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Please review this manuscript on **Olanzapine** [all sections or just your own area(s) of interest] in terms of:

- scientific accuracy
- completeness
- appropriate emphasis
- clinical perspective considerations
- suitable 'positioning' of this drug
- etc.

ALL substantial changes, when necessary and as appropriate, will be incorporated into the review.

You need not be concerned by typographical aspects of the manuscript. These will be addressed during the final revision process.

Please send your comments by 6 November 1996 via:

- facsimile (preferred)
- courier
- airmail

Please send your comments to:

Diana Faulds, BSc, MPhil
Adis International Limited
41 Centorian Drive
Private Bag 65901
Mairangi Bay
Auckland 10
NEW ZEALAND

Fax no.: (64 + 9) 479 1131
Phone no.: (64 + 9) 479 8100

Thank you very much.

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- * This is a draft document, and will be subject to further revision procedures. We are seeking your comment primarily on its scientific content. However, feel free also to identify any typographical, grammatical or writing style matters that come to your attention - these will be addressed as part of our routine final checking procedures.

- * Our Drug Evaluations are deliberately structured to provide "3-tiered access" via a short synopsis, a more detailed summary and the full text (which always leads to a final section entitled "Place in Therapy"). This may result in a perception of repetition, but is a long-established format that is well received by our readers.

- * The synopsis and detailed summary (the latter is usually several pages) do not contain references, as they are supported by the fully referenced text which follows.

- * Where we have gained access to unpublished studies, it is our present policy to critically assess these "on their own merit" and consider them for inclusion in our reviews where they usefully extend the information available from the published literature. All unpublished studies are clearly identified as such.

- * The overall aim of our Drug Evaluations is to fully establish the current state of knowledge of the properties of a drug, and to place that into clinical perspective to support its optimum use. As part of that process we seek to "bring out" for the reader both substantial and small advantages or disadvantages that must be borne in mind when considering using that agent.

- * Our writers preparing these Drug Evaluation reviews are experienced in the skills of drug literature evaluation and assessment, assimilation of diverse data and communication of "consensus findings". They are neither practising clinicians nor biomedical researchers and welcome referees adding these critical dimensions to our reviews via their comments.

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p.1 - + related ^{psychol} disorders
- 2/5 5.0-20mg/day
- schizoaffective, phreniform

FROM THE DESK OF
CHARLES BEASLEY

5-20
schiz & related psychos

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Drugs (ISSN 0012-6667) is published monthly by Adis International Ltd, 41 Centorian Drive, Private Bag 65901, Mairangi Bay, Auckland 10, New Zealand. Annual subscription price: North & South America \$US1065; Europe SwF1580; Japan ¥149 800; rest of world \$US1065. Subscription orders must be pre-paid. All subscriptions for Europe must be paid in Swiss francs; the US dollar rate is not applicable in Europe. (Further subscription information is given in the *General Information* page at the back of each issue as space permits.) Printed in Hong Kong by Caritas Printing Training Centre.

Exclusive subscription agent in Japan: Technomics Inc., CPO Box 882, Tokyo 100-91, Japan.

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Olanzapine

A Review of its Pharmacological Properties and Therapeutic Efficacy in the Management of Schizophrenia

Bret Fulton and Karen L. Goa

((add affiliation))

Various sections of the manuscript reviewed by: ((to come))

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Summary

Synopsis

B

Olanzapine is a thienobenzodiazepine derivative which displays efficacy in patients with schizophrenia. It has structural and pharmacological properties resembling those of the atypical antipsychotic clozapine and an improved tolerability profile compared with the classical antipsychotic haloperidol.

In several large, well-controlled trials in patients with schizophrenia, olanzapine 2.5 to 20 mg/day was at least as effective as haloperidol and more so than placebo. Olanzapine tended to improve negative symptoms to a greater extent than haloperidol and showed significant differences in the largest trial. Efficacy of olanzapine appears to be have a rapid onset (within 1 to 2 weeks). Its clinical

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