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REFERENCES: 1. Thomas DR *et al.* *Psychopharmacol* 1987;93:193-200. 2. Boyer WF, Feighner JP. In: Feighner JP, Boyer WF, eds. *Perspectives in Psychiatry, Vol 1. Selective Serotonin Reuptake Inhibitors*. Chichester 1991:89-108. 3. Dunbar GC *et al.* *Br J Psych* 1991;159:394-8. **PRESCRIBING INFORMATION:** Presentation: 'Seroxat' Tablets, PA 49/50/1-2, each containing either 20 mg or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets; 30 (OP) 30 mg tablets. **Indications:** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. **Dosage:** *Adults:* 20 mg a day. Review response within two to three weeks and if necessary increase dose by 10 mg increments to a maximum of 50 mg according to response. Give 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. Stop treatment gradually. *Elderly:* 20mg a day increasing by increments of 10 mg up to 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-indications:** Hypersensitivity to paroxetine and related drugs; use with MAO inhibitors; unstable epilepsy or convulsive disorders; severe renal failure. **Precautions:** History of mania. Cardiac conditions; caution. Caution in patients with controlled epilepsy (monitor carefully); stop treatment if seizures develop. Caution patients about 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. Combination with other highly bound protein drugs may alter plasma levels of either. Alcohol is not advised. Care with other CNS active drugs. Keep dosage of concomitant benzodiazepines low. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants. Pregnancy and lactation: Use in pregnancy only if essential and avoid during lactation. **Adverse reactions:** Most commonly nausea, somnolence, sweating, tremor, asthenia dry mouth, insomnia, sexual dysfunction. **Overdosage:** Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability. No specific antidote. General treatment as for overdosage with any antidepressant. Early use of activated charcoal suggested. **Product authorisation holder:** SmithKline Beecham Pharmaceuticals, Corrig Avenue, Dun Laoghaire, Co. Dublin. **Additional Information** is available from: Smith Kline & French, Corrig Avenue, Dun Laoghaire, Co. Dublin. Product authorisation numbers: PA 49/50/1-2. © 1994 Smith Kline & French. 'Seroxat' is a trade mark.

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