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Part-time Caterer Diagnosis: Bipolar Disorder Recent Episode: Mixed



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Prescribing should be consistent with the need to minimize tardive dyskinesia (TD), a potentially irreversible dose- and duration-dependent syndrome. If signs and symptoms appear, discontinuation should be considered since TD may remit partially or completely.

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Precautions include the risk of rash, orthostatic hypotension, and seizures.

The most common adverse events associated with GEODON in bipolar mania were somnolence, extrapyramidal symptoms, dizziness, akathisia, and abnormal vision.

Please see brief summary of prescribing information on adjacent page. For more information, please visit www.pfizerpro.com/GEODON



Increased Mortality in Elderty Patients with <u>Dementia-Related Psychosis</u>—Elderty patients with dementia-related psychosis beated with antipsychotic drugs are at an increased risk of death. Analyses of seventeen place to controlled frials (model duration of 10 weeks), largely in patients taking etypical antipsychotic drugs, revealed a risk of death in drug-freated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a hybrical 10-week controlled frial, the rate of ordersh in drug-freated galeries was about 4.5%. Compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonal) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. Gendon (ziprasidone) is not approved for the freatment of patients with Domantia-Related Psychosis (see WARNINGS).

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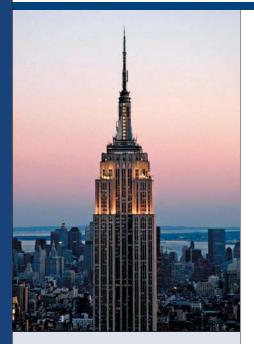
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