

12. Gordon MF, Brashear A, Elovic E, Kassicieh D, Marciniak C, Liu J, et al; BOTOX Poststroke Spasticity Study Group. Repeated dosing of botulinum toxin type A for upper limb spasticity following stroke. *Neurology* 2004;63:1971-3.
13. Sheffield JK, Jankovic J. Botulinum toxin in the treatment of tremors, dystonias, sialorrhea and other symptoms associated with Parkinson's disease. *Expert Rev Neurother* 2007;7:637-47.

### Further reading

Adverse reactions with botulinum toxin A (Botox, Dysport). *Aust Adv Drug React Bull* 2009;28:2.  
[www.tga.gov.au/adr/aadrb/aadr0902.htm](http://www.tga.gov.au/adr/aadrb/aadr0902.htm) [cited 2009 Mar 13]

Worldwide education and awareness for movement disorders. [www.wemove.org](http://www.wemove.org) [cited 2009 Mar 13]

American Academy for cerebral palsy and developmental medicine. [www.aacpdm.org](http://www.aacpdm.org) [cited 2009 Mar 13]

Heinen F, Molenaers G, Fiarhurst C, Carr LJ, Desloovere K, Chaleat Valayer E, et al. European consensus table 2006 on botulinum toxin for children with cerebral palsy. *Eur J Paediatr Neurol* 2006;10:215-25.

Comella CL, Pullman SL. Botulinum toxins in neurological disease. *Muscle Nerve* 2004;29:628-44.

*Both Allergan and Ipsen have supported research conducted in Dr Scheinberg's department and in which he was a researcher.*

### Self-test questions

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

5. The two botulinum toxin type A formulations available in Australia are bioequivalent.
6. Drooping eyelids may indicate an overdose of botulinum toxin.

## Book review

**Therapeutic Guidelines: Psychotropic. Version 6.** Melbourne: Therapeutic Guidelines Limited; 2008. 325 pages. Price \$39, students \$30, plus postage. Also available in electronic format as eTG complete.

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Many general practitioners have a full set of Therapeutic Guidelines on their shelf or computer. With a veritable rainbow of useful guides (there are now 14 in the series), the challenge for a generalist is to ensure the pearls of wisdom they contain are used regularly and efficiently. So when a new edition of a guideline arrives, my approach is to scan through the contents and the tables in the appendix, before checking out the chapters on conditions I encounter frequently in my practice.

On reviewing the latest edition of Psychotropic Guidelines, it took me a while to determine which sections had undergone the 'major revision' promised on the Therapeutic Guidelines website. There has been a reorganisation of chapters, with the useful 'Getting to know your psychotropic drugs' still prominent in the guide. The large table in previous editions listing potential drug interactions has been omitted, so one has to look up individual medications for this information. Presumably many

interactions listed in the old table were not clinically significant, although it's worth heeding the warning on page 1 that not all interactions are listed and that one should refer to the Australian Medicines Handbook or <http://medicine.iupui.edu/flockhart> for more information.

The most useful tables in the new edition are the 'switching' table (for checking antidepressant-free intervals when changing antidepressants, pages 112–3) and the table that differentiates features of selective serotonin reuptake inhibitor (SSRI) discontinuation syndrome, adverse effects of SSRIs, symptoms of depression, and serotonin toxicity (pages 4–5). Distinguishing between these conditions can be quite tricky in general practice, where patients often stop their medications without telling their doctor.

A drawback of the Psychotropic Guidelines is that it gives diagnostic advice in some sections, but these comments cannot replace a full mental health assessment in all patients before prescribing. Similarly, while there is advice about medication adherence and duration of therapy, there is limited advice on frequency of follow-up, and no reference to monitoring tools. These are not major omissions for a guide that is predominantly about prescribing medications, but prescribers should not rely on the Therapeutic Guidelines for assessment and management (as opposed to simply prescribing) advice.