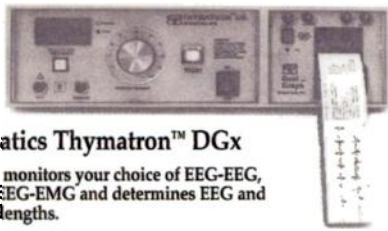


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**CRHA** 

Calgary Regional Health Authority

The Calgary Regional Health Authority (CRHA) is a multi-faceted health care delivery organization. Closely affiliated with the University of Calgary, the CRHA is dedicated to excellence in community health, acute care, tertiary care, and continuing care.

Calgary is a thriving city with a population of more than 800,000. Located in the foothills of Alberta, Canada, this prime location offers its residents outstanding opportunities to enjoy the breath taking scenery of the Rocky Mountains. As well, residents enjoy a broad spectrum of summer and winter sports, a legacy of the 1988 Winter Olympics. The arts, entertainment and exquisite international cuisine add to choice quality of life in Calgary.

**Clinical Psychiatrists**

The Regional Clinical Department of Psychiatry, CRHA invites applicants for clinical positions in the Department of Psychiatry commencing September 1, 1998.

Reporting to the Head, Regional Clinical Department of Psychiatry, via Division Chiefs, clinical positions are available in the areas of General Psychiatry and in a number of speciality programs including Geriatric Psychiatry, Child and Adolescent Psychiatry, Forensic Psychiatry, Addiction Psychiatry and Primary Care Psychiatry.

In accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada. Nevertheless, international applications are invited. The Calgary Regional Health Authority has an Employment Equity Program and encourages applications from all qualified candidates.

Applicants are requested to forward their curriculum vitae and the names of three references prior to July 1, 1998 to: Dr. Donald Addington, Head, Regional Clinical Department of Psychiatry, Foothills Hospital, 1403 - 29 Street N.W., Calgary, Alberta T2N 2T9.

We wish to express our appreciation to all applicants for their interest and effort in applying for this position and advise that only candidates selected for interviews will be contacted.

*"Our community working together  
for excellence in health"*



**“Now I can stay  
awake until bedtime”**

**FOR MOST PATIENTS, SCHIZOPHRENIA IS A LIFELONG DISEASE REQUIRING LIFELONG MEDICATION. SEDATION IS THE MOST COMMON SINGLE SIDE-EFFECT OF ANTIPSYCHOTIC MEDICATIONS<sup>1</sup> AND ITS POTENTIAL IMPACT ON COMPLIANCE AND QUALITY OF DAILY LIFE IS THEREFORE AN IMPORTANT ISSUE TO CONSIDER.**

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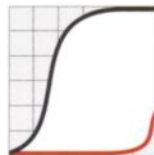
By separating efficacy from sedation, Serdolect gives physicians greater flexibility in patient management - in acute psychotic disturbance, Serdolect may be safely combined with a benzodiazepine<sup>2</sup>.

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- Prolactin levels maintained within normal limits<sup>2</sup>
- Once-daily dosage

#### REFERENCES

1. American Psychiatric Association. Practice Guidelines for the treatment of patients with schizophrenia. Supplement to Am. J. Psychiatry 1997; 154(4)
2. Data on file, H. Lundbeck A/S
3. Zimbroff DL et al. Am. J. Psychiatry 1997;154:782-791
4. Hale A. et al. Poster presented at CINP meeting, June 1996, Melbourne



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**sertindole**

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#### SERDOLECT: ABBREVIATED PRESCRIBING INFORMATION

**Indication:** Tablets of 4mg, 12mg, 16mg or 20mg sertindole. **Indications:** Treatment of schizophrenia. Not for urgent relief of symptoms in acutely disturbed patients. **Dosage and administration:** Tablets should be taken orally once daily with regard for food. Adults: All patients should be started on 4mg/day. The dose should be increased by 4mg increments after 4-5 days on each dose to the usual daily maintenance dose range of 12-20mg. The dose may be increased to a maximum of 24mg. Re-titration is necessary if dosing is suspended for more than one week. Children: Not recommended. Mild to moderate hepatic impairment: Lower titration and lower maintenance dose. Elderly: Slower titration and lower maintenance doses may be required. **Contraindications:** Known prolongation of QT interval or combined use of drugs known to prolong QT interval. Clinically significant cardiac disease or uncorrected hypokalaemia. Combined use of drugs that inhibit hepatic metabolism. Serdolect may be taken with or without food. **Warnings:** Serdolect should not be initiated or should be discontinued if the QTc<sub>2</sub> interval exceeds 520 msec. Hypokalaemia and hypomagnesaemia should be corrected and maintained within normal limits during treatment. If signs and symptoms of tardive dyskinesia appear, consider dose reduction or discontinuation. **Drug Interactions:** (See also contraindications). Combined use of agents known to inhibit hepatic isoenzymes may necessitate lower maintenance doses. Combined use of agents

prolonged QT interval. Incidence of EPS adverse events similar to placebo. **Overdosage:** Symptoms have included somnolence, slurred speech, tachycardia, hypotension and transient prolongation of QT interval. There is no specific antidote. Treatment is supportive and symptomatic. Epinephrine and dopamine should not be used (may exacerbate hypotension). Cardiovascular monitoring recommended. Administration of activated charcoal and laxative should be considered. **Package quantities and basic NHS price:** 4mg tablets, £36.63 for 30 tablet pack, 12mg tablets, £102.55 for 28 tablet calendar pack, 16mg tablets, £102.55 for 28 tablet calendar pack, 20mg tablets, £102.55 for 28 tablet calendar pack. **Legal category:** POM. **Product Licence numbers:** 4mg: 13761/0001, 12mg: 13761/0003, 16mg: 13761/0004, 20mg: 13761/0005. **Date of last review:** April 1997. Further information is available on request from Lundbeck Limited, Sunningdale House, Caldecotte Lake Business

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**Presentation:** Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 50mg daily.

Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. **Use in children:** Not recommended. **Use in the elderly:** 50007125000150-00 Published online by Cambridge University Press  
to Lustral. Hepatic insufficiency. Do not use with, or within two weeks of ending treatment with, MAOis. At least 14 days should

**Lustral. Use during pregnancy:** Lustral should be used only if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquilizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. **Drug Interactions:** Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. Interactions with other highly protein bound drugs should be monitored. The potential of Lustral to interact with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully assessed. With warfarin prothrombin time should be monitored

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

