THE BRITISH JOURNAL OF PSYCHIATRY

NOVEMBER 1999 VOL. 175

PUBLISHED BY THE ROYAL COLLEGE OF PSYCHIATRISTS ISSN 0007-1250

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

THE BRITISH JOURNAL OF PSYCHIATRY

NOVEMBER 1999 VOL. 175

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The *BJP* publishes original work in all fields of psychiatry. Manuscripts for publication should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SWIX 8PG. Queries, letters to the Editor and book reviews may also be sent electronically to sthakor@rcpsych.ac.uk.

Instructions to authors

Full instructions to authors are given at the beginning of the January and July issues, and on the Web Site below. Copies are also available from the Journal Office.

Information about the College's publications is available on the World Wide Web at http://www.rcpsych.ac.uk.

Subscriptions

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London WIA 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1999 (12 issues post free) are as follows:

	INSTITUTIONS	INDIVIDUALS
Europe (& UK)	£185	£157
US	$375	$270
Elsewhere	£220	£170

Full airmail is £36/US$64 extra.

Single copies of the Journal are £19, $30 (post free).

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SWIX 8PG.

Payment should be made out to the British Journal of Psychiatry.

Back issues

Back issues may be purchased from Hoddle, Doyle, Meadows Ltd, Station Road, Linton, Cambridgeshire CBI 6UX (tel. 01223 893855; fax 01223 893852).

Advertising

Correspondence and copy should be addressed to Stephen H. P. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

US Mailing Information

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is $375. Second class postage paid at Rathway, NJ. Postmaster send address corrections to the British Journal of Psychiatry, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

™The paper used in this publication meets the minimum requirements of the American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Typeset by Dobbie Typesetting Ltd, Tavistock.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

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.

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

New Books from Gaskell

CAN: Camberwell Assessment of Need

Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes

New

The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of people with severe mental illnesses. Rigorously developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, it records both staff and patient assessments. Three versions are included, all designed to be photocopied. The full clinical and research versions give a comprehensive assessment, and a short (one–page) version (CANSAS) is suitable for routine clinical use. Also included are materials and instructions for a half-day CAN training workshop.

The CAN is suitable for use in primary care settings, specialist mental health teams, and social services. It will be of particular interest to care managers and mental health staff who wish to meet the legal requirement that people with severe mental illnesses receive a comprehensive needs assessment. Translations are available in 9 other languages.

July 1999, £45.00, 144pp, Ringbound pack incl. photocopiable material, ISBN 1 901242 25 0

Improving the Care of Elderly People with Mental Health Problems: Clinical Audit Project Examples

New

Kirsty MacLean Steel and Claire Palmer

This new College Research Unit publication provides examples of clinical audit projects that have been performed within Old Age Mental Health Services. The projects have been divided into topic areas, and formatted into structured abstracts for ease of use.

Clinical audit is an essential part of modern health care delivery and a core principal of clinical governance. This book contains a selection of clinical audit projects, all of which have been carried out in practice, with some still in progress. It will be an invaluable guide for use in everyday practice.

One of the main features of this book is the use of 'live' examples of clinical audit projects and advice from the people who carried out the clinical audits. This book will be of interest to old age psychiatrists, psychologists, clinical audit co–ordinators, nurses and quality and effectiveness staff.

September 1999, £15.00, Paperback, ISBN 1 901242 38 2

New

Mental Health and Growing Up

Factsheets for Parents, Teachers and Young People

This is the 2nd Edition of this popular publication and has increased to a total of 36 factsheets. Again the aim is to provide practical and up-to-date information about the emotional and psychiatric disorders which affect children and young people.

They are particularly useful for adults who look after children, especially parents and teachers, but also for young people who may be concerned about themselves or a friend. Factsheets can be duplicated and distributed free of charge as long as the Royal College of Psychiatrists is properly credited and no profit is gained from their use.

October 1999, £tbc, ISBN 1 901242 43 9

New

Getting on with Epilepsy

The Books Beyond Words Series

By Sheila Hollins, Jane Bernal and Alice Thaker
Illustrated by Lisa Kopper

This is a story about what can happen when a person has epilepsy. People do not need to be able to read in order to understand the story.

In the book we follow one man's daily life - on the bus, at work, and out with his friends. We see him having a seizure, going to the doctor, having a brain scan, an EEG, a blood test, and taking daily medication.

There are also examples of activities which people with epilepsy need to be careful about, such as drinking alcohol and swimming alone. The book shows that it is possible to enjoy an active and independent life with epilepsy.

October 1999, £10.00, ISBN 1 901242 39 0

Gaskell is the imprint of the Royal College of Psychiatrists. Gaskell books are available from good bookshops and from the Book Sales Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Telephone +44 (0)171 235 2351 extension 146, fax +44 (0)171 245 1231. Credit card orders can be taken over the telephone. The latest information on College publications can be seen on the Internet at www.rcpsych.ac.uk

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

Mental Health Care, Law & Justice in China

3-18 June 2000

with extension to the Three Gorges
3-22 June 2000

"The tour was wonderful, the mental health visits extremely interesting and informative and the accommodation first class - a marvellous experience."
Dr Marjory Foyle, Psychiatrist and participant in Mental Health tour to China June 1999.

This tour represents a rare opportunity to observe at first hand Chinese psychiatric services alongside the medico-legal process. Participants visit a range of psychiatric services, from community based out patients to acute care and long stay institutional care and examine methods of treatment including traditional Chinese Medicine. Legal visits include a meeting with an official from a police station, visits to a school for young offenders and a neighbourhood drug rehabilitation centre. Professional visits are combined with talks and discussion groups, allowing participants to gain a real insight into forms of practice within China and access to facilities that would not normally be open to Westerners.

The professional programme is combined with the opportunity to experience the ancient culture of China in Shanghai, Beijing, Xian and Wuhan. The tour starts in bustling Shanghai with a visit to the Bund, Yu garden and Nanjing Road. From the contemporary to the ancient: Suzhou, 2,500 years old and perfectly capturing the essence of ancient China with its back alleys, web of canals and amazing number of gardens. By train to Beijing and visit the Great Wall, Summer Palace and the Forbidden City. Fly to the ancient walled city of Xian, here visit the Terracotta Warriors, the Ming dynasty city walls and the fascinating Chinese medicine market. To Wuhan a city built on the trade of the Yangtze river, and spend time exploring the beautiful pagodas and gardens of the city's East Lake.

There is the option of taking an extension at the end of the tour down the Yangtze River and through the Three Gorges. The huge gorges on a scale comparable with the Grand Canyon are one of the wonders of the world.

Mental Health in China will be of interest to those working in the field of mental health and law and anyone with an interest in this area. Partners or non professional participants are very welcome.

The cost of the tour is £2,295.00. The cost of the extension is £695.00.

"I visited China in 1979 and the thing that impressed me was the enormous advance that China has made in twenty years. I couldn't fault it and the cruise made a very good end to the trip."
Dr Vicky Fraser, Paediatrician and participant on Mental Health tour to China June 1999.

For a full itinerary on the tour please contact Master Travel on Tel: 020 8671 7521 Direct: 020 8678 5320
Fax: 020 8671 7327
Email tours@mastertravel.co.uk or complete the form below and send to (no stamp required)

Master Travel FREEPOST (SE 7045) London SE24 9BR

ATOL 3800

MASTER TRAVEL

Mental Health Care, Law & Justice in China

Name .....

.....

Address .....

.....

.....

.....

.....

Tel. .....

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

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. which can be increased based on patient **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 interaction:** Reboxetine should not be co-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 /retention, impotence. **Overdose:** Monitor **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: November 1998.

Please refer to summary of product characteristics before prescribing.
Presentation: White to off-white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** *Adults:* 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. *Elderly:* Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. *Severe renal or hepatic impairment:* Reduce dose by half (100-200 mg daily). *Children:* See contra-indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child-bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long-term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P-450 isoenzymes has been observed *in vitro*. Effectiveness of oral contraceptives may be ethinyoestradiol should be taken. Tricyclic antidepressants – no clinically relevant interaction was seen in a single dose interaction study of Provigil and clomipramine. However, patients receiving such medication should be carefully monitored. Care should be observed with co-administration of anti-convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets: £60.00. **Marketing authorisation number:** 16260/0001. **Marketing authorisation holder:** Cephalon UK Ltd., 11/13 Frederick Sanger Road, Surrey Research Park, Guildford, GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References: 1.** Mitler MM. Sleep 1994; **17**: S103-S106. **2.** Data on file, Cephalon [676]. **3.** Lin JS *et al. Proc Natl Acad Sci USA* 1996; **93** (24): 14128-14133. **4.** Simon P *et al.* Eur Neuropsychopharmacol 1995; **5**: 509-514.

PRAD/1/Feb 99

WAKE UP LITTLE SUZIE, WAKE UP

Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall benefit.[1]

Now Provigil (modafinil) – a novel wake promoting agent – offers advantages in narcolepsy. The clinical efficacy of Provigil has been demonstrated in large controlled clinical studies. In one study,[2] one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus[3] and differs greatly from amphetamines in its pharmacology.[4] Consequently the incidence of amphetamine

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

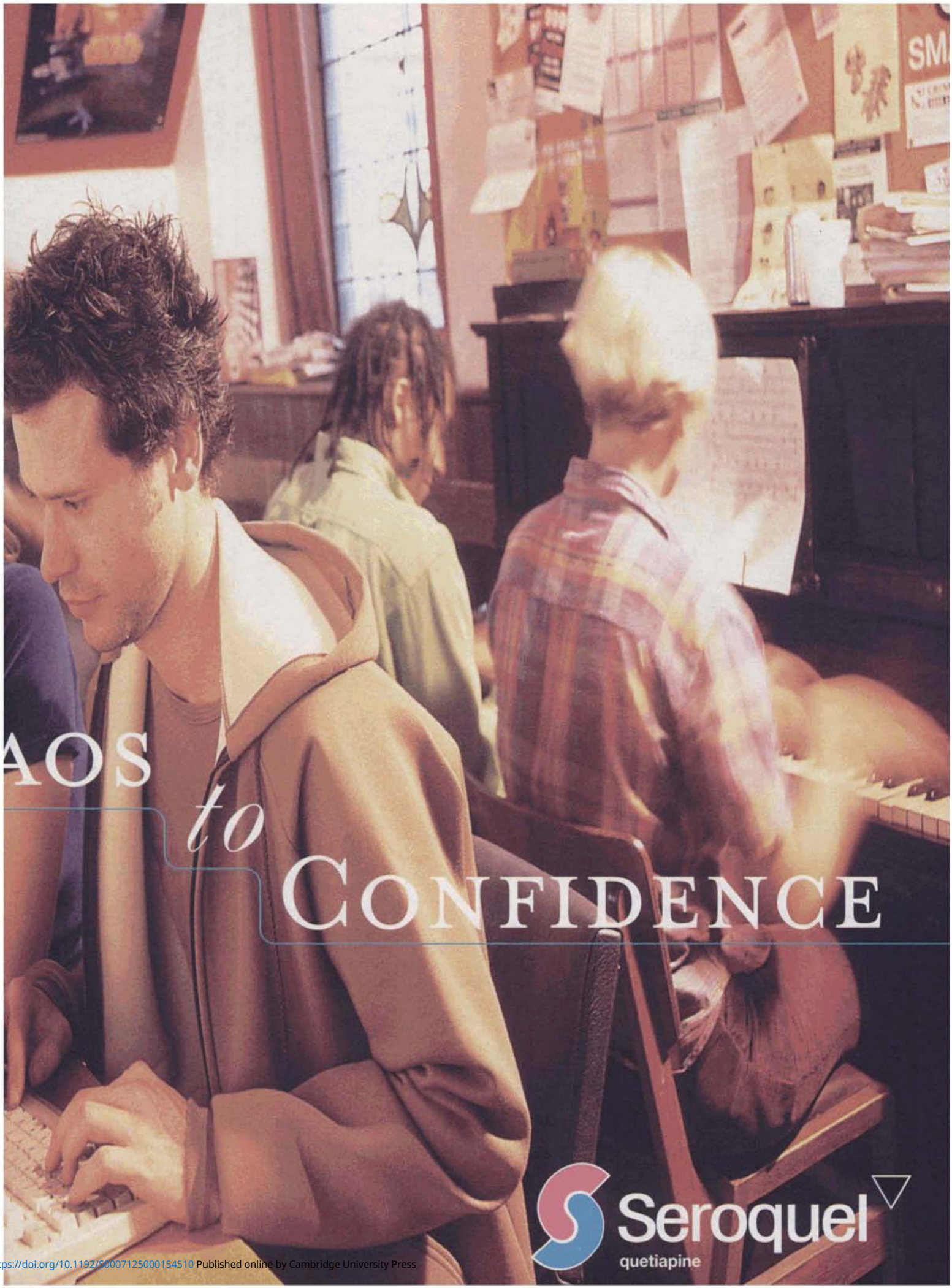
PROVIGIL®▼

MODAFINIL

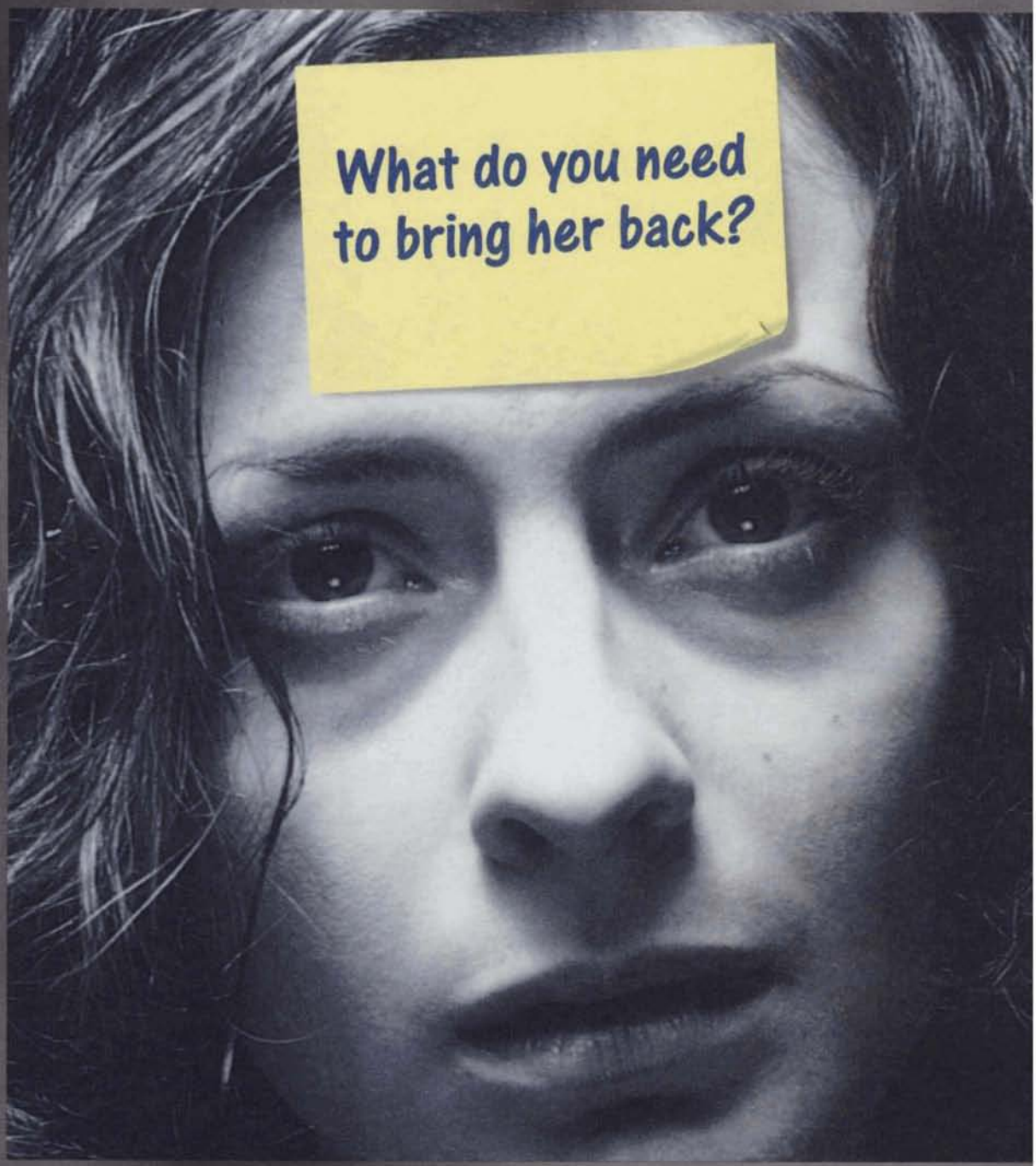
A NOVEL, NON AMPHETAMINE WAKE PROMOTING AGENT

For further information please contact our

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press



https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press



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 necessary. Children: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland

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 tablets - £24.69. **Legal Category:** POM. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex SynthÉlabo UK &

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]

You can rely on Solian to start working quickly - with over 50% more patients responding to Solian therapy than to haloperidol within the first 2 weeks.[3]

Finally, because Solian is an atypical, it won't just bring her back - it'll keep her back in the community. So you can rely on it, just as your patients rely on you.

Solian®
AMISULPRIDE

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

Solian is a trademark SOL.84

SYNTHELABO

Abbreviated Prescribing Information.
Please read Summary of Product Characteristics before prescribing.

Presentation: Tablets containing 25 mg, 50 mg, 100 mg, or 200 mg topiramate.
Sprinkle capsules containing 15mg or 25mg topiramate.

Uses: Adjunctive therapy of inadequately controlled seizures: partial seizures; seizures associated with Lennox Gastaut Syndrome and primary generalised tonic-clonic seizures.

Dosage and Administration: Oral administration. Over 16 years of age: Usual dose: 200-400 mg/day in two divided doses. Initiate at 50 mg daily then titrate to an effective dose. A lower dose may be used. Patients with significant renal disease may require a dose modification. See SmPC for additional information. Children age 2 to 16: Usual dose: Approximately 5 to 9 mg/kg/day in two divided doses. Initiate at 25 mg nightly and increase at 1 to 2 week intervals in 1 to 3 mg/kg increments, to an effective dose.
TOPAMAX® Sprinkle Capsules may be swallowed whole or opened and sprinkled on a small amount (teaspoon) of soft food (e.g. ice cream or yoghurts) which should then be swallowed immediately and not chewed.

Contra-indications: Hypersensitivity to any component.

Precautions and Warnings: Withdraw all antiepileptic drugs slowly. Hydrate to reduce the risk of nephrolithiasis (especially if predisposed). Drowsiness likely. TOPAMAX® may be sedating; therefore caution if driving or operating machinery. Do not use in pregnancy unless potential benefit outweighs risk. Woman of childbearing potential should use adequate contraception. Do not use if breast feeding.

Interactions: *Other antiepileptic drugs:* No clinically significant effect except in some patients on phenytoin where phenytoin plasma concentrations may increase. Phenytoin level monitoring is advised. *Effects of other antiepileptic drugs:* Phenytoin and carbamazepine decrease topiramate plasma concentration. *Digoxin:* A decrease in serum digoxin occurs. Monitor serum digoxin on addition or withdrawal of TOPAMAX®. *Oral Contraceptives:* Should contain not less than 50 µg of oestrogen. Ask patients to report any change in bleeding patterns. *Others:* Avoid agents predisposing to nephrolithiasis.

Side Effects: Adults: In 5% or more: abdominal pain, ataxia, anorexia, asthenia, confusion, difficulty with concentration/attention, difficulty with memory, diplopia, dizziness, fatigue, language problems, nausea, nystagmus, paraesthesia, psychomotor slowing, somnolence, speech disorders/related speech problems, abnormal vision and weight decrease. May cause agitation and emotional lability (mood problems and nervousness) and depression. Less common adverse effects include, gait abnormal, aggressive reaction, apathy, cognitive problems, coordination problems, leucopenia, psychotic symptoms (such as hallucinations), and taste perversion. Venous thromboembolic events reported - causal association not established.
Children: In 5% or more: somnolence, anorexia, fatigue, insomnia, nervousness, personality disorder (behaviour problems), difficulty with concentration/attention, aggressive reaction, weight decrease, gait abnormal, mood problems, ataxia, saliva increased, nausea, difficulty with memory, hyperkinesia, dizziness, speech disorders/related speech problems and paraesthesia. Less frequently but potentially relevant: emotional lability, agitation, apathy, cognitive problems, psychomotor slowing, confusion, hallucination, depression and leucopenia.
TOPAMAX® increases the risk of nephrolithiasis.

Overdosage: If ingestion recent, empty stomach. Activated charcoal not recommended. Supportive treatment as appropriate. Haemodialysis is effective in removing topiramate.

Pharmaceutical Precautions: Tablets: Store in a dry place at or below 25°C. Sprinkle Capsules: Store below 25°C.

Legal Category: POM.

Package Quantities and Prices: Bottles of 60 tablets. 25 mg (PL0242/0301) = £22.02, 50 mg (PL0242/0302) = £36.17, 100 mg (PL0242/0303) = £64.80, 200 mg (PL0242/0304) = £125.83. Containers of 60 capsules. 15mg (PL0242/0348) = £16.88, 25mg (PL0242/0349) = £25.32.

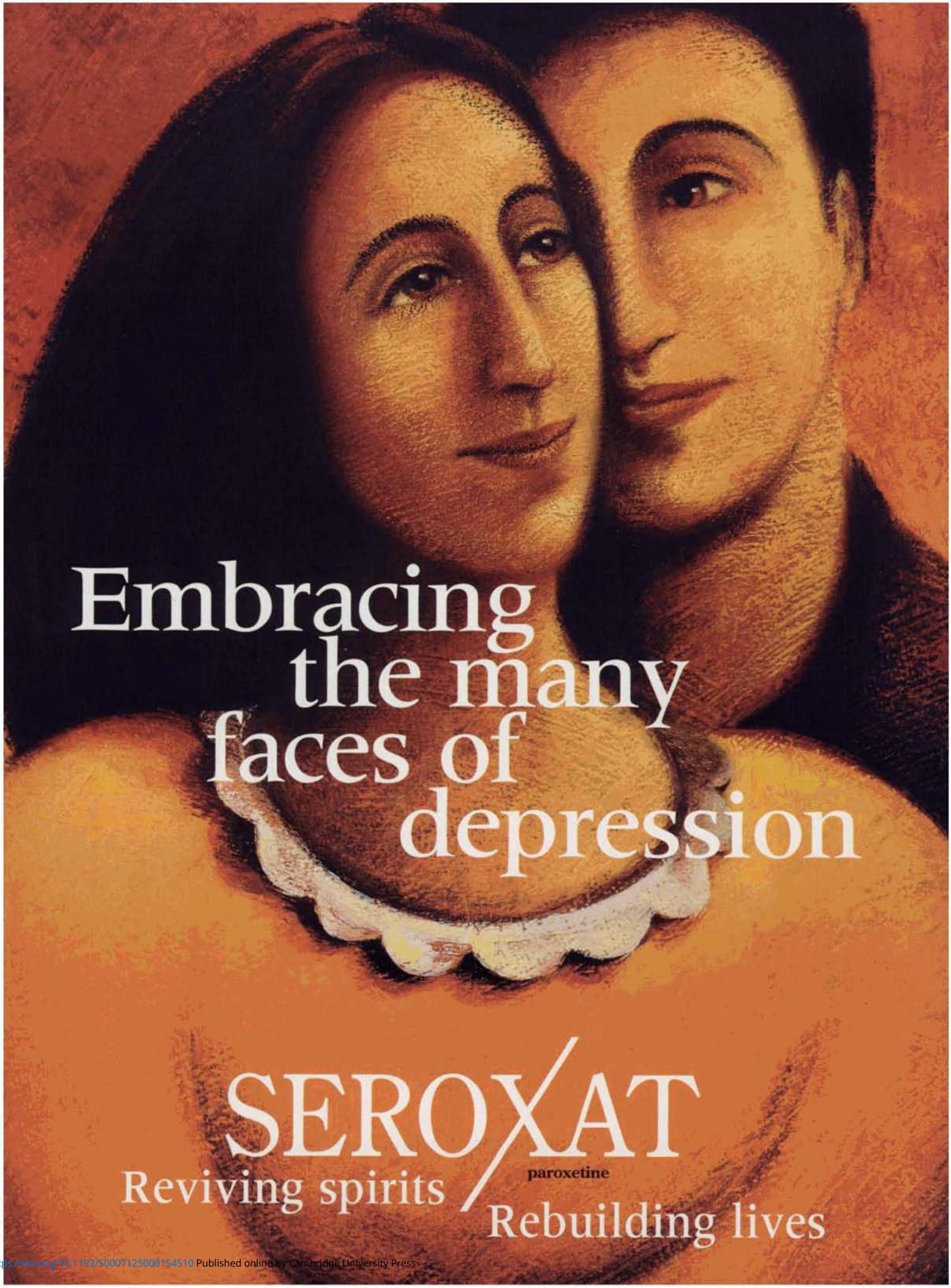
Product licence holder: JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ ENGLAND.
APIVER040399.

® Registered Trademark

Date of preparation: July 1999
00357C

TOPAMAX®
topiramate

Because life without seizures is so much better.



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
Welwyn Garden City, Hertfordshire AL7 1EY.
'Seroxat' is a trade mark.

Date of issue: August 1999.

SmithKline Beecham Pharmaceuticals
PARTNERS IN PSYCHIATRIC CARE

SEROXAT

PAROXETINE

The price of gold has fallen

Now one of the least expensive SSRIs

LUSTRAL™ 50mg

sertraline

Within reach

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, including accompanying symptoms of anxiety. Obsessive Compulsive Disorder. **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 50mg daily. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. **Use in children:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to Lustral. Hepatic insufficiency. Do not use with, or within two weeks of ending treatment with, MAOIs. At least 14 days should elapse before starting treatment with MAOIs following discontinuation of Lustral. Pimozide. Concomitant use with other centrally active medication and with drugs known to affect platelet function. Lustral should be used only if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquillizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. **Drug Interactions:** Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. Interactions with other highly protein bound drugs should be borne in mind. The potential of Lustral to interact with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully assessed. With diarrhoea/loose stools, sexual dysfunction (principally, ejaculatory delay), tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Vomiting, abdominal pain, abnormal LFTs, jaundice, serious liver events, pancreatitis, arthralgia, myalgia, malaise, rash (including rare reports of erythema multiforme, photosensitivity), angioedema, tachycardia. Seizures (see precautions, warnings). Movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. Hyponatraemia. Withdrawal reactions such as: dizziness, paraesthesia, headache, anxiety and nausea. Abrupt discontinuation should be avoided. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL 57/0308) Calendar pack of 28, £16.20; 100mg tablet (PL 57/0309) Calendar pack of 28, £26.51. Further information on request: Pfizer Limited, Sandwich, Kent. Date revised: August 1999.

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:** 25mg and 100mg 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, 12.5mg once or twice on first day, followed by one or two 25mg 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 300mg 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 (12.5mg 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. **Warnings & 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. 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 possess 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 Warnings 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. Rarely, parotid gland enlargement. 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. It is important to recognise and actively treat constipation. 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 25mg tablets: £37.54 (Basic NHS) 84 x 100mg 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. 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

July'99

https://doi.org/10.1192/S0007125000154510 Published online by Cambridge University Press

NOVARTIS

https://doi.org/10.1192/S0007125000154810 Published online by Cambridge University Press