TRANYLCYPROMINE IN THE OFFICE TREATMENT OF DEPRESSION
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Clinical testing of drugs in private practice is seldom completely objective. The personality of the physician, the way in which the medication is given, and even apparently innocuous statements or actions of the physician, can produce clinical responses that are often attributed to the drug. These limitations are most obvious in the evaluation of drugs used to treat patients with psychoneurotic or psychotic disorders. For such patients there are seldom any strictly objective standards by which progress can be measured. Nevertheless, every physician is, of necessity, constantly evaluating new drugs or methods of treatment. This report is a description of a clinical evaluation of tranylcypromine, (trans-dl-2-phenylecyclopropylamine) a new antidepressant drug that possesses inhibiting properties for monoamine oxidase.

During a period of six months 15 male and 22 female patients (average age, 42.7 years; range, 18 to 64) were treated with tranylcypromine. Although it had been intended to use the drug in all types of depression, initial results indicated that it seemed to be most effective in patients with psychoneurotic depressive reactions, and such patients were selected for particular study. Consequently, 30 of the patients in this series had psychoneurotic depressive reactions. The remaining diagnosis included involutional depressive reactions, three patients; manic-depressive reactions, two patients; obsessive-compulsive reaction, one patient; and schizoid personality, one patient. Twenty-eight patients had been experiencing recurrent depressive episodes (from two to 25 years apart), and had been treated during these episodes with psychotherapy, tranquilizers or sedatives. In six of these patients, electric shock therapy had been necessary. No history of previous depressive episodes was reported by the other nine patients.

In all patients, the current episode had persisted for at least two weeks, (range, two weeks to eight months; median, three months), and 30 of them had failed to respond satisfactorily to treatment with tranquilizers or sedatives (prochlorperazine, trifluoperazine, chloral hydrate, phenobarbital) and psychotherapy before treatment with tranylcypromine was begun. Although the clinical
picture varied from patient to patient, a partial list of symptoms would include: guilt feelings, grim facies, pensive attitude, insomnia, anorexia, somatic complaints without organic cause, anxiety, nervousness, inability to concentrate, disinterest, passivity, psychomotor inhibition, fatigue, and morbid—or, in a few of the more severely depressed patients—suicidal thoughts.

At first, high dosages of the drug (60 mg. a day in divided doses) were used, followed by regular weekly reductions of 10 mg. a day until a maintenance level was established for each patient (usually 10 or 20 mg. a day). In one patient, the dosage was increased to 80 mg. a day for one week before starting the reductions. However, when Peterson and McBrayer* reported successful results with lower doses in the treatment of patients with affective depression, it was decided to begin treatment with doses of 30 mg. a day. The last nine patients in the series received this dosage regimen. All patients were treated with tranylcypromine for from two weeks to four months (median, 5.5 weeks). Eight patients, in whom anxiety, tension or nervousness seemed a major part of the symptom complex, continued to receive tranquilizers (prochlorperazine 15 to 30 mg. a day, or perphenazine 8 to 16 mg. a day), or barbiturates, in addition to tranylcypromine. Prochlorperazine, 15 to 30 mg. a day, was added to the treatment regimen of five other patients in whom symptoms of anxiety began to predominate as therapy continued and their depressions diminished. Psychotherapy was continued for all patients throughout the evaluation.

Serum bilirubin and alkaline phosphatase tests were done on nine patients both before and during treatment with tranylcypromine, and both standing and sitting blood pressures were recorded for all patients at each visit.

**Results**

The results of treatment were evaluated pragmatically. If adding tranylcypromine to the customary regimen caused the patient to respond more rapidly or more completely to therapy, the drug was considered *effective*; if the patient’s response was similar to or inferior to what was ordinarily expected, the drug was considered *ineffective*. By this criterion, the drug was *effective* in 30 (81 per cent) of the patients, and *ineffective* in seven (19 per cent).