

# THORID Smooth, slow release of lithium carbonate for initial or (Lithium Carbonate, USP) maintenance treatment of mania associated with bipolar disorder

The following is a brief summary only. Before prescribing, see complete prescribing information in LITHOBID® Slow-Release Tablets product labeling.

## WARNING

Lithium toxicity is closely related to serum lithium levels, and can occur at doses close to therapeutic levels. Facilities for prompt and accurate serum lithium determinations should be available before initiating therapy (see DOSAGE AND ADMINISTRATION).

Lithium is indicated in the treatment of manic episodes of manic-depressive illness. Maintenance therapy prevents or diminishes the intensity of subsequent episodes in those manic-depressive patients with a history of ma

Typical symptoms: of mania include pressure of speech, motor hyperactivity, reduced need for sleep, flight of ideas, grandiosity, elation, poor judgment, aggressiveness, and possibly hostility. When given to a patient experiencing a manic episode, lithium may produce a normalization of symptomatology within 1 to 3 weeks.

Lithium should generally not be given to patients with significant renal or cardiovascular disease, severe debilitation, dehydration, sodium depletion, and to patients receiving diureties, or angiotensin converting enzyme (ACE) inhibitors since the risk of lithium toxicity is very high in such patients. If the psychiatric indication is life threatening, and if such a patient fails to respond to other measures, lithium treatment may be undertaken with extreme caution, including daily serum lithium determinations and adjustment to the usually low doses ordinarily tolerated by these individuals. In such instances, hospitalization is a necessity.

Chronic lithium therapy may be associated with diminution of renal concentrating ability, occasionally presenting as nephrogenic diabetes insipidus, with polyuria and polydipsia. Such patients should be carefully managed to avoid dehydration with resulting lithium retention and toxicity. This condition is usually reversible when lithium is discontinued. Morphologic changes with glomerular and interstitial fibrosis and nephron atrophy have been reported in patients on chronic lithium therapy. Morphologic changes have also been seen in manic-depressive patients never exposed to lithium. The relationship between renal function and morphologic changes and their association with lithium therapy have not been established.

Kidney function should be assessed prior to and during lithium therapy. Routine urinalysis and other tests may be used to evaluate tubular function (e.g., urine specific gravity or osmolality following a period of water deprivation or 24-hour urine volume) and glomerular function (e.g., serum creatinine or creatinine clearance). During lithium therapy, progressive or sudden changes in renal function, even within the normal range, indicate the need for reevaluation of treatment.

An encephalopathic syndrome (characterized by weakness, lethargy, fever, tremulousness and confusion, extrapyra-midal symptoms, leukocytosis, elevated serum enzymes, BUN and FBS) has occurred in a few patients treated with lithium plus a neuroleptic, most notably haloperidol. In some instances, the syndrome was followed by irreversible brain damage. Because of possible causal relationship between these events and the concomitant administration of lithium and neuroleptic drugs, patients receiving such combined therapy or patients with organic brain syndrome or other CNS impairment should be monitored closely for early evidence of neurologic toxicity and treatment discontinued promptly if such signs appear. This encephalopathic syndrome may be similar to or the same as Neuroleptic Malignant Syndrome (NMS).

Lithium toxicity is closely related to serum lithium concentrations and can occur at doses close to the therapeutic concentrations (see DOSAGE AND ADMINISTRATION).

Outpatients and their families should be warned that the patient must discontinue lithium therapy and contact his physician if such clinical signs of lithium toxicity as diarrhea, vomiting, tremor, mild ataxia, drowsiness, or muscular weakness occur.

Lithium may prolong the effects of neuromuscular blocking agents. Therefore, neuromuscular blocking agents should be given with caution to patients receiving lithium.

Usage in Pregnancy: Adverse effects on nidation in rats, embryo viability in mice, and metabolism in vitro of rat testis and human spermatozoa have been attributed to lithium, as have teratogenicity in submammalian species and cleft

In humans, lithium may cause fetal harm when administered to a pregnant woman. Data from lithium birth registries suggest an increase in cardiac and other anomalies, especially Ebstein's anomaly. If this drug is used in women of childbearing potential, or during pregnancy, or if a patient becomes pregnant while taking this drug, the patient should be apprised by their physician of the potential hazard to the fetus.

Usage in Nursing Mothers: Lithium is excreted in human milk. Nursing should not be undertaken during lithium therapy except in rare and unusual circumstances where, in the view of the physician, the potential benefits to the mother outweigh possible hazard to the child. Signs and symptoms of lithium toxicity such as hypertonia,

hypothermia, cyanosis and ECG changes have been reported in some infants. **Usage in Children:** Since the safety and effectiveness of lithium in children under 12 years of age has not been established, its use in such patients is not recommended at this time.

There has been a report of transient syndrome of acute dystonia and hyperreflexia occurring in a 15 kg child who ingested 300 mg of lithium carbonate.

The ability to tolerate lithium is greater during the acute manic phase and decreases when manic symptoms subside (see DOSAGE AND ADMINISTRATION).

The distribution space of lithium approximates that of total body water. Lithium is primarily excreted in urine with insignificant excretion in feces. Renal excretion of lithium is proportional to its plasma concentration. The elimination half-life of lithium is approximately 24 hours. Lithium decreases sodium reabsorption by the renal tubules which could lead to sodium depletion. Therefore, it is essential for the patient to maintain a normal diet, including salt, and an adequate fluid intake (2500-3500 mL) at least during the initial stabilization period. Decreased tolerance to lithium has been reported to ensue from protracted sweating or diarrhea and, if such occur, supplemental fluid and salt should be administered under careful medical supervision and lithium intake reduced or suspended until the condition is

In addition to sweating and diarrhea, concomitant infection with elevated temperatures may also necessitate a temporary reduction or cessation of medication.

Previously existing thyroid disorders do not necessarily constitute a contraindication to lithium treatment. Where hypothyroidism preexists, careful monitoring of thyroid function during lithium stabilization and maintenance allows for correction of changing thyroid parameters and/or adjustment of lithium doses, if any. If hypothyroidism occurs during lithium stabilization and maintenance, supplemental thyroid treatment may be used.

In general, the concomitant use of diureties or angiotensin converting enzyme (ACE) inhibitors with lithium carbonate should be avoided. In those cases where concomitant use is necessary extreme caution is advised since sodium loss from these drugs may reduce the renal clearance of lithium resulting in increased serum lithium concontrations with the risk of lithium toxicity. When such combinations are used, the lithium dosage may need to be decreased, and more frequent monitoring of lithium serum concentrations is recommended. See WARNINGS for additional caution information.

Concomitant administration of carbamazepine and lithium may increase the risk of neurotoxic side effects.

The following drugs can lower serum lithium concentrations by increasing urnary lithium excretion: acetazolamide, urea, xanthine preparations and alkalinizing agents such as sodium bicarbonate.

Concomitant extended use of iodide preparations, especially potassium iodide, with lithium may produce hypothy-

roidism. Indomethacin and piroxicam have been reported to significantly increase steady state serum lithium concentrations. In some cases lithium toxicity has resulted from such interactions. There is also some evidence that other nonsteroidal, anti-inflammatory agents may have a similar effect. When such combinations are used, increased serum lithium concentrations monitoring is recommended.

# LITHOBID\* (Lithium Carbonate, USP) Slow-Release Tablets, 300 mg

Concurrent use of calcium channel blocking agents with lithium may increase the risk of neurotoxicity in the form of ataxia, tremors, nausea, vomiting, diam'hea and/or tinitus. Concurrent use of metronidazile with lithium may provoke lithium toxicity due to reduced renal clearance. Patients receiving such combined therapy should be

Concurrent use of fluoxetine with lithium has resulted in both increased and decreased serum lithium concentrations. Patients receiving such combined therapy should be monitored closely

Lithium may impair mental and/or physical abilities. Patients should be cautioned about activities requiring alertness (e.g., operating vehicles or machinery).

Usage in Pregnancy: Pregnancy Category D (see WARNINGS),
Usage in Nursing Mothers: Because of the potential for serious adverse reactions in nursing infants from lithium, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the impor-tance of the drug to the mother (see WARNINGS).

Usage in Children: Safety and effectiveness in children below the age of 12 have not been established (see WARNINGS).

Usage in the Elderly: Elderly patients often require lower lithium dosages to achieve therapeutic serum concentrations. They may also exhibit adverse reactions at serum concentrations ordinarily tolerated by younger patients. Additionally, patients with renal impairment may also require lower lithium doses (see WARNINGS).

# ADVERSE REACTIONS:

The occurrence and severity of adverse reactions are generally directly related to serum lithium concentrations and to individual patient sensitivity to lithium. They generally occur more frequently and with greater severity at higher

Adverse reactions may be encountered at serum lithium concentrations below 1.5 mEq/L. Mild to moderate adverse reactions may occur at concentrations from 1.5-2.5 mEq/L, and moderate to severe reactions may be seen at concentrations from 2.0 mEa/L and above.

Fine hand tremor, polyuria and mild thirst may occur during initial therapy for the acute manic phase, and may persist throughout treatment. Transient and mild nausea and general discomfort may also appear during the first fe days of lithium administration

These side effects usually subside with continued treatment or with a temporary reduction or cessation of dosage If persistent, a cessation of lithium therapy may be required. Diarrhea, vomiting, drowsiness, muscular weakness and lack of coordination may be early signs of lithium intoxication, and can occur at lithium concentrations below 2.0 mEq/L. At higher concentrations giddliness, ataxia, blurred vision, tinnitus and a large output of dilute urine may be seen. Serum lithium concentrations above 3.0 mEq/L may produce a complex clinical picture involving multiple organs and organ systems. Serum lithium concentrations should not be permitted to exceed 2.0 mEq/L during the acute treatment phase.

The following reactions have been reported and appear to be related to serum lithium concentrations, including concentrations within the therapeutic range:

Central Nervous System: tremor, muscle hyperirritability (fasiculations, twitching, clonic movements of whole limbs), hypertonicity, ataxia, choreoathetotic movements, hyperactive deep tendon reflex, extrapyramidal symptoms including acute dystonia, cogwheel rigidity, blackout spells, epileptiform seizures, slurred speech, dizziness, vertigo, downbeat rystagmus, incontinence of urine or feces, sommolence, psychomotor retardation, restlessess, confusion, stupor, coma, tongue movements, tics, tinnitus, hallucinations, poor memory, slowed intellectual functions startled response, worsening of organic terain syndromes. Cases of Pseudotumor Cerebri (increased intracranial pressure, and papilledema) have been reported with lithium use. If undetected, this condition may result in enlargement of the blind spot, constriction of visual fields and eventual blindness due to optic atrophy. Lithium should be discontinued, if clinically possible, if this syndrome occurs. Cardiovascular: cardiac arrhythmia, hypotension, peripheral circulatory collapse, bradycardia, sinus node dysfunction with severe bradycardia (which may result in syncope); eral circulatory collapse, bradycardia, sinus node dysfunction with severe bradycardia (which may result in syncope);

Gastrointestinal: anorexia, nauesa, vomiting, diarrhea, gastritis, sailvang gland swelling, abdominal pain, excessive salivation, flatulence, indigestion; Genitourinary: glycosuria, decreased creatinine clearance, albuminuria, oliguria, and symptoms of nephrogenic diabetes insipidus including polyuria, thirst and polydipsia; Dermatologic: chying and thinning of hair, alopecia, anesthesia of skin, acne, chronic folliculitis, xerosis cutis, psoriasis or its exacerbation, generalized pruritus with or without rash, cutaneous ulcers, angioedema; Autonomic Nervous System: blurred vision, dry mouth, impotence/sexual dysfunction; Thyroid Abnormalities: euthyroid gotter and/or hypothyroidsid (including myxedema) accompanied by lower T<sub>3</sub> and T<sub>1</sub>. "31 folionie uptake may be elevated (see PECAUTIONS). Paradoxically, rare cases of hyperthyroidism have been reported. EEG Changes: diffuse slowing, widening of frequency spectrum, potentiation and disorganization of background rhythm. EKG Changes: reversible flattening, isoelectricity or inversion of T-waves. Miscellaneous: Fatigue, lettrargy, transient scotomata, exprhatimos, dehydration, weight loss, leucocytosis, headache, transient hyperglycemia, hypercalcemia, hyperparathyroidism, albuminuria, excessive weight gain, edematous swelling of ankles or wirsts, metallic taste, dysgeusia/taste distortion, salty taste, thirst, swollen lips, tightness in chest, swollen and/or painful joints, fever, polyarthratigia, and dental caries. salty taste, thirst, swollen lips, tightness in chest, swollen and/or painful joints, fever, polyarthralgia, and dental caries. Some reports of nephrogenic diabetes insipidus, hyperparathyroidism and hypothyroidism which persist after lithium discontinuation have been received.

A few reports have been received of the development of painful discoloration of fingers and toes and coldness of the extremities within one day of starting lithium treatment. The mechanism through which these symptoms (resembling Raynaud's Syndrome) developed is not known. Recovery followed discontinuance.

# OVERDOSAGE:

The toxic concentrations for lithium (≥1.5 mEq/L) are close to the therapeutic concentrations (0.6-1.2 mEq/L). It is therefore important that patients and their families be cautioned to watch for early toxic symptoms and to discontinue the drug and inform the physician should they occur. (Toxic symptoms are listed in detail under ADVERSE

Treatment: No specific antidote for lithium poisoning is known. Treatment is supportive. Early symptoms of lithium toxicity can usually be treated by reduction or cessation of dosage of the drug and resumption of the treatment at a lower dose after 24 to 48 hours. In severe cases of lithium poisoning, the first and foremost goal of treatment consists of elimination of this ion from the patient.

Treatment is essentially the same as that used in barbiturate poisoning: 1) gastric lavage, 2) correction of fluid and electrolyte imbalance and 3) regulation of kidney functioning. Urea, mannitol, and aminophylline all produce significant increases in littimum excretion. Hemodialysis is an effective and rapid means of removing the ion from the severely toxic patient. However, patient recovery may be slow.

Infection prophylaxis, regular chest X-rays, and preservation of adequate respiration are essential

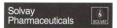
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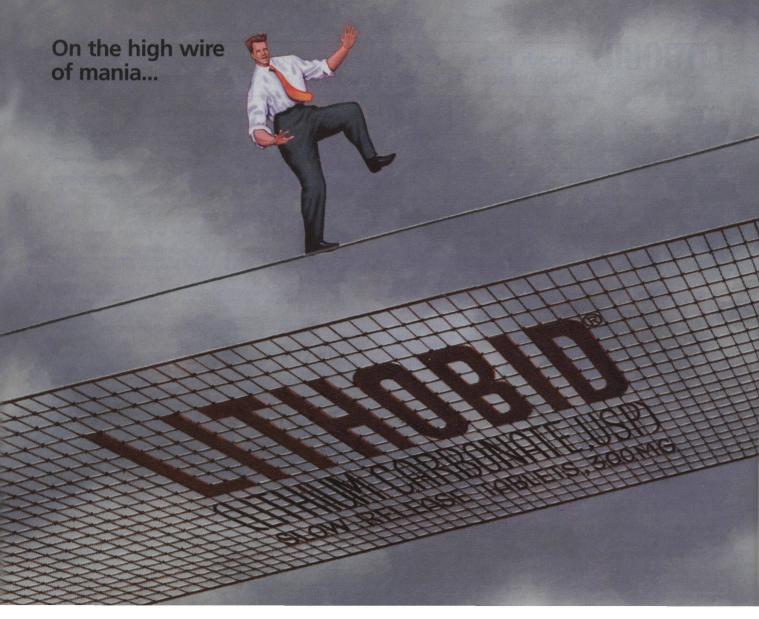
Marietta, GA 30062

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# FOR A SAFE, SMOOTH RETURN TO A MORE NORMAL LIFE...

# Smooth, slow release of lithium carbonate for initial or maintenance treatment of mania associated with bipolar disorder

- Smoother blood levels may reduce side effects<sup>1,2</sup>
  - Helps minimize peak-to-trough variations in serum lithium concentrations
  - —Common side effects that may occur during initial therapy include fine hand tremor, polyuria, mild thirst, and transient and mild nausea. These side effects usually subside with continued treatment, temporary reduction of dosage, or cessation.
- Interchangeable with immediate-release lithium preparations on a mg-to-mg basis 1-4 https://doi.org/10.1017/S1092852900001723 Published online by Cambridge University Press

- Film-coated tablets eliminate metallic taste concerns
- B.I.D. convenience may enhance patient compliance



WARNING: Lithium toxicity is closely related to serum lithium levels, and can occur at doses close to therapeutic levels. Facilities for prompt and accurate serum lithium determinations should be available before initiating therapy.

Please see brief summary of prescribing information on adjacent page.

# LUVOX® (fluvoxamine maleate) Tablets

Brief Summary (For full Prescribing Information refer to package insert.)

LUVOX labels are indicated for the treatment of obsessions and compulsions in patients with Obsessive Compulsive Disorder (OCD), as defined in the DSM-IHR. The obsessions or compulsions cause mosted distress, we time-concurring, a significantly interfere with social or occupational functioning. The efficacy of LUVOX Tablets was established in two 10-week thick with obsessive compulsive outpointers with the disposs of Obsessive Compulsive Disorder defined in DSM-IHR. Obsessive Compulsive Disorder isotropic for the control from the control for the control for

## CONTRAINDICATIONS

Co-administration of terfenadine, astemizale, or cisapride with LUVOX Tablets is contraindicated (see WARNINGS and PRECAUTIONS). LUVOX Tablets are contraindicated in actients with a history of hypersensitivity to fluvoxar

WARNINGS

Potential for Interaction with Menoamina Oxidase Inhibitors. In patients receiving another serotonin reuptake inhibitor drug in combination with monoamine oxidase Inhibitors (MAOI), there have been reports of serious, sometimes fortal, reactions including hyperthermia, rigidity, myadones, autonomic instability with possible rapid fluctuations of vital signs, and mental status changes that include exherce agistation progressing to delibrate and come. These reactions have also been reported in patients who have discontinued first drug and have been started on a MAOI. Series cases presented with features resembling neurolopit; malignent syndroms. Therefore, it is recommended that LUVOX Kables not be used in combinations with a MAOI, or within 14 days of discontinuing interment with a MAOI. After stopping LUVOX Kables, at least 2 weeks should be allowed before starting or MAOI.

Potential Verleandine, Astemicule, and Casaptele Interactions. Referendaine, astemizole, and disaptride or all methodized by the cytochorus processiting is increased plasma concentrations of parent drug. Increased plasma concentrations contentrations of parent drug. Increased plasma concentrations, and disaptride cases OI prolongation and tersades de poleties-type ventricates teachycardia, sometimes first. As noted below, a substantial pharmacocinentic interaction as been absented for fluvoxamine in combinations with alpharmacocinentic interaction as been absented of fluvoxamine in combinations with alpharmacocinentic interactions of parent drug. Increased plasma concentrations of parent drug. Although it less not been definitively demonstrated that fluvoxamine is a potent IIIAA inhibitor, it is likely to be provided by the IIIAA lepharmacocinentic interactions of fluvoxamine with alpharmacocinentic interactions of fluvoxamine with alpharmacocinentic interactions. Although it is substantial interactions. Consequently, it is recommended that fluvoxamine not be used in combination with aither terionodine, astemizable by discussionin

be test with Could Teckner the Ederbick of the early size. Next yol or elabore by involvante: The Couldwards is related to the Contract of the Country of th and anticoagulants and LUVOX Tablets should have their profinombin time monitored and their anticoagulant dose adjusted accordingly. No dosage adjustment is required

## PRECAUTIONS

General Activation of Mania, / Hypomemie: During premarking studies involving primarily degreesed patients, hypomonic or monio occurred in approximately 1% of potients recard with fluoroamine. Activation of mania, /hypomonia has also been reported in a small proportion of patients with major diffective disade: who were hearted with other marketed and degreessers. As with all antidepressorms. But Will Kladders should be used controody in patients with a history of mania. Seizures: During premarketing studies, seizures were reported in 0.2% of fluoroamine-incord patients. BUVIX faileds should be used controody in patients with a listory of secruse. It has had be discontinued in any patient who develops secretics. Seizide: The possibility of a suicide entempt is thereon in patients with depressey suppross, whether these occur in primary degreesson of in association with another parimary disorder such as 0.0 Coes appearation of high ask potients should accompany wind of long therapy. Prescriptions for IUVIX faileds should be written for the sendors (author). In patients with controllar lithness: Coesty monitored clinical experience with UVIX faileds in patients with concentrated lithness: Coesty monitored clinical experience with UVIX faileds in patients with concentrate lithness: Coesty monitored direct appearance with UVIX faileds in patients with concentrate patients. Courton is obvised in ordinated-ing IUVIX faileds in patients with a controllar lithness: Coesty monitored direct patients with concentrated patients. Courton is obvised in ordinated-ing IUVIX faileds in patients with a count in a patient of the electrocordinated patients with controllar lithness. Control in patients with a creant history of myocardial infanction or unstable learl disease. Patients with the patients of the point patients with a point patient with the patients of the patients with a patient patient with the patients of the patients with a patient patient with the patient of the patients with a patient patient with the patient of the

# Laboratory Tests

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## **Nursing Mothers**

As for many other drugs, flavouranine is secreted in human breast milk. The decision of whether to discontinue russing or to discontinue the drug should take into occount the potential for serious adverse effects from exposure to flavouranine in the nursing infant as well as the potential benefits of LUVIXI<sup>NI</sup> Tables theropy to the monther. Pediatric Use

Safety and effectiveness of LUVOX Tablets in individuals below 18 years of age have not been established Geriatric Use

Approximately 230 patients puricipating in controlled premarketing studies with LUYOX Tablets were 65 years of age or over. No overall differences in safety were observed Approximately 200 plants any suggest principality in continuous plantaneous possess with core violenties about 50% and 50% of the continuous plantaneous plantaneous plantaneous propose between the elderly and younger potents. However, the clearance of fluvoxomine is decreased by about 50% in elderly compared to younger potents and greater sensitivity of some older individuals also connot be ruled out Consequently, LLWOX Tobles should be slowly fittaled during initiation of therapy.

# **ADVERSE REACTIONS**

Associated with Discontinuation of Treatment — Of the 1087 OCD and depressed patients treated with Revocamine maleate in controlled clinical trials conducted in North America 27% discontinuation and considered to be drug relatea in norm memory, 27% accommons recinition use to un universe event. The most contract events 12.1% accommon and accommon on contract events and disperse, order of the charge incommon, nervourses, dezines, option, onciety, and dry morth.

Incidence in Controlled Trials - Commonly Observed Advarse Events in Controlled Clinical Trials:

Incidence in Controlled Trials - Commonly Observed Adverse Events in Controlled Clinical Irials:

UNDX fibries have been studied in controlled miss of COD 19–320 and depression (N=1350). In general, otherse event rates were similar in the two data sets. The most commonly observed adverse events associated with the use of UNDX fibries and likely to be drug-peland (incidence of 5% or general and least twice that of both of the observed adverse events associated with the use of UNDX fibries and likely to be drug-peland (incidence of 5% or general and least twice that of both of the observed adverse events associated with the use of UNDX fibries in mission of the secretary and seating. In a pool of two studies involving only portents with COD, the following additional events were identified using the observed rule: day mouth, deverseed libido, unionly fibries and state pervention. Adverse Events Occarring at an Incidence of 15%: fibre 2 enumerates orderse events that course of the observed of 1% or more, and were most frequent than in the placeta group, and an incidence of 15%: fibre 2 enumerates orderse events that course of the observed of the observed of the course of the course of the observed observed on unique of generally 100 to 300 may fibre. This though of the observed of the observed observe

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between Novocrame Insured and placebo.

Laboratory Changes

Comparisons of fluvocramine malecate and placebo groups in separate pools of short-term OCD and depression trials on (1) median change from baseline on various serum chemistry, hemanology, and uninalysis variables and on (2) incidence of potients meeting cities for potentially important changes from baseline on various serum chemistry, hemanology, and uninalysis variables revealed no important differences between fluvoxomine molecule and placebo.

Comparisons of fluvoxumine maleate and placeto groups in separate pools of short-term OCD and deviession trials on (1)) mean change from baseline on various ECG variables and on (2) incidence of patients meeting criteria for patentially important changes from baseline on various ECG variables revealed no important differences between leate and placebo

able 2: TREATMENT-EMERGENT ADVERSE EVENT INCIDENCE RATES BY BODY SYSTEM IN OCD AND DEPRESSION POPULATIONS COM-Table 2: TREATMENT-EMERGENT ADVERSE EVENT INCIDENCE RATES BY BODY SYSTEM IN OCO AND DEPRESSION POPULATIONS COMBINDD' (Succession is s, placebo by portion-speciatrogue): DODY AS WHOLE: Headouther (2x s, 20); Authoria (14 s, 6); Ib Syndrome (3x s, 2); Bible (2x s, 1).

CARDIOVASCILLAR: Polymoring (3x s, 2). DIGESTIVE SYSTEM: Nouses (40 x, 14); Dianhor (11 x, 7); Consignation (10 x, 8); Expression (10 x, 5);

Retreated (5x s, 2); Verniting (5x x, 2); Fondence (4x s, 3); Tools (19 x, 6); Element (5x s, 1); Anniely (5x s, 3); Expression (2x s, 1); Expression (3x s, 1); Anniely (5x s, 3); Even (3x s, 1); Expression (3x x, 1); Anniely (5x s, 2); Verodiother (3x s, 2); Verodiother (3x s, 2); V

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Other Events Observed During the Preventating Evoluction of LUVOX Teblets
During premarketing dirical thats canducted in North America and Europe, multiple doses of flavoxamine molecule were administered for a combined total of 2732 patient exposures in patients suffering OCO or Molp Depressive Broade. Unbound events associated with this exposure were recorded by chiral investigators using descriptive herminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of individuols experiencing observe events without appropriate properties of individuols experiencing observe events without propriate ground COSTAPT based Dictionary terminology has been used to dossly reported colverse events. If the COSTAPT learn for an event was so general as to be uniformative, it was replaced with none informative herm. The temperature proported colverse events. If the COSTAPT learn for an event was so general as to be uniformative, it was replaced with none informative herm. The temperature proported colverse events. If the COSTAPT learn for an event was so general as to be uniformative, it was replaced with none informative herm. The temperature was experienced an event of the hype cited on of least one exception was experienced in event of the hype cited on of least one exception was experienced in event of the hype cited on of least one exception was experienced in event of the hype cited on of least one exception was experienced in event of the hype cited on of least one exception was experienced in event of the hype cited on of least one exception was experienced in event of the hype cited on of depression divided on the experience of a event of the hype cited on of least one exception in the event of the hype cited on of least one exception in the event of the hyp syncipe, motyvariae, mangemen crigaria pectoria, motyvariae, comprovation, commontaria, mangemen crigaria pectoria, motyvariae, motyvariae

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Now-US Postmarkerting Reports

Voluntary reports of adverse events in potents taking LUVOX Tables that have been received since marker introduction and are of unknown cousel relationship to LUVOX Tables that have been received since marker introduction and are of unknown cousel relationship to LUVOX Tables us include: toxic epideman inecopies, Stevens-fahroon syndrome, Hemacht-Scheenlein pagnan, hallous emplois, pringsom, agranulacytesis, securipathy, splicitat are-mia, anaphylactic receition, hypomateria, oue renal faults, even devere akinesis with fever when flavozomine was co-administered with antisystychic medication. CAUTION: Federal law prohibits dispensing without prescription.

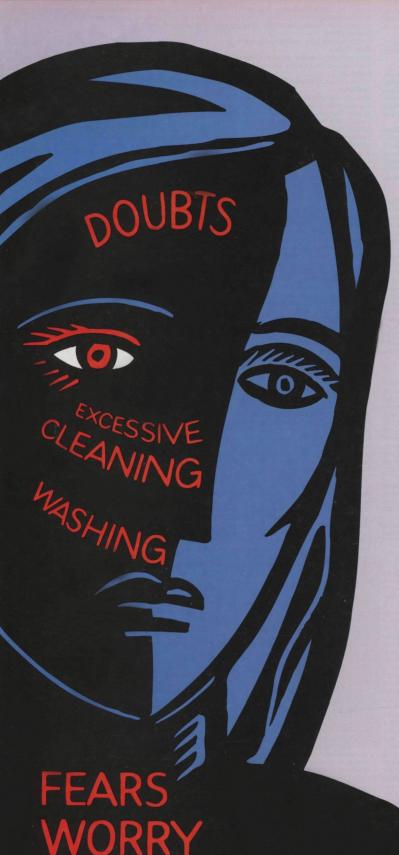
4E1252 Rev 9/95 Reference: 1. Data on file. Solvay Pharmaceuticals. Inc



Solvav **Pharmaceuticals** 

USJ4663.00

# ESTABLISHED THERAPY FOR OCD



# EFFECTIVE CONTROL OF OBSESSIONS AND COMPULSIONS<sup>1\*</sup>

**LOW INCIDENCE OF AGITATION** (2% *vs* 1% for placebo)<sup>1</sup>

# LOW INCIDENCE OF SEXUAL DYSFUNCTION

LUVOX® Tablets vs placebo<sup>†</sup>: decreased libido 2% vs 1%; delayed ejaculation 8% vs 1%; anorgasmia 2% vs 0%; impotence 2% vs 1%

# **FAVORABLE SAFETY PROFILE**

- ❖ Relatively low incidence of anticholinergic side effects in controlled trials of OCD and depression, LUVOX® Tablets vs placebo¹: dizziness 11% vs 6%; constipation 10% vs 8%; dry mouth 14% vs 10%
- ❖ The most commonly observed adverse events compared to placebo were somnolence 22% vs 8%, insomnia 21% vs 10%, nervousness 12% vs 5%, nausea 40% vs 14%, abnormal ejaculation 8% vs 1%, asthenia 14% vs 6%¹
- Concomitant use of LUVOX® Tablets and monoamine oxidase inhibitors is not recommended¹

# **FLEXIBLE DOSING**

Initial Dose: 50 mg once a day HS Dose Range: 100 to 300 mg/day

# **COMPREHENSIVE SAFETY DATABASE**

(Worldwide Exposure for Reporting Overdose<sup>‡</sup>)<sup>1</sup>

- Data from 40 countries
- Over 12 million patients treated
- ♦ More than 37,000 patients studied in clinical trials

# fluvoxamine maleate 50 mg & 100 mg SCORED TABLETS

# A SELECTIVE SEROTONIN REUPTAKE INHIBITOR

\*Effectiveness not established beyond 10 weeks in controlled trials.

†Parameters occurring ≥ 1% with fluvoxamine maleate.

‡Prescribers should write the smallest tablet quantity consistent with good patient management to reduce overdose risk.

\*Please see brief summary of prescribing information on adjacent page.