PROTOCOL

A DOUBLE BLIND CROSSOVER STUDY TO ASSESS THE EFFECTS OF SERTRALINE ON PSYCHOMOTOR PERFORMANCE AND INTERACTION WITH DIAZEPAM

INVESTIGATOR	:	Dr. I. Hindmarch
LOCATION	:	Department of Psychology, University of Leeds, Leeds, U.K.
NO. OF SUBJECTS	:	12 - completing the full study period.
DURATION OF STUDY	:	4 weeks (for twelve volunteers to be studied)
START OF STUDY	:	February 1983.

Aims

(1) To assess the effects of sertraline if any, on psychomotor performance.

(2) To investigate the interaction with diazepam and CP-51,974, if any, on psychomotor performance.

Subject Selection Criteria

A. Inclusions:

1. Normal, healthy volunteers between the ages of 18 and 50 years.

2. No evidence of concomitant disease based upon history, full physical examination and clinical laboratory tests. Laboratory tests results at the screening examination must be within normal limits.

SUBJECT NAME/IDENTIFICATION

SUBJECT NO. 6

CLINICAL REPORT

5 0 7 0 1 0 6 6

PLEASE PRINT ALL DETAILS AND INDICATE [X] WHERE APPLICABLE

INVESTIGATOR Dr. I. Hindmarch

Date of Visit 7 3 83 (Day Month Year)

[01] Age 40 year

Date of birth 8, 1, 43

Sex male ☐ 1 female* ☒ 2

Height 5'6" cm (167)

Weight 11st. kg (70)

*If female, please state method of contraception. (If not applicable, please state why)

Coil.

Written informed consent obtained Yes (1) Date / /

Smoking: 1 Cigarettes _____ per day
3 Pipe _____ gms per week
4 Cigars _____ per day

Non smoker ☒ 2

Alcohol: Regular ☐ 1 None ☐ 2

Infrequent ☒ Amount per day _____

IX

PHYSICAL EXAMINATION please comment on any relevant abnormalities normal ☒ 0

MEDICAL HISTORY please give any relevant details nothing of significance ☒ 0

Has the subject recieved any drug therapy during the past 2 weeks? Yes* ☐ 1 No ☒ 0

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*If Yes, please specify

K1391

058 001684

Motus/Pfizer

SUBJECT NAME/IDENTIFICATION _____ SUBJECT NO. _____

STUDY RECORD

5 0 7 0 1 0 0 6

PLEASE PRINT ALL DETAILS AND INDICATE [X] WHERE APPLICABLE

INVESTIGATOR Dr. I. Hindmarch PERIOD 1

[02] **TREATMENT**

Day	Date	STUDY DRUG No. of Capsules	STUDY DRUG Time of ingestion	DIAZEPAM Dose (mgs.)	DIAZEPAM Time of ingestion
1	10/3/83		1100		
2	11/3/83		1015		
3	12/3/83		0940		
4	-/-/-				
5	-/-/-				
6	-/-/-				
7	-/-/-				

[03] **CONCOMITANT DRUG THERAPY** None [ ] 0

DRUG (generic name)	Unit Dose (mg)	Frequency per day	Date Started d/m	Time of first dose	Date Stopped d/m	Reason for Therapy
ASPIRIN 180	1	1	11/3/83	0900	11/3/83	HEADACHE 179

[04] **SIDE EFFECTS** None [ ] 0

	SIDE EFFECT (please specify)	SEVERITY Mild 1	Moderate 2	Severe 3	Date of Onset	Duration (Days)	DUE TO STUDY TREATMENT Yes 1	No 2	? 3	COURSE Enter code from Key below

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Keys: 1. Disppeared with continued treatment
2. Tolerated with continued treatment
3. Dose of active treatment reduced
4. Symptomatic treatment given
5. Study treatment stopped
6. Study treatment temporarily stopped

K1392

ADVERSE EFFECTS CHECKLIST HPRU 183 OXJW1 (1-5)

050-206-070-006

Patient's study number 0 0 6 (8-10)

Patient's initials

Visit number THURSDAY (11)

day month year

Doctor's initials _____

Date of Visit 1 0 0 3 8 3 (13-18)

7 (19-20)

PHYSICIAN'S CHECK LIST OF COMMON SYMPTOMS

	SYMPTOM	SEVERITY *Please underline*				*Please leave blank*	
038	Drowsiness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(21)
023	Insomnia	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(22)
045	Restlessness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(23)
013	Apprehension	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(24)
079	Headache	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(25)
056	Fainting or lightheadedness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(26)
037	Dizziness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(27)
106	Dry mouth	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(28)
077	Palpitations	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(29)
103	Constipation	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(30)
061	Blurred vision	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(31)
	Sweating	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(32)
176	Flushing	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(33)
152	Rash	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(34)
117	Nausea	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(35)
114	Indigestion	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(36)
032	Weakness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(37)
059	Tremor	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(38)

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ANY OTHER SYMPTOMS *(please specify, and underline severity)*

+ 038 044 decreased [illegible]

mild$_1$ moderate$_2$ severe$_3$ (39-42) (43)

_____

mild$_1$ moderate$_2$ severe$_3$ (44-47) (48)

058 001692

ADVERSE EFFECTS CHECKLIST HPRU 183 OXJW1 (1-5)

050-206-070-006

Patient's study number 006 (8-10)

Patient's initials _____

Visit number FRIDAY (11)

Doctor's initials _____

Date of Visit day 11 month 03 year 83 (13-18)

(19-20) 07

PHYSICIAN'S CHECK LIST OF COMMON SYMPTOMS

	SYMPTOM	SEVERITY *Please underline*				*Please leave blank*
038	Drowsiness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(21)
023	Insomnia	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(22)
045	Restlessness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(23)
013	Apprehension	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(24)
079	Headache	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(25)
056	Fainting or lightheadedness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(26)
037	Dizziness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(27)
106	Dry mouth	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(28)
077	Palpitations	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(29)
103	Constipation	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(30)
061	Blurred vision	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(31)
188	Sweating	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(32)
176	Flushing	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(33)
152	Rash	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(34)
117	Nausea	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(35)
114	Indigestion	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(36)
032	Weakness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(37)
059	Tremor	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(38)

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ANY OTHER SYMPTOMS *(please specify, and underline severity)*

malaise tired decreased coordination

174 038 044 mild$_1$ moderate$_2$ severe$_3$ (39-42) (43)

059 Tremor mild$_1$ moderate$_2$ severe$_3$ (44-47) (48)

058 001693

Motus/Pfizer

ADVERSE EFFECTS CHECKLIST HPRU 183 OXJW1 (1-5)

050-206-070-006

Patient's initials 6

Patient's study number 006 (8-10)

Visit number SATURDAY (11)

Doctor's initials _____

Date of Visit day 12 month 03 year 83 (13-18)

(19-20) 7

PHYSICIAN'S CHECK LIST OF COMMON SYMPTOMS

	SYMPTOM	SEVERITY *Please underline*				*Please leave blank*
038	Drowsiness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(21)
023	Insomnia	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(22)
045	Restlessness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(23)
013	Apprehension	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(24)
079	Headache	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(25)
056	Fainting or lightheadedness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(26)
037	Dizziness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(27)
106	Dry mouth	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(28)
077	Palpitations	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(29)
103	Constipation	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(30)
061	Blurred vision	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(31)
188	Sweating	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(32)
176	Flushing	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(33)
152	Rash	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(34)
117	Nausea	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(35)
114	Indigestion	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(36)
032	Weakness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(37)
059	Tremor	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(38)

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ANY OTHER SYMPTOMS *(please specify, and underline severity)*

AGGRESSION (022) mild$_1$ moderate$_2$ severe$_3$ (39-42) (43)

(038) Tired mild$_1$ moderate$_2$ severe$_3$ (44-47) (48)

058 001694

Motus/Pfizer

ADVERSE EFFECTS CHECKLIST HPRU 183 OXJW1 (1-5)

08-206-070-006

Patient's initials _____

Doctor's initials _____

Patient's study number 006 (6-10)

Visit number SUNDAY (11)

Date of Visit day 13 month 03 year 83 (13-18)

(19-20) 07

No tablets taken

PHYSICIAN'S CHECK LIST OF COMMON SYMPTOMS

	SYMPTOM	SEVERITY *Please underline*				*Please leave blank*
038	Drowsiness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(21)
	Insomnia	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(22)
045	Restlessness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(23)
013	Apprehension	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(24)
179	Headache	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(25)
056	Fainting or lightheadedness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(26)
037	Dizziness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(27)
106	Dry mouth	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(28)
077	Palpitations	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(29)
103	Constipation	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(30)
061	Blurred vision	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(31)
188	Sweating	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(32)
176	Flushing	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(33)
152	Rash	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(34)
117	Nausea	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(35)
114	Indigestion	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(36)
032	Weakness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(37)
059	Tremor	absent$_0$	mild$_1$	moderate$_2$	severe$_3$	(38)

ANY OTHER SYMPTOMS *(please specify, and underline severity)*

117 022 179	mild$_1$	moderate$_2$	severe$_3$	(39-42) (43)
	mild$_1$	moderate$_2$	severe$_3$	(44-47) (48)

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058 001695

ADVERSE EFFECTS CHECKLIST HPRU 183 OXJW1 (1-5)

050-206-070-006

Patient's initials _____

Patient's study number 006 (6-10)

Visit number [ ] (11)

Doctor's initials _____

Date of Visit (day / month / year) 14 03 83 (13-18)

[7] (19-20)

PHYSICIAN'S CHECK LIST OF COMMON SYMPTOMS

	SYMPTOM	SEVERITY *Please underline*				*Please leave blank*	
038	Drowsiness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(21)
	Insomnia	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(22)
045	Restlessness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(23)
013	Apprehension	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(24)
079	Headache	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(25)
056	Fainting or lightheadedness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(26)
037	Dizziness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(27)
106	Dry mouth	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(28)
077	Palpitations	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(29)
103	Constipation	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(30)
061	Blurred vision	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(31)
	Sweating	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(32)
176	Flushing	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(33)
152	Rash	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(34)
117	Nausea	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(35)
114	Indigestion	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(36)
032	Weakness	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(37)
059	Tremor	absent$_0$	mild$_1$	moderate$_2$	severe$_3$		(38)

ANY OTHER SYMPTOMS *(please specify, and underline severity)*

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_____ mild$_1$ moderate$_2$ severe$_3$ [ ] (39-42) [ ] (43)

_____ mild$_1$ moderate$_2$ severe$_3$ [ ] (44-47) [ ] (48)

058 001696

Motus/Pfizer

058-206-070-006

Pfizer

Timesheet

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Subject No. 6

Week No.	Date	Day	3 Capsules	1 Tablet	LSEQ Completed
Week 1	Thursday 10th March	1	11-00		✓
	Friday 11th March	2	10-15		✓
	Saturday 12th March	3	9-40.		✓
	Sunday 13th March	4	NONE		✓
	Monday 14th March	5			✓
	Tuesday 15th March	6			
	Wednesday 16th March	7			
Week 2	Thursday 17th March	8			
	Friday 18th March	9			
	Saturday 19th March	10			
	Sunday 20th March	11			
	Monday 21st March	12			
	Tuesday 22nd March	13			
	Wednesday 23rd March	14			

Note the time medication was taken in space provided and tick when each LSEQ is completed.

Take 3 capsules at 9.00 am every day from 10th March - 23rd March. Also during two three day periods;

14th - 16th March and 21st - 23rd March, take one tablet at 9.00 am with the capsules.

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058 001697

10-3-83. Capsules @ 11.00.

By 1pm slight nausea (117)

" headache (179)

" slowed down feeling (038)

" lack of co-ordination (044)

This continued until 5pm.

Then nausea persisted (117)

headache " (179)

Went to bed @ 10.30pm.

Headache worse (179)

Slight nausea. (117)

Woke @ 4 a.m. — (11-3-83)

Bad headache (179)

Nausea worse. (117)

Took an aspirin (180)

Nausea increased (117)

Had trouble getting back to sleep (023)

Awakened at the usual time.

Felt exhausted and head felt slightly (174)

" headachy (179)

Slightly nauseaous (117)

Slight tremor (059)

050-206-070-006

11-3-83 Med. @ 10.15am (038)

Felt a little tired all day.

Vague feeling of nausea & and headache (117)

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058 001701

052-206-070-006

12-3-83 Med. @ 9.40 (117)

Vague feeling of nausea & headache (179) at times during the day.

Felt aggressive in relationships and whilst driving (022)

13-3-83 Felt tired all day. (038)

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