groups of agoraphobic out-patients for 12 weeks of treatment. In this study, both drugs were superior to placebo. With phenelzine treatment, a higher proportion of patients were completely or markedly improved, with phenelzine showing a consistent trend of superiority to imipramine on the majority of measures. Paykel et al (in press) have recently compared phenelzine to amitriptyline and placebo in neurotic depressive out-patients. Both drugs were clearly superior to placebo and of comparable efficacy.

Finally, we have shown in a six week comparison of phenelzine 60 mg/day to amitriptyline 150 mg/day, a study using the SDI, DI matching and serial monitoring of platelet MAO activity, that in out-patients phenelzine has overall equivalent efficacy to this widely prescribed tricyclic antidepressant. Furthermore, phenelzine exhibited greater anti-anxiety effects than amitriptyline in this setting.

PREDICTORS OF MAOI RESPONSE

Predictors of response to MAOI treatment are clinical or biological; the former can be classified into categorical (type of illness/personality type) or dimensional (severity, endogenous/non-endogenous). Since it is still possible to select drug treatment for most patients on the basis of the clinical picture alone and by monitoring symptomatic response (without reliance on measurement of drug levels, or biochemical or physiological measures of drug effect), the emphasis will be on the clinical characteristics of MAOI responsive patients.

Clinical predictors of MAOI response

In 1959, West & Dally (1959) published the results of a retrospective analysis of patients showing a good clinical response to iproniazid treatment. The clinical characteristics for which the responder and non-responder groups showed statistically significant differences are shown in Table 17.3. These and other symptoms not shown in Table 17.3 which appeared characteristic of iproniazid responders were those not associated with the classical endogenous picture, or showing a reverse pattern (p.m. worsening, weight gain). In other words, depressed patients with 'atypical' vegetative signs generally had good therapeutic response to this MAOI. Subsequently, Dally & Rohde (1961) in retrospective analysis of responders to iproniazid and to imipramine reported that the latter group tended to be diagnosed endogenous depressives whereas the former did not.

As noted previously, controlled trials of phenelzine treatment showing effectiveness of this MAOI were carried out with out-patients, and those with negative or equivocal results with in-patient samples (Robinson et al, 1973). In reviewing 12 controlled trials of phenelzine against placebo in depressed patients, Paykel et al (1979) noted that all