AROUSE THE DEPRESSED PSYCHIATRIC PATIENT

Ritalin is a mild, safer cortical stimulant which is particularly "efficient in the treatment of mild to moderate depressions in neurotic and psychotic patients."

When Ritalin was given for 6 months to 127 withdrawn, dull, listless, apathetic, or negativistic institutionalized patients, 101 showed improvement in behavior and manageability, "Many returned to normal eating and toilet habits almost simultaneously with evidence of mental awakening..."

In depressed states Ritalin provides needed stimulus without the wide swings of reaction caused by most stimulants. "It rarely causes palpitation, jitteriness, or hyperexcitation; has no appreciable effect on blood pressure, pulse rate or appetite."

Dosage: 10 to 20 mg. b.i.d. or t.i.d., adjusted to the individual.

Supplied: Tablets, 5 mg. (yellow) and 10 mg. (blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored); bottles of 100 and 1000.

1957

you can bring patients "out of the corner"

with Ritalin®

ephethylendiamine dihydrochloride CIBA.

provides needed stimulation . . .
without euphoria or depressive rebound

Ritalin has proved effective in awakening patients to reality, even in "severe deteriorated chronic schizophrenia of long standing." The most responsive patients to Ritalin appear to be the true depressives (negative, withdrawn, dull, listless, apathetic) -- without correlation to age or length of hospitalization. On 10 to 40 mg. Ritalin t.i.d., such patients become more amenable to therapy, suggestion, and social participation.


C I B A
SUMMIT, N. J.
HELP PSYCHIATRIC PATIENTS TALK

New Parenteral Ritalin helps patients to verbalize and makes them more cooperative. Onset of action is rapid. The mental alertness of patients is sharpened in as little as five minutes.

"...it has been found most valuable in helping the patient to express himself during psychotherapeutic interviews."

NEW PARENTERAL

**Ritalin**
hydrochloride
(methylphenidate hydrochloride CIBA)

**DOSAGE:** 10 to 20 mg. intramuscularly, 10 to 15 minutes before interview

**SUPPLIED:** Multiple-dose vials, 10 ml., each vial containing 120 mg. Ritalin hydrochloride in lyophilized form, accompanied by a 10-ml. vial of sterile solvent.

**ALSO AVAILABLE:** Oral Ritalin in tablets of 5, 10 and 20 mg.

*Wagner, R.W. Personal communication.

**CIBA**
SUMMIT, N.J.

for the chronically fatigued, the chronically ill, the convalescent, the apathetic and depressed older patient, the postpartum patient, the oversedated, the retarded child with **Ritalin**
hydrochloride
(methylphenidate hydrochloride CIBA)

a new **mild** antidepressant, chemically unrelated to the amphetamines. Ritalin brightens outlook and renews vigor—counteracts drug sedative effects—often improves performance in the elderly. In most cases, Ritalin does not overstimulate, has little or no effect on appetite, blood pressure or pulse rate.

**Average dosage:** 10 mg. b.i.d. or t.i.d.

**Supplied:** Tablets, 5 mg. (yellow), 10 mg. (light blue), 20 mg. (peach colored).
Denial and defensive attitudes block contact with the alcoholic patient. Parenteral Ritalin renders him more accessible to psychotherapy by promoting verbalization of repressed and subconscious material.

In a recent study of 9 alcoholic patients, Ritalin produced “a sustained decrease of psychic resistance.” After the Ritalin interviews “all patients became significantly more involved in therapy.... Two of the patients... for whom intensive individual therapy was available, moved rapidly toward new insights with remarkable emotional participation.”

**DOSAGE:** 10 to 20 mg. intramuscularly, 10 to 15 minutes before interview.

**SUPPLIED:** Ritalin Parenteral Solution: Multiple-dose Vials, 10 ml., each vial containing 160 mg. Ritalin hydrochloride and 100 mg. lactose in lyophilized form, accompanied by a 10-ml. vial of sterile solvent.

**ALSO AVAILABLE:** Ritalin Tablets, 5 (yellow), 10 (blue) and 20 mg. (peach-colored).


CIBA
SUMMIT, N. J.
Tired patients respond to Ritalin

When lethargy is part of the emotional problem, consider Ritalin. Its gentle stimulant action restores physical and mental activity to normal.

"In mild depression or in clinical exhaustion syndromes, a marginal sympathomimetic drug, like methylphenidate [Ritalin], seems to be the drug of choice for initiating therapy. It does not have the toxic effects found with the amphetamines or with the hydrazines or other antidepressants."1

Other comments on safety of Ritalin: "At no time was there evidence of serious toxic reactions [in a study of 185 patients]. The drug [Ritalin] did not produce alteration in blood forming factors, kidney and liver function."2

"No significant toxic effects have resulted after the continuous administration of [Ritalin] for more than 3 years."3

SUPPLIED Tablets, 5 mg. (pale yellow), 10 mg. (pale blue) and 20 mg. (pale orange). For complete information about Ritalin (including dosage, cautions, and side effects), see current Physicians' Desk Reference or write CIBA, Summit, New Jersey.

Lethargy and fatigue are often a problem after childbirth, in convalescence, mild depression, over sedation, the menopause and in many old patients. The gentle action of Ritalin quickly restores mental and physical activity.

When you hear "Doctor, I always feel so tired" the answer may be Ritalin® (Methylphenidate hydrochloride) the well tried® antilethargic

Tablets of 10 mg. Basic NHS price 100 ± £/104

*In wide usage since 1955
if chronic fatigue and mild depression make simple tasks seem this big...

Ritalin® (methylphenidate CIBA) relieves chronic fatigue that depresses and mild depression that fatigues.

CONTRAINDICATIONS: Marked anxiety, tension, agitation. Contraindicated in patients with glaucoma and with epilepsy, except to combat lethargy induced by anticonvulsant drugs. WARNINGS: Should not be used for severe depression (endogenous or endogeneously except in the hospital under careful supervision. Should not be used to increase mental or physical capacities beyond physiological limits.

PRECAUTIONS: Patients with an element of agitation may react adversely; discontinue therapy if necessary. Use cautiously with vasoconstrictors (e.g., pseudoephedrine, ephedrine, angiotensin antagonists) and in patients with hypertension.

SIDE EFFECTS: Nervousness, fremitus, anorexia, nausea, dizziness, palpitation, headache, droveness, skin rash. Rarely, blood pressure and pulse changes, both up and down, occur. Occasional behavior and psychic dependence in emotionally unstable persons have occurred rarely.

DOSAGE: Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response, the average range being 20 to 60 mg daily. SULPHYLIC® hydrochloride (methylphenidate hydrochloride CIBA) Tablets: 20 mg (peach), 10 mg (pale green) and 5 mg (pale yellow). Consult complete product literature before prescribing.

CIBA Pharmaceutical Company, Summit, N. J.
change the scene quickly with 
Ritalin®
(methylphenidate)
rapid-acting, gentle,
and well-tolerated stimulant/antidepressant

Ritalin makes ideal initial therapy in psychiatric patients who are withdrawn, apathetic, or who are overly lethargic from tranquilizers. Unlike the more potent but slower-acting antidepressants, Ritalin often improves mood, psychomotor performance, and social participation with the very first dose. Its stimulant effect occurs quickly but gently... lasts 4 or 5 hours... and ebb smoothly, usually without rebound depression.

relieves mild depression...
chronic fatigue...
drug-induced lethargy

Notably well tolerated, even in the elderly: Ritalin (methylphenidate) also has an outstanding safety record. Unlike potent MAO inhibitors and tricyclic compounds, muscle tremors, urinary retention, or adverse effects on blood, urine, or liver and kidney function are not to be anticipated with Ritalin. And Ritalin is much less likely than amphetamines to affect blood pressure, pulse rate, or appetite... even in the elderly.

Contraindications: Marked anxiety, tension, agitation. Contraindicated in patients known to be hypersensitive to the drug in patients with glaucoma and with epilepsy, except to combat lethargy induced by anticonvulsant drugs.

Warnings: Should not be used for severe depression (exogenous or endogenous) except in the hospital under careful supervision. Should not be used to increase mental or physical capacities beyond physiological limits.

Precautions: Patients with an element of agitation may react adversely; discontinue therapy if necessary. Use cautiously with epinephrine and vasopressors and in patients with hypertension.

Adverse Reactions: Hypersensitivity reactions, nervousness, insomnia, anorexia, nausea, dizziness, palpitation, headache, drowsiness, skin rash. Rarely, blood pressure and pulse changes, both up and down, occur. Overt psychotic behavior and psychic dependence in emotionally unstable persons have occurred rarely.

Dosage: Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response, the average range being 20 to 60 mg daily.

Supplied: Ritalin® hydrochloride (methylphenidate hydrochloride) Tablets, 20 mg (peach), 10 mg (pale green) and 5 mg (pale yellow).

Consult complete product literature before prescribing.
CIBA Pharmaceutical Company, Summit, N. J.
**1969**

**get things moving in the right direction with Ritalin (methylphenidate)**

Maybe your patient doesn’t juggle for a living. But if mild depression gets into the act, he’ll want to feel better quickly. This is your cue for Ritalin. **Acts in minutes.** Unlike the more potent antidepressants, Ritalin often enhances outlook and psychomotor performance with the very first dose. Encourages verbalization in psychotherapy sessions too. And Ritalin offers safety. In treating mild depression. Unlike the potent MAO inhibitors on tricyclic compounds, Ritalin has not been associated with muscle tremors or urinary retention. And adverse effects on blood, urine, liver or kidney function are not to be anticipated. Ritalin also proves especially useful in the elderly. Rebound depression, blood pressure or pulse rate changes rarely occur.

**CONTRAINDICATIONS:** Marked anxiety, tension, agitation. Contraindicated in patients known to be hyperACTIVE to the drug or in patients with glaucoma and with epilepsy, except to combat hyperactivity induced by antihypertensive drugs. **WARNINGS:** Should not be used for severe depression (depression or suicide) except in the hospital under careful supervision. Should not be used to increase mental or physical capacities beyond physiological limits. **Use in Pregnancy:** Safe one in pregnant women, or during lactation, has not been established. Therefore, breast feeding is recommended against. **ADVERSE REACTIONS:** Hypersensitivity reactions, nervousness, insomnia, anxiety, dreams, irritability, palpitations, and drug discontinuation syndrome. Overdosage: In chronic overdosage, discontinue therapy if necessary. Usually, with anticholinergics and MAO inhibitors and in patients with hypertension, Ritalin may decrease the hypertensive effect of guanethidine. In chronic overdose, caution withdrawal is required because of patient’s withdrawing emotional disturbance. Periodic CBC and platelet counts are advised during prolonged therapy. **DOSAGE:** Start with 5 mg (1/2 tablet) and increase by 5 mg (1 tablet) every 3 to 4 days. Generally, 10 to 20 mg a day. **DIRECTIONS:** Ritalin® tablets are effervescent and must be mixed in 1 ounce of water before swallowing. **COMMENTS:** Ritalin® tablets, 10 mg (1 tablet) and 20 mg (2 tablets), are available in bottles of 100. Consult complete product literature before prescribing.

CIBA Pharmaceutical Company, Summit, New Jersey
Ritalin®

Ritalin gently overcomes mild depression and the fatigue so often associated with it. This is one agent that really brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients often report that fatigue and worry seem to vanish; they are able to go all day without becoming tired.

Acts in minutes

Unlike other antidepressants, Ritalin usually brings relief with the very first dose. Your patients need not wait days or even weeks to begin feeling better. Ritalin also...

Offers outstanding safety

Unlike amphetamines, Ritalin rarely affects blood pressure or heart rate. It has not been associated with muscle tremors or urinary retention as have the potent MAO inhibitors or tricyclic compounds. And toxic or adverse effects on blood, urine, liver or kidney function are not to be anticipated.

For these reasons, Ritalin...

Proves especially valuable for the elderly

This time-tested agent is well tolerated, even by older patients. It rarely affects appetite or causes rebound depression.

Dosage

Oral: initially, two 10-mg tablets in the morning, one at noon, and see more, if necessary, at 5:00 p.m. For maintenance, revise dosage as required.

Side-effects

Nervousness or insomnia, if present, can be reduced by dosage reduction or by omitting Ritalin in the afternoon. Reports note a few cases of nervousness, dizziness, headache, difficulty in concentration, insomnia, anorexia, nausea, and/or vomiting.

Contraindications

Psychosis, paranoia, manic states, or mania-like behavior should be considered contraindications. Patients with agitation may react adversely; the sedativeness in Ritalin may facilitate the release of the overt symptoms of psychoneurosis. Historically, and in 1970, exercise care when administering Ritalin to patients with a history of a previous convulsion or to patients who have hyperbilirubinemia.

Supplied

Bottle of 100 10 mg. (pale blue, scored), bottles of 20 mg. (peach, scored); bottles of 50 and 100.

Amphetamine 20 mg. (anitrofied); boxes of 10 and 100.

C I B A

1970
1956