L-tryptophan for treatment-resistant depression

L-tryptophan, the amino acid precursor of serotonin, is not widely used as an adjunctive treatment despite its recommendation in treatment-resistant depression (Taylor, 2001).

Perhaps inexperience, limited supporting data (Shaw et al, 2002), or the inconvenience of full blood count monitoring and patient registration deter prescribers. Numerous authors have reported on mood changes associated with L-tryptophan depletion (including Bell et al, 2001), but few recent studies consider efficacy. We wish to report our experience of L-tryptophan (Optimax) use.

A complete list of patients prescribed L-tryptophan between 1999–2002 under the care of one consultant psychiatrist was obtained from the central Optimax registration service. Fifty-three individuals were identified, of whom 52 case records were available. Response to augmentation as measured on Optimax monitoring forms was recorded (no response, satisfactory, good), along with details of continuation or cessation and reasons for discontinuation.

Thirty-two patients were female, twenty male. The age range was 22–66 (average age 45.4 years).

Twenty-nine patients (56%) reported an improvement in mood following commencement of L-tryptophan (23% satisfactory, 33% good). Twenty-three (44%) reported no response. Eight patients discontinued L-tryptophan following recovery. Twenty-one discontinued for other reasons: lack of response (ten), reluctance to take L-tryptophan (two), following overdose (one), feeling worse (one), side-effects (six), unspecified (one). The side-effects reported were stiffness (one), irritability (one), dizziness (two), unspecified (two). No patients ceased treatment as a result of developing eosinophilia or symptoms of eosinophilia myalgia. Eighty-six per cent of the patient sample tolerated L-tryptophan.

Although unsophisticated, these results support the use of L-tryptophan as an augmentation strategy in treatment-resistant depression, bringing about symptom improvement in 56% of the sample. This compares favourably to the published 50–60% response rate with lithium augmentation.


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The impact of physical illness and the European working time directives

The article by O’Connor & Vize (Psychiatric Bulletin, December 2003, 27, 443–445) highlights the need, as European working time directives become effective, to optimise the use of medical staff time. In psychiatry, a particular area of difficulty is related to the impact of physical morbidity in old age psychiatry wards on the work-load of psychiatry senior house officers (SHOs), especially out-of-hours.

In an East Anglia NHS hospital, we surveyed the referrals (112) received out-of-hours by the psychiatry SHO over a 30-day period, from two 20-bedded psychiatry wards (one old age, one general adult), accident and emergency or other hospital wards. Over 40% were from the old age psychiatry ward, and of these 30 (65%) were for assessment of physical illness. On seven occasions, patients referred for physical problems were found not to be acutely unwell by the psychiatry SHO, and on five, the SHO was called to administer ‘nursing’ procedures (s/c fluids, heparin, catheter washout) or to organise transfer to medical beds for the administration of blood or IV fluids. Thus, our data suggest that some of these referrals could have been avoided, sparing SHO time for other commitments.

In an attempt to improve the use of SHO time out-of-hours, a voluntary training scheme is being considered at our hospital, which includes the regular exchange of nurses between the old age psychiatry ward and a twinned medical ward. It is hoped that this will result in reciprocal training and ‘loan’ of specialist nursing skills, at no additional cost for staff or the Trust.

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