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Letter to the Editor

Mianserin abuse in psychiatric out-patients. A comment

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In a recent paper, Theret *et al* (1992) presented two cases of what they considered to be mianserin abuse. The patients had benzodiazepine and alcohol dependence. During treatment, which included tapering of benzodiazepine and alcohol restriction, both patients were prescribed 60 mg of mianserin although the patients self increased the dosage to 120 and 150 mg a day in order to obtain an 'anti-anxiety effect'. In the discussion, the authors refer to a recommended dose range of 30–90 mg/day and state that "the pattern of drug consumption in these observations was abuse, not lack of compliance or self-medication".

In my opinion, 'abuse' is not a likely explanation. Mianserin has in fact been suggested to be of particular value in the treatment of withdrawal symptoms and drug addiction (Pinder, 1991) and the doses used in the two cases are appropriate according to Scandinavian standards (Eitinger *et al,* 1991).

Mianserin is an alfa-2 adrenoreceptor antagonist and the drugs also have antagonistic effects on the 5-$HT_{1, 2}$ and $_3$ receptors, the histaminergic H_1 and H_2 receptors and alfa-1 adrenoreceptors. Alfa-2-receptor antagonists have antidepressant effects and 5-HT_2 antagonists are known to have antidysthymic and anxiolytic effects. 5-HT_3 antagonists have antiemetic effects. Accordingly, the combination of the alfa-2-adrenoreceptor and serotonergic receptor antagonism may be of particular value in the treatment of the two cases beyond the sleep improving effects of the drug.

In Norway, the most recent textbook on psychiatry recommends mianserin in doses of 60–120 mg in general practice. In institutions and in the hands of psychiatrists, "the double of this dose or more may be necessary" (Eitinger *et al,* 1991, p 171). The most influential Scandinavian textbook of psychopharmacology recommends to increase the mianserin dose to 120-150 mg when necessary if the patient does not have unacceptable side effects (Lingjâerde, 1988). The dose range in more recent double-blind studies has been from 30–150 mg with mean (!) efficient mianserin doses between 100–130 mg (Feighner *et al,* 1983; Carman *et al,* 1991). Thus, the doses chosen by the two patients reported in the case histories were related to good clinical practice in Scandinavia!

In conclusion, from a Scandinavian perspective, the two cases presented by our French colleagues suggest nothing but the possible usefulness of mianserin in the course of detoxification of patients with drug and alcohol dependence.

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