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'Equality' by MC. Oil (10" x 12")

Seroquel
quetiapine

THIS IS MY SON BRIAN

I know every inch of his face. I wish he could see himself the way that I do. But now, for the first time, I feel there's hope...

HELPS MAKE LIVING A REALITY...

Seroquel has proven efficacy in the treatment of a broad range of symptoms in schizophrenia including agitation and hostility[1,2,3,] and has been proven to reduce mania symptoms in bipolar disorder as early as day 4[4].

Seroquel® Abridged prescribing information
(For full details see summary of product characteristics) **Presentations:** Film coated tablets containing 25mg, 100mg, 200mg and 300mg of quetiapine (as quetiapine fumarate). **Uses:** Treatment of schizophrenia and moderate to severe manic episode. **Dosage and Administration:** Schizophrenia: ***Adults:*** Initial titration from 50mg to 300mg over first 4 days. From day 4 onwards the dose should be titrated to the usual effective dose of 300-450 mg/day. Dose range 150 to 750 mg/day. **Bipolar disorder:** ***Adults:*** Initial titration from 100mg to 400mg over first 4 days. Dose range: 200-800 mg/day. ***Elderly:*** *Rate of dose titration may need to be slower and daily therapeutic dose lower than in younger* patients. ***Children & Adolescents:*** Not evaluated. ***Renal Impairment:*** No dose adjustment required. ***Hepatic Impairment:*** Use with caution. Patients should be started on 25 mg/day and increased by 25 – 50 mg/day until an effective dosage is achieved. **Contra-indications:** Hypersensitivity to quetiapine fumarate or excipients. Concomitant administration of cytochrome P450 3A4 inhibitors, such as HIV-protease inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone. **Precautions and warnings:** Known cardiovascular disease, cerebrovascular disease, or other conditions predisposing to hypotension. Possible initial orthostatic hypotension during the dose titration period. Caution is recommended in patients with a history of seizures. If signs and symptoms of tardive dyskinesia appear dose reduction or discontinuation should be considered. In the event of neuroleptic malignant syndrome discontinue treatment. Hyperglycaemia or exacerbation of pre-existing diabetes has been reported in very rare cases. QT prolongation was observed with overdose. As with other antipsychotics, caution should be exercised when quetiapine is prescribed with medicines known to increase QTc interval, especially in the elderly, in patients with congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia or hypomagnesaemia. Acute withdrawal symptoms such as nausea, vomiting and insomnia have been described after abrupt cessation of antipsychotic drugs including Seroquel. Gradual withdrawal is advisable. Not approved for the treatment of patients with dementia – related psychosis. **Undesirable effects:** Mild asthenia, dizziness, somnolence, peripheral oedema, syncope, dry mouth, rhinitis, dyspepsia, constipation, orthostatic hypotension, leucopoenia and tachycardia. Weight gain, elevations in serum transaminases (ALT, AST). Elevations in gamma-GT levels, non-fasting serum triglyceride levels and total cholesterol. Seroquel was associated with dose related decreases in thyroid hormone levels particularly total T4 and free T4. **Interactions:** Use with caution with other centrally acting drugs and alcohol. CYP3A4 *inhibitors such as ketoconazole are contraindicated. Grapefruit juice, phenytoin, carbamazepine,* thioridazine. **Pregnancy & lactation:** Safety and efficacy not established. **Effects on ability to drive:** Patients should be advised not to drive or operate machinery until individual susceptibility is known. **Pharmaceutical precautions:** Do not store above 30°C. **Legal category:** POM. **Product Authorisation Numbers:** Seroquel 25 PA970/18/1; Seroquel 100 PA970/18/2; Seroquel 200 PA970/18/3; Seroquel 300 PA970/18/7) **Product authorisation holder:** AstraZeneca Ltd., Horizon Place, 600 Capability Green, Luton, Bedfordshire, LU1 3LU. **Further information on request from:** AstraZeneca Pharmaceuticals (Ireland) Limited, College Park House, 20 Nassau Street, Dublin 2. Tel. 01 609 7100; Fax. 01 679 6650. **Abridged Prescribing Information prepared:** August 2006. **Item approval date** 01/07

(Footnotes)
1. Tandon R & Jibson MD. Psychoneuroendocrinology. 2003; 28:9-26
2. Small JG et al. Arch of Gen Psych. 1997; 54: 549-557
3. Arvanitis LA et al. Biol Psych. 1997; 42:233-246
4. Vieta E et al. Current Medical Research and Opinion. 2005; 21:P1-P12

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When *Change* causes *Distress* – EXELON offers

- Particular efficacy for patients displaying noticeable change[1]

+

- The benefit of sustained inhibition of both AChE and BuChE[2]

+

- Long-term efficacy proven over 5 years[3]

Bring *Stability* to her life – EXELON endures

For Alzheimer's Patients

EXELON®

(rivastigmine)

Stability in a time of change

PRESCRIBING INFORMATION EXELON® (rivastigmine) CAPSULES. Presentation: 1.5mg, 3mg, 4.5mg & 6mg. **EXELON® ORAL SOLUTION (rivastigmine). Presentation:** 2mg/ml oral solution. **Indications:** Symptomatic treatment of mild to moderately severe Alzheimer's Dementia. **Dosage and administration:** *Adults/Elderly:* Initially 1.5mg twice a day with morning and evening meals. If well tolerated after at least two weeks of treatment, the dose should be increased to 3mg twice a day. Further increases to 4.5mg and then 6mg twice a day, should be based on good tolerability after at least two weeks treatment at each dose level. The effective dose is 3 to 6mg twice a day; patients should be maintained on their highest well tolerated dose for as long as therapeutic benefit exists. The recommended maximum daily dose is 6mg twice a day. If adverse effects are observed, these may respond to omitting one or more doses; if they persist, the dose can be temporarily reduced to the previous well tolerated dose. If treatment is interrupted for longer than several days, treatment should be re-initiated at 1.5mg twice daily. Dose titration should then be carried out as described above. For patients with renal or mild-to-moderate hepatic impairment, treatment must be individually titrated based on tolerability. See full prescribing information. The capsules should be swallowed whole. The oral solution may be swallowed directly from the dosing syringe. Exelon oral solution and capsules may be interchanged at equal doses. *Children:* not recommended. **Contra-indications:** Hypersensitivity to rivastigmine, carbamate derivatives or any excipients used in Exelon. Severe liver impairment. **Precautions and warnings:** Initiation and supervision by a physician with experience of Alzheimer's Dementia. A caregiver should be available to monitor compliance. Exelon has not been investigated in patients with severe Alzheimer's Dementia, other types of dementia or other types of memory impairment. Gastrointestinal disorders such as nausea and vomiting may occur, especially in women. During therapy patient's weight should be monitored as cholinesterase inhibitors, including Exelon, have been associated with weight loss. As with other cholinomimetics, care must be taken when using Exelon in patients with sick sinus syndrome or other conduction defects, and in patients with active or a predisposition to gastric or duodenal ulcer. Care in patients with asthma and obstructive pulmonary disease. Cholinomimetics may induce or exacerbate urinary obstruction, seizures and extrapyramidal symptoms. **Pregnancy and lactation, ability to drive/operate machinery:** See full prescribing information. **Interactions:** No pharmacokinetic interaction was observed between Exelon and digoxin, warfarin, diazepam or fluoxetine. Cholinesterase inhibitors may exaggerate the effects of succinylcholine-type muscle relaxants during anaesthesia. Exelon should not be given with other cholinomimetic drugs and may interfere with the activity of anticholinergics. See full prescribing information. **Side-effects:** The most commonly reported adverse drug reactions are gastrointestinal, including nausea (38%) and vomiting (23%), especially during titration. Female patients in clinical studies were found to be more susceptible to gastrointestinal adverse drug reactions and weight loss. The following adverse drug reactions have been accumulated both from clinical studies with Exelon and since the introduction of Exelon into the market. Very common (>1/10): dizziness, nausea, vomiting, diarrhoea and lost of appetite. Common (>1/100, <1/10): agitation, confusion, headache, somnolence, tremor, abdominal pain, dyspepsia, sweating increased, fatigue, asthenia, malaise and weight loss. Uncommon (>1/1,000, <1/100): insomnia, depression, syncope and accidental fall. Rare (>1/10,000, <1/1,000): seizures, angina pectoris, rashes, gastric and duodenal ulcers. Very rare (<1/10,000) including isolated reports: urinary infection, hallucinations, extrapyramidal symptoms, cardiac arrhythmia, hypertension, gastrointestinal haemorrhage, pancreatitis and elevated liver function test. **Overdose:** Most cases of accidental overdosage have not been associated with any clinical signs or symptoms, and almost all of the patients concerned continued Exelon treatment. In overdose accompanied by severe nausea and vomiting, the use of antiemetics should be considered. In massive overdose, atropine sulphate can be used at an initial intravenous dose of 0.03 mg/kg. Use of scopolamine as an antidote is not recommended. **Presentation:** Blister strips with 14 capsules. Marketed pack sizes 28 and 56 for capsules and 120 ml Bottle packed with oral dosing syringe. **Marketing authorisation holder:** Novartis Europharm Limited, Wimblehurst Road, Horsham, West Sussex, RH12 5AB, United Kingdom. **Marketing authorisation number:** EU/1/98/66/1-18. **Full prescribing information is available on request from:** Novartis Ireland Ltd., Beech House, Beech Hill Office Campus, Clonskeagh, Dublin 4. Telephone: 01. 260 12 55. **Date of last revision:** March 2004.

References. 1. Farlow MR, *et al.* Response of patients with Alzheimer Disease to rivastigmine treatment is predicted by the rate of disease progression. *Arch Neurol* 2001; 58: 417-422. **2.** Giacobini E. Inhibition of acetyl- and butyryl-cholinesterase in the cerebrospinal fluid of patients with Alzheimer's disease by rivastigmine: correlation with cognitive benefit. J Neural Trans 2002; 109: 1053-1065. **3.** Data on file, Novartis Pharmaceuticals.

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