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EDITORIAL

The International MAOI Expert Group: finding therapeutic confidence

Peter Ken **Gillman**,[1] Antonio E. **Nardi**[2]

[1]*PsychoTropical Research, Bucasia, Queensland, Australia.* [2]*Ambulatório de Depressão Resistente ao Tratamento, Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro, Rio de Janeiro, RJ, Brazil.*

As the chairman of the presiding council of the International MAOI Expert Group and as a member of the same council, we have overseen the development and content of our website and have authored or coauthored many publications on monoamine oxidase inhibitor (MAOI) antidepressants. What have we learned? What have we achieved? And where is it leading?

First, we have published a dozen papers in reputable journals, authored by leading members of the Expert Group, which includes eminent psychopharmacologists from several continents. Our treatment guideline paper1 has been downloaded more than 70,000 times since July 2022 and is ranked by Altmetric in the top 5% of all academic publications. That is a tremendous success by any measure. These papers are aimed at correcting the mass of misinformation that continues to be published in supposedly authoritative sources, be that the Physicians' Desk Reference, the British National Formulary, or prominent textbooks such as the American Psychiatric Association Publishing Textbook of Psychopharmacology.[2,3]

A key question is how rapidly and to what extent will we effect change in what patients demand, what physicians do, and the teaching that medical schools offer? Teaching of psychopharmacology has been lamentably poor for a long time – as demonstrated by the continuing widespread misunderstanding of serotonin toxicity – and especially poor concerning MAOIs. Unfortunately, medical publishing has become commercialized and third rate, and there is a tsunami of substandard publications that overwhelm physicians, many of whom will find it impossible to judge what is well-informed and what is poorly informed. That is intimately intertwined with the financial dominance of pharmaceutical companies and the commercialization of the whole medical education and publishing space. That process magnifies misinformation and biases information promulgation toward expensive in-patent drugs and away from older drugs.

Second, what have we learned? We have come to the view that the transmission of accurate information to patients is a most important step, because patients who demand MAOI treatment will change prescribing habits most quickly. Improving the evidence presented in the medical literature is like reversing the course of a supertanker, it takes so long that many of us will be dead long before that is achieved. We must continue to emphasize that it is the decisions made by individual physicians using their own experience and judgement that are most important, not just relying on randomized controlled trials (RCTs) and guidelines. We have observed, from much research and writing, that the most insidious and counterproductive influence is that of RCTs themselves, and their distillation into supposedly "expert" guidelines, which may have significant conflicts of interest. This view is clearly shared by Professor Ioannidis, who has unequivocally condemned them as the "least evidence-based activities, impregnable strongholds of expert-based insolence and eminence-based innumeracy."[4] Guidelines serve to discourage physicians from thinking for themselves and making individualized treatment decisions for patients – physicians feel confident of being free from censure or medicolegal liability if they have followed the guidelines. Guidelines can be misused, misleading, or just irrelevant, especially in relation to drug interactions, as this editorial discusses.[5] We must remind ourselves that most treatment advances made in psychopharmacology have been through clinical observation and the innovative practice of individual physicians, not from RCTs or adherence to guidelines.

RCTs have been a disservice to investigative hypothesis-driven science because they are not focused on causes and mechanisms, but rather on unhelpful comparisons of one drug with another; they have promoted "tunnel vision" in clinical therapeutics.

Our experience from consulting across many continents is that patients are frequently told that MAOIs are not recommended for their illness by the guidelines and therefore *cannot* be prescribed to them – physicians misguidedly use the pseudo-authority of guidelines to refuse MAOI treatment, even when they have been specifically requested and previously successful even after the failure of electroconvulsive therapy (ECT).[6] That regrettable and unprofessional practice is common and

Correspondence: Antonio E. Nardi, Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro, Av. Venceslau Bras, 71, Campus da Praia Vermelha, CEP 22290-140, Rio de Janeiro, RJ, Brazil.
E-mail: antonio.nardi@ipub.ufrj.br
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particularly prominent in state-run medical systems, such as the National Health Service (NHS) in the United Kingdom, and somewhat less influential in ''private'' practice. ''Available'' is a keyword, because remuneration systems for drug costs frequently do not cover MAOIs, even if they are available in a particular jurisdiction, which often they are not.

Furthermore, the hegemony of misused guidelines has eroded the confidence of psychiatrists in their own experience and clinical judgement, which diminishes their status as experts. In some health care systems, physicians have become subservient agents of the system rather than informed experts dictating policy and advocating for individual patients – conspiracy theorists might suggest that this is deliberately laying the groundwork for the introduction of artificial intelligence (AI) in therapeutics and the reduction of the medical workforce, as nurse practitioners and even pharmacists are now able to take over functions of physicians, supported by guidelines and computerized drug warning systems[5]; what could possibly go wrong?

Last, history and evidence compel us to the view that psychiatrists must reassert their status as independent experts and develop their therapeutic confidence. Patients and physicians must take control, lead the way, and demand treatment with, and availability of, MAOI antidepressants – joining the International MAOI Expert Group is a step physicians can take to support them with knowledge and confidence. That supplants the bureaucratic procedures and committees that dominate in universities and professional bodies and lead to watered-down inaction. We are replacing myths with up-to-date scientific information.

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Not applicable.

Author contributions

PKG: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing.
AEN: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing.
Both authors have read and approved the final version submitted and take public responsibility for all aspects of the work.

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