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POST TRAUMATIC STRESS, DISSOCIATIVE DISORDERS AND THE INFLUENCE OF CULTS PROGRAMME

	rnoui	FNOGNAMME				
Thursday 23 February 1995 Friday 24 Feb		ruary 1995				
08.30 - 09.30 Chairperson:	Registration Professor William Parry-Jones, Department of Child and Adolescent	09.00 - 09.30	Registration			
	Psychiatry, University of Glasgow	Chairperson:	Lady Daphne Vane Family Consultant			
09.30 – 10.10	PTSD: Biological and nosological perspectives Professor Bessel Van Der Kolk Associate Professor of Psychiatry Harvard Medical School, USA	9.30 – 10.10	Dissociative Disorders: An overview Dr Elizabeth Tylden Consultant Psychiatrist, London			
10.10 – 10.50	Primary victims: Kings Cross Fire Dr James Thompson Senior Lecturer in Psychology University College London Medical School, London	10.10 – 10.50	Treatment of dissociative disorders and complex post traumatic stress disorder Dr Sandra Bloom Philadelphia, USA			
10.50 – 11.05	Coffee		• •			
11.05 – 11.45	War victims: Surgeon Commander Morgan O'Connell	10.50 - 11.05	Coffee			
	Consultant Adviser in Psychiatry Royal Naval Hospital, Gosport	11.05 – 11.45	False memory – Fact or fantasy Dr Paul R McHugh Director and Psychiatrist-in-Chief			
11.45 – 12.25	Piper Alpha: Some lessons to be learned Professor David Alexander		John Hopkins Medical Institution, Baltimore, USA			
	Honorary Consultant, University of Aberdeen	11.45 – 12.25	Overview of cults Dr Bryan Tully			
12.25 – 12.45 12.45 – 14.00	General discussion		Chartered Clinical and Forensic Psychiatrist, London			
	Dr Arnon Bentovim	12.25 - 12.45	General discussion			
	Consultant Psychiatrist	12.45 - 14.00	Lunch			
	Great Ormond Street Hospital for Children NHS Trust, London					
14.00 – 14.40	Overview of torture Dr Stuart Turner Medical Director	Chairperson:	Professor William Yule Head of Psychology Services Institute of Psychiatry, London			
	Carnden and Islington Community Health Services NHS Trust, London	14.00 – 14.40	Impact of cults on family Lady Daphne Vane,			
14.40 – 15.20	Medical Foundation for Treatment of Victims of Torture Speaker to be confirmed	14.40 – 15.20	Family Consultant Re-entry			
15.20 – 15.35	Tea	14.40 10.20	Mr Graham Baldwin			
15.35 - 16.15	Hostages as victims		Director, Catalyst, Retford			
13.33 - 10.13	Dr Gordon Turnbull Consultant Psychiatrist	15.20 - 15.35	Tea			
	Ticehurst House Hospital, Wadhurst, East Sussex	15.35 – 16.15	Legal implications of cults Mrs Simonetta Hornby			
16.15 – 16.55	Re-entry for hostages Speaker to be confirmed	16.15 - 16.45	Hornby & Levy Solicitors, London General discussion and			
16.55 - 17.15	General discussion		conference close			

For further information on the above conference please contact

Jackie Ford, Conference Manager, PTS Mark Allen International Conferences Ltd, Croxted Mews, 286A-288 Croxted Road, London SE24 9BY. Tel: 081-671 7521 Fax: 081-671 7327.



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been reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450IIID6 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. For further information, see data sheet. Adverse Effects Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngtis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, serum sickness, anaphylatciol reactions, hair loss, excessive sweating, 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, cosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immunerelated haemolytic anaemia, pancreatitis, pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenia cynthymotogytopenia purpura, vaginal bleeding after drug withdrawal and violent behaviour. Hyponatremia (including serum sodium below 110mmol/1) 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.

Pz 589 prepared May 1994





