

## Prescribing Framework for Tranylcypromine in the treatment of depressive illness

Patients Name:..... NHS Number: .....

Patients Address:.....(Use addressograph sticker)

GP's Name:.....

### Communication

We agree to treat this patient within this Prescribing Framework

Specialist Prescriber's Name..... Prof Reg. No. ....

Specialist Prescriber's Signature..... Date:.....

Where prescriber is not a consultant:

Consultant's Name: ..... GMC No .....

Consultant's Signature ..... Date:.....

GP's Signature:..... Date:.....

GP's Name (if different from listed above).....

The front page of this form should be completed by the specialist and the form sent to the patient's general practitioner.

The patient's GP should sign and **send back to specialist**, to confirm agreement to enter into shared care arrangement. If the General Practitioner is **unwilling** to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of this framework and specialist's letter.

Full copy of framework can also be found at : <http://www.hey.nhs.uk/amber.htm>

### APPROVAL PROCESS

Written by:	<b>Jackie Stark, Principal Pharmacist HTFT</b>
Consultation process:	<b>Humber D&amp;TG</b>
Approved by:	<b>MMIG</b>
Ratified by:	<b>HERPC</b>
Review date:	<b>January 2024</b>

## 1. Background

Monoamine-oxidase inhibitors are used much less frequently than tricyclic and related antidepressants, or SSRIs and related antidepressants because of the dangers of dietary and drug interactions and the fact that it is easier to prescribe MAOIs when tricyclic antidepressants have been unsuccessful than vice versa.

MAOIs inhibit monoamine oxidase, thereby causing an accumulation of amine neurotransmitters. The metabolism of some amine drugs such as indirect-acting sympathomimetics (present in many cough and decongestant preparations, section 8.0) is also inhibited and their pressor action may be potentiated; the pressor effect of tyramine (in some foods, such as mature cheese, pickled herring, broad bean pods, and Bovril®, Oxo®, Marmite® or any similar meat or yeast extract or fermented soya bean extract) may also be dangerously potentiated. These interactions may in extreme cases cause a dangerous rise in blood pressure. An early warning symptom may be a throbbing headache

Tranlycypromine should therefore be discontinued immediately upon the occurrence of palpitations or frequent headaches.. Patients should be advised to eat only fresh foods and avoid food that is suspected of being stale or 'going off'. This is especially important with meat, fish, poultry or offal; game should be avoided. The danger of interaction persists for up to 2 weeks after treatment with MAOIs is discontinued. Patients should also avoid alcoholic drinks or de-alcoholised (low alcohol) drinks.

NICE CG90 recommends that non-reversible monoamine oxidase inhibitors (MAOIs), should normally be prescribed only by specialist mental health professionals.

The guidelines should be read in conjunction with the general guidance on prescribing matters given in EL (91) 127 "Responsibility for prescribing between hospitals and GPs".

## 2. Indication

Tranlycypromine should only be initiated in secondary care under specialist supervision.

Once a patient's mental state and medication have been stabilised they may be considered suitable for shared care between the specialist and GP

Tranlycypromine is licensed for the treatment of symptoms of depressive illness especially where phobic symptoms are present or where treatment with other types of anti-depressants has failed. It is not recommended for mild depressive states resulting from temporary situational difficulties.

## 3. Dose

Initially 10mg twice daily not later than 3pm, increasing the 2nd dose to 20mg after 1 week if necessary. Doses above 30mg daily should only be used under close supervision; usual maintenance dose 10mg daily. Older people: use with great caution and at reduced dose .Child: not recommended.

## 4. Duration of treatment

NICE guidance recommends that people with depression who benefit from treatment with antidepressants are advised to continue with treatment for at least 6 months after remission, extending to at least 2 years for people at risk of relapse.

## 5. Contraindications

Hypersensitivity to the active substance or excipients listed

**Do not give tranlycypromine until at least two weeks after stopping treatment with other MAOIs.**

**Other antidepressants should not be started for 2 weeks after treatment with MAOIs has been stopped.**

**Allow 3 weeks to elapse after stopping tranlycypromine before starting clomipramine or imipramine.** Only experienced psychiatrists should use selected tricyclics in conjunction with MAOIs as

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this is potentially fatal. There is no evidence that the combination is more effective than when either constituent is used alone. The combination of tranylcypromine with clomipramine is particularly dangerous.

**Conversely, MAOIs should not be started until at least 7–14 days after a tricyclic or related antidepressant (3 weeks in the case of clomipramine or imipramine) has been stopped.**

In addition, MAOIs should not be started for at least 2 weeks after a previous MAOI has been stopped (then started at a reduced dose). In the case of drugs with a very long half-life (such as fluoxetine), it may be advisable to extend this interval

Tranylcypromine should not be taken by patients suffering from porphyria.

Do not give tranylcypromine with indirectly acting sympathomimetic amines such as amphetamine, fenfluramine or similar anti-obesity agents, ephedrine or phenylpropanolamine (certain cold cures may contain such agents) or with levodopa or dopamine, as severe hypertensive reactions may result; with pethidine and closely related narcotic analgesics, and nefopam, as potentiation may occur; with dextromethorphan as a similar reaction has been reported; with other MAO Inhibitors, as symptoms of overdose are possible; or with buspirone, since increased blood pressure may occur.

Reports of hyperactivity, hypertonicity, hyperpyrexia, coma and death have been associated with the use of tranylcypromine in combination with tricyclic antidepressants; Tetracyclic antidepressants should also be avoided. The use of clomipramine in patients already on tranylcypromine may be particularly hazardous. Use of MAO inhibitors with or after fluvoxamine has been reported to produce a serotonin syndrome, sometimes fatal.

Do not use tranylcypromine in patients with actual or suspected cerebrovascular disease or severe cardiovascular disease; in those with actual or suspected pheochromocytoma, or with hyperthyroidism; or in those with known liver damage or blood dyscrasias..

## 6. Cautions

Use tranylcypromine with great caution in elderly patients; in those with cardiovascular disease in whom physical activity should be regulated, as the drug may suppress anginal pain; and in epileptic patients, as tranylcypromine has a variable effect on the convulsive threshold in animals. Tranylcypromine may aggravate some co-existing symptoms in depression such as anxiety and agitation.

**Tranylcypromine should preferably be withdrawn at least two weeks before elective surgery because of possible drug interaction.**

Caution should be exercised in prescribing tranylcypromine for patients with a previous history of dependence on drugs or alcohol.

Tranylcypromine therapy should be withdrawn gradually.

### **Suicide/suicidal thoughts or clinical worsening**

Depression is associated with an increased risk of suicidal thoughts, self harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. A meta-analysis of placebo controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.

Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

### **Drowsiness may affect performance of skilled tasks (e.g. driving)**

## 7. Adverse effects

Akathisia; anxiety; appetite increased; arrhythmia; asthenia; behaviour abnormal; blood disorder; confusion; constipation; dizziness; drowsiness; dry mouth; dysuria; hallucination; headache; hyperhidrosis; insomnia; jaundice; nausea; paraesthesia; peripheral neuritis; postural hypotension (more common in elderly); reflexes increased; skin reactions; suicidal tendencies; tremor; vision blurred; vomiting; weight increased.

### **Rare or very rare**

Hepatocellular injury

### **Frequency not known**

Chest pain; diarrhoea; drug dependence; extrasystole; flushing; hypertension; hypomania; mydriasis; pain; pallor; photophobia; sleep disorder; throbbing headache

## 8. Interactions

Potentially life-threatening hypertensive crisis can develop in those taking MAOIs who eat tyramine-rich food (such as mature cheese, salami, pickled herring, Bovril®, Oxo®, Marmite® or any similar meat or yeast extract or fermented soya bean extract, and some beers, lagers or wines) or foods containing dopa (such as broad bean pods). Avoid tyramine-rich or dopa-rich food or drinks with, or for 2 to 3 weeks after stopping, the MAOI.

**Details of contraindications, cautions, drug interactions and adverse effects listed above are not exhaustive. For further information always check with BNF [www.bnf.org.uk](http://www.bnf.org.uk) or SPC ([www.medicines.org.uk](http://www.medicines.org.uk)).**

## 9. Monitoring

Regular blood pressure measurement is recommended during initiation and routine checks should be made during maintenance.

Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

## 10. Information to patient

Verbal information along with the patient information leaflet from the Choice & Medication website will be provided. It is essential that the patient has a good understanding of the food restrictions and is able to adhere to these. Information on these food risks will be given to the patient prior to starting treatment.

## 11. Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	<ul style="list-style-type: none"><li>• Prescribing until maintenance regime established.</li><li>• Discussion of risks and benefits with patients and carers in particular the dietary restrictions and interactions with medication, including OTC.</li><li>• Provision of written information on use, side effects and dietary restrictions</li></ul>	<ul style="list-style-type: none"><li>• Provide details of any concurrent medication, coexisting health problems and compliance issues to the specialist</li></ul>
Maintenance	<ul style="list-style-type: none"><li>• Provide details of concurrent medication prescribed via psychiatric secondary care to GP.</li><li>• Provide details of patient follow up including care plan.</li><li>• Inform GP of any identified problems e.g. compliance with treatment.</li><li>• Provide details of mental health key worker if appropriate.</li></ul>	<ul style="list-style-type: none"><li>• Continued discussion of risks and benefits of medication with patients and carers as required.</li><li>• Prescribing once maintenance doses established. Switching or discontinuation should only be done through the specialist</li><li>• Continued monitoring as agreed with secondary care and referral back to secondary care if patient becomes non-compliant and/or if mental state deteriorates</li><li>• Respond to adverse reactions and advise on concomitant medication.</li><li>• Update specialist on any changes in medical condition or prescribed concomitant medication until discharged from specialist services</li></ul>
Switching	<ul style="list-style-type: none"><li>• Provide support to GP in response to queries about switching antidepressants</li></ul>	<ul style="list-style-type: none"><li>• Seek support from specialist when considering switching antidepressants</li></ul>

### Contact Details:

During Office hours:  
Mental Health Response Team 01482 301701

Pharmacy Department Humber Teaching NHS Foundation Trust 01482 389269

**Out of hours: On Call Psychiatrist via Miranda House- Tel: 01482 216624**