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**SUPPLEMENT**

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**Practice guideline for the treatment of patients with delirium**  
American Psychiatric Association

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



Forthcoming from Gaskell  
Imprint of the  
Royal College of Psychiatrists

## Getting the Message Across

Claire Palmer and Julie Fenner

An essential requirement of effective clinical practice is the rapid dissemination of research findings and their incorporation into practice. There is increasing evidence that these strategies are often ineffective and that much of this new information is not adopted into practice for many years, if at all. This book is aimed at all those in the long chain between the source of new information in the NHS (be it policy, research or managerial innovations) and its intended target audience. The book includes overviews of relevant research and theory to support the development of more effective dissemination strategies in the NHS.

July 1999, Paperback, ISBN 1 901242 36 6, £10.00

## Evidence-Base Briefing:

### Dementia

Claire Palmer

The number of published papers on dementia is constantly rising and its virtually impossible for clinicians to read everything available, let alone to appraise it properly. Evidence-Base Briefings (EBBs) are summarised collections of synthesised 'evidence' in a given topic area. This document on dementia attempts to encapsulate the best available evidence into a format which is quick and easy to use. Its main aim is to provide a checklist of appraised evidence from which a clinician can easily obtain original documents. These documents can then be appraised (using the tool provided) and interpreted for the clinician's own practice. The evidence sources on which the EBB is based include research, guidelines and national guidance. The EBB includes full references to its source documents and details of further information resources to support evidence-base practice.

July 1999, Paperback, ISBN 1 901242 35 8, £15.00



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**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, asthenia, 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**.



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](mailto:Medical.Information@PharmaUK.Zeneca.com)

**References:**

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6. Data on File, Zeneca Pharmaceuticals.



# John has schizophrenia



Effective in negative and positive symptoms<sup>1-4</sup>  
and mood\*<sup>5</sup> in patients with schizophrenia



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



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



Low level of sexual dysfunction (3 patients out of 1085)  
in long term use (3-5 months)<sup>6</sup>

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

 **Seroquel**<sup>▼</sup>

Prescribed  
97% of psychiatrists



# Fast Response

Can start to improve symptoms within seven days<sup>1</sup>



**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:**

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

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.