

Isocarboxazid

Marplan

An MAOI antidepressant that needs a clear plan for food, medicines and follow-up.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

Carry an MAOI medication alert

Check every new medicine before taking it

Diagram: MAO-A and MAO-B inhibition is shown. A target action does not prove a separate benefit.

What it is used for

Isocarboxazid treats depression when other options have not helped enough or are unsuitable. It is not usually a first choice and is not approved for children.

Some anxiety conditions are off-label uses, not separate U.S. approvals. Ask which symptoms treatment targets and how you will judge progress.

How it works

It blocks monoamine oxidase, an enzyme that breaks down serotonin, norepinephrine and dopamine. Changes over time may help depressive symptoms.

The enzyme effect changes how your body handles some medicines and tyramine in food. Dangerous interactions can occur even after you stop it.

What to expect over time

EARLY DAYS

Dizziness, dry mouth or sleep changes may appear before benefit. Rise slowly and report troublesome effects.

OVER WEEKS

Mood and daily function may improve gradually. Keep follow-up; do not increase doses yourself if progress is slow.

AFTER STOPPING

Follow food restrictions for at least 2 weeks. Medicine waiting periods vary and may be longer; get a written switching plan.

Taking your medication

Take the prescribed divided doses at consistent times. Increase only on your clinician's schedule. Do not borrow another person's dosing plan.

Use the full written MAOI food list, not just examples here. Avoid alcohol and excess caffeine. Check cold, allergy, pain and sleep products before use.

Carry an MAOI alert and tell dentists and surgical teams. Do not drive until you know the effects. Surgery or anesthesia needs an advance medication plan.

When to get help

Emergency: severe sudden headache, chest pain, pounding heart, stiff neck or sweating. Stop further doses; get emergency care. Do not treat this at home.

Emergency: fever with confusion, agitation or stiff/twitching muscles, seizure or collapse. Suspected overdose needs help now, even without symptoms.

Call promptly: suicidal thoughts, worsening mood, unusually high energy with little sleep, yellow skin/eyes or dark urine. Immediate danger: 911.

Early side effects

Dizziness on standing, dry mouth, constipation, nausea, sweating, sleepiness or insomnia can occur. Report persistent or troublesome symptoms.

Other effects to discuss

Weight or sexual changes may need review. Fainting, severe confusion or weakness are not effects to simply tolerate; seek prompt medical advice.

What to keep track of

Keep blood-pressure, mood and liver-test checks. Your team may check standing blood pressure and other labs based on risk. Diabetes medicines may need closer glucose monitoring. Mood and suicide-risk checks matter at every age, especially through age 24 and after dose changes. Bring your complete medicine and supplement list.

Before you start

Tell your team about heart or blood-vessel disease, high blood pressure, frequent headaches, liver or serious kidney disease, pheochromocytoma, bipolar symptoms, seizures, diabetes, low sodium, pregnancy or breastfeeding. Several of these rule this medicine out under the U.S. label. Review every prescription, nonprescription product and supplement before starting. Get written food and medicine-switching instructions.

Medicines & interactions

Other antidepressants & MAOIs

Never combine or cross-taper on your own. Many switches require at least 14 days; fluoxetine needs at least 5 weeks before starting isocarboxazid. Follow both product labels.

Pain, cough & stimulant products

Meperidine, tramadol, dextromethorphan, stimulants and decongestants can be dangerous. Some waiting periods exceed 2 weeks. Ask before taking any product.

Urgent-care medicines & supplements

Tell clinicians before linezolid or IV methylene blue is considered. Buspirone, tryptophan and St. John's wort also need specific interaction review.

Blood-pressure, allergy & sleep drugs

Some blood-pressure medicines, diuretics, antihistamines, sedatives and anesthetics are incompatible or require a specialist plan. Do not adjust them yourself.

Tyramine-rich food and drink

Avoid aged/fermented or spoiled foods, aged cheese, cured sausage, yeast/meat extracts, soy sauce and beer, including alcohol-free beer. The full U.S. list is broader; use your written plan.

Everyday tips

Keep the full food list handy when shopping or eating out.

Choose fresh food; store it safely and avoid questionable leftovers.

Use dose reminders and record mood, sleep and dizziness.

Check every new medicine with a pharmacist who knows your MAOI.

Your questions, answered

What if I miss a dose?

If you are more than 2 hours late, skip it. Otherwise take it when remembered. Never double. Ask before restarting after several missed doses.

Can I stop when I feel better?

Plan a gradual taper. Abrupt stopping can cause withdrawal, sometimes confusion or hallucinations. Food precautions continue at least 2 weeks; medicine restrictions may last longer.

Is that the complete food list?

No. The U.S. label also restricts other foods and drinks. Review its full list with your team before starting and when unsure. Do not test a questionable food to see what happens.

Pregnancy or breastfeeding?

Discuss this before treatment when possible. Evidence is limited; another medicine may be preferred. Weigh treatment and untreated-illness risks rather than stopping on your own.

Storage & safety

Store tightly closed at room temperature, away from heat and moisture, locked away from children and pets. Never share; use pharmacy take-back. Suspected overdose: Poison Help 1-800-222-1222; collapse, seizure or breathing trouble: 911. U.S. crisis support: 988.

A final reminder

Read the full product food and interaction instructions with your care team.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=95fde749-44ad-4668-86c4-0ff17bca0074&type=display>
 2. <https://medlineplus.gov/druginfo/meds/a605036.html>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC