CONTRAINDICATIONS

A. The following contraindications should be carefully observed because hypertensive episodes associated with a distinctive reaction have been reported. *Such reactions are characterized by some or all of the following symptoms: occipital headache which may radiate frontally, palpitation, neck stiffness or soreness, nausea and vomiting, sweating (sometimes with fever and sometimes with cold, clammy skin) and photophobia. Either tachycardia or bradycardia may be present, and associated constricting chest pain and dilated pupils may occur. In rare instances, intracranial bleeding, sometimes fatal in outcome, has been reported in association with this paradoxical increase in blood pressure.*

1. IN PATIENTS WITH CEREBROVASCULAR DEFECTS OR SEVERE CARDIOVASCULAR DISORDERS

Parnate (tranylcypromine, SK&F) should not be administered to any patient with a confirmed or suspected cerebrovascular defect or to any patient with severe cardiovascular disease.

2. IN COMBINATION WITH 'TOFRĀNIL'*, 'ELAVIL'*, OR MAO INHIBITORS

Under no circumstances should Parnate (tranylcypromine, SK&F) and 'Tofrānil' be administered together or in rapid succession. In addition to the possibility of a hypertensive reaction, severe seizures have been known to occur in patients receiving such combinations. Likewise, Parnate (tranylcypromine, SK&F) should not be used with other MAO inhibitors or with 'Elavil'.

In patients being transferred to Parnate (tranylcypromine, SK&F) from another MAO inhibitor or from 'Tofrānil' or 'Elavil', allow a medication-free interval of at least a week, then initiate Parnate (tranylcypromine, SK&F) using half the normal dosage for at least the first week of therapy. Similarly, at least a week should elapse between the discontinuance of Parnate (tranylcypromine, SK&F) and the administration of another monoamine oxidase inhibitor or of 'Tofrānil' or 'Elavil'.

3. IN COMBINATION WITH SYMPATHOMIMETICS

Based on reactions seen in a few patients who have received sympathomimetics or other stimulants, particularly methamphetamine by injection, during Parnate (tranylcypromine, SK&F) therapy, it appears that certain patients are particularly vulnerable to the effects of these drugs when the activity of certain enzymes is inhibited. Use of these drugs with Parnate (tranylcypromine, SK&F) may precipitate hypertension, headache and related symptoms. Methyldopa and research compounds such as dopamine and tryptophan, and according to a recent speculation, the ingestion of cheese, may also contribute to the possibility of a hypertensive reaction. Parnate (tranylcypromine, SK&F) should not be used in the presence of pheochromocytoma since such tumors secrete pressor substances.

Important: Recommended treatment in hypertensive reactions—If a hypertensive reaction occurs, Parnate (tranylcypromine, SK&F) should be discontinued and therapy to lower blood pressure should be instituted immediately. Headache tends to abate as blood pressure is lowered. On the basis of present evidence, phentolamine (available as 'Regitine'†) or pentolinium (available as 'Ansolysen'†) is recommended. (The dosage reported for phentolamine is 5 mg. i.v., and for pentolinium, 3 mg. s.c.) Care should be taken to administer these drugs slowly in order to avoid producing an excessive hypotensive effect. Fever should be managed by means of external cooling. Other symptomatic and supportive measures may be desirable in particular cases.

WARNINGS

The occurrence of palpitation or unusually frequent headaches during Parnate (tranylcypromine, SK&F) therapy may indicate intolerance to the drug. Therapy should be discontinued when these signs are seen.

*Trade Marks Reg. U.S. Pat. Off.: 'Tofranil' for imipramine, Geigy, and 'Elavil' for amitriptyline, Merck & Co., Inc.

†Trade Marks Reg. U.S. Pat. Off.: 'Regitine' for phentolamine and methanesulfonnate, U.S.P., CIBA; and 'Ansolysen' for pentolinium bitartrate, Wyeth.