TRICYCLIC ANTIDEPRESSANTS

DEAR SIR,

The article 'Dyskinesias associated with tricyclic antidepressants', (*Journal*, May 1976, **128**, p 493) may be misleading to a number of readers. We also feel that it does an injustice to the tricyclic antidepressants.

Since the authors failed to point it out, attention should be drawn to their idiosyncratic use of tricyclics. Case no. 1, who had described earlier adverse effects from tricyclics, was treated with 1200 mg of amitriptyline daily, along with perphenazine and trihexyphenidyl, this combination being administered after a course of thiothixene which had had been administered for an unknown length of time, an approach that few would advocate for treating depression. The report of auditory and visual hallucinations suggests possible toxicity from the thiothixene-amitriptyline combination assuming the diagnosis of depression to be correct. The second case, a 44-year-old patient with a three-week history of insomnia and crying spells would be seen by many therapists as being a potential responder to nonspecific supportive measures or psychotherapy, but was placed on 400 mg a day of amitriptyline with 40 mg of trifluoperazine. Antidepressants often take 2–3 weeks to work yet the regime was altered after only three days with an increase of amitriptyline up to 600 mg daily and substitution of one major tranquillizer by another (perphenazine) as well as addition of trihexyphenidyl. Quite apart from constituting an unusual approach for treating short-term depression, the dose of amitriptyline exceeds by far the recommended maximum, 300 mg daily. The possibility that high dosage tricyclic therapy leads to a phenothiazine-like block of dopaminergic receptors had already been suggested in the literature several years ago by Asberg (1) who reported that high dose nortriptyline with attendant high plasma levels of the drug exerted an antitherapeutic effect, which disappeared upon reduction of the dose. Any dyskinesia from such agents might therefore be the result of a hyperdopaminergic state following blockade of dopamine receptors. We feel it an unwarranted conclusion that the tricyclic antidepressants have resulted in dyskinesia, since both patients were on several drugs throughout treatment, which makes it difficult to identify the offending agent when side-effects do occur.

JONATHAN DAVIDSON
BYRON LAW YONE

John Umstead Hospital,
Butner, North Carolina 27509, USA

1. ASBERG, M., *et al* (1971) Relationship between plasma levels and therapeutic effect on nortriptyline. *British Medical Journal*, *iii*, 331.