EDITORIALS
1 Cost-effective or profligate community psychiatry?
P. Tyrer

Contracting in mental health
C. J. Simpson

REVIEW ARTICLE
Analysis of longitudinal data. Beyond MANOVA
B. S. Everitt

PAPERS
Health of the Nation Outcome Scales (HoNOS): Research and development

Intensive case management for the severely mentally ill. Controlled trial
F. Holloway and J. Carson

Recurrence in affective disorder: I. Case register study
L. V. Kessing, P. K. Andersen, P. B. Mortensen and T. G. Bolwig

Recurrence in affective disorder: II. Effect of age and gender
L. V. Kessing

Lifetime risk of suicide for affective disorder, alcoholism and schizophrenia
H. M. Inskip, E. C. Harris and B. Barracough

Prospective study into factors associated with aggressive incidents in psychiatric acute admission wards
K. Kho, T. Sensky, Ann Mortimer and C. Corcos

Cost and benefit in the choice of ECT schedule. Twice versus three times weekly ECT
B. Shapira, N. Tubi, H. Drexler, D. Lidsky, A. Calev and B. Leren

Brain 5-HT neurotransmission during paroxetine treatment
P. A. Sargent, D. J. Williamson and P. J. Cowen

Outcome of common mental disorders in Harare, Zimbabwe

Effects of postnatal depression on children’s adjustment to school. Teacher’s reports
D. Sinclair and L. Murray

Psychiatric staff as attachment figures. Understanding management problems in psychiatric services in the light of attachment theory
G. Adshade

Placebo-controlled trial of moclobemide in social phobia

Informing patients about tardive dyskinesia. Controlled trial of patient education
R. Chaplin and A. Kent

Treatment of severe clozapine-induced neutropenia with granulocyte colony-stimulating factor (G-CSF). Remission despite continuous treatment with clozapine
B. Sperner-Unterweger, I. Czeike, S. Gaggl, D. Geissler, G. Spiel and W. W. Fleischhacker

Behaviour phenotype for Down’s syndrome
R. A. Collacott, S.-A. Cooper, D. Branford and C. McGrother

Psychological sequelae of torture and organised violence suffered by refugees from Iraq. Trauma-related factors compared with social factors in exile
C. Gorst-Unsworth and E. Goldenberg

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Correspondence
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Erratum
Book reviews
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The typeset by Dobble Typesetting Ltd, Twyford.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

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The use of CLOZARIL is restricted to patients registered with the CLOZARIL Patient Monitoring Service. Indication Treatment of 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, 12.5 mg once or twice on the first day, followed by one or two 25 mg tablets on the second day. Increase dose slowly, by increments to reach a therapeutic dose within the range of 200 - 450mg daily (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 300 mg daily may suffice. At daily doses not exceeding 200mg a single administration in the evening may be appropriate. Exceptionally, doses up to 900 mg daily may be used. Patients with a history of epilepsy should be closely monitored. During dose increases, convulsions have been reported. Patients with a history of seizures, as well as those suffering from cardiovascular, renal or hepatic disorders, together with 3.0 and 3.5 x 10^9/L and/or a neutrophil count of between 1.5 and 2.0 x 10^9/L. With a view to discontinuing CLOZARIL. Any further fall in white blood/neutrophil count below 1.0 x 10^9/L and/or 0.5 x 10^9/L respectively, after drug withdrawal requires immediate specialised care, where protective isolation and administration of GM-CSF or G-CSF and broad spectrum antibiotics may be indicated. Colony stimulating factor therapy should be discontinued when the neutrophil count returns above 1.0 x 10^9/L. As clozapine lowers plasma renin activity, certain drugs have been reported. Occasionally obstipation and paralytic ileus have occurred. Asymptomatic elevations in liver enzymes occur commonly and usually resolve. Rarely hepatitis and jaundice have been reported. Rarely fulminant hepatic necrosis reported. Discontinue CLOZARIL if jaundice develops. Rare cases of acute pancreatitis have been reported. Both urinary incontinence and retention and priapism have been reported. Isolated cases of interstitial nephritis have been reported. Benign hyperpyrexia may occur and isolated reports of skin reactions have been received. Rarely hyperpyrexia 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 25 mg tablets: £37.54 (Basic NHS) 84 x 100 mg tablets: £150.15 (Basic NHS) are supplied by CLOZARIL to pharmacies registered with the CLOZARIL Patient Monitoring Service. Product Licence Numbers 25 tablets: PL 0010/0228 100 tablets: PL 0010/0229 Legal Category: POM. CLOZARIL is a registered Trade Mark. Date of preparation, August 1997. Full prescribing information, including Product Data Sheet is available from Novartis Pharmaceuticals UK Ltd. Trading as: SANDOZ PHARMACEUTICALS, Frimley Business Park, Frimley, Camberley, Surrey, GU16 5SG.
As the list of antipsychotic agents grows...

...isn't it time to consider one in a different class?

CLOZARIL® clozapine

Proven efficacy in treatment resistant schizophrenia
Tender loving care and SEROXAT

‘Seroxat’ helps get depressed patients back to normal, liberating them from everyday stresses and anxiety.

For all those depressed patients who need a helping hand to face life again, make ‘Seroxat’ your first-choice prescription for depression.

Rebuilding the lives of anxious depressed patients
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. Treatment of symptoms of obsessive compulsive disorder (OCD). Treatment of symptoms and prevention of relapse of panic disorder with or without agoraphobia. 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. Give orally once a day in the morning with food. The tablets should not be chewed. Continue treatment for a sufficient period, which may be several months for depression or 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-indications 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 hypertriglyceridaemia 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 3.3.97

SmithKline Beecham Pharmaceuticals

Welwyn Garden City, Hertfordshire AL7 1EY 'Seroxat' is a registered trade mark.
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GASKELL

Bereavement Information Pack
For those bereaved through suicide or other sudden death

Kate Hill, Keith Hawton, Aslög Malmberg and Sue Simkin

It is often difficult for relatives and friends of people who die by suicide or other sudden death to get help. This pack is specifically designed for such people. It highlights the areas of greatest difficulty for the bereaved person and offers advice on how to get support from friends and family and bereavement support and counselling organisations, as well as providing a list of recommended reading. A substantial number of bereaved individuals have already found it helpful. This pack is fully supported by The Samaritans and The Royal College of Psychiatrists.

£5.00 • 1997 • ISBN 1 901242 08 0

Gaskell is the imprint of the Royal College of Psychiatrists. Gaskell books are available from good bookshops and from Book Sales, Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. +44(0)171 235 3451, extension 146). The latest information on College publications is available on the INTERNET at: www.rcpsych.ac.uk
United Kingdom Psychiatric Pharmacy Group

Psychiatric medication helpline for patients and carers.

0171 919 2999
Open 11.00am to 5.00pm. Weekdays only.

This helpline is staffed by experienced pharmacists at the Maudsley Hospital, London. Patients and carers may telephone with any queries they have about medicines used in psychiatry.
Seminars in General Adult Psychiatry
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A major new textbook of adult general psychiatry by leading experts in the field and the centrepiece of the Seminars series. This multi-authored textbook places its greatest emphasis on detailed clinical descriptions of the common psychiatric disorders and their place within the ICD-10 and DSM-IV schemes. Psychological and biological treatments are covered in depth giving the reader an insight into the issues involved in modern patient care. Although primarily intended for doctors preparing for their MRCPsych, the text provides a comprehensive well-referenced review of the whole of modern clinical psychiatry and will be of use to consultant psychiatrists and other health professionals in the mental health field. As with other titles in the series, frequent use of boxes, tables and figures is made to set out important points and key information. The book is presented in two volumes as a boxed set.

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Titles in preparation
Seminars in the Psychiatry for the Elderly
Edited by Rob Butler & Brice Pitt
Seminars in Psychotherapy
Edited by Sandra Grant & Jane Naismith
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. Do not exceed 600 mg/day. 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 concomitant use with 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, tachycardia, and syncope. Occasional seizures and rarely possible neuroleptic malignant syndrome. Tinnitus, leucopenia and/or neutropenia and
Effective in positive and negative symptoms\(^1\)\(^-\)\(^4\) and improving mood\(^*\)\(^5\) in patients with schizophrenia.

Incidence of EPS no different from placebo across the full dose range\(^1\)\(^-\)\(^4\).

Rate of withdrawals due to adverse events no different from placebo\(^6\).

No requirement for routine blood, BP or ECG monitoring\(^7\).

Changing thinking in schizophrenia.

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

Small elevations in non-fasting serum triglyceride levels and total cholesterol. Decrease in thyroid hormone levels, particularly total T\(_4\) and free T\(_4\) 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: £6.39; 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 £211.30; 90 x 200 mg tablets £310.65.

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

References
5. Data on file; Zeneca Pharmaceuticals.
7. Seroquel' Summary of Product Characteristics.
There's a depressed patient sitting in front of you. Ask them if it's good to talk.

Communicating confidently, whether it's at work or with friends and family, is just one sign of how well a depressed patient is re-adapting socially. And social interaction is an extremely valuable measure of successful treatment.

**Edronax** is a new selective NorAdrenaline Re-uptake Inhibitor (NARI). It not only lifts depressed mood, but also significantly improves social interaction.²

These improvements in social functioning have been trial-proven by using the innovative SASS questionnaire (Social Adaptation Self-evaluation Scale).³

Edronax improves mood one week earlier than fluoxetine.⁷ Additionally, when compared to fluoxetine, Edronax shows a significantly better outcome in terms of social functioning.²

Edronax helps restore patients' appreciation of friends, family, work and hobbies, and improves their self-perception.

Prescribe 4mg b.d. then make your usual assessments, to see the Edronax difference. The SASS questionnaire, which patients can complete in their own time, may also help.

For free copies of the SASS questionnaire, please telephone 01908 603083.

**Edronax REBOXETINE**

A NEW SELECTIVE NARI. LIFTS DEPRESSION. HELPS RESTORE SOCIAL INTERACTION.
Because community re-integration is not that simple.

**ABBREVIATED PRESCRIBING INFORMATION:**
Presentation: Coated tablets containing 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose.

**Uses:** Schizophrenia, both as initial therapy and for maintenance of response. Further Information: In studies of patients with schizophrenia and associated depressive symptoms, mood score improved significantly more with olanzapine than with haloperidol. Pharmacokinetics: Olanzapine was associated with significantly greater improvements in both negative and positive schizophrenic symptoms than placebo or comparator in most studies.

**Dosage and Administration:** 10mg/day orally, as a single dose without regard to meal. Dosage may be subsequently adjusted within the range of 5-20mg/day. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. Children: Not recommended under 16 years of age. The elderly: A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. Hepatic and/or renal impairment: A lower starting dose (5mg) may be considered. When more than one factor is present which might result in slower metabolism (female gender, elderly age, non-smoking status), consideration should be given to decreasing the starting dose.

**Dose escalation should be conservative in such patients.** Contra-Indications: Known hypersensitivity to any ingredient of the product. Known risk for narrow-angle glaucoma. Warnings and Special Precautions: Caution in patients with prostatic hypertrophy, or paralytic ileus and related conditions. Caution in patients with elevated ALT and/or AST, signs and symptoms of hepatic impairment, pre-existing conditions associated with limited hepatic functional reserve, and in patients who are being treated with potentially hepatotoxic drugs. As with other neuroleptic drugs, caution in patients with low leucocyte and/or neutrophil counts for any reason, a history of drug-induced bone marrow depression/toxicity, bone marrow depression caused by concomitant illness, radiation therapy or chemotherapy and in patients with hypersplenic conditions or with myeloproliferative disease. Thirty-two patients with olanzapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Although, in clinical trials, there were no reported cases of NMS in patients receiving olanzapine, if such an event occurs, or if there is unexplained high fever, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or have conditions associated with seizures. If signs or symptoms of tardive dyskinesia appear a dose reduction or drug discontinuation should be considered. Caution when taken in combination with other centrally acting drugs and alcohol. Olanzapine may antagonise the effects of direct and elderly. However, blood pressure should be measured periodically in patients over 65 years, as with other antipsychotics. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly. In clinical trials, olanzapine was not associated with a persistent increase in absolute QT intervals. Interactions: Metabolism may be induced by concomitant smoking or carbamazepine therapy. Pregnancy and Lactation: Olanzapine had no teratogenic effects in animals. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Olanzapine was excreted in the milk of treated rats but it is not known if it is excreted in human milk. Patients should be advised not to breast feed an infant if they are taking olanzapine. Driving, etc: Because olanzapine may cause somnolence, patients should be cautioned about operating hazardous machinery, including motor vehicles. Undesirable Effects: The only frequent (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence and weight gain. Occasional undesirable effects included dizziness, increased appetite, peripheral oedema, orthostatic hypotension, and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen occasionally. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dyskinesia in trials compared with titrated doses of haloperidol. Photosensitivity reaction or high creatinine phosphokinase were reported rarely. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. Asymptomatic haematological variations were occasionally seen in trials. For further information see summary of product characteristics. Legal Category: POM. Marketing Authorisation Numbers: EU/1/96/022/004 EU/1/96/022/006 EU/1/96/022/008 EU/1/96/022/009 EU/1/96/022/010. Basic NHS Cost: £22.74 per pack of 28 x 1mg tablets. £197.62 per pack of 28 x 5mg tablets. £212.93 per pack of 28 x 10mg tablets. Date of Preparation or Last Review: April 1997.
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