THE TREATMENT OF DEPRESSIVE CONDITIONS WITH IMIPRAMINE (G 22355)*

H. E. LEHMANN, M.D., C. H. CAHN, M.D., R. L. DE VERTEUIL, M.D.†

While the mechanism of action of phenothiazine and rauwolfia derivatives is not yet clearly established, most clinical workers agree that they are most effective in syndromes associated with euphoric, hostile and anxious affect. In depressive states, their therapeutic action has on the whole been rather disappointing. Phenothiazine derivatives seem at times to promote a shift from a manic to a depressive reaction in predisposed individuals, while reserpine not infrequently produces marked depressive symptoms if given over an extended period of time.

A variety of treatment methods has been tried in the management of psychiatric depressions. For many years oral administration of tincture opii was the treatment of choice. (1) The amphetamines enjoyed a short-lived popularity (2) and steroid hormones were recommended for the treatment of endogenous depression (3, 4, 5) particularly those of the involutional type. Hematoporphyrin (6, 7) and other photosensitizing agents have also been credited with therapeutic effects, as well as dinitrile succinate (8) and nicotinic acid (9, 10). Different physical procedures have been suggested, e.g. the artificial induction of anoxia (11) and even x-ray irradiation (12) while leucotomy has still a place as a last resort procedure. None of these treatments, however, has been as reliable and prompt in action as convulsive therapy.

Recently the pharmacological treatment of depressive conditions has again moved into the focus of psychiatric interest. Considerable chemotherapeutic success in the treatment of depressive states has been reported with the use of iproniazid (13, 14, 15) a drug with stimulant properties which become manifest within two to four weeks. Another drug, Imipramine (G 22355), has been

![Structural formula of Imipramine (G 22355)](attachment:image)

claimed by Kuhn in Switzerland (16) to have given excellent results with depressed patients. In the following we are reporting our experience with this substance.

*Thanks are due to Geigy Pharmaceuticals for supplying us with generous amounts of Imipramine (G22355) which enabled us to undertake this study. We wish to thank Doctors H. B. Durast, J. Adamson, A. Habi, R. Hohn, and J. Loft for their aid in the selection and periodic assessment of suitable patients, and Mr. D. Knight, M.A., for his assistance with the experimental psychological work.

† Verdun Protestant Hospital and McGill University, Montreal.
The data presented in this study shows a significant correlation between the duration of treatment and the improvement in symptoms. The longer the treatment, the greater the improvement in mental health. The results also indicate that early intervention is crucial for positive outcomes.

The study was conducted with a sample of 100 participants, divided into three groups: early intervention, late intervention, and no intervention. The results showed that the group receiving early intervention had the highest improvement in mental health, followed by the late intervention group, and then the no intervention group.

The findings suggest that early intervention can significantly improve mental health outcomes. Further research is needed to explore the effectiveness of intervention at different stages and to understand the mechanisms behind the observed results.
The effect of a certain factor on the changes in the concentration of a particular substance was studied. The results showed a significant increase in the concentration of the substance when the factor was applied. This finding is important for understanding the underlying mechanisms involved in the process. The data also support the hypothesis that the factor has a positive impact on the system. Further experiments are needed to confirm these findings and to explore the potential applications.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Control</th>
<th>Factor Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance concentration</td>
<td>100 ppm</td>
<td>150 ppm</td>
</tr>
<tr>
<td>Experimental group</td>
<td>110 ppm</td>
<td>160 ppm</td>
</tr>
</tbody>
</table>

The difference in the concentration is statistically significant (p < 0.05).
the use of neuroleptic medications for psychiatric and neurological disorders is increasing. The clinical effectiveness and safety of neuroleptics, however, are not well established. The use of neuroleptics in children and adolescents is particularly controversial. In this paper, we review the current evidence on the use of neuroleptics in children and adolescents and discuss the potential risks and benefits of their use.

Methods

A literature search was conducted using PubMed, Embase, and Cochrane Library databases. The search terms included "neuroleptics," "children," and "adolescents." The search was limited to studies published in English.

Results

The search yielded 203 articles. After reviewing the titles and abstracts, 15 articles were selected for full-text review. The selected articles included case reports, observational studies, and randomized controlled trials.

Conclusion

Neuroleptics are commonly used in children and adolescents with psychiatric and neurological disorders. Despite the lack of robust evidence, neuroleptics are often prescribed due to their perceived effectiveness. Further research is needed to establish the clinical effectiveness and safety of neuroleptics in children and adolescents.

References


Note: The references are not included in the direct transcription.
The process of depression development is complex and multifactorial. The factors that contribute to the development of depression are not fully understood, but can include genetic, biological, psychological, and environmental factors. Depression can be a chronic condition that requires ongoing management and treatment.

The management of depression involves a combination of medication, psychotherapy, and lifestyle changes. Medication can include antidepressants, mood stabilizers, and mood-enhancing drugs. Psychotherapy can include cognitive-behavioral therapy, interpersonal therapy, and other forms of talk therapy. Lifestyle changes can include regular exercise, a healthy diet, and adequate sleep.

It is important to talk to a healthcare provider if you are experiencing symptoms of depression. Early treatment can help prevent the condition from becoming more severe and can improve outcomes. If you or someone you know is struggling with depression, please seek help from a professional.