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THE BRITISH JOURNAL OF PSYCHIATRY

January 1996

Vol. 168

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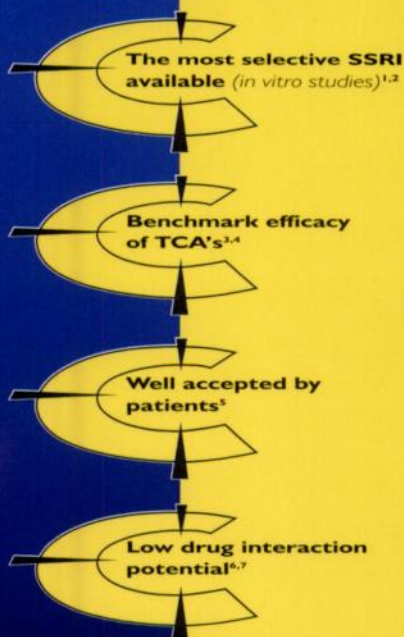
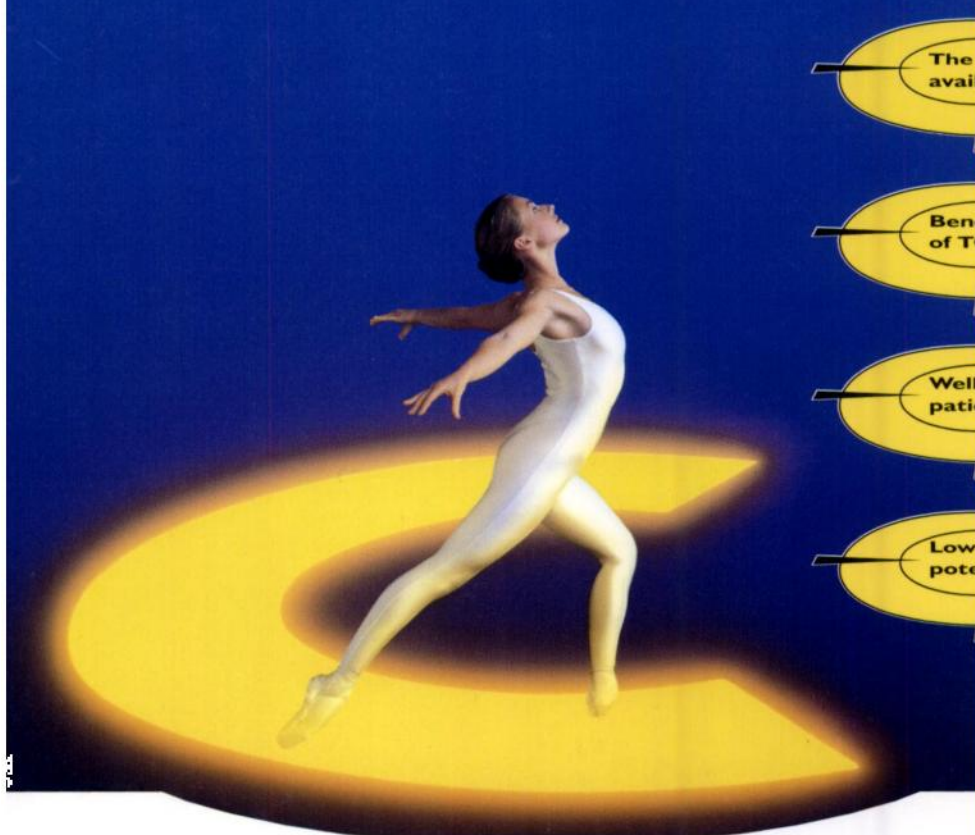
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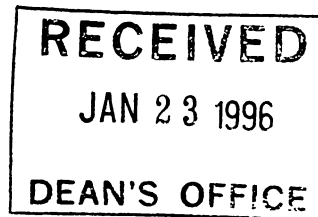
1. Hyttel J, XXII Nordiske Psykiater-Kongres, Reykjavik, 11 August, 1988: 11-21.
2. Eison AS et al. Psychopharmacology Bull 1990; 26 (3): 311-315.
3. Rosenberg C et al. Int Clin Psychopharmacol 1994; 9 (Suppl 1): 41-48.
4. Shaw DM et al. Br J Psychiatry 1986; 149: 515-517.
5. Bech P and Cialdella P. Int Clin Psychopharmacol 1992; 6 (Suppl 5): 45-54.
6. Sindrup SH et al. Ther Drug Monit 1993; 15: 11-17.
7. Van Harten J. Clin Pharmacokinetics 1993; 24 (3): 203-220.

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January 1996

Volume 168

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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. All communications, including manuscripts for publication, should be sent to the Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG.

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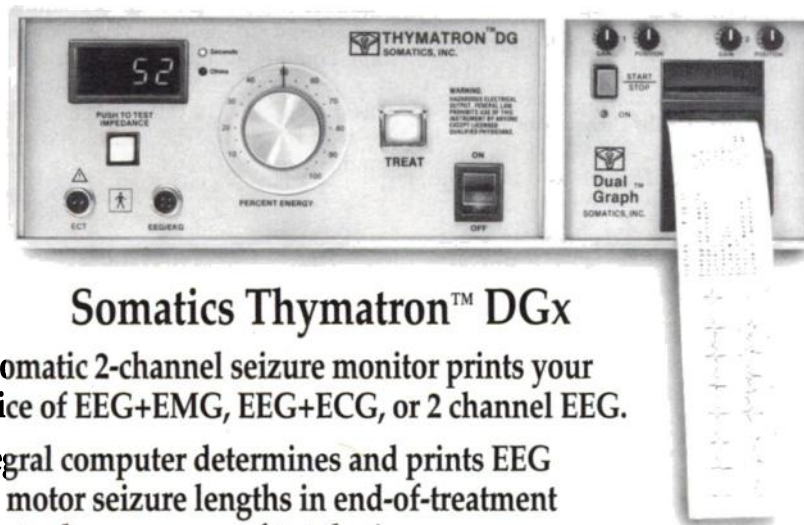
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- AMERICAN PSYCHIATRIC ASSOCIATION (1980) *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn) (DSM-III). Washington, DC: APA.
- AYLARD, P. R., GOODING, J. H., MCKENNA, P. S., *et al* (1987) A validation study of three anxiety and depression self assessment scales. *Psychosomatic Research*, *1*, 261–268.
- DE ROUGEMONT, D. (1950) *Passion and Society* (trans. M. Beligion). London: Faber and Faber.
- FISHER, M. (1990) *Personal Love*. London: Duckworth.
- FLYNN, C. H. (1987) Defoe's idea of conduct: ideological fictions and fictional reality. In *Ideology of Conduct* (eds N. Armstrong & L. Tennehouse), pp. 73–95. London: Methuen.
- FREUD, S. (1955) Some neurotic mechanisms in jealousy, paranoia and homosexuality. In *Standard Edition, Vol. 18* (ed. & trans. J. Strachey), pp. 221–232. London: Hogarth Press.
- JONES, E. (1937) Jealousy. In *Papers on Psychoanalysis*, pp. 469–485. London: Baillière, Tindall.
- MULLEN, P. E. (1990a) Morbid jealousy and the delusion of infidelity. In *Principles and Practice of Forensic Psychiatry* (eds R. Bluglass & P. Bowden), pp. 823–834. London: Churchill Livingstone.
- (1990b) A phenomenology of jealousy. *Australian and New Zealand Journal of Psychiatry*, *24*, 17–28.
- VAUKHONEN, K. (1968) On the pathogenesis of morbid jealousy. *Acta Psychiatrica Scandinavica* (suppl. 202).

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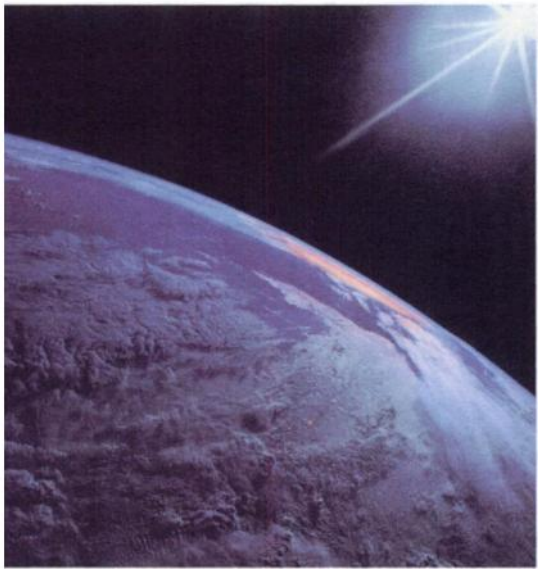
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PRESCRIBING INFORMATION: PRESENTATION: Tablets containing 37.5mg, 50mg or 75mg venlafaxine (as hydrochloride). USE: Treatment of depressive illness. DOSAGE: Usually 75mg/day (37.5mg b.i.d.) with food, increasing to 150mg/day (75mg b.i.d.) if necessary in more severely depressed patients. 150mg/day (75mg b.i.d.) 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. Elderly: use normal adult dose. Doses should be reduced by 50% for moderate renal or moderate hepatic impairment. CONTRAINDICATIONS: 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 according to good patient management. Monitor blood pressure with doses >200mg/day. Advise patients to notify their doctor should 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 a 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. BASIC NHS PRICE: 37.5mg tablet (PL 0011/0199) – Calendar pack of 56 tablets: £23.97, 50mg tablet (PL 0011/0200) – Blister pack of 42 tablets: £23.97, 75mg tablet (PL 0011/0201) – Calendar pack of 56 tablets: £39.97. LEGAL CATEGORY: POM. Further information is available upon request. PRODUCT LICENCE HOLDER: Wyeth Laboratories (John Wyeth & Brother Limited), Taplow, Maidenhead, Berkshire SL6 0PH. REFERENCES: 1. Clerc GE, et al. *Int Clin Psychopharmacol* 1994; 9: 139-142. 2. Kalou O, Asnis GH, van Praag HM, *Psychiatric Annals* 1989; 19: 348-353. 3. Data on file, Medical Affairs Department, Wyeth-Ayerst International Inc. Date of Preparation: September 1995. Code Z773520/09/95. *EFEXOR is a registered trademark.