

*F. Letters
(Loosen)*

November 2, 1979

Peter T. Loosen, M.D.
Dorothea Dix Hospital
Raleigh, NC 27611

Dear Peter,

Thank you for the two articles, on the oral treatment of depressed patients with 80 mg TRH and the review of peptide effects. I had seen the Karlberg et al article, but in light of our discussion, I should be disappointed and assume that the likelihood that TRH over three weeks would be significantly antidepressant. Yet, the many observations including the three patients who responded in this series, suggests that we may be close, as close as the early workers were with l-dopa in parkinson patients.

For the meanwhile, I have decided not to replicate the study; but rather to try with two of the newer peptides, DGAVP and des-Tyr-gamma-endorphin, to assess their central (EEG) effects.

My associate, Yiannis Papakostas has been carrying out TRH-TSH stimulation tests and dexamethadone-cortisol tests in every one of our depressed patients, referred for drug therapy or ECT. So far, in the first 15 patients, he has found more consistent DM-cortisol abnormalities which resolve with treatment, than TRH-TSH but the latter do occur in about 1/3 the cases, and he is confirming the observations of TSH blunted response in some depressed. He is using our schizophrenic patients as controls, and we are particularly interested in the ECT group.

It was kind of you to think of me, and my thanks.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry