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AUTHOR GUIDELINES 2000

Introduction

CNS Spectrums is a peer-reviewed journal that publishes original scientific literature and reviews on a wide variety of neuroscientific topics of interest to the clinician. CNS Spectrums publishes 12 issues in 2000. As the immense prevalence of comorbid diseases among patients seen by psychiatrists and neurologists increases, these physicians will jointly diagnose and treat the neuropsychiatrically ill. Our mission is to provide these physicians with an editorial package that will enhance and increase their understanding of neuropsychiatry; therefore, manuscripts that address crossover issues germane to neurology and psychiatry will be given immediate priority.

Scope of Manuscripts

CNS Spectrums will consider the following types of articles for publication:

Original Reports: Original reports present methodologically sound original data.

Reviews: Reviews are overview articles that summarize and synthesize the literature on various topics in a scholarly and clinically relevant fashion. Suitable topics include mood disorders, schizophrenia and related disorders, personality disorders, substance-use disorders, anxiety disorders, neuroscience, psychosocial aspects of psychiatry, child psychiatry, geriatric psychiatry, and other topics of interest to clinicians. nb: Original flowcharts designed to aid the clinician in diagnosis and treatment will be considered for publication in reviews and are encouraged.

Case Reports: Single or multiple case reports will be considered for publication.

Letters to the Editor: Letters will be considered for publication.

Manuscript Submissions

General Information: Four copies of the manuscript should be submitted to Eric Hollander, editor (or in Europe to Joseph Zohar, international editor), c/o MBL Communications, Inc., 665 Broadway, Suite 805, New York, NY 10012; T: 212.328.0800, F: 212.328.0600. Authors are required to submit their manuscripts on computer disks. If possible, please provide them in MSWord, WordPerfect, or Word for Windows in either a Macintosh or IBM format. (Saving the file in a lower version, eg, MSWord 3.0, is also encouraged.) Disks should be labeled with the word-processing program, title of paper, and first author's name.

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Peer review: Authors should provide five names of particularly qualified potential reviewers with no conflict of interest in reviewing the work. Contact information, including complete

address, phone, fax numbers, e-mail address, and affiliations, should be included. The corresponding author will be notified by the editors when a decision regarding acceptance has been made. Accepted manuscripts and letters will be edited for clarity and style.

Manuscript Preparation

Length: Reviews should not exceed 20 manuscript pages (10,000 words). Original reports should not exceed 15–25 manuscript pages (6,250 words, maximum). Letters should not exceed 2–6 manuscript pages (1,500 words, maximum). Single case reports should not exceed 10–15 manuscript pages (3,750 words, maximum) and may be submitted with a photograph, if applicable. Diagnostic/treatment algorithms (see Reviews) should contain an extensive introduction, a flowchart or series of graphs that fill eight to 12 journal pages, and a concise summary.

Spacing: One space should be left after commas and periods. Manuscripts should also be double-spaced.

Abstract: Authors should provide a brief abstract.

References: American Medical Association style. See the following examples:

1. Jones J. Necrotizing Candida esophagitis. JAMA. 1980;244:2190-2191.

2. Stryer L. Biochemistry. 2nd ed. San Francisco, Calif: WH Freeman Co; 1980:559-596.

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- 2. Copies of permission letters to reproduce previously published and unpublished material
- 3. A brief abstract of article.
- 4. Two multiple-choice questions with answers
- Disk labeled with the word-processing program, title of paper, and first author's name
- 6. Names and addresses of five potential reviewers.

GUIDE TO DSM-IV AND ICD-10 CODES

Devention of the Alphaireay Time With Forth Oreat With Devention	DSM-IV	ICD-10
Dementia of the Alzheimer Type, With Early Onset With Depressed Mood Specify if: With Behavioral Disturbance	290.13	F00.03
Dementia of the Alzheimer's Type, With Late Onset With Depressed Mood Specify if: With Behavioral Disturbance	290.21	F00.13
Delirium Due to: Indicate General Medical Condition	293.0	F05.0
Psychotic Disorder Due to: Indicate General Medical Condition With Delusions	293.81	F06.2
With Hallucinations	293.82	F06.0
Mood Disorder Due to: Indicate General Medical Condition	293.83	F06
Anxiety Disorder Due to: Indicate General Medical Condition	293.89	F06.4
Amnestic Disorder Due to: Indicate General Medical Condition	294.0 294.8	F02.8 F03
Dementia NOS Amnestic Disorder NOS	294.8	R41.3
Schizophrenia	295	F20
Schizophrenia—Disorganized Type	295.10	F20.1
Schizophrenia—Catatonic Type	295.20	F20.2
Schizophrenia—Paranoid Type	295.30	F20.0
Schizophrenia—Residual Type	295.60	F20.5
Schizoaffective Disorder	295.70	F25
Schizophrenia—Undifferentiated Type	295.90	F20.3
Major Depressive Disorder	296 296	F32 F30
Bipolar I Disorder Bipolar Disorder NOS	296.80	F39
Bipolar II Disorder	296.80	F31.8
Mood Disorder NOS	296.90	F39
Psychotic Disorder NOS	298.9	F29
Autistic Disorder	299.00	F84
Asperger's Disorder	299.80	F84.5
Pervasive Developmental Disorder NOS	299.80	F84.9
Anxiety Disorder NOS	300.00	F41.9
Panic Disorder Without Agoraphobia	300.01	F41
Generalized Anxiety Disorder	300.02	F41.1
Dissociative Identity Disorder	300.14	F44.81
Dissociative Disorder NOS Factitious Disorder NOS	300.15 300.19	F68.1
Panic Disorder With Agoraphobia	300.19	F40.01
Agoraphobia Without History of Panic Disorder	300.22	F40
Social Phobia	000.22	300.23 F40.1
Specific Phobia	300.29	F40.2
Obsessive-Compulsive Disorder	300.3	F42.8
Dysthymic Disorder	300.4	F34.1
Depersonalization Disorder	300.6	F48.1
Body Dysmorphic Disorder	300.7	F45.2
Somatization Disorder	300.81	F45.
Somatoform Disorder NOS	300.81	F45.9
Cyclothymic Disorder Alcohol Dependence	301.13 303.90	F34 F10.2
Cocaine Dependence	304.20	F14.2
Cannabis Dependence	304.30	F12.2
Amphetamine Dependence	304.40	F15.2
Alcohol Abuse	305.00	F10.1
Cannabis Abuse	305.20	F12.1
Cocaine Abuse	305.60	F14.1
Amphetamine Abuse	305.70	F15.1
Stuttering	307.0	F98.5
Anorexia Nervosa	307.1	F50
Tic Disorder NOS Tourette Disorder	307.20 307.23	F95.9 F95.2
Primary Insomnia	307.23	F51.0
Primary Hypersomnia	307.42	F51.0
Sleepwalking Disorder	307.46	F51.3
Dyssomnia NOS	307.47	F51.9
Nightmare Disorder	307.47	F51.5
Parasomnia NOS	307.47	F51.8
Eating Disorder NOS	307.50	F50.9
Bulimia Nervosa	307.51	F50.2
Feeding Disorders of Infancy or Early Childhood	307.59	F98.2
Communication Disorder NOS	307.9	F80.9
Posttraumatic Stress Disorder Depressive Disorder NOS	309.81 311	F43.1 F32.9
mpulse-Control Disorder NOS	312.30	F63.9
Pathological Gambling	312.30	F63.0
Pyromania	312.33	F63.1
Kleptomania	312.34	F63.2
Trichotillomania	312.39	F63.3
Disruptive Behavior Disorder NOS	312.9	F91.9
Attention-Deficit/Hyperactivity Disorder, Combined Type	314.01	F90
Attention-Deficit/Hyperactivity Disorder NOS	314.9	F90.9
_earning Disorder NOS	315.9	F81.9
Developmental Coordination Disorder	315.4	F82
Narcolepsy Sleep Disorder Due to: Indicate General Medical Condition	347 780	G47.4 G47

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REFERENCE MATERIALS The Black Book of Psychotropic Dosing and Monitoring 1999 Guide to Psychotropic Drug Interactions	g 2000		

LUVOX * (fluvoxomine molecte) 25 mg TABLETS, 50 mg and 100 mg SCORED TABLETS Brief Summary (For full Prescribing Information and Patient Information, refer to package insert.)

INDICATIONS AND USAGE

LUYOX* Tablets are indicated for the treatment of obsessions and compulsions in adults and children and adolescents (ages 8-17) with Obsessive Compulsive Disorder (OCD), as defined in the DSM-HI-R.

CONTRAINDICATIONS

Coordinistration of terienadine, asternizale, cisapride, or pirnozide with LUVOX.** Tablets is contraindicated (see WARNINGS and PRECAUTIONS). LUVOX.** Tablets are contraindicated in patients with a history of hypersensitivity to fluvoxomine moleute.

patients receiving another serotonin reuptake inhibitor drug in combination with monoamine exidase inhibitors (MAOI), re have been reports of sarious, sometimes fatal, reactions. Some cases presented with features resembling neuroleptic lignent syndrome. Therefore, it is recommended that LUVOX "Doblets not be used in combination with a MAOI, or within days of discontinuing treatment with a MAOI. After stopping LUVOX" Tablets, at least 2 weeks should be allowed before 14 days of

starting a MAOI. Terfenadine, asten starting a MAUI. Terfenadine, etseptide, and pimezide are all metabolized by the cytochrome P450IIIA4 isozyme. Incressed plasma concentrations of terfenadine, estemizale, cisapride, and pimozide cause QT prelongation and have been associated with torsades de pointes-type ventriculer tockycardie, sometimes fotal. Although it has not been definitively demonstrated that fluvoxamine is a potent IIIA4 himbitor, it is likely to be. Consequently, it is recommended that fluvoxamine not be used in combination with either terfenadine, astemizale, cisapride, and pimozide.

fluvoxamine is a potent IIIAA Inhibitor, it is likely to be. Consequently, it is recommended that fluvoxamine not be used in combination with either terfenodine, astemizele, cleapride, and pimozide.

Other Potentially Important Drug Interactions. (Mos see PRECMITIONS - Drug Interactions). Benzadiazepines: Benzodiazepines metabolized by henotic coxidation (e.g., drozadom, pictoriom, pictoriom,

PRECAUTIONS

General

General

Activation of Mania/Mypomania: During premorketing studies involving primorily depressed politients, hypomonia or monia occurred in approximately 1% of potients tended with fluvoxamine. Activation of mania/hypomenia has also been reported in a small proportion of politients with major affective disorder who were treated with other marketed antidepressants. As with all antidepressants, LIVOX® Tables should be used continuely in potients with a history of monia. Selzureus: During premorketing studies, sezureus were reported in 0.2% of fluvoxamine-hereled potients. LIVOX® Tables should be used continuely in proprient who elegancy sezureus. Inducêt: The possibility of solicide thempositive control of the possibility of sezureus. It should be floored tenders in potients with depressive symptoms, whether these accur in primary depression or in association with nonther primary disorder such as 50.00. Close supervision of high risk potients management in order to reduce the risk of overdose. Use in Partients with Concomitant Illness: Closely manitred clinical experience with LIVOX® Tables in portients with concomitant systemic illness is limited. Custion is obvised in continuition from the primary depression or 10 will be propried to the control studies desired the produced premoration of the electrocordograms for potients with the created in potients with or recent history of myocardial infraction or unstable heart disease. Patients with these diagnoses were systematically excluded from many clinical studies during the product's premarketing lesting. Evoluation of the electrocordograms for primarits with depression or 10 War porticipated in premarkants studies exceeded on differences between throvamania end placebox in the menagence of clinically important ICG changes. In potients with bis initiation, fluvoxamine advance in the emengence of clinically important ICG changes. In potients with liver dysfunction during the initiation of treatment.

dystruction during the initiation of treatment.

Information for Patients: Physicians are advised to discuss the following issues with patients for whom they prescribe LUVOX® Toblets: Interference with Cognitive or Motor Parformance: Since any psychocitive drug may impair judgment, thinking, or metor skills, patients should be couldned about openting hazardous machinery, including automobiles, until they are carbin that LUVOX® Toblets therapy does not orderesy effect their ability to engage in such ordinies. Pregenency: Preferents should be edvised to notify their physicians in they are become pregnant during therapy with LUVOX® Toblets. Norsing Proteins receiving LUVOX® Toblets should be advised to notify their physicians if they are breast feeding on inform. Size PRECAUTIONS - Nursing Mothers). Concomitant Medicarbone: Polients should be advised to notify their physicians if they are toking, or plent toke, any prescription or over-the-counter drugs, since them is to potential for clinically important interactions with LUVOX Toblets. Albergir Reactions: Patients should be advised to notify their physicians if they are breast ending on informations and the properties of the propert

Laboratory Tests: There are no specific laboratory tests recommended.

Laboratory Tests: There have been creap especific laboratory tests recommended.

Drug Interactions: There have been creap estimateding reports describing patients with weakness, hyperreflexia, and incoordination following the use of selective serotain; respects inhibitor (SSR) and summitipion. If concernitant treatment with summitipator and SSRI (e.g., fluovetine, fluoveamine, paraccetine, sertroline) is clinically worranted, appropriate observation of the patient is obtissed. Patential interactions with drugs that inhibits or are Metabolized by Cytockrone P450 Isozymnes: Based on a finding of substantial interactions of fluoveamine with certain drugs and limited in with odult for the IIIIA Isozymine, inpasses that this known to be involved in the metabolism of drugs with as wardinin, theophylline and propromotal. A clinically significant fluoveamine inhibits sorpus that are known to be involved in the metabolism of drugs with as wardinin, theophylline, or pimozide, wardinin, theophylline, cretain bearcodiazepines and phenyton. If LIVOX* Toldets are to be administed request with a drug that is eliminated via oxidiative metabolism and has a nanow therapeutic window, plasma levels and/or pharmacodynamic effects of the latter drug should be monitored classly, all least until steedy-state conditions are reached. Please see complete prescribing information for recommendations regarding CNS drugs such as monocomine acidase inhibitors, approached, deception, floazepom, floazepom, fluorepom, floazepom, fluitum, typtophon, dozopine, alcohol, tricytic anticepoms, corbonazepine, methodone, and other drugs such as the nephylline, proponaled and other bete blockers, wardinin, digoxin, dilitezem. Effects of Sanoking on Fluorexamine Metabolisms: Smokars had a 25% increase in the metabolism of fluovoxamine compared to nonsmokers. Electroconvulsive Theory (ECT): There are no clinical studies establishing the benefits or risks of combined use of ECT and fluovoxamine maleate.

Carcheogenesis, Metabolisms, Impalarment of Fertility

Therapy (ECT): There are no clinical studies establishing the benefits or risks of combined use of ECT and fluvoxomine molecute.

Carcinogeneosis, Metageneosis, Impairment of Fertility
Carcinogeneosis: There is no evidence of carcinogenicity, mutagenicity or impairment of fertility with fluvoxomine molecute. There was no evidence of carcinogenicity in rats teacted orally with fluvoxomine molecute for 20 (femcles) or 26 (males) months. The daily doses in the high dose groups in these studies were increased over the course of the study from a minimum of 160 mg/kg to a maximum of 240 mg/kg in the study of the maximum human doily dose on a mg/m* basis. Mutageneosis: No evidence of mutagenic potential was observed in ormationautical state, an in vitro thoronome observation state, of the Ames minimal motabila introduce in the with or without metabolic carcinium. Impairment of Fertility: In fertility studies of male and female rats, up to 80 mg/kg/day orally of flovoxomine maleate (approximately 2 firms the maximum human doily dose on a mg/m* basis) had no effect on maining performance, duration of gestation, or pregnency rate.

Pregnancy

Frestogenik Effects: Pregnancy Category C in tentrology studies in ruts and rabbits, doily and doses of fluvoxamine malente of up to 80 and 40 mg/kg, respectively (approximately 2 times the maximum human daily dose on a mg/m² bosis) caused no fetal matformations. However, in other reproduction studies in which pregnant ruts were dosed through wearing there was 1/0 an increase in pure martially or birth (seen at 80 mg/kg and solve but not at 20 mg/kg), and (2) do servess in postmall by weights. (seen at 160 but not at 80 mg/kg) and solved (seen at 80 mg/kg) closed solves tested = 5 mg/kg). (Bosse of 5, 20, 80, and 160 mg/kg are approximately 0.1, 0.5, 2, and 4 times the maximum human daily dose on a mg/m² bosis.) and the serves of a cross-fostering study implied that at least some of these results by accurated secondarily to maternal toxicity, the role of a direct drug effect on the fluxes or purys could not be ruled out. These are no adequate and well-controlled studies in pregnant women. Fluvoxomine malente should be used during pregnancy only if the potential benefit justifies the potential firsk to the fetus.

Labor and Delivery: The effect of fluvoxomine on labor and delivery in humans is unknown.

Nursing Mothers: As for many other drugs, fluvoxomine is secreted in human breast milk. The decision of whether to discontinue nursing or to discontinue the drug should take into account the potential for senious adverse effects from exposure to fluvoxomine in the nursing infant as well as the potential benefits of LUYOX® (fluvoxamine maleate) Tablets therapy to the mother.

Pediatrik Use: The efficacy of fluvoxamine maleate for the freatment of Obsessive Compulsive Disorder was demonstrated in a 10-week multicenter placebo controlled study with 120 outpatients ages 8-17. The adverse event profile observed in that study was generally similar to that observed in adult studies with fluvoxamine (see ADVERSE REACTIONS).

Social and the second s

Gerlatric Use: Approximately 230 patients participating in controlled premarketing studies with LUVOX® Tablets were 65 years of age or over. No overall

differences in safety were observed between these patients and younger potients. Other reported clinical experience has not identified differences in response between the elderly and younger potients. However, fluorozamine has been associated with several cases of clinically significant hyponatremia in elderly potients (see PRECAUTIONS, General). Furthermore, the clearance of fluorozamine is decreased by about 50% in elderly compared to younger patients, and greater sensitivity of rme older individuals also cannot be ruled out. Consequently, LUVOX® Tablets should be slowly titrated during initiation of th

ADVERSE REACTIONS

Associated with Discontinuation of Treatment: Of the 1087 OCD and depressed patients treated with fluvoxamine maleate in controlled clinical

Associated with Discontinuation of Treatment: Of the 1087 OCD and depressed patients treated with fluvoxamine maleate in controlled chircle trials candidated in North America, 22% discontinued treatment due to an odverse event.

Incidence in Controlled Trials: Commonly Observed Adverse Events in Controlled Clinical Trials: LUVOX** Toblets have been studied in controlled trials: Controlled Priess. Commonly Observed Adverse Events in Controlled Clinical Trials: LUVOX** Toblets have been studied in controlled trials of OCD (N=320) and depression (N=1350). In general, obverse event totics were similar in the two data sets as well as in the pediatric OCD study. The most commonly observed adverse events associated with the use of LUVOX** Toblets and likely to be drug-related (incidence of 5% or greater and tellast vivice that for placebody derived from 1050 between two processes, tempor, associates, anexaments, as the processes, and as the processor. In a shally of pediatric patients with OCD, the following additional events were identified using the above rule: agrinton, depression, demonstrate, floribusing additional events were identified using the bove rule: agrinton, depression, demonstrate, properties, processor, and the controlled COD trials. Adverse Events Occurring at an Incidence of 196: Toble I enumerates obverse events that occurred at a frequent than in the placebo group, among patients treated with LUVOX** Toblets in two short-term placebo controlled COD trials (10 week) and depression trials (6 week) in which patients were dosed in a range of generally (10 to 300 mg/dby. This table shows the percentage of poliniers in each group who had at least one occurrence of an event at some time during their treatment, Reported adverse events that placed using a standard COSTANT based Dictionary terminology. The prescriber should be aware that these liques connot be used to predict the incidence of side effects in secrets of usual medical practice where political thoracteristics and other factors may differ from

Table 1: TEATHENT-EMERGENT ADVERSE EVENT INCIDENCE RATES BY BODY SYSTEM IN ADULT OCD AND DEPRESSION POPULATIONS COMBINED' (fluvocamine (H-92/2) vs. Diccobo (He-7/8) by portients—percentrogs): BODY AS WHOLLE: Heodoche (22 vs. 20); Athenia (14 vs. 6); Flu Syndrome (3 vs. 2); Chills (2 vs. 1). CARDIOVASCULAR: Polytritions (3 vs. 2). DIGESTIVE SYSTEM: Nausse (40 vs. 14); Dienthea (11 vs. 7); Constipation (10 vs. 6); Dyspepsia (10 vs. 5); Ancevad (6 vs. 2); Worning (5 vs. 2); Floatiere (4 vs. 3); Floatines (4 vs. 3); Dienthea (11 vs. 7); Constipation (10 vs. 6); Drespecia (10 vs. 5); Norevada (6 vs. 2); Worning (5 vs. 2); Hoularce (4 vs. 3); Floatines (4 vs. 3); Dienthea (11 vs. 6); Termer (5 vs. 1); Anniversia (2 vs. 1); Morevada (2 vs. 1); Tuble 1: TREATMENT-EMERGENT ADVERSE EVENT INCIDENCE RATES BY BODY SYSTEM IN ADULT OCD AND DEPRESSION

were: astheria, abnormal ejeculation (mostly delayed ejeculation), anxiety, infection, thinits, amagasmia (in moles), depression, fibidio denoesed, phayngilis, agritation, impotence, myodenus/hwitch, thirst, weight loss, leg cramps, myodiga and univary retention. These events are listed in order of denoesing rates in the OCD trials.

Other Adverse Events in OCD Pediatric Population: In Pediatric patients (N=57) treated with LUVOX® tablets, the overall postlie of adverse events is similar to that seen in adult studies. Other reactions which have been reported in two or more pediatric patients, and were more frequent than in the placebo group group were: abnormal thinking, cough increase, dysmenorthea, ecotymosis, emotional lability, epistasis, hyperkinesia, infection, mark reaction, mask sincetis, and

Vital Sign. Changes: Comparisons of fluvoxomine molecte and placebo groups in separate pools of short-term OCD and depression trials on (1) median change from baseline on various vital signs variables and on (2) incidence of patients meeting criteria for potentially important changes from baseline on

varinger must increase on various wind supp. variouses and on 12.1 incoence of primers meeting criteria for potentially important changes from baseline on voirious withal signs variables revealed no important differences between fluvoxamine maleate and placebo.

Laboratory Changes: Comprosons of fluvoxamine maleate and placebo groups in separate pools of short-term OCD and depression trials on (1) median change from baseline on various serum chemistry, hematology, and urinalysis variables and on (2) incidence of patients meeting criteria for patentially important changes from baseline on various serum chemistry, hematology, and urinalysis variables revealed no important differences between fluvoxamine maleate and interests.

Face that process: Comparisons of fluvoxomine maleate and placebo groups in separate pools of short-term OCD and depression trials on (1) mean change from baseline on various ECG variables and on (2) incidence of patients meeting criterio for potentially important changes from baseline on various ECG variables revealed no important differences between fluvoxomine maleate and placebo.

ECG Changes: Compositors of fluxocomine molecte and placebo groups in asporate pools of short-term OCD and depression hids on (1) was not change from baseline on various ECG variables reveated an important differences between fluxocomine molecte and placebo.

Other Events Observed During the Premarketing Evaluation of LUVOX* Tablets: During premarketing clinical hids conducted in North America and Europe, multiple deses of fluxocomine molected and placebo.

Other Events Observed During the Premarketing Evaluation of LUVOX* Tablets: During premarketing clinical hids conducted in North America and Europe, multiple deses of fluxocomine molector were deministed for a combined total of 2737 potent exposures in potents suffering QCD or Naior Depressive Disorders. University of the provide of the proportion of individuals experiencing obverse events without first grouping similar types of untowed events into a limited (i.e., reduced) number of standard event creagenise. In the Inbulations which follow, a standard COSTAR*Boosed Dictionary terminology has been used to classify reported obverse events. If the COSTAR* term for an event was so general cas to multiple deses of fluvoximine molecte who experienced on event of the type cited on at least one occasion while receiving fluvoximine molecte. All reported events are included in the list below, with the following exceptions: 1) these events intend by their of the bulbulates incidence mass of months of the properties of t

Non-US Postmarketing Reports: Voluntary reports of odverse events in potients taking LIVOX® Tablets that have been received since market introduction and ore of unknown crussof relationship to LIVOX® Tablets use include: toxic epidemonl nerorbysis, Stevens-Johnson syndrome, Henoch-Schoenlein purpure, bullous cruption, priopism, ogranulocytosis, neuropathy, aglastic anemia, anaphylactic reaction, hypornatemia, acute renal failure, hepothis, and severe ackinesia with fever when fluvoxoramine was co-administrated with antisysychotic medication.

OVERDOSAGE

Refer to package insert (15E Rev 5/99) for overdosage information.

DOSAGE AND ADMINISTRATIONRefer to package insert (15E Rev 5/99) for dosage and administration information.

Solvay Pharmaceuticals Marietta, GA 30062 Rev 6/99 (1280/1285 15E Rev 5/99)

Solvay **Pharmaceuticals**

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"My doctor diagnosed obsessions and compulsions and prescribed LUVOX® Tablets."



- ▼ IMPROVES OBSESSIVE-COMPULSIVE SYMPTOMS IN ADULTS, CHILDREN, AND ADOLESCENTS^{2,3}
- ▼ LOW INCIDENCE OF SEXUAL DYSFUNCTION IN ADULTS⁴
 LUVOX® Tablets vs placebo: decreased libido 2% vs 1%; delayed ejaculation 8% vs 1%; impotence 2% vs 1%
- ▼ LOW INCIDENCE OF AGITATION IN ADULTS⁴ 2% vs 1% for placebo

In adults, 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%; asthenia 14% vs 6%⁴

In children and adolescents, the most commonly observed adverse events compared to placebo were: agitation 12% vs 3%; hyperkinesia 12% vs 3%; depression 5% vs 0%; dysmenorrhea 7% vs 3%; flatulence 5% vs 0%; rash 7% vs 3%⁴

Concomitant use of LUVOX® Tablets and monoamine oxidase inhibitors is not recommended.4

Fluvoxamine should not be used in combination with terfenadine, astemizole, cisapride, or pimozide.4

As any psychoactive drug may impair judgment, thinking, or motor skills, patients on LUVOX® Tablets should be advised to exercise caution until they have adapted to therapy.4

References: 1. Physician Drug & Diagnosis Audit (PDDA) and Source™ Prescription Audit (SPA) August 1999-September 1999. Scott-Levin, a division of Scott-Levin PMSI Inc. 2. Goodman WK, Kozak MJ, Liebowitz M, et al. Treatment of obsessive-compulsive disorder with fluvoxamine: a multicentre, double-blind, placebo-controlled trial. Int Clin Psychopharmacol. 1996;11:21-29. 3. Data on file, Study in Children and Adolescents (Report No. CR200.0116), Solvay Pharmaceuticals. 4. LUVOX® Tablets Full Prescribing Information.

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First-line SSRI therapy for obsessions and compulsions