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and New Ways to Deliver Them.

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MISSION

CNS Spectrums' editorial mission is to address relevant neuropsychiatric topics, including the prevalence of comorbid diseases among patients, and original research and reports that emphasize the profound diagnostic and physiologic connections made within the neurologic and psychiatric fields. The journal's goal is to serve as a resource to psychiatrists and neurologists seeking to understand and treat disturbances of cognition, emotion, and behavior as a direct consequence of central nervous system disease, illness, or trauma.

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important treatment considerations

Suicidality in Children and Adolescents
Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of EFFEXOR XR or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. EFFEXOR XR is not approved for use in pediatric patients.

• EFFEXOR XR is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs).
• Adult and pediatric patients taking antidepressants can experience worsening of their depression and/or the emergence of suicidality. Patients should be observed closely for clinical worsening and suicidality, especially at the beginning of drug therapy, or at the time of increases or decreases in dose.

Anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, and mania have been reported and may represent precursors to emerging suicidality. Stopping or modifying therapy should be considered especially when symptoms are severe, abrupt in onset, or not part of presenting symptoms.

• Treatment with venlafaxine is associated with sustained increases in blood pressure (BP) in some patients. Postmarketing cases of elevated BP requiring immediate treatment have been reported. Pre-existing hypertension should be controlled. Regular BP monitoring is recommended.
• Abrupt discontinuation or dose reduction has been associated with discontinuation symptoms. Patients should be counseled on possible discontinuation symptoms and monitored while discontinuing the drug; the dose should be tapered gradually.

The change they deserve.

Please see brief summary of Prescribing Information on adjacent pages.

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Suicidality in Children and Adolescents

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term trials in children and adolescents with Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of Effexor XR for a child or adolescent must balance this risk with the clinical need for the drug. Safety and effectiveness in children and adolescents below the age of 18 have not been established.

In patients treated with antidepressants for depression or other indications, suicide risk was higher in those patients with the highest baseline depression severity scores. Depression severity is a factor in the risk of suicidal thinking and behavior. Until more data are available, Effexor XR must be prescribed at the lowest possible doses and in the smallest increments of time appropriate to the treatment of the patient's condition. Treatment of patients with a history of suicidal behavior, or those who become suicidal during treatment, should open an investigation into whether another drug or a different method of treatment would be better suited to the patient's needs.

Suicidality risk is not limited to patients who have shown a pre-existing risk of suicidality. Effexor XR is not indicated for use in patients with a history of suicide or a non-suicidal self-injurious behavior (NSSI) who are at risk of suicide. Effexor XR should not be used in patients with a history of unstable or pathologic host response to injury (hematologic, pulmonary, or other organ injury) or who are currently receiving treatment with an agent that increases platelet aggregation.

Effexor XR should be used with caution in patients with a premorbid history of mania or hypomania. Effexor XR should not be used in patients with a history of bipolar disorder or a bipolar spectrum disorder, including schizoaffective disorder. Effexor XR is not indicated for use in children and adolescents with MDD or other psychiatric disorders who have not shown a pre-existing risk of suicidality.

Screening Patients for Bipolar Disorder:

Effexor XR is not indicated for use in patients with a history of bipolar disorder or a bipolar spectrum disorder, including schizoaffective disorder. Effexor XR is not indicated for use in children and adolescents with MDD or other psychiatric disorders who have not shown a pre-existing risk of suicidality.

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System: dizziness, somnolence, insomnia, dry mouth, nervousness, abnormal dreams, tremor, depres
dilatation, thinking abnormal, decreased libido, and sweating.

Commonly Observed Adverse Even
constipation, anorexia, vomiting, flatulence, diarrhea, eructation. Metabolic/Nutritional: weight loss. Ner
abdominal pain. Cardiovascular: vasodilatation, hypertension, palpitation. Digestive: nausea, vomiting, pro

Frequent: pruritus; Infrequent: acne, alopecia, contact dermatitis, dry skin, pruritus, rash; Rare: angioedema,

Vital Sign Changes:
Edema, corneal lesion, deafness, exophthalmos, eye hemorrhage, glaucoma, retinal hemorrhage, hypertonia,
paresthesia, libido decreased, agitation, anxiety, twitching. Respiratory System: pharyngitis, rhinitis, 

Infrequent: asthma, chest congestion, epistaxis, hyperventilation, laryngismus, laryngitis, pneumonia, voice 

Nervous system - Frequent: amnesia, confusion, depersonalization, delirium, depression, dizziness, disor
muscle spasms, myalgia, myoclonus, myopia, myopia, myoclonus, myotonia, otalgia, perioral numbness, re

Metabolic and nutritional - Frequent: diabetes, hyperglycemia, hypoglycemia, hypertriglyceridemia, hyperchol
hypoproteinemia, uremia. 

Cardiovascular: vasodilatation, hypertension, palpitation. Digestive: nausea, vomiting, flatulence, diarrhea, 

Vital sign changes include tachycardia, hypertension, tachypnea, increased blood pressure, or any other 

Drug Abuse and Dependence: 

Flushing, diaphoresis, palpitations, increased pulse, or any other signs of sympathetic nervous system activit

Body as a whole - Frequent: asthenia, headache, flu syndrome, malaise, myalgia. Rare: pain, fatigue, musc

Electrocardiogram changes (e.g., prolongation of QT interval) have been reported during treatment with 

Nervous system - Frequent: somnolence, anxiety, insomnia, nervousness, restlessness, paresthesia, fatigue, 

OVERDOSAGE: Electrocardiogram changes in p., prolongation of the QT interval, bundle branch block, 

Pancreatitis, pancytopenia, panic, prolactin increased, pulmonary eosinophilia, renal failure, rhabdomyolysis,

The recommended method of treatment of an acute overdose is supportive and symptomatic. The 

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Abnormalities of unspecified liver function tests; liver damage, necrosis, or failure; and fatty liver), involuntary 

Involuntary movements, extrapyramidal reactions, tardive dyskinesia, restless leg syndrome, akathisia, 

Sustained Hypertension). 

Overdosage with any antidepressant. Ensure an adequate airway, oxygenation and ventilation. General 

Gastrointestinal System: anemia, amenorrhea, breast pain, cystitis, dysuria, headache, hemorrhoids, melena,

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DOSAGE AND

Consult full prescribing information for dosing instructions. 

Patients access to a call center and more information about EFFEXOR® XR and other Wyeth products. 

Reinforce your efforts

Dialogues is a unique patient support and education program that is designed to help you foster successful therapy and resources to help you support your patients.

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Take a closer look at 

Dialogues offers patients a call center to speak with a health care provider for patient support and education to reinforce your efforts.

Dia
goles supplies feedback and updates about these patient calls to your physician.

Most common adverse events reported in EFFEXOR® XR short-term placebo-controlled depression, generalized anxiety disorder (GAD), social anxiety disorder (SAD), and/or panic disorder (PD) trials (incidence ≥10% and ≥2x that of placebo) were anxiety, insomnia, constipation, dizziness, dry mouth, ejaculation problems, impotence, insomnia, nausea, nervousness, somnolence, and sweating.

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This month’s issue of CNS Spectrums, as well as a host of educational resources, enduring materials, and archived issues, is available at www.cnsspectrums.com.
Two New reasons to prescribe

New 50-mg and 400-mg tablets

- 50 mg for simpler dosing during initiation
- 400 mg for an easier way to achieve higher doses*

SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy with lithium or divalproex, and the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for continued treatment.

- Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk (1.6 to 1.7 times) of death compared to placebo (4.5% vs 2.6%, respectively). SEROQUEL is not approved for the treatment of patients with dementia-related psychosis.

- Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

- Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

- Precautions include the risk of seizures, orthostatic hypotension, and cataract development.

- The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthma, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.

- The safety of doses above 800 mg/day has not been evaluated in clinical trials. In the elderly and in patients with hepatic impairment, consideration should be given to a lower starting dose, a slower rate of dose titration, careful monitoring during the initial dosing period, and a lower target dose.

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Please see Brief Summary of Prescribing Information on adjacent page.

The #1 prescribed atypical
Seroquel®
quetiapine fumarate
25 mg, 50 mg, 100 mg, 200 mg, 300 mg & 400 mg tablets

AstraZeneca Pharmaceuticals LP
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Since Seroquel has the potential to impair judgment, thinking, or motor skills, patients should be cautioned about performing activities requiring mental alertness, such as operating a motor vehicle (including automobiles) or operating dangerous equipment, until they are reasonably certain that they can perform such activities safely. Similarly, the use of Seroquel should generally be started at low doses and increased gradually. Patients should be advised to take Seroquel at the same time each day, and it is important to remember to take Seroquel as prescribed, even if feeling better. Patients who are advised to take Seroquel should be made aware of the potential for memory disturbances, changes in thinking, and memory loss, which can affect mental function such as memory, thinking, concentration, or judgment.

The most common adverse reactions, reported in the SEROQUEL Group of Clinical Trials, include nausea, vomiting, constipation, dizziness, drowsiness, somnolence, lethargy, agitation, insomnia, anxiety, headache, sexual dysfunction, and fatigue. Other commonly reported reactions include dry mouth, dysphonia, increased appetite, tremor, weight gain, fatigue, insomnia, anxiety, and insomnia. These reactions are usually mild to moderate in intensity. In general, the incidence of adverse events is lower in clinical trials compared to the overall population. However, some patients may experience serious adverse reactions, which may require immediate medical attention. These reactions include unusual bleeding, fever, confusion, delirium, and atrial fibrillation. In cases of severe adverse reactions, the patient should be monitored closely, and appropriate medical intervention should be administered.

Concomitant use with other medications: It is important to inform the healthcare provider about all medications and supplements currently being taken, including over-the-counter medications, vitamins, and herbal products. Seroquel may interact with other medications, and the combination of Seroquel with certain medications can increase the risk of adverse reactions or serious outcomes. Patients should be instructed to inform their healthcare provider about any changes in medication, including the start or stop of any medication, and to report any adverse reactions to their healthcare provider.

Management of Overdosage: In case of acute overdosage, establish and maintain an airway and ensure adequate ventilation and oxygenation. Syndromes of hyperprolactinemia, which may include hyperprolactinemia, galactorrhea, and gynecomastia, can occur with Seroquel. These syndromes are seen in women and men and are more common in postmenopausal women. In women, hyperprolactinemia can occur with Seroquel in women and men, and is more common in women. In men, hyperprolactinemia can occur with Seroquel in men and women, and is more common in men. In women, hyperprolactinemia can occur with Seroquel in women and men, and is more common in women. In men, hyperprolactinemia can occur with Seroquel in men and women, and is more common in men. In women, hyperprolactinemia can occur with Seroquel in women and men, and is more common in women. In men, hyperprolactinemia can occur with Seroquel in men and women, and is more common in men. 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