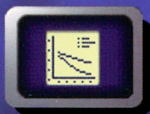


# Depression



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## The Search for the NaSSA

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### *The interactive learning programme in use.*

- With the remote control, you click the cursor on play CD-i.
- After the introduction programme, you click the cursor on one of the modules.
- Anytime you click on the screen during a module programme, a menu bar with control buttons appears.

### *What to do if anything goes wrong*

Symptom - nothing appearing on screen

Cause - lead between player and TV is loose

Cause - TV is on wrong channel

Symptom - arrow will not move on the screen

Cause - batteries not in handset

Cause - batteries in handset are dead

Cause - not pointing handset at player

Symptom - stretched picture on screen

Cause - switched to NTSC on the back of the player

Symptom - breakup of picture on screen

Cause - dirty disc

Cause - scratched disc

Symptom - no sound is heard

Cause - volume needs to be turned up on TV

## REMERON (abbreviated product information)

**Composition** Tablets containing 15 or 30 mg of mirtazapine. **Indication and dosage** Episode of major depression. Treatment should begin with 15 mg daily. The effective daily dose is usually between 15 and 45 mg. The standard daily dose is 30 mg, preferably as a single night-time dose. The recommended dose for the elderly is the same as that for adults. It is not recommended to treat children with Remeron. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. **Contraindications** Oversensitivity to mirtazapine. **Special warnings and precautions** Bone marrow depression can occur. This usually presents as granulocytopenia or agranulocytosis, mostly appears after 4-6 weeks of treatment and is in general reversible after termination of treatment. The physician should be on the alert for symptoms like fever, sore throat, stomatitis or other signs of infection: when such symptoms occur, treatment should be stopped and blood counts taken. Care is needed in patients with epilepsy, organic brain syndrome, hepatic or renal insufficiency and cardiovascular diseases. See also the full prescribing information. **Interactions** Mirtazapine may potentiate the central nervous dampening action of alcohol and the sedative effects of benzodiazepines. Remeron should not be administered concomitantly with MAO inhibitors or within two weeks of cessation of therapy with these agents. **Pregnancy and breast-feeding** Insufficient clinical data are available to assess the possible effect of Remeron on human pregnancy. The use of Remeron in nursing mothers is not recommended. **Driving ability** Remeron may impair concentration and alertness. The performance of tasks that require alertness and good concentration, such as driving a motor vehicle or operating machinery, should be avoided. **Adverse reactions** The most commonly reported adverse effects during treatment with Remeron are: increase in appetite and weight gain, drowsiness/sedation (generally during the first few weeks of treatment). In rare cases the following side effects may occur: (orthostatic) hypotension, mania, convulsions, tremor, myoclonus, edema and accompanying weight gain, acute bone marrow depression (eosinophilia, granulocytopenia, agranulocytosis, aplastic anaemia and thrombocytopenia), elevations in serum transaminase activities, exanthema. **Overdose** The clinical safety of Remeron after overdosing is not yet fully established. Up until now, apart from excessive sedation, no clinically relevant effects have been observed following overdose with Remeron. Cases of overdose should be treated by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Pharmacodynamic properties** Mirtazapine is a centrally active presynaptic  $\alpha_2$ -antagonist, which increases noradrenergic neurotransmission. It also modulates central serotonin function via interaction with 5-HT<sub>2</sub> and 5-HT<sub>3</sub> receptors. The histamine H<sub>1</sub>-antagonistic activity of mirtazapine is responsible for its sedative properties. Mirtazapine has practically no anticholinergic activity and, at therapeutic doses, has practically no effect on the cardiovascular system. **Pharmacokinetic properties** The active constituent mirtazapine is rapidly and well absorbed (bioavailability=50%), reaching peak plasma levels after about 2 hours. Binding of mirtazapine to plasma proteins is approx. 85%. The mean half-life of elimination is 20-40 hours; this is sufficient to justify once-a-day dosing. Steady state is reached after 3-4 days, after which there is no further accumulation. Mirtazapine displays linear pharmacokinetics within the recommended dose range. Mirtazapine is extensively metabolized and eliminated via the urine and faeces within a few days. Major pathways of biotransformation are demethylation and oxidation, followed by conjugation. The clearance of mirtazapine may be decreased as a result of renal or hepatic insufficiency. **Excipients** Core: maize starch, hydroxypropyl cellulose, magnesium stearate, colloidal silicon dioxide, lactose. Coating layer: hydroxypropyl methylcellulose, polyethylene glycol 8000, titanium dioxide (E171), yellow iron oxide (E172); 30 mg tablets also contain red iron oxide (E172). **Shelf-life** Three years if stored in a dark and dry place at 2-30°C. **Manufacturer** N.V. Organon, P.O. Box 20, 5340 BH Oss. **Distributor** Name per country. **Full prescribing information** Available on request.

# Depression

## The Search for the NaSSA- the Noradrenergic and Specific Serotonergic Antidepressant

### The Main Menu

Organon's first interactive compact disc (CD-i) programme is dedicated to Remeron (mirtazapine). The CD-i has a main menu including submenus. The start of the programme is a short introduction, consequently the main menu appears automatically. In this main menu you have 4 choices to click a module.

### The movie



This movie: "The Search for the NaSSA" is a dramatized documentary on the pharmacology of depression and antidepressants.

### The experts



This module has 2 parts  
Part 1: A meeting with 15 leading experts, chaired and concluded by Dr R Pinder.  
Part 2: Meet 4 prominent experts, Prof A Frazer, Dr T Norman, Prof H van Praag, Dr R Pinder, who discuss various important topics regarding antidepressants.

### The products



Animations of the pharmacology of antidepressants and their most important side effects.

### The facts



Scientific information on the pharmacology and the clinical profile of Remeron.



Exit

Exit of the application