

## Placebo-controlled study of clomipramine in panic patients taking benzodiazepines

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Patients with panic disorder often take benzodiazepines which are ineffective but difficult to discontinue before initiating specific treatment (Noyes et al., 1990; Malcolm et al., 1990). Tricyclic antidepressants such as clomipramine have demonstrated their efficacy in panic disorders (Den Boer et al., 1987). The purpose of the present study was to assess if the addition of clomipramine to benzodiazepines could result in an easier subsequent detoxification process. Following a run-in period of 2 weeks, 40 outpatients with DSM-III-R panic disorder (16 M, 24 F, aged 18–64, mean age = 44.3) received either clomipramine (50–150 mg/day) or placebo over a 7-month period. Their previous intake of benzodiazepine was kept stable during the first 3 months then gradually tapered over the following 2 months. Finally, clomipramine or placebo was tapered thereafter and included ratings of frequency and intensity of panic attacks from patient diary, Hamilton anxiety and depression scales, clinical global impressions, and Cotrona scale for panic attacks, anticipatory anxiety, and agoraphobia. Results showed a very significant superiority of clomipramine over placebo: 17 patients (85%) in the clomipramine group and four patients (20%) in the placebo group were free of panic attacks after the initial 3 months and able to enter the benzodiazepine taper phase. The superiority of clomipramine over placebo was also very significant on all rating instruments: number ( $P=0.0001$ ) and severity ( $P=0.0009$ ) of panic attacks, Hamilton anxiety ( $P=0.0001$ ) and depression ( $P=0.0001$ ) scales, number ( $P=0.0002$ ) and severity ( $P=0.001$ ) of panic attacks, level of generalized anxiety ( $P=0.004$ ) and severity of main phobias ( $P=0.0008$  and  $0.007$ ) from the Cotrona scale, clinical global impressions ( $P=0.0001$ ). Benzodiazepines were successfully withdrawn in 16 patients in the clomipramine group and one patient in the placebo group ( $P=0.0001$ ). Side effects, mainly of the anticholinergic type, were more frequently reported with clomipramine than with placebo ( $P=0.001$ ) but their frequency decreased throughout the study. Therefore, this study demonstrates that an initial treatment with clomipramine can lead to a successful benzodiazepine taper in panic patients.

### References

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## Brofaromine versus fluvoxamine in panic disorder

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The efficacy of the selective and reversible MAO-A inhibitor (MAO-A-I) brofaromine versus the selective serotonin