

# IRISH JOURNAL OF PSYCHOLOGICAL MEDICINE

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# An advance in first-line treatment of depression and associated anxiety



DIRECTLY ACTS ON BOTH  
SEROTONIN AND NORADRENALINE<sup>1,2†</sup>



HIGH RESPONSE RATES  
IN DEPRESSION<sup>3,4</sup>



EFFECTIVE RELIEF OF ASSOCIATED  
ANXIETY SYMPTOMS<sup>3</sup>



LOW POTENTIAL FOR DRUG  
INTERACTIONS<sup>\*\*5-8</sup>

† ANIMAL STUDIES  
\*\* HEALTHY VOLUNTEER STUDIES

# EFEXOR<sup>\*</sup>

VENLAFAXINE 37.5mg b.d.

SEROTONIN NORADRENALINE REUPTAKE INHIBITOR

#### ABBREVIATED PRESCRIBING INFORMATION EFEXOR<sup>\*</sup>

**Venlafaxine Presentation:** Tablets containing 37.5mg or 75mg venlafaxine (as hydrochloride) **Use:** Treatment of depressive illness, including depression accompanied by anxiety. **Dosage:** Usually 75mg/day (37.5mg bd) with food, increasing to 150mg/day (75mg bd) if necessary. In more severely depressed patients, 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Discontinue gradually to reduce the possibility of withdrawal reactions. Elderly: use normal adult dose with caution. Children: contra-indicated. Doses should be reduced by 50% for moderate renal or moderate hepatic impairment. **Contra-indications:** Pregnancy, lactation, concomitant use with MAOIs, hypersensitivity to venlafaxine or other components, patients aged below 18 years. **Precautions:** Use with caution in patients with myocardial infarction, unstable heart disease, renal or hepatic impairment, or a history of epilepsy (discontinue in event of seizure). Patients should not drive or operate machinery if their ability to do so is impaired. Possibility of postural hypotension (especially in

the elderly). Women of child-bearing potential should use contraception. Prescribe smallest quantity of tablets to reduce the risk of overdose. Monitor blood pressure with doses >200mg/day. Advise patients to notify their doctor should a rash or an allergy develop or if they become or intend to become pregnant. Use with caution in patients taking other CNS-active drugs or in the elderly or hepatically-impaired patients taking cimetidine. Patients with a history of drug abuse should be monitored carefully. Not recommended in severe renal or severe hepatic impairment. **Interactions:** MAOIs: do not use Efexor in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor before starting an MAOI. **Side-effects:** Nausea, headache, insomnia, somnolence, dry mouth, dizziness, constipation, asthenia, sweating, nervousness, anorexia, dyspepsia, abdominal pain, anxiety, impotence, abnormality of accommodation, vasodilation, vomiting, tremor, paraesthesia, abnormal ejaculation/orgasm, chills, hypertension, palpitation, weight gain, agitation, decreased libido, rise in blood pressure, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, hyponatraemia. Symptoms reported on

discontinuation of venlafaxine were mostly non-serious and self-limiting and included dizziness, insomnia, nausea and nervousness. **Product Authorisation Numbers:** 37.5mg tablet: PA 22/65/2; 75mg tablet: PA 22/65/4. **Legal category:** S1A. For full prescribing information please refer to the Summary of Product Characteristics. **Product Authorisation Holder:** Wyeth Laboratories, Taplow, Maidenhead, Berkshire, SL6 0PH, UK. Further information may be obtained from: Wyeth Laboratories, 765 South Circular Road, Islandbridge, Dublin 8. \* trade mark. **References:** 1. Muth EA *et al.* *Biochem Pharmacol* 1986; 35(24): 4493-4497. (EX00007). 2. Muth EA *et al.* *Drug Development Research* 1991; 23: 191-199. (EX00022). 3. Dierick M *et al.* *Prog Neuropsychopharmacol Biol Psychiatry* 1996; 20: 57-71. 4. Clerc GE *et al.* *Int Clin Psychopharmacol* 1994; 9(3): 139-143. (EX00101). 5. Troy SM *et al.* *J Clin Pharmacol* 1996; 36: 175-181 (106814). 6. Troy SM *et al.* *J Clin Pharmacol* 1995; 35: 410-419. 7. Troy SM *et al.* *J Clin Pharmacol* 1998; 38: 467-474 (120224). 8. Amchin J. *Clin Pharmacol and Ther* 1997; 61 (2): 179. Code: Z779180/0998. Date of preparation: September 1998.



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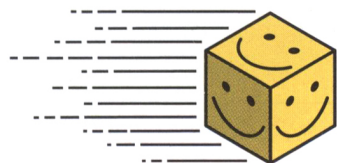
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# Fast Response

Can start to improve symptoms within seven days



FIRST CHOICE

**LUSTRAL**™ 50mg  
sertraline

**A first choice antidepressant**



**Abbreviated Prescribing Information:**  
**LUSTRAL™ (sertraline)**

**Presentation:** Tablets containing 50mg or 100mg sertraline. **Indications:** Treatment of symptoms of depressive illness, including accompanying symptoms of anxiety. Prevention of relapse or recurrence of depressive episodes, including accompanying symptoms of anxiety. Obsessive compulsive disorder (OCD). **Dosage:** Lustral should be given as a single daily dose. The initial dose is 50mg and the usual

antidepressant dose is 50mg. Dosage can be further increased, if appropriate, to a maximum of 200mg daily. Patients should be maintained on the lowest effective dose. **Use in children:** Not recommended. **Use in elderly:** Usual adult dose. **Contra-indications:** Hypersensitivity to this group of drugs. Hepatic insufficiency, unstable epilepsy and convulsant disorders, pregnancy and lactation. Do not use with, or within two weeks of ending treatment with

MAOI's. At least 14 days should elapse before starting any MAOI following discontinuation of Lustral. **Precautions, warnings:** Renal insufficiency, ECT, epilepsy, driving. Lustral should be discontinued in a patient who develops seizures. Lustral should not be administered with benzodiazepines or other tranquilizers in patients who drive or operate machinery. The patient should be monitored for signs of suicide or mania. **Drug interactions:** Caution with other centrally active medication. Serotonergic drugs such as tryptophan or fenfluramine should not be used with Lustral. Lithium levels should be monitored. Although Lustral has been shown to have no adverse interaction with alcohol, concomitant use with alcohol is not recommended. The potential for Lustral to interact with other highly protein bound drugs should be borne in mind. Interactions with e.g. warfarin, diazepam, tolbutamide and cimetidine have 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, dizziness, insomnia, somnolence, headache and dyspepsia. Rarely, abnormal LFTs, hyponatraemia. The following have been reported with Lustral but may have no casual relationship: movement disorders, convulsions, menstrual irregularities, hyperprolactinaemia, galactorrhoea and rash. As with other serotonin re-uptake inhibitors rare reports of agitation, confusion, depersonalisation, hallucinations, nervousness, postural hypotension, hypo/hypertension, tachycardia and arrhythmias. As with all psychoactive medicines, possible side effects on discontinuation, such as dizziness, sensory disturbance, sleep disturbance, agitation or anxiety, nausea and sweating. **Legal Category:** S1A. **Package Quantities:** 50mg tablet (PA 822/1/4) Calendar pack of 28; 100mg tablet (PA 822/1/5) Calendar pack of 28. **Product Authorisation Holder:** Pfizer (Ireland) Limited, Pharmapark, Chapelizod, Dublin 20, Republic of Ireland. **Further information on request:** Pfizer (Ireland) Limited. Date last revised: 1/11/96 66973 June 97

