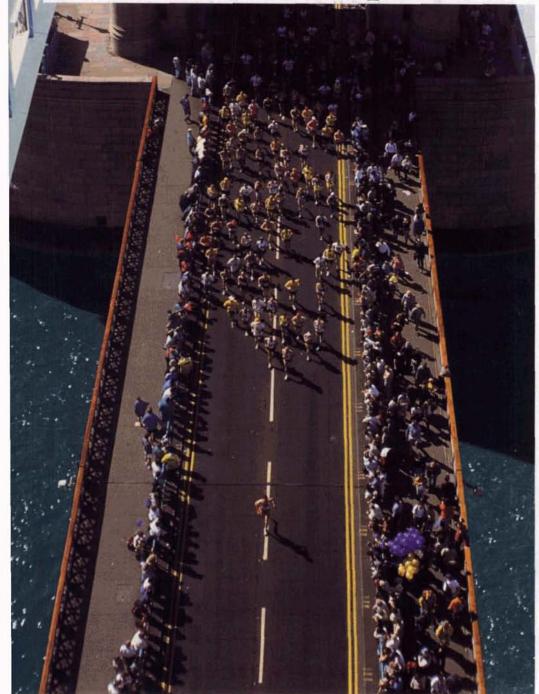
True leadership has to be earned.



ASSOCIATED ANXIETY

Prozac has a proven record of efficacy in depression, 1,2,3 with a confirmed indication in depression with or without associated anxiety symptoms.4

A possible reason why Prozac has earned its status around the world.



The World's No.1 prescribed antidepressant brand.¹

'PROZAC' ABBREVIATED PRESCRIBING INFORMATION (FLUOXETINE HYDROCHLORIDE)

Presentation Capsules containing 20mg or 60mg fluoxetine, as the hydrochloride. Liquid containing 20mg fluoxetine, as the hydrochloride, per 5ml syrup. USES Depression TREATMENT OF THE SYMPTOMS OF DEPRESSIVE ILLNESS. WITH OR WITHOUT ASSOCIATED ANXIETY

SYMPTOMS. Obsessive-computers disorder. Bulimia nervota: For the reduction of binge-eating and purging activity. Dosage and Administration (For Iull information; see data sheet.) For oral administration to adults only. Depression, with or without associated accider symptoms—adult and the cliderly. A dose of 20mg/day is recommended. Obsessive-compulsive disorder. 20mg/day is feometrically 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 major metabolite (average 9.3 days), active drug substance will major metabolite (average 9.3 days). Active drug substance will major metabolite (average 9.3 days). Active drug substance will major metabolite (average 9.3 days). Active drug substance will consider and liquid dosage forms are bioequivalent. Children: Not recommended. Patients with renal and/or hypatic dysfunction: See "Contra-indications" and "Prezautions" sections. Contra-indications Hypersensitivity to fluoverine. Protac should not be administered to patients with severe renal failure (GFR <10ml/tmin). Usage in marsing mothers: Prozac should not be

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 concomitant use or when fluoxetine had been recently discontinued and an MAOI started. Some cases presented with features resembling neuroleptic malignant syndronie. Warnings Rash and allergic reactions: Angioneurotic oedema, urticaria and other 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 in patients with develops seizures. 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, e.g. alternate day dosing is recommended in patients with significant hepatic dysfunction or mild to moderate renal failure (GFR 10-50mi/min). Caution is advisable when: Prozac is used in patients with stute cardiac disease. Prozac may cause weight loss which may be undesirable in underweight depressed patients. In diabetics, fluoxetine may alter glycamic control. There have been reports of abnormal bleeding in several patients, but causal relationship to

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 infirmation, see data shee: 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, pharyngiis, dyspnoea, pulmonary events including inflammatory processes and/or fibrosis), rash, urticaria, vasculitis, excessive sweating, arthralgia, myalgia, serum sickness, araphylactoid reactions, hair loss, sexual dysfunction. The following have been reported in association with fluoxetine but no causal relationship has been established aplastic anaemia, creibral vascular accident, confusion, ecchymoses, cosinophilic pneumonia, gastro-intestinal haemorrhage, hyperprolactinaemia, immune-related haemorlytic anaemia, pantreatitis, pancytopenia, solicidal

Hyponatraemia (including serum sodium below 110mmol/l) has been rarely reported. This appears to be reversible upon discontinuation. Overdosage on the evidence available, fluoxetine has a wide margin of safety in overdose. Since introduction, reports of death, attributed to overdosage of fluoxetine alone, have been extremely rare. One patient who reportedly sook 3000mg of fluoxetine experienced 2 grand mai seizures that remitted spontaneously. Legal Category POM Product Licence Numbers 3006/0197 3006/10198 3006/1022 Basic NHS Gost £20.77per pack of 30 capsules (20mg). £67.85 per pack of 98 capsules (20mg). £62.31 per pack of 98 capsules (60mg). £19.39 per 70ml bottle. Date of Preparation or Last Review October 1996. Full Prescribing Information is Available From Dists Products Limited. Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 55Y. Telephone: Basingstoke (01256) 52011

References:1. Data on file, Dista Products Ltd. 2. Tignol J. J. Clin Psychopharm 1993; 13 (6. suppl. 2): 185-225. 3. Bennie EH, Mullin JM, Martindale JJ. J. Clin Psychiatry 1995; 56: 229-237. 4. Prorace Data Sheet 24M.

Date of preparation: May 1997

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