



## EDITORIALS

**401 Family involvement in the care of people with psychoses. An ethical argument**

G. I. Szmukler and S. Bloch

**406 Late paraphrenia revisited**

R. Howard and P. Rabins

**409 Malingering**

M. Turner

## REVIEW ARTICLES

**412 Needs assessment for mentally disordered offenders and others requiring similar services. Theoretical issues and a methodological framework**

A. Cohen and N. Eastman

**417 Structural neuroimaging in learning disability**

S. Deb

## PAPERS

**420 London-East Anglia randomised controlled trial of cognitive-behavioural therapy for psychosis. II: Predictors of outcome**

P. Garety, D. Fowler, E. Kuipers, D. Freeman, G. Dunn, P. Bebbington, C. Hadley and S. Jones

**427 Outcome of anxiety and depressive disorders in primary care**

C. Ronalds, F. Creed, K. Stone, S. Webb and B. Tomenson

**434 Adverse social circumstances and depression in people of Pakistani origin in the UK**

N. Husain, F. Creed and B. Tomenson

**439 Expressed emotion and depression. A longitudinal study**

H. Hayhurst, Z. Cooper, E. S. Paykel, S. Vearnals and R. Ramana

**444 Serotonin 5-HT<sub>2</sub> receptor imaging in major depression: focal changes in orbito-insular cortex**

F. Biver, D. Wikler, F. Lotstra, P. Damhaut, S. Goldman and J. Mendlewicz

**449 Age-related cognitive decline and vision impairment affecting the detection of dementia syndrome in old age**

F. M. Reischies and B. Geiselman

**452 Publication trends of papers on schizophrenia. A 15-year analysis of three general psychiatric journals**

M. Morlino, F. Lisanti, A. Gogliettino and G. de Girolamo

**457 Social indicators and the prediction of psychiatric admission in different diagnostic groups**

A. P. Boardman, R. E. Hodgson, M. Lewis and K. Allen

**463 Suicide by age, ethnic group, coroners' verdicts and country of birth. A three-year survey in inner London**

J. Neeleman, V. Mak and S. Wessely

**468 Driver suicides**

A. Ohberg, A. Penttila and J. Lonnqvist

**473 Weather conditions and fatal self-harm in North Cheshire 1989-1993**

E. Salib and N. Gray

**478 Post-traumatic stress disorder symptoms and the Clapham rail accident**

C. Selley, E. King, R. Peveler, K. Osola, N. Martin and C. Thompson

## COLUMNS

**483 Correspondence**

**488 One hundred years ago**

**490 Book reviews**

**494 Contents of *The American Journal of Psychiatry***

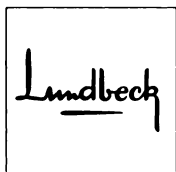
# Debbie doesn't know that Cipramil is now indicated for panic disorder



... 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<sup>1,2</sup>, good tolerability<sup>3</sup>, and low risk of drug interactions<sup>4,5,6</sup>. She just recognises the difference that Cipramil makes to the stability and quality of her life.



## Cipramil<sup>▼</sup> citalopram

*now indicated for panic disorder*

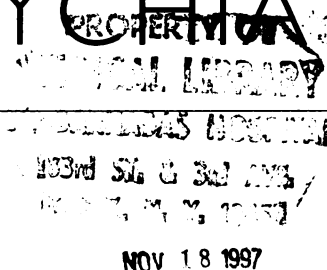
**Presentation:** 'Cipramil' tablets 10 mg: PL 0458/0057, each containing 10 mg of citalopram as the hydrobromide. 28 (OP) 10 mg tablets £12.77. 'Cipramil' tablets 20 mg: PL 0458/0058, each containing 20 mg of citalopram as the hydrobromide. 28 (OP) 20 mg tablets £21.28. **Indications:** Treatment of 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.

**Neuroleptic/renal function:** Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <30 ml/min). **Contra-Indications:** Concomitant use of MAO inhibitors. **Warnings:** 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



# THE BRITISH JOURNAL OF PSYCHIATRY

NOVEMBER 1997 VOL. 171



**EDITOR** Greg Wilkinson LIVERPOOL

**DEPUTY 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**

Tony Johnson  
CAMBRIDGE

Kathleen Jones  
YORK

Martin Knapp  
LONDON

Herschel Prins  
LEICESTER

Sir John Wood  
SHEFFIELD

**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  
BARNSTABLE

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

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

Andrew Morris

ASSISTANT SCIENTIFIC EDITOR

Lucretia King

EDITORIAL ASSISTANTS

Zofia Ashmore

Julia Burnside

Rachel Gold

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. Manuscripts for publication should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG. Queries, letters to the Editor and book reviews may also be sent electronically to [zashmore@rcpsych.ac.uk](mailto:zashmore@rcpsych.ac.uk).

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 SMI 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.

## Direct Medical Appointments

*The Consultants Choice*

**LOCUM** positions available **NOW**

Long or Short Term

Top Rates

All areas of the UK

Choice of Quality Consultant Posts

Documentation/Visa arranged

**Permanent and Substantive Positions**

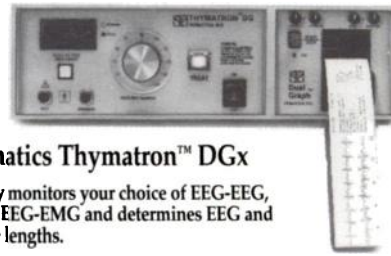
**CALL NOW FOR A PROFESSIONAL SERVICE**

**Tel: +44 (0)1792 472525**

**Fax: +44 (0)1792 472535**

**E-mail: [medical.appointments@cyberstop.net](mailto:medical.appointments@cyberstop.net)**

## 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 the U.K. by:

DANTEC Electronics, Ltd.  
Caronor Way  
Royal Fortbury  
Bristol BS20 9XE  
TEL (44) 1275-375333  
FAX (44) 1275-375336

Distributed in Australia by:

MEECO Holdings Pty. Ltd.  
10 Seville St.  
North Parramatta NSW 2151  
Australia  
TEL (61) 2630-7755  
FAX (61) 2630-7365

Distributed in New Zealand by:

WATSON VICTOR, Ltd.  
4 Adelaide Rd.  
Wellington, New Zealand  
TEL (64) 4-385-7699  
FAX (64) 4-384-4651

Distributed in Ireland by:

BRENNAN & CO.  
Dublin  
TEL (353) 1-295-2501  
FAX (353) 1-295-2333

Distributed in India by:

DIAGNO.SYS  
New Delhi  
TEL (91) 11-644-0546  
FAX (91) 11-622-9229

Distributed in South Africa by:

DELTA SURGICAL  
Craighall  
TEL (27) 11-792-6120  
FAX (27) 11-792-6926

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



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

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

## CIDI-Auto 2.1

Computerised version of the Composite International Diagnostic Interview v2.1 for epidemiological and clinical research, and for clinical support for ICD-10 and DSM-IV diagnoses.

Program, manual and training video  
US\$ 500, Stg 320.

World Health Organization Collaborating  
Centre: 299 Forbes Street, Darlinghurst,  
NSW, Australia 2010.

**Fax: +61 2 9332 4316**

**E-mail: [judyo@crufad.unsw.edu.au](mailto:judyo@crufad.unsw.edu.au)**

**[http://www.unsw.edu.au/clients/crufad/  
home.htm](http://www.unsw.edu.au/clients/crufad/home.htm)**

## NOTTINGHAM UNIVERSITY DEPARTMENT OF PSYCHIATRY

### Schedules for Clinical Assessment in Neuropsychiatry (SCAN)

#### Training Course

**Monday 8 December–Friday 12 December 1997**

Nottingham is a SCAN training centre. This course will give full training in the use of SCAN incorporating the latest version of PSE-10. The week will include seminars, small group tutorials and clinical interviews. Continuing professional development (CPD) approval has been applied for. There are limited places available. To apply, please contact:

Miss M. A. Eastwood  
Department of Psychiatry  
University of Nottingham  
Duncan MacMillan House  
Porchester Road  
Nottingham NG3 6AA

Telephone: 0115 952 9406  
Fax: 0115 952 9483

# STATE OF KUWAIT MINISTRY OF HEALTH

## SITUATIONS VACANT

Consultants and Senior Specialists required for the Ministry of Health, State of Kuwait in the Speciality of Psychiatry:

- a) General Psychiatrist
- b) Addiction Specialist
- c) Child Psychiatrist
- d) Rehabilitation for Psychiatric Patients
- e) Psychiatric Occupational Therapist
- f) Counsellor for Addictions

### Eligibility

- 1) North American Board OR Fellowship/Membership OR equivalent qualifications
- 2) 15 years experience after graduation
- 3) 5–10 years experience after the Specialization Degree

### Expectations

Successful candidates in all the Specialities will be expected to provide up-to-date service and manage all problems in their respective field, including the complicated ones.

### Salary and Privileges

- Within the range of 2000–4000 KD, equivalent to US\$6000–12,000, per month tax free salary
- One time furniture allowance up to 1000 KD, equivalent to US\$3000
- Forty-five days annual leave
- Housing allowance of 500 KD, equivalent to US\$1500
- First class air tickets from/to country of residence on joining duty, during annual leave, and termination of contract – for husband, wife and three children under the age of twenty years

**Applications** including detailed C.V., copies of qualification and experience certificates, passport copy and the names of three referees to be sent to the following address not later than 28 November 1997.

The Undersecretary  
Recruitment Office  
Ministry of Health  
P.O. Box 5, Zip Code 13001 Safat  
State of Kuwait

Fax: 00965-2462867

# LOCUM PSYCHIATRISTS

## All Grades.

We would be pleased to discuss the assignments currently available in major cities throughout the UK.

Please contact Liz Goodwin or her team on:-

**Telephone 0181 626 3117**

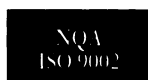
**Fax 0181 626 3101**

**email: lgoodwin@ssrgroupservices.cix.co.uk**

We are confident you will enjoy dealing with our professional, knowledgeable and caring consultants.



INVESTOR IN PEOPLE



NQA  
ISO 9002



Medical Services  
An SSR Group Services Company

SSR Medical Services is a division of SSR Group Services Ltd



*The Arbours Association was established in 1970 to provide, residential psychotherapeutic support outside of psychiatric hospitals*

Our Crisis Centre provides intensive residential and non-residential interventions for those in acute emotional distress. It is a unique psychodynamic alternative to hospital.

41 Weston Park, London N8 9SY  
(0181) 340 8125

Our three Therapeutic Communities offer a residential environment for those with emotional and social problems who require low level support. The long term aim is to overcome difficulties and to be able to live independently.

6 Church Lane, London N8 7BU  
(0181) 340 7646

*Referrals accepted from professionals and individuals*

*Reg. Charity No. 263608*

## The Royal College of Psychiatrists' Journal of Continuing Professional Development



# Advances in Psychiatric Treatment

Editor: Andrew Sims, Professor of Psychiatry, St James's University Hospital, Leeds

Subscription rate for Volume 4, 1998

(6 issues starting January):

Europe, including UK £73.00

USA US\$120.00 Elsewhere £73.00

Full airmail £6/\$10 extra

APT with CPD registration £tba

To enter your subscription or to obtain a sample copy of APT, contact: Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1M 0ZA, UK. Tel: +44(0)171 290 2927/8; Fax: +44(0)171 290 2929

College members wishing to receive APT and register for CPD should contact the Registration Department, Tel: +44(0)171 235 2351

### Contents of the November 1997 issue

Assessing children for the courts. *C Lindsey*

Seasonal Affective Disorder. *C Thompson, I Rodin*

Treatment of the newly diagnosed patient with schizophrenia. *M Travis, R Kerwin*

Treatment of the patient with long-term schizophrenia. *A Mortimer*

Career advice for psychiatric trainees.

*J Robertson, A Dean*

Learning disability and old age. *S A Cooper*

Rapid cycling bipolar disorder. *R Morriss, M Ahmed*

Treatment of massive trauma due to war.

*D Somasundaram*

# Consultant Psychiatrist

## MINISTRY OF DEFENCE

### Defence Services Psychiatric Centre, Duchess of Kent's Hospital, Catterick Garrison, North Yorkshire

The Duchess of Kent's Hospital is part of the Defence Secondary Care Agency, a Joint Service Agency of the Ministry of Defence, that provides a comprehensive medical facility for service personnel and referred NHS patients throughout Northern England, Scotland and North Wales.

The Duchess of Kent's Hospital, in Yorkshire, has a vacancy for a Consultant Psychiatrist in the Defence Services Psychiatric Centre.

If you take up this innovative and challenging specialist post, in a recently established and rapidly expanding unit, you will have direct responsibility for managing a 17 bedded general adult firm, and the opportunity to develop a wide range of psychiatric interests. Your firm will have sound support from two SHOs, a specialist Registrar and a multi-disciplinary team.

The Defence Services Psychiatric Centre meets tertiary referrals for traumatic stress and not only encourages research and teaching, but provides close links with schools of Behavioural Sciences at Leeds University.

This is an Established position, with a competitive salary ranging from £43,165 - £55,705 per annum, and a relocation package worth up to £5,000.

You should be registered with the GMC and eligible for the Specialist Training Register (we will be pleased to hear from Specialist Registrars completing their training).

The Duchess of Kent's Hospital is a major unit of the Defence Secondary Care Agency (DSCA). Situated within the MoD Catterick Garrison, in beautiful North Yorkshire countryside near Darlington, it is just three hours from both London and Edinburgh. The Hospital, which is pursuing IIP status, offers good Post Graduate study facilities, and access to the British Library and other specialist libraries.

For details of this interesting post and application form, job description and Agency brochure contact: The Ministry of Defence, CM(Pers)2C1a, Room 124, Pinesgate East, Lower Bristol Road, Bath BA1 5AB. Telephone 01225 449625. Points of contact regarding informal enquiries relating to the post will be either Dr R M L Anderson on 01748 873166 or Dr L Neal on 01748 873187. Closing date: 21st November 1997.

*The MoD is an equal opportunities employer.*



Defence Secondary  
Care Agency



## ATTENTION ALL CONSULTANT PSYCHIATRISTS

- \* We have long/short term positions available to start IMMEDIATELY.
- \* General/Adult/Old Age/Child & Family/Drug & Substance Abuse and Learning Disabilities.
- \* All Areas.
- \* Excellent Rates.
- \* Cash Payment.

We have specialist staff waiting to hear from you in these areas:

SOUTHAMPTON

MANCHESTER

SWANSEA

**DON'T DELAY**

Telephone: 01703 393988

Mobile Numbers: 0585 326825, 0589 244225

Fax Number: 01703 393908

OR EMAIL US ON: [DIRECT@INTERALPHA.CO.UK](mailto:DIRECT@INTERALPHA.CO.UK).

Prescribe  
97% of psychiatrists



# Fast Response

Can start to improve symptoms within seven days



## A first choice antidepressant



**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:** Not recommended. **Use in the elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to Lustral. Hepatic insufficiency. Do not

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 not be administered to a patient who develops seizures. Lustral should not be administered to patients concurrently being treated with tranquilizers 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 should be borne in mind. The potential of Lustral to interact with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully

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

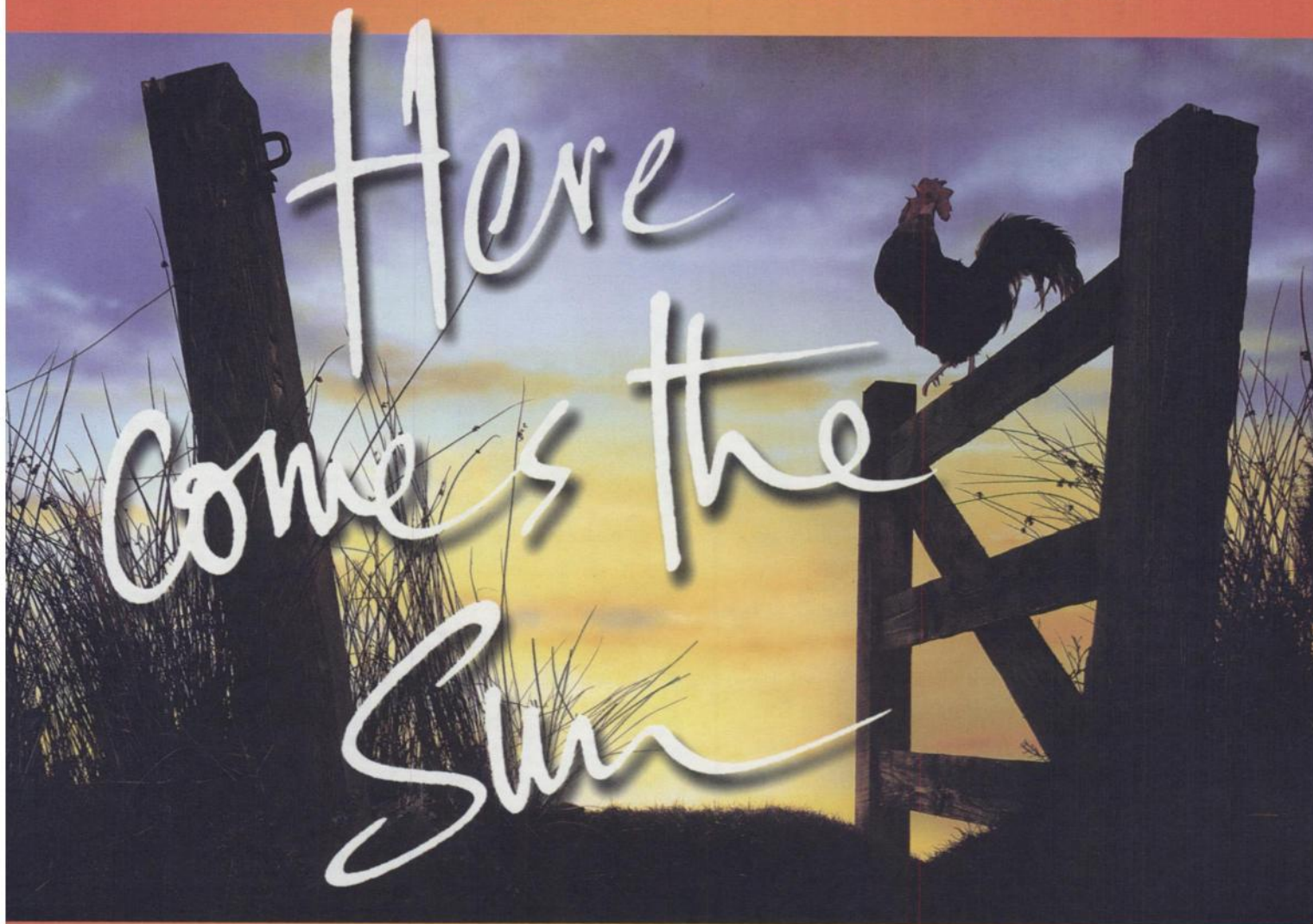




Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** Adults (including the elderly): Usually 75mg, given once daily with food, increasing to 150mg once daily if necessary. The dose can be increased further 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:** Contraindicated 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

dreams, vasodilatation, hypertension, tachy, agitation, 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<sup>1,2</sup>

◆ PROVEN EFFICACY VS LEADING SSRIs<sup>3,4</sup>

◆ TOLERABILITY<sup>3,4,5</sup> AND CONVENIENCE YOU EXPECT FROM A FIRST-LINE THERAPY

NEW ONCE DAILY

**EFEXOR XL**  
VENLAFAXINE 75 mg o.d.

*Simply effective*

Wyeth



College Seminars  
Series from Gaskell

# Seminars in The Psychiatry of Learning Disabilities

Edited by Oliver Russell

This volume is both an up to date account of recent advances in the field of learning disabilities and a practical guide to the diagnosis and treatment of psychiatric disorder. Chapters on the classification of psychiatric disorders in people with learning disabilities, the epidemiology of intellectual disability and the diagnosis of psychiatric disorder are followed by more detailed accounts of autism, behavioural phenotypes and communication disorders. Psychiatric disorders are covered in the latter part of the book, including discussions on behavioural interventions, counselling and epilepsy. The book concludes with a review of forensic aspects of psychiatric management and treatment.

Written primarily for trainee and general psychiatrists, this book will also be of use to consultants, paediatricians, nurses and social workers.

1997, 288pp, ISBN 0 901242 02 1, £15.00

*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/>*

## RISPERDAL™ 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 2 mg/day. This should be increased to 4 mg/day on the second day and 6 mg/day on the third day. However, some patients such as first-episode psychotic patients may benefit from a slower rate of titration. From then on the dosage can be maintained unchanged, or further individualised if needed. The usual effective dosage is 4 to 8 mg/day although in some patients an optimal response may be obtained at lower doses. Doses above 10 mg/day may increase the risk of extrapyramidal symptoms and should only be used if the benefit is considered to outweigh the risk. Doses above 16 mg/day should not be used. **Elderly, renal and liver disease:** A starting dose of 0.5 mg bd is recommended. This can be individually adjusted with 0.5 mg bd increments to 1 to 2 mg bd. Risperdal is well tolerated by the elderly. Use with caution in patients with renal and liver disease. 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, hypotension (including orthostatic), tachycardia (including reflex) and hypertension have been observed. 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 360mg. 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 below 30°C. 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 1 mg risperidone in packs of 20. PL 0242/0186 £13.45. Pale orange, oblong tablets containing 2 mg risperidone in packs of 60. PL 0242/0187 £79.56. Yellow, oblong tablets containing 3 mg risperidone in packs of 60. PL 0242/0188 £117.00. Green, oblong tablets containing 4 mg risperidone in packs of 60. PL 0242/0189 £154.44. Starter packs containing 6 Risperdal 1 mg tablets are also available £4.15. Clear, colourless solution containing 1 mg risperidone per ml in bottles containing 100 ml. PL 0242/0199 £65.00. **FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ.  
Date of preparation: April 1997  
© Janssen-Cilag Ltd  
™ trademark

801116



# Patient with schizophrenia exercises self esteem by going downhill



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.

The word is on the street.



**Risperdal™**  
RISPERIDONE

A routine route out

# CLOZARIL®

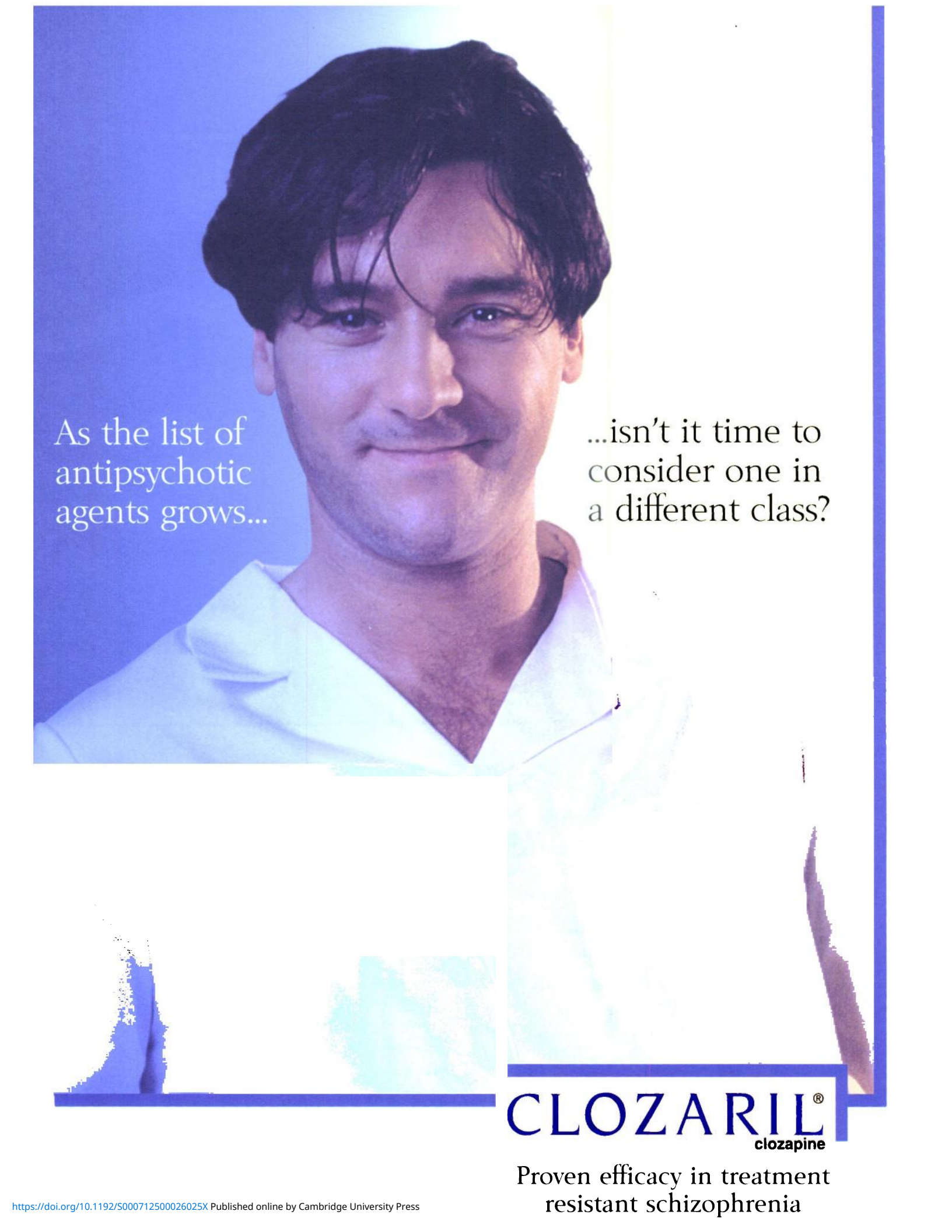
clozapine

**CLOZARIL ABBREVIATED PRESCRIBING INFORMATION.** The use of CLOZARIL is restricted to patients registered with the CLOZARIL Patient Monitoring Service. Indication Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). Presentations 25mg and 100 mg clozapine tablets. **Dosage and Administration** Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5 mg once or twice on the first day, followed by one or two 25 mg tablets on the second day. Increase dose slowly, by increments to reach a therapeutic dose within the range of 200 - 450mg daily (see data sheet). The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. 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. 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** Allergy to any constituents of the formulation. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause, severe renal or cardiac failure, active liver disease, progressive liver disease or hepatic failure. **Warning** 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. Therefore, because of this risk its use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter for the first year of therapy. After one year's treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation of CLOZARIL. Patients must be under specialist supervision and CLOZARIL supply is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts 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, especially any flu-like symptoms. **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 year's treatment, monitoring may change to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after complete discontinuation. If signs or symptoms of infection develop an immediate differential count is necessary. 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 when a routine white blood count is 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 and broad spectrum antibiotics 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. Patients affected by the sedative action of CLOZARIL should not drive or

operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give 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 isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which possess affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions have been noted with antidepressants, phenothiazines and type Ic antiarrhythmics, to date. 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 by CLOZARIL. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. **Side-Effects** Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects 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. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Nausea, vomiting and usually mild constipation have been reported. Occasionally obstipation and paralytic ileus have occurred. Asymptomatic elevations in liver enzymes occur commonly and usually resolve. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Both urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. **Package Quantities and Price** Community pharmacies only 28 x 25mg tablets: £12.52 (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS) Hospital pharmacies only 84 x 25 mg tablets: £37.54 (Basic NHS) 84 x 100 mg tablets: £150.15 (Basic NHS) Supply of CLOZARIL is restricted to pharmacies registered with the CLOZARIL Patient Monitoring Service. **Product Licence Numbers** 25 mg tablets: PL 0101/0228 100 mg tablets: PL 0101/0229 **Legal Category:** POM. CLOZARIL is a registered Trade Mark. Date of preparation, August 1997. Full prescribing information, including Product Data Sheet is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

 **NOVARTIS**

AUG '97 CLZ 97/13

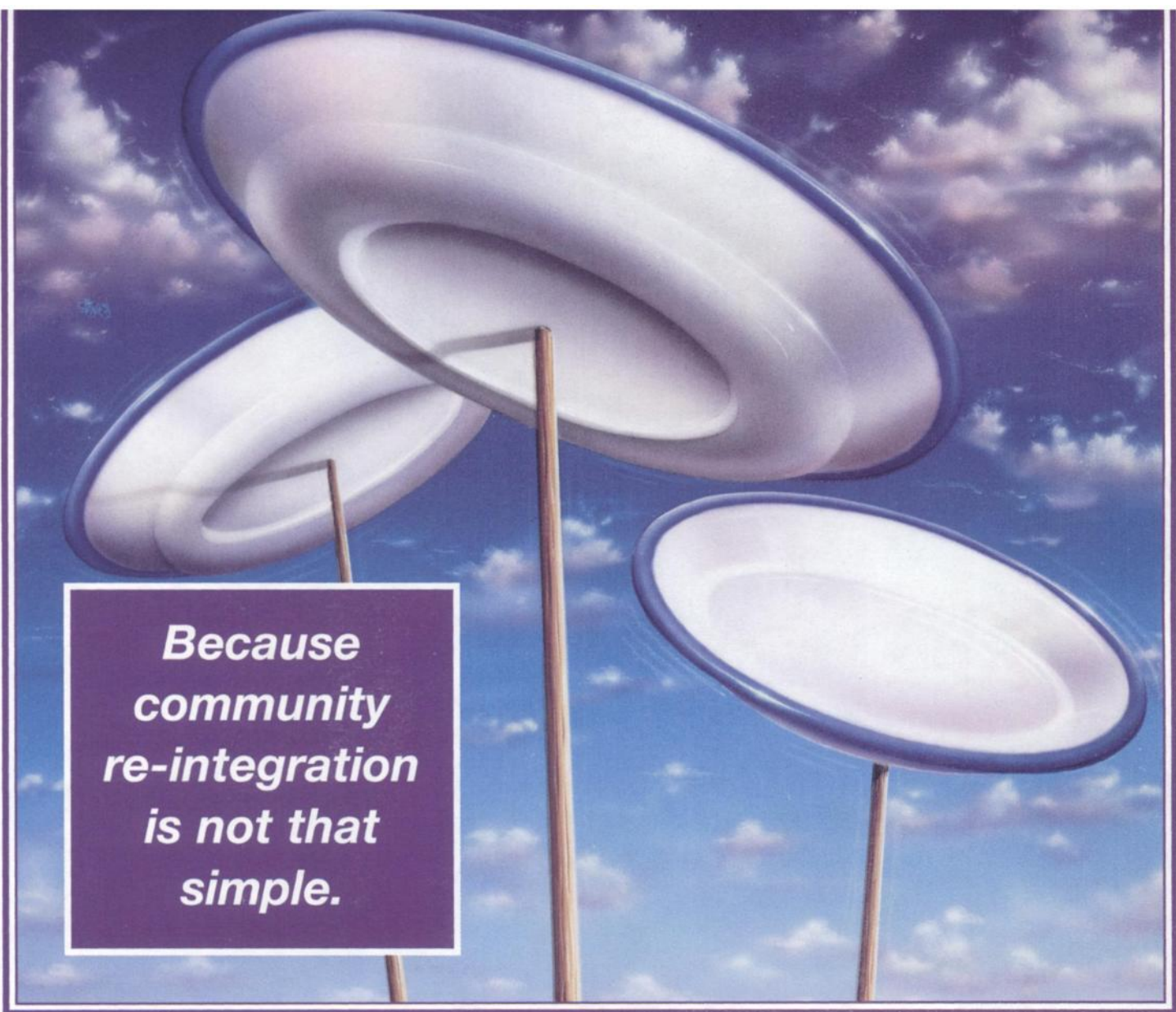


As the list of  
antipsychotic  
agents grows...

...isn't it time to  
consider one in  
a different class?

**CLOZARIL<sup>®</sup>**  
clozapine

Proven efficacy in treatment  
resistant schizophrenia



Because  
community  
re-integration  
is not that  
simple.

**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. **Pharmacodynamics:** 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

**Antipsychotic Efficacy for First-line Use**

**ZYPREXA**  
Olanzapine   
**Making Community Re-integration the Goal**

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/1/96/022/008 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 or Last Review:** April 1997. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG21 5SY. Telephone: Basingstoke (01256) 315000.

'ZYPREXA' is a Lilly trademark.

**Lilly** PSYCHIATRY

Improving lives, restoring hope



<https://doi.org/10.1007/s11887-007-0001-2>

United Kingdom Psychiatric Pharmacy Group

Psychiatric medication helpline for patients and carers.

0171 919 2999

Open 11.00am to 5.00pm. Weekdays only.

This helpline is staffed by experienced pharmacists at the Maudsley Hospital, London. 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.

# Changing thinking in schizophrenia?

## 'SEROQUEL' (quetiapine)

### Prescribing Notes.

### Consult Summary of Product

### Characteristics before prescribing.

### Special reporting to the CSM required.

**Use:** Treatment of schizophrenia.

**Presentation:** Tablets containing 25 mg, 100 mg and 200 mg of quetiapine.

**Dosage and Administration:** 'Seroquel' should be administered twice daily. Adults: The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose may be adjusted within the range 150 to 750 mg/day according to clinical response and tolerability. Elderly patients: Use with caution, starting with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose. Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25 mg/day increasing daily by 25 to 50 mg to an effective dose. Use with caution in patients with hepatic impairment.

**Contra-indications:** Hypersensitivity to any component of the product.

**Precautions:** Caution in patients with cardiovascular disease,

cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on co-administration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

**Undesirable events:** Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthenia, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Transient leucopenia and/or neutropenia and occasionally eosinophilia. Asymptomatic, usually reversible elevations in serum transaminase or gamma - GT levels. 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 £113.10; 90 x 200 mg tablets £169.65.

'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.



Granted To ICI Pharmaceuticals



# ZENECA





# 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.*

## **NEW** Seminars in the Psychiatry of Learning Disabilities

*Edited by Oliver Russell*

This volume is both an up to date account of recent advances in the field of learning disabilities and a practical guide to the diagnosis and treatment of psychiatric disorder. Chapters on the classification of psychiatric disorders in people with learning disabilities, the epidemiology of intellectual disability and the diagnosis of psychiatric disorder are followed by more detailed accounts of autism, behavioural phenotypes and communication disorders. Psychiatric disorders are covered in the latter part of the book, including discussions on behavioural interventions, counselling and epilepsy. The book concludes with a review of forensic aspects of psychiatric management and treatment.

£15.00, 282pp, 1997, ISBN 0 901242 02 1, £15.00

## 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 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

## 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 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 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

## Other books in the series

### Seminars in Basic Neurosciences

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

### Seminars in Psychology and the Social Sciences

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

### Seminars in Child and Adolescent Psychiatry

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

## Titles in preparation

### Adult Psychiatric Disorders

Autumn 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 Booksales Office, Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Credit card orders can taken over the telephone (+44(0)171 235 2351, extension 146). The latest information on Gaskell publications is available on the College website at: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)*

# Change to



**'SEROQUEL' (quetiapine)**  
**Prescribing Notes.**  
**Consult Summary of Product**  
**Characteristics before prescribing.**  
**Special reporting to the CSM required.**

**Use:** Treatment of schizophrenia.

**Presentation:** Tablets containing 25 mg, 100 mg and 200 mg of quetiapine.

**Dosage and Administration:** 'Seroquel' should be administered twice daily. Adults: The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose may be adjusted within the range 150 to 750 mg/day.

**Elderly patients:** Use with caution, starting with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose. **Children and adolescents:** Safety and efficacy not evaluated. **Renal and hepatic impairment:** Start with 25 mg/day increasing daily by 25 to 50 mg to an effective dose. Use with caution in patients with hepatic impairment.

**Contra-indications:** Hypersensitivity to any component of the product.

**Precautions:** Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on co-administration with thioridazine, phenytoin or other hepatic

systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

**Undesirable events:** Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthenia, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Transient leucopenia and/or neutropenia and occasionally eosinophilia. Asymptomatic, usually reversible

# Seroquel

quetiapine

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



*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 £113.10; 90 x 200 mg tablets £169.65.

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.



Granted To ICI Pharmaceuticals

#### 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, Zeneca Pharmaceuticals.
6. Data on File, Zeneca Pharmaceuticals.
7. 'Seroquel' Summary of Product Characteristics.



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 loss of interest in life. **Dosage:** The recommended dose is 8mg b.i.d. (8mg/day) administered orally. After 3-4 weeks, can increase to 10mg/day. Elderly (see b.i.d. Headline) can be increased to 8mg/day after 3 weeks. Not

recommended in 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 required. Close supervision should be applied in patients with current evidence of urinary retention and glaucoma. At doses higher than the maximum recommended,

should be paid when administering 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  $\alpha_1$  acid glycoprotein should be considered. **Pregnancy and lactation:** Administration during pregnancy and in breast feeding women

# There's a depressed patient sitting in front of you. Ask them if it's good to talk.

**C**ommunicating confidently, whether it's at work or with friends and family, is just one sign of how well a depressed patient is re-adapting 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,<sup>1</sup> but also significantly improves social interaction.<sup>2</sup>

These improvements in social functioning have been trial-proven by using the innovative SASS questionnaire (Social Adaptation Self-evaluation Scale).<sup>3</sup>

Edronax improves mood at least as effectively as fluoxetine.<sup>4</sup> Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning.<sup>2</sup>

Edronax helps restore patients' appreciation of friends, family, work and 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 01907 957 5156.

  
**Edronax**<sup>®</sup>  
REBOXETINE

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

soon as pregnancy is confirmed to limit foetal exposure to the drug. **Effects on ability drive and use machines:** Caution patients about operating machinery and driving. **Desirable 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 served myrral disorders (mainly tachycardia) and conduction disorders were apparent ECG in a minority of cases. **Overdose:** Monitor cardiac function and vital signs.

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:** September 1997. **References:** 1. Berzewski H. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S37-S47. 2. Dubini A. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S49-S55. 3. Bosc M. et al. *European Neuropsychopharmacol.* 1997; 7 (Suppl 1): S57-S70. 4. Data on file, Pharmacia & Upjohn Ltd. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH, UK. Telephone: 01908 661101.



Pharmacia  
& Upjohn

# Another seizure-free day

Wasn't late getting up

Didn't let fish off hook

Didn't fall in water

Didn't have a seizure



## 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 adequately 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. © Registered Trademark © Janssen-Cilag Limited 1997 Date of Preparation March 1997

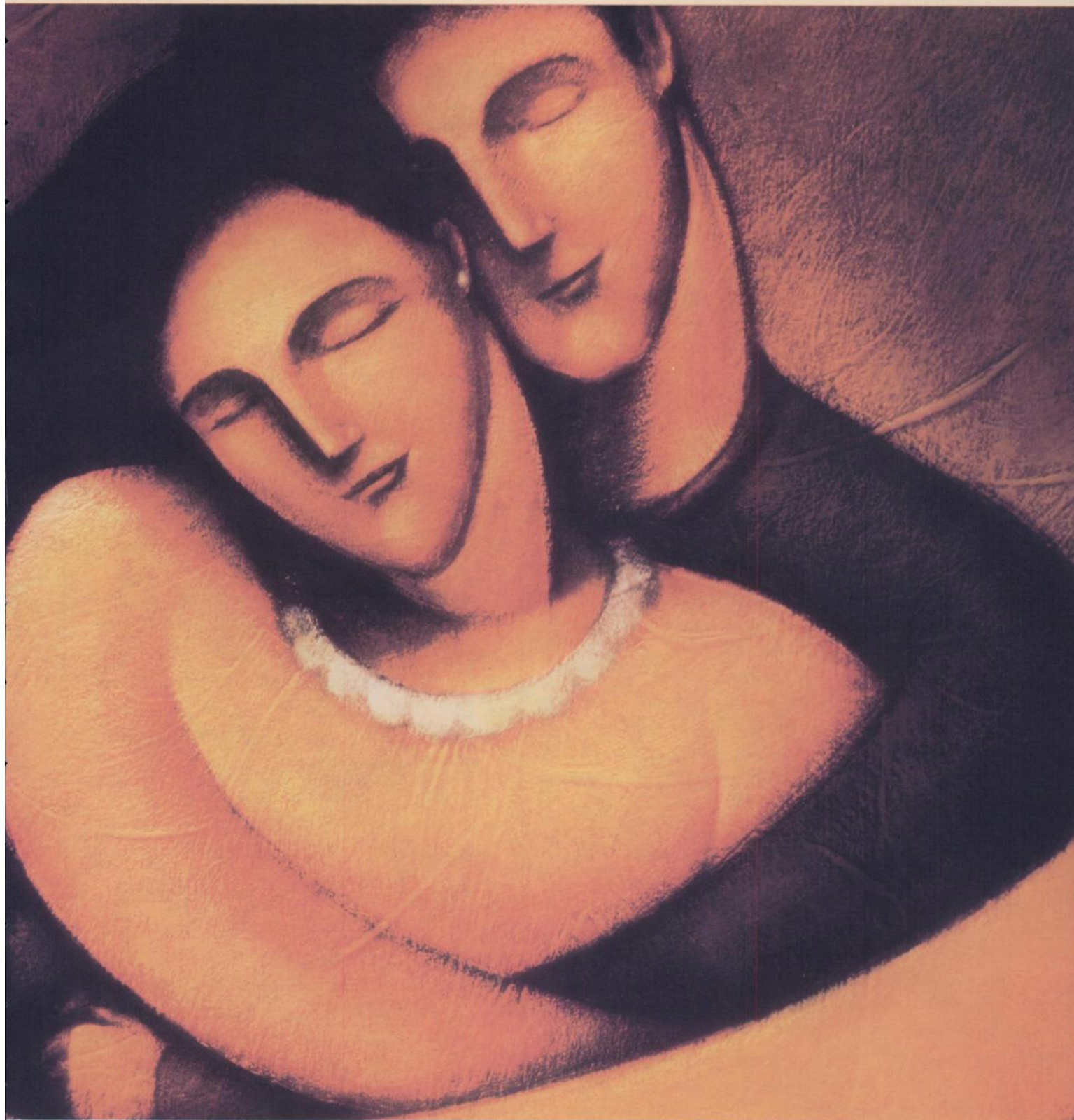


Illustration © Janet Atkinson/SIS Paris

Tender loving care and

**SEROXAT**  
PAROXETINE

'Seroxat' helps get depressed patients back to normal, liberating them from everyday stresses and anxiety.

For all those depressed patients who need a helping hand to face life again, make 'Seroxat' your first-choice prescription for depression.

Rebuilding the lives  
of anxious depressed patients

## Prescribing information

**Presentation** 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16. 'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77. **Indications** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. 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 seizures develop. Driving and operating machinery. **Drug interactions** Do not use with or within two weeks after MAO inhibitors; leave a two-week gap before starting MAO inhibitor treatment. Possibility of interaction with tryptophan. Great caution with warfarin and other oral anticoagulants. Use lower doses if given with drug metabolising enzyme inhibitors; adjust dosage if necessary with drug metabolising enzyme inducers. Alcohol is not advised. Use lithium with caution and monitor lithium levels. Increased adverse effects with phenytoin; similar possibility with other anticonvulsants. **Pregnancy and lactation** Use only if potential benefit outweighs possible risk. **Adverse reactions** In controlled trials most commonly nausea, somnolence, sweating, tremor, asthenia, dry mouth, insomnia, sexual dysfunction (including impotence and ejaculation disorders), dizziness, constipation and decreased appetite. Also spontaneous reports of dizziness, vomiting, diarrhoea, restlessness, hallucinations, hypomania, rash including urticaria with pruritus or angioedema, and symptoms suggestive of postural hypotension. Extrapyramidal reactions reported infrequently; usually reversible abnormalities of liver function tests and hyponatraemia described rarely. Symptoms including dizziness, sensory disturbance, anxiety, sleep disturbances, agitation, tremor, nausea, sweating and confusion have been reported following abrupt discontinuation of 'Seroxat'. It is recommended that when antidepressant treatment is no longer required, gradual discontinuation by dose-tapering or alternate day dosing be considered. **Overdosage** Margin of safety from available data is wide. Symptoms include nausea, vomiting, tremor, dilated pupils, dry mouth, irritability, sweating and somnolence. No specific antidote. General treatment as for overdosage with any antidepressant. Early use of activated charcoal suggested. **Legal category** POM. 3.3.97

**SB** **SmithKline Beecham**  
Pharmaceuticals

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

© 1997 SmithKline Beecham Pharmaceuticals

## Books from Gaskell

# The Psychotherapy of Psychosis

Edited by Chris Mace and Frank Margison

This book provides an unusually comprehensive survey of the current state and prospects of psychological methods of treatment for people with schizophrenia and other psychotic illnesses. It will be an invaluable resource for mental health professionals and clinical managers involved in their care, and essential reading for psychiatrists at all levels of experience.

The three traditions of psychotherapy and integrated approaches are covered. Recent research in the process and outcome of psychotherapy is reviewed and summarised. Clear advice is also given on treatment techniques and settings with reference to national policies.

As with other titles in the series, there is frequent use of boxes, tables and figures to set out important points and key information.

1997, 296pp, ISBN 1 901242 04 8, £25.00

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/>





# Alzheimer's



- **The first selective treatment** for the symptoms of mild to moderately severe Alzheimer's dementia licensed in the UK <sup>1,2</sup>
- **Improvements** in cognitive symptoms and global function <sup>3-5</sup>
- **Simple** once daily dosage
- **Well tolerated.** <sup>6</sup>

but she knew I was calling today

**new** ● **once daily**  
**Aricept** <sup>®</sup>  
 donepezil hydrochloride



**A first step in Alzheimer's**

#### BRIEF PRESCRIBING INFORMATION

ARICEPT<sup>®</sup> (donepezil hydrochloride)  
 Please refer to the SmPC before prescribing ARICEPT 5mg or ARICEPT 10mg. **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Dose and administration:** **Adults/elderly:** 5mg 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.** **Lactation:** Excretion into breast milk unknown. Women on donepezil should not breast feed. **Warnings and Precautions:** Initiation and supervision by a physician with experience of Alzheimer's dementia. A caregiver should be available to monitor compliance. Regular monitoring to ensure continued therapeutic benefit, consider discontinuation when evidence of anticholinesterases, cholinergic agonists, cholinergic

antagonists. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome" and supraventricular conduction conditions. Careful monitoring of patients 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. Care in patients suffering asthma and obstructive pulmonary disease. As with all Alzheimer's patients, routine evaluation of ability to drive/operate machinery. **Drug Interactions:** Experience of use with concomitant medications is limited, consider possibility of as yet unknown interactions. Interaction possible with inhibitors or inducers of Cytochrome P450: use such combinations with care. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers, cholinergic or anticholinergic agents. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, diarrhoea, dizziness, headache, pain, accident, common cold, abdominal disturbance and dizziness. Rare cases of syncope, bradycardia,

heart block. Minor increases in muscle creatine kinase. **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 5 mg; PL 10555/0006. ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai 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:** August 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.

# AKATHISIA TREMOR DYSTONIA RIGIDITY



Lundbeck

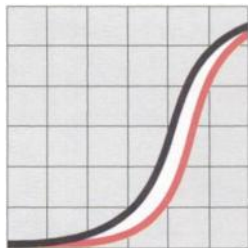
#### Serdolect® Abbreviated Prescribing Information

**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. Retitration 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

# CUT IT OUT

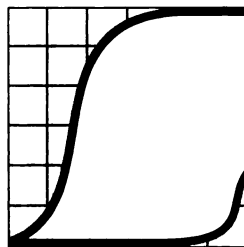
## A new window of opportunity



is opening in the treatment of schizophrenia, with the promise of substantial improvements to the quality of patients' lives.

Serdolect® is a novel limbic-selective anti-psychotic.

Pre-clinical studies have shown that it inhibits the number of spontaneously active dopamine neurones in the mesolimbic ventral tegmental area without affecting dopamine neurones in the substantia nigra. Furthermore, it has been found to be more selective than certain other atypical drugs.<sup>1</sup> This indicates that Serdolect® may have a lower potential for producing extra-pyramidal side-effects across the therapeutic range.



## Serdolect® opens the window of opportunity for your patients

- Effective against positive and negative symptoms<sup>2,3</sup>
- Placebo-level EPS at all doses tested<sup>2,3</sup>
- Sedation at placebo level<sup>4</sup>
- No clinically significant changes in haematological parameters<sup>4</sup>
- Mean serum prolactin levels maintained within normal limits<sup>4</sup>
- Once daily dosage
- One price for all routine maintenance doses

Thankfully, such a profile not only extends your choice, it also opens the window of opportunity for your patients.

**Serdolect®** ▼

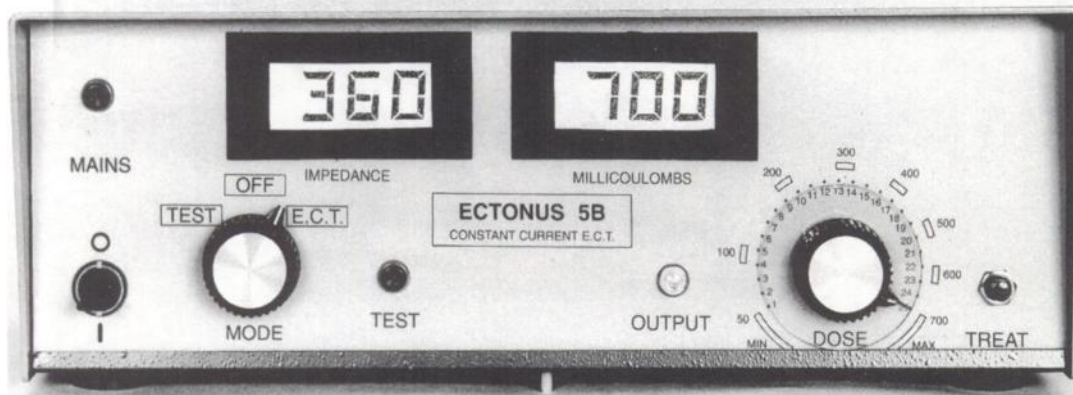
sertindole

*Separates efficacy from EPS*

monitoring on treatment. Serdolect should not be initiated or should be discontinued if the QTC2 interval exceeds 520 msec. Hypokalaemia and hypomagnesaemia should be corrected and maintained within normal limits during treatment. If signs and symptoms of tardive dyskinesia appear, consider dose reduction or discontinuation. **Drug interactions:** (Also see contra-indications). Combined use of agents known to inhibit hepatic isoenzymes may necessitate lower maintenance doses. Combined use of agents known to induce hepatic isoenzymes may necessitate maintenance doses toward the upper dose range. **Adverse events:** Most commonly (>1 % of patients): nasal congestion, decreased ejaculatory volume, dizziness, dry mouth, postural hypotension, weight gain, peripheral oedema, dyspnoea, paraesthesia and prolonged QT interval. Incidence of EPS adverse events similar to placebo. **Overdosage:** Symptoms have included somnolence, slurred speech, tachycardia, hyperreflexia, rigidity, tremor, loss of consciousness, and prolonged QT interval. There is no specific antidote. Treatment is supportive and symptomatic. Epinephrine and

dopamine should not be used (may exacerbate hypotension). Cardiovascular monitoring recommended. Administration of activated charcoal and laxative should be considered. **Package quantities and basic NHS price:** 4mg tablets, £36.63 for 30 tablet pack. 12mg tablets, £102.55 for 28 tablet calendar pack. 16mg tablets, £102.55 for 28 tablet calendar pack. 20mg tablets, £102.55 for 28 tablet calendar pack. **Legal category:** POM. **Product Licence numbers:** 4mg: 13761/0001. 12mg: 13761/0003. 16mg: 13761/0004. 20mg: 13761/0005. **Date of last review:** November 1996. Further information is available on request from Lundbeck Limited, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. Serdolect® is a registered trademark of H. Lundbeck A/S. **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.

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



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

**GASKELL ACADEMIC SERIES**

## Interpersonal Factors in Origin and Course of Affective Disorders

Edited by Ch. Mundt, M.J. Goldstein, K. Hahlweg and P. Fiedler  
with the assistance of Hugh Freeman

This detailed overview of the latest research on affective disorders brings together authors of international background and repute. Both a theoretical and practical approach to the origin and course of affective disorders is presented, covering specific problems and settings. The principal areas covered are: personality factors, risk and course; social support; marital and family interaction; and intervention. £30.00, 368pp., Hardback, 1996, ISBN 0 902241 90 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). The latest information on College publications is available on the INTERNET at: <http://www.demon.co.uk/rcpsych/>*

