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Schizophrenia following prenatal exposure to influenza epidemics between 1939 and 1960

SIR: Professor Murray and his colleagues are to be congratulated upon their careful demonstration of an association between the timing of influenza epidemic deaths and the rate of births of individuals who later develop schizophrenia (*Journal*, April 1992, **160,** 461–466). They take this as further support for their proposition that schizophrenia is best viewed as a neurodevelopmental disorder in which prenatal damage arising from viral infection may well play a part in some cases. As they point out, this idea is compatible with their evidence and that of other studies. However, there is at least one alternative explanation. The observed association could arise if those liable to future schizophrenia were more likely to survive prenatal insult such as maternal influenza than those who are not so liable. Were this liability to schizophrenia and to survival of prenatal insult to be genetically determined, it might also explain the persistence of the relevant gene in the population by providing some selective advantage to balance the disadvantage of the low fertility of schizophrenic people.

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Psychotherapy in non-Western cultures

SIR: Long-term psychotherapy is difficult to implement in non-Western countries. Patients who seek help expect immediate relief in a short time. The stigma of mental illness is very powerful, especially in close religious communities. In addition, psychiatry is considered suspect, as a challenge to the existence of God, and many believe that turning to a psychiatrist is an act of weak faith, as it is God who heals all ills (Peteet, 1981).

Cross-cultural psychiatry tries to understand the complaints of people from different cultures in order to verify or modify existing models of mental illness (Kleinman, 1987).

Short-term psychotherapy is used to emphasise problem-solving, with a limited dynamic change. The anxiety generated during the interview may be used as a tool in assisting the patient to change his maladaptive behaviour and to attain a state of improved emotional functioning. This type of psychotherapy is offered to patients with average intelligence, who have shown some affect during interview and are motivated to work hard with their therapists. Therapists encourage the establishment of rapport with their patients, creating a therapeutic alliance by using positive transference feelings and concentrating on the unresolved emotional conflicts underlying patients' symptoms.

Brief therapy and crisis intervention should be offered to seriously disturbed patients who have recently decompensated. The aim here is to decrease or eliminate anxiety, by the use of supportive techniques, such as reassurance or environmental manipulation, with or without medication. The patients need guidance to come to grips with their problems and conflicts.

The therapist has to see the patient one to three times a week, in average 30–40-minute sessions for a period of three to six months. The therapist has to express warmth and caring for the patient. The language is one of understanding, love, insight, and human involvement (Truax, 1964).

He has to show the patient that he is eager to help, and allow him to talk freely without interruption. Appropriate medication is used when necessary. Political and religious views are separately handled. The therapist has to approach the patient through the social organisation of his religious group and not to be influenced by his personal attitude towards religion or politics.

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SIR: El-Sherbini & Chaleby (*Journal*, March 1992, **160**, 425) feel that exploratory psychotherapy has little to offer in Arab culture. However, if one deletes the culture-specific words from their letter, their comments about the cognitive processes of their patients could be applied to the majority of the UK population as judged from the reflective, articulate middle-class backgrounds of most psychiatrists. Like the Arab-speaking world this is also reflected linguistically in the use of the simple concrete Anglo-Saxon derived part of the English language spoken by the majority of people in the UK. The idea that exploratory psychotherapy is, therefore, appropriate for only a small proportion of patients is still an issue as alive in Western Europe as it is in the Middle East.

A whole society in itself is unlikely to operate in a completely pre-formal way, witness the subleties of Islamic mysticism, but it may be that cultures vary somewhat in the proportion of their population who think concretely.

Finally, a different perspective on the subject might be that it is the task of exploratory psychotherapy to re-start the developmental process that opens up the possibility of a more reflective, less dichotomous and concrete way of thinking. Therapeutically this is commonly expressed as trying to reduce the mechanisms of rejection, splitting, etc., to negotiate the depressive position, but Piaget's or Erickson's terms could fit the model in exactly the same way.

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Lithium augmentation in antidepressant-resistant patients

SIR: Flint (*Journal*, May 1992, **160**, 710) raises two methodological issues for further discussion and thereby casts doubt on the value of meta- or quantitative analysis of clinical trials. The issue of how long treatment should be continued before a patient can be considered treatment refractory is, of course, important. However, the evidence that treatment must be continued for six weeks before a judgement can be made is not yet convincing. Quitkin *et al* (1984) are widely cited in this regard. Their study consisted of a literature survey, which concluded that there was not adequate evidence up to that point to give a judgement, followed by a summary of three of their own trials. These studies were all in out-patients with mean Hamilton Rating Scale for Depression (HRSD; Hamilton, 1960) scores at trial entry under 16. Although it is possible to interpret their results as showing a 'response' of 25% of the patients between week four and week six of treatment, the change in mean (s.d.) HRSD scores underpinning this conclusion was from 9.6 (4.5) to 8.2 (5.6). The study by Georgotas *et al* (1986) was performed in elderly patients with a slow build-up of the dose of medication; it has no clear bearing either way on whether or not six weeks is a better time than four weeks to assess refractoriness. The studies we reviewed all showed levels of depression that were moderately severe (HRSD ratings above 20) and most of the patients had been depressed for more, often much more than three weeks; the implication that "many" were treated for only three weeks is misleading. We join with Quitkin *et al* (1984) in a plea for more evidence as to the length of time necessary to decide treatment efficacy but we believe it premature to conclude with Dr Flint that it is incumbent on clinicians "to persist with the original treatment" for more than four weeks.

The second issue relates to the definition of treatment response. It is one of the advantages of quantitative analysis that different outcome criteria can be used to define treatment effects within individual studies in a way that allows comparison between different studies. It is true that, for example, a 50% reduction in HRSD ratings is not the same as clinical remission. However, we would be surprised if Dr Flint can prove that they are not usually related.

In conclusion, we recognise the conventional argument that meta-analysis is limited by the quality of the data being analysed; unfortunately, qualitative analysis of clinical trials is even more limited by its methodology, or rather the lack of it. The greater danger with qualitative critiques of papers is that perfectly good evidence can be discounted in favour of the particular trial or method of treatment that a reviewer chooses to favour. Completely incompetent clinical trials are perhaps published in refereed journals less commonly than it is academically convenient to pretend. Quantitative critiques put all trials on the same footing; inexplicable quantitative differences will then expose trials which really are misleading. One trial was, in fact, so revealed in