

"Imipramine induced
behavioral disorganization"

April 9, 1964

Dr. Max Pollack
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Dear Max:

I have read your paper with interest, and have made a few comments in the margins as well as some suggestions about the text. My biggest question is why this report does not reflect your thinking in the use of imipramine as a classificatory device. As I recollect, about two years ago you wrote a preliminary report comparing adult schizophrenics with behavior disorders. In that study, the analysis of the effects of imipramine were not included because we had not yet analyzed the data. It seems to me that this report is an opportunity to emphasize again either in the discussion or the text, the fact that imipramine seems to be a good device to separate the schizophrenic patients, especially the childhood group, from other schizophrenic populations.

The three comments in the margins are as follows: On page 4, I was concerned as to how these specific behavioral scales were selected. There were many others that were available and we are always subject to the criticism of selecting scales for tasks that reflect our bias. If these were selected because they reflected specific aspects of behavior, then this might be stated. I also wondered if these were the original scores or one of the derived scores as reported by Don in Psychopharmacologia.

Comment 2, on page 4, is to suggest that if you speak of the records as being "abnormal", then the classification of the EEG should be stated in the method since I do not know any other place where it has been described.

Comment 3 is related to your suggestion that the effects with imipramine are similar to LSD. With regard to the electroencephalographic effects, LSD does not produce a definite increase in fast activity. The results that you describe are closest to those seen with anticholinergic compounds, such as Ditrane. Indeed, the combination of increased slow wave activity with a great deal of fast activity is a combination that we have seen regularly in our patients who are receiving Ditrane and other anticholinergic drugs. I do not know how

Dr. Max Pollack

4-9-64

Page Two

you can relate this comment to the reference of Abramson, but the suggestion about LSD and EEG is in error.

Finally, I would be interested in the relationship between the changes in blood pressure to the rest of the spectrum. I do not know how to relate these changes to either the psychological tasks or the EEG, and perhaps you can include some generalizations about this association.

I find your analysis of the EEG changes of great interest, and it would be helpful to me if I knew the patients included in the three groups. Would your secretary be able to send me the names or the numbers of the patients?

Parenthetically, what did happen to the report on adult schizophrenics with behavior disorders?

Sincerely yours,

Max Fink, M.D.
Director

MF/jb

Enc.