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George doesn't know what SSRI means ...

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

"... SSRIs deserve consideration as first-line therapy for depression in older patients[1]"

Lundbeck

Cipramil▼
citalopram
your partner in depression

Presentation: 'Cipramil' tablets. PL 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28. **Indications:** Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. **Dosage: Adults:** 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. **Elderly:** 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. **Children:** Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance <20ml/min). **Contra-Indications:** Combined use of 5-HT agonists. Hypersensitivity operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. **Drug Interactions:** MAO inhibitors (see Precautions). Use lithium and tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. **Adverse Events:** Most commonly nausea, sweating, tremor, somnolence and dry mouth. **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 8LE. 'Cipramil' is a

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Past Editors

Eliot Slater	1961–72	John L. Crammer	1978–83
Edward H. Hare	1973–77	Hugh L. Freeman	1984–93

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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

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Mum has Alzheimer's

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

but she knew I was calling today

new ● once daily

Aricept®

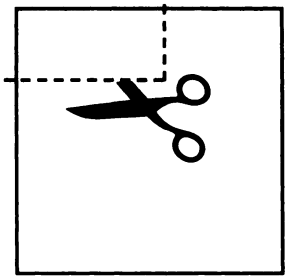
donepezil hydrochloride

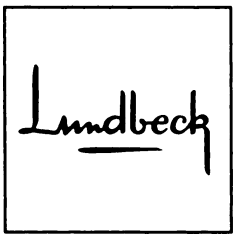
Eisai Pfizer

A first step in Alzheimer's

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

AKATHISIA
TREMOR
DYSTONIA
RIGIDITY

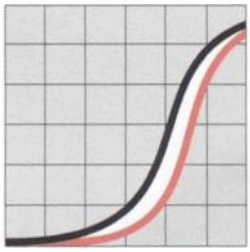




Serdolect:® Abbreviated Prescribing Information
Presentation: Tablets of 4mg, 12mg, 16mg or 20mg sertindole. **Indications:** Treatment of schizophrenia. Not for urgent relief of symptoms in acutely disturbed patients. **Dosage and administration:** Tablets should be taken orally once daily without regard for food. *Adults.* All patients should be started on 4mg/day. The dose should be increased by 4mg increments after 4-5 days on each dose to the optimum daily maintenance dose range of 12-20mg. The dose may be increased to a maximum of 24mg. Re-titration is necessary if dosing is suspended for more than one week. *Children.* Not recommended. *Mild to moderate hepatic impairment.* Slower titration and lower maintenance dose. *Elderly.* Slower titration and lower maintenance doses may be required. **Contraindications:** Known prolongation of QT interval or combined use of drugs known to prolong QT interval. Clinically significant cardiac disease, recent acute myocardial infarction, uncompensated heart failure, bradycardia, clinically significant electrolyte imbalance or combined use of other drugs which cause electrolyte imbalance. Treatment should not 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

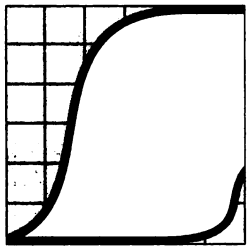
CUT IT OUT

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.[1] 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[2,3]
- Placebo-level EPS at all doses tested[2,3]
- Sedation at placebo level[4]
- No clinically significant changes in haematological parameters[4]
- Mean serum prolactin levels maintained within normal limits[4]
- 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®

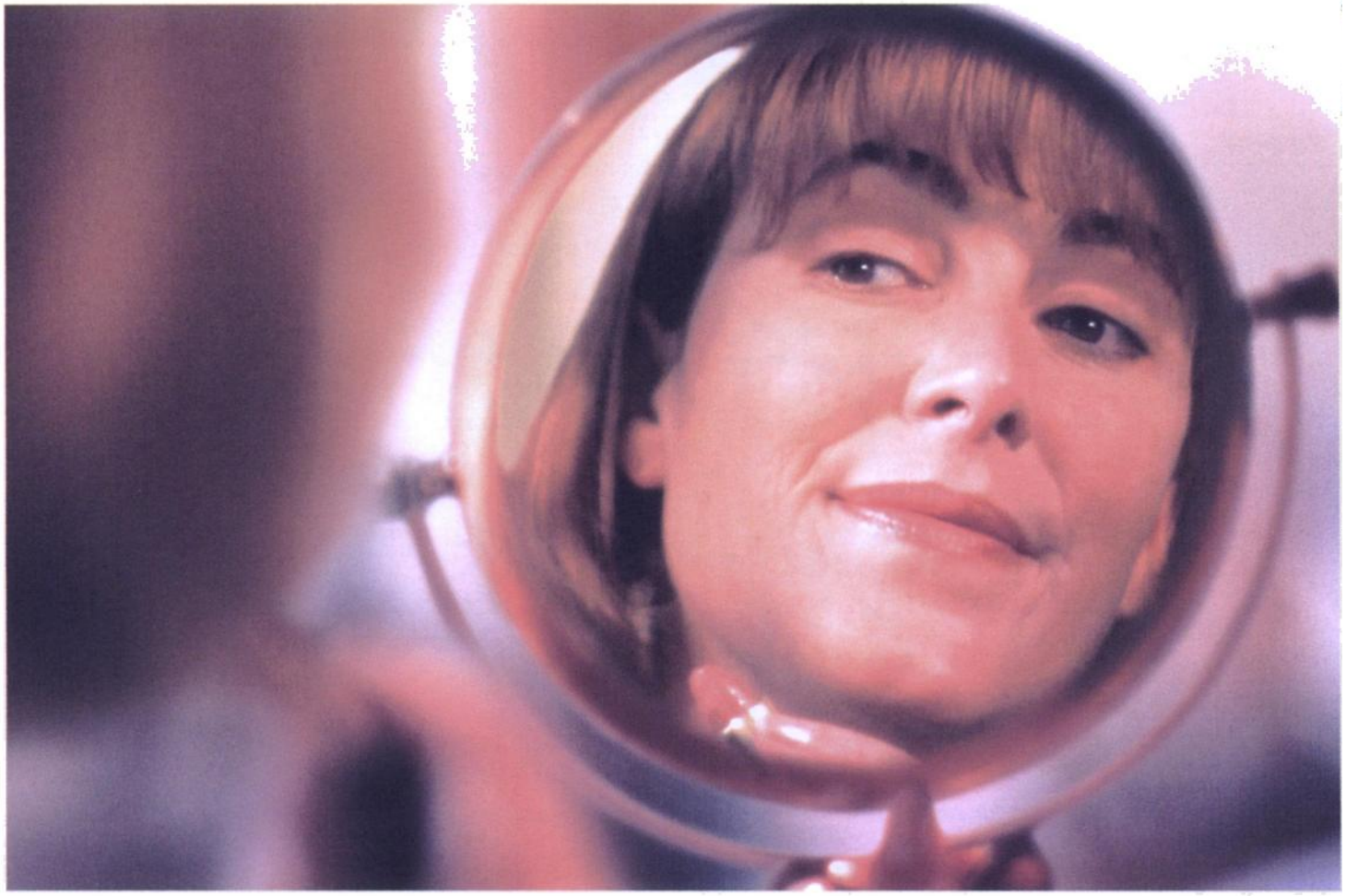
sertindole

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, hypotension and transient prolongation of QT 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.

When you next patient, ask h of lipstick



Edronax®
ABBREVIATED PRESCRIBING INFORMATION
Presentation: Tablets containing 4mg reboxetine. **Indications:** Use in the treatment of depressive illness. The remission of the acute phase of the depressive illness is associated with an improvement in the patient's quality of life in terms of social adaptation. The positive effect is also seen on accessory symptoms such as anxiety, insomnia, and decreased activity level. **Posology and method of administration:** *Adults* 4mg b.i.d. children. **Contra-indications:** Hypersensitivity to the compound. **Special warnings and precautions for use:** In elderly patients a dose reduction is recommended. In renal impairment or patients with hepatic insufficiency a dose adjustment may be required. Close supervision is required for subjects with a history of convulsive disorders and must be discontinued if the patient develops seizures. Avoid concomitant use with MAO inhibitors. Close supervision of bipolar patients is recommended. Close supervision should be applied in patients with current evidence of urinary retention and glaucoma. At reboxetine with other drugs known to lower blood pressure. Experience of long-term treatment of elderly patients is, at present, limited. Lowering of mean potassium levels in the elderly was found, but levels never dropped below normal limits. **Interactions with other medicaments and other forms of interaction:** Concomitant use e.g.: potassium losing diuretics, blood pressure lowering drugs. Concomitant use with other antidepressants not evaluated. Possible interaction with other drugs which also bind to α_1 acid glycoprotein should be considered. **Pregnancy and lactation:** Administration during

see a depressed er which shade she wears.

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

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

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

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

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

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

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

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REBOXETINE

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

exposure to the drug. **Effects on ability to drive and use machines:** Caution patients about operating machinery and driving. **Undesirable effects:** Adverse events occurring most frequently are: dry mouth, constipation, insomnia, paraesthesia, increased sweating, tachycardia, hypotension, dizziness, vertigo, urinary hesitancy/retention, impotence, the latter mainly observed in patients treated with doses higher than 8mg/day. In the elderly population, newly observed rhythm disorders (mainly tachycardia) and conduction disorders were apparent on ECG in a minority of cases. **Overdose:** Monitor cardiac

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

References: 1. Berzewski H, Van Moffaert M, Gagiano CA. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S37-S47. 2. Data on file, Pharmacia & Upjohn Ltd. 3. Dubini A, Bosc M, Polin V. *European Neuropsychopharmacology*. 1997; 7 (Suppl 1): S49-S55. 4. Data on file, Pharmacia & Upjohn Ltd. Further information is available from Pharmacia & Upjohn Limited, Davy Avenue, Knowlhill, Milton Keynes,

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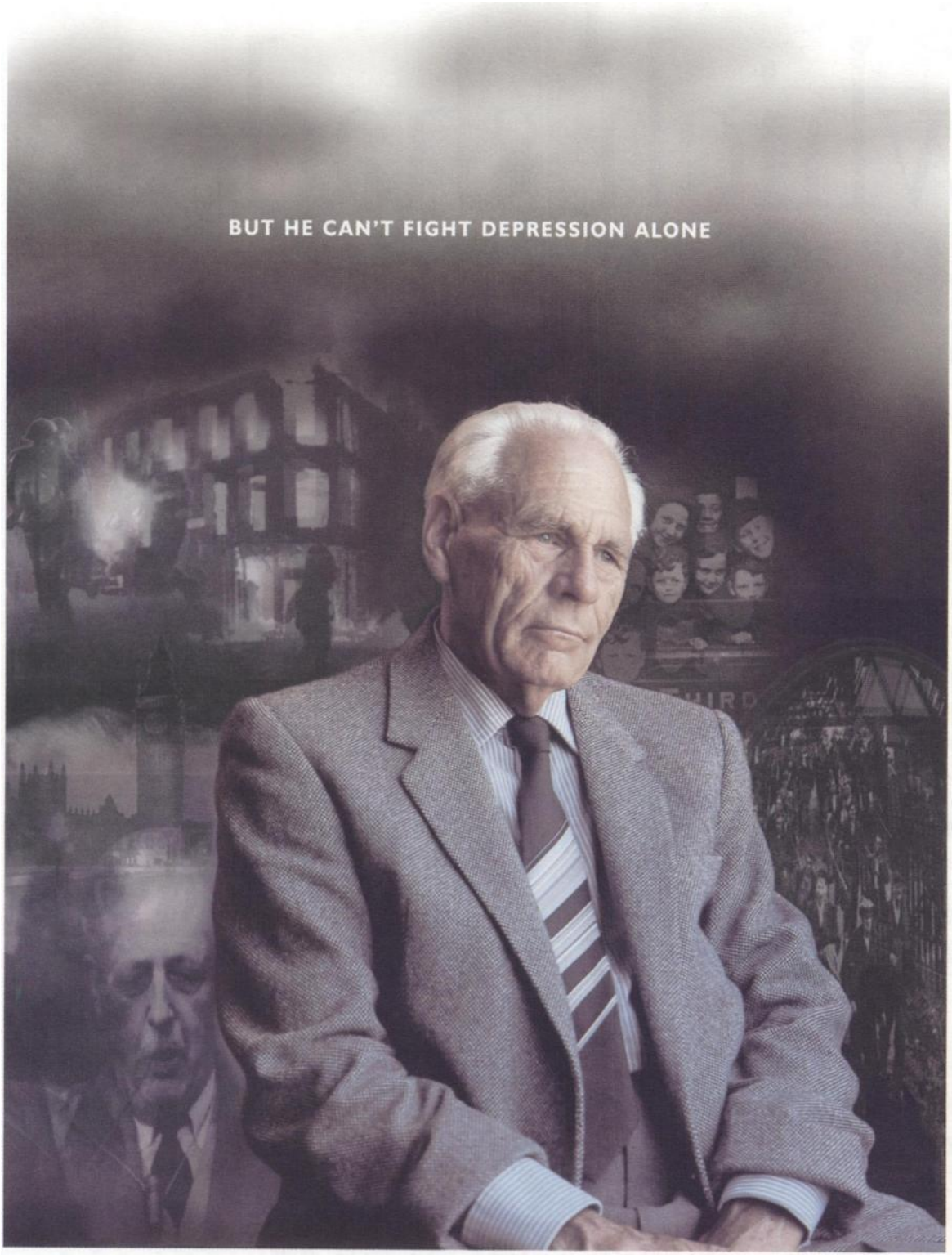
HE'S SURVIVED 1 WORLD WAR, 2 REDUNDANCIES AND 9 GOVERNMENTS



Treats older patients with the respect they deserve

Molipaxin
trazodone HCl

Molipaxin (trazodone hydrochloride) 50 and 100mg capsules, Molipaxin tablets 150mg, Molipaxin CR tablets 150mg, Molipaxin Liquid (50mg/5ml). Indications: Relief of symptoms in all types of depression including depression accompanied by anxiety. Symptoms likely to respond in the first week include depressed mood, insomnia, anxiety, somatic symptoms and hypochondriasis. Dosage and Administration: Starting dose of Molipaxin is 150mg daily taken in divided doses after food or as a single dose on retiring. This may be increased to 300mg/day the major portion of which is preferably taken on retiring. In hospitalised patients, dosage may be further increased to 600mg/day in divided doses. Dosage in the elderly and frail: Starting dose of 100mg/day in divided doses or as a single night-time dose. This may be increased, under supervision, according to efficacy and tolerance. Doses above 300mg/day are unlikely to be required. Cessation of Molipaxin should be gradual. Children: Not recommended. Contra-indications: Known sensitivity to trazodone. Precautions: Avoid during first trimester of pregnancy and in nursing mothers. Warn against risks of handling machinery and driving. May enhance muscle relaxants, some antihypertensive agents, sedatives or antidepressants and alcohol, acute effects of clonidine may be reduced. Avoid concurrent therapy with MAOIs and do not give Molipaxin within 2 weeks of stopping MAOIs or give MAOIs within 1 week of stopping Molipaxin. Use with care in patients with epilepsy, severe hepatic, cardiac or renal disease. Patients receiving long-term therapy with any antidepressant should be kept under regular surveillance. Side effects: Molipaxin is a sedative antidepressant. Any dizziness or drowsiness usually disappears on continued dosage. Anticholinergic-like symptoms occur, but the incidence is similar to placebo. Blood dyscrasias, including agranulocytosis, thrombocytopenia and anaemia, have been reported on rare occasions. Adverse effects on hepatic function, including jaundice and hepatocellular damage, sometimes severe, have been rarely reported. Should such effects occur, Molipaxin should be discontinued immediately. As with other drugs with alpha-adrenolytic activity, Molipaxin has very rarely been associated with priapism. This may be treated with an intracavernosum injection of alpha-adrenergic agents such as adrenalin or metaraminol. However, there are reports of trazodone-induced priapism which have on occasion required surgical intervention or led to permanent sexual dysfunction. Priapism should be dealt with as an urological emergency and Molipaxin therapy should be discontinued immediately. Other side effects include isolated cases of oedema and postural hypotension. Overdosage: No specific antidote is available. Give supportive and symptomatic treatment. Legal Category: POM. Presentations, product licence numbers and basic NHS prices: Molipaxin 50mg, 84 capsules; 0109/0045; £17.31. Molipaxin 100mg, 56 capsules; 0109/0046; £20.38. Molipaxin 150mg, 28 tablets; 0109/0133; £11.62. Molipaxin CR 150mg, 28 tablets; 0109/0214; £11.62. Molipaxin Liquid 50mg/5ml, 150ml bottle; 0109/0117; £7.74. Product Licence Holder: Roussel Laboratories Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP. Distributor: Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex UB9 5HP. Further product information is available from Hoechst Marion Roussel Ltd at the above address. Hoechst Marion Roussel is a member of the Hoechst Group. ® Molipaxin is a registered trademark.

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

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

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

Antipsychotic Efficacy for First-line Use

Zyprexa
Olanzapine

Making Community Re-integration the Goal

Caution in patients who have a history of seizures or have conditions associated with seizures. If signs or symptoms of tardive dyskinesia appear a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other centrally acting drugs and alcohol. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Postural hypotension was infrequently observed in the elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. **Interactions:** Metabolism may be induced by concomitant smoking or carbamazepine therapy. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in animals. Because human experience is limited, olanzapine 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 elevated, but associated clinical manifestations were rare. Asymptomat haematological variations were occasionally seen in trials. *For furth information see summary of product characteristics.* **Legal Category:** POM **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/0 EU/1/96/022/009 EU/1/96/022/010. **Basic NHS Cost:** £52.73 per pack of 2 x 5mg tablets. £105.47 per pack of 28 x 10mg tablets. £158.20 per pack of 5 x 7.5mg tablets. £210.93 per pack of 56 x 10mg tablets. **Date of Preparation** August 1996. **Full Prescribing Information is Available From:** Lil Industries Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire RG2 5SY. Telephone: Basingstoke (01256) 315000. 'ZYPREXA' is a Lilly trademark References: 1. Data on file, Lilly Industries. 2. Data on file, Lil Industries. 3. Zyprexa Summary of Product Characteristics, Sectio 5.1: Pharmacodynamic Properties. 4. Zyprexa Summary of Produ

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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

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Now accepting nominations

THE 1997 LILLY SCHIZOPHRENIA REINTEGRATION AWARDS

Eli Lilly and Company is sponsoring its second annual awards program to recognise outstanding achievements in helping patients with schizophrenia and related disorders reintegrate into their communities.

Inaugurated in Europe in 1996, the awards programme, with the support of the World Psychiatric Association, covers Europe, Latin America and Asia-Pacific. Any individual or group involved in some aspect of the reintegration process is eligible to be nominated in one of these categories:

- *Clinical Medicine
- *Nursing
- *Social Work
- *Journalism

Winners will be selected from each region and the awards will be presented to them at this year's WPA meetings scheduled for: Beijing, China, 7–10 October; Santiago, Chile, 22–25 October; Jerusalem, Israel, 16–21 November.

The three service awards consist of a $5,000 contribution to the winner's charity or institution, a certificate, a commemorative memento and travel expenses to the WPA meeting for the awards presentation.

Deadlines are:

15 August, Asia-Pacific; 15 September, Latin America; 30 September, Europe.

For further details and an entry form contact:

Lilly Awards Secretariat
Weber & Associates
P.O. Box 80
Thame OX9 3GX
England
Tel: +44 (1844) 216716
Fax: +44 (1844) 260706

Consultant Psychiatrist Positions in New Zealand

We have positions available for consultant psychiatrists in a major service provider in Auckland, New Zealand. Opportunities are available in most sub-specialities. Posts may be taken up between now and early 1998.

The service provides acute in-patient, day care and extensive community support programmes to a population of approximately 300,000. Acute in-patient services are provided from a brand new facility.

To be considered for these positions you will have experience in, and commitment to, contemporary models of therapy and a commitment to the growth of this exciting service. An interest in cross cultural psychiatry will be an advantage.

New Zealand's Medical Registration regime means that only those applicants with recognised Commonwealth or American College senior post-graduate qualifications are likely to be considered.

Assistance with Immigration and registration processes will be given and relocation expenses will be negotiated. Appropriately qualified applicants may be eligible for Permanent Residence of New Zealand.

Please submit your full curriculum vitae to:

New Zealand Medical Staffing Ltd, PO Box 74-385, Market Road, Auckland, New Zealand
Fax: +64-9-630 9622, email: info@healthlinknz.co.nz

New Zealand
MEDICAL STAFFING

UNIVERSITY OF TEESSIDE
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The First Cleveland Mental Health Conference

"RISK AND RESOURCES IN COMMUNITY CARE"

University of Teesside
Friday 5 September 1997, 9.30–3.30

Speakers
Jayne Zito, of the Zito Trust
Mr David Keating, The Law Society
Miss Jane Budworth, MIND
Mr Geoffrey Harrison, Eversheds Solicitors
Professor Ian Hindmarch, University of Surrey
Professor David Benton, University of Northumbria
Mr Harper Brown, Tees Health Purchasing Commission
Dr Roy Curtis, The Royal College of Psychiatrists Research Unit

Managing risk alongside the advance of mental health services brings pressures on clinicians, managers and purchasers. This conference aims to bring together nationally eminent speakers involved in mental health care to present and debate important and up to date issues before a multi-disciplinary audience.

To book a place at this conference, please forward a £20 registration fee, **payable to The Centre for Health and Medical Research, University of Teesside**, to: Dr Stephen D. Martin, Centre for Health and Medical Research, School of Health, University of Teesside, Middlesbrough TS1 3BA, Tel: 01642 384124, Fax: 01642 384143, E-mail: Linda.Ratcliffe@tees.ac.uk

Call for Posters
If you would like to submit an abstract for a poster presentation, please send a 250 word summary to the above address before Friday 8 August 1997. There is no registration fee for successful poster applicants.

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Now we've turned our thoughts to psychiatry.

Zeneca have an ongoing programme of initiatives aimed at supporting those involved in caring for the seriously mentally ill.

- A series of annual regional workshops - Management Issues in Schizophrenia.
- The Zeneca/BAP Annual Poster Award.
- The Zeneca/UKPPG Travel Award.
- RCP/NSF schizophrenia information leaflets.
- Annual English CPNA/Zeneca conferences.
- Research fora, to investigate controversies in community care, advances in pharmaceutical therapies and managing treatment-resistant patients.
- A wallchart outlining the ICD-10 schizophrenia diagnoses.

NEW INITIATIVES

- A pocketbook guide to schizophrenia.
- UKPPG psychiatric medication helpline number available from October
- NSF New Carer Support Pack*, funded by Zeneca.
- Sponsors of the Bethlem & Maudsley NHS Trust 750th Anniversary celebrations

For more information on these events, please call Zeneca Pharma on 0800 200 123.

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THINKING AHEAD IN PSYCHIATRY

CLOZARIL ABBREVIATED PRESCRIBING INFORMATION. The use of CLOZARIL is restricted to patients registered with the CLOZARIL Patient Monitoring Service. Indication: Treatment-resistant schizophrenia (patients non-responsive to, or intolerant of, conventional neuroleptics). **Presentations** 25 mg and 100 mg clozapine tablets. **Dosage and Administration** Initiation of CLOZARIL treatment must be in hospital in-patients and is restricted to those patients with a normal white blood cell count and differential count. Initially, 12.5 mg once or twice on first day, followed by one or two 25 mg tablets on second day. Increase slowly, initially by daily increments of 25 to 50 mg, followed by increments of 50 to 100 mg to reach a therapeutic dose within the range of 200 to 450 mg daily. The total daily dose should be divided and a larger portion of the dose may be given at night. Once control is achieved a maintenance dose of 150 to 300 mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored during CLOZARIL therapy since dose-related convulsions have been reported. Therefore, patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with the elderly need lower doses (12.5 mg given once on the first day) and more gradual titration. **Contra-Indications** Hypersensitivity to clozapine. History of drug-induced neutropenia/agranulocytosis, myeloproliferative disorders, uncontrolled epilepsy, alcoholic and toxic psychoses, drug intoxication, comatose conditions, circulatory collapse and/or CNS depression of any cause and severe hepatic, renal or cardiac failure. **Warning** CLOZARIL can cause agranulocytosis. A fatality rate of up to 1 in 300 has been estimated when CLOZARIL was used prior to recognition of this risk. Since that time strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of the risk associated with CLOZARIL therapy its use is therefore limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings (white blood cell count and differential blood count), and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least every two weeks thereafter for the first year of therapy. After one years treatment monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue as long as treatment continues. Patients must be under specialist supervision and CLOZARIL supply is restricted to hospital and community pharmacies registered with the CLOZARIL Patient Monitoring Service. Prescribing physicians must register themselves, their patients and a nominated pharmacist with the CLOZARIL Patient Monitoring Service. This service provides for the required leucocyte counts as well as a drug supply audit so that CLOZARIL treatment is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact the treating physician immediately if any kind of infection begins to develop. Particular attention should be paid to flu-like complaints or other symptoms which might suggest infection, such as fever or sore throat. **Precautions** CLOZARIL can cause agranulocytosis. Perform pre-treatment white blood cell count and differential count to ensure only patients with normal findings receive CLOZARIL. Monitor white blood cell count weekly for the first 18 weeks and at least two-weekly for the first year of therapy. After one years treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue as long as treatment continues. If the white blood count falls below 3.0 x 10^9/l and/or the absolute neutrophil count drops below 1.5 x 10^9/l, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Re-evaluate any patient developing an infection, or with a routine white blood count between 3.0 and 3.5 x 10^9/l and/or a neutrophil count between 1.5 and 2.0 x 10^9/l, with a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below 1.0 x 10^9/l and/or 0.5 x 10^9/l respectively, after drug withdrawal requires immediate specialised care. Where protective isolation and administration of GM-CSF or G-CSF may be indicated. Colony stimulating factor therapy should be discontinued when the neutrophil count returns above 1.0 x 10^9/l. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Monitor hepatic function in liver disease. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients affected by the sedative action of CLOZARIL should not drive or operate machinery. CLOZARIL should be administered with caution to patients who participate in activities requiring complete mental alertness. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Do not give CLOZARIL with other drugs with a substantial potential to depress bone marrow function. CLOZARIL may enhance the effects of alcohol, MAO inhibitors, CNS depressants and drugs with anticholinergic, hypotensive or respiratory depressant effects. Caution is advised when CLOZARIL therapy is initiated in patients who are receiving (or have recently received) a benzodiazepine or any other psychotropic drug as these patients may have an increased risk of circulatory collapse, which, on rare occasions, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant administration of therapeutic agents which are highly bound to plasma proteins. Clozapine binds to and is partially metabolised by the isoenzyme cytochrome P450 2D6. Caution is advised with drugs which possess affinity for the same isoenzyme. Concomitant cimetidine and high dose CLOZARIL was associated with increased plasma clozapine levels and the occurrence of adverse effects. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced effectiveness of CLOZARIL. No clinically relevant interactions noted with antidepressants, phenothiazines and type Ic antiarrhythmics observed, to date. Isolated reports of fluvoxamine increasing clozapine plasma levels by 5-10 fold. Concomitant use of lithium or other CNS-active agents may increase the risk of neuroleptic malignant syndrome. The hypertensive effect of adrenaline and its derivatives may be reversed. Do not use in pregnant or nursing women. Use adequate contraceptive measures in women of child bearing potential. **Side-Effects** Neutropenia leading to agranulocytosis (See Warning and Precautions). Rare reports of leucocytosis including eosinophilia. Isolated cases of leukaemia and thrombocytopenia have been reported but there is no evidence to suggest a causal relationship with the drug. Most commonly fatigue, drowsiness, sedation. Dizziness or headache may also occur. CLOZARIL lowers the seizure threshold and may cause EEG changes and delirium. Myoclonic jerks or convulsions may be precipitated in individuals who have epileptogenic potential but no previous history of epilepsy. Rarely it may cause confusion, restlessness, agitation and delirium. Extrapyramidal symptoms are limited mainly to tremor, akathisia and rigidity. Neuroleptic malignant syndrome has been reported. Transient autonomic effects eg dry mouth, disturbances of accommodation and disturbances in sweating and temperature regulation. Hypersalivation. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. In rare cases profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. GI disturbances, increases in hepatic enzymes. In rare cases, cholestasis has been reported and very rarely ileus may occur. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdosage. Both urinary incontinence and retention and priapism have been reported. Benign hyperthermia may occur and isolated reports of skin reactions have been received. Rarely, hyperglycaemia has been reported. Rarely increases in CPK values have occurred. With prolonged treatment considerable weight gain has been observed. Sudden unexplained deaths have been reported in patients receiving CLOZARIL. **Package Quantities and Price** Community pharmacies only. 28 x 25mg tablets: £12.52 (Basic NHS) 28 x 100mg tablets: £50.05 (Basic NHS). Hospital pharmacies only. 84 x 25 mg tablets: £37.54 (Basic NHS). 84 x 100 mg tablets: £150.15 (Basic NHS). Supply of CLOZARIL is restricted to hospital and community pharmacies registered with the CLOZARIL Patient Monitoring Service. **Product Licence Numbers** 25 mg tablets: PL 0101/0228. 100 mg tablets: PL 0101/0229. **Legal Category** POM. CLOZARIL is a registered Trade Mark. **Date of preparation** January 1996. Full prescribing information, including Product Data Sheet is available from SANDOZ PHARMACEUTICALS. Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

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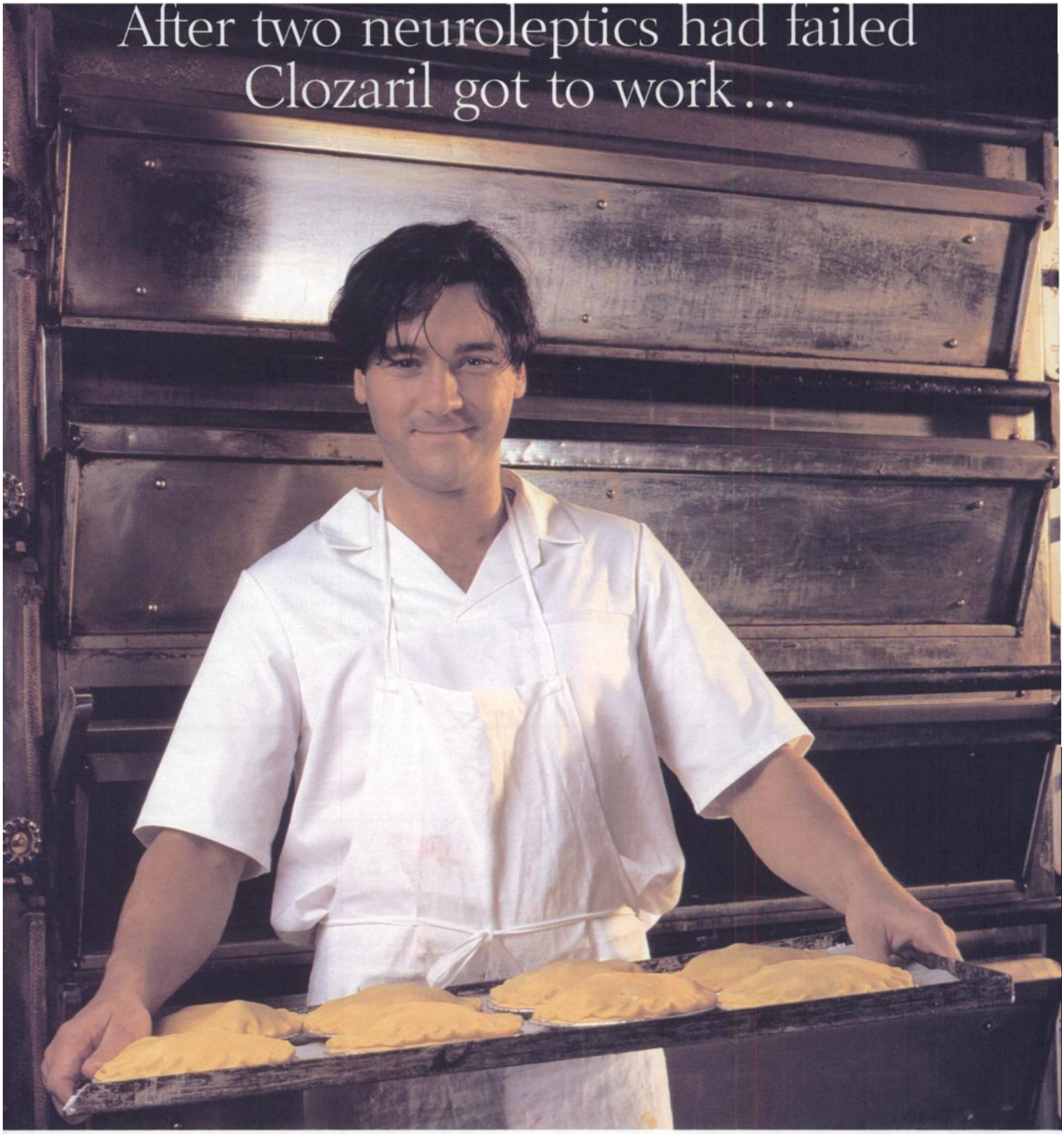

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