Treatment of the attention deficit disorder (residual type) with moclobemide

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The use of Monoamine Oxidase Inhibitors has been reported as an alternative to Psychostimulants (Porquet *et al*, 1988). We are describing a case of attention deficit hypersensitivity disorder (ADHD), residual type, with a favourable response to Moclobemide, a new reversible inhibitor of monoamine-oxidase type A (RIMA).

Mr C, a 25-year-old man was admitted to the psychiatric ward after attempted suicide, in a state of great anxiety, desperate and worried about serious financial problems due to pathological gambling. He had always been a very anxious person with hyperactivity and difficulty in concentrating and finishing tasks. He was not able to tolerate the stress caused by his job, which led to impulsive behaviour with frequent confrontations. He had shown hyperactive behaviour since the age of five which met DSMIII-R criteria for ADHD. He also met criteria for alcohol dependence. Besides, he was diagnosed with ADHD, residual state, based on the persistence of the hyperactivity and other symptoms considered as characteristic of ADHD (Wenker and Garfinkel, 1989) (mood lability, attention deficit, disorganization, bad temper, impulsiveness and low stress tolerance).

Among his medical history, there was a distress at birth (forceps), and a slight delay in his psychomotor development, he also suffered from meningitis in his second month. He had nocturnal enuresis till the age of 15. At school he presented behavioural disorders, he was often in a bad mood and restless, he talked a lot so he was frequently sent out of the classroom and used to get low marks. When playing games, he was restless, did not pay attention, and often broke toys. However, he did not meet DSMIII-R criteria for antisocial behaviour. The hyperactive conduct he showed since the age of five met DSMIII-R criteria for ADHD. When he was admitted, he became anxious at the slightest difficulty, he could not tolerate frustration, not even the daily stress of his work in the office, where he often had to be admonished about his slowness and disorganization. At this point, he showed impulsive behaviour and got into frequent confrontations with his superiors and colleages. He also presented other impulsive conduct such as pathological gambling, paroxysmal drinking bouts which occassionally drove him to alcoholic intoxication. He appeared to be anxious, restless and absent-minded.

The patient was diagnosed ADHD in adulthood (Wenker and Garfinkel, 1989). Other diagnosis such as mental retardation were ruled out (WAIS IQ = 85). Nor did he meet DSMIII-R criteria for major affective disorder nor disthimia.

In ADHD in children and in the residual type of the adult, other psychiatric pathologies, such as generalized anxiety disorder, alcohol abuse and dependence, dysthimia and cyclothimia, have been reported (Biederman *et al*, 1991; Shakim *et al*, 1990). Mr C suffered from a confirmed alcohol dependence and pathological gambling.

Treatment with moclobemide was initiated at a dose of 450 mg day; psychostimulants were not used because of their potential risk of abuse. During the three months of the follow-up, a remarkable change in his behaviour was observed; the hyperactivity, impulsiveness, alcohol intake and pathological gambling disappeared, an adequate stress tolerance was achieved and he improved his concentration on tasks.

With regard to the positive clinical response shown, even by other authors (Trott *et al*, 1992), and after considering that the use of psychostimulants in adults is somewhat more dangerous than in children, we find moclobemide an interesting alternative in the treatment of ADHD residual state.

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