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Letter to the Editor

Improvement of social phobic symptoms after treatment with brofaromine, a reversible and selective inhibitor of MAO-A

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Several authors have reported that social phobic patients benefit more from MAOIs than from any other drug (Liebowitz *et al*, 1988). All studies up to the present time have used MAOIs that inhibit unselectively both A and B forms of MAO. However, because of the irreversibility of the MAO inhibiting effect and the risk of hypertension due to tyramine enhancing effects, MAO inhibitors have been generally considered as drugs of second choice (Cooper, 1989). The development of a new generation of MAOIs which are devoid of those side-effects could present new possibilities in the long-term pharmacological treatment of social phobia, providing that they proved to be equally efficient. Brofaromine is one such new, short-acting, reversible and selective inhibitor of MAO-A (Waldmeier *et al*, 1983). Previous studies have reported brofaromine to be well tolerated and free from serious side-effects (Möller *et al*, 1991).

Case report

MP, a 49 year-old mechanic, was admitted to the Max-Planck-Institute of Psychiatry after he had made a suicide attempt by taking 1500 mg of amitryptiline. According to MP and his family, for the past three years he had been unable to leave his house alone or to go to public places where he might be seen by neighbours. He feared people's attention could be attracted towards him, *ie* to the way he walked and behaved. Activities he especially avoided were shopping, eating at restaurants, etc. When circumstances forced him to do so, he experienced anxiety as well as several autonomic symptoms such as palpitations, sweating, trembling, etc. Panic attacks or agoraphobic symptoms were not reported. Depressive symptoms were mild and did not meet the DSM III-R criteria for a major depressive syndrome (American Psychiatric Association, 1987) at the time of admission. During the first week of the treatment program he received placebo, which did not bring about any clinical change. A marked clinical improvement was observed five days after treatment with brofaromine (150 mg/d) began. By the end of the fourth week of treatment, an almost complete clinical remission was observed. No side-effects were reported. No concomittant behaviour therapy-oriented techniques were used. Treatment was discontinued after the patient was discharged. Ambulatory follow-up was carried out for six months. Six weeks after leaving the hospital, a significant relapse occurred. After resuming therapy with brofaromine for two weeks, the patient remained free of symptoms for the next four months.

In our opinion, brofaromine appears to be useful for the intensive treatment of acute social phobic symptoms. The mechanism of action of MAOIs in the treatment of social phobia is as yet unknown. It has been hypothesized that the dopaminergic activity of MAOIs could account for its therapeutic activity (Levin *et al*, 1989). However, unlike non-selective monoamine oxidase inhibitors, brofaromine acts primarily on serotonergic and noradrenergic pathways rather than dopaminergic pathways (Waldmeier *et al*, 1983; Möller *et al*, 1991), questioning current thinking. Our view is supported by

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preliminary observations that moclobemide, another reversible inhibitor of MAO-A devoid of dopaminergic properties, is effective in the therapy of social phobia (Versiani *et al*, unpublished results). Hence, further clinical studies using reversible inhibitors of MAO-A in social phobia could be of interest for therapeutic reasons as well as for a better understanding of the pathophysiology of the disorder.

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