## Sporadic Pick's disease

SIR: We read with interest the case report by Mowadat *et al* (*Journal*, February 1993, **162,** 259–262) describing a 28-year-old woman diagnosed with Pick's disease after receiving electroconvulsive therapy (ECT) for 'functional psychosis'. We take exception to the assertion that ECT may have caused or worsened her frontal lobe atrophy. It is curious to note that a pre-ECT brain scan was not performed and that the abnormal findings on the post-ECT computerised tomographic scan were attributed to ECT, rather than to her illness alone.

Despite criticisms against it, ECT has remained an exceptionally well tolerated and effective treatment for severe psychiatric illness. In particular, it has been shown to be helpful in patients with severe mood or thought disorders and concurrent neurologic illness (Kellner & Bernstein, 1993). The study by Calloway *et al* (1981) cited by the authors was a retrospective study of post-ECT brain scans in ECT patients. Since pre-ECT scans were not available, Calloway *et al* failed to show causality and they did not control for structural brain abnormalities commonly seen in psychiatric patients. A large study comparing pre- and post-ECT magnetic resonance imaging brain scans failed to show any change in brain volume or structure (Coffrey *et al*, 1991).

ECT has been plagued by unsubstantiated reports of brain damage for many years. We believe this sort of misinformation only serves to perpetuate myths about ECT and may ultimately interfere with proper prescription of ECT for patients for whom it could be lifesaving.

CALLOWAY, S. P., DOLAN, R. J., JACOBY, R. J., *et al* (1981) ECT and cerebral atrophy. *Acta Psychiatrica Scandinavica*, **64,** 443–445.

COFFEY, C. E., WEINER, R. D., DJANG, W. T., *et al* (1991) Brain anatomic effects of electroconvulsive therapy. A Prospective magnetic resonance imaging study. *Archives of General Psychiatry*, **48,** 1013–1021.

KELLNER, C. H. & BERSTEIN, H. J. (1993) ECT as a treatment for neurologic illness. In *The Clinical Science of Electroconvulsive Therapy, Vol. 38* (ed. C. Edward Coffey), pp. 183–210. Washington, DC: American Psychiatric Press.

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## Importance of stratification by age

SIR: Thomas *et al*'s finding (*Journal*, July 1993, **163,** 91–99), of increased rates of formal admission among only those Afro-Caribbean patients aged 30 years or older, underlines the importance of stratifying by age. May I suggest that future work in this important area takes further into account the influence of socio-demographic and cultural variables *within* ethnic groups?

My own retrospective follow-up study of patients admitted with a hospital diagnosis of schizophrenia found that 42% of patients born in Jamaica (10 out of 24) had an admission under Section 136 of the Mental Health Act compared with none of the 10 patients born in Barbados ($\chi^2 = 4.62$, $P < 0.05$). The heterogeneity of 'Afro-Caribbean' patients needs to be recognised, and inter-island differences should be explored (Glover, 1989).

GLOVER, G. (1989) Differences in psychiatric admission patterns between Caribbeans from different islands. *Social Psychiatry*, **24,** 209–211.

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## Long-term antidepressant treatment in the elderly

SIR: In Flint's letter (*Journal*, July 1993, **163,** 126), commenting on the Old Age Depression Interest Group (OADIG) study (*Journal*, February 1993, **162,** 175–182), he writes "There is evidence . . . that elderly persons with a first episode of depression are at the same risk of recurrence, within two years . . . as those with recurrent depression". He would like to know what OADIG found in this regard.

I am pleased to report that we observed no statistical difference in relapse rate between patients with a first depression and those with a recurrence. Contrary to expectation perhaps, there was a non-significant trend for more relapses in the group with a first depression. I therefore wholeheartedly agree with Flint "that *all* patients over the age of 60 years with major depression should continue with treatment for a minimum of two years following recovery".

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## Patient's perception of family emotional climate

SIR: We welcome the paper by Lebell *et al* (*Journal*, June 1993, **162,** 751–754), concerning the patient's perception of the family emotional climate and