

When sleep matters in depression

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets
(See SPCs before Prescribing)

Presentation: Zispin SolTab 15mg, 30mg, 45mg.

Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45mg of mirtazapine, available in packs of 30 tablets.

Zispin tablets: Blister strips of 7 tablets each containing 30mg of mirtazapine, available in packs of 28 tablets.

Uses: Episode of major depression **Administration:** Zispin SolTab should be taken out of the strip with dry hands and should be placed on the tongue. The SolTab will rapidly disintegrate and can be swallowed with or without water.

Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Dosage:** Adults and elderly:

The effective daily dose is usually between 15 and 45mg.

Treatment should begin with 15mg daily and dosage should

be reviewed and adjusted if necessary within 2 to 4 weeks

of initiation of therapy. Children: Do not use in children or

adolescents under 18 years. The clearance of mirtazapine may

be decreased in patients with renal or hepatic insufficiency.

Zispin is suitable for once-a-day administration, preferably as

a single night-time dose. Treatment should be continued until

the patient has been completely symptom-free for 4-6 months.

Contraindications: Hypersensitivity to mirtazapine or any

ingredients of Zispin. **Precautions and warnings:** Reversible

bone marrow suppression presenting as agranulocytosis

and granulocytopenia have been reported with most

antidepressants. Reversible agranulocytosis has been reported

as a rare occurrence with Zispin. The physician should be alert

to symptoms such as fever, sore throat, stomatitis or other

signs of infection; if these occur, treatment should be stopped

and blood counts taken. Patients should also be advised

of the importance of these symptoms. Careful dosing as well

as regular and close monitoring is necessary in patients with:

epilepsy and organic brain syndrome (See SPC); hepatic or

renal insufficiency; cardiac diseases; low blood pressure. As

with other antidepressants care should be taken in patients

with: micturition disturbances like prostate hypertrophy, acute

narrow-angle glaucoma and increased intra-ocular pressure,

and diabetes mellitus. Treatment should be discontinued if

jaundice occurs. Moreover, as with other antidepressants,

the following should be taken into account: worsening of

psychotic symptoms can occur when antidepressants are

administered to patients with schizophrenia or other psychotic

disturbances; when the depressive phase of manic-depressive

psychosis is being treated, it can transform into the manic

phase. As for all therapies for depression, risk of suicide, suicidal

thoughts and self harm may increase in the first few weeks

of treatment, see SmPC for full details. Zispin has sedative

properties and may impair concentration and alertness. The use

of Zispin has been associated with psychomotor restlessness.

Withdrawal symptoms when treatment is discontinued are

common, particularly if discontinuation is abrupt, see SmPC

for full details. **Interactions:** Alcohol, benzodiazepines and

MAO inhibitors. **Pregnancy & Lactation:** Safety in human

pregnancy has not been established. Use during pregnancy

not recommended. Women of child bearing potential should

employ an adequate method of contraception. Use in nursing

mothers not recommended. **Adverse reactions:** The

following adverse effects have been reported. **Most common:**

Increase in appetite and weight gain. Oedema. Drowsiness/
Sedation, generally occurring during the first few weeks of

treatment. (N.B. dose reduction generally does not lead to less

sedation but can jeopardize antidepressant efficacy). Dizziness.

Headache. **Rare:** (Orthostatic) hypotension. Exanthema. Mania,

convulsions, tremor, myoclonus. Acute bone marrow depression

(refer to SPC). Elevations in serum transaminase activities.

Paraesthesia. Restless legs. **Overdosage:** Present experience

with Zispin alone indicates that symptoms are usually mild.

Depression of the CNS with disorientation and prolonged

sedation together with tachycardia and mild hyper- or

hypotension have been reported. Treat by gastric lavage

with appropriate symptomatic and supportive therapy for

vital functions.

Legal Category: Prescription Medicine

Product Authorisation Numbers:

Zispin SolTab 15mg orodispersible tablet: PA 61/26/5

Price: €17.03

Zispin SolTab 30mg orodispersible tablet: PA 61/26/6.

Price: €34.05

Zispin SolTab 45mg orodispersible tablet: PA 61/26/7

Price: €51.07

Zispin 30mg tablet: PA 261/43/2

Price: €34.92

Product Authorisation holder:

Zispin SolTab 15mg, 30mg and 45mg orodispersible tablet:

Organon Ireland Limited, P.O. Box 2857, Drynam Road, Swords,

Co. Dublin, Ireland.

Zispin 30mg tablet: Organon Laboratories Limited, Cambridge

Science Park, Milton Road, Cambridge, CB4 0FL, UK.

Distributed by: Organon Laboratories, c/o United Drug

House, Magna Drive, Magna Business Park, Citywest Road,

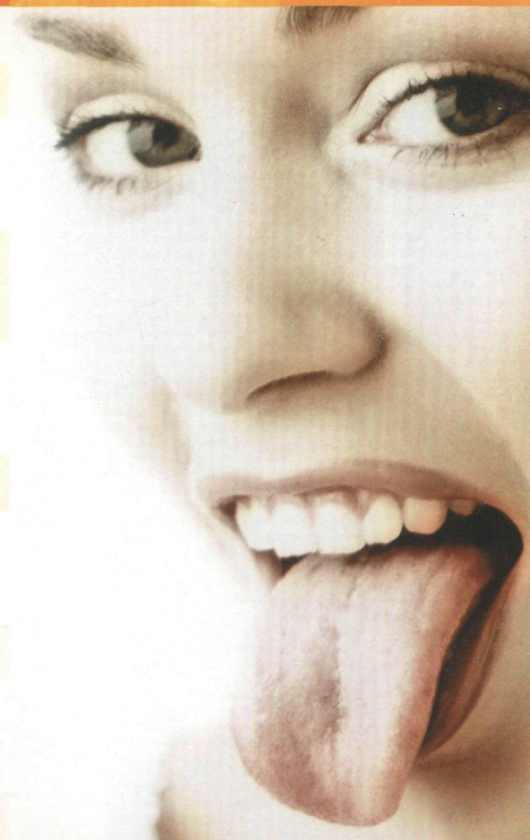
Dublin 24, Ireland.

December 2005



ZISPIN[®] SolTab[™]

mirtazapine orodispersible tablet



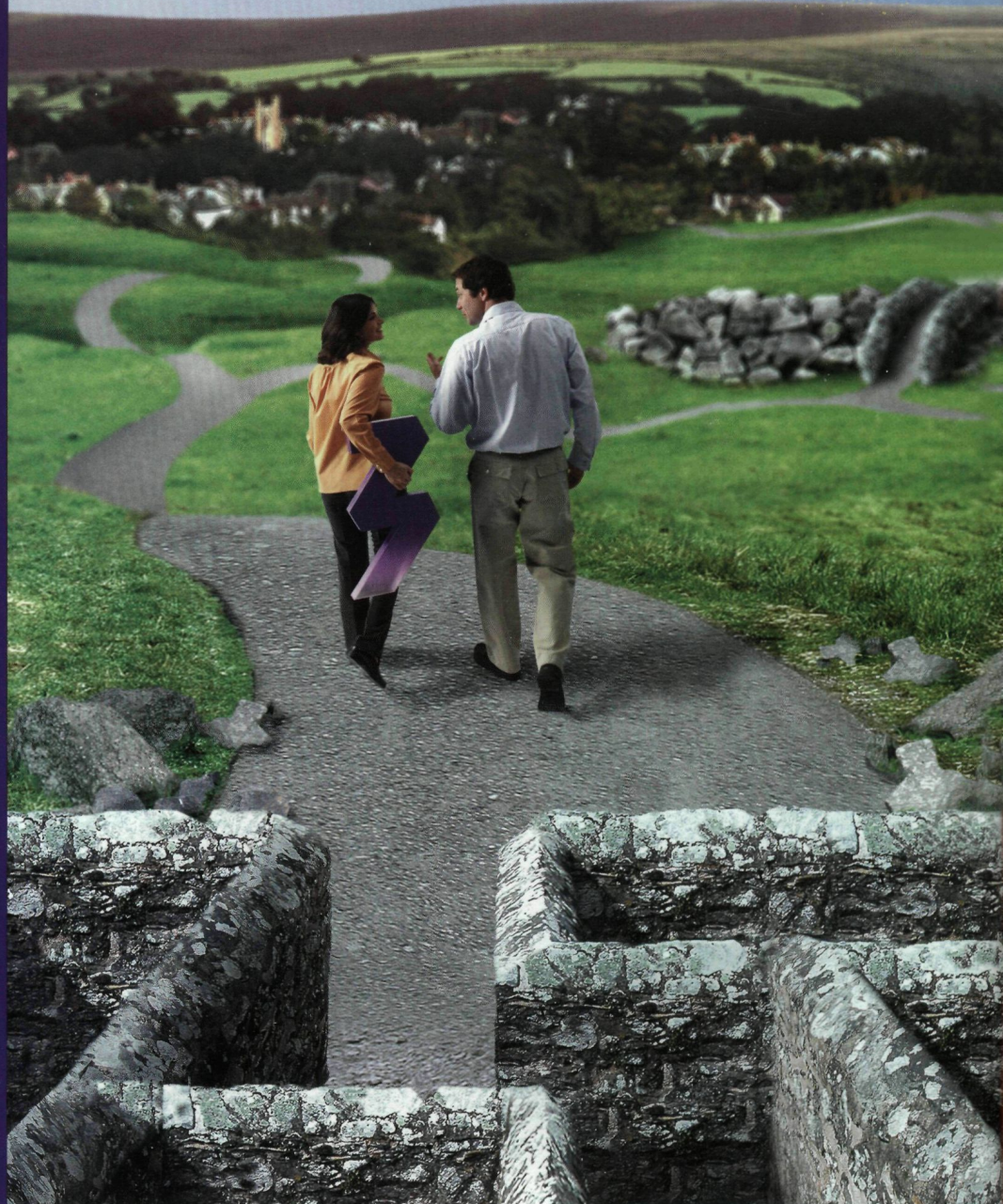
The melt-in-the-mouth antidepressant with the orange taste



ZYPREXA® TABLETS (OLANZAPINE) ZYPREXA VEL OTABS ZYPREXA INTRAMUSCULAR INJECTION ABBREVIATED PRESCRIBING INFORMATION REPUBLIC OF IRELAND

Presentations Tablets, 2.5mg, 5mg, 7.5mg, 10mg, or 15mg of olanzapine. Also contain lactose. Velotab® 5mg, 10mg, 15mg, or 20mg orodispersible tablets. Also contain gelatin, aspartame, mannitol, and parahydroxybenzoates. Powder for solution for injection, containing 10mg olanzapine. **Uses** *Tablets and Velotabs*: Schizophrenia, both as initial therapy and for maintenance. Moderate to severe manic episode; prevention of recurrence in bipolar disorder in patients whose manic episode has responded to treatment. *Injection*: Rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral therapy is not appropriate. **Dosage and Administration** *Tablets and Velotabs*: Schizophrenia: 10mg/day orally. *Manic episode*: 15mg/day in monotherapy; 10mg/day in combination therapy. *Preventing recurrence in bipolar disorder*: 10mg/day, or for patients who have been receiving olanzapine for treatment of manic episode, continue therapy for preventing recurrence at the same dose. May subsequently be adjusted to 5-20mg daily. *Injection*: Intramuscular use only for a maximum of three consecutive days. Initial dose 10mg. A second injection, 5-10 mg, may be administered 2 hours after. Maximum daily dose is 20mg, with not more than 3 injections in any 24-hour period. Treatment with Zyprexa Intramuscular Injection should be discontinued, and oral Zyprexa initiated, as soon as clinically appropriate. Do not administer intravenously or subcutaneously. **Children**: Not recommended (under 18 years). **Elderly patients**: Oral therapy - lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. *Injection* - recommended starting dose is 2.5-5mg. **Renal and/or hepatic impairment**: 5mg starting dose in moderate hepatic insufficiency. When more than one factor which might cause slower metabolism, consider a decreased starting dose. **Contra-indications** Known hypersensitivity to any ingredient. Known risk of narrow-angle glaucoma. **Warnings and Special Precautions** Olanzapine is not approved for the treatment of dementia-related psychosis and/or behavioural disturbances because of an increase in mortality and the risk of CVA. *Injection*: Efficacy not established in patients with agitation and disturbed behaviours related to conditions other than schizophrenia or manic episode. Should not be administered to patients with unstable medical conditions (see Summary of Product Characteristics [SPC]). Safety and efficacy have not been evaluated in patients with alcohol or drug intoxication. Patients should be closely observed for hypotension, including postural hypotension, bradycardia, and/or hypoventilation (see SPC). Simultaneous injection with parenteral benzodiazepine is not recommended. Use to treat drug-induced psychosis with Parkinson's disease is not recommended. **Caution in patients**: • who receive other medicinal products having haemodynamic properties similar to those of Zyprexa Intramuscular Injection. • with prostatic hypertrophy, or paralytic ileus and related conditions. • with elevated ALT and/or AST, hepatic impairment, limited hepatic functional reserve, and in patients treated with hepatotoxic drugs. If hepatitis is diagnosed, discontinue Zyprexa. • with low leucocyte and/or neutrophil counts, bone marrow depression, in patients receiving medicines known to cause neutropenia, and in patients with hypereosinophilic conditions or with myeloproliferative disease. • who have a history of seizures or are subject to factors which may lower the seizure threshold. • using other centrally acting drugs and alcohol. In clinical trials, clinically meaningful QTc prolongations were uncommon in patients treated with olanzapine, with no significant differences in associated cardiac events compared to placebo. As with other antipsychotics, caution should be exercised when olanzapine is prescribed with medicines known to increase QTc interval, especially in the elderly, in patients with congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia, or hypomagnesaemia. Discontinue if signs and symptoms indicative of NMS, or unexplained high fever. If tardive dyskinesia appears, consider dose reduction or discontinuation. Clinical monitoring advisable in diabetic patients and those with risk factors for diabetes. Blood pressure should be measured periodically in patients over 65 years. May antagonise effects of dopamine agonists. Gradual dose reduction should be considered when discontinuing olanzapine. **Phenylalanine**: Velotabs contain aspartame - a source of phenylalanine. **Sodium methyl parahydroxybenzoate and sodium propyl parahydroxybenzoate**: Contained in Velotabs; known to cause urticaria, contact dermatitis, and, rarely, immediate reactions with bronchospasm. **Interactions** Metabolism may be affected by substances that can specifically induce (eg, concomitant smoking or carbamazepine) or inhibit (eg, fluvoxamine) the isoenzyme P450-CYP1A2 which metabolises olanzapine. Activated charcoal reduces the bioavailability of oral olanzapine. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Olanzapine showed no interaction when co-administered with lithium or biperiden. Zyprexa Intramuscular Injection 5mg, administered 1 hour before lorazepam 2mg, added to the somnolence observed with either drug alone. **Pregnancy and Lactation** There are very rare reports of tremor, hypertonia, lethargy, and sleepiness in infants born to mothers who used olanzapine during the 3rd trimester. Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Patients should be advised not to breast-feed an infant if they are taking Zyprexa. **Driving, etc** May cause somnolence or dizziness. Patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects** *Clinical Trial Adverse Event Reporting and Investigations With Oral Zyprexa* In placebo-controlled clinical trials of elderly patients with dementia-related psychosis and/or disturbed behaviours, there was a 2-fold increase in mortality in olanzapine-treated patients compared to placebo (3.5% versus 1.5%, respectively). In the same clinical trials, there was a 3-fold increase in cerebrovascular adverse events (CVAE, eg, stroke, transient ischaemic attack) in patients treated with olanzapine compared to placebo (1.3% versus 0.4%, respectively). Very common (>10%) undesirable effects in this patient group were abnormal gait and falls. Pneumonia, increased body temperature, lethargy, erythema, visual hallucinations, and urinary incontinence were observed commonly (1-10%). **Blood and lymphatics**. Common (1-10%): Eosinophilia. Neutropenia was seen in a valproate combination therapy trial in bipolar mania patients; a potential contributing factor could be high plasma valproate levels. **Metabolism and nutritional**. Very common (>10%): Weight gain. Common (1-10%): Increased appetite, elevated glucose levels (incidence 1.0% for Zyprexa versus 0.9% for placebo for non-fasting levels $\geq 11\text{mmol/l}$), elevated triglyceride levels. **Nervous**. Very common (>10%): Somnolence, abnormal gait in Alzheimer's disease patients. Worsening of Parkinsonian symptomatology and hallucinations were reported in patients with Parkinson's disease. Common (1-10%): Dizziness, akathisia, parkinsonism, dyskinesia. (Zyprexa-treated patients had a lower incidence of parkinsonism, akathisia, and dystonia compared with titrated doses of haloperidol.) **Cardiac**. Uncommon (0.1-1%): Bradycardia, with or without hypotension or syncope. **Vascular**. Common (1-10%): Orthostatic hypotension. Very rare (<0.01%): QTc prolongation, ventricular tachycardia/fibrillation, and sudden death. **Gastro-intestinal**. Common (1-10%): Mild, transient, anticholinergic effects, including constipation and dry mouth. **Hepatobiliary**. Common (1-10%): Transient, asymptomatic elevations of ALT, AST. **General**. Common (1-10%): Asthenia, oedema. **Investigations**. Very common (>10%): Elevated plasma prolactin levels, but associated clinical manifestations (eg, gynaecomastia, galactorrhoea, breast enlargement) were rare. **Post-Marketing Spontaneous Reporting With Oral Zyprexa** **Blood and lymphatics**. Rare (0.01-0.1%): Leucopenia. Very rare (<0.01%): Thrombocytopenia, neutropenia. **Metabolism and nutritional**. Very rare (<0.01%): Hyperglycaemia and/or development or exacerbation of diabetes, occasionally associated with ketoacidosis or coma, including some fatal cases. **Hypertriglyceridaemia, hypercholesterolaemia** **Additional Clinical Trial Adverse Event Reporting and Investigations With Zyprexa Intramuscular Injection** **Cardiac**. Common (1-10%): Bradycardia, with or without hypotension or syncope, tachycardia. Uncommon (0.1-1%): Sinus pause. **Vascular**. Common (1-10%): Postural hypotension, hypotension. **General**. Common (1-10%): Injection site discomfort, somnolence. **Post-Marketing Spontaneous Events With Zyprexa Intramuscular Injection** Temporal association in cases of respiratory depression, hypotension, or bradycardia, and death reported very rarely, mostly with concomitant use of benzodiazepines and/or other antipsychotic drugs, or use of olanzapine in excess of recommended dose. For further information see SPCs. **Legal Category** POM. **Marketing Authorisation Numbers and Holder** EU/1/96/022/002, EU/1/96/022/004, EU/1/96/022/006, EU/1/96/022/009, EU/1/96/022/010, EU/1/96/022/012, EU/1/96/022/016, EU/1/99/125/001, EU/1/99/125/002, EU/1/99/125/004, EU/1/99/125/003, Eli Lilly Nederland BV, Grootslag 1-5, 3991 RA Houten, The Netherlands. **Date of Preparation or Last Review** December 2005. **Full Prescribing Information is Available From** Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 0NL. Telephone: Basingstoke (01256) 315 999 or Eli Lilly and Company (Ireland) Limited, Hyde House, 65 Adelaide Road, Dublin 2, Republic of Ireland. Telephone: Dublin (01) 661 5377. *ZYPREXA (olanzapine) and VELOTAB are trademarks of Eli Lilly and Company. **References**: 1. Tran PV, Hamilton SH, Kuntz A, et al. Double-Blind Comparison of Olanzapine Versus Risperidone in the Treatment of Schizophrenia and Other Psychotic Disorders. *J Clin Psychopharmacol* 1997; 17(5):407-418. 2. Beasley CM, Tollefson G, Tran P, et al. Olanzapine Versus Placebo and Haloperidol Acute Phase Results of the North American Double-Blind Olanzapine Trial. *Neuropsychopharmacology* 1996; 14(2):111-123. 3. Tohen M, Zhang F, Feldman P, et al. Olanzapine Versus Haloperidol in the Treatment of Acute Mania. Presented at APA, May 5-10, 2001, New Orleans. 4. Adapted from Zyprexa Summary of Product Characteristics, August 2005.

Effective Symptom Control¹⁻³



Zyprexa is an antipsychotic and a mood stabiliser⁴

ZYPREXA
Olanzapine
HELPING MOVE LIVES FORWARD