

MONOAMINE OXIDASE INHIBITORS

- 1) Efficacy - as useful as tricyclics - 60-70% effective
May salvage some tricyclic non-responders.
- 2) Indications for MAOI:
 - a) Depression (psychotic, psychoneurotic)
 - b) Phobic anxiety
 - c) Atypical facial pain
 - d) Hypertension (pargylene)
 - e) Old people without cardiac or cerebrovascular disease
 - f) Atypical, depressive-anxious, early insomnia, somatic complaints
- 3) Available MAOI:
 - a) Tranylcypromine (Parnate)
 - b) Pargylene (Eutynil)
 - c) Phenylzin (Nardil)
- 4) Mode of action:
 - a) blocks metabolism of monoamines (serotonin, NE, DA)
 - b) Causes build up of monoamines
- 5) Dosage and administration:
 - a) Parnate 30-60 mg/day (begin 10 mg/day)
 - b) Take 2-4 or 6 weeks to work
 - c) Needs tricyclic or sympathetic amine free period of one week
before starting MAOI
- 6) Side effect of MAOI:
 - a) Hypotension
 - b) Hypertension

MONOAMINE OXIDASE INHIBITORS (cont'd)

- c) Activation of mania and psychotic symptoms
 - d) Cellular hepatitis
 - e) Overstimulation and insomnia
 - f) Nausea, vomiting, lethargy, diarrhea
 - g) Confusion
 - h) Hypertensive crisis
- 7) Hypertensive Crisis:
- a) Symptoms
 - (1) hyperpyrexia
 - (2) hypertension
 - (3) prostration
 - (4) sweating
 - (5) confusion
 - (6) agitation
 - (7) headache, CVA's, etc.
 - (8) mydriasis
 - b) Causes of hypertensive crisis
 - (1) sympathomimetics (amphetamines, cold preparations)
 - (2) tyramine containing foods - see PDR: chicken liver, beer, Chianti wine, fermented cheeses, pickled herring, sweet cream, chocolate, etc.
 - (3) L-Dopa (broad beans)
 - (4) tricyclic antidepressants

MONOAMINE OXIDASE INHIBITORS (cont'd)

- c) Treatment
 - (1) symptomatic
 - (2) chlorpromazine
- d) Combined therapy - tricyclic antidepressants - MAOI
 - (1) may be safer than it seems
 - (2) may salvage some non-responders
 - (3) start with tricyclic antidepressant first