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For informal discussion please contact Professor Stuart Checkley, Dean of the Institute of Psychiatry. Tel: 0171 919 3153/4.

Applications in the form of a CV, including the names of three referees, should be sent to the Personnel Office, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, from whom further written details are available. Tel: 0171 919 3734 (24 hrs answerphone) or e-mail C.Murrell@iop.bpmf.ac.uk **Please quote ref.no. 98/A25. Closing date for applications 21 January 1999.**

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This book is designed to support learning disabled patients like Martin and Mary by showing what happens when they go into hospital. One is having a planned operation and the other is admitted as an emergency. Feelings, information and consent are all addressed. Ideally this book should be used to prepare someone before he or she goes into hospital. But it will also be invaluable to hospital staff during consultations and before treatments.



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HELPS RESTORE SOCIAL INTERACTION.**

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**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 Insufficiency** 2 mg b.i.d. which can be increased based on

**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 and other forms of interaction:** Reboxetine should not be

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, tachycardia, vertigo, urinary hesitancy/retention, impotence.

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:** June 1998. **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 Keynes, MK5 8PH, UK.

Please refer to summary of product characteristics before prescribing.

**Presentation:** White to off-white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** Adult: 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. *Use:* 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. *See literature for 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 50 mcg ethinyloestradiol should be taken. Tricyclic antidepressants, 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. Mittle MM. *Sleep* 1994; 17: S103-S106. 2. Data on file Cephalon [3]. 3. Lin JS *et al*. *Proc Natl Acad Sci USA* 1996; 93: 14126-14133. 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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Many schizophrenia patients are crying out for reassessment. Conventional neuroleptics may have controlled some initial symptoms. However, for many patients, everyday life is still impaired by residual symptoms and side effects. Switching to Risperdal could give them a life worth living.



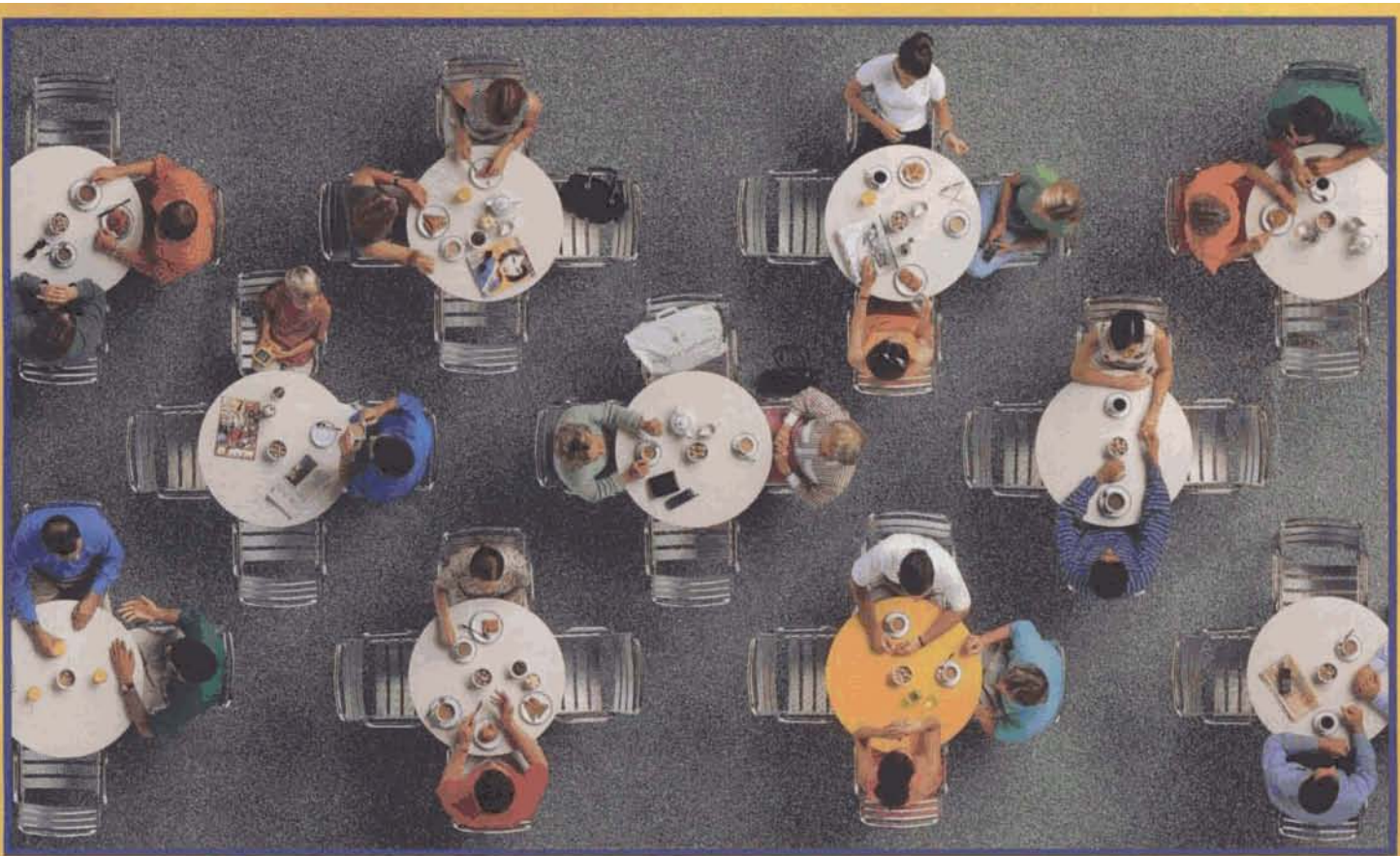
ONCE DAILY  
**Risperdal**<sup>TM</sup>  
 RISPERIDONE

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. **DOSEAGE:** 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 360mg. 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. **PHARMA-CEUTICAL 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 0242/0198 £65.00. **FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER, Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. AP/VER140797**



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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 in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in

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.

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Because  
community  
re-integration  
is not that  
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**ABBREVIATED PRESCRIBING INFORMATION:**

**Presentation:** Coated tablets containing 2.5mg, 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. **Renal and/or hepatic impairment:** A lower starting dose (5mg) should be considered. In moderate hepatic insufficiency, the starting dose should be 5mg, and only increased with caution. 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 of 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 hypereosinophilic conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Rare cases reported as NMS have been received in association with olanzapine. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, 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 occur, a dose reduction or drug discontinuation should be considered.

**Antipsychotic Efficacy for First-line Use**

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Olanzapine



**Making Community Re-integration the Goal**

Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Postural hypotension was infrequently observed in the 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 fetus. 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, rash or high creatine phosphokinase were reported rarely. Rare cases reported as NMS have been received in association with olanzapine. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Haematological variations, such as leucopenia and thrombocytopenia, have been reported occasionally. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/002 EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £34.27 per pack of 28 2.5mg tablets. £52.73 per pack of 28 5mg tablets. £158.20 per pack of 56 7.5mg tablets. £105.47 per pack of 28 10mg tablets. £210.93 per pack of 56 10mg tablets. **Date of Preparation or Last Review:** March 1998. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is an Eli Lilly and



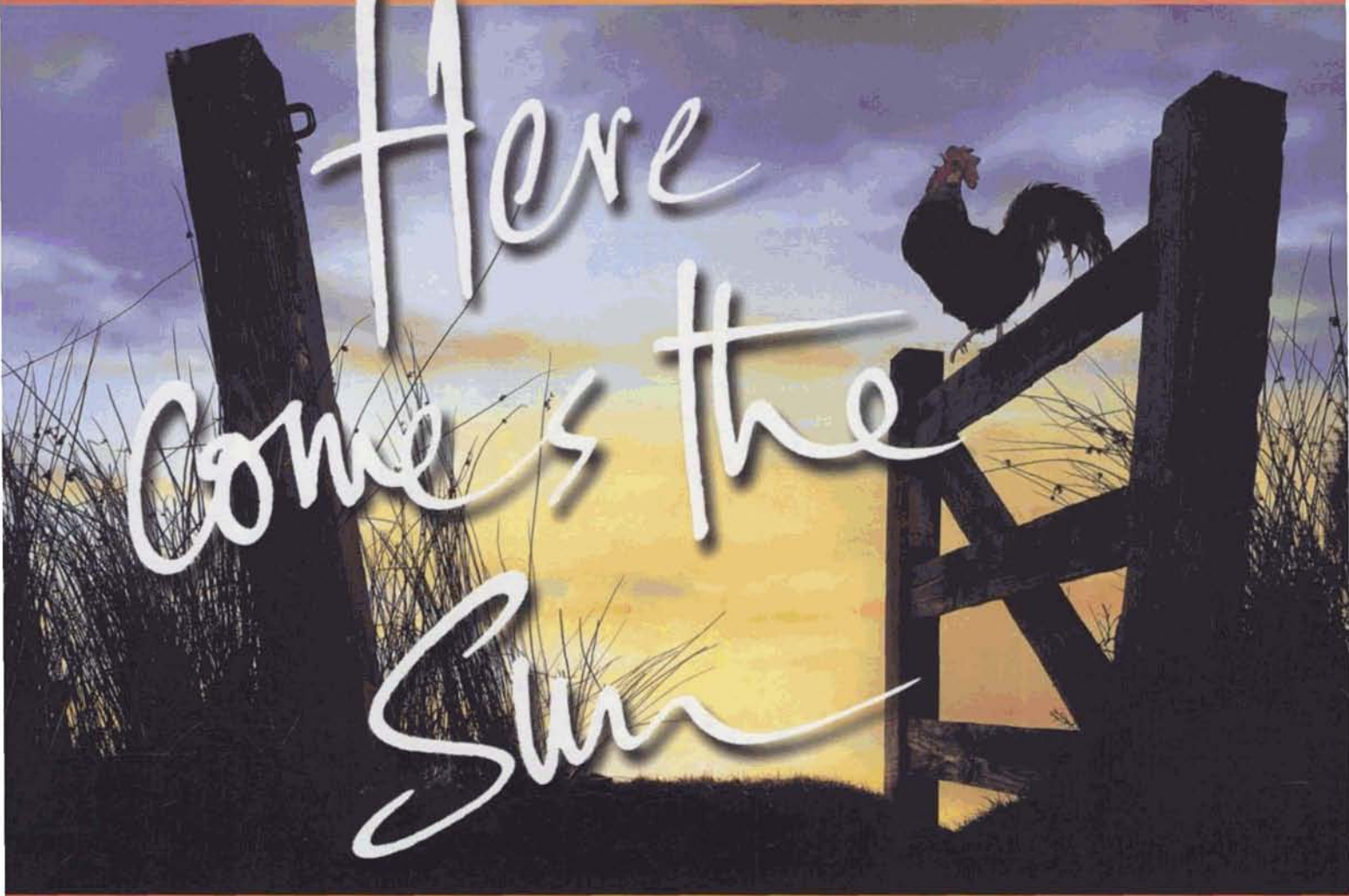
PSYCHIATRY



**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:** Contraindicated 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>
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VENLAFAXINE 75 mg o.d.

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**'PROZAC' ABBREVIATED PRESCRIBING INFORMATION  
(FLUOXETINE HYDROCHLORIDE)**

**Presentation** Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. **Uses** *For* **TREATMENT OF THE SYMPTOMS OF DEPRESSIVE ILLNESS, WITH OR WITHOUT ASSOCIATED ANXIETY SYMPTOMS.** *Obsessive-compulsive disorder. Bulimia nervosa:* For the reduction of binge-eating and purging activity. **Dosage and Administration** (For full information, see data sheet.) **For oral administration** adults only. *Depression, with or without associated anxiety symptoms - adults and the elderly:* A dose of 20mg/day is recommended. *Obsessive-compulsive disorder:* 20mg/day to 60mg/day. A dose of 20mg/day is recommended as the initial dose. *Bulimia - adults and the elderly:* A dose of 60mg/day is recommended. Because of the long elimination half-lives of the parent drug (1-3 days after acute administration; may be prolonged to 4-6 days after chronic administration) and its major metabolite (average 9.3 days), active drug substance will persist in the body for several weeks after dosing is stopped. The capsule and liquid dosage forms are bioequivalent. **Children:** Not recommended. **Patients with renal and/or hepatic dysfunction:** See 'Contraindications' and 'Precautions' sections. **Contraindications** Hypersensitivity to fluoxetine. Prozac should not be administered to patients with severe renal failure (GFR <10ml/min). **Usage in nursing mothers:** Prozac should not be prescribed to nursing mothers. **Monoamine oxidase inhibitors:** At least 14 days should elapse between discontinuation of an MAOI and initiation of treatment with Prozac. At least five weeks should elapse between discontinuation of Prozac and initiation of therapy with an MAOI. Serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability and mental status changes that include extreme agitation, progressing to delirium and coma) have been reported with concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndrome. **Warnings** *Rash and allergic reactions:* Angioneurotic oedema, urticaria and other allergic reactions have been reported. Upon appearance of rash, or of other allergic phenomena for which an alternative aetiology cannot be identified, Prozac should be discontinued. **Pregnancy:** Use of Prozac should be avoided unless there is no safer alternative. **Precautions** Prozac should be discontinued in any patient who develops seizures. Prozac should be avoided in patients with unstable epilepsy; patients with controlled epilepsy should be carefully monitored. There have been rare reports of prolonged seizures in patients on fluoxetine receiving ECT treatment. A lower dose of Prozac, eg, alternate day dosing, is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50ml/min). Caution is advisable when Prozac is used in patients with acute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycaemic control. There have been reports of abnormal bleeding in several patients, but causal relationship to fluoxetine and clinical importance are unclear. **Drug interactions:** Increased (with lithium toxicity) or decreased lithium levels have been reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450D6 isoenzyme system, concomitant therapy with other drugs also metabolised by this system, and which have a narrow therapeutic index (eg, carbamazepine, tricyclic antidepressants), should be initiated at or adjusted to the low end of their dose range. Greater than 2-fold increases of previously stable plasma levels of cyclic antidepressants have been observed when Prozac has been administered in combination. Agitation, restlessness and gastro-intestinal symptoms have been reported in a small number of patients receiving fluoxetine in combination with tryptophan. Patients on stable phenytoin doses have developed elevated plasma concentrations and clinical phenytoin toxicity after starting fluoxetine. **For further information, see data sheet.** **Adverse Effects** Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, rarely abnormal LFTs, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngitis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, anaphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established: aplastic anaemia, cerebral vascular accident, confusion, ecchymoses, eosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemolytic anaemia, pancreatitis, pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal and violent behaviour. Hyponatraemia (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. **Overdosage** On the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mal seizures that remitted spontaneously. **Legal Category** POM **Product Licence Numbers** 0006/0195, 0006/0198, 0006/0272. **Basic NHS Cost** £20.77 per pack of 30 capsules (20mg), £67.85 per pack of 98 capsules (20mg), £62.31 per pack of 30 capsules (60mg), £19.39 per 70ml bottle. **Date of Preparation or Last Review** October 1996 (internal review June 1998). **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 352001. **PROZAC** is a Dista trademark.



PROZAC DELIVERS

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TREATING DEPRESSION





# Forthcoming from Gaskell

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## **Antisocial Personality Disorder: An Epidemiological Perspective**

**Paul Moran**

Antisocial personality disorder is a controversial diagnostic category introduced by DSM-III in 1980. Its usefulness as a concept to clinicians and researchers is contentious and an extensive literature on the subject has accumulated. This book provides a comprehensive review and evaluation of the published epidemiological literature on antisocial personality disorder and diagnostic equivalents: dissocial personality disorder, psychopathy and sociopathy.

The text opens with a discussion of the central problems associated with assessing and classifying personality disorders and then focuses more specifically on the epidemiology of antisocial personality disorder. It will be a valuable source of reference to all those who are interested in the disorder, whether from a research, clinical or management perspective.

*Dec 1998, £12.50, 144pp, ISBN 1 901242 24 2*

## **Camberwell Assessment of Need**

**Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes**

The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of the severely mentally ill. Rigorously developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, it records both staff and patient assessments. Three versions are included, all designed to be photocopied. The full clinical research versions give a comprehensive assessment, and a short (one page) version (CANSAS) is suitable for routine clinical use. Also included are materials and instructions for a half-day CAN training workshop.

The CAN is suitable for use in primary care settings, specialist mental health teams, and social services. It will be of particular interest to care managers and mental health staff who wish to meet the legal requirement that the severely mentally ill receive a comprehensive needs assessment.

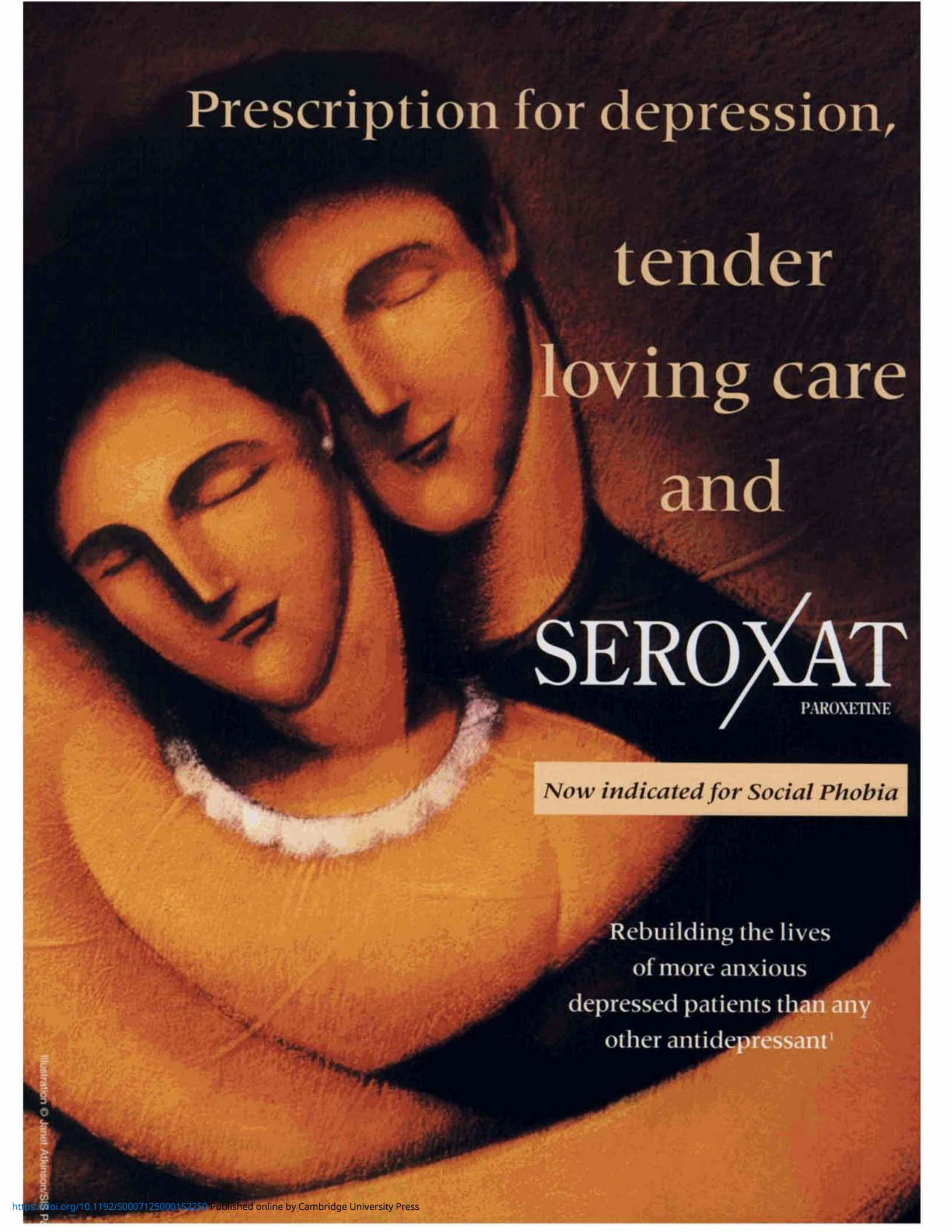
*Jan 1999, £45.00, 144pp, ISBN 1 901242 25 0*

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Rebuilding the lives  
of more anxious  
depressed patients than any  
other antidepressant<sup>1</sup>

## PRESCRIBING INFORMATION

### 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. Treatment of symptoms of social anxiety disorder/social phobia.

**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. Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which should be at least four to six months after recovery for depression and may be 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. 10.9.98



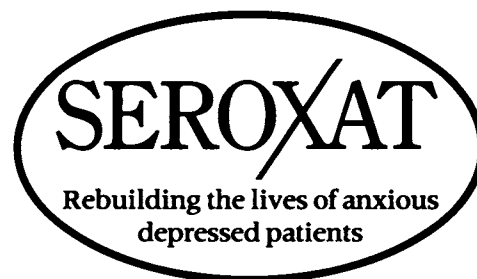
Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

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**Reference:** 1. Data on file.

0996/STAD/8/0396J





# SCHIZOPHRENIA? TURNING POINT IN



As a modern antipsychotic, it is no surprise that **Zoleptil** offers effective control of positive symptoms of schizophrenia as well as a significant reduction in SANS total score. But what may come as a surprise is the fact that over **2** million patients have already been treated with **Zoleptil**.



## A SURPRISING ANTIPSYCHOTIC



# A SURPRISING ANTI-PSYCHOTIC

## Zoleptil Brief Prescribing Information

**Indication:** Treatment of schizophrenia. **Dosage and Administration:** Zoleptil is given orally in divided doses with or without food. **Adults:** The effective adult dose is 75 to 300mg daily. The recommended starting dose is 25mg taken three times daily. The dose may be adjusted according to clinical response up to a maximum of 100mg three times daily. Dosage adjustments should be made at intervals of four days. Doses above 300mg per day may increase the risk of seizures. **Elderly patients and patients with established hepatic and/or renal impairment:** A starting dose of 25mg twice daily is recommended. Titration should be gradual, based on efficacy and tolerability, up to a maximum of 75mg twice daily. Zoleptil is not recommended for use in children under 18 years of age. **Contra-indications:** Known hypersensitivity to Zoleptil or any of its excipients. Patients suffering from acute intoxication with CNS depressants including alcohol. As with other uricosuric agents, Zoleptil should not be used in patients with acute gout or a history of nephrolithiasis though in practice the risk of increased urate renal stone formation appears to be low. **Precautions:** Zoleptil should not be used to treat patients with a history of epilepsy unless the benefit outweighs the risk. Caution is advised when using Zoleptil in patients at risk of arrhythmias or in combination with drugs known to cause prolongation of the QTc interval. When treating patients from these groups it is recommended that an ECG is performed before starting treatment. Caution is advised in patients with known severe cardiovascular disease including severe hypertension or severely restricted cardiac output. Zoleptil is associated with an increase in heart rate and should therefore be used with caution in patients suffering from angina pectoris. Zoleptil may cause orthostatic hypotension and a dose reduction or more gradual titration should be considered if this occurs. Isolated cases of neuroleptic malignant syndrome have been reported. In this event all antipsychotic drugs including Zoleptil should be discontinued. If a reduction in white cell count is suspected a white cell count should be performed. A lower starting dose, gradual titration and a reduced maximum daily dose should be used in the elderly, and in renally or hepatically impaired patients. Monitoring of liver function tests is recommended in patients with hepatic impairment. Patients should be advised of the possibility for weight gain. Isolated cases of tardive dyskinesia have occurred. In this case the discontinuation or reduction in dose of all antipsychotics should be considered. Zoleptil should be used with caution in patients with prostatic hypertrophy, retention of urine, narrow angle glaucoma and paralytic ileus. Zoleptil has uricosuric properties and should be used with caution in patients with gout or hyperuricaemia. Patients should be advised not to drive or operate machinery until their susceptibility has been established. **Pregnancy and Lactation:** Zoleptil should not be used during pregnancy unless the benefits to the mother outweigh the potential risks to the baby. Nursing mothers taking Zoleptil should not breast-feed. **Interactions:** Zoleptil should be used with caution in combination with other centrally acting drugs, in particular high doses of other antipsychotics which may further lower the seizure threshold, as well as fluoxetine and diazepam which may lead to increased plasma concentrations of zotepine. Caution should be exercised when Zoleptil is co-prescribed with hypotensive agents, including some anaesthetic agents. **Side Effects and Adverse Reactions:** The following adverse events have been reported in association with Zoleptil therapy in clinical trials and spontaneously during clinical usage (approximately 1.98 million patients treated). Most commonly reported adverse events include: asthenia, chills, headache, infection, pain, hypotension, tachycardia, constipation, dyspepsia, elevated liver function tests, changes in ESR, leucocytosis and leucopenia, weight increase, agitation, anxiety, depression, dizziness, dry mouth, EEG abnormal, extrapyramidal syndrome, insomnia, salivation increased, somnolence, rhinitis, sweating, blurred vision. Occasionally reported were: abdominal pain, chest pain, fever, flu syndrome, malaise, arrhythmia, ECG abnormality, hypertension, postural hypotension, syncope, anorexia, appetite increased, diarrhoea, nausea, vomiting, prolactin increased, abnormal blood cells, anaemia, thrombocythaemia, creatinine increased, hyperglycaemia, hypoglycaemia, hyperlipidaemia, hypouricaemia, oedema, thirst, weight loss, arthralgia, joint disease, myalgia, confusion, convulsions, dysautonomia, hostility, libido decreased, nervousness, speech disorder, vertigo, cough increase, dyspnoea, acne, dry skin, rash, conjunctivitis, impotence, urinary incontinence. **Overdosage:** May result in exaggerated pharmacological effects which include hypotension, tachycardia, arrhythmias, agitation, pronounced extrapyramidal effects, hypo- or hyperthermia, seizures, respiratory depression, stupor or coma. There is no specific antidote, therefore appropriate supportive measures should be instituted. A clear airway should be established and maintained, and adequate oxygenation and ventilation ensured. Gastric lavage and administration of activated charcoal together with a laxative should be considered. Cardiovascular monitoring should commence immediately and should include continuous ECG monitoring to detect possible arrhythmias. Hypotension and circulatory collapse should be treated by plasma volume expansion and other appropriate measures. If sympathomimetic agents are used for vascular support, adrenaline and dopamine should not be used as this may worsen hypotension. In the case of severe extrapyramidal symptoms, anticholinergic medication should be administered. Seizures may be treated with intravenous diazepam. Close medical supervision and monitoring should continue until the patient recovers. **Legal Category:** POM. **Product Licence Numbers:** 25mg tablets: PL00169/0110; 50mg tablets: PL00169/0111; 100mg tablets: PL00169/0112. **Presentations, Nature and Content of Containers, Basic NHS Cost:** Zoleptil 25: white sugar-coated tablets containing 25mg zotepine provided in blister strip packs of 30 £15.00 and 90 £45.00. Zoleptil 50: yellow sugar-coated tablets containing 50mg zotepine provided in blister strip packs of 30 £20.00 and 90 £60.00. Zoleptil 100mg: pink sugar-coated tablets containing 100mg zotepine provided in blister strip packs of 30 £33.00 and 90 £99.00. **Marketing Authorisation Holder:** Knoll Ltd, 9 Castle Quay, Castle Boulevard, Nottingham NG7 1FW, England. Full prescribing information is available on request from Orion Pharma (UK) Ltd, 1st floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, Berkshire, RG14 5UX. Zoleptil is a registered trade mark. **Date of Preparation:** October 1998.

Orion Pharma (UK) Ltd, 1st Floor, Leat House, Overbridge Square,  
Hambridge Lane, Newbury, BERKS RG14 5UX



ZOL0220