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Debbie doesn't know that Cipramil is now indicated for panic disorder

... she just knows her doctor made a logical choice

As a patient with Panic Disorder, Debbie is beginning to appreciate the value of the Cipramil treatment that her doctor has newly prescribed.

Of course, Debbie would no more talk of the recently extended indication for Cipramil than its high selectivity[1,2], good tolerability[3], and low risk of drug interactions[4,5,6]. She just recognises the difference that Cipramil makes to the stability and quality of her life.

Lundbeck

Cipramil
citalopram
now indicated for panic disorder

Presentation: 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £12.77. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £21.28. **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 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. **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. © 1997 Lundbeck Ltd. Date of preparation: April 1997. 0897/CIP/501/044

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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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Fast Response

Can start to improve symptoms within seven days

FIRST CHOICE

LUSTRAL™ 50mg

sertraline

A first choice antidepressant

CNS DISCOVERY

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. **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:** least 14 days should elapse before starting any MAOI following discontinuation of Lustral. **Use during pregnancy:** 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. **Drug Interactions:** Caution with other centrally active medication. 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 [illegible] and. The potential of Lustral to interact with e.g. Lustral is initiated or stopped. **Side-Effects:** Dry mouth, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Rarely, abnormal LFTs, hyponatraemia. Malaise and rash have been reported. Seizures (see precautions, warnings). The following have been reported with Lustral but may have no causal relationship: movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. As with all psychoactive medicines, possible side effects on discontinuation. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL57/0308) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £39.77. Further information on request. Invicta™ Pharmaceuticals or Richborough™ Pharmaceuticals Divisions of Pfizer Limited, Sandwich, Kent.
Date of preparation: June 1997

RICHBOROUGH INVICTA

Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** *Adults (including the elderly):* Usually 75mg, given once daily with food, increasing to 150mg once daily if necessary. The dose can be increased further to 225mg once a day. Dose increments should be made at intervals of approximately 2 weeks or more, but not less than 4 days. Discontinue gradually to avoid possibility of discontinuation effects. *Children:* Contra-indicated below 18 years of age. *Moderate renal or moderate hepatic impairment:* Doses should be reduced by 50%. Not recommended in severe renal or severe hepatic impairment. **Contra-indications:** Pregnancy, lactation, concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years. **Precautions:** Use with caution in patients with myocardial infarction, unstable heart disease, renal or hepatic impairment, or a history of epilepsy (discontinue in event of seizure). Patients should not drive

Possibility of postural hypotension (especially in the elderly). Women of child-bearing potential should use contraception. Prescribe smallest quantity of tablets according to good patient management. Monitor blood pressure with doses >200mg/day. Advise patients to notify their doctor should an allergy develop or if they become or intend to become pregnant. Patients with a history of drug abuse should be monitored carefully. **Interactions:** MAOIs: do not use Efexor XL in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor XL before starting an MAOI. Use with caution in elderly or hepatically-impaired patients taking cimetidine, in patients taking other CNS-active drugs, and in patients taking drugs which inhibit *both* CYP2D6 and CYP3A4 hepatic enzymes. **Side-effects:** Nausea, insomnia, dry mouth, somnolence, dizziness, constipation, sweating, nervousness, asthenia, abnormal ejaculation/orgasm, anorexia, abnormal vision/accommodation, impotence, vomiting, tremor, abnormal

hypertonia, paraesthesia, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, weight gain or loss, hyponatraemia. **Basic NHS price:** 75mg capsule (PL 00011/0223) - blister pack of 28 capsules: £23.97. 150 mg capsule (PL 00011/0224) - blister pack of 28 capsules: £39.97. **Legal category:** POM. Further information is available upon request from the Product Licence holder: Wyeth Laboratories, Taplow, Maidenhead, Berkshire, SL6 0PH. Date of preparation: August 1997. * trade mark Code no Z777440/0897. WEFX3-UK-JA. References: 1. Muth EA *et al.* Biochem Pharmacol 1986; 35(24): 4493-4497. 2. Muth EA *et al.* Drug Development Research 1991; 23: 191-199. 3. Rudolph R *et al.* Poster presented at the New Clinical Drug Evaluation Unit (National Institute of Mental Health). Boca Raton, Florida 1997. 4. McPartlin GM *et al.* Poster at the 10th European College of Neuropsychopharmacology meeting, Vienna, September 13th-17th, 1997. 5. Salinas E. Biol Psychiatry 1997; 42(Suppl. 1): 244S.

◆ EFEXOR XL ACTS DIRECTLY ON BOTH SEROTONIN AND NORADRENALINE[1,2]

◆ PROVEN EFFICACY VS LEADING SSRIs[3,4]

◆ TOLERABILITY[3,4,5] AND CONVENIENCE YOU EXPECT FROM A FIRST-LINE THERAPY

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EFEXOR XL*

VENLAFAXINE 75 mg o.d.

Simply effective

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SEROTONIN NORADRENALINE REUPTAKE INHIBITOR

TOPAMAX®
topiramate

At the end of the day, it works.

Adjunctive treatment for partial seizures with or without secondary generalisation

TOPAMAX Abbreviated Prescribing Information
Please read the data sheet before prescribing
Presentation: Tablets each imprinted "TOP" on one side and strength on the other containing 25mg (white), 50mg (light yellow), 100mg (yellow), and 200mg (salmon) topiramate. **Uses:** Adjunctive therapy of partial seizures, with or without secondarily generalised seizures, in patients inadequately controlled on conventional first line antiepileptic drugs. **Dosage and Administration:** Adults and Elderly: Oral administration. Usual dose: 200mg - 400mg/day in two divided doses. Maximum recommended dose: 800mg/day. Initiate therapy at 50mg bd then titrate to an effective dose. See data sheet for titration. Do not break tablets. It is not necessary to monitor topiramate plasma concentrations. Patients with renal disease/haemodialysis may require a modified titration schedule. (See data sheet). Children: Not recommended **Contra-indications:** Hypersensitivity to any component of the product. **Precautions and Warnings:** Withdraw all antiepileptic drugs gradually. Maintain adequate hydration to reduce risk of nephrolithiasis (especially increased in those with a predisposition). Drowsiness likely. TOPAMAX may be more sedating than other antiepileptic drugs therefore caution in patients driving or operating machinery, particularly until patients' experience with the drug is established. Do not use in pregnancy unless potential benefit outweighs risk to foetus. Women of child bearing potential should use adequate contraception. Do not use if breastfeeding. **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 plasma concentrations on sodium valproate addition or withdrawal. Digoxin: A decrease in serum digoxin occurs. Monitor serum digoxin on addition or withdrawal of TOPAMAX. Oral Contraceptives: Should contain not less than 50µg of oestrogen. Ask patients to report any change in bleeding patterns. Others: Avoid agents predisposing to nephrolithiasis. **Side Effects:** In 5% or more: ataxia, impaired concentration, confusion, dizziness, fatigue, paraesthesia, somnolence and abnormal thinking. May cause agitation and emotional lability (which may manifest as abnormal behaviour) and depression. Less commonly: amnesia, anorexia, aphasia, diplopia, nausea, nystagmus, speech disorder, taste perversion, abnormal vision and weight decrease. Increased risk of nephrolithiasis. Venous thromboembolic events reported - causal association not established. **Overdosage:** If ingestion recent, empty stomach. Activated charcoal not recommended. Supportive treatment as appropriate. Haemodialysis is effective in removing topiramate. **Pharmaceutical Precautions:** Store in a dry place at or below 25°C. **Legal Category:** POM **Package Quantities and Prices:** Bottles of 60 tablets. 25mg (PL0242/0301) = £22.02; 50mg (PL0242/0302) = £36.17; 100mg (PL0242/0303) = £64.80; 200mg (PL0242/0304) = £125.83.
Product Licence Holder: JANSSEN-CILAG LIMITED, SAUNDERTON, HIGH WYCOMBE, BUCKINGHAMSHIRE HP14 4HJ. API VER 210397.
Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ.
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Date of Preparation March 1997

United Kingdom Psychiatric Pharmacy Group

Psychiatric medication helpline for patients and carers.

0171 919 2999

Open 11.00am to 5.00pm. Weekdays only.

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Patients and carers may telephone with any queries they have about medicines used in psychiatry.

United Kingdom Psychiatric Pharmacy Group **U.K.P.P.G**

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Seroquel

quetiapine

- Effective in positive and negative symptoms[1-4] and improving mood*[5] in patients with schizophrenia
- Incidence of EPS no different from placebo across the full dose range[1-4]
- Rate of withdrawals due to adverse events no different from placebo[6]
- No requirement for routine blood, BP or ECG monitoring[7]

Seroquel
quetiapine

Changing thinking in schizophrenia.

* *Defined as the BPRS item scores of depressive mood, anxiety, guilt feelings and tension*

Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

Legal category: POM

Product licence numbers:

25 mg tablet: 12619/0112
100 mg tablet: 12619/0113
200 mg tablet: 12619/0114

Basic NHS cost:

Starter pack £6.59; 60 x 25 mg tablets £28.20; 60 x 100 mg tablets £113.10; 90 x 100 mg tablets £169.65; 60 x 200 mg tablets £226.20; 90 x 200 mg tablets £339.30

'Seroquel' is a trademark, the property of **Zeneca Limited**

Further information is available from:

ZENECA Pharma on 0800 200 123 please ask for Medical Information, or write to King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

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References
1. Fabre LF, Arvanitis L, Pultz J *et al.* Clin Ther 1995; **17** (No.3): 366-378.
2. Arvanitis LA *et al.* Biol Psychiatry 1997; **42**: 233-246.
3. Small JG, Hirsch SR, Arvanitis LA *et al.* Arch Gen Psychiatry 1997; **54**: 549-557.
4. Borison RL, Arvanitis LA, Miller MS *et al.* J Clin Psychopharmacol 1996; **16** (2):158-169.
5. Data on File, Zenaca Pharmaceuticals.
6. Data on File, Zeneca Pharmaceuticals.
7. 'Seroquel' Summary of Product Characteristics.

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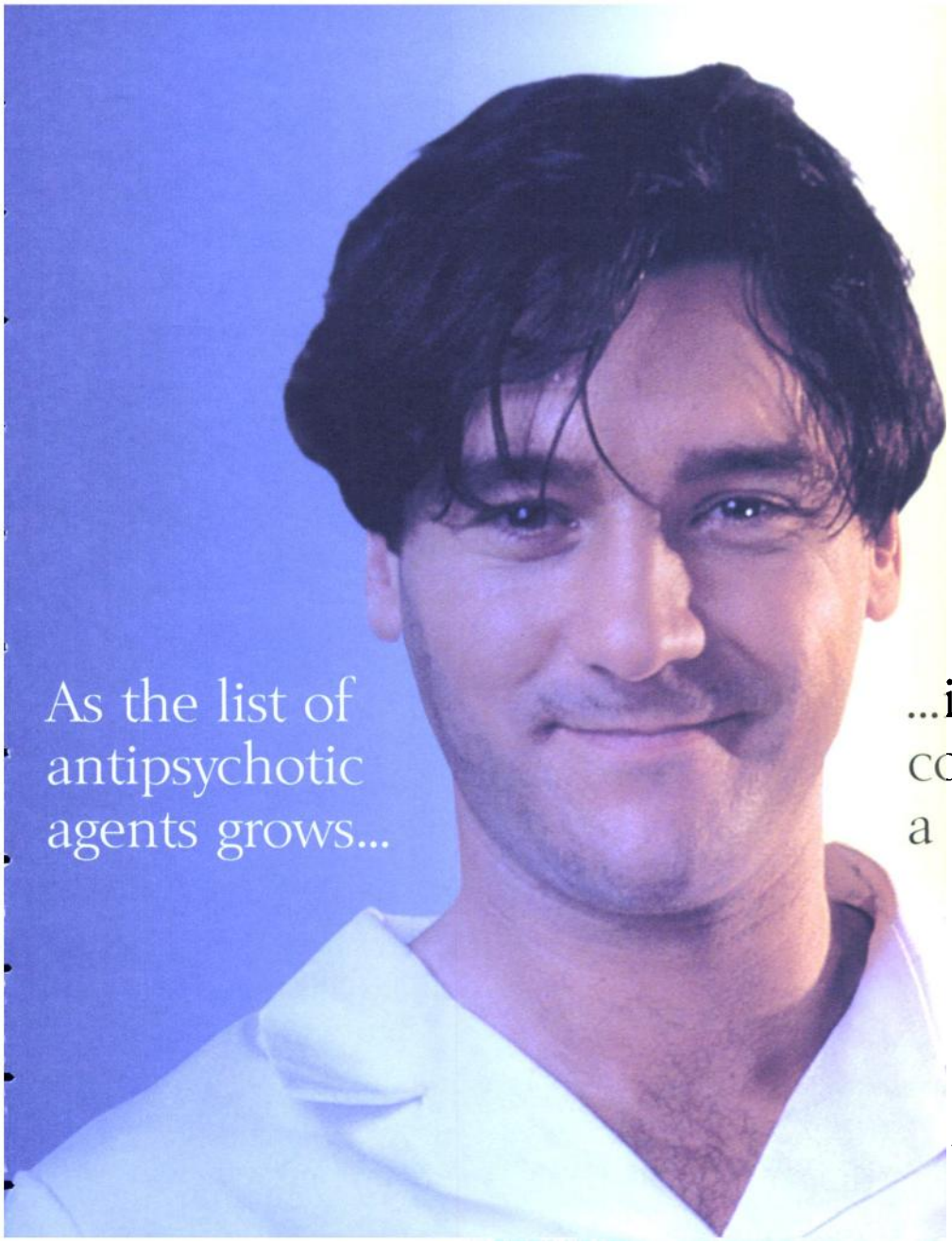

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clozapine

Proven efficacy in treatment resistant schizophrenia

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Alzheimer's

- The first selective treatment for the symptoms of mild or moderate dementia in Alzheimer's disease licensed in the UK [1,2]
- Improvements in cognitive symptoms and global function [3-5]
- Well tolerated [6]
- Simple once daily dosage.

but she knew I was calling today

new ● once daily

Aricept®

donepezil hydrochloride

Eisai Pfizer

A first step in Alzheimer's

BRIEF PRESCRIBING INFORMATION
ARICEPT® (donepezil hydrochloride)
Please refer to the SmPC before prescribing ARICEPT 5mg or ARICEPT 10mg. **Indication:** Symptomatic treatment of mild or moderate dementia in Alzheimer's disease. **Dose and administration:** ***Adults/elderly;*** 5mg once daily which may be increased to 10mg once daily after at least one month. No dose adjustment necessary for patients with renal or mild-moderate hepatic impairment. ***Children;*** Not recommended. **Contra-indications:** Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. **Pregnancy and lactation:** Use only if benefit outweighs risk. Excretion into breast milk unknown. **Precautions:** Potential for interaction with cholinergic agonists and anticholinergics particularly exaggeration of effect of succinylcholine-type muscle relaxants. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients who are at risk of ulcer disease including those receiving NSAIDs. Cholinomimetics may cause bladder outflow obstruction. Seizures occur in Alzheimer's disease and cholinomimetics have the potential to cause seizures. Prescribe with care in patients suffering asthma and obstructive pulmonary disease. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, insomnia and dizziness. Minor increases in muscle creatine kinase but no notable laboratory abnormalities reported. **Presentation and basic NHS cost:** Blister packed in strips of 14. ARICEPT 5mg; white, film coated tablets marked 5 and Aricept, packs of 28 £68.32. ARICEPT 10mg; yellow, film coated tablets marked 10 and Aricept, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5mg; PL 10555/0006 ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai Europe Ltd. **Further information from/Marketed by:** Eisai Ltd, Hammersmith International Centre, 3 Shortlands, London, W6 8EE and Pfizer Ltd, Sandwich, Kent, CT13 9NJ. **Legal category:** POM. **Date of preparation:** May 1997.
References: 1. Kelly CA et al. Br Med J 1997; 314: 693-694. **2.** Rogers SL et al. In : Becker R, Giacobini E, eds. Cholinergic Basis for Alzheimer Therapy. Boston: Birkhauser; 1991: 314-320. **3.** Data on file (A301). **4.** Data on file (A302) and Rogers SL et al. Neurology 1996; 46: A217. **5.** Rogers SL et al. Dementia 1996; 7: 293-303. **6.** Data on file, Integrated Summary of Safety.

A043-30113-06-97

Schizophrenia treatments can't promise to put patients' lives back the way they were. But the right choice of medication may help them find a place in their community.

Zyprexa demonstrated improvement in the negative as well as the positive symptoms of schizophrenia (in four out of five controlled trials in patients presenting with both positive and negative symptoms).[1-3]

With a simple once-daily dosage and no requirement for routine blood or ECG monitoring,[4] *Zyprexa may offer a step towards community re-integration.*

Antipsychotic Efficacy for First-line Use

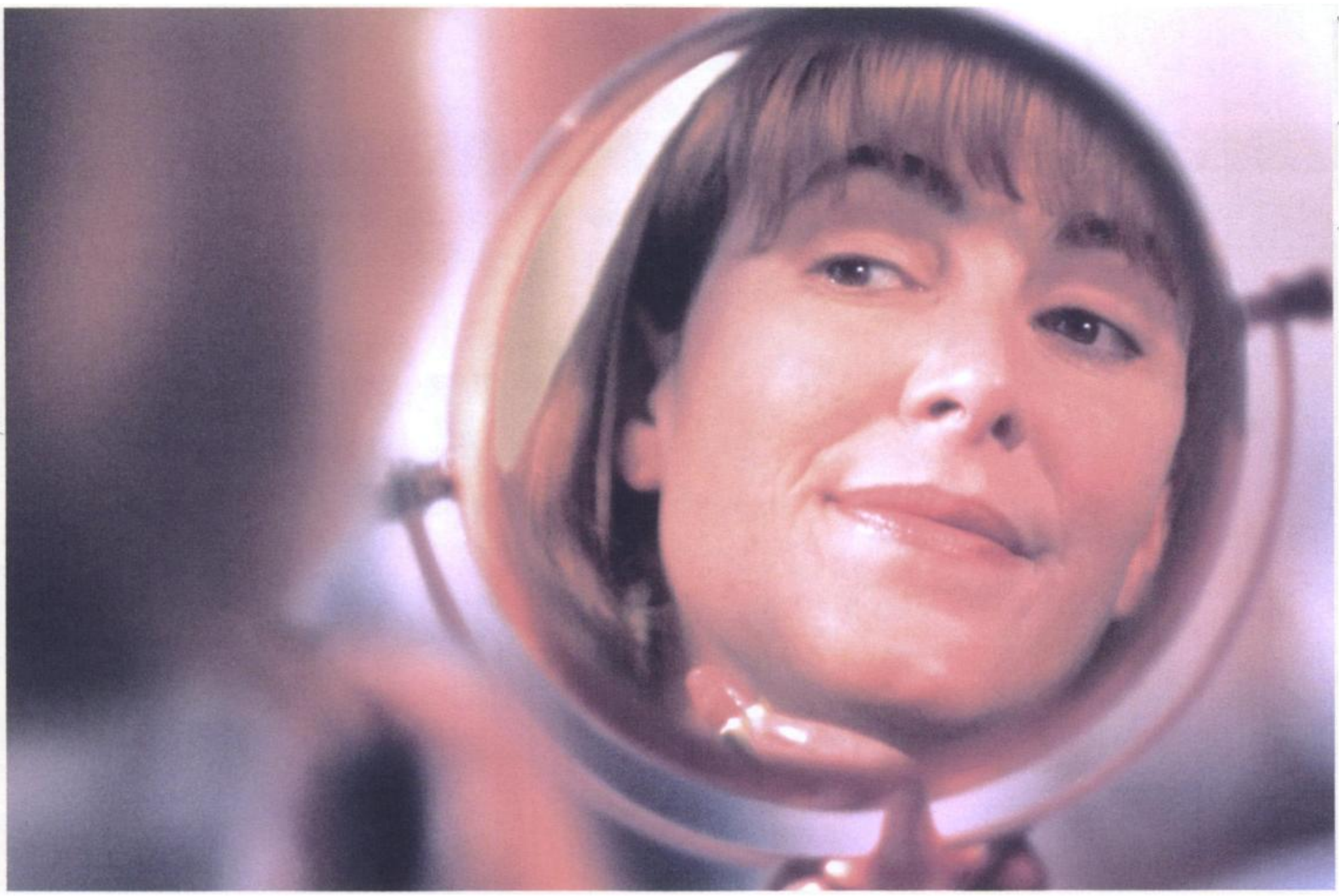
Zyprexa
Olanzapine

Making Community Re-integration the Goal

ABBREVIATED PRESCRIBING INFORMATION:
Presentation: Coated tablets containing 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose. **Uses:** Schizophrenia, both as initial therapy and for maintenance of response. **Further Information:** In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. Olanzapine was associated with significantly greater improvements in both negative and positive schizophrenic symptoms than placebo or comparator in most studies. **Dosage and Administration:** 10mg/day orally, as a single dose without regard to meals. Dosage may subsequently be adjusted within the range of 5-20mg daily. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. *Children:* Not recommended under 18 years of age. *The elderly:* A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. *Hepatic and/or renal impairment:* A lower starting dose (5mg) may be considered. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose. Dose escalation should be conservative in such patients. **Contra-indications:** Known hypersensitivity to any ingredient of the product. Known risk for narrow-angle glaucoma. **Warnings and Special Precautions:** Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. Caution in patients with elevated ALT and/or AST, signs and symptoms of hepatic impairment, pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hypereosinophilic conditions or with myeloproliferative disease. Thirty-two patients with clozapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Although, in clinical trials, there were no reported cases of NMS in patients receiving olanzapine, if such an event occurs, or if there is unexplained high fever, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or have conditions associated with seizures. If signs or symptoms of tardive dyskinesia appear a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other centrally acting drugs and alcohol. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Postural hypotension was infrequently observed in the elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in animals. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. **Driving, etc:** Because olanzapine may cause somnolence, patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects:** The only frequent (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence and weight gain. Occasional undesirable effects included dizziness, increased appetite, peripheral oedema, orthostatic hypotension, and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen occasionally. Olanzapine-treated patients had a lower incidence of Parkinsonism, akathisia and dystonia in trials compared with titrated doses of haloperidol. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. *For further information see summary of product characteristics.* **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack of 28 x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack of 56 x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparation:** August 1996. **Full Prescribing Information is Available From:** Lilly Industries Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is a Lilly trademark. References: 1. Data on file, Lilly Industries. 2. Data on file, Lilly Industries. 3. Zyprexa Summary of Product Characteristics, Section 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Product Characteristics.

Lilly PSYCHIATRY
Improving lives, restoring hope

When you next patient, ask h of lipstick



Edronax®

ABBREVIATED PRESCRIBING INFORMATION

Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the treatment of depressive illness. The remission of the acute phase of the depressive illness is associated with an improvement in the patient's quality of life in terms of social adaptation. The positive effect is also seen on accessory symptoms such as anxiety, insomnia, and decreased activity level. **Posology and method of administration:** *Adults* 4mg b.i.d. (8mg/day) administered orally. After 3-4 weeks, can increase to 10mg/day. *Elderly* 2mg children. **Contra-indications:** Hypersensitivity to the compound. **Special warnings and precautions for use:** In elderly patients a dose reduction is recommended. In renal impairment or patients with hepatic insufficiency a dose adjustment may be required. 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 and glaucoma. At doses higher than the maximum recommended, orthostatic hypotension has been reboxetine with other drugs known to lower blood pressure. Experience of long-term treatment of elderly patients is, at present, limited. Lowering of mean potassium levels in the elderly was found, but levels never dropped below normal limits. **Interactions with other medicaments and other forms of interaction:** Concomitant use e.g.: potassium losing diuretics, blood pressure lowering drugs. Concomitant use with other antidepressants not evaluated. Possible interaction with other drugs which also bind to α_1 acid glycoprotein should be considered. **Pregnancy and lactation:** Administration during pregnancy and in breast feeding women should be avoided. If conception occurs during

see a depressed er which shade she wears.

Self pride is just part of how well a depressed patient re-adapts socially, and social interaction is an extremely valuable measure of successful treatment.

Edronax is a new selective NorAdrenaline Re-uptake Inhibitor (NARI). It not only lifts depressed mood[1,2], but also significantly improves social interaction[3].

These improvements in social function have been trial-proven by using the innovative, SASS (Social Adaptation Self-evaluation Scale) questionnaire[3].

Edronax improves mood at least as effectively as fluoxetine[4]. Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning[3].

Edronax helps restore patients' appreciation of friends, family, work, hobbies and improves their self-perception.

Prescribe 4mg b.d. then make your usual assessments to see the Edronax difference. The SASS questionnaire, which patients can complete in their own time, may also help.

For free copies of the SASS questionnaire, please telephone 0181 957 5156.

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REBOXETINE

A NEW SELECTIVE NARI. LIFTS DEPRESSION. HELPS RESTORE SOCIAL INTERACTION.

exposure to the drug. **Effects on ability to drive and use machines:** Caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring most frequently are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, hypotension, dizziness, vertigo, urinary hesitancy/retention, impotence, the latter mainly observed in patients treated with doses higher than 8mg/day. In the elderly population, newly observed rhythm disorders (mainly tachycardia) and conduction disorders were apparent on ECG in a minority of cases. **Overdose:** Monitor cardiac function and vital signs. General symptomatic supportive and/or emetic measures might be required. **Package and NHS Price:** Pack of 60 tablets in blisters £19.80 **Legal**

Category: POM **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited. **Marketing Authorisation Number:** PL 0032/0216. **Date of Preparation:** June 1997.

References: 1. Berzewski H, Van Moffaert M, Gagiano CA. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S37-S47. 2. Data on file, Pharmacia & Upjohn Ltd. 3. Dubini A, Bosc M, Polin V. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S49-S55. 4. Data on file, Pharmacia & Upjohn Ltd.

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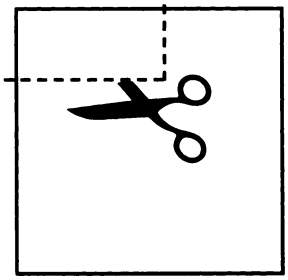

Lundbeck

Serdolect:® Abbreviated Prescribing Information
Presentation: Tablets of 4mg, 12mg, 16mg or 20mg sertindole. **Indications:** Treatment of schizophrenia. Not for urgent relief of symptoms in acutely disturbed patients. **Dosage and administration:** Tablets should be taken orally once daily without regard for food. *Adults.* All patients should be started on 4mg/day. The dose should be increased by 4mg increments after 4-5 days on each dose to the optimum daily maintenance dose range of 12-20mg. The dose may be increased to a maximum of 24mg. Re-titration is necessary if dosing is suspended for more than one week. *Children.* Not recommended. *Mild to moderate hepatic impairment.* Slower titration and lower maintenance dose. *Elderly.* Slower titration and lower maintenance doses may be required. **Contra-indications:** Known prolongation of QT interval or combined use of drugs known to prolong QT interval. Clinically significant cardiac disease or uncorrected hypokalaemia. Combined use of drugs that may induce hypokalaemia. Diuretic therapy may be initiated if required but a potassium-sparing agent must be used. Combined use of quinidine or systemic ketoconazole or itraconazole. Severe hepatic impairment. Hypersensitivity to Serdolect. **Pregnancy and lactation:** Safety during human pregnancy and lactation has not been established and Serdolect should not be used during pregnancy. Nursing mothers should not breastfeed if they are taking Serdolect. **Precautions:** Serdolect is not sedative, however, patients should be advised not to drive or operate machinery until their individual susceptibility is known. History of diabetes, seizures, Parkinson's disease. Symptoms of orthostatic hypotension may occur and blood pressure should be monitored during initial dose titration and in early maintenance phase. In common with other antipsychotic drugs, Serdolect lengthens the QT interval in some patients (<1.7% of patients). Electrolyte imbalance or combined use of other drugs that inhibit Serdolect metabolism can increase the risk of occurrence of prolonged QT interval. An ECG should be performed prior to use with periodic ECG

References: 1. Arnt J *et al*. Poster presented at the 34th ACNP Meeting, December 1995, Puerto Rico. 2. Zborowski J *et al*. Poster presented at 148th APA Meeting, May 1995, Miami, Florida. 3. Daniel DG *et al*. J Psych: In Press. 4. Data on file, H. Lundbeck A/S.

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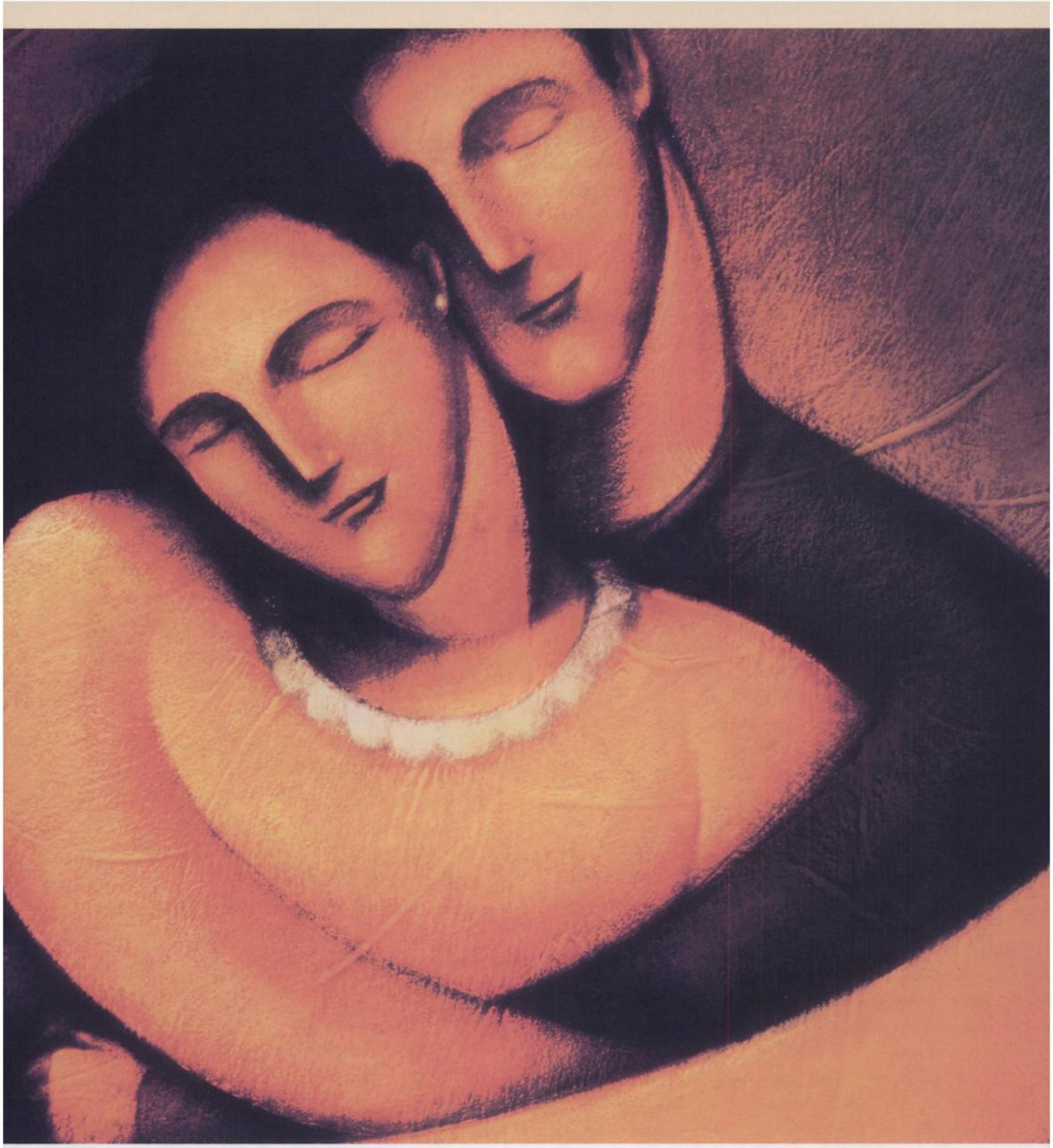

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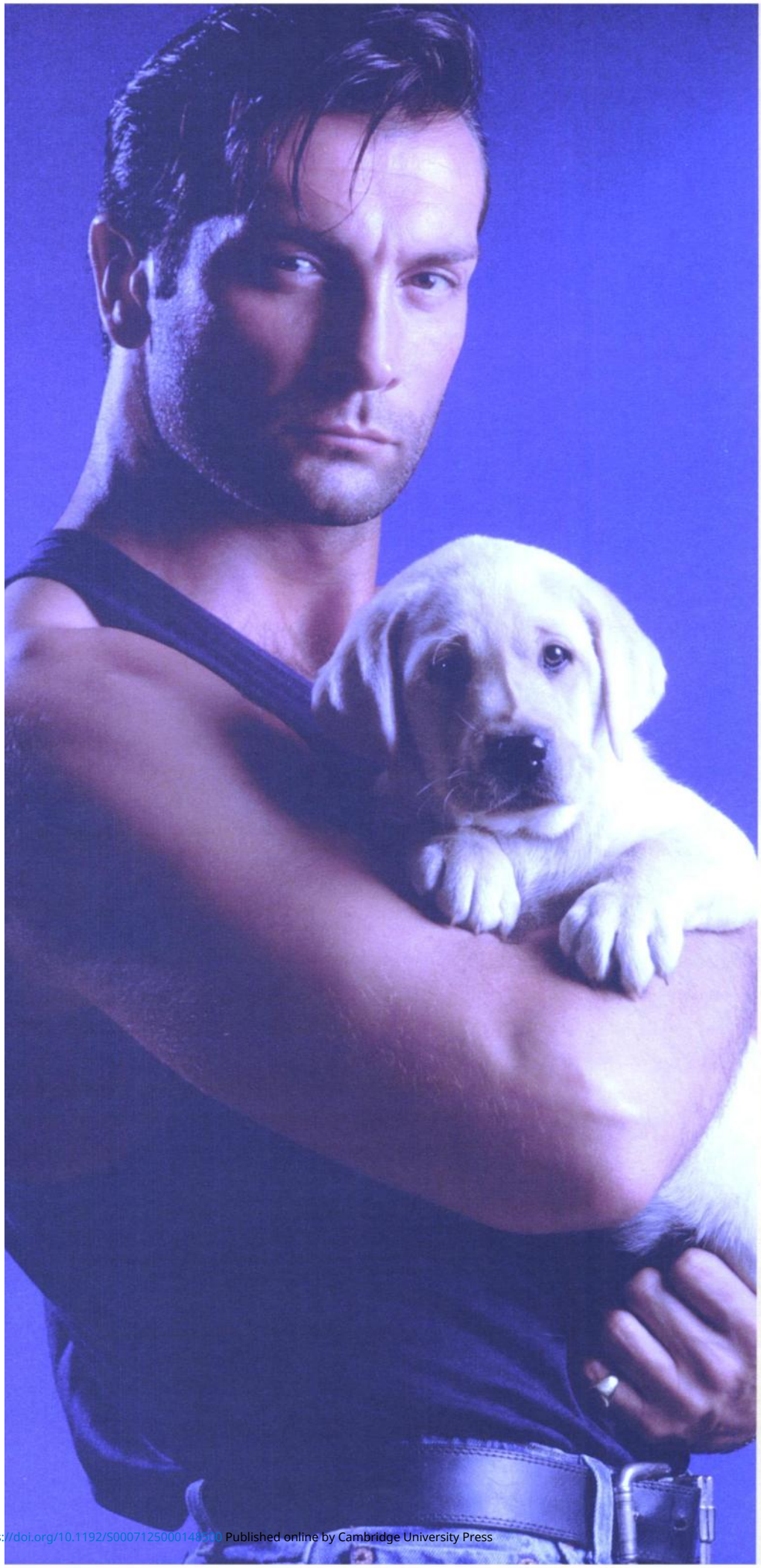

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Books Beyond Words

These books are joint publications between the Royal College of Psychiatrists and St. George's Hospital Medical School. They are intended for people with learning disabilities or difficulties or mental health needs. The stories are told through pictures alone to allow each reader to make his or her own interpretation. A short written text at the end of the book provides one possible narrative for the pictures. *Gaskell books are available from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. (Tel. +44(0)171 235 2351, extension 146). Credit card orders can be taken over the telephone.*

You're under Arrest

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb
£10.00 72pp. 1996 ISBN 1 901242 01 3

You're on Trial

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb
£10.00 72pp. 1996 ISBN 901242 01 3

Going to Court

By Sheila Hollins with Valerie Sinason and Julie Boniface
Illustrated by Beth Webb
£10.00 70pp. 1994 ISBN 1 874439 08 7

The pictures and text in these books are intended to show the likely events when someone with learning disabilities or mental health needs is under arrest and comes into contact with the criminal justice system. *Going to Court* is about being a witness in a Crown Court. The pictures suit any crime and any verdict.

Jenny Speaks Out

£10.00 60pp. 1992 ISBN 1 874439 001

Bob Tells All

£10.00 62pp. 1993 ISBN 1 874439 03 6
By Sheila Hollins and Valerie Sinason
Illustrated by Beth Webb

These two companion books may enable a person with learning disabilities to open up about their experience of sexual abuse. Bob and Jenny have been abused and feel unsettled when they move to a new homes in the community. In each story, the carers sensitively help Bob and Jenny unravel their painful past as victims of sexual abuse, to begin a slow but positive healing process.

Making Friends

£10.00 68pp. 1995 ISBN 1 874439 10 9

Hug Me Touch Me

£10.00 70pp. 1994 ISBN 1 874439 05 2
By Sheila Hollins and Terry Roth, illustrated by Beth Webb

The characters in these stories want to make new friends. The books show when they can and can't hug and touch other people. *Making Friends* tells the story from a man's perspective, while *Hug Me Touch Me* tells the story from a woman's point of view.

Feeling Blue

By Sheila Hollins and Valerie Sinason
Illustrated by Beth Webb

This book is for people with learning disabilities who get depressed. It shows what happens to the character when he is depressed, and how he is helped to feel better.

£10.00 66pp. 1995 ISBN 1 874439 09 5

Going to the Doctor

By Sheila Hollins, Jane Bernal and Matthew Gregory
Illustrated by Beth Webb

Going to the doctor can be a worrying experience. For people with a learning disability, there is the added fear of not being able to explain what's wrong, as well as not understanding what's happening. Feelings, information and consent are all addressed. A variety of scenarios are covered (examination, blood test, prescription, etc.). Ideally, this book should be used to prepare someone before going to the doctor but it will also be invaluable to General Practitioners and primary health care workers during consultations and before treatments. *£10.00 73pp. 1996 ISBN 1 874439 13 3*

When Dad Died

£10.00 60pp. 1989 ISBN 1 874439 06 0

When Mum Died

£10.00 60pp. 1989 ISBN 1 874439 07 9
By Sheila Hollins and Lester Sireling
Illustrated by Beth Webb

These two books take an honest and straightforward approach to death in the family. The pictures tell the story of the death of a parent in a simple but moving way. The approach is non-denominational. One book illustrates a cremation (*When Dad Died*), the other a burial. Children without learning disabilities will also appreciate these books which adopt a more direct approach to death than is usual.

A New Home in the Community

£10.00 72pp. 1993 ISBN 1 874439 02 8

Peter's New Home

£10.00 72pp. 1993 ISBN 1 874439 01 X
By Sheila Hollins and Deborah Hutchinson
Illustrated by Beth Webb

These two books are designed to help people with learning disabilities make a happy transition to a new home. *Peter's New Home* tells the story of leaving one's family for a group home while *A New Home in the Community* tells the story of leaving a long-stay hostel or hospital to go to a group home.

Michelle Finds a Voice

By Sheila Hollins and Sarah Barnett
Illustrated by Denise Redmond

This is the story of a young woman with cerebral palsy who is unable to speak, and so cannot communicate what she is feeling to the very people who might help her. The book shows how Michelle and her carers are helped to overcome these difficulties.

1997 80pp approx. ISBN tba £10.00

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