

*In the treatment of schizophrenia*

# **Positive symptom control is the start, but what brightens the picture?**





**GEODON** is contraindicated in patients with a known history of QT prolongation, recent acute myocardial infarction, or uncompensated heart failure, and should not be used with other QT-prolonging drugs. GEODON has a greater capacity to prolong the QT<sub>c</sub> interval than several antipsychotics. In some drugs, QT prolongation has been associated with torsade de pointes, a potentially fatal arrhythmia. In many cases this would lead to the conclusion that other drugs should be tried first.

\*Depressive symptoms associated with schizophrenia as measured by the MADRS and CDSS.

*Please see brief summary on last page.*



# GEODON®—Efficacy that brightens outcomes

**Power to take patients beyond positive symptoms to positive outcomes**

*In schizophrenia...*

- **Positive symptoms** significantly controlled as early as Week 1<sup>1</sup>
- **Negative symptoms** significantly improved<sup>1</sup>
- **Cognitive symptoms** significantly improved<sup>2</sup>
- **Depressive symptoms\*** lifted<sup>1,2</sup>
- **Favorable tolerability** and a healthy metabolic profile<sup>1,2</sup>

**GEODON®**  
*Oral Capsules* (ziprasidone HCl)  
and *Injection* (ziprasidone mesylate)

**Power to restore potential™**



First atypical  
antipsychotic approved  
in an IM formulation

# Target dosing to maximize efficacy

## Recommended dose range

**40**  
mg/  
day

**80**  
mg/  
day

**120**  
mg/  
day

**160**  
mg/  
day

Average dose in acute flexible-dose studies<sup>2</sup>:

**126**  
mg/day

## How to dose GEODON

- BID dosing with food (food increases absorption two-fold)
- Initiate at 40 mg/day; adjust dose as early as Day 3 as needed
- The lowest effective dose should be used

Clinical judgment should be used in administering GEODON in patients at risk for significant electrolyte disturbances. Patients on diuretics should be monitored.

The most frequently reported adverse events for GEODON at an incidence of  $\geq 5\%$  and at least twice the rate of placebo were somnolence (14%), respiratory disorders (8%), and EPS (5%).

**REFERENCES:** 1. Daniel DG, Zimbroff DL, Potkin SG, et al, and the Ziprasidone Study Group. Ziprasidone 80 mg/day and 160 mg/day in the acute exacerbation of schizophrenia and schizoaffective disorder: a 6-week placebo-controlled trial. *Neuropsychopharmacology*. 1999;20:491-505. 2. Data on file. Pfizer Inc., New York, NY.

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