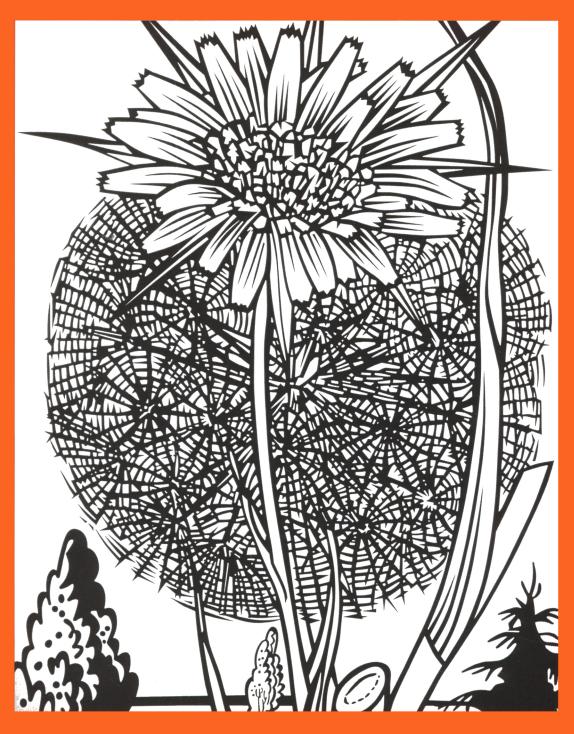
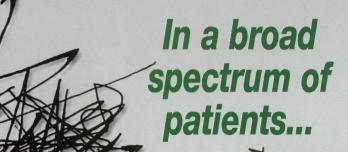
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'Sepal'(2002) by Paul Morrison (acrylic on canvas, 9 x 6ft) From an exhibition at the Irish Museum of Modern Art, Royal Hospital Kilmainham, Dublin 8.



...See the difference GEODON can make

Prescribing Information for Geodon (ziprasidone) Republic of Ireland Geodon™. Presentation: Capsules ziprasidone hydrochloride monohydrate equivalent to 20, 40, 60 and 80mg ziprasidone. Indications: Treatment of schizophrenia Dosage. Acute treatment - 40mg twice daily with food. Maximum dosage of 80mg twice daily may be reached by day 3 of treatment. Maintenance treatment - use the lowest effective dose. In elderly: A lower starting dose should be considered for patients over 65 where clinical factors warrant. In children: Caution as no evaluation under 18 years of age. In renal impairment: No dosage adjustment required. In hepatic impairment: Consider lower doses in hepatic insufficiency. Caution in severe hepatic insufficiency. Contra-indications: Known hypersensitivity to any ingredient of the product. Known αT -interval prolongation. Congenital long αT syndrome. Recent acute myocardial infarction. Uncompensated heart failure. Arrhythmias treated with class IA and III antiarrhythmic drugs. Concomitant treatment with medicines known to prolong the QT interval. Special warnings: A medical history, family history and physical examination should be undertaken to identify patients for whom ziprasidone is not recommended. Mild to mod erate dose-related QT-interval prolongation, therefore, do not give together with medicinal products known to prolong the QT interval. Caution in patients with significant bradycardia. Before treatment is started - correct electrolyte disturbances; and as with other drugs which prolong ${\tt QT}$ interval, consider ECG review in patients with stable cardiac disease. If cardiac symptoms occur, consider the possibility of a malignant cardiac arrhythmia and perform a cardiac evaluation, including an ECG. It is recommended to stop treatment if the QT inter val is >500msec. No cases of Neuroleptic Malignant Syndrome (NMS) seen in clinical trials, but potential risk cannot be excluded. Management of NMS should included immediate withdrawal of all antipsychotic drugs. Potential to cause tardive dyskinesia, if signs appear consider dose reduction or discontinuation. Caution in patients with a history of seizures. Interactions: ziprasidone should not be given with medicinal products known to prolong the QT interval (see SPC for details). Caution in combination with other centrally acting drugs and alcohol. Ziprasidone is unlikely to cause clinically important drug interactions mediated by CYP3A4 or CYP2D6 (see SPC for details). Pregnancy and lactation: Not recommended unless the expected benefit outweighs the risk. Women of childbearing potential should use an appropriate method of contraception. Avoid breastfeeding. Driving: Ziprasidone may cause somnolence, therefore caution patients likely to drive or operate machines. Undesirable effects: In short term placebo controlled trials: >1/10 somnolence; >1/100,<1/10 asthenia, headache, constipation, dry mouth, dyspepsia, increased salivation, nausea, vomiting, agitation, akathisia, dizziness, dystonia, extrapyramidal syndrome, hypertonia, tremor, abnormal vision; >1/1000,<1/100 pain, postural hypotension, tachycardia, flatulence, thirst, joint disorder, leg cramps, cogwheel rigidity, paresthesia, speech disorder, tardive dyskinesia, rhinitis, rash, urticaria. In long term maintenance trials: elevated prolactin levels, returning to normal without cessation of treatment and rare reports of clinical manifestation (gynaecomastia and breast enlargement). Legal Category: POM Package quantities: blister packs containing 56 capsules. Further information on request: Pfizer (Ireland) Limited, Parkway House, Ballymount Road Lower, Dublin 12, Republic of Ireland. Marketing Authorisation numbers: PA 19/52/5. Date of first

MAKE THE SWITCH (ziprasidone HCI)

See the difference



Abbreviated

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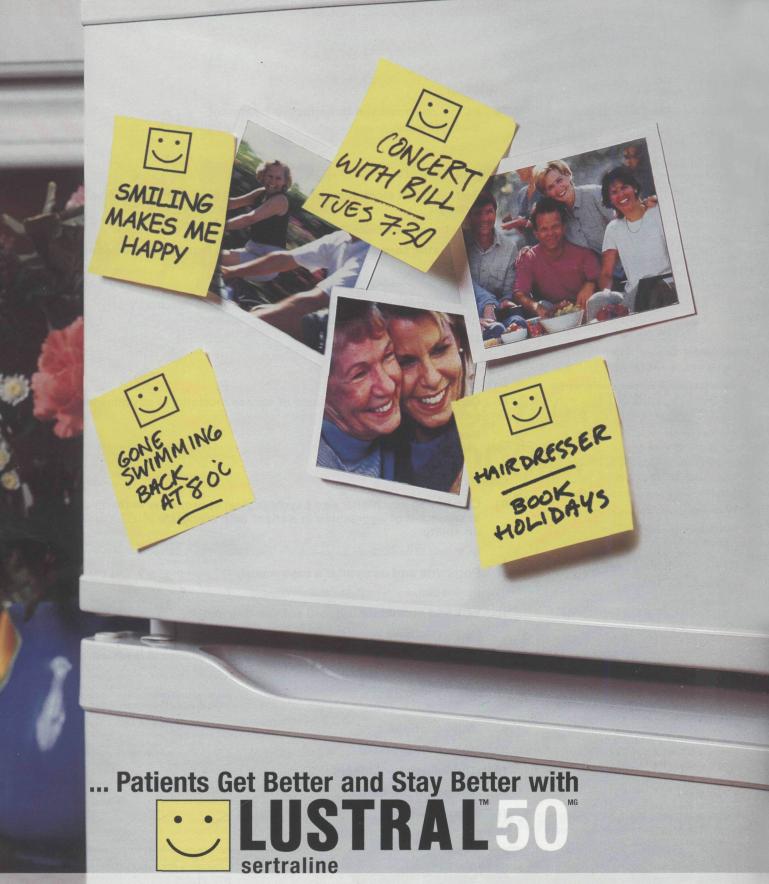
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In Depression & Anxiety...





Abbreviated 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 ar recurrence of depressive episodes, including accompanying ymptoms of anxiety. Prevention of relapse ar recurrence of depressive episodes, including accompanying ymptoms of anxiety. Obsessive compulsive disorder (OCD) in dults and children. Panic disorder, with or without agoraphobia, ost-traumatic stress disorder (PTSD). Dosage: Lustral should be riven as a single daily dose. The initial dose in depression and OCD 50mg and the usual anticepressant dose is 50mg. The initial dose panic disorder and PTSD is 25mg, increasing to 50mg after one peek. Dosage can be further increased, if appropriate, to administration of the properties of the properties.

ek. Dosage can be further increased, if appropriate, to a tryptophan or fenfluramine should be used with caution.

kinumg/ 2001/6 178/507/90/966 7/090/96/07/00/9-Published online-by-Cambridge University-Press at the frequently than once per week given the 24 hour elimination.

effective dose. Use in children (OCD only): Ages 6-12: The initial dose is 25 mg/day increasing to 50 mg/day after 1 week. Ages 13-17: Usual adult dose. Consider generally lower body weights 16 children to avoid overdosing. Do not increase doses at intervals of less than 1 week. Use in the 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, MAOIs. 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 be administered with benzodiazepines or other tranquillizers in

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, diarthoea/loose stools, ejaculatory delay, tremor, increased sweating, dizziness, insominia, somnolence, headache, anorexia and dyspepsia. Rarely, abnormal LFTs, hyponatraemia. Additionally agitation and hyperkinesia in peaclatric OCD patients. The following have been reported with Lustral but may have no causal relationship: vomitting, abdominal pain, movement disorders, convulsions, menstrual irregularities, hyperprolactinaemia, confusion, altered platelet function, abnormal bleeding and purpura. As with other serotonin re-uplase inhibitors rare reports of agitation, confusion, depersonalisation, hallucinations, nenousness, postural

