THE BRITISH JOURNAL OF PSYCHIATRY

MAY 1997 VOL. 170

EDITORIALS

PAPERS

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

COLUMNS

PUBLISHED BY THE ROYAL COLLEGE OF PSYCHIATRISTS ISSN 0007-1250

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 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

THE BRITISH JOURNAL OF PSYCHIATRY

MAY 1997 VOL. 170

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 SWIX 8PG. Queries, letters to the editor and book reviews may also be sent electronically to 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 WIA 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 SWIX 8PG.

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

Back issues

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

Advertising

Correspondence and copy should be addressed to Peter T. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

US Mailing Information

The *British Journal of Psychiatry* is published monthly by the Royal College of Psychiatrists. Subscription price is $320. Second class postage paid at Rathway, NJ. Postmaster send address corrections to the British Journal of Psychiatry, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

™The paper used in this publication meets the minimum requirements of the American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials, ANSI Z39.48-1984.

Typeset by Dobbie Typesetting Ltd, Tavistock.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

Past Editors

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

Founded by J. C. Bucknill in 1853 as the *Asylum Journal* and known as the *Journal of Mental Science* from 1858 to 1963.

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

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]
- Selective acetylcholinesterase inhibition - well tolerated [2-4]
- Improvements in cognitive symptoms and global function [5-7]
- No need to monitor hepatic function.

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:** Possible interaction with succinylcholine (suxamethonium-type) effects upon pre-existing cardiac disease, asthma, or obstructive pulmonary disease, also in patients at increased risk of peptic ulcers. Cholinomimetics may cause urinary retention (not observed in clinical trials), convulsions (may be disease related). **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 10mg; yellow, film coated tablets marked 10 and Aricept, packs of 28 £95.76. **Marketing authorisation numbers:** ARICEPT 5mg; PL 10555/0006 **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:** March 1997. **References: 1.** Kelly CA, Harvey RJ, Cayton H. 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.** Kawakami Y et al. Bioorganic & Medicinal Chemistry 1996; 4 (6): 1429-1446. **4.** Data on file, Integrated Summary of Safety. **5.** Data on file (A301). **6.** Data on file (A302) and Rogers SL et al. Neurology 1996; 46: A217. **7.** Rogers SL et al. Dementia 1996; 7: 293-303.

REASON TO BE CHEERFUL

LUSTRAL™ 50mg

sertraline

Pfizer

CNS DISCOVERY

Abbreviated Prescribing Information: LUSTRAL™ (sertraline)
Presentation: Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness and accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes including accompanying symptoms of anxiety. **Dosage:** LUSTRAL should be given as a single daily dose. The initial dose is 50mg and the usual therapeutic dose is 50mg daily. Dosage can be further increased, if appropriate, to 150mg or a maximum of 200mg daily. Patients should be maintained on the lowest effective dose and doses of 150mg or more should not be used for periods exceeding 8 weeks. **Use in children:** Not recommended. **Use in the elderly:** Usual adult if clearly needed. **Lactation:** Not recommended. **Precautions, warnings:** Renal insufficiency, unstable epilepsy, ECT, driving. LUSTRAL should be discontinued in a patient who develops seizures. LUSTRAL should not be administered to patients concurrently being treated with tranquillizers who drive or operate machinery. Do not use with, or within two weeks of ending treatment with, MAOIs. At least 14 days should elapse before starting any MAOI following discontinuation of LUSTRAL. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. **Drug interactions:** Administer with caution in combination with other centrally active medication. Serotonergic drugs including tryptophan, sumatriptan and fenfluramine should not be used with LUSTRAL. It is recommended that plasma lithium levels be monitored following initiation of LUSTRAL. Although LUSTRAL has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. The potential for LUSTRAL to interact with other highly cimetidine has not been fully assessed. With warfarin prothrombin time should be monitored when LUSTRAL is initiated or stopped. **Side effects:** Dry mouth, nausea, diarrhoea/loose stools, ejaculatory delay, tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Asymptomatic elevations in serum transaminases have been reported infrequently (approx. 0.8%) in association with LUSTRAL. These usually occurred within the first 9 weeks treatment and resolved on cessation of therapy. Malaise and rash have been reported. Seizures (see precautions, warnings). There have been isolated reports of movement disorders and rare cases of hyponatraemia. **Legal category:** POM. **Basic NHS cost:** 50mg tablet (PL 57/0308) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £39.77.
Further information on request.
Invicta™ Pharmaceuticals or Richborough™ Pharmaceuticals

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

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

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

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

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

Surely this is the ultimate goal.

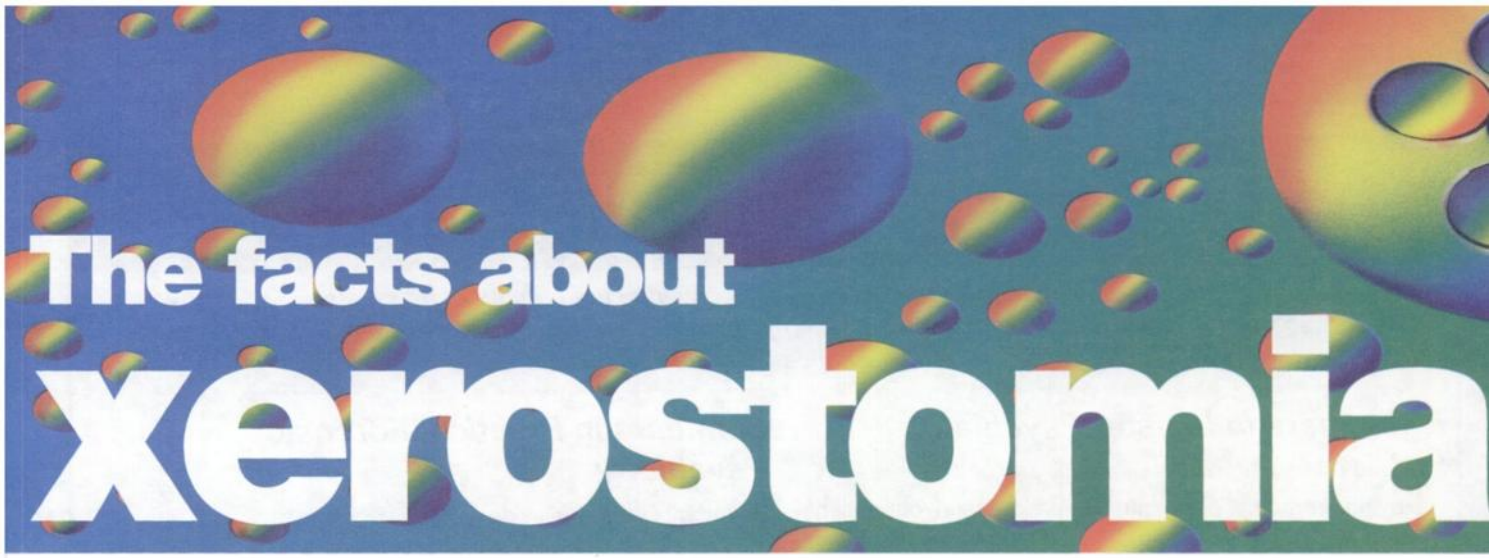
Risperdal™
RISPERIDONE

A routine route out

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press



and how extra saliva can help.

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

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

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

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

What to look out for: clinical signs and symptoms

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

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

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

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

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

Name: _____ Title: _____

Address: _____

_____

_____

Professional Speciality: _____

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

BJP

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

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

Books Beyond Words

These books are joint publications between the Royal College of Psychiatrists and St. George's Hospital Medical School. They are intended for people with learning disabilities or difficulties or mental health needs. The stories are told through pictures alone to allow each reader to make his or her own interpretation. A short written text at the end of the book provides one possible narrative for the pictures. *Gaskell books are available from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. (Tel. +44(0)171 235 2351, extension 146). Credit card orders can be taken over the telephone.*

You're under Arrest

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb

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

£10.00 72pp. 1996 ISBN 1 901242 01 3

You're on Trial

By Sheila Hollins, Isabel Clare and Glynis Murphy
Illustrated by Beth Webb

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

£10.00 72pp. 1996 ISBN 901242 01 3

Going to Court

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

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

£10.00 70pp. 1994 ISBN 1 874439 08 7

Jenny Speaks Out

£10.00 60pp. 1992 ISBN 1 874439 001

Bob Tells All

£10.00 62pp. 1993 ISBN 1 874439 03 6
By Sheila Hollins and Valerie Sinason
Illustrated by Beth Webb

These two companion books may enable a person with learning disabilities to open up about their experience of sexual abuse. Bob and Jenny have been abused and feel unsettled when they move to a new homes in the community. In each story, the carers sensitively help Bob and Jenny unravel their painful past as victims of sexual abuse, to begin a slow but positive healing process.

Making Friends

£10.00 68pp. 1995 ISBN 1 874439 10 9

Hug Me Touch Me

£10.00 70pp. 1994 ISBN 1 874439 05 2
By Sheila Hollins and Terry Roth
Illustrated by Beth Webb

The characters in these stories want to make new friends. The books show when they can and can't hug and touch other people. *Making Friends* tells the story from a man's perspective, while *Hug Me Touch Me* tells the story from a woman's point of view.

Going to the Doctor

By Sheila Hollins, Jane Bernal and Matthew Gregory
Illustrated by Beth Webb

Going to the doctor can be a worrying experience. For people with a learning disability, there is the added fear of not being able to explain what's wrong, as well as not understanding what's happening. Feelings, information and consent are all addressed. A variety of scenarios are covered (examination, blood test, prescription, etc.). Ideally, this book should be used to prepare someone before going to the doctor but it will also be invaluable to General Practitioners and primary health care workers during consultations and before treatments.

£10.00 73pp. 1996 ISBN 1 874439 13 3

When Dad Died

£10.00 60pp. 1989 ISBN 1 874439 06 0

When Mum Died

£10.00 60pp. 1989 ISBN 1 874439 07 9
By Sheila Hollins and Lester Sireling
Illustrated by Beth Webb

These two books take an honest and straightforward approach to death in the family. The pictures tell the story of the death of a parent in a simple but moving way. The approach is non-denominational. One book illustrates a cremation (*When Dad Died*), the other a burial. The books will help to inform readers about the simple facts of death and about feelings of grief. Children without learning disabilities will also appreciate these books which adopt a more direct approach to death than is usual.

A New Home in the Community

£10.00 72pp. 1993 ISBN 1 874439 02 8

Peter's New Home

£10.00 72pp. 1993 ISBN 1 874439 01 X
By Sheila Hollins and Deborah Hutchinson
Illustrated by Beth Webb

These two books are designed to help people with learning disabilities make a happy transition to a new home. *Peter's New Home* tells the story of leaving one's family for a group home while *A New Home in the Community* tells the story of leaving a long-stay hostel or hospital to go to a group home.

Feeling Blue

By Sheila Hollins
and Valerie Sinason
Illustrated by Beth Webb

This book is for people with learning disabilities who get depressed. It shows what happens to the character when he is depressed, and how he is helped to feel better.

£10.00 66pp. 1995 ISBN 1 874439 09 5

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

Goodnight depression

THE FIRST ANTIDEPRESSANT LICENSED FOR PANIC DISORDER†

Good morning world

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

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

With 'Seroxat', you can give your patients much needed sleep as early as week one.[4] You can lift both depression[5] and anxiety[2] and reduce rather than increase agitation.[6]

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

SEROXAT
PAROXETINE

As SSRI that restores restful sleep[7]

10592/0001-2, each containing either 20 mg or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16. **Indications:** Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Treatment of symptoms of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. **Dosage:** *Adults: Depression:* 20 mg a day. Review response within two to three weeks and if necessary increase dose in 10 mg increments to a maximum of 50 mg according to response. *Obsessive compulsive disorder:* 40 mg a day. Patients should be given 20 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 60 mg a day. *Panic disorder:* 40 mg a day. Patients should be given 10 mg a day initially and the dose increased weekly in 10 mg increments. Some patients may benefit from a maximum dose of 50 mg a day. Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months for depression or longer for OCD and panic disorder. As with many psychoactive medications abrupt discontinuation should be avoided - see **Adverse reactions.** *Elderly:* Dosing should commence at the adult starting dose and may be increased in weekly 10 mg increments up to a maximum of 40 mg a day according to response. *Children:* Not recommended. *Severe renal impairment (creatinine clearance <30 ml/min) or severe hepatic impairment:* 20 mg a day. Restrict incremental dosage if required to lower end of range. **Contra-indication:** Hypersensitivity to paroxetine. **Precautions:** History of mania. Cardiac conditions: caution. Caution in patients with epilepsy; stop treatment if 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. 1.7.96. † In the UK. **References** **1.** Fleming J. Prog Neuro-Psychopharmacol, Biol Psychiatr 1989;13:419-29. **2.** Hutchinson D *et al.* Br J Clin Res 1991;2:43-57. **3.** Hindmarch I. Int Clin Psychopharmacol 1992;6(Suppl 4):65-7. **4.** Dunbar GC *et al.* Acta Psychiatr Scand 1993;87:302-5. **5.** Medicines Resource Centre. Int Pharm J 1992;6:6-9. **6.** Dunbar GC, Fuell DL. Int Clin Psychopharmacol 1992;6 (Suppl 4):81-9. **7.** Dorman T. Int Clin Psychopharmacol 1992;6(Suppl 4):53.

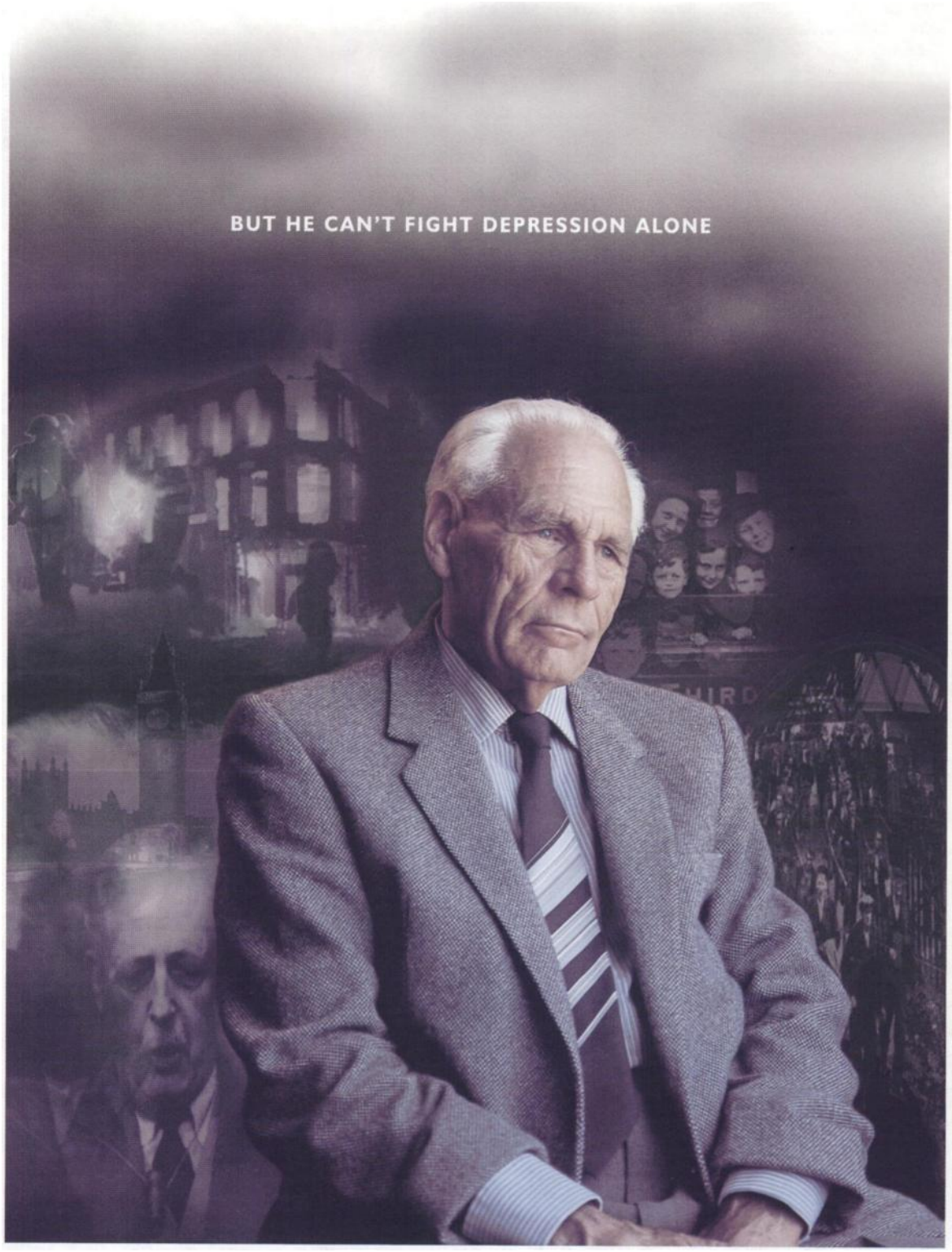
SmithKline Beecham Pharmaceuticals

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

'Seroxat' is a registered trade mark.

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

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



Treats older patients with the respect they deserve

Molipaxin
trazodone HCl

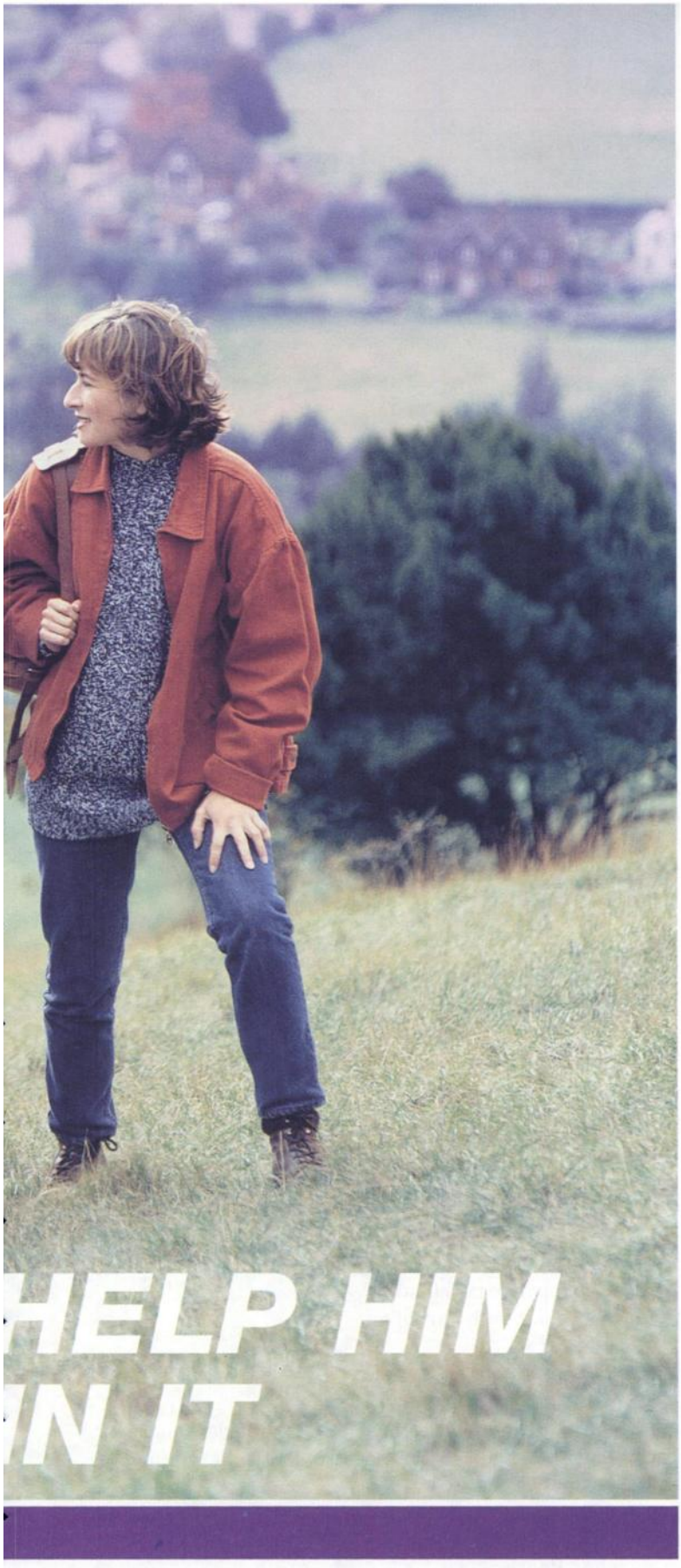
Molipaxin (trazodone hydrochloride) 50 and 100mg capsules, Molipaxin tablets 150mg, Molipaxin CR tablets 150mg, Molipaxin Liquid (50mg/5ml). Indications: Relief of symptoms in all types of depression including depression accompanied by anxiety. Symptoms likely to respond in the first week include depressed 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.

Date of issue: Dec 1996

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press



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 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 elevated, but associated clinical manifestations were rare. Asymptomati haematological variations were occasionally seen in trials. *For furthe information see summary of product characteristics.* **Legal Category:** POM **Marketing Authorisation Numbers:** EU/1/96/022/004 EU/1/96/022/00 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:** Lill 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, Lill Industries. 3. Zyprexa Summary of Product Characteristics, Sectio

Promoting Positive Mental Health

World Mental Health Day is an international campaign celebrated on the 10th October. In England, it is coordinated by the Health Education Authority on behalf of the Department of Health.

positive images positive steps

Aims:

- to reduce the fear, misunderstanding and stigma surrounding mental health problems
- to raise awareness that mental health problems concern everyone
- to provide resources and expertise to support local initiatives
- to raise the status and the profile of mental health promotion

Many agencies have a role to play

By joining the campaign database you can take advantage of: regional briefings, local grants scheme, regular campaign updates, support and advice plus a range of innovative campaign materials aimed at the general public, with specific resources for children and young people. **These services are free of charge.**

For further information call: **0171 413 1991**
or write to: Mental Health Team, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX. E-mail: *wmhday@hea.org.uk*

World Mental Health Day

HEALTH EDUCATION AUTHORITY

get active talk it over relax

10th October '97

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press

https://doi.org/10.1192/S0007125000258911 Published online by Cambridge University Press