

It is likely (Dally, 1969) that many such patients do not seek, or even actively avoid, in-patient treatment and in these circumstances the prescription of 5HT re-uptake blocking drugs may prove to be of considerable value in their academic and social functioning, although not in their core anorexic psychopathology.

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Zinc in Senile Dementia

SIR: McLoughlin (*Journal*, March 1987, **150**, 409) appears to have selected information from various studies quoted by Srinivasan (1984) and concluded that lower zinc levels are present in the elderly functionally ill and in those with confusion. These studies cover a wide range of diagnoses and relate both to adult and psychogeriatric populations.

Our paper clearly describes the work of Bunker *et al* (1984), who suggest that the mean level of plasma zinc in healthy elderly adults is 11 $\mu\text{mol/litre}$ (s.d. = 1.2). The levels reported in our study compare well with Bunker's elderly group. It is reasonable, therefore, to imply that the low levels of zinc in senile dementia which McLoughlin suggests he would have demonstrated using a healthy elderly control group would not have materialised.

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Life Events and Mania

SIR: We are surprised that the *Journal* published an article which purports to measure life events prior to the onset of mania (*Journal*, February 1987, **150**, 235–240) when the method of life event assessment is simply that of searching case notes. Ambelas makes some important deductions from his assessment of life events, but we believe that the weakness of the life event assessment method is such that these could be misleading.

We are in the early stages of measuring life events prior to the onset of mania and are using the reliable method of Brown & Harris (1978) (LEDS). After assessment of only 11 patients two factors have become clear. Firstly, in the year prior to onset of mania 26 life events (according to the LEDS) have been elicited at interview, but only two of these were recorded in case notes. Secondly, the time between onset of symptoms and admission varied between 2 and 90 days (median 13 days), which indicates that measuring life events prior to admission, as performed by Ambelas, could be grossly misleading as there will be many illness-related events following the onset of a manic illness.

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Khat-Induced Paranoid Psychosis

SIR: In February 1984 we reported (Gough & Cookson, 1984) a case of khat-induced psychosis in a 27-year-old man originally from North Yemen who presented with paranoid delusions and thought broadcasting similar in nature to those described by Critchlow & Seifert (*Journal*, February 1987, **150**, 247–249). In our patient a urine drug screen at admission was positive for amphetamines but negative for opioids, cannabinoids, cocaine metabolites, and barbiturates. This is to be expected, as khat contains a number of amphetamine-like substances such as d-norpseudoephedrine.

Our patient's family stated that khat is widely used by Yemeni people in Liverpool, fresh supplies being flown in daily. It commonly produces some degree of elation and hyperactivity, but not frank psychotic symptoms.