

pramine treatment, each patient was re-evaluated on the HDRS by the same investigator who was blind to the initial DST results and the DST was similarly repeated.

Nine of the 19 patients had post-dexamethasone plasma cortisol concentrations greater than 140 nml./litre at initial assessment: a non-suppression rate of 47.3%. Of this group, five patients were responders (HDRS less than or equal to 9) and four were non-responders. All the non-responders remained non-suppressors (4/4) while all the responders suppressed normally (5/5). No DST originally within normal limits became abnormal.

These findings show a statistically significant difference in the DST normalisation of responders versus non-responders in elderly depressives (chi-square equals less than 0.01).

This study replicates findings previously reported in the literature with younger populations and suggests that the DST may be an appropriate biological marker to evaluate the treatment response of elderly depressives as well. Larger studies using both noradrenergic and serotonergic tricyclics are necessary to confirm this initial report.

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Prescribing of Psychotropic Drugs

DEAR SIR,

In their survey of prescribing patterns at All Saints Hospital, Edwards & Kumar (*Journal*, November 1984, **145**, 502–507) make interesting comparisons with the findings of Michel & Kolakowska (*Journal*, March 1981, **138**, 217–221) at Oxford but make no mention of our study (*Journal*, March 1984, **144**,

298–302) which did not appear until after their revised manuscript had been submitted.

We agree with their criticisms of polypharmacy, of simultaneous use of two or more neuroleptic drugs and of excessive use of anti-Parkinson drugs. We too found much prescribing of classes of drugs that appeared inappropriate to our patients' diagnoses but we tried to show that this appearance was misleading if in fact drugs are given for symptoms rather than for diagnostic labels, which in some cases are liable to be out-of-date oversimplifications anyway. It would have been interesting to know if quite so many of the All Saints prescriptions were really as illogical as they were made to appear.

Incidentally try as we may we cannot get any significance out of the difference between the 51% and 58% of All Saints patients who were on oral neuroleptics only (Tables II and III and text on p. 505). And why do Edwards and Kumar say on p. 504 that chlorpromazine and haloperidol remain the most widely used neuroleptics when on the previous page they have stated that fluphenazine decanoate and thioridazine were each prescribed more times than the figure given for haloperidol? Or have we misunderstood them?

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Mates of Schizophrenic Mothers

DEAR SIR,

In finding that mates of schizophrenic women were more frequently abnormal psychiatrically than controls, Parnas (*Journal*, May 1985, **146**, 490–497) appears to attribute this assortative mating exclusively to biological or phenotypic traits. Early onset schizophrenic women, however, are likely to spend a substantial part of their lives in psychiatric institutions, out-patient departments, day centres etc. where a high proportion of the male clientele is psychiatrically deviant. By reason, therefore, of the nature of their social environment such women's likelihood of choosing, or being chosen by, someone from the schizophrenia "spectrum" is greatly heightened on a "nosocomial" basis alone. Could Dr. Parnas tell us how many of the mates of his schizophrenic women had contact with psychiatric services prior to marriage and met their future spouses in such settings?

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