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pancytopenia, suicidal ideation, thrombo purpura, vaginal bleeding after drug with Hyponatraemia (including serum sodium rarely reported. This appears to be reversu Overdosage On the evidence available, fluox. of salety in overdose. Since introduction, reports of un. to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly took 3000mg of fluoxetine experienced 2 grand mai 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). E62.31 per pack of 30 capsules (60mg). EF9 54 m 70ml hottle.

Date of Preparation or Last Review October 1996. Full Prescribing Information is Available Room De-Limited, Dextra Court, Chapel Hill, Basingstoke, Marthure. Telephone: Basingstoke (01256) 52011. 'PROZAC' is a Dista trade mark. Date of preparation: November 1996 447

References: 1. Data on file, Dista Products Ltd.



#### 'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)

Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per Sml syrup, Uses 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. Annoamine oxidase inhibitors: At least 14 days should elapse between https://doi.org/10.1192/S000712500014677X Published online by Cambridge University Press

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 concomint 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:

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, lever, 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, dysphoea, 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,

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