When communication barriers make the psychoneurotic patient inaccessible... ETRAFON helps establish a meaningful dialogue

In emotional illness, inability of the patient to communicate effectively with the counseling physician is a common finding. Many patients stubbornly refuse to reveal their true feelings, deny the presence of emotional distress, and focus persistently on vague somatic complaints as the cause of their illness.

In such patients, adjunctive therapy with dual-purpose ETRAFON may break the communication barrier and thereby help to establish the rapport so essential to successful psychotherapy. And ETRAFON often provides relief of such distressing symptoms as fatigue, anorexia, insomnia, depressed mood, and functional gastrointestinal complaints.

- treats *both* components of moderate to severe anxiety/depression states
- provides symptomatic relief often not achieved with tranquilizer or antidepressant component alone
- reportedly reduces (or may eliminate) need for electroshock therapy in severe anxiety and depression
- has shown a relatively low incidence of major side effects, including extrapyramidal reactions*
- helps control the emotionally distressed patient until time and psychotherapy restore his zest for life

*See clinical considerations

ETRAFON®

brand of tranquilizer-antidepressant • perphenazine 2 mg. and amitriptyline hydrochloride 25 mg.

ETRAFON offers the flexibility and convenience of four dosage strengths: (1) For emotionally distressed patients with moderate to severe anxiety/depression states—ETRAFON 2-25 (perphenazine 2 mg. and amitriptyline HCl 25 mg.); (2) In severe anxiety/depression states and for more severely ill patients with schizophrenia—ETRAFON-FORTE 4-25 (perphenazine 4 mg. and amitriptyline HCl 25 mg.); (3) For the elderly or adolescent patient—ETRAFON-A 4-10 (perphenazine 4 mg. and amitriptyline HCl 10 mg.); (4) For flexibility in adjusting maintenance dosage to the lowest amount consistent with the relief of symptoms—ETRAFON 2-10 (perphenazine 2 mg. and amitriptyline HCl 10 mg.).

Clinical Considerations

Indications: Coexisting anxiety, agitation and depression of moderate to severe degree, of emotional origin or associated with chronic physical disease; also useful in schizophrenia with associated depression.

Contraindications: Drug-associated central nervous system depression from barbiturates, alcohol, narcotics, analgesics, or antihistamines; pregnancy; bone marrow depression, glaucoma, or urinary retention. Not to be used with MAOI drugs. Allow at least two weeks between therapies.

Precautions: Same as for components, perphenazine and amitriptyline. Use carefully in patients with histories of convulsive disorders or adverse reactions to phenothiazines. ETRAFON potentiates effects of antidepressants, CNS depressants, atropine, phosphorus insecticides, and heat. The antiemetic effect of the perphenazine component may conceal existence of brain tumor, intestinal obstruction, or toxicity due to overdosage of other drugs. Not recommended for use in children. The possibility of suicide is inherent in depression and may remain until significant remission occurs. Therefore, patients receiving ETRAFON should be carefully observed in the event that they require hospitalization and additional therapy. Tranquilizing effects of ETRAFON appear to reduce tendency to mania or hypomania in manic-depressive patients. If hypotension develops, levarterenol (norepinephrine) can be used, but not epinephrine, as its action is blocked and partially reversed by perphenazine.

Warning: Patients on ETRAFON should be cautioned against driving a car or operating machines requiring alert attention. Response to alcohol may be potentiated.

Side Effects: Similar to those reported with either component alone. Phenothiazines have produced blood dyscrasias (pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia) and liver damage (jaundice, biliary stasis), and extrapyramidal symptoms such as dyskinesia, akathisia, parkinsonism, hyperreflexia and ataxia. Dystonic reactions such as opisthotonic and oculogyric crises have also been reported, as has severe, acute hypotension; the latter is of particular concern in patients with mitral insufficiency or pheochromocytoma. A significant unexplained rise in body temperature can indicate intolerance to perphenazine; discontinue therapy.

Occasionally, allergic reactions to perphenazine have included erythema, itching, urticaria, laryngeal and glossal edema, facial edema (primarily periorbital edema), angioneurotic edema, peripheral edema, anaphylactoid reactions, reversed epinephrine effect, photosensitization, asthma, and exfoliative dermatitis.

Other side effects reported include endocrine disturbances (galactorrhea, disturbances in the menstrual cycle), grand mal convulsions, cerebral edema, altered cerebrospinal fluid proteins, polyphagia, paradoxical excitement, photophobia, skin pigmentation, failure of ejaculation, and EKG abnormalities (quinidine-like effect). Reactivation of psychotic processes and catatonic-like reactions have been seen with phenothiazines.

Autonomic reactions such as blurred vision, dryness of the mouth, nasal congestion, salivation, headache, nausea and vomiting, and change in pulse rate have been observed occasionally with perphenazine, as have urinary frequency or incontinence, constipation, polyphagia or anorexia, and motor restlessness. Significant autonomic side effects, however, have been infrequent in patients receiving less than 24 mg. perphenazine per day.

Pigmentary retinopathy and pigmentation of cornea and lens have been associated with the use of certain phenothiazines and, although not reported with perphenazine, might occur. Some patients have reported hypnotic effects (minimal in active patients), lassitude, muscle weakness, and, paradoxically, mild insomnia.

With amitriptyline alone, agranulocytosis and jaundice have occurred rarely. Anticholinergic effects include blurred vision, dry mouth, tachycardia, urinary retention, constipation and, more rarely, paralytic ileus; occasionally, numbness and tingling of the limbs, including possible peripheral neuropathy.

Rarely, allergic-type reactions have occurred, manifested by skin rash or swelling of the face and tongue, and itching. Other side effects of amitriptyline include increased perspiration, skin rash, drowsiness, nausea, fainting, dizziness, jitteriness, excitement, headache, heartburn, anorexia, hypotension, fine tremor, and incoordination; also temporary confusion or disturbed concentration, or rarely, transient visual hallucinations. Epileptiform seizures have been reported rarely in chronic schizophrenia during treatment with amitriptyline.

Consider the possibility of potentiation with combined use of antidepressants. Patients should be cautioned against errors in judgment due to mood changes. *For more complete details, consult package insert or Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.*

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