

January 23, 1969

Dr. Edgar Grunewald
Geigy Pharmaceuticals
Ardsley, New York 10502

Dear Ed,

Following your request, we have reviewed our ongoing ketimipramine-imipramine study. This second phase was undertaken to compare the two compounds in a random assignment, blind basis following the preliminary study (Summary II: 8-30-68) and the protocol (3-20-68). The study began in April 1968.

To date, 26 patients in the out-patient population of the Metropolitan Hospital Community Mental Health Center satisfied the criterion for admission to the study of exhibiting symptoms of depression, retardation and endogenous features. Of these, 6 are classified as psychotic depressions; 17 as neurotic depressions and 3 as schizo-affective disorders with depressive symptoms. Fourteen patients were assigned to imipramine and 12 to ketimipramine. Twelve are in progress now.

Of 14 subjects, 6 completed the study period and 8 were incomplete ("drop-out"). The "drop-outs" were with both drugs and appear unrelated to drug factors. Of 3 ketimipramine treated patients each improved and were discharged from the clinic. One of the drop-out patients discontinued treatment after 5 weeks therapy, and we have not been able to obtain a follow-up. At her last visit, her symptoms were ameliorated.

Three patients completed the imipramine trial, being rated as much improved (2) and improved (1).

Secondary effects were few (excluding the possibility that some patients failed to return because of symptoms assumed to be drug related). With imipramine, headaches and "burning, red eyes" (1) and nausea (1) were reported. With ketimipramine,

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