



EDITORIALS

- 297 Fighting schizophrenia and its stigma. A new World Psychiatric Association educational programme**

N. Sartorius

- 298 BSE and human prion disease**

P. J. Harrison

PAPERS

- 301 The Hampstead Schizophrenia Survey 1991. I: Prevalence and service use comparisons in an inner London health authority, 1986-1991**

S. E. Jeffreys, C. A. Harvey, A. S. McNaught, A. S. Quayle, M. B. King and A. S. Bird

- 307 The Hampstead Schizophrenia Survey 1991. II: Incidence and migration in inner London**

A. S. McNaught, S. E. Jeffreys, C. A. Harvey, A. S. Quayle, M. B. King and A. S. Bird

Access to mental health care in an inner-city health district. I: Pathways into and within specialist psychiatric services

M. J. Commander, S. P. Sashi Dharan, S. M. Odell and P. G. Surtees

- 317 Access to mental health care in an inner-city health district. II: Association with demographic factors**

M. J. Commander, S. P. Sashi Dharan, S. M. Odell and P. G. Surtees

The predictive validity of a diagnosis of schizophrenia. A report from the International Study of Schizophrenia (SoS) coordinated by the World Health Organization and the Department of Psychiatry, University of Nottingham

P. Mason, G. Harrison, T. Croudace, C. Glazebrook and I. Medley

- 328 The Maudsley Family Study 4. Normal planum temporale asymmetry in familial schizophrenia. A volumetric MRI study**

S. Frangou, T. Sharma, T. Sigmudsson, P. Barta, G. Pearlson and R. M. Murray

The Nithsdale Schizophrenia Surveys 16. Breast-feeding and schizophrenia: preliminary results and hypotheses

R. G. McCreadie

- 338 The treatment of sexually dysfunctional men without partners: a controlled study of three behavioural group approaches**

A. Stravynski, G. Gaudette, A. Lesage, N. Arbel, P. Petit, D. Clerc, J. Fabian, Y. Lamontagne, R. Langlois, O. Lipp and P. Sidoun

- 345 Controlled efficacy study of fluoxetine in dysthymia**

J.-M. Vanelle, D. Attar-Levy, M.-F. Poirier, M. Bouhassira, P. Blin and J.-P. Olié

- 351 Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors**

D. Silove, I. Sinnerbrink, A. Field, V. Manicavasagar and Z. Steel

- 358 Road traffic accidents: early psychological consequences in children and adolescents**

A. Di Gallo, J. Barton and W. L. I. Parry-Jones

- 363 Empirically based subgrouping of eating disorders in adolescents: a longitudinal perspective**

T. van der Ham, J. J. Meulman, D. C. van Strien and H. van Engeland

- 369 Symptom severity and cognitive impairment in chronically hospitalised geriatric patients with affective disorders**

P. D. Harvey, P. Powchik, M. Parrella, L. White and M. Davidson

- 375 Epidemiology of psychiatric disorders in elderly compared with younger adults with learning disabilities**

S.-A. Cooper

- 381 Delusion, the overvalued idea and religious beliefs: a comparative analysis of their characteristics**

E. Jones and J. P. Watson

COLUMNS

- 387 Correspondence**

- 390 One hundred years ago**

- 391 Contents of *The American Journal of Psychiatry***

George doesn't know what SSRI means ...

... He just knows his doctor
made a logical choice



“... **SSRIs** deserve consideration
as first-line therapy for
depression in older patients”



Cipramil ▽
citalopram
your partner in depression

Presentation: 'Cipramil' tablets. Pl. 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage: Adults:** 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. **Elderly:** 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. **Children:** Not recommended. 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-HT₁ agonists. Hypersensitivity to citalopram. **Pregnancy and Lactation:** Safety during human pregnancy and lactation has not

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. **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. **Overdose:** 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 trademark. ©1996 Lundbeck Ltd. Date of preparation: September 1996.



EDITOR Greg Wilkinson LIVERPOOL

MAY 03 1997

SENIOR ASSOCIATE EDITOR

Alan Kerr
NEWCASTLE UPON TYNE

ASSOCIATE EDITORS

Sidney Crown
LONDON

Julian Leff
LONDON

Sir Martin Roth
CAMBRIDGE

Sir Michael Rutter
LONDON

Peter Tyrer
LONDON

EDITORIAL ADVISERS

Herschel Prins
LEICESTER

Sir John Wood
SHEFFIELD

Kathleen Jones
YORK

ASSISTANT EDITORS

Mohammed Abou-Saleh
AL AIN

Louis Appleby
MANCHESTER

German Berrios
CAMBRIDGE

Alistair Burns
MANCHESTER

Patricia Casey
DUBLIN

John Cookson
LONDON

David Cottrell
LEEDS

Nigel Eastman
LONDON

Tom Fahy
LONDON

Anne Farmer
CARDIFF

Michael Farrell
LONDON

Nicol Ferrier
NEWCASTLE UPON TYNE

William Fraser
CARDIFF

Richard Harrington
MANCHESTER

Sheila Hollins
LONDON

Jeremy Holmes
BARNSTAPLE

Alexander Kellam
CARDIFF

Peter Kennedy
YORK

Michael King
LONDON

Alan Lee
NOTTINGHAM

Glyn Lewis
CARDIFF

Shôn Lewis
MANCHESTER

Robin McCreadie
DUMFRIES

Ian McKeith
NEWCASTLE UPON TYNE

Roy McClelland
BELFAST

Stuart Montgomery
LONDON

David Owens
LEEDS

Ian Pullen
MELROSE

Rosalind Ramsay
LONDON

Henry Rollin
LONDON

Jan Scott
NEWCASTLE UPON TYNE

Mike Shooter
CARDIFF

Andrew Sims
LEEDS

Jeanette Smith
BRISTOL

George Stein
LONDON

David Tait
PERTH

CORRESPONDING EDITORS

Sidney Bloch
AUSTRALIA

Patrice Boyer
FRANCE

J. M. Caldas de Almeida
PORTUGAL

Andrew Cheng
TAIWAN

Andrei Cristian
ROMANIA

E. L. Edelstein
ISRAEL

Václav Filip
CZECH REPUBLIC

Heinz Katschnig
AUSTRIA

Kenneth Kendler
USA

Toshi Kitamura
JAPAN

Arthur Kleinman
USA

F. Lieh Mak
HONG KONG

Jair Mari
BRAZIL

Harold Merskey
CANADA

Paul Mullen
AUSTRALIA

Ahmed Okasha
EGYPT

Volodymyr Poltavetz
UKRAINE

Michele Tansella
ITALY

Toma Tomov
BULGARIA

John Tsiantis
GREECE

J. L. Vázquez-Barquero
SPAIN

Richard Warner
USA

STATISTICAL ADVISER

Pak Sham
LONDON

STAFF

PUBLICATIONS MANAGER
Dave Jago

SCIENTIFIC EDITOR

Lesley Bennun

ASSISTANT SCIENTIFIC EDITORS

Dinah Alam

Andrew Morris

EDITORIAL ASSISTANTS

Zofia Ashmore

Julia Burnside

Sarah Fergie

MARKETING ASSISTANT

Dominic Bentham

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. All communications, including manuscripts for publication should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG.

Full instructions to authors are given at the beginning of the January and July issues, and on the Web Site below.

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

Subscriptions

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1A 0ZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1997 (12 issues post free) are as follows:

	INSTITUTIONS	INDIVIDUALS
Europe (& UK)	£165	£145
US	\$320	\$236
Elsewhere	£196	£155

Full airmail is £36/
US\$64 extra.

Single copies of the
journal are £14, \$25
(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 SW1X 8PG.

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

Back issues

Back issues published before 1996 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

Advertising

Correspondence and copy should be addressed to Peter T. 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 \$320. 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.

©1997 The Royal College of Psychiatrists. Unless so stated, material in the *British Journal of Psychiatry* does not necessarily reflect the views of the Editor or the Royal College of Psychiatrists. The publishers are not responsible for any error of omission or fact.

BPP
MEDICAL
EDUCATION

Intensive weekend courses
BPP training centre, London

MRCPsychiatry Parts I & II
Written and Clinical skills courses

Part I Written 15-16 March 1997

Part II Written 15-16 March 1997

Part II Clinical 3-4 May 1997

BPP Courses are
Stimulating, entertaining and successful.

Telephone or Fax 0181-959-7562
33 Flower Lane, Mill Hill, London NW7

ASSOCIATION FOR PSYCHOANALYTIC
PSYCHOTHERAPY IN THE NHS (APP)

**CLINICAL PSYCHIATRY:
MEANINGS AND MANAGEMENT**

A Conference to launch the
General Psychiatry Section of the APP

Friday 9th May 1997

at The Tavistock Clinic, Main Lecture Theatre
120 Belsize Lane, London NW3 5BA

Cost for Day £50
(including Lunch, Coffee and Tea)

For details contact: Denise Kelly (Secretary to
APP Conference Committee), 50 Scholefield
Road, London N19 3EX. Tel: 0171 281 4593

DIRECTOR

Division of Mental Health and
Drug Abuse Research,
National Health Research Institutes

Full-time

The newly-created Division of Mental Health and Drug Abuse Research seeks a Director who will be responsible for the planning, developing, coordinating, and implementing of the Division's intramural research programs. The ideal candidate must be a board-certified M.D. in psychiatry or a Ph.D. with a strong background in neuroscience. The Director must have excellent leadership qualities as well as outstanding research administrative skills. A proven track record in clinical or molecular neuroscience research is required, with emphasis on psychiatry, mental health, and drug abuse specifically relating to people in Taiwan.

Please apply to: President Cheng-Wen Wu, National Health Research Institutes, 128 Yen-Chiu-Yuan Road, Sec. II, NanKang, Taipei 11529, Taiwan, R.O.C. Tel: 886-2-651-3712; Fax: 886-2-651-3742.

Applications shall include: CV, research proposal, one copy each of selected reprints, and five recommendation letters sent directly to President Wu.

Deadline for application: 30th April 1997

THE TAVISTOCK CLINIC

**Understanding Trauma:
The Principles & Practice of
a Psychoanalytic Approach
to Trauma in Adult Life**



Applications for this one year course are invited from all professionals whose work involves managing and treating adults who have experienced traumatic events. The course aims to provide an understanding of the principles and practice of a psychoanalytic approach to trauma, through weekly work discussion, theoretical teaching and an experiential group.

Time Commitment

Thursdays, 2.45 pm - 6.30 pm, commencing 2 October 1997.

Fee

£775

Closing date for applications

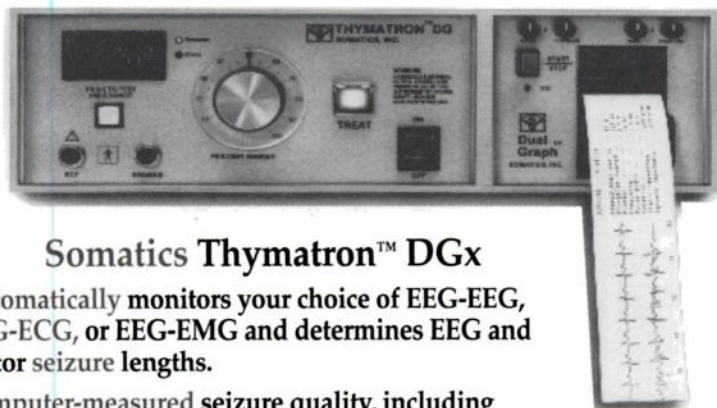
14 July 1997

Organising Tutor

Ms Linda Young

Further information and application forms available from:
Academic Services, TAVISTOCK & PORTMAN NHS TRUST
Tavistock Centre, 120 Belsize Lane, London NW3 5BA
or tel: 0171 447 3722. Please quote ref: PC7

New Brief Pulse ECT with *Computer-Assisted* Easy Seizure Monitoring



Somatics Thymatron™ DGx

- Automatically monitors your choice of EEG-EEG, EEG-ECG, or EEG-EMG and determines EEG and motor seizure lengths.
- Computer-measured seizure quality, including postictal EEG suppression, seizure energy index.
- Up to 8 seconds stimulus duration; pulsewidth as short as 0.5 ms.
- Single dial sets stimulus charge by age; high-dose option available.
- FlexDial™ adjusts pulsewidth and frequency without altering dose.

Distributed in U.S.A., Canada, and Mexico by:



SOMATICS, INC.
910 Sherwood Drive # 17
Lake Bluff IL 60044 U.S.A.

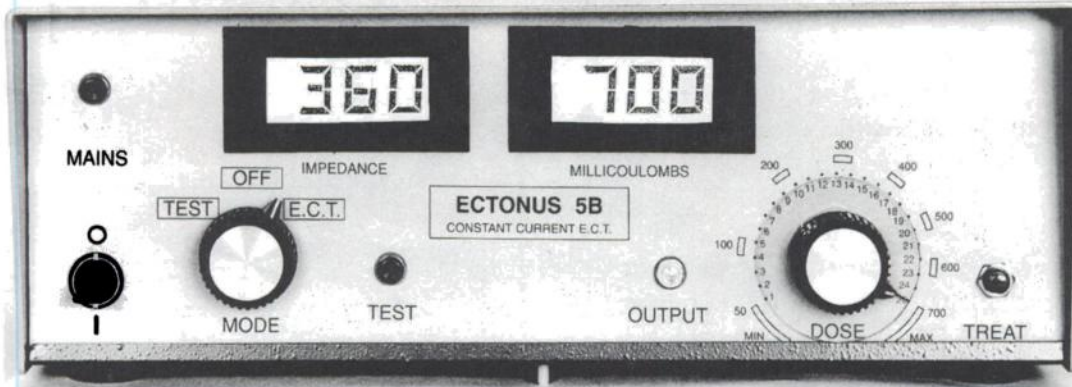
Fax: (847) 234-6763
Tel: (847) 234-6761

Selected Distributors

Distributed in the U.K. by:	Distributed in New Zealand by:
DANTEC Electronics, Ltd. Garonor Way Royal Portbury Bristol BS20 9XE TEL (44) 1275-375333 FAX (44) 1275-375336	WATSON VICTOR, Ltd. 4 Adelaide Rd. Wellington, New Zealand TEL (64) 4-385-7699 FAX (64) 4-384-4651
Distributed in India by:	Distributed in South Africa by:
DIAGNO.SYS New Delhi TEL (91) 11-644-0546 FAX (91) 11-622-9229	DELTA SURGICAL Craighall TEL (27) 11-792-6120 FAX (27) 11-792-6926
Distributed in Australia by:	Distributed in Scandinavia by:
MEECO Holdings Pty. Ltd. 10 Seville St. North Parramatta NSW 2151 Australia TEL (61) 2630-7755 FAX (61) 2630-7365	MEDICAL EQUIPMENT APS Bygaden 51A P.O. Box 23 DK-4040 Jyllinge, Denmark TEL (45) 4-6788746 FAX (45) 4-6788748
Distributed in Pakistan by:	Distributed in Israel by:
IQBAL & CO. Islamabad TEL (92) 51-291078 FAX (92) 51-281623	BEPEX, LTD. 16, Galgalei Haplada St. Herzliya 46722 TEL (972) 9-959586211 FAX (972) 9-9547244

THE CONSTANT CURRENT SERIES 5B E.C.T. APPARATUS

PROPERTY OF
ST. BARNABAS HOSPITAL
183rd ST. & 3rd AVE.
BRONX, N. Y. 10457



ECTONUS Constant Current Series 5B

Supplementing the Constant Current Series 5A ECT Apparatus

ECTONUS and ECTONUSTIM models available from the manufacturers with over 48 years of experience in the design of E.C.T. equipment.

ECTRON LTD

KNAP CLOSE LETCHWORTH HERTS ENGLAND SG6 1AQ
Telephone 01462 682124 Fax 01462 481463

INSTITUTE OF PSYCHIATRY

Bethlem and Maudsley NHS Trust

Women & Psychiatric Treatment

London - 18 & 19 September 1997

The 6th National Conference on Women and Mental Health - aims to highlight issues pertinent to the treatment of women with mental health problems in all treatment settings. The conference will provide a multidisciplinary forum to discuss priorities for research and should appeal to all who work with women with psychological difficulties. Programme to include plenary and workshop sessions.

TOPICS: Addictions: Anxiety and Depression: Psychoses: Hormones: Therapy with Survivors of Sexual Abuse: Perinatal Illnesses: Complementary Therapies: Sociocultural and Research Issues: Psychological Therapies.

ABSTRACTS for posters and research seminars are invited by 16 June 1997.

PGEA APPROVAL & The Royal College of Psychiatrists' CPD VALIDATION: being sought

VENUE: The Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF

FREE: £150 (£80 for the unwaged) to include buffet lunch and refreshments.

FURTHER INFORMATION, APPLICATION AND ABSTRACT FORMS FROM: Ms Lee Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF. Tel: 0171 919 3170, or 0171 740 5125 Fax: 0171 740 5172.



UNIVERSITY OF LONDON

DIRECT MEDICAL APPOINTMENTS

LOCUM positions available NOW

Long or Short Term

Top Rates

All areas of the UK

Choice of Consultant Posts

Documentation/Visas arranged

Permanent and Substantive Positions

CALL NOW FOR A
PROFESSIONAL SERVICE

Tel: +44 (0)1792 472525

Fax: +44 (0)1792 472535

E-mail: medical.appointments@cyberstop.net

THE SOUTH OF ENGLAND SCHOOL OF PSYCHOANALYTICAL PSYCHOTHERAPY (SESPP)

A Professional Training in Psychoanalytic Psychotherapy organised and taught by members of the British Psycho-Analytical Society, based in South West London, commencing October, 1997.

Applications are invited from those between the ages of 25 and 55 and in possession of a University Degree, a qualification in an appropriate core discipline or equivalent.

A prospectus and application form may be obtained from the School's Administrative Secretary, The Enid Balint Centre, Psychotherapy Department, Barnes Hospital, South Worple Way, London SW14 8SU.

Closing date for application 30th May 1997

The ECT Handbook

The Second Report of the
Royal College of Psychiatrists'
Special Committee on ECT



£14.99, 168pp., 1995, ISBN 0 902241 83 4

Available from good bookshops and from the
Publications Department, Royal College of Psychiatrists,
17 Belgrave Square, London SW1X 8PG
(Tel. +44(0)171 235 2351, extension 146)

THE TAVISTOCK CLINIC

Foundation Course in Psychoanalytic Psychotherapy

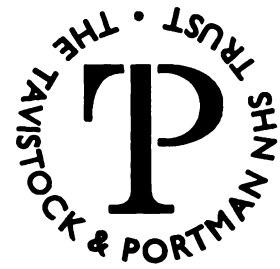
commencing 1 October 1997

A course of weekly lectures and seminars held on Wednesdays from October 1997.

Candidates should work for the NHS or related statutory or voluntary services, in a setting where at least one patient can be taken into psychotherapy during the course of their work. They should also be in personal therapy or intend to embark on this.

Candidates may apply for 1 or 2 years of the course in the first instance. A certificate will be awarded following successful completion of the first 2 years. A third year option is available for selected candidates and leads to a Diploma in Psychoanalytic Psychotherapy which entitles successful candidates to associate membership of the Tavistock Society of Psychotherapists.

An application has been made for recognition of this course by the Royal College of Psychiatrists and The British Psychological Society for the purposes of CPD.



**Further information
and application forms
available from:
Academic Services
The Tavistock & Portman
NHS Trust
Tavistock Centre
120 Belsize Lane
London NW3 5BA
or tel: 0171 447 3722.
Please quote ref: D58-B**

**A general prospectus
of training is
available on request**

TAPS

Team for the Assessment of Psychiatric Services 12TH ANNUAL CONFERENCE

Wednesday 16th July 1997

New Connaught Rooms, London, WC2

Latest research and developments in the field of community psychiatric care, presented by prominent speakers from the UK, EC Countries, North and South America.

Key topics will include:

- Innovative models of community care provision.
- The economic advancement of people suffering from mental illness: recent developments in the USA.
- Current experiences concerning the closure of psychiatric hospitals in the UK and Worldwide.
- The socio-political context of psychiatry.
- Further evidence from 12 years of TAPS research.

For further information and a registration form, please contact:

*Ms H Smith, Administrator, TAPS Research Unit
69 Fleet Road, London NW3 2QU*

Tel: 0171-586-4090: Fax: 0171-722-9959 email: helen@fleet1.demon.co.uk

REASON TO BE CHEERFUL



LUSTRAL™ 50mg sertraline



Abbreviated Prescribing Information: LUSTRAL™ (sertraline)

Presentation: Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness and 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 150mg or 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

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 tranquilizers who drive or operate machinery. Do not use with, or within two weeks of ending treatment with, MAOIs. At least 14 days should elapse before starting any MAOI following discontinuation of LUSTRAL. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. **Drug interactions:** Administer with caution in combination with other centrally active medication. Serotonergic drugs including tryptophan, sumatriptan and fenturamine should not be used with LUSTRAL. It is recommended that plasma lithium levels be monitored following initiation of LUSTRAL. Although LUSTRAL has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. The potential for LUSTRAL to interact with other highly

cimetidine has not been fully assessed. With warfarin prothrombin time should be monitored when LUSTRAL is initiated or stopped. **Side-effects:** Dry mouth, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Asymptomatic elevations in serum transaminases have been reported infrequently (approx. 0.8%) in association with LUSTRAL. These usually occurred within the first 9 weeks treatment and resolved on cessation of therapy. Malaise and rash have been reported. Seizures (see precautions, warnings). There have been isolated reports of movement disorders and rare cases of hyponatraemia. **Legal category:** POM. **Basic NHS cost:** 50mg tablet (PL 57/0308) 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.



An advance in the treatment of depression



DIRECTLY ACTS ON BOTH
SEROTONIN AND NORADRENALINE¹



HIGH RESPONSE RATES^{2,3}



REDUCES AGITATION⁴ AND IMPROVES
SLEEP PATTERNS⁵ AFTER 1 WEEK



LOW POTENTIAL FOR DRUG
INTERACTIONS^{**6-9}

**HEALTHY VOLUNTEER STUDIES

EFEXOR^{*}

VENLAFAXINE 37.5mg b.d.

SEROTONIN NORADRENALINE REUPTAKE INHIBITOR

PRESCRIBING INFORMATION: PRESENTATION: Tablets containing 37.5mg, 50mg or 75mg venlafaxine (as hydrochloride). USE: Treatment of depressive illness. DOSAGE: Usually 75mg/day (37.5mg bd) with food, increasing to 150mg/day (75mg bd) if necessary. In more severely depressed patients, 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Discontinue gradually. Elderly: use normal adult dose. Children: contraindicated. Doses should be reduced by 50% for moderate renal or moderate 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 or operate machinery if their ability to do so is impaired. 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. Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine. Patients with a history of drug abuse should be monitored carefully. Not recommended in severe renal or severe hepatic impairment. INTERACTIONS: MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor before starting a MAOI. SIDE-EFFECTS: Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation, vasodilatation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, palpitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes slight increase in serum cholesterol, hypernatraemia.

BASIC NHS PRICE: 37.5mg tablet (PL 0011/0199) – Calendar pack of 56 tablets: £23.97, 50mg tablet (PL 0011/0200) – Blister pack of 42 tablets: £23.97, 75mg tablet (PL 0011/0201) – Calendar pack of 56 tablets: £39.97. LEGAL CATEGORY: POM. Further information is available upon request. PRODUCT LICENCE HOLDER: Wyeth Laboratories (John Wyeth & Brother Limited), Taplow, Maidenhead, Berkshire, SL6 0PH. Space photography provided courtesy of National Aeronautics and Space Administration (NASA). References: 1. Muth EA *et al.* *Biochem Pharmacol* 1986; 35(24): 4493-4497. (EX00007). 2. Dierick M *et al.* *Prog Neuropsychopharmacol Biol Psychiat* 1996; 20: 57-71. 3. Clerc GE *et al.* *Int Clin Psychopharmacol* 1994; 9(3): 139-143. (EX00101). 4. Entsuah R *et al.* *Human Psychopharmacol* 1995; 10: 195-200. 5. Data on file, 635. 6. Troy SM *et al.* *J Clin Pharmacol* 1995; 35: 410-419. 7. Data on file, 20276. 8. Parker V *et al.* *J Clin Pharmacol* 1991; 3(9): 867 (Abstract 110). (EX00023). 9. Troy S *et al.* *Clin Neuropharm* 1992; 15(Suppl 1 pt.B): 324B. (EX00067). Date of preparation: September 1996. Code: 3738M40/0006 Trade mark



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*

The pictures and text in this book are intended to reflect the procedures used by the police when an adult with learning disabilities or mental health needs is under arrest. You can make any story you like from the book as it will fit any crime.

£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*

The pictures and text in this book are intended to show the likely events when someone with learning disabilities or mental health needs comes into contact with the criminal justice system. The pictures suit any crime and any verdict.

£10.00 72pp. 1996 ISBN 901242 01 3

Going to Court

*By Sheila Hollins with Valerie Sinason and Julie Boniface
Illustrated by Beth Webb*

This book is about being a witness in a Crown Court. The pictures suit any crime and any verdict.

£10.00 70pp. 1994 ISBN 1 874439 08 7

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.



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. The books will help to inform readers about the simple facts of death and about feelings of grief. 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.

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



Half-Inderal LA
propranolol

Zoladex
goserelin 3.6 mg

Tenormin LS
atenolol 50 mg

Arimidex
anastrozole

Casodex
bicalutamide

Tomudex
raltitrexed

And you thought
you'd never heard
of Zeneca

Vivalan
viloxazine

Avloclor
chloroquine
phosphate

Mysoline
primidone

Zestril
lisinopril

Zoladex LA
goserelin 10.8 mg

Meronem
meropenem

Nolvadex
tamoxifen

Diprivan 1%
propofol

All names quoted thus:
'Tenormin' are trademarks.

Indications include:

'Half-Inderal LA' - Anxiety
'Zoladex LA' - Prostate cancer
suitable for hormonal manipulation
'Zoladex' - Endometriosis

'Tenormin LS' - Hypertension
'Arimidex' - Advanced breast
cancer, after tamoxifen, or other
antioestrogens, in post-menopausal
women
'Tomudex' - Palliative treatment of
advanced colorectal cancer, where
5-FU and folinic acid based

regimens are either not tolerated
or inappropriate
'Casodex' - Advanced prostate
cancer, with an LHRH analogue
or surgical castration
'Vivalan' - Symptoms of
depressive illness
'Avloclor' - Treatment of malaria

'Mysoline' - Grand mal epilepsy
'Meronem' - Septicaemia (organisms
susceptible to 'Meronem')
'Nolvadex' - Breast cancer
'Zestril' - Hypertension/adjunctive
therapy in CHF
'Diprivan 1%' - Maintenance of
(general) anaesthesia



Further information is available from **ZENECA Pharma**,
King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

2563

Legal Category POM

96/6084 (cccc) Issued October 1996



ZENECA



Recent Council Reports

CR50 'Wish you were here'? Ethical considerations in the admission of patients to substandard psychiatric units, £2.50

CR51 The responsibilities of consultant psychiatrists, £5.00

CR52 Sexual abuse and harassment in psychiatric settings, £5.00

CR53 Assessment and clinical management of risk of harm to other people, £3.00

CR54 Chronic fatigue syndrome, £10.00

Available from the
Publications Department,
Royal College of Psychiatrists,
17 Belgrave Square,
London SW1X 8PG
Tel. +44(0)171 235 2351,
extension 146

COLLEGE SEMINARS SERIES

College Seminars is a series of textbooks covering the breadth of psychiatry. As well as helping junior doctors during their training years, College Seminars will make a contribution to the continuing medical education of established clinicians.

Seminars in Liaison Psychiatry

Edited by Elspeth Guthrie & Francis Creed

Moving from the psychiatric in-patient and out-patient settings to the general medical wards can be disorientating and difficult. The clinical problems are different. In this text, recognised experts in liaison psychiatry guide the trainee through the various difficulties of interviewing, assessing and formulating the psychological problems found in patients in general medical units.

£15.00, 312pp, 1996, ISBN 0 902241 95 8

Seminars in Clinical Psychopharmacology

Edited by David J. King

Linking relevant basic neuropharmacology to clinical practice, this book is an excellent introduction to an ever-expanding and fascinating subject. It aims to bridge the gap between the theoretical basis for the mode of action of psychotropic drugs and guidance on the clinical standing of the drugs widely used in medical practice.

£20.00, 544pp, 1995, ISBN 0 902241 73 7

Seminars in Alcohol and Drug Misuse

Edited by Jonathan Chick & Roch Cantwell

A clear review of the aetiology, epidemiology, treatment and prevention of dependence on and misuse of alcohol and illicit and prescribed drugs is presented. With a balance of theory, recent research and practical clinical guidelines, the book covers specific and common problems in mental health as well as in general medicine.

£13.50, 246pp, 1994, ISBN 0 902241 70 2

Other books in the series

Seminars in Basic Neurosciences

£15.00, 336pp, 1993, ISBN 0902241 61 3

Seminars in Child and Adolescent Psychiatry

£15.00, 298pp, 1993, ISBN 0902241 55 9

Seminars in Practical Forensic Psychiatry

Edited by Derek Chiswick & Rosemary Cope

A concise account of the specialty from a strongly practical perspective. This book systematically describes the relationship between psychiatric disorders and offending, with detailed discussion of the criminal justice system, court proceedings, mental health legislation, dangerousness, prison psychiatry, and civil issues. It is up-to-date, with references to the Reed report, the Clunis Inquiry, supervision registers and recent legislation. Career guidance and a chapter on ethical issues are included.

£17.50, 359pp, 1995, ISBN 0 902241 78 8

Seminars in Psychiatric Genetics

By P. McGuffin, M.J. Owen, M.C. O'Donovan, A. Thapar & I.I. Gottesman

Comprehensive coverage of what is known of the genetics of psychiatric disorders, and an introduction to the relevant quantitative and molecular genetic methods.

£10.00, 240pp, 1994, ISBN 902241 65 6

Seminars in Psychology and the Social Sciences

Edited by Digby Tantam & Max Birchwood

The theories considered in this book are likely to dominate the research and service agenda over the next decade. Ethnicity as a determinant of health care, connectionist models of mental functioning, and the effects of sex and gender on mental health are some of the theories covered here.

£17.50, 358pp, 1994, ISBN 0 902241 62 1

Titles in preparation

Adult Psychiatric Disorders Due for publication Spring 1997

Learning Disabilities Spring 1997

Psychosexual Disorders Spring 1997

Gaskell is the imprint of the Royal College of Psychiatrists. The books in this series and other College publications are available from good bookshops and from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.



Credit card orders can be taken over the telephone (+44(0)171 235 2351, extension 146).

The latest information on College publications is available on the INTERNET at:

<http://www.demon.co.uk/rcpsych/>

ADVANCE
DIARY DATE

Thinking about management issues in schizophrenia?

As part of a comprehensive programme of initiatives open to psychiatrists, CPNs and pharmacists, we are organising a series of one day multi-disciplinary workshops under the general heading "Changing Horizons of Care".

Presentations and discussion groups will focus on the following:

- Advances in risk assessment and management
- Advances in schizophrenia therapies

28 May	Belfast	11 June	Manchester
28 May	Newcastle	12 June	Glasgow
30 May	Nottingham	16 June	N Thames
30 May	Edinburgh	18 June	Cardiff
3 June	Birmingham	20 June	Leeds
4 June	S Thames	23 June	Exeter
6 June	Southampton	25 June	Oxford

For more information on these multi-disciplinary workshops please call Sally Heap at Zeneca on 01625 712412 or Matt de Gruchy on 0171 229 9922.

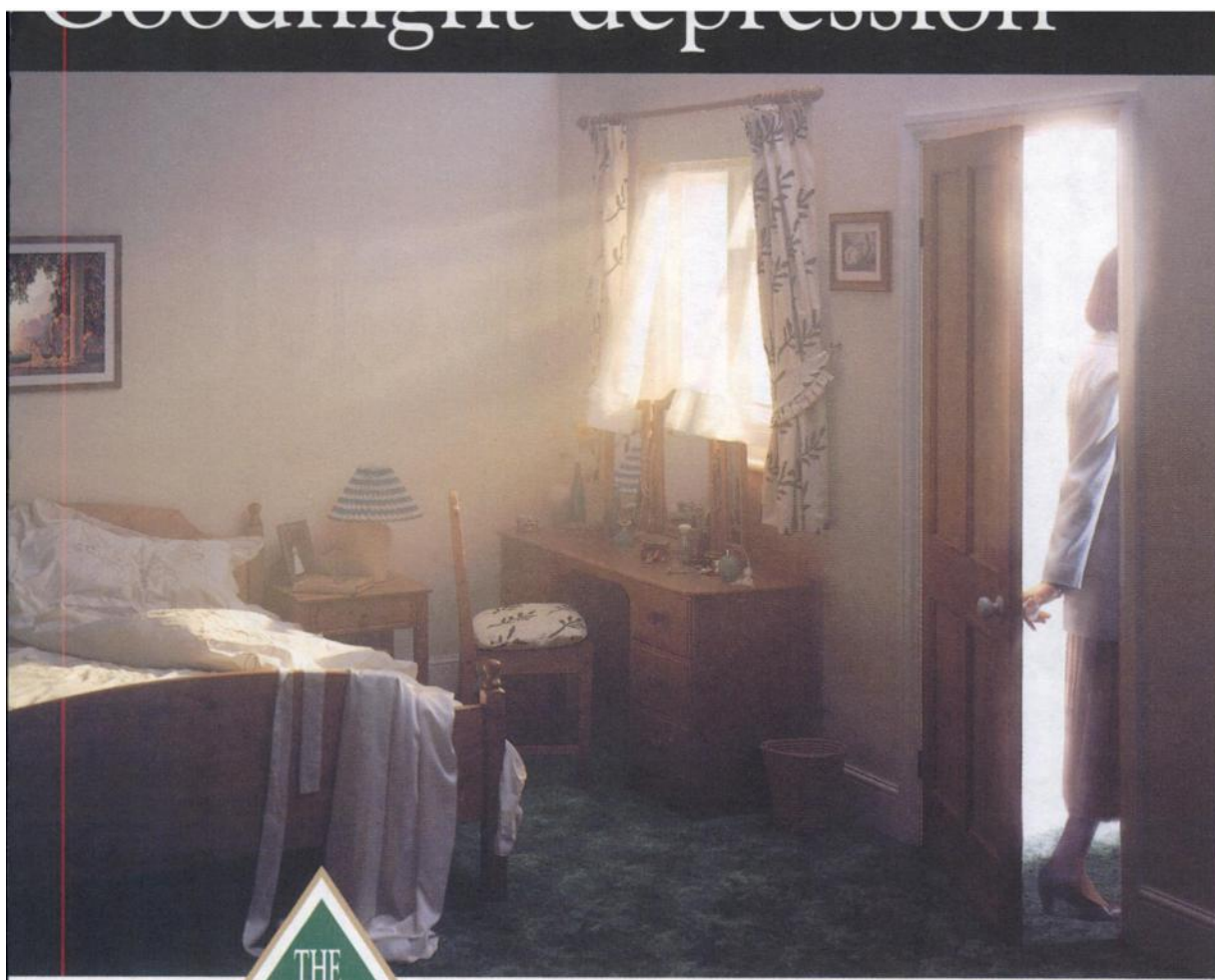


Granted To ICI Pharmaceuticals



ZENECA

THINKING AHEAD IN PSYCHIATRY



THE
FIRST
ANTIDEPRESSANT
LICENSED FOR
PANIC
DISORDER[†]

Good morning world

Because most patients with depression suffer from insomnia and disturbed sleep,¹ an antidepressant should tackle this problem early on.

'Seroxat' has a difference, now well documented in major trials. It has the ability to match tricyclic efficacy in improving sleep by night, without the likelihood of sedation by day.^{2,3}

With 'Seroxat', you can give your patients much needed sleep as early as week one.⁴ You can lift both depression⁵ and anxiety² and reduce rather than increase agitation.⁶

It's a real difference for people needing the strength to face reality again, and a real reason to prescribe this SSRI, which is now also indicated for Panic Disorder and Obsessive Compulsive Disorder.

SEROXAT

PAROXETINE

An SSRI that restores restful sleep⁷

20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16. **Indications:** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Treatment of symptoms of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. **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. Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months for depression or 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 seizure 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. 1.7.96. † In the UK. **References** 1. Fleming J. *Prog Neuro-Psychopharmacol, Biol Psychiatr* 1989;13:419-29. 2. Hutchinson D et al. *Br J Clin Res* 1991;2:43-57. 3. Hindmarch J. *Int Clin Psychopharmacol* 1992;6(Suppl 4):65-7. 4. Dunbar GC et al. *Acta Psychiatr Scand* 1993;87:302-5. 5. Medicines Resource Centre. *Int Pharm J* 1992;6:6-9. 6. Dunbar GC, Fuell DL. *Int Clin Psychopharmacol* 1992;6(Suppl 4):81-9. 7. Dorman T. *Int Clin Psychopharmacol* 1992;6(Suppl 4):53.

SB SmithKline Beecham
Pharmaceuticals

SmithKline Beecham Pharmaceuticals,
Welwyn Garden City, Hertfordshire
AL7 1EY.

'Seroxat' is a registered trade mark.
© 1996 SmithKline Beecham Pharmaceuticals
ST/AD/6/551JP

The facts about xerostomia

and how extra saliva can help.

How big a problem is xerostomia? Over 10 million people in the UK suffer from a sensation of dry mouth (xerostomia),¹ the subjective report of oral dryness.

The use of medications is one of the most common causes of xerostomia.² Over 400 commonly used drugs have been implicated in its aetiology.² These include antidepressants, antihistamines, antihypertensives, antipsychotics, antiemetics, anticholinergics, decongestants, diuretics and other blood pressure drugs.²

Dry mouth is also associated with Rheumatoid Arthritis, Systemic Lupus Erythematosus, Diabetes, Sjögren's Syndrome, Parkinson's Disease and HIV/AIDS.²

Oral dryness and quality of life Xerostomias commonly suffer from caries and oral soft tissue irritation, resulting in soreness and painful inflammation within the oral cavity.³ Dry mouth sufferers are more susceptible to bacteria and yeast infections (candidiasis).² Diminished salivary flow results in problems with tasting, chewing and swallowing food.² Mouth malodour (halitosis) is a common symptom. Speaking is also uncomfortable and inhibited.² Individuals who suffer with dry mouth experience both psychological distress and social embarrassment.

What to look out for: clinical signs and symptoms

- Cracked and fissured tongue.
- Frothy saliva and oral mucosa appears pale, thin and has lost its shine.
- A sudden increase in dental caries.
- No pooling of saliva in the floor of the mouth.
- Recurrent oral candida infections.
- A tongue blade or instrument sticking to soft tissues.
- Angular cheilosis.

Use of sugarfree gum to stimulate saliva Saliva is a protectant against plaque acid attack,⁴ tooth demineralisation,⁵ periodontal gingival disease and oral infections.⁶

Recently, considerable success has been achieved in the use of sugarfree gum to relieve the symptoms of xerostomia by stimulating salivary flow.^{3,7,8} Research among xerostomia patients has shown chewing gum stimulates saliva by up to 7 times its normal flow rate relative to resting saliva, providing immediate relief.⁹ Several studies have also shown that frequent chewing of sugarfree gum has a residual effect on salivary flow even when gum is no longer chewed.³

Sugarfree gum for symptomatic relief Xerostomia is likely to become more widespread and take on increasing significance as our population becomes older and more reliant on medications. Sugarfree gum provides simple and effective relief from this common and often debilitating condition.

Please send me more information about the diagnosis and relief of xerostomia.

Name: _____ Title: _____

Address: _____

Professional Speciality: _____

Please return this coupon to The Wrigley Company Limited,
PO Box 15, RUGBY, CV22 7BR.

BJP

1. Data on file. The Wrigley Company Ltd. 2. FDI Working Group. 10. International Dental Journal 1992; 42(4) Suppl. 2:296. 3. Whelton H *et al.* Data on file, The Wrigley Company Limited. 4. Manning RH *et al.* Caries Res 1991; 25(3): Abstract #78. 5. Leach SA *et al.* J Dent Res 1988;67: Abstract #647. 6. Council on Dental Therapeutics. JADA 1988; 116: 757. 7. Odulosa F. NYSDJ April 1991; 28-31. 8. Markovic N *et al.* Gerontology 1988; 7(2): 71-75. 9. Abelson DC *et al.* J Clin Dent 1990; 2(1): 3-5. 10. Edgar WM *et al.* J Dent Res 1981; 60 Sp.iss. 1137.

Another seiz

Wasn't late getting up

Didn't let fish off hook



Adjunctive treatment for partial seizures

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 - 600mg/day in two divided doses. Maximum recommended dose: 800mg/day. Initiate therapy at 50mg bid 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

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

ure-free day

Didn't fall in water

Didn't have a seizure



At the end of the day, it works.

with or without secondary generalisation

concentration. No clinically significant changes in 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: anorexia, arthralgia, aphasia, diplopia, nausea, nystagmus, speech disorder, taste perversion, abnormal vision and weight decrease. Increased risk of

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 Further information is available on request from the Marketing Authorisation Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. © Registered Trademark © Janssen-Cilag Limited 1996 Date of Preparation Aug 1996

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 of CLOZARIL treatment must be in hospital in-patients and is restricted to those patients with a normal white blood cell count and differential count. Initially, 12.5 mg once or twice on first day, followed by one or two 25 mg tablets on second day. Increase slowly, initially by daily increments of 25 to 50 mg, followed by increments of 50 to 100 mg to reach a therapeutic dose within the range of 200 to 450 mg daily. 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. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored during CLOZARIL therapy since dose-related convulsions have been reported. Therefore, patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications** Hypersensitivity to clozapine. 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 and severe hepatic, renal or cardiac failure. **Warning** 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 that time strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of the risk associated with CLOZARIL therapy its use is therefore limited to treatment-resistant schizophrenic patients: 1. who have normal leucocyte findings (white blood cell count and differential blood count), and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter 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 as long as treatment continues. Patients must be under specialist supervision and CLOZARIL supply is restricted to hospital and community 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 as well as a drug supply audit so that CLOZARIL treatment is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact the treating physician immediately if any kind of infection begins to develop. Particular attention should be paid to flu-like complaints or other symptoms which might suggest infection, such as fever or sore throat. **Precautions** CLOZARIL can cause agranulocytosis. Perform pre-treatment white blood cell count and differential count to ensure only patients with normal findings receive CLOZARIL. Monitor white blood cell count weekly for 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 as long as treatment continues. If the white blood count falls below $3.0 \times 10^9/l$ and/or the absolute neutrophil count drops below $1.5 \times 10^9/l$, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Re-evaluate any patient developing an infection, or with a routine white blood count between 3.0 and $3.5 \times 10^9/l$ and/or a neutrophil count between 1.5 and $2.0 \times 10^9/l$, with a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below $1.0 \times 10^9/l$ and/or $0.5 \times 10^9/l$ respectively, after drug withdrawal requires immediate specialised care. Where protective isolation and administration of GM-CSF or G-CSF may be indicated. Colony stimulating factor therapy should be discontinued when the neutrophil count returns above $1.0 \times 10^9/l$. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration.

Monitor hepatic function in liver disease. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients affected by the sedative action of CLOZARIL should not drive or operate machinery. CLOZARIL should be administered with caution to patients who participate in activities requiring complete mental alertness. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Do not give CLOZARIL 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, on rare occasions, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant administration of therapeutic agents which are highly bound to plasma proteins. Clozapine binds to and is partially metabolised by the isoenzyme cytochrome P450 2D6. Caution is advised with drugs which possess affinity for the same isoenzyme. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions noted with antidepressants, phenothiazines and type Ic antiarrhythmics observed, to date. Isolated reports of fluvoxamine increasing clozapine plasma levels by 5-10 fold. Concomitant use of 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. 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. Neuroleptic malignant syndrome has been reported. Transient autonomic effects eg dry mouth, disturbances of accommodation and disturbances in sweating and temperature regulation. Hypersalivation. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. In rare cases profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. GI disturbances, increases in hepatic enzymes. In rare cases, cholestasis has been reported and very rarely ileus may occur. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Both urinary incontinence and retention and priapism have been reported. 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 hospital and community 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 1996. Full prescribing information, including Product Data Sheet is available from SANDOZ PHARMACEUTICALS. Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

Clozaril got to work...



...so did Steve

How long should you wait?

CLOZARIL[®]
clozapine

Proven efficacy in treatment-resistant schizophrenia

New Zimovane™ LS.

Half the strength
for added flexibility
in the elderly.




Zimovane™
zopiclone 7.5mg

NEW 
Zimovane™ **LS**
Low Strength
zopiclone 3.75mg

A non-benzodiazepine that's just right for the elderly.

Presentation: Zimovane™: white film coated tablets containing 7.5mg zopiclone. Zimovane™ LS: blue film coated tablets containing 3.75mg zopiclone. The tablets also contain lactose, cellulose and sodium. **Pharmacology:** Zopiclone is a non-benzodiazepine hypnotic, a member of the cyclopyrrolone group of compounds which is structurally unrelated to existing hypnotics and tranquillisers. **Indications:** Short term treatment of insomnia which is debilitating or causing severe distress for the patient. A course of treatment should not be longer than 4 weeks. **Dosage and Administration:** Adults: One 7.5mg tablet shortly before retiring. Elderly and renally impaired: A lower dose of 3.75mg zopiclone is recommended initially. The dosage subsequently may be increased to 7.5mg if clinically necessary. **Hepatic insufficiency:** A lower dose of 3.75mg is recommended. **Contra-indications:** Myasthenia gravis, respiratory failure, severe sleep apnoea syndrome, severe hepatic insufficiency, hypersensitivity to zopiclone. As with all hypnotics zopiclone should not be used in children. **Precautions:** Zopiclone is not a treatment for depression. **Hepatic or renal insufficiency:** A lower dose of 3.75mg zopiclone is recommended. **Pregnancy and lactation:** Use of zopiclone is not recommended. **Risk of dependence:** Minimal risk if treatment limited to not more than 4 weeks. Risk may be increased in those

who abuse drugs or alcohol, or who have marked personality disorders. **Withdrawal:** Withdrawal effects are unlikely although all patients should be monitored. **Interactions:** Alcohol, CNS depressant, tricyclic antidepressants. **Adverse Effects:** Most frequently, mild bitter or metallic after-taste, mild gastrointestinal disturbances. Occasionally drowsiness on waking, dizziness, light-headedness and incoordination. Although residual effects are rare, patients should not drive or operate machinery until it is established that performance is unimpaired. Psychological and behavioural disturbances and allergic manifestations such as urticaria or rash have been reported. Rebound insomnia on discontinuation of treatment and anterograde amnesia should not be excluded. **Legal Category:** POM. **Pharmaceutical Precautions:** Protect from light. Store in a dry place below 30°C. **Presentation and Basic NHS Cost:** Zimovane™ tablets: PL12/0259; 28 x 7.5mg tablets Basic NHS cost: £4.48. Zimovane™ LS: PL12/0260; 28 x 3.75mg tablets Basic NHS cost: £3.08. **Date of Preparation:** July 1996. Further information is available on request from Rhône-Poulenc Rorer, RPR House, St Leonards Road, Eastbourne, East Sussex BN21 3YG. ZIM 9896

™denotes Registered Trademark

 **RHÔNE-POULENC RORER**

CORNER STONES
FOR MENTAL HEALTH

CORNERSTONES FOR MENTAL HEALTH

THE 1997 WORLD CONGRESS OF THE WORLD FEDERATION FOR MENTAL HEALTH

6 -11 July 1997, Lahti and Helsinki, Finland

CORNER STONES
FOR MENTAL HEALTH

Keynote speakers will include:

Prof. Erik ANTTINEN (Finland); Sharing experiences with a fellow human being as a cornerstone for rehabilitation
 Dr. A.T. ARIYARATNE (Sri Lanka); A path to awaken one's personality - keeping the wellness of body and mind
 Dr. Mawaheb EL-MOELHY (Egypt); George Albee Lecture
 Dr. LEUPRECHT (France); Ethics and values; Council of Europe as a defender of human rights
 Prof. Norman SARTORIUS (Switzerland); Mental health services - current state and perspectives
 Prof. Gene BRODY (USA); Margaret Mead Memorial Lecture
 The Honourable Margaret Norrie McCAIN (Canada); How is mental health in adulthood linked to interaction in childhood?
 Prof. Marten de VRIES (The Netherlands); The experience of mental illness: Implications for care and prevention
 Ms. Beverly B. LONG (USA); The role of the World Federation for Mental Health

The congress programme will cover a wide range of contemporary and multiple cornerstones in the field of mental health. Following are the main themes:

- Ethics and Values
- Wellness: Healthy Body and Mind
- Social Structures, Culture and Environment
- Interaction, Relationships and Personal Autonomy
- Services for Mental Health: Purchasing, Providing, Using
- Cornerstone X

Who should attend!

- various professionals
- practitioners
- researchers
- users
- family members
- volunteers
- students

For more information please contact:

KaKo Congress Services
 "Cornerstones"
 P.O.Box 762
 FIN-00101 Helsinki
 FINLAND
 Fax +358 9 492 810
 e-mail: kaka_ar@cc.helsinki.fi

Hosted by the Finnish
 Association for Mental Health
 address: Lauttasaarentie 28-30
 FIN-00200 Helsinki
 FINLAND
 Fax: +358 9 692 4065
 e-mail: johanna.eskola@famh.fi

CORNER STONES
FOR MENTAL HEALTH

CORNER STONES
FOR MENTAL HEALTH



Psychological Trauma - A Developmental Approach

Edited by Dora Black, Martin Newman, Jean Harris Hendriks and Gillian Mezey

This is the first UK textbook on psychological trauma and contains contributions by many of the country's leading authorities on responses to traumatic events. It is edited by four clinicians with extensive experience on this subject.

The book discusses normal and abnormal responses to stress, disasters, war and civil conflict, and interpersonal violence, diagnosis, interventions and treatments, and legal aspects.

There is reference throughout to the research findings, and discussion of future research needs. Each chapter contains a comprehensive bibliography for those who wish to read further.

Intended primarily for psychiatrists and other health and social services professionals, it will also prove an invaluable aid to solicitors and lawyers working in this field, as well as to those who plan responses to disasters and help organise services. It will also provide a useful introduction to trainees in the various mental health and legal disciplines interested in this subject. *Published December 1996, price £30.00, 424pp. ISBN 0 902241 98 2*

**Available from bookshops and from the Publications Department, Royal College of Psychiatrists,
17 Belgrave Square, London SW1X 8PG. Tel. +44(0)171 235 2351, extension 146**

**WE WON'T
PROMISE
THE WORLD**



**BUT ZYPREXA MAY
FIND A PLACE**

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. **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.

Lilly PSYCHIATRY

Improving lives, restoring hope





**HELP HIM
IN IT**

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

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.



Books Beyond Words
Series from Gaskell

You're on Trial

Sheila Hollins, Isabel Clare
and Glynis Murphy,
illustrated by Beth Webb

The pictures and text in this book are intended to show the likely events when someone with learning disabilities or mental health needs comes into contact with the criminal justice system. The intended readership is people with learning disabilities or difficulties or mental health needs. The 'story' is told in pictures without any words although there is a text at the back of the book which may be useful too. You can make any story you like from the book as it will fit any crime and any verdict.

This book is a joint publication between the Royal College of Psychiatrists and St. George's Hospital Medical School. The authors all work with people with learning disabilities.

● £10.00 ● 72pp. ● 1996 ● ISBN 1 901242 01 3

Also available in this series:

You're under Arrest, price £10.00.

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).

The latest information on College publications is
available on the INTERNET at:
<http://www.demon.co.uk/rcpsych/>

ABBREVIATED PRESCRIBING INFORMATION

Please refer to summary of product characteristics before prescribing
Risperdal (risperidone)

USES The treatment of acute and chronic schizophrenia, and other psychotic conditions, in which positive and/or negative symptoms are prominent. Risperdal also alleviates affective symptoms associated with schizophrenia. **DOSAGE** Where medically appropriate, gradual discontinuation of previous antipsychotic treatment while Risperdal therapy is initiated is recommended. Where medically appropriate, when switching patients from depot antipsychotics, consider initiating Risperdal therapy in place of the next scheduled injection. The need for continuing existing antiparkinson medication should be re-evaluated periodically. **Adults:** Risperdal may be given once or twice daily. All patients, whether acute or chronic, should start with 2mg/day. This should be increased to 4mg/day on the second day and 6mg/day on the third day. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual optimal dosage is 4 to 8 mg/day. Doses above 10mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16mg/day should not be used. **Elderly, renal and liver disease:** A starting dose of 0.5mg b.d. is recommended. This can be individually adjusted with 0.5mg b.d. increments to 1 to 2mg b.d. Use with caution in these patients. Not recommended in children aged less than 15 years. **CONTRAINDICATIONS, WARNINGS ETC.** Contraindications: Known hypersensitivity to Risperdal. **Precautions:** Orthostatic hypotension can occur (alpha-blocking effect). Use with caution in patients with known cardiovascular disease. Consider dose reduction if hypotension occurs. For further sedation, give an additional drug (such as a benzodiazepine) rather than increasing the dose of Risperdal. Drugs with dopamine antagonistic properties have been associated with tardive dyskinesia. If signs and symptoms of tardive dyskinesia appear, the discontinuation of all antipsychotic drugs should be considered. Caution should be exercised when treating patients with Parkinson's disease or epilepsy. Patients should be advised of the potential for weight gain. Risperdal may interfere with activities requiring mental alertness. Patients should be advised not to drive or operate machinery until their individual susceptibility is known. **Pregnancy and lactation:** Use during pregnancy only if the benefits outweigh the risks. Women receiving Risperdal should not breast feed. **Interactions:** Use with caution in combination with other centrally acting drugs. Risperdal may antagonise the effect of levodopa and other dopamine agonists. On initiation of carbamazepine or other hepatic enzyme-inducing drugs, the dosage of Risperdal should be re-evaluated and increased if necessary. On discontinuation of such drugs, the dosage of Risperdal should be re-evaluated and decreased if necessary. **Side effects:** Risperdal is generally well tolerated and in many instances it has been difficult to differentiate adverse events from symptoms of the underlying disease. Common adverse events include: insomnia, agitation, anxiety, headache. Less common adverse events include: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, priapism, erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. The incidence and severity of extrapyramidal symptoms are significantly less than with haloperidol. However, the following may occur: tremor, rigidity, hypersalivation, bradykinesia, akathisia, acute dystonia. If acute, these symptoms are usually mild and reversible upon dose reduction and/or administration of antiparkinson medication. Rare cases of Neuroleptic Malignant Syndrome have been reported. In such an event, all antipsychotic drugs should be discontinued. Occasionally, orthostatic dizziness, orthostatic hypotension and reflex tachycardia have been observed, particularly with higher initial doses. An increase in plasma prolactin concentration can occur which may be associated with galactorrhoea, gynaecomastia and disturbances of the menstrual cycle. Oedema and increased hepatic enzyme levels have been observed. A mild fall in neutrophil and/or thrombocyte count has been reported. Rare cases of water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures have been reported. **Overdosage:** Reported signs and symptoms include drowsiness and sedation, tachycardia and hypotension, and extrapyramidal symptoms. A prolonged QT interval was reported in a patient with concomitant hypokalaemia who had ingested 360 mg. Establish and maintain a clear airway, and ensure adequate oxygenation and ventilation. Gastric lavage and activated charcoal plus a laxative should be considered. Commence cardiovascular monitoring immediately, including continuous electrocardiographic monitoring to detect possible arrhythmias. There is no specific antidote, so institute appropriate supportive measures. Treat hypotension and circulatory collapse with appropriate measures. In case of severe extrapyramidal symptoms, give anticholinergic medication. Continue close medical supervision and monitoring until the patient recovers. **PHARMACEUTICAL PRECAUTIONS** Tablets: Store between 15°C and 30°C, in a dry place and protected from light. Liquid: Store between 15°C and 30°C and protect from freezing. **LEGAL CATEGORY** POM. **PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS** White, oblong tablets containing 1mg risperidone in packs of 20. PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2mg risperidone in packs of 60. PL 0242/0187 £79.56. Yellow, oblong tablets containing 3mg risperidone in packs of 60. PL 0242/0188 £117.00. Green, oblong tablets containing 4mg risperidone in packs of 60. PL 0242/0189 £154.44. Starter packs containing 6 Risperdal 1mg tablets are also available £4.15. Clear, colourless solution containing 1mg risperidone per ml in bottles containing 100ml. PL 0242/0199 £65.00. **FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER:** Janssen-Cilag Ltd, Sandertown, High Wycombe, Buckinghamshire, HP14 4HJ. References: Ereshefsky L, Lancombe S. Can J Psychiatry 1993; 38(suppl 3): S80-S88. Saller CF et al. J Pharmacol Exp Ther 1990; 253: 1162-1170. Data on file, Janssen-Cilag Ltd. Peuskens J, et al. BJ Psych 1995; 166: 712-726. Marder SR. & Meibach RC. Am J Psych 1994; 151: 825-835. Emsley RA. et al. NR465 [N11877] Klieser E. et al. J Clin Psychopharmacol 1995; 15 (Suppl 1):45S-51S. Lindstrom E. et al. Clin Ther 1995; 17 (No.3). (Reprint)

©

TM denotes Trademark

Date of preparation: March 1996

0098118



JANSSEN-CILAG Ltd



Patient with schizophrenia exercises *self* control by shouting at people



The SDA effect of Risperdal can mean a huge difference to the lives of patients with schizophrenia.

Because SDA is the action of Serotonin and Dopamine Antagonism in a single drug. In positive and negative symptoms. In first episode and acute presentations, and in chronic patients. Risperdal continues to provide this SDA effect to give high efficacy, with low levels of extrapyramidal

side effects, to more and more patients.

Helping them keep out of hospitals while enhancing their appreciation of, and participation in, community and family life.

Surely this is the ultimate goal.



Risperdal[™]
RISPERIDONE

A routine route out

PREVENTION IN PSYCHIATRY FROM GASKELL



Available from good bookshops and from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44(0)171 235 2351, extension 146)

Prevention in Psychiatry

Edited by Eugene S. Paykel and Rachel Jenkins

The place of prevention in psychiatry has been problematic, particularly due to the multifactorial causation of most psychiatric disorders, and gaps in knowledge of causes. This book seeks a balanced appraisal of the evidence and possibilities, and will be of interest to service planners, trainees and all mental health professionals. The chapters cover a wide range from general principles to approaches to specific disorders, age groups, speciality problems, and settings. Each chapter is contributed by an expert in the particular field.

£12.50, 215pp., 1994, ISBN 0 902241 72 9

Prevention of Anxiety and Depression in Vulnerable Groups

Joanna Murray

The scope of this review, commissioned by the Department of Health, is the common mental disorders of anxiety and depression occurring in adults in the community. It considers the possibilities for prevention in primary care. This combination of basic conceptual and research information provides a practical framework of preventive strategies for the primary care team. Social factors in aetiology are examined in detail, and epidemiological data is used to consider vulnerability factors and to identify high risk groups. There is also a thorough review of risk for common mental disorders.

£7.50, 112pp., 1995, ISBN 0 902241 87 7



Gaskell is the imprint of the Royal College of Psychiatrists. Gaskell books are available from good bookshops and from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44(0)171 235 2351, extension 146)

Management for Psychiatrists

Second Edition

Edited by Dinesh Bhugra and Alistair Burns

Since the last edition rapid changes in the NHS have meant that clinicians have had even less time to manage change and keep up to date with health reforms. For this new edition, all the existing material has been extensively revised. In addition, eight new chapters have been added, including a section on changes and conflicts covering large areas of potential difficulty that clinicians may have to deal with.

As before, the emphasis is on how to get the best for and from services. Practical advice is given on management. Negotiation techniques and time and stress management are also covered.

£20.00, 360pp., 1995, ISBN 0 902241 85 0

Psychiatry and General Practice Today

Edited by Ian Pullen, Greg Wilkinson, Alastair Wright & Denis Pereira Gray

This guide to the assessment and treatment of people with psychiatric disorders in general practice covers clinical syndromes, modern treatment approaches, training, research and prevention. The book places special emphasis on collaboration between general practitioners and psychiatrists and partnership both with patients and their relatives and between disciplines and agencies. It is a joint publication by the Royal Colleges of Psychiatrists and General Practitioners.

£17.50, 383pp., 1994, ISBN 0 902241 50 8