PRELIMINARY EXPERIENCE WITH MOCLOBEMIDE FOR THE TREATMENT OF DEPRESSIVE DISORDERS IN MALAYSIA

S K Indran

ABSTRACT

The objective of this study was to describe preliminary experience with moclobemide in the treatment of depressive disorders in the University outpatient clinic in Malaysia.

Twenty patients who satisfied DSM III R criteria for depressive disorders and scored more than 16 on the Hamilton Rating Depression Score at the initial interview were recruited into this open study. The primary diagnosis of 4 patients was later ascertained to be panic disorder(2), schizophrenia(1) and social phobia(1).

Patients rated themselves as improved by first follow up (7-14 days), and rated their depression as very mild to mild by the third follow up visit (ie at a mean of 46 days). Side effects were minimal and compliance good.

Keywords: *moclobemide, depressive disorders, Malaysia.*

SINGAPORE MED J 1995; Vol 36: 189-190

INTRODUCTION

Moclobemide is a new generation of reversible inhibitors selective for monoamine oxidase type A. Its mode of action affects norepinephrine and serotonin transmission. Its direct action would be to inhibit more or less selectively monoamine reuptake and to break down the monoamine oxidase enzymes. In comparison to the older generation monoamine oxidase inhibitors (MAOI) eg iproniazid, tranylcypromine, phenalzine and nialamide, moclobemide solely blocks monoamine oxidase inhibitor-A and leaves monoamine oxidase inhibitor-B to act on tyramine. Moclobemide is also bound to monoamine oxidase inhibitor-A for about 8 hours, and this allows for the "reversible" effect[2] when compared to the traditional MAOIs which would take about 3 weeks for the effect to wear out.

The aim of this study was to describe preliminary experience with moclobemide which has not been previously used extensively in Malaysia.

METHODOLOGY

This is an open study of a cohort of 20 psychiatric patients in the outpatient psychiatric clinic at the General Hospital, Kuala Lumpur. All patients who met DSM III R[4] criteria for depressive disorder and who scored more than 16 points on the 21-item Hamilton Rating Scale (HAM-D) for depression were selected. Patients gave informed consent. They were selected into this cohort, either as new cases or if they required a change of antidepressent therapy because of their complaints about the previous anti-depressants they were on. At each follow-up visit, patients were rated by the doctor using the Clinical Global Impression Scale (CGI) and the patients rated themselves using the Patients Global Impression Scale (PGI). Ratings were made on admission into the study, ie visit one on day zero, visit two on day fourteen, visit three on day thirty, and visit four on day forty-six. There was no wash-out period and concomitant treatment with benzodiazepines was continued. Patients were started on moclobemide of 150 mg b.d. and were increased to 450 mg daily if it was necessary.

Department of Psychiatry
Faculty of Medicine
Universiti Kebangsaan Malaysia
Jalan Raja Muda Abdul Aziz
50300 Kuala Lumpur
Malaysia

S K Indran, FAM, MBBS, DPM (UK), MRC Psych (UK), MSc (Clin Epid) (Aust)
Associate Professor

RESULTS

There were 20 patients whose characteristics are shown in Tables I and II. Table III describes the scores of the patients on four instruments over the period of treatment with moclobemide. On the CGI, the initial high score of 3.25 dropped to a score of 2.5 by two weeks, and remained at that for the rest of the assessment. The patient's global assessment on the PGI, decreases from the second visit onwards and both the doctor's evaluation and the patient's self-assessment show agreement at six weeks. The HAM-D was only assessed on the first and last visit about six weeks later and showed significant drop in the scores. The patient drop-out rate was 50% by six weeks; the reasons for this are described in the discussion.

Two patients developed maculo-papular rashes, one immediately after initiation of therapy and the other after about two weeks. A sensation of dizziness described as feeling 'lightheaded' without vertigo and not related to change in posture was noted in 7 of the patients. In general, these adverse events were mild and transient, and the overall tolerability was considered to be good.

Table I – A preliminary report on the use of moclobemide in a general hospital setting in Malaysia.

	Demographic Description (n=20)	
Age	Range: 22-58 years Mean: 36.5 years	
Race	Malays Indians Chinese Others	4 5 8 3
Sex	Male Female	9 11
Marital Status	Married Unmarried	13 7

Table II – Diagnostic category of present depressive episode

Diagnostic category	n=20
Major depression	12
Dysthymia	3
Panic disorder with agarophobia and depression	1
Panic disorder with secondary depression	1
Bipolar disorder – depressed	1
Post schizophrenic depression	1
Social phobia with secondary depression	1
Total	20

Table III – Patient's treatment scores

	Mean Scores			
	Global Clinical Impression (CGI)	Patient's Global Improvement (PGI)		Hamilton Rating Scale (HAM-D)
		doctor	patient	
visit 1	3.25			22.9
visit 2	2.5	2.9	3.1	
visit 3	2.5	2.5	2.4	
visit 4	2.5	2.0	2.0	9.6

DISCUSSION

This study, although an open 'unblinded' study, serves to provide preliminary information for further "double-blind" controlled studies of moclobemide versus other antidepressants in the Malaysian population.

By the end of six weeks, 4 patients had dropped out because of side-effects, while of the remaining six, inability to afford moclobemide resulted in their drop-out from the study. Of the two patients with panic disorder and depression, one needed 450 mg of moclobemide a day for the panic symptoms to remit. In the other patient the depressive symptoms remitted but the panic symptoms were still present at 150 mg/day. This patient complained of 'dizziness' at higher dosages and since the dosage could not be increased, she was on a benzodiazepine as well.

Other concomitant medications included lithium (1000 mg a day) for the patient with bipolar illness, and thioridazine (300 mg/day) for the patient with schizophrenia. No adverse effects were reported. A patient who took an overdose of 1800 mg (12 tablets) of moclobemide, had gastric lavage but suffered no other ill effects.

This study clearly has some limitations; ie the sample is too heterogenous, the subsequent visit intervals are not the same for all cases but vary from case to case, there was no washout period, some patients were on other drugs at the same time and the number of dropouts could not be controlled. The study period is also for a mean of about six weeks, and therefore no conclusions can be made about the effectiveness of moclobemide for longer periods.

In conclusion, moclobemide is seen as an effective anti-depressant in the treatment of depressive disorders. Certain features like the rapid onset of action, mild adverse effects and good tolerability are noted. Future studies should take into consideration the difficulties and limitations encountered in this study.

ACKNOWLEDGEMENT

I am grateful to Mr John George of Roche Malaysia, for support and assistance, the clinic staff Puan Pankajam and Cik Siti Meriam Ibrahim for clerical assistance.

REFERENCES

1. Burkard WP, Bonetti EP, Da Prada M, Martin JR, Polc P, Schaffner R, et al. Pharmocological profile of moclobemide, a short acting and reversible inhibitor of monoamine oxidase type. AJ Pharmacol Exp Ther 1989b; 248:391-9.
2. Versiani M, Nardi AE, Figueria ILV, Stabl M. Toberability of moclobemide, a new reversible inhibitor of monoamine oxidase A, compared to other antidepressants and placebo. Acta Psychiat Scand 1990; 380 [suppl]: 24-8.
3. Da Prada M, Ketler R, Burkard WP, Lorez HP, Haefely WE. Some basic aspects of reversible inhibitors of monoamine oxidase – A. Acta Psychiatr Scand 1990a [suppl]; 360:7-12.
4. DSM-111-R. Diagnostic and Statistical Manual of Mental Disorders. 3rd edition revised. Washington DC: American Psychiatric Association, 1987.