NUNCATIONS AND USAGE: Bipolar Mania: SEROOUEL is indicated for the treatment of acute manic episode associated with bipolar i disorder, as either monotherapy or adjunct therapy to lithium or divaproex. The efficacy of SEROOUEL in acute bipolar mania was established in two 12-week monotherapy trials and one 3-week adjunct therapy trial of bipolar i patients initially hospitalized for up to 7 days for acute mania. Effectiveness has not been systematically evaluated in clinical trials for up to 7 days for acute mania. Effectiveness has not been systematically evaluated in clinical trials for more than 12 weeks in monotherapy and 3 weeks in adjunct therapy. Therefore, the physician who elects to use SERODUEL for extended periods should periodically revailate the long-term risks and beents of the englished for the individual patient. Subtrapplications: SERODUEL is in violated for the readmaint of softcaptenia. The efficacy of SERODUEL in softcaptioneria was exablished in short-term (6-week) controlled traits of schapptnenic ingainess. The effectiveness of SERODUEL in inon-term use, that is, for more than 6 weeks has not been systematically evaluated in controlled traits. Therefore, the physi-cian who elects to use SERODUEL to extended periods should periodically re-evaluate the long-term setulations of the drug for the individual patient.

CONTRAINDICATIONS: SEROQUEL is contraindicated in individuals with a known hypersensitivity to

usetuless of the drug for the individal patient. **CONTRAINDICATIONS:** SEROQUEL is contraindicated in individuals with a known hypersensitivity to this medication on any of its ingredients. **WARNIDS:** Neurolepite Matignant Syndrome (NMS): A potentially fatal symptom complex some-times referred to a NMS has been reported in association with administration of antipsychotic drugs. including SEROULEL Rare cases of NMS have been reported with SEROULEL. Clinical manifesta-tions of MMS are hyperprexia, muscle rigidity, attered metal status, and evidence of autonomic instability. See full Prescribing information for more information on the manifestations, diagnosis and management of MNS. If a patient requires antipsychotic drug trainment faiter recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be car-potential reintroduction of drug therapy should be carefully considered. The patient should be car-potential reintroduction of drug therapy should be carefully considered. The patient should be car-potential reintroduction of drug therapy should be carefully considered. The patient should be car-potential reintroduction of the should be carefully considered. The patient should be care-potential in the potential to cause tardwe dyskinesia is unknown. Theirs of developing tardwe dyskinesia and the likelihood that it will becare the patient method the dispectively of traiter dyskinesia and the likelihood that it will becare the syndrome so the patient is with drawn. Antipsycholic traitment, their hereby may possibly mak the undertying process. The signs and the syndrome and thereby may possibly mak the undertying process. The signs and variable of syndrome may end the syndrome may thereby provide traiters that the syndrome is unitively of traiter dyskinesia. Chronic antipsycholic traitment is build generally be preserved to traiter bystynesis the syndrome may thereby may suppress (or patially suppress) the signs and traiter dyskinesia

inclung polytipse, polyrap, polytapa, and wakness. Patents who develop symptoms of hyper-phycerna during treatment with applical antipscholic should incered patient gespte discontinued: however, some cases, hyperglycenia has resolved when the applical antipsycholic was discontinued: however, some applients required continuation of anti-alabelic treatment despte discontinuation of anti-special control of the suspect of the application of the suspect of the application of the suspect of ng. PRECENTORS: Ceneral: Orthostile Hypetension: SEROULEL may induce orthostatic hypetension associated with diziness, tarhyzardia and, in some patients, syncope, especially during the initial dose-trittation period, protably reflecting 15 c., adrenergic antagonis torporteriles. Syncope was report-ed in 1% (23/257) on attive control of ups. SEROULEL, hould be used with particular caution in patients with incover cardiovascular disease control torus. SEROULE should be used with particular caution in patients with incover cardiovascular disease control torus servers of association schedule is application physicolemical and treatment with antihypertensive medications). The risk of orthostatic hypotension occurs during tratation to the application of caracity associations between the association with guellapine treatment in chronic dig studies. Less changes have also been beered in patients during long-terms SEROULE I tratament, but carassi reliations by the SEROULEL use has not been established. Nevertheless, the possibility of lenticar changes can-tob escurade at this time. Therefore, examination of the size treatment with the rest with stratic orthogen and the size of the size schedule caracity of adjustices to develoc target to the size to the size of the size caracity in patients with the size of the size stratic to the size of the size

Service: (unreading transmission) and mortakly in detary patients, in particular those with avakaned Alphener's dementia, SERVICEL and other antipsycholic drugs should be used a strain to avakaned Alphener's dementia, SERVICEL and other antipsycholic drugs should be used a strain to avakaned Alphener's dementia, SERVICEL and other antipsycholic drugs should be used and the strain of the strain strain of the strain of t dose, slower titration, and careful monitoring during the initial dosing period in the elderly. The mean plasma clearance of SEROQUEL was reduced by 30% to 50% in elderly patients when compared to

plasma clearance of SEROULEL was reduced by 30% to 50% in eliderly patients when compared to younger patients. ADVERSE REACTIONS: The information below is derived from a clinical trial database for SEROULEL consisting of over 3000 patients. Of these approximately 3000 subjects approximately 2000 (2000 in schizophrenia and 406 in acute bipolar mana) were patients who participated in multiple dose effec-tiveness trials, and their experience corresponded to approximately 91A spletni-years. Refer to the full Prescribing Information for details of adverse event data collection. Adverse Findings Deserved in Short-Term, Placebo-Controlled Triats. Bipolar Mania: Overall, discontinuation of the adverse event data collection. Adverse Findings Deserved in Short-Term, Via Controlled Triats. Splorar Mania: Overall, discontinuation of the adverse event data collection. Adverse Findings Deserved discontinuation due to adverse events (4% or SEROULEL v. 3%) for placebo and Hypotension were considered to be urg related (ege PERCAUTIONS). Somnione on 20% vs 0% for placebo and Hypotension 0.4% vs 0% for placebo. Adverse Events Geurring at an incidence of 1% or More Among SEROULEL vs. 5% of makebo and the observed themaps of schizophrena (up to 8 weeks) and bipolar mania diverse events that occurred during acute threapy of schizophrena (up to 8 weeks) and bipolar mania to placebo. Adverse Events Geurring at an incidence of 1% or More Among SEROULE 4000 mg/day) where the incidence in patients treated with SEROUCE (vass grapter than the incidence in placebo-treated during acute threapy of schizophrena (up to 8 weeks) and bipolar mania fromotherapy 1.8 were to the incidence in platents treated with SEROUCE (vass grapter than the incidence in placebo-treated during acute threapy of schizophrena (up to 8 weeks) and bipolar mania fromotherapy 1.8 bip as a Whole. Headoba, Plan, Astherea Longbaro, Unduring Data Hypersens (weight Gain. SGPT Increased. SGOT Increased: Networe Data and input, horoniting, Dyspapsia. Gastroe vounder natients

SECTODUCL[®] (quetiapine tumarate) tables studies, the most commony observed adverse events associated with the use of SENDUEL (incidence of SV, organer) and Oscanda at and on SENDUEL at last two that of placebover somethaneon (15%), dozenses (11%), dor, most (19%), constipation (15%), SSPT increased (5%), sight pari (5%), dozenses (ranking) (19%), constipation (15%), SSPT increased (5%), sight pari (5%), dozenses (ranking) (19%), or somethaneon (5%), SSPT increased (5%), somethaneon (15%), dozenses (ranking) (19%), constipation (15%), SSPT increased (5%), somethaneon (15%), dozenses (ranking) (19%), constipation (15%), SSPT increased, depression, dozenses, depression, darinta, extrapyramidial syndrome, hostility, hypertension, hypertensis, hoperses aperite, interfer, and userite (15%), somethaneon, Dictario Rass, hereit cardiovasesian: Pestural Hopotension; Digettive: Dyr Mouth, Constigation: Respirated, distributions: With the set of SSR (15%), dyr mouth (15%), somethaneon, Dictario Rass, hereit distributions: distribution, and nauses, Deen Degendency of Adverse Events in Statu-tensis, defenses as parelle interfersion and status, and hyperses, the interfersion and status of SROUELE (1000) and the set shate pacebox construction (15%), abdom-ing obmession (15%), dyr mouth (15%), abdom-distribution (15%), abdom-distribution (15%), abdom-ing obmession (15%), dyr mouth (15%), abdom-ing obmession (15%), dyr mouth (15%), abdom-d

and Steven Johnson syndrome (SUS). DRIG ABUSE AND DREPKDEVEC: controlled Substance Class: SER0QUEL is not a controlled sub-stance. **Physical and Psychologic dependence**. SER0QUEL has not been systematically studiet in animals or humans, for its potential for abuse, tolerance or physical dependence. While the clinical trials din ont reveal any tendency for any drug-seeking behavior, these observations were not systematic and its not possible to predict on the basis of this imited experimence the steriet to which a CNE-active drug will be misused, diverted, and/or abused once marketed. Consequently, patients should be evaluated cardfully for a history of drug abuse, and such patients should be observed loss-ly for signs of misuse or abuse of SEROQUEL, e.g., development of tolerance, increases in dose, drug-seeting Delayor.

ly for signs of misuse or abuse of SEROQUEL, e.g., development of tolerance, increases in dose, drug-seeking behavior. **OVERDOSADE:** Human experience: Experience with SEROQUEL (quetipatine fumarate) in acute overdocage variabilities in the incinci Iria database (6 reports) with estimated doses ranging from 1200 mg to 9600 mg and no fatalities. In general, reported signs and symptoms were those resulting them an exagerstation of the drugs known behaviorated overdose of 9600 mg, was associat-tech variation and rest degree heart tolock. In post-marking examines, there have been very rare reports of overdose of SEROQUEL alone resulting in death, coma or UTc prolongation. Management of Deverdoses: In case of acuto overdosage, establish and marital an a invey and ensure adequate oxygenation and not selected charace topether with a basine should be considered. The possibility of oblundation, seizure or dystonic reaction of the head and neck following overdose may rare reports and should entry is administered discovariable to expect that the align-administeria of additive 0T-prolongation. Terreta e a risk of additive 0T-prolonging effects when administered in patients with acute carryd mixer before all additive to those of quelagaine, resulting in prolonging to detect possible reported and of additive 0T-prolonging effects when administered Hypotension. There is no specific antitotat on SEROQUEL. There approprise usportive measures subord the instituted. The possibility of additive to those of quelagaine, resulting in prolitenal thypotension and sympathominetic agents (genephine and dogamine should nor be used, since ket stimulation may worsen hypotension in the sattle with agenorized as basine that using studies and/or sympathominetic agents (genephine and dogamine should hor be used, since ket stimulation may worsen hypotension in the sattle of quelagaine, resulting in prolitenas (Hypotension and sympathominetic agents (genephine and dogamine should hor be used, since ket stimulation may worsen

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https://doi.org/10.1017/S1092852900010129 Published online by Cambridge University Press

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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.

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, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.



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