

March 8, 1971

Dr. Edward L. Platcow, Ph.D.
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Dear Dr. Platcow:

As requested, I have read proposed chapter 32 "Antidepressants". It is well written and authoritative, and my comments and suggestions are few.

Pg. 251, Paragraph 1: Recent notes suggest that thiothixene (Navane) also has antidepressant qualities. We demonstrated such activity in our studies, and it is my impression that Drs. Norman Pitts and Allen Berger at Pfizer Laboratories, Groton, Connecticut can provide the available documentation.

Paragraph 3. The role of ECT is presented in too limited a fashion. In every study of ECT and antidepressants, ECT is more effective and more rapidly (see Cole and Davis, in Freedman and Kaplan, "Comprehensive Textbook of Psychiatry", 1967: 1263-1275; Klein and Davis, Diagnosis and Treatment of Psychiatric Disorders, 1969: 187-322). Most important, in suicidal risks, involuntional melancholia, and psychotic agitated depressives, ECT may be life-saving, while antidepressants are too slow and ineffective. Although drug evaluation is the focus, in my view, ECT is a complex way to achieve a biochemical change in the CNS - which is, after all, the goal of pharmacotherapy.

Paragraph 4. Too harsh an evaluation. The references cited by Klein and Davis show many controlled studies.

Paragraph 5. A reason to emphasize the value of ECT in severe depressions.

Pg. 259, Paragraph 1: English syntax is poor in phrase, "... since these agents block the actions of these antihypertensive agents".

Paragraph 3. The duration of drug effects is generally 48-72 hours. The recommendation of a 2-week interval between tricyclic compounds and MAOI seems much too harsh, and too restrictive. Probably 72 hours are adequate.

Paragraph 9. I do not know the evidence for restricting imipramine in epileptics. My own data suggests it may reduce seizure activity in the brain, and may therefore be recommended. I suggest the data source be checked (see Canad. Psychiat. Assn. J., 4(Suppl.): 166-171, 1959).

A restriction omitted is the use of imipramine in schizophrenia, where excitement states may be precipitated (in Biological Psychiatry, Plenum Press, 1965, 7: 53-61).

Pg. 260, Paragraph 2. Same as Page 259, Paragraph 9.

Pg. 261, Paragraph 1. Sinequan is now prepared as a concentrate also.

Pg. 262: Nialamide, and Phenelzine: Efficacy is suggested in endogenous depressions. The evidence is clearly that such patients show no response to MAOI, and if there is any application, it could be in the neurotic depressives.

Pg. 263: Tranylcypramine. Same as for phenelzine. Surely, there is no evidence that tranylcypramine has been effective over ECT. I would doubt that there are cases "inappropriate for ECT" [such as?] who may respond to tranylcypramine.

I trust these comments are helpful.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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