

*Letters
Frazer*

November 3, 1979

Alan Frazer, Ph.D.
Depression Research Unit
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Philadelphia, PA.

Dear Alan,

Thank you for sending me your report on the subsensitivity of beta-adrenergic receptors as a test for antidepressant drug activity. The report is quite interesting and well done, but like other such efforts, which seek a single test to define 'antidepressant' activity, seems to fail in not being inclusive. The problems with such efforts are many, but the principal one highlighted by this report is the expectation that a single system is involved in treatments as diverse as ECT, TCAD, MAOI, stimulants, etc., just because these various systems seem to be useful in relieving a single symptom. Is it not likely that the various 'depression' syndromes reflect different mechanisms, just like fever and headache may reflect different underlying pathophysiologies ?

Of course, that mianserin did not fit within the model leads to the speculation that perhaps mianserin is not an antidepressant. But, as you are well aware, it is also possible that the single system studied is not general enough to be related to the syndrome of depression. I am confident that mianserin is an antidepressant, not because of its clinical evidence, but because its EEG profile in man is so like amitriptyline, that it will have the same or similar effects on brain function, and in depressed patients, should have the same behavioral effects as seen with amitriptyline. To the extent that amitriptyline is "antidepressant", so is mianserin.

I am taking the liberty of sending your report to my collaborator in my mianserin studies, Dr. J. J. de Ridder of Oss, Holland, with a note that he may write to you if he wishes additional information. I would be grateful if you would oblige his inquiries, if any.

My regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry