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EDITORIAL

IMAGES IN NEUROSCIENCE

REGULAR ARTICLES

CLINICAL CASE CONFERENCE

IMAGES IN PSYCHIATRY

BRIEF REPORTS

https://doi.org/10.1192/S0007125000152882 Published online by Cambridge University Press

Life beyond Alzheimer's.

With new Exelon, you can now help treat the symptoms of people with mild to moderately severe Alzheimer's disease.

While Exelon has not been shown to affect the disease process, six-month trials have established its effectiveness on key areas that Alzheimer's disease attacks - cognition, global functioning and activities of daily living.[1]

For carers and family, this could mean some relief from the demands for attention; for the sufferer, it could mean life beyond Alzheimer's.

NEW

EXELON® ▼

(rivastigmine)

Beyond cognition: improving functional ability.

EXELON Prescribing Information. Indication: Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Presentation:** Capsules containing 1.5, 3, 4.5 or 6mg rivastigmine. **Dosage and Administration:** Effective dose is 3 to 6mg twice a day. Maintain patients on their highest well-tolerated dose. Maximum dose 6mg twice daily. Reassess patients regularly. Initial dose 1.5mg twice daily, then build up dose, at a minimum of two week intervals, to 3mg twice daily, 4.5mg twice daily then 6mg twice daily, if tolerated well. If adverse effects or weight decrease occur, these may respond to omitting one or more doses. If persistent, daily dose should be temporarily reduced to previous well tolerated dose. **Contraindications:** Known hypersensitivity to rivastigmine or excipients or any other carbamate derivatives; severe liver impairment. **Special Warning & Precautions:** Therapy should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's disease. A caregiver should be available to monitor compliance. There is no experience of use of EXELON in other types of dementia/memory impairment. Nausea and vomiting may occur, particularly when initiating and/or increasing dose. Monitor any weight loss. Use with care in patients with Sick Sinus Syndrome, conduction defects, active gastric or duodenal ulcers, or those predisposed to ulcerative conditions, history of asthma or obstructive pulmonary disease, those predisposed to urinary obstruction and seizures. In renal and mild to moderate hepatic impairment, titrate dose individually. Safety in pregnancy not established; women should not breastfeed. Use in children not recommended. **Interactions:** May exaggerate effects of succinylcholine-type muscle relaxants during anaesthesia. Do not give with cholinomimetic drugs. May interfere with anticholinergic medications. No interactions were observed with digoxin, warfarin, diazepam, or fluoxetine (in healthy volunteers). Metabolic drug interactions unlikely, although it may inhibit butyrylcholinesterase mediated metabolism of other drugs. **Undesirable Effects:** Most commonly (≥5% and twice frequency of placebo): asthenia, anorexia, dizziness, nausea, somnolence, vomiting. Female patients more susceptible to nausea, vomiting, appetite and weight loss. Other common effects (≥5% and ≥ placebo): abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, upper respiratory tract and urinary tract infections. Increased sweating, malaise, weight loss, tremor. Rarely, angina pectoris, gastrointestinal haemorrhage and syncope. No notable abnormalities in laboratory values observed. **Package Quantities and basic NHS Price:** 1.5mg x 28, £31.50; 1.5mg x 56, £63.00; 3mg x 28, £31.50; 3mg x 56, £63.00; 4.5mg x 28, £31.50; 4.5mg x 56, £63.00; 6mg x 28, £31.50; 6mg x 56, £63.00. **Legal Classification:** POM. **Marketing Authorisation Number:** 1.5mg, EU/1/98/066/001 - 2; 3mg, EU/1/98/066/004 - 5; 4.5mg, EU/1/98/066/007 - 8; 6mg, EU/1/98/066/010 - 11. Full prescribing information including Summary of Product Characteristics is available from: Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.

Reference: 1. Corey-Bloom J, *et al. International Journal of Geriatric Pyschopharmacology* 1998; **1**: 55-65.

Date of preparation: August 1998. Code No. EXE 98/63

NOVARTIS

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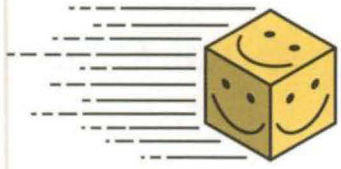
Fast Response

Can start to improve symptoms within seven days[1]



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. **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. **Contra-indications:** Hypersensitivity to Lustral. Hepatic insufficiency. Do not use with discontinuation of Lustral. **Use during pregnancy:** Lustral should be 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 tranquillizers 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. monitored when Lustral is initiated or stopped. **Side-Effects:** Dry mouth, nausea, anorexia, 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 (PL57/0308) Calendar pack of 28, £26.51; 100mg tablet (PL 57/0309) Calendar pack of 28, £26.51. Further information on request. Pfizer Limited, Sandwich, Kent. Date revised: August 1998.
Reference: 1. Lustral SPC

1999 Annual General Meeting

AGM Dates: 28 June–2 July 1999

Working together towards the new Millennium: a vision of a shared future.

This year's meeting will be the first in which the College has concentrated its energies into a single Annual Meeting. The programme has been developed by a truly inter-faculty organising committee and, as a result, this flagship meeting will embrace the whole College community. Every discipline and specialty is represented in the programme, and it is our hope that all members of the College will be able to benefit from sessions which are relevant to their interests and clinical practice and will also form opportunities for interdisciplinary discussion.

27th May	Deadline for conference cancellation at low penalty, and deadline for guaranteed accommodation. After this date hotel bookings will be wait-listed and placed as availabilty occurs by the Birmingham International Convention Centre.
28th May	Registration and full payment due for conference and social programme.
AGM Venue:	The Birmingham International Convention Centre, Broad Street, Birmingham, tel: +44 0121 644 6011, fax: +44 0121 643 3280
Accommodation:	To arrange accommodation please contact The Birmingham Convention and Visitor Bureau tel: +44 0121 665 6116, fax: +44 0121 643 3280
Correspondence:	The Conference Office, The Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG, tel: +44 0171 235 2351, fax: +44 0171 259 6507

Forthcoming Council Report

OFFENDERS WITH PERSONALITY DISORDER

Council Report CR71: From the Working Group on the Definition and Treatment of Severe Personality Disorder

Highly charged legislative, economic and public policy debates surround issues concerning offenders with personality disorders. A new report from The Royal College of Psychiatrists places these debates in the context of current knowledge and warns against eye-catching solutions based upon little or no evidence base.

The report contains chapters clarifying the epidemiology of personality disorder and its classification, in which patients often fall into many categories. Guidelines are laid down for assessment and for the teaching of trainees. A strong plea is made for identification of risk factors based on long-term developmental studies, with child and adolescent mental health services equipped to intervene at primary, secondary and tertiary levels. The report emphasises the need for clinical trials that can only be carried out with full government support.

ISBN 1 901242 34 X **Price to be announced** **Publication: April 1999**

Available from Booksales, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44 (0) 171 235 2351, extension 146). 9.30 am - 2.00 pm

The latest information on College publications is available on the INTERNET at: www.rcpsych.ac.uk

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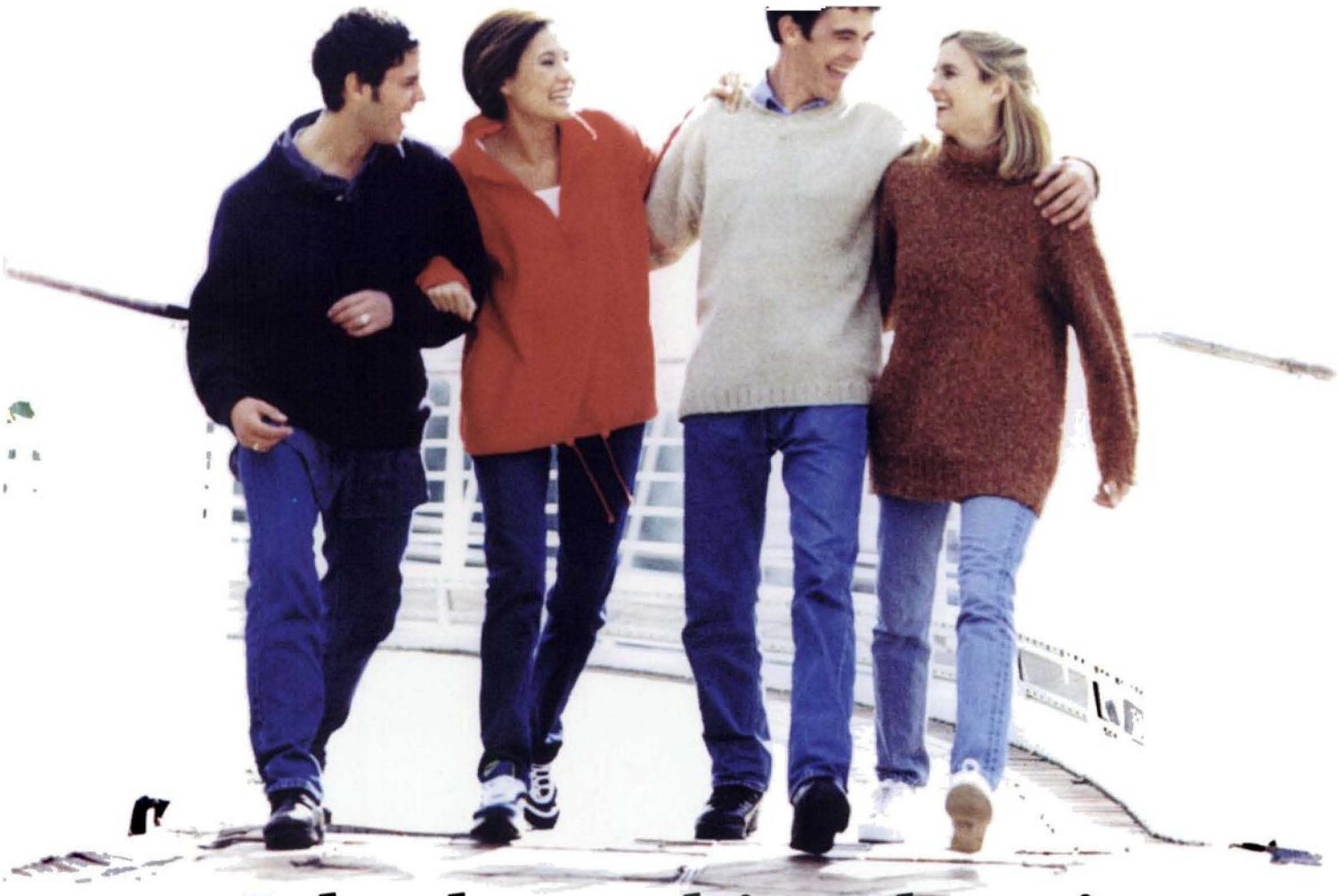

John has schizophrenia

Effective in negative and positive symptoms[1-4] and mood*[5] in patients with schizophrenia

EPS no different from placebo across the full dose range (150 - 750 mg/day)[1-4]

Plasma prolactin levels no different from placebo across the full dose range (150 - 750 mg/day)[6]

Low level of sexual dysfunction (3 patients out of 1085) in long term use (3-5 months)[6]

* Defined as the BPRS item score of depressive mood, anxiety, guilt feelings and tension.

Seroquel

'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)

Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. **Uses** [illegible] *Obsessive-compulsive disorder. Bulimia nervosa:* For the reduction of binge-eating and purging activity. **Dosage and Administration** (For full information, see data sheet.) For oral administration to adults only. *Depression, with or without associated anxiety symptoms - adults and the elderly:* A dose of 20mg/day is recommended. *Obsessive-compulsive disorder:* 20mg/day to 60mg/day. A dose of 20mg/day is recommended as the initial dose. *Bulimia - adults and the elderly:* A dose of 60mg/day is recommended. Because of the long elimination half-lives of the parent drug (1-3 days after acute administration; may be prolonged to 4-6 days after chronic administration) and its major metabolite (average 9.3 days), active drug substance will persist in the body for several weeks after dosing is stopped. The capsule and liquid dosage forms are bioequivalent. *Children:* Not recommended. *Patients with renal and/or hepatic dysfunction:* See 'Contra-indications' and 'Precautions' sections. **Contra-indications** Hypersensitivity to fluoxetine. Prozac should not be administered to patients with severe renal failure (GFR <10ml/min). *Usage in nursing mothers:* Prozac should not be prescribed to nursing mothers. *Monoamine oxidase inhibitors:* At least 14 days should elapse between discontinuation of an MAOI and initiation of treatment with Prozac. At least five weeks should elapse between discontinuation of Prozac and initiation of therapy with an MAOI. Serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability and mental status changes that include extreme agitation, progressing to delirium and coma) have been reported with concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndrome. **Warnings** *Rash and allergic reactions:* Angioneurotic oedema, urticaria and other allergic reactions have been reported. Upon appearance of rash, or of other allergic phenomena for which an alternative aetiology cannot be identified, Prozac should be discontinued. *Pregnancy:* Use of Prozac should be avoided unless there is no safer alternative. **Precautions** Prozac should be discontinued in any patient who develops seizures. Prozac should be avoided in patients with unstable epilepsy; patients with controlled epilepsy should be carefully monitored. There have been rare reports of prolonged seizures in patients on fluoxetine receiving ECT treatment. A lower dose of Prozac, eg, alternate day dosing, is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50ml/min). Caution is advisable when Prozac is used in patients with acute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycaemic control. There have been reports of abnormal bleeding in several patients, but causal relationship to fluoxetine and clinical importance are unclear. *Drug interactions:* Increased (with lithium toxicity) or decreased lithium levels have been reported. Lithium levels should be monitored. Because fluoxetine's metabolism involves the hepatic cytochrome P450IID6 isoenzyme system, concomitant therapy with other drugs also metabolised by this system, and which have a narrow therapeutic index (eg, carbamazepine, tricyclic antidepressants), should be initiated at or adjusted to the low end of their dose range. Greater than 2-fold increases of previously stable plasma levels of cyclic antidepressants have been observed when Prozac has been administered in combination. Agitation, restlessness and gastro-intestinal symptoms have been reported in a small number of patients receiving fluoxetine in combination with tryptophan. Patients on stable phenytoin doses have developed elevated plasma concentrations and clinical phenytoin toxicity after starting fluoxetine. *For further information, see data sheet.* **Adverse Effects** Asthenia, fever, nausea, diarrhoea, dry mouth, appetite loss, dyspepsia, vomiting, rarely abnormal LFTs, headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, fatigue, decreased libido, seizures, hypomania or mania, dyskinesia, movement disorders, neuroleptic malignant syndrome-like events, pharyngitis, dyspnoea, pulmonary events (including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, anaphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established: aplastic anaemia, cerebral vascular accident, confusion, ecchymoses, eosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemolytic anaemia, pancreatitis, pancytopenia, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal and violent behaviour. Hyponatraemia (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. **Overdosage** On the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mal seizures that remitted spontaneously. **Legal Category** POM **Product Licence Numbers** 0006/0195, 0006/0198, 0006/0272. **Basic NHS Cost** £20.77 per pack of 30 capsules (20mg). £67.85 per pack of 98 capsules (20mg). £62.31 per pack of 30 capsules (60mg). £19.39 per 70ml bottle. **Date of Preparation or Last Review** October 1996 (internal review June 1998). **Full Prescribing Information is Available From** Dista Products Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 352011.

Date of preparation: July 1998

PROZAC DELIVERS

PROZAC
fluoxetine

TREATING DEPRESSION WITH ASSOCIATED ANXIETY