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**Organisation of the manuscript.** Manuscripts should be typewritten/printed double-spaced with wide margins throughout. Title page, abstracts, tables, legends to figures and reference list should each be provided on separate sheets of paper. The title page should include: the title, the name(s) and affiliation(s) of the author(s), an address for correspondence, and telephone/fax numbers for editorial queries. All original and review articles should include an abstract (a single paragraph of no more than 150 words) and 3-6 key words for abstracting and indexing purposes. For original and review articles, the text should be ordered under the following headings: Introduction, Subjects and methods/Materials and methods, Results, Discussion (may be combined with Results), Conclusion, Acknowledgments (when appropriate), References.

• **Short communications** should not exceed 1 500 words or the equivalent space including figures and tables, with abstracts of no more than 50 words.

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Colour figures will be included subject to the author's agreement to defray part of the cost.

• **Tables.** All tables must be cited in the text, have titles and be numbered consecutively with roman numerals. Only horizontal lines should be included, and kept to a minimum.

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For a book, the editor's names, book title, publisher and publisher's location should appear before volume and page numbers.

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#### Book

Takahashi R, Flor-Henry P, Gruzelier J, Niwa SI. *Dynamics, Laterality and Psychopathology*. Amsterdam: Elsevier, 1987

#### Chapter in a book

Pinard G, Tetreault L. Concerning semantic problems in psychological evaluation. In: Pichot P, ed. *Psychological Measurements in Psychopharmacology. Modern Problems in Pharmacopsychiatry*. Basel: Karger, 1974; 7:8-22

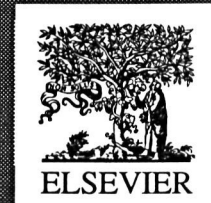
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*La désignation du lauréat sera annoncée avant la fin du mois de novembre 1994.*

# Quitaxon

DOXEPINE

## le Tricyclique du bien-être



Calme l'Anxiété

Rétablit le Sommeil

Traite la Dépression



**Formes et présentations :** comprimés pelliculés sécables à 10 mg (boîte de 40) et de 50 mg (boîte de 20). Solution buvable en gouttes de 10mg/ml (flacon de 30 ml) et solution injectable à 25 mg/2.  
**Propriétés :** antidépresseur imipraminique ayant également une activité anxiolytique et sédative. **Sort du médicament :** la doxépine est bien absorbée par voie orale et elle est rapidement détectable dans le sang (administration). **Indications :** comprimés à 50 mg et solution injectable : états dépressifs. Comprimés à 10 mg et solution buvable : états anxiodépressifs et états dépressifs. **Contre indications :** association aux IM (Respecter un délai de 15 jours après l'arrêt d'un traitement de ce type de médicament). Risques de rétention urinaire liés à des troubles urétroréprostatiques. Glaucome par fermeture de l'angle. Insuffisance rénale ou **Contre indications relatives :** alcool, adrénaline, noradrénaline (cf. interactions médicamenteuses). **Précautions d'emploi :** l'alcool est fortement déconseillé. Prudence en cas d'hypertrophie prostatique, en particulier chez les patients présentant des antécédents cardiaques. Egalement prudence chez les sujets épileptiques. **Grossesse :** le risque tératogène, s'il existe semble faible, il semble raisonnable d'essayer de limiter la durée pendant la grossesse. Si possible il est souhaitable de diminuer les posologies en fin de grossesse en raison des effets atropiniques des antidépresseurs. (Il semble justifié d'observer une période de surveillance neurologiques et digestives du nouveau né). L'allaitement est déconseillé pendant la durée du traitement. **Interactions médicamenteuses :** Association contre indiquée : IMAO non sélectifs (risque de crise paroxystique, hyperthermie, convulsions, décès). **Associations déconseillées :** alcool (majoration par l'alcool de l'effet sédatif). Epinephrine ou Adrénaline, Norépinephrine ou Noradrénaline (risque d'HTA paroxystique justifiant une précaution d'emploi : anticonvulsifs. Autres déprimeurs du SNC : anti-histaminique H1, barbituriques, benzodiazépines, clonidine et apparentés, hypnotiques, dérivés morphiniques, neuroleptiques autres que benzodiazépine. Antihypertenseurs (risque de majoration d'hypotension orthostatique). Atropine et autres substances atropiniques : la plupart des anti-histaminiques H1, les antiparkinsoniens, les antispasmodiques, atropiniques, le disopyramide, les neuroleptiques phénothiaziniques (addition des effets indésirables atropiniques à type de rétention urinaire, constipation, sécheresse de bouche...). **Effet** somnolence initiale, effets atropiniques cités précédemment, rares manifestations allergiques, possibilités de réactivation des crises comitiales. **Mode d'emploi et posologie :** en fonction de l'indication (anxiodépresseur) la posologie et la forme employées seront adaptées. Pour une information complète, voir le Vidal. **Surdosage :** faire évacuer le produit ingéré et faire hospitaliser immédiatement le malade. Liste 1.  
2 (1990) comprimés 50 mg 333 292-6 (1990) comprimés 10 mg; 312 597-2 (1988) solution buvable en goutte; 312 602-6 (1988) solution injectable.

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