



APRIL's third conference

Adverse psychiatric side effects of medicines: What's our responsibility?

Did you know.....

- 30% of all adverse drug reactions (ADRs) are neuropsychiatric
- ADRs can cause depression, insomnia, memory impairment, self-harming aggression, mania and suicidal ideation
- Stopping drugs can end these symptoms, but may trigger them too
- 74% of junior doctors feel their training to prescribe drugs is inadequate
- 250,000 people a year are admitted to UK hospitals suffering ADRs

Be better informed - join us on Thursday 6 Nov 2008

Speakers and Panel include World leaders in the field

Professor Munir Pirmohamed	Professor of Pharmacogenetics, Liverpool University. Leader in ADR Research
Professor David Healy	Professor of Psychological Medicine University of Wales Author of <i>The Antidepressant Era</i>
Charles Medawar	Founder Social Audit, Specialist Medicines Policy & Drug Safety co-author <i>Medicines out of Control</i>
Dr Anita Holdcroft	Emeritus Professor of Anaesthesia, Imperial College London. <i>Anaesthesia ADR analysis paper 07</i>
Professor Heather Ashton	Emeritus Professor Clinical Psychopharmacology Newcastle University
Dr Joanna Moncrieff	Sen.Lecturer/Hon.Consultant Psychiatrist Author of <i>The Myth of the Chemical Cure</i>
Dr Simon Maxwell	Edinburgh Uni/ British Pharmacological Soc. Med Schools Council Safe Prescribing Working Group
Dr Andrew Herxheimer	Clin.Pharm. co-author Seroxat ADR Review <i>International Journal of Risk and Safety in Medicine</i> .
Nigel Meadows	H.M.Coroner Manchester City District
Dr Bob Johnson	Psychiatrist, author of Emotional Health, alleviates distress without drugs
Dr Ben Goldacre	Medical doctor, award winning writer Bad Science book/blog and The Guardian column
Clare Milford-Haven	Will speak about the suicide of her son James just 10 days after anaesthesia
Millie Kieve	Founder of APRIL will speak about patient experience

**Delegates will include health professionals, patient groups and those concerned with patient safety
Programme includes break out session - Coming Off and Preparation for Medication Withdrawal**

Venue	Friends House, Euston Road, London NW1 2BJ
Date	Thursday 6 November 2008
Time	9.00 am to 5.00 pm registration from 8.30 am
Registration	Please mail or fax registration form to EYAS Ltd (details overleaf) For concessions please email info@april.org.uk or call 020 7266 7599

Organiser: APRIL- Adverse Psychiatric Reactions Information Link

Room 6, 380 – 384 Harrow Road, London W9 2HU

www.april.org.uk

info@april.org.uk

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**Adverse psychiatric side effects of medicines
What's your responsibility?**

CONFERENCE - Thursday 6 November 2008

REGISTRATION FORM

Personal Details

Surname..... First Name.....Title
Occupation or job title.....
Employer
Mailing address
..... Postcode
Telephone..... Fax
Email.....

Payment options

I enclose a **cheque/draft** for: £.....

Cheques must be in Sterling and made payable to 'EYAS Ltd'
Bank Drafts: should be drawn on a UK bank and free of bank charges.

Please invoice employer. Order no or reference

Contact name.....
TelephoneFaxemail
Department and Address.....

Credit Card subject to 3% processing fee Please charge my Visa MasterCard

Card Number.....
Name of cardholder..... Expiry Date.....
Address of credit card
CW number(last 3 digits on back of credit card).....

Please send me accommodation suggestions

I, the undersigned, certify that I have taken note of the terms and conditions of registration and cancellation, which I accept.

Signature

Date

Refund Policy

- No refunds for cancellations after 28 October 2008.
- Refund requests must be in writing and a £15 handling fee will be charged.

Registration fees

Full fee £125
(lunch included)

Concession £ 25
(lunch not included)

For those who cannot afford a donation to help us cover the cost of the conference a registration fee of £5 will be accepted.

BOOK NOW to reserve a place

Please send payment and registration form to:

**EYAS Ltd
5 Cooper Street
Chichester
West Sussex,
PO19 1EB, UK**

Tel +44 (0)1243 775 561
Fax +44 (0)1243 776 738
Email april@eyas.co.uk

Confirmation, invoice and maps will be sent to you as proof of registration.

Please state if you wish to participate in - or attend the break-out

Session *Coming Off and Preparation to minimise and cope with Medication Withdrawal Effects* yes / no