

November 15, 1972

Samuel C. Kaim, M.D.
Coordinator, VA-SAODAP
Steering Committee
Veterans Administration
Department of Medicine and Surgery
Washington, D.C. 20420

Dear Sam:

The proposal for a cooperative study evaluating the use of narcotic antagonists in withdrawal of addicts from methadone maintenance is interesting. I have a few questions which may elucidate the proposal.

1. The record does not indicate the basis for the choice of doxepin as an antidepressant, rather than imipramine.
2. Why elect a 21 day induction to cyclazocine when 4 days are sufficient?
3. Why select 4 mg/day as the dose of cyclazocine, if antidepressant activity is to be tested, when the antidepressant activity of cyclazocine has been demonstrated at 1 1/2 to 2 1/2 mg/day in depressive patients? Or, is part of the test a comparison of narcotic antagonist activity of cyclazocine with doxepin's antianxiety activity?
4. Reference to Jaffe and Senay (pages 3-4) suggests they found tricyclic antidepressants and phenothiazines in small doses, useful. By what criteria? The same questions are raised for the data of Kline and Pfizer (page 5).
5. Is a ten week withdrawal from methadone feasible? Would such a slow withdrawal allow a high rate of recidivism? Perhaps, a more rapid detoxification, at 5 mg/day for 10-20 days would be feasible.

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6. For adverse reactions, the protocol suggests reaching Derman or myself. The Stony Brook phone is useful only during business hours: I suggest 516-444-2413 or 2447 during business; and 516-466-5444 evenings and weekends.

My best wishes.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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