# IRISH JOURNAL OF PSYCHOLOGICAL WOL 23 NO 2 JUNE 2006 MEDICINE TISSIN 0790-9667

'Evening' by AL. Oil on canvas (30" x 40")



(rivastigmine)

# Stability in a time of change

the rate of disease progression. Arch Neurol 2001; 58: 417-422. 2. Glocobini E. Inhibition benefit J Neural Trans 2002; 109: 1053-1065. 3. Data on file, Novartis Pharmaceuticals.

Bring Stability to her life

- EXELON endures

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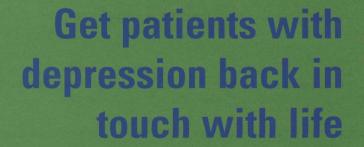
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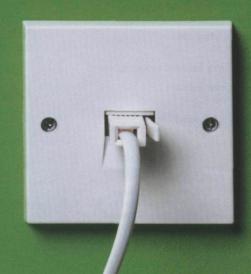
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VENLAFAXINE XI

First-line reconnection

Presentation: Efexor XL: capsules containing 75mg or 150mg ventafaxine (as hydrochloride) in an extended release formulation. Efexor: tablets containing 37.5mg or 75mg ventafaxine (as hydrochloride) Use: Treatment of depressive illness, including depression accompanied by anxiety. Generalised Anxiety Disorder (6AD) primarily characterised by chronic and excessive worry and anxiety for at least 5 months; for the prevention of relapses of the initial episade of depression or for the prevention of relapses of the initial episade of depression or for the prevention of the recurrence of new depressive episodes. Dosage: Adults (including the elderly): Depressive illness including depression accompanied by anxiety: Elexor XL: Usually 75mg, given once daily with food, increasing to 150mg once adily 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. Elexor: Usually 75mg (37.5mg bd) with food, increasing to 150mg (75mg bd) increasing to 150mg once 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Prevention of Relapse/recurrence: Usually, the dosage for prevention of recurrence of a new episode, is similar to that used during the index episode. Patients should be re-assessed regularly in order to evaluate the benefit of long-term therapy. Generalised Anxiety Disorder: Efexor XL: 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 on tess than 4 days. Discontinual from Usual and a severe renal or moderate hepatic impairment: Doses should be reduced by 50%. Not recommended in severe renal or severe rehale or severe rehale in severe rehale or severe rehale in the severe ren

impairment. Contra-indications: Concomitant use with MAUIs, hypersensitivity to venifakinic or other components, patients aged below 18 years. 
Precautions: The risk of suicide should be considered in all patients. Use with caution in patients with myocardial infarction, unstable heart disease, renal or lepatic impairment, narrow angle glaucoma, mania, a history of epilepsy discontinue in event of seizurely, using neuroleptics or diuretics or predisposed to bleeding. Patients should not drive or operate machinery if their ability to do so is impaired. Possibility of postural hypotension (especially in the elderly). Prescribe smallest quantity of capsules or tablets according to good patient management. Blood pressure monitoring is recommended. 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. Cholesterol measurement is recommended with long term use. Venlafaxine should not be used with weight loss agents. Usually not recommended during pregnancy or lactation. Interactions: MAOIs: do not use venlafaxine in combination with MAOIs or within 14 days of stopping MAOI. Use with caution in elderly or hepatically-impaired patients taking climetidine, in patients taking other CNS-active drugs in particular serotonergic drugs, blozapine or haloperidot, in patients taking warfarin and in patients taking urgs which inhibit both CYP206 and CYP2A6 hepatic enzymes. Caution is advised with concurrent use of ECT. Side-effects: Most commonly occurring: constipation, nausea, asthenia, headache, dizziness, dry mouth, insomnia, nervousness, somnolence, abnormal ejaculation/orgasm, sweating. Also reported to saodilatation, hypotension, byspepsia, vomitting, abdominal pain, narvas, appletation, syncope, ecchymosis, mucous membrane bleeding, 61 bleeding, apaintants, appletation, syncope, ecchymosis, mucous membrane bleeding, 61 bleeding.

bruxism, abnormal dreams, chills, pyrexia, weight gain or loss, increased serum cholesterol hyponatraemia, increased liver enzymes, arthralgia, myalgia, muscle spasm, agitation, anxiety, confusion, hypertonia, paraesthesia, tremor, myoclonus, apathy, hallucinations, urinary frequency and retention, anorgasmia, erectile dysfunction, decreased libido, impotence, menstrual cycle disorders, menorrhagia, dyspnoae, pruritis, rash, angioedema, maculopapular eruptions, uritcaria, photosensitivity reactions, alopecia, mydriasis, tinnitus, abnormal vision/accommodation, altered taste sensation. Hostility and suicidal ideation in paediatric patients. Rarely reported: thrombocytopenia, heamorrhage, prolonged bleeding time, arrhythmias, hepatitis, SIADH, ataxia and disorders of balance and co-ordination, speech disorders including dysarthria, extrapyramidal disorders incl