The psychological health of clergy in Ireland – who cares for the carers?

According to recent surveys among adults in Ireland, 96% believe in God and 73% attend church regularly. The Roman Catholic population in Ireland is 4,056,030, with 1,368 priests. In addition there are 17,361 men and women in various religious orders of priests, brothers and nuns. However, what is unclear is how many of these religious are suffering from work-related ill-health. The work-related health of the clergy should be a matter of not only personal, but also professional concern for mental health professions in Ireland, as it is elsewhere, and of course the Catholic Church, for two very practical reasons. First, work-related stress is a major factor in shaping general personal physical and mental health, and those who suffer from work-related stress may, as a consequence, fall ill in other ways. Second, work-related stress is a major factor in how well the pastoral and administrative job is catered in increased sick leave, leaving, early retirement and even suicide.

In the light of decreasing numbers of ordinands in training in Ireland there is a need for an overall strategy for clergy support, thus making the job more appealing to those with a vocation for the priesthood. However, a first step is an evaluation of the extent of the problem. For those concerned, and those charged with the psychological well-being of all members of our society, a nationwide survey of the work-related health of Irish clergy warrants serious consideration.

Christopher Alan Lewis, Senior Lecturer in Psychology, School of Psychology, University of Ulster at Magee College, BT48 7JL, Northern Ireland

Leslie J Francis, Professor of Practical Theology, University of Wales, Bangor, Gwynedd, Wales

Douglas W Turton, Research Associate, Welsh National Centre for Religious Education, University of Wales, Bangor, Gwynedd, Wales

Sharon Mary Cruise, Research Associate, School of Psychology, University of Ulster at Magee College, BT48 7JL, Northern Ireland.

*Address correspondence to

References
When sleep matters in depression

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets (See SPCs before Prescribing)

Presentation: Zispin SolTab 15mg, 30mg, 45mg. Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45mg of mirtazapine, available in packs of 30 tablets. Zispin tablets: Blister strips of 7 tablets each containing 30mg of mirtazapine, available in packs of 28 tablets.

Uses/Indications: Major depression; acute episodes of major depression. Administration: Zispin SolTab should be taken out of the strip with dry hands and should be placed on the tongue. The SolTab will rapidly disintegrate and can be swallowed with or without water. Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. Dosage: Adults and elderly: The effective daily dose is usually between 15 and 45mg. Treatment should begin with 15mg daily and dosage should be reviewed and adjusted if necessary within 2 to 4 weeks of initiation of therapy. Children: Do not use in children or adolescents under 18 years. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months.

Contraindications: Hypersensitivity to mirtazapine or any ingredients of Zispin. Precautions and warnings: Reversible bone marrow suppression presenting as agranulocytosis and granulocytopenia have been reported with most antidepressants. Reversible agranulocytosis has been reported as a rare occurrence with Zispin. The physician should be alert for symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome (See SPC); hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure, and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. As for all therapies for depression, risk of suicide, suicidal thoughts and self harm may increase in the first few weeks of treatment. See SmPC for full details. Zispin has sedative properties and may impair concentration and alertness. The use of Zispin has been associated with psychomotor restlessness. Withdrawal symptoms when treatment is discontinued are common, particularly if discontinuation is abrupt, see SmPC for full details. Interactions: Alcohol, benzodiazepines and MAO inhibitors. Pregnancy & Lactation: Safety in human pregnancy has not been established. Use during pregnancy not recommended. Women of child bearing potential should avoid pregnancy. Use in nursing mothers not recommended. Adverse reactions: The most common adverse effects have been reported: Most common: Sedation in appetite and weight gain. Oedema, Gastrointestinal sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). Dizziness. Headache. Blurred vision. (Orthostatic) hypotension. Exanthema. Muscle pain. Tremor, Myoclonus. Acute bone marrow depression (refer to SPC). Elevations in serum transaminase activities. Paraesthesia. Restless legs. Overdosage: Reversible agranulocytosis has been reported with most antidepressants. Reversible agranulocytosis has been reported as a rare occurrence with Zispin. The physician should be alert for symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. The SolTab will rapidly disintegrate and can be swallowed with or without water. Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. Do not use in children or adolescents under 18 years. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months.

Legal Category: Prescription Medicine

Product Authorisation Numbers:
Zispin SolTab 15mg orodispersible tablet: PA 61/26/5
Price: €17.50
Zispin SolTab 30mg orodispersible tablet: PA 61/26/6.
Price: €34.05
Zispin SolTab 45mg orodispersible tablet: PA 61/26/7.
Price: €51.07
Zispin 30mg tablet: PA 261M3/2
Price: €17.50
Zispin 30mg tablet: PA 61/26/5
Price: €34.05

Product Authorisation holder:
Zispin SolTab 15mg, 30mg and 45mg orodispersible tablets: Organon Ireland Limited, P.O. Box 2857, Drynam Road, Swords, Co. Dublin, Ireland.
Zispin 30mg tablet: Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 0FL, UK.

Distributed by: Organon Laboratories, c/o United Drug House, Magda Drive, Magda Business Park, Citywest Road, Dublin 24, Ireland.

December 2005

When sleep matters in depression

The melt-in-the-mouth antidepressant with the orange taste

ZISPIN SolTab
mirtazapine orodispersible tablet

Organon

www.IME.ie

Alternatively, adverse events can be reported to Organon Laboratories, by calling (+44) 01223 432740.