re-establishing the patient's insight.[5] Depot formulations are widely used when psychosocial measures have been inadequate to ensure adherence to daily oral doses.

Depot antipsychotics take a long time to reach steady state, so oral supplementation is usually required in the first few months of treatment. Depending on the drug, the interval between injections can be extended to four weeks. Many patients receiving conventional depot antipsychotics experience extrapyramidal adverse effects, including a high prevalence of tardive dyskinesia.[6]

Risperidone is available in a long-acting injectable formulation. Initial findings and clinical experience suggest that injectable risperidone is effective for maintenance treatment of schizophrenia-related psychoses and causes relatively few adverse effects. The incidence of new cases of tardive dyskinesia has been low to date, but weight gain, amenorrhoea and sexual dysfunction do occur.

Conclusion

The long-term treatment of psychosis is challenging. General practitioners have a key role, particularly in the ongoing physical care of patients and in monitoring medication and the patient's mental state. Adherence to treatment is a frequent problem, which can be addressed with intensive psychosocial assistance. More often than not, services are less than adequate, and other measures such as long-acting injectable antipsychotic drugs may be required to ensure that patients continue their medication.

References

1. Freedman R. Drug therapy: schizophrenia. N Engl J Med 2003;349:1738-49.
2. Csernansky JG, Mahmoud R, Brenner R. A comparison of risperidone and haloperidol for the prevention of relapse in patients with schizophrenia. N Engl J Med 2002;346:16-22.
3. Charles J, Miller G, Ng A. Management of psychosis in Australian general practice. Aust Fam Physician 2006;35:88-9.
4. Lieberman JA, Stroup TS, McEvoy JP, Swartz MS, Rosenheck RA, Perkins DO, et al; Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Investigators. Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. N Engl J Med 2005;353:1209-23.
5. Mueser KT, McGurk SR. Schizophrenia. Lancet 2004;363:2063-72.
6. Hope JD, Keks NA, Sacks TL, Freer T. Abnormal involuntary movements in people with schizophrenia in the community. Med J Aust 1999;171:111-12.

Professor Keks has received research funding from, or has been a consultant to, all pharmaceutical companies marketing atypical antipsychotic drugs in Australia.

Self-test questions

The following statements are either true or false (answers on page 55)

5. Atypical antipsychotics do not cause tardive dyskinesia.
6. Up to 30% of patients have no relapses after their first psychotic episode.

Book review

Therapeutic Guidelines: Gastrointestinal. Version 4.

Melbourne: Therapeutic Guidelines Limited; 2006. 272 pages. Price $39, students $30, plus postage

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Therapeutic Guidelines: Gastrointestinal highlights that this series is about **therapeutic** guidelines, rather than just medication guidelines. It is suitable for all health professionals. Students and junior clinicians will find more than they need to pass exams and survive on the wards. The succinct and up-to-date information in this book will appeal to senior clinicians.

Many of the therapies described in this guide are non-prescription, making it a useful resource for pharmacists and dietitians. It is a wake-up call for medical practitioners, reminding us that prescribing drugs is not the only way to solve clinical problems.

Basic day-to-day problems are dealt with comprehensively, namely constipation, nausea, vomiting and diarrhoea. All clinicians, irrespective of their specialties, will find useful information in these chapters.

The first section, 'Getting to know your drugs', is a 25-page pharmacology revision of all the gastrointestinal drugs of importance. The only oversight was dexamethasone, which is subsequently referred to a lot in the nausea and vomiting chapter.

The other chapters deal with all the important non-surgical conditions of the gastrointestinal tract. These include viral hepatitis, *Helicobacter pylori*, diverticular disease, irritable bowel syndrome, as well as disorders of vitamin and mineral metabolism. There are also useful sections dealing with enteral nutrition and stoma management. This book contains many practical tables as well as appendices relating to pregnancy, ostomy appliances and support groups.

It is a handy pocket-sized book which is also available in an electronic format with the other guidelines in the series. I strongly recommend this book to all clinicians.