

Identification and Treatment of Major Depressive Disorder (MDD) for Adults

MAOI Diet and Medication Restrictions

MAOI class antidepressants are likely underutilized because they are not simple to use, but have indications for MDD with atypical features and in refractory cases. Primary care clinicians typically defer to psychiatric clinicians to determine indications for and management of this class of medications.

When MAOI class antidepressants are used in the treatment of MDD it is important that both provider and patient are informed about dietary and medication restrictions to prevent hypertensive crisis and/or serotonin syndrome. The detail of these restrictions is beyond the scope of this guideline. Readers are advised to consult interaction checking databases when prescribing MAOI class antidepressants.

Dietary restrictions must be observed for at least one day before initiation and two weeks after discontinuation of an MAOI. The duration of medication washout before MAOI initiation depends on the known pharmacokinetic properties of the restricted medication. For example, there should be a two week washout period after most SSRIs before going to an MAOI, with the exception of Prozac for which there is a 5 week washout period. Medication restrictions must be observed for two weeks after the discontinuation of an MAOI.

Common drug interactions of concern include other antidepressant medications, dopamine agonists, carbamazepine, dextromethorphan, disulfuram, meperidine, stimulants and other sympathomimetic amines, and other synthetic narcotics. Over-the-counter medications may present risks, particularly those containing sympathomimetic amines or dextromethorphan. Herbal medications including ginseng, medicinal yeasts and St. John's Wort are also restricted. Drugs of abuse including cocaine, amphetamines and narcotics are hazardous in conjunction with an MAOI.

The following sources may be useful to readers interested in understanding dietary restrictions which have been refined over the years to be less onerous than they once were:

1. Northwestern Memorial Hospital Low Tyramine Diet Available at: <http://www.nmh.org/ccurl/504/151/Low-tyramine-diet-08.pdf>
2. Shulman, KL, Walker, SE. Refining the MAOI diet: tyramine content of pizzas and soy products. J Clin Psychiatry, 1999;60(3):191-3
3. Gardner DM, Shulman KI, Walker SE, Taylor SA. The making of a user friendly MAOI diet. J Clin Psychiatry, 1996;57(3):99-104. Abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/8617704>
4. Walker SE, Shulman KI, Taylor SA, Gardner D. Tyramine content of previously restricted foods in monoamine oxidase inhibitor diets. J Clin Psychopharmacol, 1996;16(5):383-8. Abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/8889911>