Drug Dosage
The authors and the publisher have exerted every effort to ensure that drug selection and dosage
set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

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Preface

The great interest in MAO inhibitors awakened by introducing
them into the treatment of depression (G.E. Crane, N. Kline), Parkinson's
disease (W. Birkmayer), as well as the possible implications of
MAO for schizophrenia (D.L. Murphy, R.J. Wyatt) has been overshadowed
by these drugs' serious side effects. In fact, in the late sixties and
the early seventies, MAO research was rather rare. Joseph Knoll
worked on the pharmacology of (-)deprenyl; Johnston developed the
concept of the MAO-A and MAO-B subtypes, and Merton Sandler’s
group described multiple forms of MAO in the human brain. Again, it
took some years before a fortunate constellation consisting of Joseph
Knoll ? Moussa Youdim ? Peter Riederer ? Walther Birkmayer led to
the first clinical application of (-)-deprenyl for Parkinson's disease.
Confirmation of this trial by several research groups, and the discovery
of dopamine to be an excellent B-substrate in man (Merton Sandler),
stimulated research into MAO once again. A number of new compounds
have been tested for their possible clinical application, and the
'dernier cri' are selective, reversible inhibitors. The new approaches
have led to an increasing frequency of MAO symposia during the past
years. Why then another such meeting? We are of the opinion that theoretical
progress in MAO research must have a clinical correlate, and we
expect a stimulating dialogue between clinicians who have experience
with these new drugs and research workers who are veterans in the
field.

We thank our host, Prof. Dr. Dr. H. Hfner, for holding this symposium
in the Zentralinstitut fr Seelische Gesundheit, Mannheim. We
are also very grateful to Mrs. I. Treudler and Rahm-Pharma for the excellent
organization of this international meeting.

Helmut Beckmann,
Peter Riederer

List of Abbreviations

AMP Adenosine monophosphate
ATP Adenosine triphosphate
BSA Bovine serum albumin
COMT Catechol-O-methyltransferase
CRAO Clorgyline-resistant amine
oxidase
CSF Cerebrospinal fluid
DA Dopamine
DA-S04 Dopamine-3-0-sulfate
DOPAC 3,4-dihydroxyphenylacetic
acid
DST Dexamethasone suppression test
ECD Electron-capture detector
EPQ Eysenck Personality Questionnaire
FAD Flavin adenine dinucleotide
FMN Flavin mononucleotide
FPI Freiburger Personlichkeitsinventar
GOT Glutamic oxaloacetic transaminase
GPT Glutamic pyruvic transaminase
\(?\)-GT \(?\)-Glutamyl transpeptidase
HDRS Hamilton depression rating scale
5-HIAA 5-Hydroxyindoleacetic acid
HPLC High-pressure liquid chromatography
S-HT S-Hydroxytryptamine = serotonin
L-S-HTP L-S-Hydroxytryptophan( e)
HVA Homovanillic acid
MAO Monoamine oxidase
MAOI Monoamine oxidase inhibitor
MEK Methyl ethyl ketone
MHPG 3-Methoxy,4-hydroxyphenylglycol
MMPI Minnesota Multiphasic Personality Inventory
MOPEC-S04 3-Methoxy,4-hydroxyphenylethleneglycol sulfate
NA Noradrenaline
NE Norepinephrine
PB Blood pressure
PE Phenylephrine
PEA Phenylethylamine
PFBOA Pentafluorobenzylamine hydrochloride
PRP Platelet-rich plasma
RDC Research Diagnostic Criteria
SEM Standard error
TCP Tranylcypromine
TRY L-Tryptophan(e)
TY Tyramine