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Look for *The American Journal of Psychiatry*
at <http://www.appi.org/ajp> on the Web.



New Council Reports

Imprint of the Royal College of
Psychiatrists

Offenders with Personality Disorder CR71

Many people are understandably concerned about the risk to themselves and their children posed by a small number of dangerous men who are not mentally ill but have severe lifelong antisocial personality disorders. And the government is intending to introduce legislative proposals for powers to detain such people in secure institutions of some kind for as long as is necessary.

This authoritative report, by an expert committee of the Royal College of Psychiatrists, describes contemporary classifications of personality disorders and the rating scales and structured interviews available for diagnosis and assessment of personality disorders, particularly in forensic settings. The final and most important section of the report discusses the various therapies that have been employed in an attempt to enable personality disordered people to change their established ways of thinking, reacting and behaving, and to become less of a nuisance to others.

April 1999, £12.50, 104pp, ISBN 1 901242 34 X

Guidelines for Health Care Commissioners for an ECT Service CR73

ECT is the most effective and rapidly-acting treatment for severe depression disorders. It is usually reserved for patients who have failed to respond to drug or other therapies, but it can be a first line treatment. It is particularly indicated for severely depressed patients who are at risk of suicide or at risk of death because of their refusal to eat or drink. There is a firm evidence base for the effectiveness of ECT. It also has a place in the treatment of other disorders such as schizophrenia, mania, catatonia and neuroleptic malignant syndrome. Its role in these conditions is usually when drug therapy has proved ineffective or for some reason is inadvisable. This council report explains all areas of ECT, answering questions such as, what is an ECT?, how does it work?, what adverse effects does ECT cause?, staffing, protocols and many other aspects.

March 1999, £3.00, ISBN 1 901242 33 1



The Royal College of Psychiatrists
17 Belgrave Square
London
SW1X 8PG <http://www.rcpsych.ac.uk>

Use: Treatment of schizophrenia.

Presentation: Tablets containing 25 mg, 100 mg and 200 mg of quetiapine.

Dosage and Administration: 'Seroquel' should be administered twice daily. Adults: The total daily dose for the first 4 days of therapy is 50 mg (Day 1), 100 mg (Day 2), 200 mg (Day 3) and 300 mg (Day 4). From day 4 onwards, titrate to usual effective range of 300 to 450 mg/day. Dose may be adjusted within the range 150 to 750 mg/day according to clinical response and tolerability. Elderly patients: Use with caution, starting with 25 mg/day and increasing daily by 25 to 50 mg to an effective dose. Children and adolescents: Safety and efficacy not evaluated. Renal and hepatic impairment: Start with 25 mg/day increasing daily by 25 to 50 mg to an effective dose. Use with caution in patients with hepatic impairment.

Contra-indications: Hypersensitivity to any component of the product.

Precautions: Caution in patients with cardiovascular disease, cerebrovascular disease or other conditions predisposing to hypotension and patients with a history of seizures. Caution in combination with drugs known to prolong the QTc interval, especially in the elderly. Caution in combination with other centrally acting drugs and alcohol, and on co-administration with thioridazine, phenytoin or other hepatic enzyme inducers, potent inhibitors of CYP3A4 such as systemic ketoconazole or erythromycin. If signs and symptoms of tardive dyskinesia appear, consider dosage reduction or discontinuation of 'Seroquel'. In cases of neuroleptic malignant syndrome, discontinue 'Seroquel' and give appropriate medical treatment. 'Seroquel' should only be used during pregnancy if benefits justify the potential risks. Avoid breastfeeding whilst taking 'Seroquel'. Patients should be cautioned about operating hazardous machines, including motor vehicles.

Undesirable events: Somnolence, dizziness, constipation, postural hypotension, dry mouth, asthema, rhinitis, dyspepsia, limited weight gain, orthostatic hypotension (associated with dizziness), tachycardia and in some patients syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Transient leucopenia and/or neutropenia and occasionally eosinophilia. Asymptomatic, usually reversible elevations in serum transaminase or gamma - GT levels. Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decreases in thyroid hormone levels, particularly total T4 and free T4 usually reversible on cessation. Prolongation of the QTc interval (in clinical trials this was not associated with a persistent increase).

Legal category: POM

Product licence numbers:

25 mg tablet: 12619/0112

100 mg tablet: 12619/0113

200 mg tablet: 12619/0114

Basic NHS cost:

Starter pack £6.59;

60 x 25 mg tablets £28.20;

60 x 100 mg tablets £113.10;

90 x 100 mg tablets £169.65;

60 x 200 mg tablets £113.10;

90 x 200 mg tablets £169.65.

'Seroquel' is a trademark, the property of **Zeneca Limited**.



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Further information is available from: **ZENECA Pharma** on 0800 200 123 please ask for Medical Information, or write to King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

Email Address: Medical.Information@PharmaUK.Zeneca.com

References:

1. Fabre LF, Arvanitis L, Pultz J, et al. Clin Ther 1995; 17 (No.3): 366-378.
2. Arvanitis LA, et al. Biol Psychiatry 1997; 42: 233-246.
3. Small JG, Hirsch SR, Arvanitis LA, et al. Arch Gen Psychiatry 1997; 54: 549-557.
4. Borison RL, Arvanitis LA, Miller MS, et al. J Clin Psychopharmacol 1996; 16 (2): 158-169.
5. Data on File, Zeneca Pharmaceuticals.
6. Data on File, Zeneca Pharmaceuticals.

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98/9860 Issued September 1998



Seroquel

quetiapine



John has schizophrenia



Effective in negative and positive symptoms¹⁻⁴
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** ▼