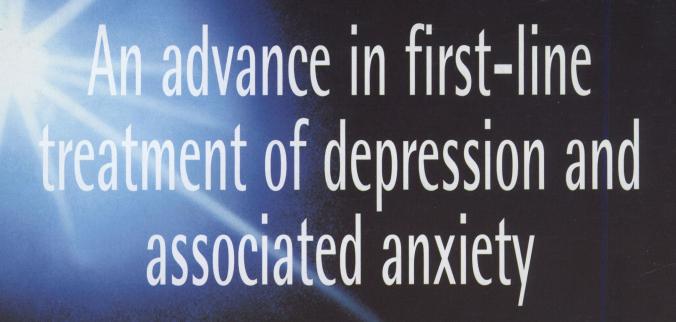
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'Female' by Frank Morris 1969 (Carved wood, 31 x 27cm) From the Collection at the Irish Museum of Modern Art, Royal Hospital Kilmainham, Dublin 8 Frank Morris aimed "to find what was vital to his subject and to concentrate on that quality to the exclusion of all others".(Figuration: The IMMA Collection by C Marshall)





DIRECTLY ACTS ON BOTH SEROTONIN AND NORADRENALINE^{1,2†}



HIGH RESPONSE RATES IN DEPRESSION^{3,4}



EFFECTIVE RELIEF OF ASSOCIATED ANXIETY SYMPTOMS³



LOW POTENTIAL FOR DRUG INTERACTIONS**5-8

** HEALTHY VOLUNTEER STUDIES



oradrenaline Reuptake Inhibitor

ABBREVIATED PRESCRIBING INFORMATION EFEXOR* Venlafaxine Presentation: Tablets containing 37.5mg or 75mg venlafaxine (as hydrochloride) Use: Treatment of depressive illness, including depression accompanied by anxiety. Dosage: Usually 75mg/day (37.5mg bd) with food, increasing to 150mg/day (75mg bd) if necessary. In more severely depressed patients, 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Discontinue gradually to reduce the possibility of withdrawal reactions. Elderly: use normal adult dose with caution. Children: contra-indicated. Doses should be reduced by 50% for moderate renal or moderate 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

the elderly). Women of child-bearing potential should use contraception. Prescribe smallest quantity of tablets to reduce the risk of overdose. Monitor blood pressure with doses >200mg/day. Advise patients to notify their doctor should a rash or an allergy develop or if they become or intend to become pregnant. Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine. Patients with a history of drug abuse should be monitored carefully. Not recommended in severe renal or severe hepatic impairment. Interactions: MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor before starting an MAOI. Side-effects: Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation, vasodilation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, palpitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes, slight https://dbr.org/10-10-17/507909667000053 10 Published online by Cambridge University Press

discontinuation of venlafaxine were mostly non-serious and self-limiting and included dizziness, insomnia, nausea and nervousness. Product Authorisation Numbers: 37.5mg tablet: PA 22/65/2; 75mg tablet: PA 22/65/4. Legal category: S1A. For full prescribing information please refer to the Summary of Product Characteristics. Product Authorisation Holder: Wyeth Laboratories, Taplow, Maidenhead, Berkshire, SL6 OPH, UK, Further information may be obtained from: Wyeth Laboratories, 765 South Circular Road, Islandbridge, Dublin 8. * trade mark. References: 1. Muth EA et al. Biochem Pharmacol 1986; 35(24): 4493-4497. (EX00007). 2. Muth EA et al. Drug Development Research 1991; 23: 191-199. (EX00022). 3. Dierick M et al. Prog Neuropsychopharmacol Biol Psychiatry 1996; 20: 57-71. 4. Clerc GE et al. Int Clin Psychopharmacol 1994; 9(3): 139-143. (EX00101). 5. Troy SM et al. J Clin Pharmacol 1996; 36: 175-181 (106814). 6. Troy SM et al. J Clin Pharmacol 1995; 35: 410-419. 7. Troy SM et al. J Clin Pharmacol 1998; 38: 467-474 (120224). 8. Amchin J. Clin Pharmacol and Ther 1997; 61 (2): 179. Code: Z779180/0998. Date of preparation: September 1998.

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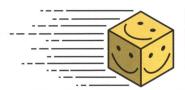
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LUSTRAL 50 mg



first choice antidepressant



Abbreviated Prescribing Information: LUSTRAL™ (sertraline) 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,

of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety.

Obsessive compulsive disorder (OCD). Dosage:
Lustral should be given as a single daily dose.
The initial dose is 50mg and the usual antidepressant dose is 50mg. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose. Use in children: Not

MAOI's. At least 14 days should elapse before starting any MAOI following discontinuation of Lustral. **Precautions, warnings:** Renal insufficiency, ECT, epilepsy, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered with benzodiazepines or other tranquillizers. in patients who drive or operate machinery. The patient should be monitored for signs of suicide or mania. **Drug Interactions:** Caution with other centrally active medication. Serotonergic drugs such as tryptophan or fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, The initial dose is 50mg and the usual antidepressant dose is 50mg. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose. **Use in children:** Not recommended. **Use in children:** Not with use with other highly protein bound drugs should be borne in mind. Interactions with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully assessed. With warfarin prothrombin time should be monitored when Lustral is initiated or stopped. **Side-Effects:** Dry mouth, not provided to the complete of the c

increased sweating, dizziness, insomnia, somnolence, headache and dyspepsia. Rarely, abnormal LFTs, hyponatraemia. The following have been reported with Lustral but may have no casual relationship: movement disorders, convulsions, menstrual irregularities, hyperprolactinaemia, galactorrhoea and rash. As with other serotonin re-uptake inhibitors rare reports of agitation, confusion, depersonalisation, hallucinations, nervousness, postural confusion, depersonalisation, hallucinations, nervousness, postural hypotension, hypo/hypertension, tachycardia and arrhythmias. As with all psychoactive medicines, possible side effects on discontinuation, such as dizziness, sensory disturbance, sleep disturbance, agitation or anxiety, nausea and sweating. Legal Category: 51A. Package Quantities: 50mg tablet (PA 822/1/4) Calendar pack of 28; 100mg tablet (PA 822/1/5) Calendar pack of 28. Product Authorisation Holder: Pfizer (Ireland) Limited, Pharmapark, Chapelizod, Dublin 20, Republic of Ireland. Further information on request: Pfizer (Ireland)

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