

PsychoTropical Psychopharmacology, Neuropharmacology & Toxicology Expertise

May 2018

Dr Ken Gillman	MAOI anti-depressant drugs
	Dear Colleague,
Convener: MAOI International Experts Group	A patient who wishes to consider treatment with MAOI anti-depressant drugs has obtained this letter from my website. This letter is to help you asses and advise on this request, especially because the information available in many sources is not very helpful.
Expertise in:	I have several scholarly publications specifically reviewing MAOIs [1-5]
Psycho- pharmacology	and I am the convener of the prestigious 'MAOI International Experts Group' which provides advice to doctors who use, and wish to learn more
Serotonin toxicity	about, MAOI drugs. My google scholar profile is here: http://scholar.google.com.au/citations?user=ea6KeD0AAAAJ&hl=en
Neuroleptic malignant syndrome Drug interactions MAOIs TCAs SSRIs SNRIs	I have extensive experience of using monoamine oxidase inhibitor (MAOI) drugs (phenelzine, Nardil; tranylcypromine, Parnate; isocarboxazid, Marplan, and now the successor to selegiline, rasagiline, Azilect). These drugs are somewhat maligned and reduced knowledge and awareness of them makes many doctors shy away from using them when they would be efficacious, and sometimes lifesaving. There are several interesting stories relating to this on my website, particularly that of the famous Professor who wrote a psychopharmacology book saying they were dangerous and ineffective. He became seriously depressed himself, and after three years of unremitting illness was only made well after he was given tranylcypromine. <u>He re-wrote his book</u> !
Information at: PsychoTropical. info	Almost all experienced psycho-pharmacologists (and guidelines) accept the evidence that MAOIs are effective & potent anti-depressant drugs. They deserve to regain a more prominent place in our therapeutic armamentarium. The side effects and possible interactions of MAOIs have been much exaggerated. Tranylcypromine often has less side effects than newer drugs. The low tyramine diet is easy and better understood than it was in the past (see the guidelines and documentation on my website).

The financial power of pharmaceutical companies, that dominate post-graduate education and have aggressively promoted the supposed advantages of newer drugs, has a detrimental effect on prescribing and has seriously unbalanced the optimal use of many medications.

If you are a doctor who uses, or would consider using, MAOI antidepressant drugs, then you may apply to join the clinicians MAOI group (email me at <u>ken.psychotropical@gmail.com</u>). This group has access to the expert group who can answer particular questions that come up.

If you would like to look, there is much referenced information on my website, which is a world-renowned hub for information about MAOIs, and you can Skype and email me (see the website):

https://psychotropical.info/maois/

I am personally available for comment or advice.

Yours Sincerely,

Dr. Ken Gillman

References

- 1. Finberg, J. and P. Gillman, *Pharmacology of MAO–B inhibitors and the cheese reaction*, in *International Review of Neurobiology*, M. Youdim and P. Riederer, Editors. 2011, Elsevier Inc. Academic Press.: Burlington. p. 169–190.
- 2. Gillman, P.K., *CNS toxicity involving methylene blue: the exemplar for understanding and predicting drug interactions that precipitate serotonin toxicity.* Journal of Psychopharmacology, 2011. **25**(3): p. 429–3.
- 3. Gillman, P.K., *Advances pertaining to the pharmacology and interactions of irreversible nonselective monoamine oxidase inhibitors.* Journal of Clinical Psychopharmacology, 2011. **31**(1): p. 66–74.
- 4. Gillman, P.K., "Much ado about nothing": monoamine oxidase inhibitors, drug interactions, and dietary tyramine. CNS Spectr, 2017: p. 1-3.
- 5. Gillman, P.K., *A reassesment of the safety profile of monoamine oxidase inhibitors: elucidating tired old tyramine myths.* Journal of Neural Transmission, 2018: p. in press.