inducers (e.g., carbamazepine, barbiturates, rifampin, glucocorticoids). Caution should be taken if phenytoin is withdrawn and replaced with a non-inducer (e.g., valproate).

Thioridazine: Thioridazine (200 mg bid) increased the oral clearance of quetiapine (300 mg bid) by 65%.

Cimetidine: Dosage adjustment for quetiapine is not required when it is given with cimetidine.

P450 3A Inhibitors: Coadministration of ketoconazole (200 mg once daily for 4 days), a potent inhibitor of cytochrome P450 3A, reduced oral clearance of quetiapine by 84%, resulting in a 335% increase in maximum plasma concentration of quetiapine. Caution is indicated when SEROQUEL is administered with ketoconazole and other inhibitors of cytochrome P450 3A (e.g., itraconzacle, fluconazole, and erythromycin).

Fluoxetine, Imipramine, Haloperidol, and Risperidone: Coadministration of fluoxetine (60 mg once daily); imipramine (75 mg bid), haloperidol (7.5 mg bid), or risperidone (3 mg bid) with quetiapine (300 mg bid) did not alter the steady-state pharmacokinetics of quetiapine.

Effect of Quetiapine on Other Drugs

Lorazepam: The mean oral clearance of lorazepam (2 mg, single dose) was reduced by 20% in the presence of quetiapine administered as 250 mg tid dosing.

Lithium: Concomitant administration of quetiapine (250 mg tid) with lithium had no effect on any of the steady state pharmacokinetic parameters of lithium.

Antipyrine: Study results indicate that quetiapine does not significantly induce hepatic enzymes responsible for cytochrome P450 mediated metabolism of antipyrine.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Carcinogenicity studies were conducted in C57BL mice and Wistar rats.

The relevance of the increases in thyroid follicular cell adenomas to human risk, through whatever mechanism, is unknown.

The relevance of this increased incidence of prolactin-mediated mammary gland tumors in rats to human risk is unknown (see Hyperprolactinemia in **PRECAUTIONS, General**).

Mutagenesis: Quetiapine did produce a reproducible increase in mutations in one *Salmonella typhimurium* tester strain in the presence of metabolic activation. No evidence of clastogenic potential was obtained in an *in vitro* chromosomal aberration assay in cultured human lymphocytes or in the *in vivo* micronucleus assay in rats.

Impairment of Fertility: Drug-related effects included decreases in matings and in *matings resulting in pregnancy, and an increase in the* interval to mate.

Pregnancy: Pregnancy Category C

There are no adequate and well-controlled studies in pregnant women and quetiapine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labor and Delivery: The effect of SEROQUEL on labor and delivery in humans is unknown.

Nursing Mothers: SEROQUEL was excreted in milk of treated animals during lactation. It is not known if SEROQUEL is excreted in human milk. It is recommended that women receiving SEROQUEL should not breast feed.

Pediatric Use: The safety and effectiveness of SEROQUEL in pediatric patients have not been established.

Geriatric Use: Of the approximately 2400 patients in clinical studies with SEROQUEL, 8% (190) were 65 years of age or over. In general, there was no indication of any different tolerability of SEROQUEL in the elderly compared to younger adults. Nevertheless, the presence of factors that might decrease pharmacokinetic clearance, increase the pharmacodynamic response to SEROQUEL, or cause poorer tolerance or orthostasis, should lead to consideration of a lower starting dose, slower titration, and careful monitoring during the initial dosing period in the elderly. The mean plasma clearance of SEROQUEL was reduced by 30% to 50% in elderly patients when compared to younger patients.

ADVERSE REACTIONS

Adverse Events Occurring at an Incidence of 1% or More Among SEROQUEL Treated Patients in Short-Term, Placebo-Controlled Trials: The most commonly observed adverse events associated with the use of SEROQUEL (incidence of 5% or greater) and observed at a rate on SEROQUEL at least twice that of placebo were dizziness (10%), postural hypotension (7%), dry mouth (7%), and dyspepsia (6%).

The following treatment-emergent adverse experiences occurred at an incidence rate of 1% or more, and were at least as frequent among SEROQUEL treated patients, treated at doses of 75 mg/day or greater than among placebo treated patients in 3- to 6-week placebo-controlled trials.[1]

Body as a Whole: Headache, Asthenia, Abdominal pain, Back pain, Fever; **Nervous System:** Somnolence, Dizziness; **Digestive System:** Constipation, Dry Mouth, Dyspepsia; **Cardiovascular System:** Postural hypotension, Tachycardia; **Metabolic and Nutritional Disorders:** Weight gain; **Skin and Appendages:** Rash; **Respiratory System:** Rhinitis;

Special Senses: Ear pain

[1] Events for which the SEROQUEL incidence was equal to or less than *placebo are not listed, but included the following: pain, infection, chest* pain, hostility, accidental injury, hypertension, hypotension, nausea, vomiting, diarrhea, myalgia, agitation, insomnia, anxiety, nervousness, akathisia, hypertonia, tremor, depression, paresthesia, pharyngitis, dry skin, amblyopia and urinary tract infection.

Dose Dependency of Adverse Events in Short-Term, Placebo-Controlled Trials

Dose-related Adverse Events: Spontaneously elicited adverse event data from a study comparing five fixed doses of SEROQUEL (75 mg, 150 mg, 300 mg, 600 mg, and 750 mg/day) to placebo were explored for dose-relatedness of adverse events. Logistic regression analyses revealed a positive dose response ($p<0.05$) for the following adverse events: dyspepsia, abdominal pain, and weight gain.

Extrapyramidal Symptoms: Data from one 6-week clinical trial comparing five fixed doses of SEROQUEL (75, 150, 300, 600, 750 mg/day) provided evidence for the lack of treatment-emergent extrapyramidal symptoms (EPS) and dose-relatedness for EPS associated with SEROQUEL treatment. Three methods were used to measure EPS (1) Simpson-Angus total score (mean change from baseline) which evaluates parkinsonism and akathisia, (2) incidence of spontaneous complaints of EPS (akathisia, akinesia, cogwheel rigidity, extrapyramidal syndrome, hypertonia, hypokinesia, neck rigidity, and tremor), and (3) use of anticholinergic medications to treat emergent EPS.

Vital Sign Changes: *SEROQUEL is associated with orthostatic hypotension* (see **PRECAUTIONS**).

Weight Gain: The proportions of patients meeting a weight gain criterion of ≥7% of body weight were compared in a pool of four 3- to 6-week placebo-controlled clinical trials, revealing a statistically significantly greater incidence of weight gain for SEROQUEL (23%) compared to placebo (6%).

Laboratory Changes: An assessment of the premarketing experience for SEROQUEL suggested that it is associated with asymptomatic increases in SGPT and increases in both total cholesterol and triglycerides (see **PRECAUTIONS**).

An assessment of hematological parameters in short-term, placebo-controlled trials revealed no clinically important differences between SEROQUEL and placebo.

ECG Changes: Between group comparisons for pooled placebo-controlled trials revealed no statistically significant SEROQUEL/placebo differences in the proportions of patients experiencing potentially important changes in ECG parameters, including QT, QTc, and PR intervals. However, the proportions of patients meeting the criteria for tachycardia were compared in four 3- to 6-week placebo-controlled clinical trials revealing a 1% (4/399) incidence for SEROQUEL compared to 0.6% (1/156) incidence for placebo. SEROQUEL use was associated with a mean increase in heart rate, assessed by ECG, of 7 beats per minute compared to a mean increase of 1 beat per minute among placebo patients. This slight tendency to tachycardia may be related to SEROQUEL's potential for inducing orthostatic changes (see **PRECAUTIONS**).

Other Adverse Events Observed During the Pre-Marketing Evaluation of SEROQUEL

Following is a list of COSTART terms that reflect treatment-emergent adverse events as defined in the introduction to the ADVERSE REACTIONS section reported by patients treated with SEROQUEL at multiple doses ≥ 75 mg/day during any phase of a trial within the premarketing database of approximately 2200 patients. All reported events are included except those already listed in Table 1 or elsewhere in labeling, those events for which a drug cause was remote, and those event terms which were so general as to be uninformative. It is important to emphasize that, although the events reported occurred during treatment with SEROQUEL, they were not necessarily caused by it.

Events are further categorized by body system and listed in order of decreasing frequency.

Nervous System: ***Frequent:*** hypertonia, dysarthria; ***Infrequent:*** abnormal dreams, dyskinesia, thinking abnormal, tardive dyskinesia, vertigo, involuntary movements, confusion, amnesia, psychosis, hallucinations, hyperkinesia, libido increased*, urinary retention, incoordination, paranoid reaction, abnormal gait, myoclonus, delusions, manic reaction, apathy, ataxia, depersonalization, stupor, bruxism, catatonic reaction, hemiplegia; ***Rare:*** aphasia, buccoglossal syndrome, choreoathetosis, delirium, emotional lability, euphoria, libido decreased*, neuralgia, stuttering, subdural hematoma.

Body as a Whole: ***Frequent:*** flu syndrome; ***Infrequent:*** neck pain, pelvic pain*, suicide attempt, malaise, photosensitivity reaction, chills, face edema, moniliasis; ***Rare:*** abdomen enlarged.

Digestive System: ***Frequent:*** anorexia; ***Infrequent:*** increased salivation, increased appetite, gamma glutamyl transpeptidase increased, gingivitis, dysphagia, flatulence, gastroenteritis, gastritis, hemorrhoids, stomatitis, thirst, tooth caries, fecal incontinence, gastroesophageal reflux, gum hemorrhage, mouth ulceration, rectal hemorrhage, tongue edema; ***Rare:*** glossitis, hematemesis, intestinal obstruction, melena, pancreatitis.

Cardiovascular System: ***Frequent:*** palpitation; ***Infrequent:*** vasodilatation, QT interval prolonged, migraine, bradycardia, cerebral ischemia, irregular pulse, T wave abnormality, bundle branch block, cerebrovascular accident, deep thrombophlebitis, T wave inversion; ***Rare:*** angina pectoris, atrial fibrillation, AV block first degree, congestive heart failure, ST elevated, thrombophlebitis, T wave flattening, ST abnormality, increased QRS duration.

Respiratory System: ***Frequent:*** pharyngitis, rhinitis, cough increased, dyspnea; ***Infrequent:*** pneumonia, epistaxis, asthma; ***Rare:*** hiccup, hyperventilation.

Metabolic and Nutritional System: ***Frequent:*** peripheral edema; ***Infrequent:*** weight loss, alkaline phosphatase increased, hyperlipemia, alcohol intolerance, dehydration, hyperglycemia, creatinine increased, hypoglycemia; ***Rare:*** glycosuria, gout, hand edema, hypokalemia, water intoxication.

Skin and Appendages System: ***Frequent:*** sweating; ***Infrequent:*** pruritis, acne, eczema, contact dermatitis, maculopapular rash, seborrhea, skin ulcer; ***Rare:*** exfoliative dermatitis, psoriasis, skin discoloration.

Urogenital System: ***Infrequent:*** dysmenorrhea*, vaginitis*, urinary incontinence, metrorrhagia*, impotence*, dysuria, vaginal moniliasis*, abnormal ejaculation*, cystitis, urinary frequency, amenorrhea*, female lactation*, leukorrhea*, vaginal hemorrhage*, vulvovaginitis* orchies*; ***Rare:*** gynecomastia*, nocturia, polyuria, acute kidney failure.

Special Senses: ***Infrequent:*** conjunctivitis, abnormal vision, dry eyes, tinnitus, taste perversion, blepharitis, eye pain; ***Rare:*** abnormality of accommodation, deafness, glaucoma.

Musculoskeletal System: ***Infrequent:*** pathological fracture, myasthenia, twitching, arthralgia, arthritis, leg cramps, bone pain.

Hemic and Lymphatic System: ***Frequent:*** leukopenia; ***Infrequent:*** leukocytosis, anemia, ecchymosis, eosinophilia, hypochromic anemia, lymphadenopathy, cyanosis; ***Rare:*** hemolysis, thrombocytopenia.

Endocrine System: ***Infrequent:*** hypothyroidism, diabetes mellitus; ***Rare:*** hyperthyroidism.

*adjusted for gender

Post Marketing Experience: *Adverse events reported since market* introduction which were temporally related to SEROQUEL therapy include the following: rarely leukopenia/neutropenia. If a patient develops a low white cell count consider discontinuation of therapy. Possible risk factors for leukopenia/neutropenia include pre-existing low white cell count and history of drug induced leukopenia/neutropenia.

DRUG ABUSE AND DEPENDENCE

Controlled Substance Class: SEROQUEL is not a controlled substance.

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In first-line antipsychotic therapy...

Imagine *life with less EPS*

Outstanding Efficacy

—The strength to control positive, negative, and overall symptoms of psychosis[1,2]

—Improves depressive symptoms associated with psychosis[3]*

Less EPS

—No different from placebo across the entire dose range[1,4]

—Adjust dose without increasing risk of EPS[1]

—Minimal need for anticholinergic medications[4,5]

Minimal Weight Gain[4,5]

Maintenance Dosing

—Initial dose range is 300 mg/day to 400 mg/day[4]

—Further adjustments up to 800 mg/day when needed[4]

In placebo-controlled trials, the most common adverse events leading to treatment withdrawal were somnolence (0.8%) and hypotension (0.4%).[4]

Consideration should be given to a slower rate of titration and a lower target dose in the elderly and other special populations.[4]

As with all antipsychotic medications, prescribing should be consistent with the need to minimize the risk of tardive dyskinesia, seizures, and orthostatic hypotension.[4]

The safety and effectiveness of SEROQUEL in pediatric patients have not been established.[4]

Please see brief summary of full prescribing information on the following page.

*Improves depressive symptoms as measured by the Mood Cluster Score of the Brief Psychiatric Rating Scale (BPRS), a clinical assessment tool that measures a combination of 18 individual positive, negative, and general symptom items such as conceptual disorganization, hallucinatory behavior, depressive mood, hostility, suspiciousness, and anxiety.

References: 1. Arvanitis LA, Miller BG, Seroquel Trial 13 Study Group. Multiple fixed doses of "Seroquel" (quetiapine) in patients with acute exacerbation of schizophrenia: a comparison with haloperidol and placebo. *Biol Psychiatry.* 1997;42:233-246. **2.** Small JG, Hirsch SR, Arvanitis LA, Miller BG, Link CGG, Seroquel Study Group. Quetiapine in patients with schizophrenia: a high- and low-dose double-blind comparison with placebo. *Arch Gen Psychiatry.* 1997;54:549-557. **3.** Goldstein JM. Quetiapine fumarate (Seroquel®): a new atypical antipsychotic. *Drugs of Today.* 1999;35(3):193-210. **4.** SEROQUEL® (quetiapine fumarate) Professional Information Brochure, Zeneca Pharmaceuticals, A Business Unit of Zeneca Inc, Wilmington, Delaware. **5.** Data on file, Quetiapine (SEROQUEL) Experience with Safety and Tolerability (QUEST), AstraZeneca Pharmaceuticals LP, Wilmington, Delaware.

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Introduction

CNS Spectrums is a peer-reviewed journal that publishes original scientific literature and reviews on a wide variety of neuroscientific topics of interest to the clinician. *CNS Spectrums* publishes 12 issues in 2001. As the immense prevalence of comorbid diseases among patients seen by psychiatrists and neurologists increases, these physicians will jointly diagnose and treat the neuropsychiatrically ill. Our mission is to provide these physicians with an editorial package that will enhance and increase their understanding of neuropsychiatry; therefore, manuscripts that address crossover issues germane to neurology and psychiatry will be given immediate priority.

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CNS Spectrums will consider the following types of articles for publication:

Original Reports: Original reports present methodologically sound original data.

Reviews: Reviews are overview articles that summarize and synthesize the literature on various topics in a scholarly and clinically relevant fashion. Suitable topics include mood disorders, schizophrenia and related disorders, personality disorders, substance-use disorders, anxiety disorders, neuroscience, psychosocial aspects of psychiatry, child psychiatry, geriatric psychiatry, and other topics of interest to clinicians. nb: Original flowcharts designed to aid the clinician in diagnosis and treatment will be considered for publication in reviews and are encouraged.

Case Reports: Single or multiple case reports will be considered for publication.

Letters to the Editor: Letters will be considered for publication.

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General information: Four copies of the manuscript should be submitted to Jack M. Gorman, editor (or, in Europe, to Joseph Zohar, international editor), c/o MedWorks Media, 333 Hudson Street, 7th Floor, New York, NY 10013; T: 212.328.0800, F: 212.328.0600. Authors are required to submit their manuscripts on computer disks. If possible, please provide them in MS Word for Windows in either a Macintosh or IBM format. (Saving the file in a lower version, eg, MS Word 3.0, is also encouraged.) Disks should be labeled with the word-processing program, title of paper, and first author's name.

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Manuscript Preparation

Length: Reviews should not exceed 20 manuscript pages (10,000 words). Original reports should not exceed 15–25 manuscript pages (6,250 words, maximum). Letters should not exceed 2–6 manuscript pages (1,500 words, maximum). Single case reports should not exceed 10–15 manuscript pages (3,750 words, maximum) and may be submitted with a photograph, if applicable. Diagnostic/treatment algorithms (see Reviews) should contain an extensive introduction, a flowchart or series of graphs that fill 8–12 journal pages, and a concise summary.

Spacing: One space should be left after commas and periods. Manuscripts should also be double-spaced.

Abstract: Authors should provide a brief abstract.

References: American Medical Association style. See the following examples:

1. Jones J. Necrotizing Candida esophagitis. JAMA. 1980;244:2190-2191.
2. Stryer L. *Biochemistry*. 2nd ed. San Francisco, Calif: WH Freeman Co; 1980:559-596.

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1. Original manuscript plus copies
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4. Two multiple-choice questions with answers
5. Disk labeled with the word-processing program, title of paper, and first author's name
6. Names and addresses of five potential reviewers.

https://doi.org/10.1017/S1092852900007847 Published online by Cambridge University Press

GUIDE TO *DSM-IV* AND *ICD-10* CODES

	DSM-IV	*ICD-10*
Dementia of the Alzheimer Type, With Early Onset With Depressed Mood		
Specify if: With Behavioral Disturbance	290.13	F00.03
Dementia of the Alzheimer's Type, With Late Onset With Depressed Mood		
Specify if: With Behavioral Disturbance	290.21	F00.13
Delirium Due to: Indicate General Medical Condition	293.0	F05.0
Psychotic Disorder Due to: Indicate General Medical Condition With Delusions	293.81	F06.2
With Hallucinations	293.82	F06.0
Mood Disorder Due to: Indicate General Medical Condition	293.83	F06
Anxiety Disorder Due to: Indicate General Medical Condition	293.89	F06.4
Amnestic Disorder Due to: Indicate General Medical Condition	294.0	F02.8
Dementia NOS	294.8	F03
Amnestic Disorder NOS	294.8	R41.3
Schizophrenia	295	F20
Schizophrenia—Disorganized Type	295.10	F20.1
Schizophrenia—Catatonic Type	295.20	F20.2
Schizophrenia—Paranoid Type	295.30	F20.0
Schizophrenia—Residual Type	295.60	F20.5
Schizoaffective Disorder	295.70	F25
Schizophrenia—Undifferentiated Type	295.90	F20.3
Major Depressive Disorder	296	F32
Bipolar I Disorder	296	F30
Bipolar Disorder NOS	296.80	F39
Bipolar II Disorder	296.89	F31.8
Mood Disorder NOS	296.90	F39
Psychotic Disorder NOS	298.9	F29
Autistic Disorder	299.00	F84
Asperger's Disorder	299.80	F84.5
Pervasive Developmental Disorder NOS	299.80	F84.9
Anxiety Disorder NOS	300.00	F41.9
Panic Disorder Without Agoraphobia	300.01	F41
Generalized Anxiety Disorder	300.02	F41.1
Dissociative Identity Disorder	300.14	F44.81
Dissociative Disorder NOS	300.15	F44.9
Factitious Disorder NOS	300.19	F68.1
Panic Disorder With Agoraphobia	300.21	F40.01
Agoraphobia Without History of Panic Disorder	300.22	F40
Social Phobia	300.23	F40.1
Specific Phobia	300.29	F40.2
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Depersonalization Disorder	300.6	F48.1
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Somatoform Disorder NOS	300.81	F45.9
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Cocaine Dependence	304.20	F14.2
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Cocaine Abuse	305.60	F14.1
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https://doi.org/10.1017/S1092852900007847 Published online by Cambridge University Press

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