F: Letters
TYRER

November 5, 1979

Dr. P. Tyrer
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Dear Drs. Tyrer, Steinberg and Watson,

The report of the possible epileptogenic effect of mianserin (Lancet, October 13, 1979) is far from compelling. You note that the patient, with a long history of recurrent depressive illness, received nitrazepam, lorazepam, and mianserin on admission for "a further episode of depression precipitated by the death of her husband." Nitrazepam was stopped soon thereafter; and for six weeks she received lorazepam and mianserin. Three days before a seizure, she stopped her lorazepam.

You conclude that this episode suggests that mianserin may have epileptogenic features, and caution physicians in prescribing mianserin in patients with a history of seizures.

Was the possibility of the seizure as secondary to the withdrawal of benzodiazepines ruled out as an explanation for the seizure? If so, how?

If she presumably had no history of seizures, how can one conclude that mianserin should not be given to patients with a history of seizures?

We have examined the EEG effects of mianserin in volunteer subjects and in patients.* We have described systematic EEG effects, but these are unlike those usually seen with compounds inducing seizures. While such studies do not preclude seizure induction, the likelihood is remote, and we suggest the alternate explanation, of benzodiazepine withdrawal, as more likely.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

*Fink, M., Irwin, P., Gastpar, M. and de Ridder, H.: EEG, Blood Level, and Behavioral effects of the Antidepressant Mianserin (Org GB 94). Psychopharmacologia 54: 249-254, 1977.

Irwin, P. and Fink, M. EEG Study of Mianserin (GB 94) in Depressed Patients. Brit. J. Clin. Pharmacol. 5: (Suppl.): 43S-49S, 1978.

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