

February 24, 1966

Dr. Craig D. Burrell
Medical Services Director
Sandoz Pharmaceuticals
Hanover, New Jersey 07936

Dear Dr. Burrell:

Following your letter of January 21, Dr. Itil and I requested Dr. Holden to review the data on those patients who had remained on thioridazine or combined thioridazine and chlordiazepoxide for estimates of the prolonged changes in hemoglobin.

Dr. Holden has submitted two summary statements. The first, dated February 11, provides a summary of the average hemoglobin values for each of the subjects in the study during each of the drug periods. In the summary statement, drug II is placebo, drug I is chlordiazepoxide alone, drug IV is thioridazine alone and drug III is a combination of the two.

The second two pages give the mean values for hemoglobin and hematocrit for the eight patients who were maintained on either the combination or placebo beyond the study period. Unfortunately, this group of patients appears too small to contribute to our understanding of the hemoglobin changes with thioridazine. Similarly, for the changes in hematocrit.

However, there have been additional measurements made of hematocrit, hemoglobin and changes in weight. These appear on the four subsequent pages. The notations for drugs II, III and IV are the same as in the previous summary. The hematocrit and hemoglobin are the different scores between the measurements during the last five weeks of this stated period and the previous drug period. In this way, the first column of the hematocrit and weight change can be read that the hematocrit showed a 2 gram difference between the drug II period and the preceding treatment period for this subject and concurrently the weight also decreased by 5 pounds in the two periods. Comparing drug IV with the preceding drug II period one will see for this patient that the hematocrit decreased by 1 gram and the weight increased by 7 pounds.

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When the patient received drug II again the hematocrit increased by 3 grams and the weight decreased by 1 pound.

Reviewing this data it seems that there is an inverse relationship between changes in hematocrit and hemoglobin on the one hand and weight on the other. As the hematocrit and hemoglobin decreased, the weight increases, and conversely as hematocrit and hemoglobin increase, the weight falls. Perhaps, the marked changes in weight reflect the changes in body fluids. The possibility of hemodilution being a factor in the changes in hematocrit and hemoglobin is an interesting idea, although I would be cautious in expressing this generally.

We have not yet heard from our cardiac consultant, but hope to have some data shortly.

I trust this is of interest to you.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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