

# Tranylecypromine

Parnate

An MAOI for depression after other treatments. Food, medicine and blood-pressure precautions matter.

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

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

10 mg tablets · Doses as prescribed

Carry an MAOI medication alert

Follow the food restrictions during treatment and for 14 days after the final dose; medicine washouts vary

## What it is used for

Treats major depression in adults who have not responded adequately to other antidepressants. It is not usually the first treatment tried.

Selected anxiety or bipolar-depression uses are off-label and need specialist assessment. Ask what improvement your treatment is meant to achieve.

## How it works

Blocks MAO-A and MAO-B, enzymes that break down serotonin, norepinephrine and dopamine. The full antidepressant mechanism is not settled.

MAO also handles tyramine in food. Enzyme effects persist after the medicine leaves the blood, so precautions continue after stopping.

## What to expect over time

### BEFORE STARTING

Complete the agreed medication washout. Get a written food list, interaction check and emergency plan before the first dose.

### DURING DOSE CHANGES

Check blood pressure and standing dizziness. Dose changes depend on benefit and tolerability; do not push through severe side effects.

### OVER SEVERAL WEEKS

Benefit can take several weeks at a suitable dose. Early energy or insomnia does not by itself mean depression has improved.

## Taking your medication

Take only your prescribed divided doses. Earlier timing may help insomnia; agree on a schedule rather than changing it yourself.

Do not stop abruptly or take extra tablets. Avoid alcohol. Rise slowly and avoid driving until you know how treatment affects you.

Have every new medicine, supplement and cold remedy checked. Keep food precautions for 14 days after the last dose; get separate drug-switch dates.

## When to get help

Sudden severe headache, stiff neck, chest pain or pounding heart: hold further doses and call 911. Do not wait for a home BP reading.

Fever with confusion or stiff/twitching muscles, seizure, collapse or breathing trouble needs emergency care. Do not take more doses.

Report suicidal thoughts, unusual overactivity, faintness or jaundice promptly. Immediate danger or severe symptoms need emergency care.

## Early side effects

Insomnia or drowsiness, jitteriness, dry mouth, constipation and standing dizziness can occur. Tell your prescriber before increasing a troublesome dose.

## Other effects to discuss

Sexual difficulties, swelling or weight change can occur. Report new tingling or numbness; do not assume vitamin deficiency or self-start supplements.

## What to keep track of

Follow blood pressure sitting and standing, mood, sleep, weight, falls and medication changes. Liver tests and other testing depend on your history and symptoms; some people need an ECG. Diabetes treatment may need adjustment. Food precautions do not prevent every serious adverse effect.

## Before you start

Discuss bipolar symptoms, self-harm risk, seizures, headaches, heart or vessel disease, liver problems, diabetes and thyroid disease. Pheochromocytoma or another catecholamine-releasing tumor rules out use. Carry MAOI identification and tell every clinician, dentist and pharmacist, including before procedures.

## Medicines & interactions

### Antidepressants / other MAOIs

Do not combine or cross-taper yourself. Buspirone and bupropion are also contraindicated. Both medicines determine the required switching gap.

### Cold, cough and pain medicines

Avoid dextromethorphan, pseudoephedrine and phenylephrine. Meperidine, tramadol and tapentadol can be dangerous. Have every product checked.

### Stimulants / other products

Amphetamines, methylphenidate, cocaine and MDMA are dangerous combinations. Check triptans, antihistamines, St. John's wort, tryptophan and all supplements.

### Blood pressure / diabetes / sedation

Some medicines worsen faintness, low glucose or sedation. Carbamazepine, cyclobenzaprine and levodopa are contraindicated. Do not self-adjust other treatment.

### Procedures / urgent treatment

Anesthesia, dental injections, linezolid and IV methylene blue need team planning, even after recent stopping. Do not stop abruptly for surgery yourself.

## Everyday tips

Avoid aged cheeses or meats, fermented meats, pickled herring, spoiled or poorly stored protein, concentrated yeast extracts, sauerkraut and fava-bean pods.

Most soy products, including soy sauce and tofu, are restricted, as are chocolate and excess caffeine. Avoid alcohol, including beer and wine.

Fresh, properly stored meat and fish differ from aged foods. Cottage cheese, ricotta, mozzarella and yogurt are permitted; check unfamiliar foods first.

Get the complete MAOI food guide; these are only examples. Keep restrictions for 14 days after stopping. Do not use home blood-pressure rescue.

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## Your questions, answered

### What if I miss a dose?

Take it when remembered unless the next dose is near; then skip. Never double. Ask about several missed doses.

### How long are switching gaps?

Get written dates. Before Parnate: at least 5 weeks after fluoxetine, 21 days after vortioxetine. After Parnate: the longer gap required by either medicine.

### Can I stop when I feel better?

Plan a gradual taper, often over weeks. Sudden stopping may cause severe withdrawal, including confusion or hallucinations. Precautions continue afterward.

### Pregnancy or breastfeeding?

Discuss pregnancy plans; evidence is limited. U.S. labeling advises no breastfeeding during treatment. Plan with your team; do not abruptly stop tablets.

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## Storage & safety

Store securely at room temperature, protected from moisture; never share. Suspected overdose needs immediate hospital assessment even if initially well; call U.S. Poison Help 1-800-222-1222. Call 911 for collapse, seizure, breathing difficulty, inability to wake or imminent self-harm.

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## A final reminder

Use with your prescription and complete MAOI diet/interaction plan.

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### 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.

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## Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=b72d8187-dfcc-4ea0-b5e9-c0be95b69a27&type=display>
  2. <https://medlineplus.gov/druginfo/meds/a682088.html>
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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.

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