



THE BRITISH JOURNAL OF PSYCHIATRY

OCTOBER 1999 VOL. 175

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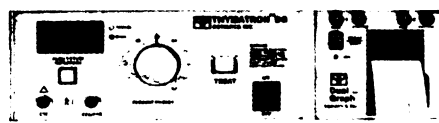
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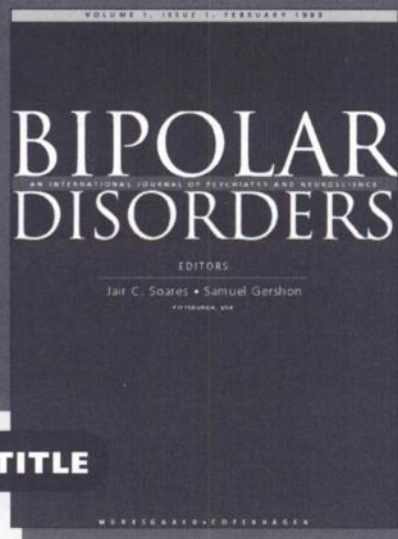
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Health Waikato is New Zealand's second largest deliverer of mental health services with a population base of 330,000 for its general adult services and specialties, and 723,000 for its forensic services. This large, vibrant mental health delivery service has 27 full time psychiatrist positions in total.

Health Waikato is the base location for the Central North Island registrar training programme, with a current complement of 16 registrars in training. This programme has an excellent track record and attracts quality registrars. The Mental Health Services for Older People Service has developed markedly from its inception in 1995 and now has well developed and functioning community-based multidisciplinary team, providing services in a range of settings. There are two Consultant Psychiatrists, one currently filled with a Locum, two Registrars, four District Nurses, a Clinical Psychologist, 0.5 Occupational Therapist, 0.5 House Surgeon, a Social Worker, a Team Coordinator and two full time Secretarial Support staff. The service is run on a domiciliary assessment model with an outpatient department, providing clinics as well as the base for community staff. There are 10 FTE community staff positions, all currently filled.

The service has an 11 bed purpose built inpatient assessment unit which is part of the recently built adult inpatient psychiatric unit on the Waikato General hospital site. The hospital is part of the Auckland Medical School training programme in a wide range of specialties apart from psychiatry, for medical undergraduates.

There are excellent opportunities for teaching and research.

Hamilton is a city with a population of 150,000 situated centrally in the North Island. Within two hours you could be trout fishing, snow or water skiing, relaxing on the east or west coast beaches, sailing, white water rafting, and a wide range of other cultural and sporting activities. The geographical region served is extensive, stretching from the beauty of the Coromandel Peninsula through to the central north island volcanoes.

If you are interested in more information about this position, please contact either our Director of Clinical Services, Professor Graham Mellsop by telephone 64 25 278 8814, by fax 64 7 834 3640, or by e-mail: mellsopg@hwl.co.nz or Dr John Strachan, Clinical Director of Mental Health Services for Older People by telephone 64 7 839 8603, by fax 64 7 839 8737 or by e-mail: strachaj@hwl.co.nz.

Closing date: 31 October 1999.

A position description and application form are available from the Recruitment Centre, Health Waikato Limited. Telephone 64 7 839 8949, fax 64 7 839 8758, or e-mail address: recruit@hwl.co.nz.

All applications quoting position number should be addressed to the Recruitment Centre, Health Waikato Limited, Level 9 Menzies Building, Waikato Hospital, Private Bag 3200, Hamilton, New Zealand.

Check other Vacancies under the Health Waikato logo on the Internet Jobsite at www.nzjobs.co.nz/healthwaikato

HEALTH WAIKATO



Action in Alzheimer's



real lives - realistic expectations

 **Aricept**[®]
donepezil hydrochloride

Once daily 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 to moderately severe Alzheimer's dementia. **Dose and administration:** *Adults/elderly;* 5mg 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:** Pregnancy. Hypersensitivity to donepezil, piperidine derivatives or any excipients used in ARICEPT. **Lactation:** Excretion into breast milk unknown. Women on donepezil should not breast feed. **Warnings and Precautions:** Initiation and supervision by a physician with experience of Alzheimer's dementia. A caregiver should be available to monitor compliance. Regular monitoring to ensure continued therapeutic benefit, consider discontinuation when evidence of a therapeutic effect ceases. Exaggeration of succinylcholine-type muscle relaxation. Avoid concurrent use of anticholinesterases,

cholinergic agonists, cholinergic antagonists. Possibility of vagotonic effect on the heart which may be particularly important with "sick sinus syndrome", and supraventricular conduction conditions. Careful monitoring of patients 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. Care in patients suffering asthma and obstructive pulmonary disease. As with all Alzheimer's patients, routine evaluation of ability to drive/operate machinery. **Drug Interactions:** Experience of use with concomitant medications is limited, consider possibility of as yet unknown interactions. Interaction possible with inhibitors or inducers of Cytochrome P450; use such combinations with care. Possible synergistic activity with succinylcholine-type muscle relaxants, beta-blockers, cholinergic or anticholinergic agents. **Side effects:** Most commonly diarrhoea, muscle cramps, fatigue, nausea, vomiting, and insomnia. Other common effects in clinical trials (≥5% and ≥placebo) headache, pain, accident, common cold, abdominal

disturbance and dizziness. Rare cases of syncope, bradycardia, heart block and seizures. Rare reports of liver dysfunction including hepatitis. Psychiatric disturbances, including hallucinations, agitation and aggressive behaviour have been reported; these resolved on dose reduction or discontinuation. There have been some reports of anorexia, gastric and duodenal ulcers and gastrointestinal haemorrhage. Minor increases in muscle creatine kinase. **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. ARICEPT 10mg; PL 10555/0007. **Marketing authorisation holder:** Eisai 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 1999.



MISSION: To make depressed patients well again.¹

MEANS: The SNRI that achieves remission rates nearly twice as high as fluoxetine.²

EFEXOR XL: Mission accomplished

REMISSION ACCOMPLISHED

EFEXOR XL[®]
VENLAFAXINE 75 mg o.d.

Simply effective

AGENT OF REMISSION IN DEPRESSION

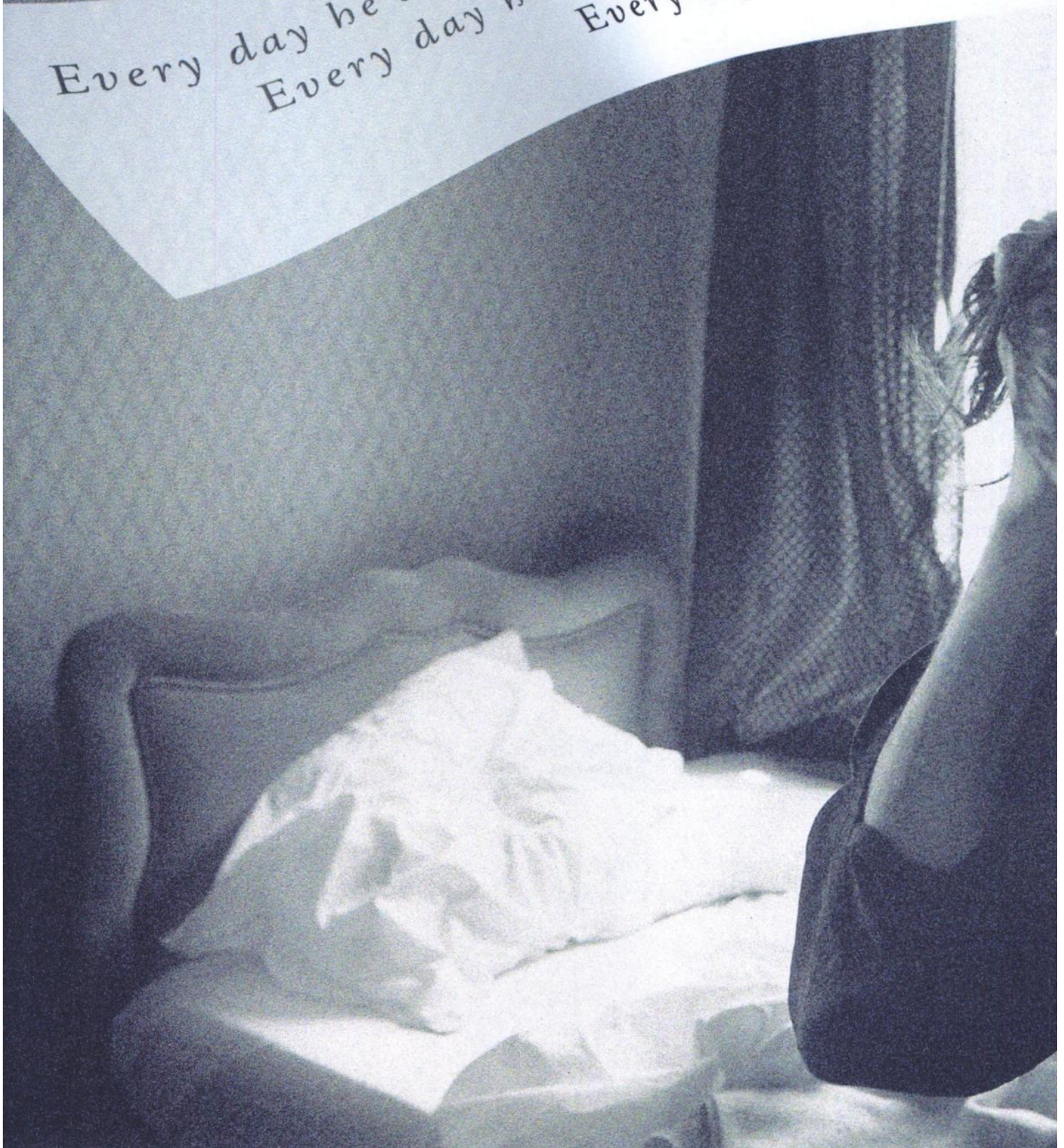
EFEXOR[®] XL venlafaxine – PRESCRIBING INFORMATION

Presentation: Capsules containing 75mg or 150mg venlafaxine (as hydrochloride) in an extended release formulation. **Use:** Treatment of depressive illness. **Dosage:** Adults (including the elderly): Usually 75mg, given once daily with food, increasing to 150mg once daily if necessary. The dose can be increased further to 225mg once a day. Dose increments should be made at intervals of approximately 2 weeks or more, but not less than 4 days. Discontinue gradually to reduce the possibility of withdrawal reactions. **Children:** Contraindicated below 18 years of age. **Moderate renal or moderate hepatic impairment:** Doses should be reduced by 50%. Not recommended in severe renal or severe 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 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. Patients with a history of drug abuse should be monitored carefully. **Interactions:** MAOIs: do not use Efexor XL in combination with MAOIs or within 14 days of stopping MAOI treatment. Allow 7 days after stopping Efexor XL before starting an MAOI. Use with caution in elderly or hepatically-impaired patients taking cimetidine, in patients taking other CNS-active drugs, and in patients taking drugs which inhibit both CYP2D6 and CYP3A4 hepatic enzymes. **Side-effects:** Nausea, insomnia,

nervousness, asthenia, abnormal ejaculation/orgasm, anorexia, abnormal vision/accommodation, impotence, vomiting, tremor, abnormal dreams, vasodilatation, hypertension, rash, agitation, hypertonia, paraesthesia, postural hypotension, reversible increases in liver enzymes, slight increase in serum cholesterol, weight gain or loss, hyponatraemia. Symptoms reported on discontinuation of venlafaxine were mostly non-serious and self-limiting and included dizziness, insomnia, nausea and nervousness. **Basic NHS price:** 75mg capsule (PL 00011/0223) – blister pack of 28 capsules: £23.97. 150 mg capsule (PL 00011/0224) – blister pack of 28 capsules: £39.97. **Legal category:** POM. Further information is available upon request from the Product Licence holder: Wyeth Laboratories, Taplow, Maidenhead, Berkshire, SL6 0PH. References: 1. Ferrier N. Presentation at Wyeth Symposium, CINP, Glasgow, July 1998. 2. Rudolph R *et al*. Poster presented at ECNP, Vienna 1997. Date

Every day he's frustrated and alone.
Every day he wants to be different.
Every day goes by the same.



RISPERDAL™ ABBREVIATED PRESCRIBING INFORMATION

Please refer to Summary of Product Characteristics before prescribing Risperdal (risperidone). USES Schizophrenia. Other psychotic conditions, in which positive and/or negative symptoms are prominent. Alleviates affective symptoms of schizophrenia. DOSAGE. Adults: Once or twice daily. All patients, start with 2 mg/day. This may be increased to 4 mg/day on the second day. Some patients may benefit from slower titration. Then can be maintained unchanged, or individualised, if needed. Most patients will benefit from daily doses between 4 and 6 mg/day. In some patients an optimal

by 0.5 mg bd to 1 to 2 mg bd. Well tolerated in elderly. Caution if renal and liver disease. Children: Not recommended. Contra-indications: Hypersensitivity. Precautions: Orthostatic hypotension. Cardiovascular disease. Drugs prolonging QT. Reduce dose if hypotension. If tardive dyskinesia, consider stopping all antipsychotic drugs. Parkinson's disease. Epilepsy. Advise of potential for weight gain. Advise not to drive or operate machinery if mental alertness affected. Pregnancy: Only if benefits outweigh risks. Lactation: Avoid. Interactions: Caution in combination with centrally acting drugs. May antagonise effect of dopamine agonists. If starting or stopping hepatic enzyme-

Many schizophrenia patients are crying out for reassessment.

Conventional neuroleptics may have controlled some initial symptoms.

However, for many patients, everyday life is still impaired by residual symptoms and side effects.

Switching to Risperdal could give them a life worth living.



ONCE DAILY
Risperdal[™]
RISPERIDONE

M a k e t h e c h a n g e

symptoms may occur but are usually mild and reversible. Rarely Neuroleptic Malignant Syndrome. Occasionally, orthostatic dizziness, hypotension, tachycardia and hypertension observed. Plasma prolactin can increase with associated galactorrhoea, gynaecomastia and menstrual cycle disturbances. Oedema and increased hepatic enzymes. A mild fall in neutrophil and/or thrombocyte count has been reported. Rarely: water intoxication with hyponatraemia, tardive dyskinesia, body temperature dysregulation and seizures. See SmPC for full listing of side-effects. Overdosage: Drowsiness, sedation, tachycardia and hypotension, and extrapyramidal symptoms. Rare cases of

and liquid: Store below 30°C. Do not refrigerate. LEGAL CATEGORY POM. PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBERS & BASIC NHS COSTS 1 mg tablets (PL 0242/0186) 20: £13.45, 60: £40.35. 2 mg tablets (PL 0242/0187) 60: £79.56. 3 mg tablets (PL 0242/0188) 60: £117.00. 4 mg tablets (PL 0242/0189) 60: £154.44. 6 mg tablets (PL 0242/0317) 28: £109.20. 1 mg per ml solution: (PL 0242/0199) 100 ml: £65.00. FURTHER INFORMATION IS AVAILABLE FROM THE PRODUCT LICENCE HOLDER: Janssen-Cilag Ltd, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. APIVER200599 © Janssen-Cilag Ltd

CLOZARIL

clozapine

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:** 25mg and 100mg clozapine tablets. **Dosage and Administration:** Initiation must be in hospital in-patients and is restricted to patients with normal white blood cell and differential counts. Initially, 12.5mg once or twice on first day, followed by one or two 25mg tablets on second day. Increase dose slowly, by increments (see data sheet). 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 300mg daily may suffice. At daily doses not exceeding 200mg, a single administration in the evening may be appropriate. Doses up to 900mg daily may be used. Dose-related convulsions have been reported especially during dose titration. Patients with a history of seizures, those suffering from cardiovascular, renal or hepatic disorders, and the elderly need lower doses (12.5mg given once on the first day) and more gradual titration. **Contra-Indications:** Allergy to any constituents of the formulation. 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, severe renal or cardiac failure. Active liver disease, progressive liver disease or hepatic failure. **Warnings & Precautions:** 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 then strict haematological monitoring of patients has been demonstrated to be effective in markedly reducing the risk of fatality. Because of this risk, CLOZARIL use is limited to treatment-resistant schizophrenic patients:- 1. who have normal leucocyte findings and 2. in whom regular leucocyte counts can be performed weekly during the first 18 weeks and at least two-weekly for the first year of therapy. After one year treatment, monitoring may be changed to four weekly intervals in patients with stable neutrophil counts. Monitoring must continue throughout treatment and for four weeks after discontinuation of CLOZARIL. Patients must be under specialist supervision. CLOZARIL supply is restricted to 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 and a drug supply audit so that CLOZARIL is promptly withdrawn from any patient who develops abnormal leucocyte findings. Each time CLOZARIL is prescribed, patients should be reminded to contact their physician immediately if any kind of infection begins to develop, especially if flu-like. Immediate differential count is necessary if signs or symptoms of infection develop. Re-evaluate any patient developing an infection, or when a routine white blood count of between 3.0 and $3.5 \times 10^9/L$ and/or a neutrophil count between 1.5 and $2.0 \times 10^9/L$, with a view to discontinuing CLOZARIL. If the white blood count falls below $3.0 \times 10^9/L$ and/or the absolute neutrophil count drops below $1.5 \times 10^9/L$, withdraw CLOZARIL immediately and monitor the patient closely, paying particular attention to symptoms suggestive of infection. Any further fall in white blood/neutrophil count below $1.0 \times 10^9/L$ and/or $0.5 \times 10^9/L$ respectively, after drug withdrawal requires immediate specialised care. Protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Discontinue colony stimulating factor when the neutrophil count returns above $1.0 \times 10^9/L$. CLOZARIL lowers the seizure threshold. Orthostatic hypotension can occur therefore close medical supervision is required during initial dose titration. Patients, if affected by the sedative action of CLOZARIL, should not drive or operate machinery, administer with caution to patients who participate in activities requiring complete mental alertness. Monitor hepatic function regularly in liver disease. Investigate any signs of liver disease immediately with a view to drug discontinuation. Resume only if LFTs return to normal, then closely monitor patient. Use with care in prostatic enlargement, narrow-angle glaucoma and paralytic ileus. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infection or the development of agranulocytosis. Avoid immobilisation of patients due to increased risk of thromboembolism. Do not give 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, rarely, can be profound and may lead to cardiac and/or respiratory arrest. Caution is advised with concomitant highly protein bound drugs. Clozapine binds to and is partially metabolised by the isoenzymes cytochrome P450 1A2 and P450 2D6. Caution is advised with drugs which possess affinity for these isoenzymes. Concomitant cimetidine and high dose CLOZARIL has been associated with increased plasma clozapine levels and the occurrence of adverse effects. Concomitant fluoxetine and fluvoxamine have been associated with elevated clozapine levels. Discontinuation of concomitant carbamazepine resulted in increased clozapine levels. Phenytoin decreases clozapine levels resulting in reduced CLOZARIL effectiveness. No clinically relevant interactions have been noted with tricyclic antidepressants, phenothiazines and type Ic antiarrhythmics, to date. Concomitant 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 by CLOZARIL. 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 Warnings 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. Extrapyrimal symptoms are limited mainly to tremor, akathisia and rigidity. Tardive dyskinesia reported very rarely. Neuroleptic malignant syndrome has been reported. Transient autonomic effects e.g. dry mouth, disturbances of accommodation and sweating/temperature regulation. Hypersalivation may occur. Tachycardia and postural hypotension, with or without syncope, and less commonly hypertension may occur. Rarely, profound circulatory collapse has occurred. ECG changes, arrhythmias, pericarditis and myocarditis (with or without eosinophilia) have been reported, some of which have been fatal. Rare reports of thromboembolism. Isolated cases of respiratory depression or arrest, with or without circulatory collapse. Rarely aspiration may occur in patients presenting with dysphagia or as a consequence of acute overdose. Rarely, parotid gland enlargement. Nausea and vomiting have been reported. Mild constipation may occur, however, it may be more severe and fatal complications including gastrointestinal obstruction and paralytic ileus have occurred. Monitor patients and prescribe laxatives, as required. Care is required in patients receiving other medicines known to cause constipation or with a history of colonic disease or lower abdominal surgery. It is important to recognise and actively treat constipation. Asymptomatic elevations in liver enzymes occur commonly and usually resolve without drug discontinuation. Rarely hepatitis and cholestatic jaundice may occur. Very rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have occurred. 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 25mg tablets: £37.54 (Basic NHS) 84 x 100mg tablets: £150.15 (Basic NHS) Supply of CLOZARIL is restricted to 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. Full prescribing information, including Summary of Product Characteristics is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

THE ENVY

A GOLD STANDARD THERAPY FOR

OF OTHER

TREATMENT-RESISTANT SCHIZOPHRENIA

ATYPICALS?

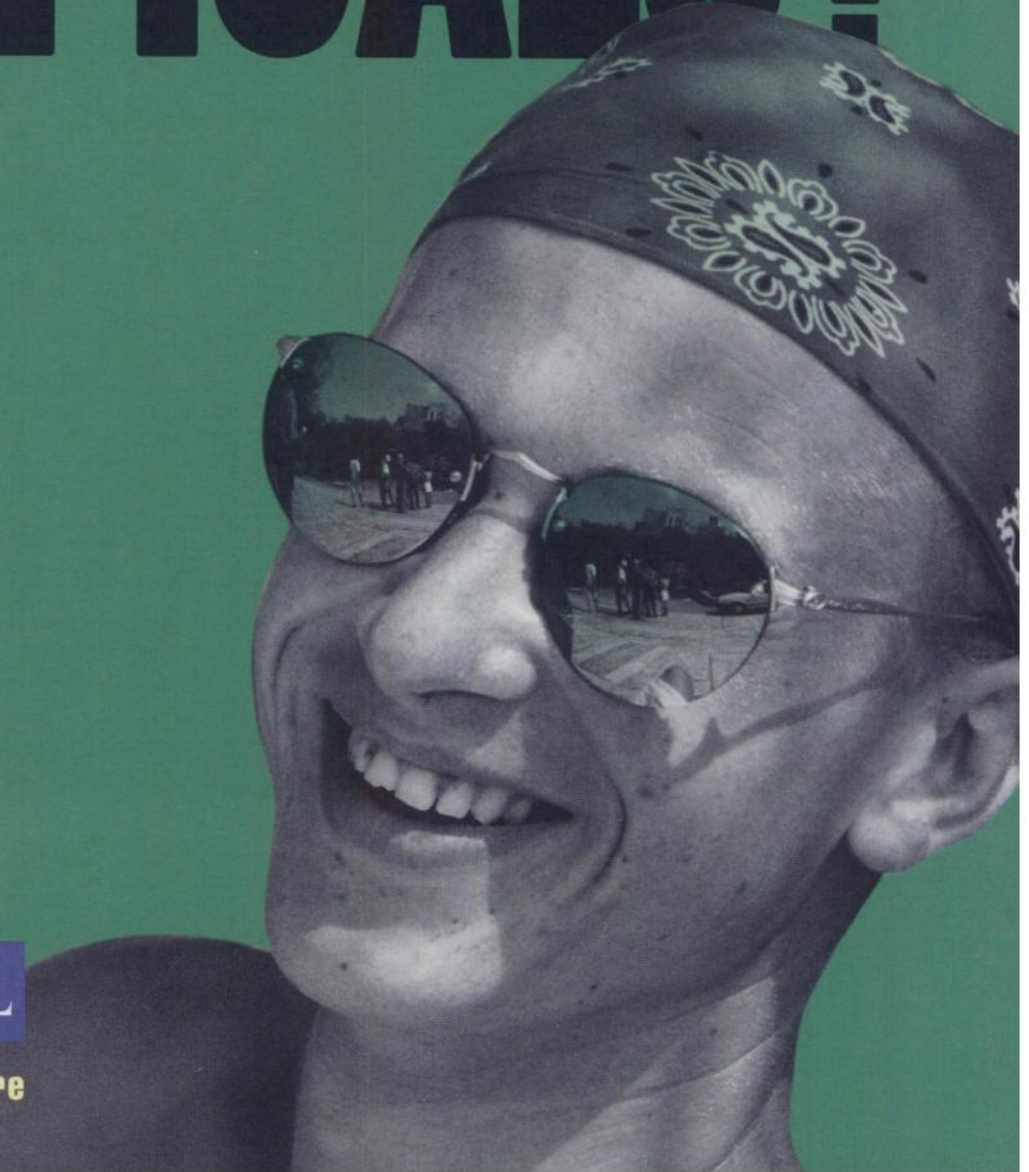
WHY?

When others fail, its unsurpassed efficacy changes people's lives. Why don't you use it more?



CLOZARIL
clozapine

A pathway to lasting care
in the community



The price of gold has fallen



Now one of
the least
expensive SSRIs



LUSTRAL™ 50mg
sertraline

Within reach



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.** **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 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 dose. **Contraindications:** Hypersensitivity to Lustral. Hepatic insufficiency. Do not use with, or within two weeks of ending treatment with, MAOIs.

used only 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 tranquilizers who drive or operate machinery. Patients should be closely supervised for the possibility of suicide attempt or activation of mania/hypomania. Bleeding abnormalities. **Drug Interactions:** Caution with other centrally active medication and with drugs known to affect platelet function. Serotonergic drugs including tryptophan, sumatriptan and 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. Interactions with other highly protein bound drugs should be borne in mind. The potential of Lustral to interact with e.g. warfarin, diazepam, tolbutamide and cimetidine have not been fully assessed. With

diarrhoea/loose stools, sexual dysfunction (principally, ejaculatory delay), tremor, increased sweating, dyspepsia, dizziness, insomnia and somnolence. Vomiting, abdominal pain, abnormal LFTs, jaundice, serious liver events, pancreatitis, arthralgia, myalgia, malaise, rash (including rare reports of erythema multiforme, photosensitivity), angioedema, tachycardia. Seizures (see precautions, warnings). Movement disorders, menstrual irregularities, hyperprolactinaemia and galactorrhoea. Hyponatraemia. Withdrawal reactions such as: dizziness, paraesthesia, headache, anxiety and nausea. Abrupt discontinuation should be avoided. **Legal Category:** POM. **Basic NHS Cost:** 50mg tablet (PL 57/0308) Calendar pack of 28, £16.20; 100mg tablet (PL 57/0309) Calendar pack of 28, £26.51. Further information on request: Pfizer Limited, Sandwich, Kent. Date revised: August 1999.

They used to do everything together



they still do



it's been shown to be effective
up to eighty percent of the time¹
as well as being well tolerated by
patients with a wide range of conditions²
from hypertension to depression² and spinal
cord injury³ to diabetes² which means it's highly
acceptable to both patients⁴ and partners alike⁵

VIAGRA 
sildenafil citrate

TRUSTED TO WORK

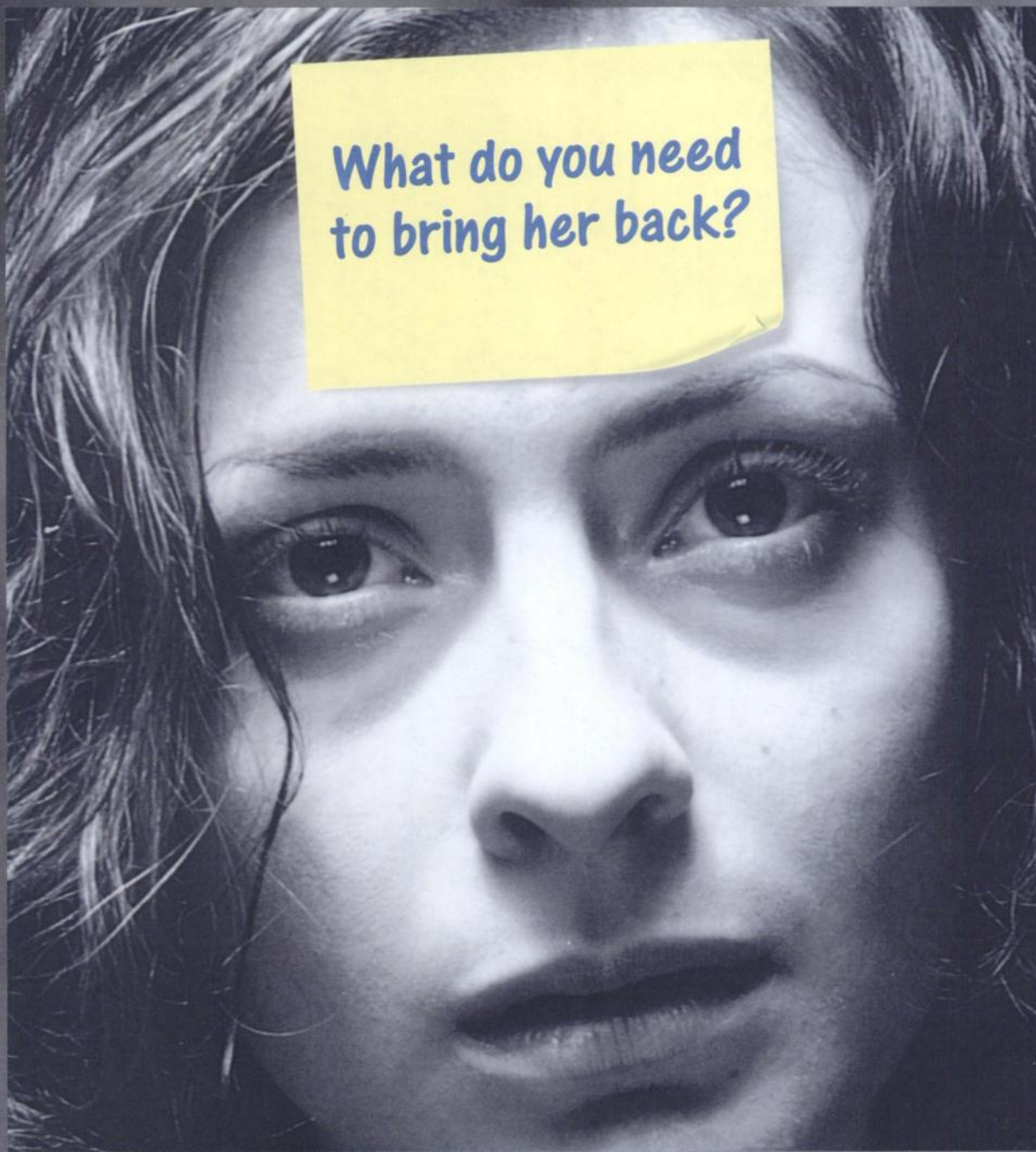
VIAGRA  Tablets (sildenafil citrate)

ABBREVIATED PRESCRIBING INFORMATION
Please refer to the SmPC before prescribing VIAGRA 25mg, 50mg or 100mg. **Presentation:** Blue film-coated, rounded diamond-shaped tablets containing sildenafil citrate equivalent to 25mg, 50mg and 100mg sildenafil. **Indications:** Erectile dysfunction. Sexual stimulation is required for efficacy. Not for use by women. **Dosage:** Adults; 50mg approximately one hour before sexual activity. Adjust dose based on efficacy and toleration. Maximum dose is 100mg. One single dose per day is recommended. If taken with food, the onset of activity may be delayed. **Elderly;** a first dose of 25mg should be used. **Hepatic impairment, severe renal impairment;** 25mg initial dose should be considered; adjust dose based on efficacy and toleration. **Children under 18 years;** Not indicated. **Contra-indications:** Co-administration with nitric oxide donors (such as amyl nitrite) or nitrates in any form; patients for whom sexual activity is inadvisable (e.g. patients with severe cardiovascular disorders); severe hepatic impairment; hypotension; recent stroke or myocardial infarction; known hereditary degenerative retinal disorders; hypersensitivity to sildenafil or to any of the excipients. **Pregnancy and lactation:** Not

indicated for women. **Warnings and precautions:** A medical history and physical examination should be undertaken to diagnose erectile dysfunction and determine potential underlying causes. Cardiovascular status, as sexual activity is associated with cardiac risk. Sildenafil has vasodilator properties resulting in mild and transient decreases in blood pressure and as such potentiates the hypotensive effect of nitrates. Patients with anatomical deformation of the penis (such as angulation, cavernosal fibrosis or Peyronie's disease) or predisposed to priapism (such as sickle cell anaemia, multiple myeloma or leukaemia). Patients with bleeding disorders or active peptic ulceration. Not recommended in combination with other treatments for erectile dysfunction. **Drug Interactions:** In combination with inhibitors of CYP3A4 eg ketoconazole, erythromycin, cimetidine, a 25mg starting dose should be considered. Potentiates the hypotensive effects of nitrates (see contra-indications). No potentiation of the increase in bleeding time caused by acetyl salicylic acid (150mg) or the hypotensive effects of alcohol. No data on non-specific phosphodiesterase inhibitors such as theophylline or dipyridamole. **Side-effects:** Clinical study experience: headache, flushing, dizziness, dyspepsia, nasal

congestion, altered vision (colour tinge, increased perception of light or blurred vision). Dyspepsia and altered vision more common at 100mg. Muscle aches when sildenafil administered more frequently than recommended. Post marketing experience: priapism. **Driving and operating machinery:** Caution if affected by dizziness or altered vision. **Legal category:** POM. **Basic NHS cost:** Packs of 4, 25mg tablets [EU/1/98/077/002] £16.59; Packs of 8, 25mg tablets [EU/1/98/077/003] £33.19; Packs of 4, 50mg tablets [EU/1/98/077/006] £19.34; Packs of 8, 50mg tablets [EU/1/98/077/007] £38.67; Packs of 4, 100mg tablets [EU/1/98/077/010] £23.50; Packs of 8, 100mg tablets [EU/1/98/077/011] £46.99. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. Last revised: 21 October 1998. Further information on request: Pfizer Limited, Sandwich, Kent, CT13 9NJ. **References:** 1. Goldstein I et al. *New Engl J Med*, 1998, 338(20): 1397-1404. 2. Morales A et al. *Int J Impot Res*, 1998, 10: 69-74. 3. Holmgren E et al. Presented at AAN 50th Annual Meeting, 1998, Minneapolis. 4. Giuliano F et al. *J Urol* 1997; 80(2): 93 Abstr 366. 5. Young S. *Br J Ob & Gyn*, 1998, (Suppl): 275.





What do you need
to bring her back?

Prescribing Information - Solian 200 and Solian 50 Presentation: Solian 200 tablets contain 200mg amisulpride and Solian 50 tablets contain 50mg amisulpride. **Indication:** Acute and chronic schizophrenia including predominant negative symptoms. **Dosage:** Acute psychotic episodes: 400-800mg/day, increasing up to 1200mg/day according to individual response (dose titration not required), in divided doses. Predominantly negative symptoms: 50-300mg once daily adjusted according to individual response. Elderly: administer with caution due to the risk of hypotension or sedation. Renal insufficiency: reduce dose and consider intermittent therapy. Hepatic insufficiency: no dosage adjustment necessary. Children: contraindicated in children under 15 years (safety not established). **Contraindications:** Hypersensitivity; concomitant prolactin-dependent tumours e.g. pituitary gland

occur (discontinue Solian). Caution in patients with a history of epilepsy and Parkinson's disease. **Interactions:** Caution in concomitant administration of CNS depressants (including alcohol), antihypertensives and other hypotensive medications, and dopamine agonists. **Side Effects:** Insomnia, anxiety, agitation. Less commonly somnolence and GI disorders. In common with other neuroleptics Solian causes a reversible increase in plasma prolactin levels. Solian may also cause weight gain, acute dystonia, extrapyramidal symptoms, tardive dyskinesia, hypotension and bradycardia. Rarely, allergic reactions, seizures and neuroleptic malignant syndrome have been reported. **Basic NHS Cost:** Blister packs of: 200mg x 60 tablets - £60.00; 200mg x 90 tablets - £90.00; 50mg x 60 tablets - £16.45; 50mg x 90 tablets - £24.69. **Legal Category:** POM. **Product Licence Numbers:** Solian 200 - PL 15819/0002, Solian 50 - PL 15819/0001. **Product Licence Holder:** Lorex Synthelabo UK &

She's frightened, disturbed, disoriented - even disruptive. But behind her screams and tears, she's crying out to you - to bring her back from her terror of acute phase schizophrenia.

A rapid response

You can rely on Solian (amisulpride) in this critical acute phase. A significantly greater number of patients responded to Solian 800mg than haloperidol 20mg (62% vs 44% $p = 0.014$)¹ and Solian controls key symptoms - activation, thought disturbance and hostility - just as effectively.²

You can rely on Solian to start working quickly - with over 50% more patients responding to Solian therapy than to haloperidol within the first 2 weeks.³

Finally, because Solian is an atypical, it won't just bring her back - it'll keep her back in the community. So you can rely on it, just as your patients rely on you.

**Solian**[®]
AMISULPRIDE



RELIABLE CONTROL OF ACUTE PHASE SCHIZOPHRENIA

Pharmacopsychiatry 1990; **23**: 125 - 130. **3**.
Turjanski S *et al.* Presented at ECNP Congress,
Paris, France, 1998, November.

Further information is available on request.
Lorex Synthelabo UK & Ireland Ltd, Foundation
Park, Roxborough Way, Maidenhead, Berks,
SL6 3UD.

Date of preparation: April 1999

Solian is a trademark

SOL.84

SYNTHELABO

ABBREVIATED PRESCRIBING INFORMATION: PROVIGIL®

Please refer to summary of product characteristics before prescribing.

Presentation: White to off-white tablets each containing modafinil 100 mg. **Indication:** Narcolepsy. **Dosage:** Adults: 200-400 mg daily either as two divided doses in the morning and at noon or as a single morning dose according to response. **Elderly:** Treatment should start at 100 mg daily which may be increased subsequently to the maximum adult daily dose in the absence of renal or hepatic impairment. **Severe renal or hepatic impairment:** Reduce dose by half (100-200 mg daily). **Children:** See contra-indications. **Contra-indications:** Pregnancy, lactation, use in children, moderate to severe hypertension, arrhythmia, hypersensitivity to modafinil or any excipients used in Provigil. **Warnings and precautions:** Patients with major anxiety should only receive Provigil treatment in a specialist unit. Sexually active women of child-bearing potential should be established on a contraceptive programme before starting treatment. Blood pressure and heart rate should be monitored in hypertensive patients. Provigil is not recommended in patients with a history of left ventricular hypertrophy or ischaemic ECG changes, chest pain, arrhythmia or other clinically significant manifestations of mitral valve prolapse in association with CNS stimulant use. Studies of modafinil have demonstrated a low potential for dependence although the possibility of this occurring with long-term use cannot be entirely excluded. **Drug interactions:** Induction of cytochrome P-450 isoenzymes has been observed *in vitro*. Effectiveness of oral contraceptives may be

impaired. When these are used for contraception, a product containing at least 50 mcg ethinyloestradiol should be taken. Tricyclic antidepressants - no clinically relevant interactions were seen in a single dose interaction study with Provigil and clomipramine. However, patients receiving such medication should be carefully monitored. Care should be observed with co-administration of anti-convulsant drugs. **Side effects:** Nervousness, excitation, aggressive tendencies, insomnia, personality disorder, anorexia, headache, CNS stimulation, euphoria, abdominal pain, dry mouth, palpitation, tachycardia, hypertension and tremor have been reported. Nausea and gastric discomfort may occur and may improve when tablets are taken with meals. Pruritic skin rashes have been observed occasionally. Buccofacial dyskinesia has been reported very rarely. A dose related increase in alkaline phosphatase has been observed. **Basic NHS cost:** Packs of 30 blister packed 100 mg tablets: £60.00. **Marketing authorisation number:** 16260/0001. **Marketing authorisation holder:** Cephalon UK Ltd., 11/13 Frederick Sanger Road, Surrey Research Park, Guildford, GU2 5YD. **Legal category:** POM. **Date of preparation:** January 1998. Provigil and Cephalon are registered trademarks. **References:** 1. Mitler MM. Sleep 1994; 17: S103-S106. 2. Data on file, Cephalon [676]. 3. Lin JS *et al.* Proc Natl Acad Sci USA 1996; 93 (24): 14128-14133. 4. Simon P *et al.* Eur Neuropsychopharmacol 1995; 5: 509-514.



PRAD/1/Feb 99

WAKE UP LITTLE SUZIE, WAKE UP

Excessive sleepiness associated with narcolepsy frequently has a disastrous effect on patients' lives, by impairing their physical, social and emotional well being. Unfortunately, treatment with amphetamines is often associated with a high incidence of unpleasant side effects, which limit their overall benefit.¹

Now Provigil (modafinil) - a novel wake promoting agent - offers advantages in narcolepsy. The clinical efficacy of Provigil has been demonstrated in large controlled clinical studies. In one study,² one in five people with severe narcolepsy reached normal levels of daytime wakefulness while receiving Provigil.

Provigil selectively activates the hypothalamus³ and differs greatly from amphetamines in its pharmacology.⁴ Consequently the incidence of amphetamine

PROVIGIL®[▼]

MODAFINIL

A NOVEL, NON AMPHETAMINE
WAKE PROMOTING AGENT

For further information please contact our

Abbreviated Prescribing Information.
Please read Summary of Product Characteristics
before prescribing.

Presentation: Tablets containing 25 mg, 50 mg, 100 mg,
or 200 mg topiramate.

Sprinkle capsules containing 15mg or 25mg topiramate.

Uses: Adjunctive therapy of inadequately controlled
seizures: partial seizures; seizures associated with
Lennox Gastaut Syndrome and primary generalised
tonic-clonic seizures.

Dosage and Administration: Oral administration.

Over 16 years of age: Usual dose: 200-400 mg/day in
two divided doses. Initiate at 50 mg daily then titrate to
an effective dose. A lower dose may be used. Patients
with significant renal disease may require a dose
modification. See SmPC for additional information.

Children age 2 to 16: Usual dose: Approximately 5 to 9
mg/kg/day in two divided doses. Initiate at 25 mg nightly
and increase at 1 to 2 week intervals in 1 to 3 mg/kg
increments, to an effective dose.

TOPAMAX® Sprinkle Capsules may be swallowed whole
or opened and sprinkled on a small amount (teaspoon) of
soft food (e.g. ice cream or yoghurts) which should then
be swallowed immediately and not chewed.

Contra-indications: Hypersensitivity to any component.

Precautions and Warnings: Withdraw all antiepileptic
drugs slowly. Hydrate to reduce the risk of nephrolithiasis
(especially if predisposed). Drowsiness likely.

TOPAMAX® may be sedating; therefore caution if driving
or operating machinery. Do not use in pregnancy unless
potential benefit outweighs risk. Woman of childbearing
potential should use adequate contraception. Do not use
if breast feeding.

Interactions: *Other antiepileptic drugs:* No clinically
significant effect except in some patients on phenytoin
where phenytoin plasma concentrations may increase.
Phenytoin level monitoring is advised. *Effects of other*

antiepileptic drugs: Phenytoin and carbamazepine
decrease topiramate plasma concentration. *Digoxin:* A
decrease in serum digoxin occurs. Monitor serum digoxin
on addition or withdrawal of TOPAMAX®. *Oral*
Contraceptives: Should contain not less than 50 µg of
oestrogen. Ask patients to report any change in bleeding
patterns. *Others:* Avoid agents predisposing to
nephrolithiasis.

Side Effects: Adults: In 5% or more: abdominal pain,
ataxia, anorexia, asthenia, confusion, difficulty with
concentration/attention, difficulty with memory, diplopia,
dizziness, fatigue, language problems, nausea,
nystagmus, paraesthesia, psychomotor slowing,
somnolence, speech disorders/related speech problems,
abnormal vision and weight decrease. May cause
agitation and emotional lability (mood problems and
nervousness) and depression. Less common adverse
effects include: gait abnormal, aggressive reaction,
apathy, cognitive problems, coordination problems,
leucopenia, psychotic symptoms (such as hallucinations),
and taste perversion. Venous thromboembolic events
reported - causal association not established.

Children: In 5% or more: somnolence, anorexia, fatigue,
insomnia, nervousness, personality disorder (behaviour
problems), difficulty with concentration/attention,
aggressive reaction, weight decrease, gait abnormal,
mood problems, ataxia, saliva increased, nausea,
difficulty with memory, hyperkinesia, dizziness, speech
disorders/related speech problems and paraesthesia.
Less frequently but potentially relevant: emotional lability,
agitation, apathy, cognitive problems, psychomotor
slowing, confusion, hallucination, depression and
leucopenia.

TOPAMAX® increases the risk of nephrolithiasis.

Overdosage: If ingestion recent, empty stomach.

Activated charcoal not recommended. Supportive
treatment as appropriate. Haemodialysis is effective in
removing topiramate.

Pharmaceutical Precautions: Tablets: Store in a dry
place at or below 25°C. Sprinkle Capsules:

Store below 25°C.

Legal Category: POM.

Package Quantities and Prices: Bottles of 60 tablets.

25 mg (PL0242/0301) = £22.02, 50 mg (PL0242/0302)

= £36.17; 100 mg (PL0242/0303) = £64.80; 200 mg

(PL0242/0304) = £125.83. Containers of 60 capsules.

15mg (PL0242/0348) = £16.88, 25mg (PL0242/0349)

= £25.32.

Product licence holder: JANSSEN-CILAG LIMITED,

SAUNDERTON, HIGH WYCOMBE,

BUCKINGHAMSHIRE HP14 4HJ ENGLAND.

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Date of preparation: July 1999

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"Every day I share a
train with thousands of
other commuters... Great Stuff"



TOPAMAX®

topiramate

Because life without seizures is so much better.



New and Forthcoming Books from Gaskell

CAN: Camberwell Assessment of Need

*Mike Slade, Graham Thornicroft, Linda Loftus,
Michael Phelan & Til Wykes*

New

The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of people with severe mental illnesses. Rigorously developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, it records both staff and patient assessments. Three versions are included, all designed to be photocopied. The full clinical and research versions give a comprehensive assessment, and a short (one-page) version (CANSAS) is suitable for routine clinical use. Also included are materials and instructions for a half-day CAN training workshop.

The CAN is suitable for use in primary care settings, specialist mental health teams, and social services. It will be of particular interest to care managers and mental health staff who wish to meet the legal requirement that people with severe mental illnesses receive a comprehensive needs assessment. Translations are available in 9 other languages.

*July 1999, £45.00, 144pp, Ringbound pack incl.
photocopiable material, ISBN 1 901242 25 0*

Forthcoming

Mental Health and Growing Up

Factsheets for Parents, Teachers and Young People

This is the 2nd Edition of this popular publication and has increased to a total of 36 factsheets. Again the aim is to provide practical and up-to-date information about the emotional and psychiatric disorders which affect children and young people.

They are particularly useful for adults who look after children, especially parents and teachers, but also for young people who may be concerned about themselves or a friend. Factsheets can be duplicated and distributed free of charge as long as the Royal College of Psychiatrists is properly credited and no profit is gained from their use.

October 1999, £tbc

Improving the Care of Elderly People with Mental Health Problems: Clinical Audit Project Examples

New

Kirsty MacLean Steel and Claire Palmer

This new College Research Unit publication provides examples of clinical audit projects that have been performed within Old Age Mental Health Services. The projects have been divided into topic areas, and formatted into structured abstracts for ease of use.

Clinical audit is an essential part of modern health care delivery and a core principal of clinical governance. This book contains a selection of clinical audit projects, all of which have been carried out in practice, with some still in progress. It will be an invaluable guide for use in everyday practice.

One of the main features of this book is the use of 'live' examples of clinical audit projects and advice from the people who carried out the clinical audits. This book will be of interest to old age psychiatrists, psychologists, clinical audit co-ordinators, nurses and quality and effectiveness staff.

*September 1999, £15.00, Paperback,
ISBN 1 901242 38 2*

Forthcoming

Getting on with Epilepsy

The Books Beyond Words Series

*By Sheila Hollins, Jane Bernal and Alice Thaker
Illustrated by Lisa Kopper*

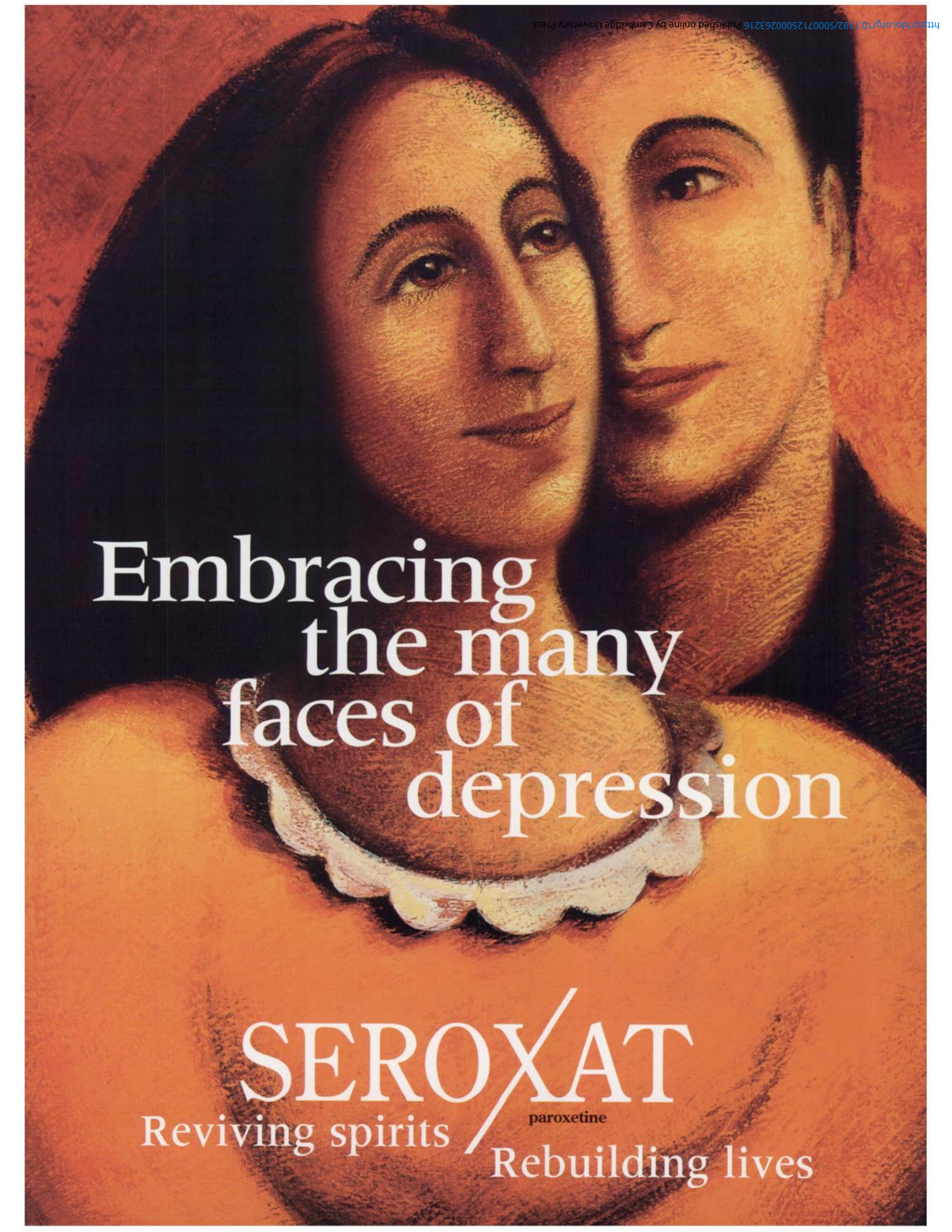
This is a story about what can happen when a person has epilepsy. People do not need to be able to read in order to understand the story.

In the book we follow one man's daily life - on the bus, at work, and out with his friends. We see him having a seizure, going to the doctor, having a brain scan, an EEG, a blood test, and taking daily medication.

There are also examples of activities which people with epilepsy need to be careful about, such as drinking alcohol and swimming alone. The book shows that it is possible to enjoy an active and independent life with epilepsy.

*December 1999, £10.00,
ISBN 1 901242 39 0*

Gaskell is the imprint of the Royal College of Psychiatrists. Gaskell books are available from good bookshops and from the Book Sales Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Telephone +44 (0)171 235 2351 extension 146, fax +44 (0)171 245 1231. Credit card orders can be taken over the telephone. The latest information on College publications can be seen on the Internet at www.rcpsych.ac.uk



Embracing
the many
faces of
depression

SEROXAT

Reviving spirits

paroxetine

Rebuilding lives

PRESCRIBING INFORMATION

Presentation: 'Seroxat' Tablets, PL 10592/0001-2, each containing either 20 or 30 mg paroxetine as the hydrochloride. 30 (OP) 20 mg tablets, £20.77; 30 (OP) 30 mg tablets, £31.16.

'Seroxat' Liquid, PL 10592/0092, containing 20 mg paroxetine as the hydrochloride per 10 ml. 150 ml (OP), £20.77.

Indications: Treatment of symptoms of depressive illness of all types including depression accompanied by anxiety. Following satisfactory response, continuation is effective in preventing relapse. Treatment of symptoms and prevention of relapse of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. Treatment of symptoms of social anxiety disorder/social phobia.

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.

Social anxiety disorder/social phobia: 20 mg a day. Patients should start on 20 mg and if no improvement after at least two weeks they may benefit from weekly 10 mg dose increases up to a maximum of 50 mg/day according to response. 'Seroxat' has been shown to be effective in 12 week placebo-controlled trials. There is only limited evidence of efficacy after 12 weeks' treatment.

Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which should be at least four to six months after recovery for depression and may be 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. 10.9.98

SmithKline Beecham Pharmaceuticals

Welwyn Garden City, Hertfordshire AL7 1EY.

'Seroxat' is a trade mark.

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Date of issue: August 1999.



SEROXAT

PAROXETINE