THE BRITISH JOURNAL OF PSYCHIATRY

JUNE 1999 VOL. 174

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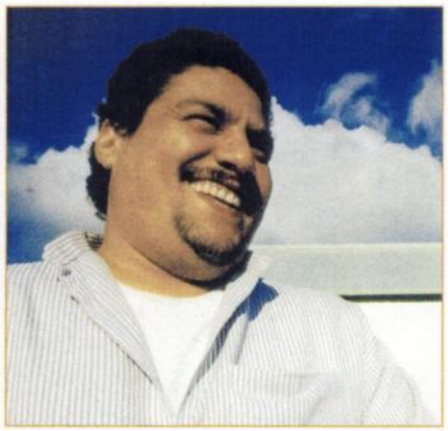
Their doctor knew that their symptoms were similar



Symptoms: Low mood, suicidal thoughts
Diagnosis: **Depression**

Symptoms: Palpitations, intense anxiety
Diagnosis: **Panic disorder**

Symptoms: Sleep disturbance, hopelessness
Diagnosis: **Depression**

Depression and panic disorder are seen across all age groups in both sexes. From the doctor's viewpoint, overlapping symptoms can make them appear similar. For the patients, the same effective treatment can make a real difference to their quality of life.

Cipramil combines proven efficacy with an established safety and tolerability profile, which makes it a logical first choice for patients suffering from depression or panic disorder. For effective relief from depression and panic disorder, prescribe Cipramil - the most selective SSRI - and make a real difference to your patients.

Cipramil ▼
citalopram
make a difference in depression and panic disorder

They just know that Cipramil makes a real difference

Abbreviated prescribing information. Presentation: 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £10.09. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £16.79. 'Cipramil' tablets 40 mg: PL 0458/0059, each containing 40 mg of citalopram as the hydrobromide. 28 (OP) 40 mg tablets £28.38. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/ recurrence. Treatment of panic disorder, with or without agoraphobia. **Dosage:** ***Treating depression: Adults:*** 20 mg a day. Depending upon individual patient response, this may be increased in 20 mg increments to a maximum of 60 mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Treatment for at least 6 months is usually necessary to provide adequate maintenance against the potential for relapse. ***Treating panic disorder:*** 10 mg daily for the first week, increasing to 20 mg daily. Depending upon individual patient response, dosage may be further increased to a maximum of 60 mg daily. Depending upon individual patient response, it may be necessary to continue treatment for several months. ***Elderly:*** 20 mg a day increasing to a maximum of 40 mg dependent upon individual patient response. ***Children:*** Not recommended. ***Reduced hepatic/renal function:*** Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-indications:** Combined use of 5-HT agonists. Hypersensitivity to citalopram. ***Pregnancy and Lactation:*** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. Use a low starting dose for panic disorder, to reduce the likelihood of an initial anxiogenic effect (experienced by some patients) when starting pharmacotherapy. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. With citalopram, adverse effects are in general mild and transient. When they occur, they are most prominent during the first two weeks of treatment and usually attenuate as the depressive state improves. Withdrawal symptoms have been reported with SSRIs. Abrupt withdrawal of citalopram should be avoided. **Overdosage:** Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd., Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. 'Cipramil' is a Registered Trade Mark. © 1998 Lundbeck Ltd. Date of preparation: January 1999. 1298/CIP/501/056

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Past Editors

Eliot Slater	1961–72	John L. Crammer	1978–83
Edward H. Hare	1973–77	Hugh L. Freeman	1984–93

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963.

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THE Prise INITIATIVE IN NEUROPSYCHIATRY

Invitation

Expert Speakers include:

- **Professor Thomas Barnes** – London. Introduction and Welcome.
- **Dr David Cunningham-Owens** – Edinburgh. The clinical impact of the new anti-psychotic agents.
- **Dr Stephen Cooper** – Belfast. Review of adjunctive therapies for schizophrenia and TD.
- **Professor John Waddington** – Dublin. Understanding the aetiology of TD and hope for the future.

RCP ANNUAL MEETING

Current Perspectives in Tardive Dyskinesia Satellite Symposium

- Tardive Dyskinesia is a debilitating side effect of anti-psychotic agents, and the symptoms are thought to be an underlying cause of the stigma associated with schizophrenia.
- Is there a component of TD which is intrinsic to the pathophysiology of schizophrenia?
- With the introduction of the new atypical anti-psychotic drugs, will the symptoms of TD be reduced? What is the medical opinion on the current use of this new therapy and its clinical data? What is the view on the treatment options for TD, which are currently under development?
- There is a clear need to treat the symptoms of TD to ensure a high level of compliance amongst schizophrenic patients thus decreasing the prevalence of the disease and improving both patients and carers quality of life.

A series of presentations + discussion forum

AT: **ICC, Birmingham**

ON: **Monday 28th June 1999**

TIME: **6.45pm – 8.30pm** followed by drinks and supper

Prise INITIATIVE

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To register for the Satellite Symposium, please fax back this slip with your details to: 01494 528437

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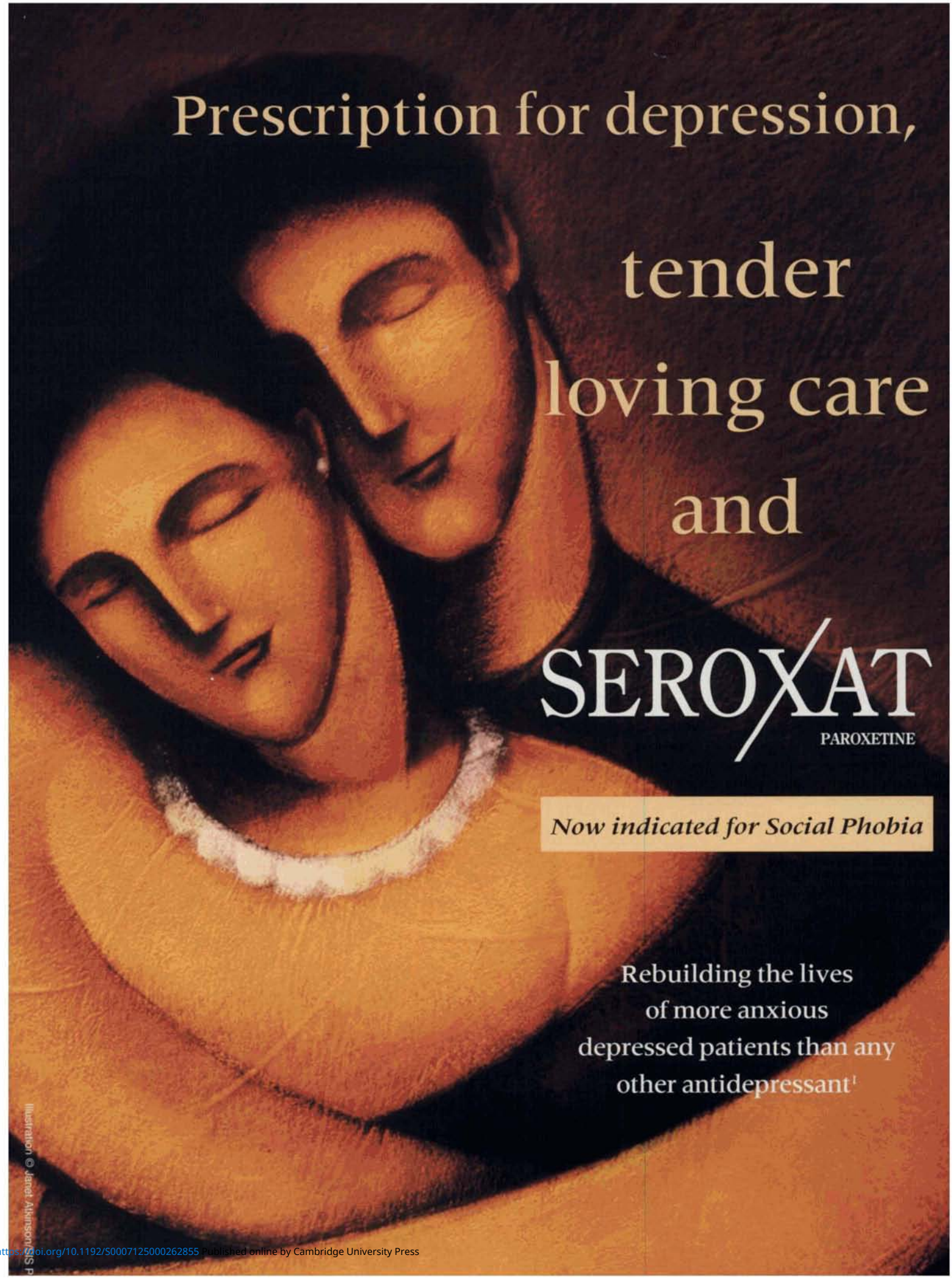
Spot the Edronax difference.

Highly selective noradrenaline re-uptake inhibitor (NARI)[1]

Edronax® reboxetine tablets

Helps restore energy and motivation in tired depressed patients[2,3]

EDRONAX ® ABBREVIATED PRESCRIBING INFORMATION
Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the acute treatment of depressive illness, and maintenance of clinical benefit in patients responsive to treatment. **Posology and method of administration:** ***Adults*** 4 mg b.i.d. (8 mg/day) administered orally. After 3-4 weeks, can increase to 10 mg/day. ***Elderly and children*** Elderly patients have been studied in comparative clinical trials at doses of 2 mg b.i.d., although not in placebo controlled conditions. There is no experience in children and therefore reboxetine cannot be recommended in either of these groups. ***Renal/Hepatic Insufficiency*** 2 mg b.i.d. **precautions for use:** Close supervision is required for subjects with a history of convulsive disorders and must be discontinued if the patient develops seizures. Avoid concomitant use with MAO-inhibitors. Close supervision of bipolar patients is recommended. Close supervision should be applied in patients with current evidence of urinary retention, glaucoma, prostatic hypertrophy and cardiac disease. At doses higher than the maximum recommended, orthostatic hypotension has been observed with greater frequency. Particular attention should be paid when administering reboxetine with other drugs known to lower blood pressure. **Interactions with other medicaments and other forms of** that have a narrow therapeutic margin and are metabolised by CYP3A4 or CYP2D6 e.g. anti-arrhythmics (flecainide), anti-psychotic drugs and tricyclic anti-depressants. No pharmacokinetic interaction with lorazepam. Reboxetine does not appear to potentiate the effect of alcohol. **Pregnancy and lactation:** Reboxetine is contraindicated in pregnancy and lactation. **Effects on ability to drive and use machines:** Reboxetine is not sedative per se. However, as with all psychoactive drugs, caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring more frequently than placebo are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, vertigo, urinary hesitancy **NHS Price:** Pack of 60 tablets in blisters £19.80. **Legal Category:** POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. **Marketing Authorisation Number:** PL 0032/0216 **References: 1.** Brunello N et al. *Human Psychopharmacology* 1998;**13**:S13-S19. **2.** Dubini A et al. *J Psychopharmacol* 1997; 11(4):S17-S23. **3.** Montgomery SA. *Prescriber* April 1998; 116-119. Further information is available from the Marketing Authorisation Holder: Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101. ® Edronax is a registered trademark. Code No.P4008/12/98.
Date of preparation:



PRESCRIBING INFORMATION

Prescribing information

Presentation: 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16.

'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77.

Indications: Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Following satisfactory response, continuation is effective in preventing relapse. Treatment of symptoms and prevention of relapse of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. Treatment of symptoms of social anxiety disorder/social phobia.

Dosage: Adults: Depression: 20 mg a day. Review response within two to three weeks and if necessary increase dose in 10 mg increments to a maximum of 50 mg according to response.

Obsessive compulsive disorder: 40 mg a day. Patients should be given 20 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 60 mg a day.

Panic disorder: 40 mg a day. Patients should be given 10 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 50 mg a day.

Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which should be at least four to six months after recovery for depression and may be longer for OCD and panic disorder. As with many psychoactive medications abrupt discontinuation should be avoided – see **Adverse reactions.**

Elderly: Dosing should commence at the adult starting dose and may be increased in weekly 10 mg increments up to a maximum of 40 mg a day according to response.

Children: Not recommended.

Severe renal impairment (creatinine clearance <30 ml/min) or severe hepatic impairment: 20 mg a day. Restrict incremental dosage if required to lower end of range.

Contra-indication: Hypersensitivity to paroxetine.

Precautions: History of mania. Cardiac conditions: caution. Caution in patients with epilepsy; stop treatment if seizures develop. Driving and operating machinery.

Drug interactions: Do not use with or within two weeks after MAO inhibitors; leave a two-week gap before starting MAO inhibitor treatment. Possibility of interaction with tryptophan. Great caution with warfarin and other oral anticoagulants. Use lower doses if given with drug metabolising enzyme inhibitors; adjust dosage if necessary with drug metabolising enzyme inducers. Alcohol is not advised. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants.

Pregnancy and lactation: Use only if potential benefit outweighs possible risk.

Adverse reactions: In controlled trials most commonly nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction (including impotence and ejaculation disorders), dizziness, constipation and decreased appetite.

Also spontaneous reports of dizziness, vomiting, diarrhoea, restlessness, hallucinations, hypomania, rash including urticaria with pruritus or angioedema, and symptoms suggestive of postural hypotension. Extrapyramidal reactions reported infrequently; usually reversible abnormalities of liver function tests and hyponatraemia described rarely. Symptoms including dizziness, sensory disturbance, anxiety, sleep disturbances, agitation, tremor, nausea, sweating and confusion have been reported following abrupt discontinuation of 'Seroxat'. It is recommended that when antidepressant treatment is no longer required, gradual discontinuation by dose-tapering or alternate day dosing be considered.

Overdosage: Margin of safety from available data is wide. Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability, sweating and somnolence. No specific antidote. General treatment as for overdosage with any antidepressant. Early use of activated charcoal suggested.

Legal category: POM. 10.9.98

SmithKline Beecham Pharmaceuticals

PARTNERS IN PSYCHIATRIC CARE

Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

Reference: 1. Data on file.

0998/ST:AD/8/039BJ

SEROXAT

Rebuilding the lives of anxious depressed patients

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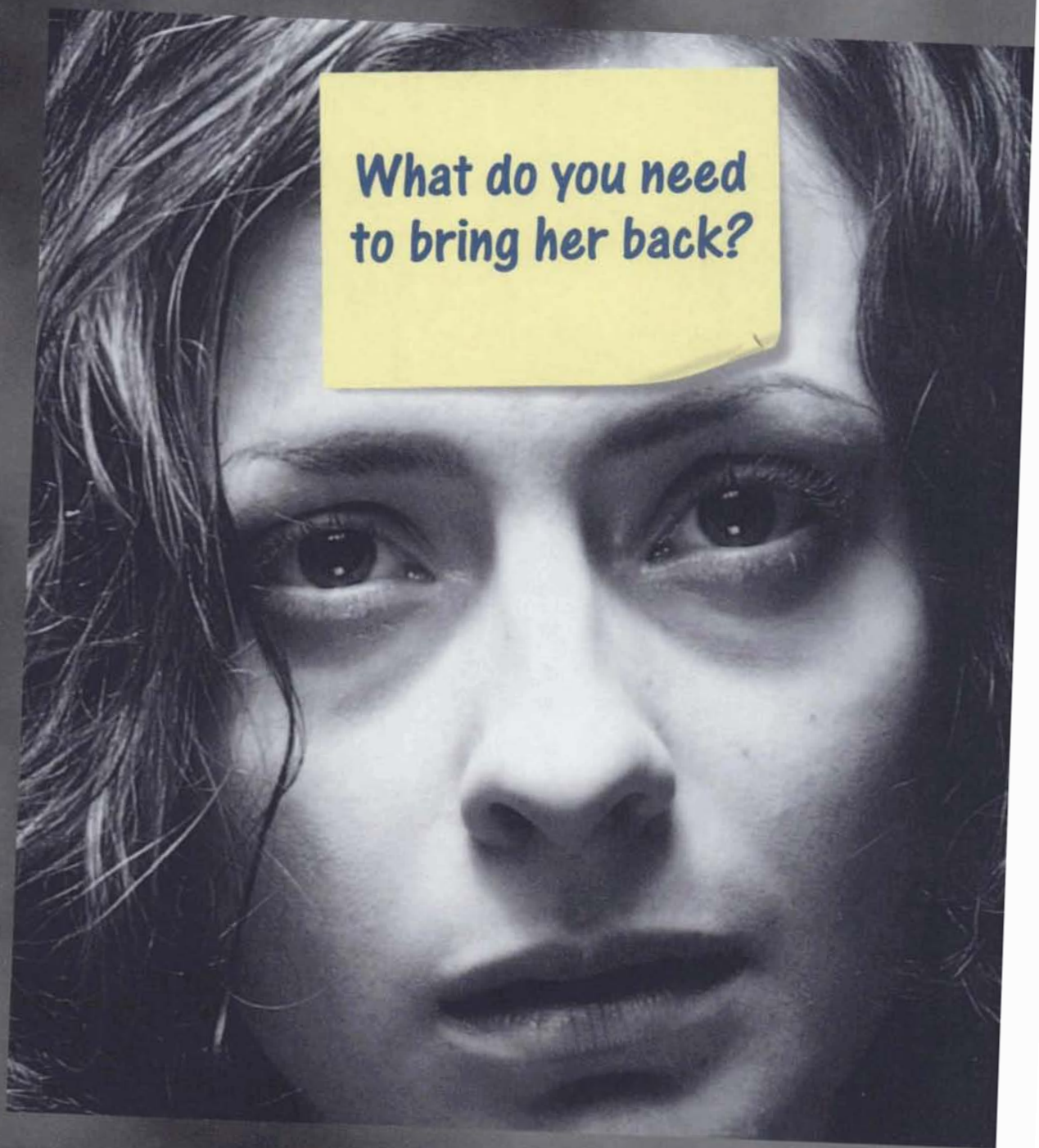

Prescribing Information - Solian 200 and Solian 50 Presentation: Solian 200 tablets contain 200mg amisulpride and Solian 50 tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia including predominant negative symptoms. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing up to 1200mg/day according to individual response (dose titration not required), in divided doses. Predominantly negative symptoms: 50-300mg once daily adjusted according to individual response. Elderly: administer with caution due to the risk of hypotension or sedation. Renal insufficiency: reduce dose and consider intermittent therapy. Hepatic insufficiency: no dosage adjustment. Children: Hypersensitivity; concomitant prolactin-dependent tumours, e.g. pituitary, breast occur (discontinue Solian). Caution in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in concomitant administration of CNS depressants (including alcohol), antihypertensives and other hypotensive medications, and dopamine agonists. **Side Effects:** Insomnia, anxiety, agitation. Less commonly somnolence and GI disorders. In common with other neuroleptics Solian causes a reversible increase in plasma prolactin levels. Solian may also cause weight gain, acute dystonia, extrapyramidal symptoms, tardive dyskinesia, hypotension and bradycardia. Rarely, allergic reactions, seizures and neuroleptic malignant syndrome have been reported. **Basic NHS Cost:** Blister packs of: 200mg x 60 tablets - £60.00; 200mg x 90 tablets - £90.00; 50mg x 60 tablets - £16.45; 50mg x 90

She's frightened, disturbed, disoriented - even disruptive. But behind her screams and tears, she's crying out to you - to bring her back from her terror of acute phase schizophrenia.

A rapid response

You can rely on Solian (amisulpride) in this critical acute phase. A significantly greater number of patients responded to Solian 800mg than haloperidol 20mg (62% vs 44% p = 0.014)[1] and Solian controls key symptoms - activation, thought disturbance and hostility - just as effectively.[2]

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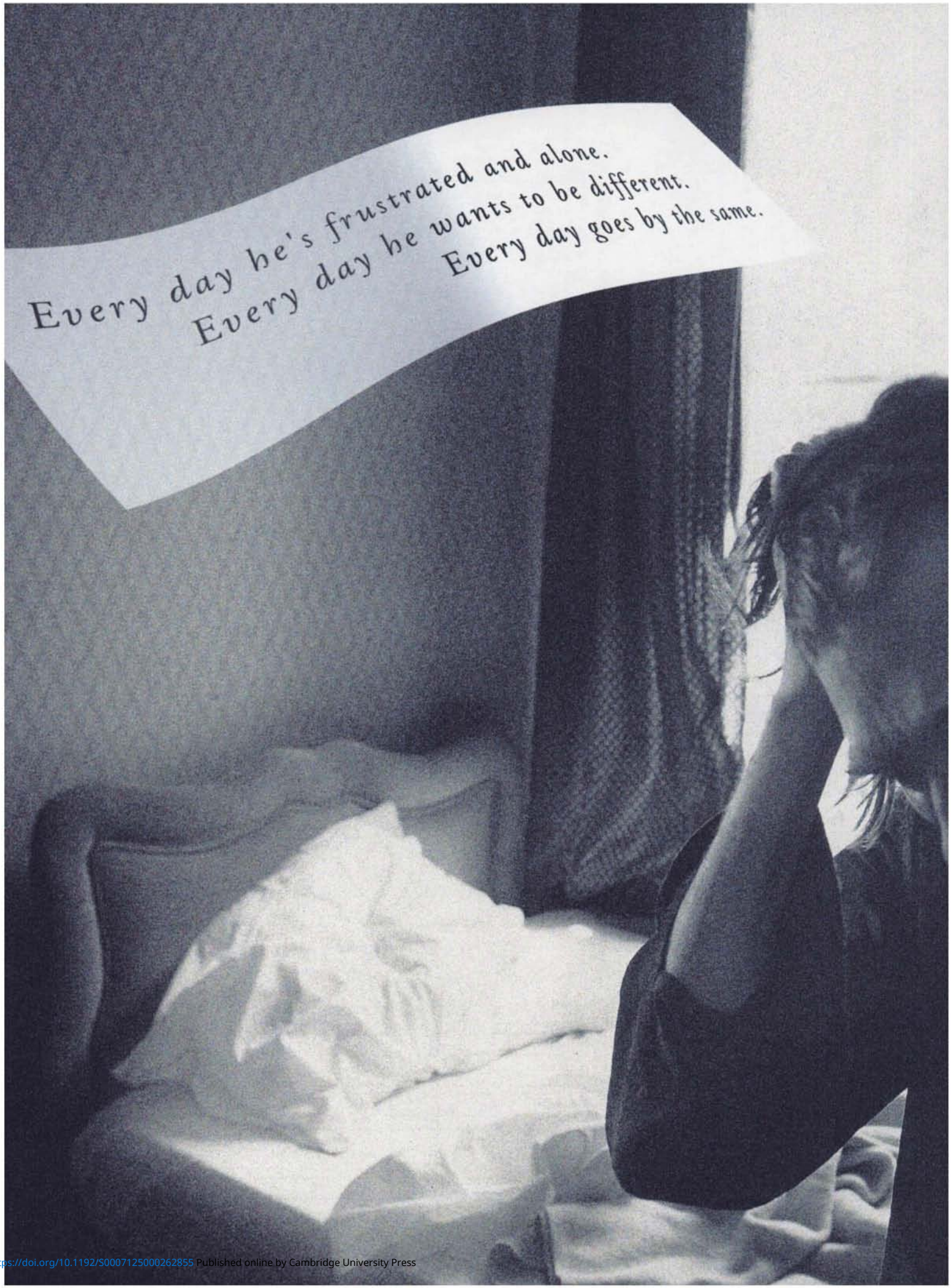
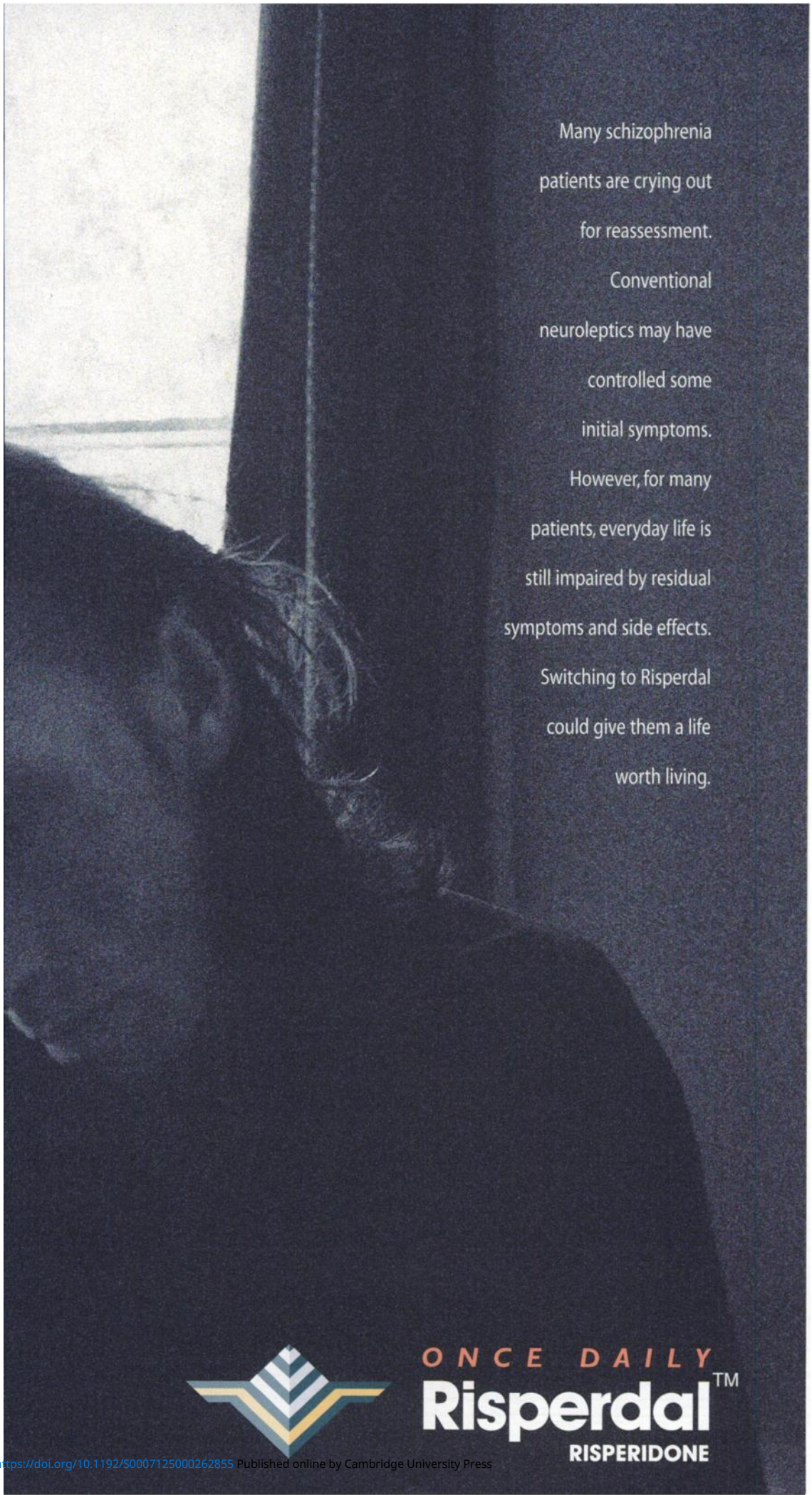
RELIABLE CONTROL OF ACUTE PHASE SCHIZOPHRENIA

Pharmacopsychiatry 1990; **23:** 125 - 130. **3.** Turjanski S *et al.* Presented at ECNP Congress, Paris, France, 1998, November.

Further information is available on request. Lorex Synthélabo UK & Ireland Ltd, Foundation Park, Roxborough Way, Maidenhead, Berks, SL6 3UD.

Date of preparation: April 1999





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CAMPRAL EC PRESCRIBING INFORMATION
Campral EC acamprosate
Presentation: Off-white round enteric-coated tablets, containing 333mg acamprosate calcium. Printed on one side with 333. **Properties:** Acamprosate may act by stimulating GABAergic inhibitory neurotransmission and antagonising excitatory amino acids, particularly glutamic acid. **Indication:** Maintenance of abstinence in alcohol dependent patients. It should be combined with counselling. **Dosage and Administration:** *Adults ≥ 60kg:* 6 tablets per day (2 tablets taken three times daily with meals) *Adults < 60kg:* 4 tablets per day (2 tablets in the morning, 1 at noon and 1 at night with meals). Recommended treatment period one year, starting as soon as possible after the withdrawal period. Treatment should be maintained if the patient relapses. *Elderly:* Not recommended. *Children:* Not recommended. **Contraindications:** Known hypersensitivity to the drug, renal insufficiency (serum creatinine > 120 micromol/L), severe hepatic failure (Childs-Pugh classification C), pregnancy, lactation. **Precautions and Warnings:** Campral EC does not constitute treatment during the withdrawal period. **Interactions:** None observed in studies with diazepam, disulfiram or imipramine. The concomitant intake of alcohol and acamprosate does not affect the pharmacokinetics of either alcohol or acamprosate. **Side Effects:** Diarrhoea, and less frequently nausea, vomiting and abdominal pain; pruritus. These are usually mild and transient. An occasional maculopapular rash and rare cases of bullous skin reactions have been reported. Fluctuations in libido have been reported. Campral EC should not impair the patient's ability to drive or operate machinery. **Overdose:** Gastric lavage; should hypercalcaemia occur, treat patient for acute hypercalcaemia. **Legal Category:** POM. **Pharmaceutical Precautions:** None. **Package Quantities and Basic NHS Price:** 84 blister packed tablets £24.95. **Marketing Authorisation Number/Holder:** 13466/0001, Lipha SA, Lyon, France. **Date of Preparation:** August 1997. Further information is available on request from Merck Pharmaceuticals, Harrier House, High Street, West Drayton, Middlesex, UB7 7QG.

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BRAIN BIOCHEMISTRY ADAPTS TO
LIFE WITH ALCOHOL

CAMPRAL EC HELPS PATIENTS ADAPT TO
LIFE WITHOUT ALCOHOL

Non-aversive **Campral EC** can help reduce the craving in patients who are adapting to a life without alcohol.

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EFFECTIVE IN MAINTAINING ABSTINENCE

Campral EC

CLOZARIL
clozapine

CLOZARIL ABBREVIATED PRESCRIBING INFORMATION. The use of Clozaril is restricted to patients registered with the Clozaril Patient Monitoring Service. Indication: Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). **Presentations:** 25 mg and 100 mg clozapine tablets. **Dosage and Administration:** Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5 mg once or twice on first day, followed by one or two 25 mg tablets on second day. Increase dose slowly, by increments (see data sheet). The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Doses up to 900mg daily may be used. Dose-related convulsions have been reported especially during dose titration. Patients with a history of seizures, those suffering from cardiovascular, renal or hepatic disorders, and the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications:** Allergy to any constituents of the formulation. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause, severe renal or cardiac failure. Active liver disease, progressive liver disease or hepatic failure. **Warning and Precautions:** CLOZARIL can cause agranulocytosis. A fatality rate of up to 1 in 300 has been estimated when CLOZARIL was used prior to recognition of this risk. Since then strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of this risk, CLOZARIL use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least two-weekly for the first year of therapy. After one years treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after discontinuation of CLOZARIL. Patients must be under specialist supervision. CLOZARIL supply is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts and a drug supply audit so that CLOZARIL is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact their physician immediately if any kind of infection begins to develop, especially if flu-like. Immediate differential count is necessary if signs or symptoms of infection develop. Re-evaluate any patient developing an infection, or when a routine white blood count of between 3.0 and 3.5 x 10^9/l and/or a neutrophil count between 1.5 and 2.0 x 10^9/l, with a view to discontinuing CLOZARIL. If the white blood count falls below 3.0 x 10^9/l and/or the absolute neutrophil count drops below 1.5 x 10^9/l, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Any further fall in white blood/neutrophil count below 1.0 x 10^9/l and/or 0.5 x 10^9/l respectively, after drug withdrawal requires immediate specialised care. Where protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Discontinue colony stimulating factor when the neutrophil count returns above 1.0 x 10^9/l. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients, if affected by the sedative action of CLOZARIL, should not drive or operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give with other drugs with a substantial potential to depress bone marrow function. CLOZARIL may enhance the effects of alcohol, MAO inhibitors, CNS depressants and drugs with anticholinergic, hypotensive or respiratory depressant effects. Caution is advised when CLOZARIL therapy is initiated in patients who are receiving (or have recently received) a benzodiazepine or any other psychotropic drug as these patients may have an increased risk of circulatory collapse, which, rarely, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant highly protein bound drugs. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which posses affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL has been associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced CLOZARIL effectiveness. No clinically relevant interactions have been noted with tricyclic antidepressants, phenothiazines and type lc antiarrhythmics, to date. Concomitant lithium or other CNS-active agents may increase the risk of neuroleptic malignant syndrome. The hypertensive effect of adrenaline and its derivatives may be reversed by CLOZARIL. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. **Side-Effects:** Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects e.g. dry mouth, disturbances of accommodation and sweating/temperature regulation. Hypersalivation may occur. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. Rarely, profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Nausea and vomiting have been reported. Mild constipation may occur, however, it may be more severe and fatal complications including gastrointestinal obstruction and paralytic ileus have occurred. Monitor patients and prescribe laxatives, as required. Care is required in patients receiving other medicines known to cause constipation or with a history of colonic disease or lower abdominal surgery. Asymptomatic elevations in liver enzymes occur commonly and usually resolve without drug discontinuation. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. **Package Quantities and Price:** Community pharmacies only: 28 x 25mg tablets: £12.52, (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS). Hospital pharmacies only: 84 x 25 mg tablets: £37.54 (Basic NHS), 84 x 100 mg tablets: £150.15 (Basic NHS). Supply of CLOZARIL is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. **Product Licence Numbers:** 25 mg tablets: PL 0101/0228, 100 mg tablets: PL 0101/0229. **Legal Category:** POM. CLOZARIL is a registered Trade Mark. **Date of preparation:** January 1999. Full prescribing information, including Summary of Product Characteristics is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

CLZ 98/46

Jan '99

THE ENVY OF OTHER ATYPICALS?

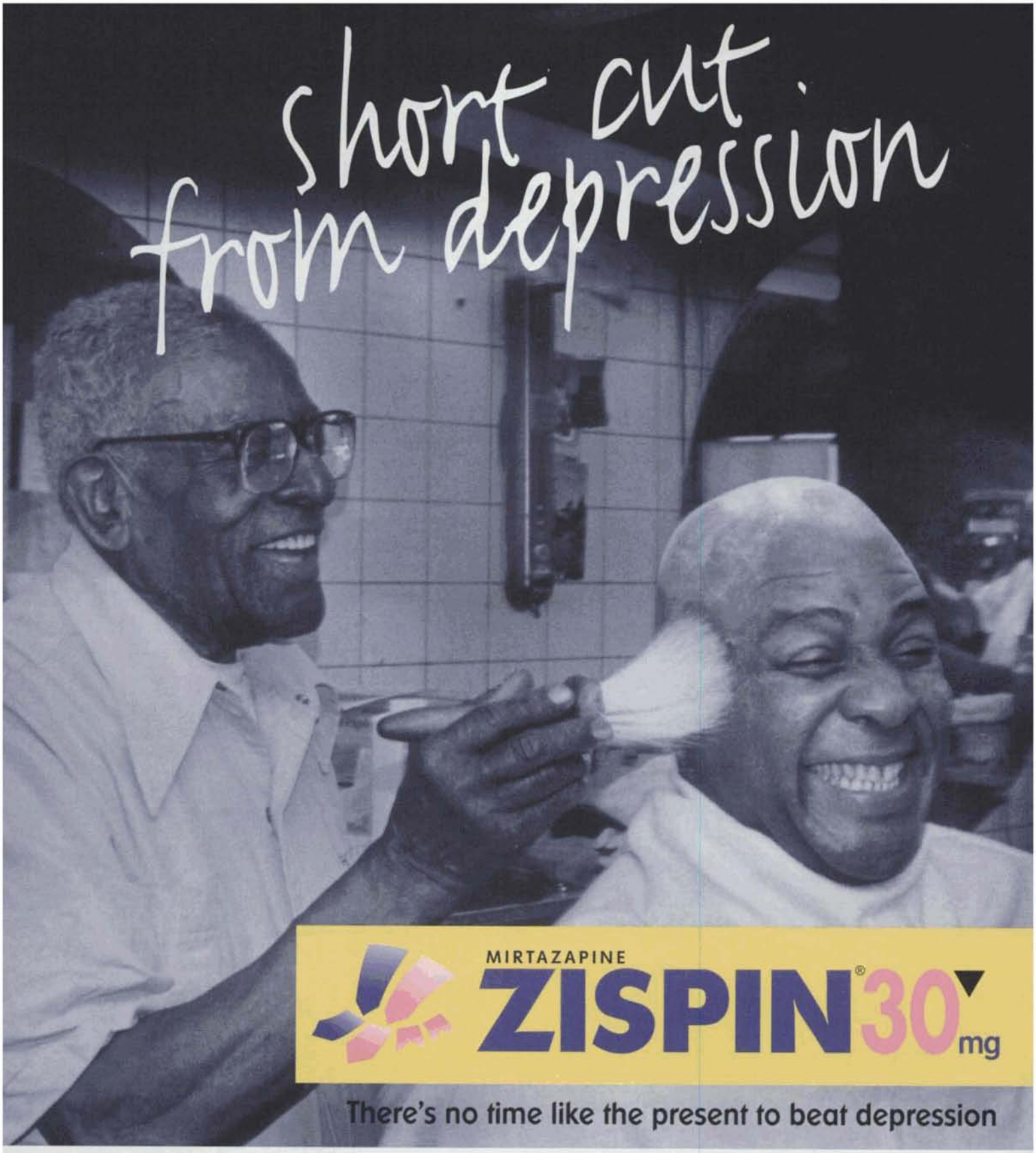
A GOLD STANDARD THERAPY FOR TREATMENT-RESISTANT SCHIZOPHRENIA

WHY?

When others fail, its unsurpassed efficacy changes people's lives. Why don't you use it more?

CLOZARIL
clozapine

A pathway to lasting care in the community



Prescribing Information

Presentation: Blister strips of 28 tablets each containing 30 mg of mirtazapine. **Uses:** Treatment of depressive illness. **Dosage and administration:** The tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Adults and elderly:** The effective daily dose is usually between 15 and 45 mg. **Children:** Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and [illegible] of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Mirtazapine may potentiate the central nervous dampening action of alcohol; patients should therefore be advised to avoid alcohol during treatment with Zispin; Zispin should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents; Mirtazapine may potentiate the sedative effects of benzodiazepines; In vitro data suggest that clinically significant interactions are unlikely with mirtazapine. **Pregnancy and lactation:** The safety of Zispin in human pregnancy has not been established. Use during pregnancy is not recommended. [illegible] potential should employ an adequate method of contraception. Use in nursing mothers is not recommended. **Adverse reactions:** The following adverse effects have been reported: **Common** levels. **Rare (<1/1000):** Oedema and accompanying weight gain. Reversible agranulocytosis has been reported as a rare occurrence. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. **Overdosage:** Toxicity studies in animals suggest that clinically relevant cardiotoxic effects will not occur after overdosing with Zispin. Experience in clinical trials and from the market has shown that no serious adverse effects have been associated with Zispin in overdose. Symptoms of acute overdosage are confined to prolonged sedation. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Marketing authorization number:** PL 0065/0145 **Legal category:** POM **Basic NHS cost:** £24 for 28 tablets of 30 mg.

For further information, please contact:

Organon Nourypharma

Life beyond Alzheimer's.

With new Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer's disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer's disease attacks - cognition, global functioning and activities of daily living.[1]

For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer's.

NEW

EXELON®▼

(rivastigmine)

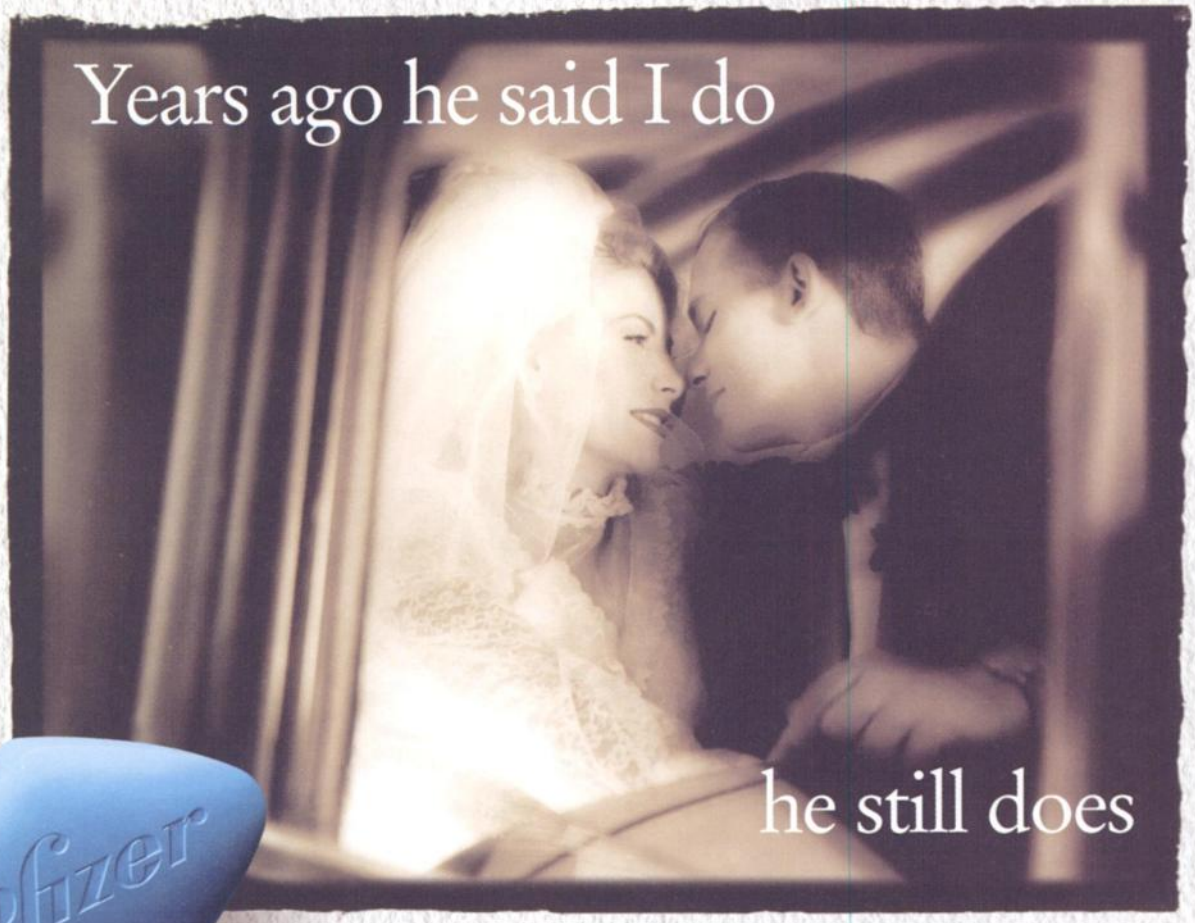
Beyond cognition: improving functional ability.

EXELON Prescribing Information. Indication: Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Presentation**: Capsules containing 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration**: Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Reassess patients regularly. Initial dose 1.5mg twice daily, then build up dose, at a minimum of two week intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily, if tolerated well. If adverse effects or weight decrease occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications**: Known hypersensitivity to rivastigmine or excipients or any other carbamate derivatives; severe liver impairment. **Special Warning & Precautions:** Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sick Sinus Syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ulcerative conditions, history of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, titrate dose individually.Safety in pregnancy not established; women should not breastfeed. Use in children not recommended. **Interactions**: May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinomimetic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or fluoxetine (in healthy volunteers). Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects**: Most commonly (≥5% and twice frequency of placebo): asthenia, anorexia, dizziness, nausea, somnolence, vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (≥5% and ≥ placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, upper respiratory tract and urinary tract infections. Increased sweating, malaise, weight loss, tremor. Rarely, angina pectoris, gastrointestinal haemorrhage and syncope. No notable abnormalities in laboratory values observed. **Package Quantities and basic NHS Price**: 1.5mg x 28, £31.50; 1.5mg x 56, £63.00; 3mg x 28, £31.50; 3mg x 56, £63.00; 4.5mg x 28, £31.50; 4.5mg x 56, £63.00; 6mg x 28, £31.50; 6mg x 56, £63.00. **Legal Classification**: POM. **Marketing Authorisation Number**: 1.5mg, EU/1/98/066/001 - 2; 3mg, EU/1/98/066/004 - 5; 4.5mg, EU/1/98/066/007 - 8; 6mg, EU/1/98/066/010 - 11. Full prescribing information including Summary of Product Characteristics is available from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

Reference: 1. Corey-Bloom J, *et al. International Journal of Geriatric Pyschopharmacology* 1998; 1: 55-65.

Date of preparation: August 1998. Code No. EXE 98/63

NOVARTIS



everyone has something to say about it

now it's our turn

it's not for
men without
erectile dysfunction
it's not an aphrodisiac
or a fertility pill

rather

it works[1] to restore
natural erectile function
it's easy to take
it's well tolerated[2]
and it's here

VIAGRA™
sildenafil citrate

ORAL TREATMENT FOR ERECTILE DYSFUNCTION

ABBREVIATED PRESCRIBING INFORMATION Please refer to the SmPC before prescribing VIAGRA 25mg, 50mg or 100mg. **Presentation:** Blue film-coated, rounded diamond-shaped tablets containing sildenafil citrate equivalent to 25mg, 50mg and 100mg sildenafil. **Indications:** Erectile dysfunction. Sexual stimulation is required for efficacy. Not for use by women. **Dosage:** *Adults;* 50mg approximately one hour before sexual activity. Adjust dose based on efficacy and toleration. Maximum dose is 100mg. One single dose per day is recommended. If taken with food, the onset of activity may be delayed. *Elderly:* a first dose of 25mg should be used. *Hepatic impairment, severe renal impairment;* 25mg initial dose should be considered; adjust dose based on efficacy and toleration. *Children under 18 years;* Not indicated. **Contra-indications:** Co-administration with nitric oxide donors (such as amyl nitrite) or nitrates in any form; patients for whom sexual activity is inadvisable (e.g. patients with severe cardiovascular disorders); severe hepatic impairment; hypotension; recent stroke or myocardial infarction; known hereditary degenerative retinal disorders; hypersensitivity to sildenafil or to any of the excipients. **Warnings and precautions:** A medical history and physical examination should be undertaken to diagnose erectile dysfunction and determine potential underlying causes. Cardiovascular status, as sexual activity is associated with cardiac risk. Sildenafil has vasodilator properties, resulting in mild and transient decreases in blood pressure and as such potentiates the hypotensive effect of nitrates. Patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis or Peyronie's disease) or predisposed to priapism (such as sickle cell anaemia, multiple myeloma or leukaemia). Patients with bleeding disorders or active peptic ulceration. Not recommended in combination with other treatments for erectile dysfunction. **Drug Interactions:** In combination with inhibitors of CYP3A4 eg ketoconazole, erythromycin, cimetidine, a 25mg starting dose should be considered. Potentiates the hypotensive effects of nitrates (see contra-indications). No potentiation of the increase in bleeding time caused by acetyl salicylic acid (150mg) or the hypotensive effects of alcohol. No data on non-specific phosphodiesterase inhibitors such as theophylline or dipyridamole. **Side-effects:** Clinical dyspepsia, nasal congestion, altered vision (colour tinge, increased perception of light or blurred vision). Dyspepsia and altered vision more common at 100mg. Muscle aches when sildenafil administered more frequently than recommended. Post marketing experience: priapism. **Driving and operating machinery:** Caution if affected by dizziness or altered vision. **Legal category:** POM. **Basic NHS cost:** Packs of 4, 25mg tablets [EU/1/98/077/002] £16.59; Packs of 8, 25mg tablets [EU/1/98/077/003] £33.19; Packs of 4, 50mg tablets [EU/1/98/077/006] £19.34; Packs of 8, 50mg tablets [EU/1/98/077/007] £38.67; Packs of 4, 100mg tablets [EU/1/98/077/010] £23.50; Packs of 8, 100mg tablets [EU/1/98/077/011] £46.99. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. Last revised: 21 October 1998. Further information on request: Pfizer Limited, Sandwich, Kent, CT13 9NJ. **References:** 1. Goldstein I et al. New Engl J Med, 1998, 338(20): 1397-1404. 2. Morales A et al. Int J Impotence Res, 1998, 10: 69-74.
10312

Pfizer

AN INVITATION TO A SATELLITE SYMPOSIUM AT THE

Royal College of Psychiatrists Annual Meeting

PERCEPTIONS OF DRUG TREATMENT IN AD – ARE WE SPOILT FOR CHOICE?

Topics include:

Cholinesterase inhibitors: the most effective intervention in AD

The pharmacology of cholinesterase inhibitors: ensuring treatment success

Clinical confirmation: cholinesterase inhibitors are not alike

Clinical experience: measuring the effectiveness of treatment

Efficacy and economics mark the end of treatment nihilism in AD

- With the introduction of cholinesterase inhibitors as the most effective treatment for AD to date, the faculty will challenge the perception that these agents are all the same through evaluations of efficacy, safety and differentiating characteristics.
- To determine whether trial data transcribes into everyday clinical practice, the faculty will describe their experience with cholinesterase inhibitors.
- The faculty will present compelling evidence to convince physicians that there is a clear need to improve manangement of AD. Incorporating pharmacotherapy is urgent and comparable with the management of other diseases of old age but is affordable.

A series of presentations and an opportunity for discussion

Hall 11A, ICC, Birmingham
Thursday 1 July, 1999
19.00–21.00 (including 18.30–19.00 Buffet dinner)

For further information and bookings please contact:
Jo Bowden, Gardiner-Caldwell Communications Ltd, The Towers, Park Lane, Macclesfield, Cheshire SK11 7NG
Tel: 01625 664153. Fax: 01625 664163. e-mail: ***jo.bowden@gardiner-caldwell.com***

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