



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
423 East 23rd Street
New York NY 10010

In Reply Refer To:

25-2-95

To whom it may concern:

Mr Marc Levy has been under my professional care in the PTSD program at the NYVAMC since 12/29/95. He was initially referred by his internist, Dr. Ores who had been prescribing Tranxene 7.5 mg/d and Ativan 1 mg hs. After confirming a diagnosis of combat-related PTSD Mr. Levy received a series of brief medication trials, each of which was terminated due to intolerable side-effects. Initially, he was given Prozac 20 mg/d but became extremely agitated, restless and confused with marked increase in anxiety (? akathisia-like reaction) He was then switched to low dose Tofranil at 25 mg HS which he took only once, stating that the response was similar in quality, but slightly less intense than the Prozac. At each point we discussed the possibility of trying to adapt to the medication, using even lower doses for more gradual increments, but patient opted to try another agent due to intense dysphoria from the side-effects. He was then tried on Serzone (1/23/96) in very low doses (even)

Initially 50 mg, then decreasing to 12.5 mg (usual
adult starting dose 200 mg.) At each of these
doses Mr Levy described increased anxiety,
fearfulness, agitation, giddiness, feeling "wired".
Concentration was very poor + reaction again
was similar to that described on Prozac. Patient
also stated clearly that these reactions
were different in kind and intensity from
baseline PTSD symptoms / anxiety symptoms.
He was only able to take the Serzone in
decreasing doses for 3 days. He was then
placed back on Tranxene which was tapered
and stopped over next few weeks.
Mr Levy was also briefly tried on Buspar with
the Tofranil but this had no effect on reducing
anxiogenic effect. It is currently off all
medication.

Thank you

Sincerely

Jeffrey S. Leonard
Director PTSD Program