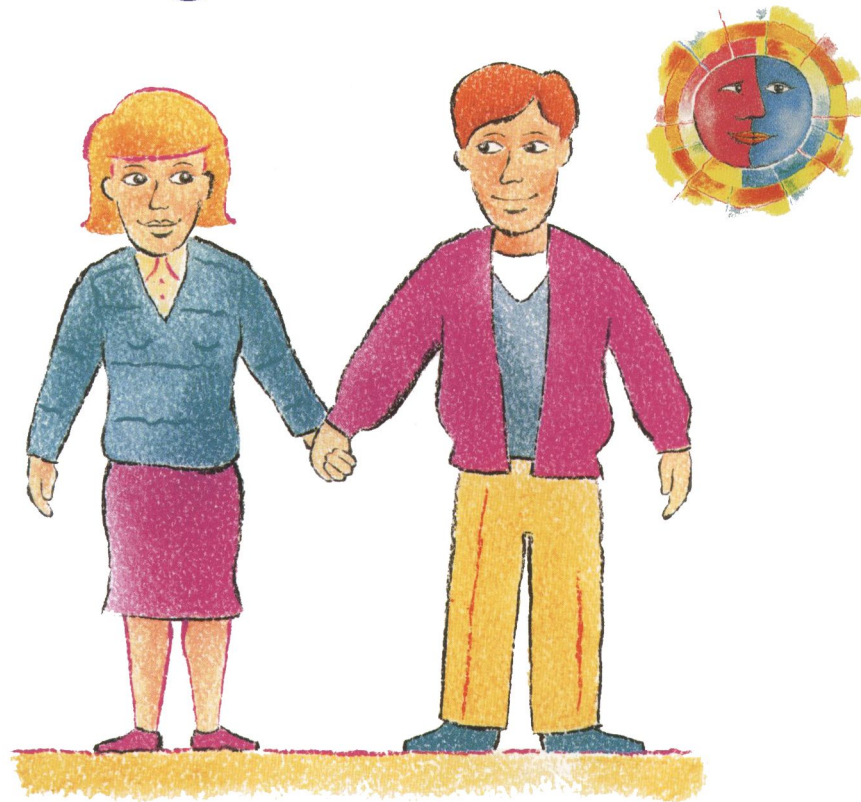


Efficacy and tolerability... working hand in hand



A new dawn in the treatment of Schizophrenia.

- Effective in the treatment of both positive and negative symptoms of schizophrenia¹
- Improves mood and reduces hostility and aggression^{2/3}
- Incidence of EPS no different than placebo across the full dose range⁴
- Limited weight gain (approximately 50% less than that of olanzapine)^{3/5}

 **Seroquel**
quetiapine

Seroquel®

Abridged prescribing information (for full details see summary of product characteristics). Presentations: Film coated tablets containing 25mg, 100mg or 200mg of quetiapine (as quetiapine fumarate). Uses: Treatment of schizophrenia. Dosage and Administration: Adults: Initial titration from 50mg to 300mg over first 4 days. From day 4 onwards the dose should be titrated to the usual effective dose of 300-450 mg/day. Dose range 150 to 750 mg/day. Elderly: Rate of dose titration may need to be slower and daily therapeutic dose lower than in younger patients. Children & Adolescents: Not evaluated. Renal Impairment: No dose adjustment required. Hepatic Impairment: Use with caution. Patients should be started on 25 mg/day and increased by 25 - 50 mg/day until an effective dosage. Contra-indications: Hypersensitivity to quetiapine fumarate or excipients. Concomitant administration of cytochrome P450 inhibitors, such as HIV-protease inhibitors, azole-antifungal agents, erythromycin, clarithromycin and nefazodone. Precautions and warnings: Known cardiovascular disease, cerebrovascular disease, or other conditions predisposing to hypotension. Possible initial orthostatic hypotension and syncope during the dose titration period. Patients with a history of seizures. If signs and symptoms of tardive dyskinesia appear dose reduction should be considered. In the event of neuroleptic malignant syndrome discontinue treatment. Undesirable effects: Mild asthenia, dry mouth, rhinitis, dyspepsia or constipation. Mild somnolence and limited weight gain during initial treatment period. Leucopenia, neutropenia, eosinophilia. Elevations in serum transaminase (ALT, AST) or g-GT levels and small elevations in non-fasting serum triglyceride and total cholesterol levels. Dose related increases in thyroid hormone levels particularly total T4 and free T4. Interactions: Use with caution with other centrally acting drugs and alcohol. CYP3A4 inhibitors such as ketoconazole are contraindicated. Grapefruit juice, phenytoin, thiothixene. Pregnancy & lactation: Safety and efficacy not established. Effects on ability to drive: Patients should be advised not to drive or operate machinery until individual susceptibility is known. Pharmaceutical precautions: Do not store above 30°C. Legal category: POM. Product Authorisation Numbers: Seroquel 25mg PA51/71/1; Seroquel 100mg PA51/71/2; Seroquel 200mg PA51/71/3; Seroquel starter pack PA51/71/4. Product authorisation holder: Zeneca Ltd., Macclesfield, Cheshire, United Kingdom SK10 4TG. Further information on request from: AstraZeneca Pharmaceuticals (Ireland) Limited, College Park House, 20 Nassau Street, Dublin 2. Tel. 01 609 7100; Fax. 01 679 6650. Date of Preparation: March 2000.

References:

1. Peuskens & Link 1997 Acta Psychiatr Scand 1997 96(4) pp 265 - 273
2. Hellewell & Goldstein 1998 Schizophrenia Research 1998 29 (1/2) pp 154 - 155 Abs
3. Data on File. AstraZeneca
4. Arvanitis et al. Biological Psychiatry 1997;42:233-246
5. Kinon et al 1998 XXIST CINP Congress, Glasgow, Scotland 1998

AstraZeneca 

ZYPREXA[®] (OLANZAPINE) PRESCRIBING INFORMATION: Presentation: Coated tablets containing 2.5mg, 5mg, 7.5mg or 10mg of olanzapine. The tablets also contain lactose, Velotab 5mg and 10mg orodispersible tablets, Velotab orodispersible tablet is a freeze-dried, rapid-dispersing preparation to be placed in the mouth or alternatively to be dispersed in water or other suitable beverage for administration. Velotabs also contain gelatin, aspartame (see below), mannitol and parahydroxybenzoates (see below). Velotab orodispersible tablets are bioequivalent to olanzapine coated tablets, with a similar rate and extent of absorption. They have the same dosage and frequency of administration as olanzapine coated tablets. Olanzapine orodispersible tablets may be used as an alternative to olanzapine coated tablets.

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. **Pharmacodynamics:** Olanzapine was associated with significantly greater improvements in both negative and positive symptoms of schizophrenia than placebo or comparator in most studies. **Dosage and Administration:** 10mg/day orally, as a single dose, without regard to meals. Dosage may subsequently be adjusted within the range of 5-20mg daily. An increase to a dose greater than the routine therapeutic dose of 10mg/day is recommended only after clinical assessment. **Children:** Not recommended under 18 years of age. **The elderly:** A lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Renal and/or hepatic impairment:** A lower starting dose (5mg) should be considered in moderate hepatic insufficiency, the starting dose should be 5mg, and only increased with caution. 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 of narrow-angle glaucoma. **Warnings and Special Precautions:** Hyperglycaemia or exacerbation of pre-existing diabetes occasionally associated with ketacidosis or coma has been reported very rarely, including some fatal cases. In some cases, a prior increase in body weight has been reported, which may be a predisposing factor. Appropriate clinical monitoring is advisable in diabetic patients and in patients with risk factors for the development of diabetes mellitus. Caution in patients with prostatic hypertrophy or paralytic ileus and related conditions. During antipsychotic treatment, improvement in the patient's clinical condition may take several days to some weeks. Patients should be closely monitored during this period. **Phenylethylamine:** Zyprexa Velotabs contain aspartame, which is a source of phenylethylamine. Sodium methyl parahydroxybenzoate and sodium propyl parahydroxybenzoate: Zyprexa Velotabs contain these preservatives, which are known to cause urticaria. Generally, delayed type reactions such as contact dermatitis may occur, but rarely immediate reactions with bronchospasm may occur. 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. In cases where hepatitis has been diagnosed, olanzapine treatment should be discontinued. 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 hypersensitization conditions or with myeloproliferative disease. Thirty-two patients with olanzapine-related neutropenia or agranulocytosis histories received olanzapine without decreases in baseline neutrophil counts. Rare cases reported as NMS have been received in association with olanzapine. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, all antipsychotic drugs, including olanzapine, must be discontinued. Caution in patients who have a history of seizures or are subject to factors which may lower the seizure threshold. 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 indirect dopamine agonists. Postural hypotension has been infrequently observed in the elderly. 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. Metabolism may be inhibited by fluvoxamine or other P450-1A2 inhibitors, and so a lower dose of olanzapine should be considered. **Pregnancy and Lactation:** Olanzapine had no teratogenic effects in animal studies. Because human experience is limited, olanzapine should be used in pregnancy only if the potential benefit justifies the potential risk to the fetus. 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 very common (>10%) undesirable effects associated with the use of olanzapine in clinical trials were somnolence, weight gain and, in Alzheimer's disease patients, abnormal gait. Common (1-10%) undesirable effects included dizziness, increased appetite, oedema, orthostatic hypotension and mild, transient anticholinergic effects, including constipation and dry mouth. Transient, asymptomatic elevations of hepatic transaminases, ALT, AST have been seen, especially in early treatment. Olanzapine-treated patients had a lower incidence of parkinsonism, akathisia and dystonia in trials compared with titrated doses of haloperidol. Non-fasting plasma glucose levels ≥11mmol/l (suggestive of diabetes) as well as non-fasting levels ≥8.9mmol/l but <11mmol/l (suggestive of hyperglycaemia) in patients with baseline non-fasting glucose levels ≤7.8mmol/l have been seen occasionally in clinical trials. Photosensitivity reaction and bradycardia, with or without hypotension or syncope, have been reported uncommonly (0.1-1.0%). Rash, hepatitis and pleurisy have been reported rarely (<0.1%). Seizures have been reported to occur rarely in patients treated with olanzapine. In most of these cases, a history of seizures or risk factors for seizures were reported. Plasma prolactin levels were sometimes elevated, but associated clinical manifestations were rare. In most patients, levels returned to normal ranges without cessation of treatment. Cases reported as NMS and cases of high creatine phosphokinase levels have been reported rarely. Haematological variations, such as leucopenia and thrombocytopenia, have been reported occasionally. **For further information see summary of product characteristics.**

Marketing Authorisation Numbers:
 EU/1/96/022/002 EU/1/96/022/004
 EU/1/96/022/006 EU/1/96/022/009
 EU/1/96/022/010 EU/1/99/125/001
 EU/1/99/125/002. **Date of Preparation or Last Review:** January 2001. **Full Prescribing Information is Available From:** Eli Lilly and Company Limited, Dextera Court, Chapel Hill, Basinstoke, Hampshire, RG21 5SY. Telephone: Basinstoke (01256) 315000 or Eli Lilly and Company (Ireland) Limited, 44 Bowdoin Place, Dublin 2, Republic of Ireland. Tel: Dublin 6614377. ZYPREXA[®] and VELOTAB[®] are Eli Lilly and Company limited trademarks. Reference: 1, Jones B et al. Schizophrenia Research 1999; 3(1-3): 183.
website: www.lilly.ie

going going gone

Orally
dispersible
tablet

placed in
the mouth,
starts dispersing
in about 15
seconds¹

disperses
completely
within one
minute¹

ZYPREXA[®] Velotab[™]

Orodispersible Tablets, Olanzapine

Zyprexa VeloTab is a new oral rapidly dispersing formulation of Zyprexa which offers greater ease of use and aims to enhance compliance.

Zyprexa VeloTab is especially suitable for patients with schizophrenia unable to take oral tablets.

Zyprexa VeloTab is available in 5mg and 10mg tablets.

Zyprexa is manufactured in Cork.