contrasting these minimal changes with the significant improvement in the exposure-treated group, we find it appropriate to conclude that exposure therapy given alone seems to be more beneficial in the long term. Longer follow-up could have added valuable information to this issue. In all groups about 20% of the patients were treated with sertraline during the follow-up period so this could not explain the differences in scores between the groups at week 52.

Declaration of interest

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Premature conclusions about depression prevention programmes

In my opinion, the meta-analysis by Jané-Llopis *et al* (2003) suffers from some methodological flaws that misguided the authors to draw premature conclusions on predictors of prevention in depression prevention programmes.

First, many of the selected studies did not target the prevention of depression but examined therapeutic or preventive strategies for other primary disorders and used depression scores as secondary outcome measures. For example, Bisson *et al* (1997) studied the efficacy of psychological debriefing on the development of post-traumatic stress disorder (PTSD) in victims of acute burn traumas. They showed that psychological debriefing may even worsen the long-term course of burn victims. But while psychological debriefing may have been mistakenly considered helpful for preventing PTSD in the past, no reasonable therapist or researcher has ever claimed that massive emotional confrontation would represent a promising strategy for depression or depression prevention.

Second, the coding of respective methods looks rather inconsistent, and I wonder how the authors were able to reach such a high interrater reliability across codes. For example, the psychological debriefing method used by Bisson *et al* (1997) was coded as 'behavioural, cognitive and educational' (p. 389), while the code 'cognitive' was missing for Seligman *et al*'s (1999) intervention based on cognitive therapy. Similarly, four research groups using similar variants of the *Coping with Depression Course* by Lewinsohn *et al* (1984) were coded differently (e.g. 'cognitive and competence', 'behavioural, cognitive, educational and social support', 'cognitive', and 'behavioural, cognitive, competence and educational' (pp. 386–391)). Finally, the coding category 'behavioural methods' incorporates very heterogeneous strategies. For example, behavioural strategies found to be helpful in cognitive–behavioural therapy for depression focus on increasing pleasant activities and social skills training (Lewinsohn *et al*, 1984), whereas the delivery of peer support telephone dyads by lay persons, as used in the studies by Heller *et al* (1991), may be regarded as a very specific behavioural strategy which has so far not been recommended as a helpful intervention by the research community. In Jané-Llopis *et al*'s meta-analysis, respective interventions from the studies by Heller *et al* (1991) had negative effect sizes and therefore may have substantially accounted for the missing or even negative effect of the 'behavioural' component of preventive measures.

Bisson, J. I., Jenkins, P. L., Alexander, J., et al (1997) Randomised controlled trial of psychological debriefing for victims of acute burn trauma. *British Journal of Psychiatry*, **171**, 78–81.

Heller, K., Thompson, M. G., Trueba, P. E., et al (1991) Peer support telephone dyads for elderly women: was this the wrong intervention? *American Journal of Community Psychology*, **19**, 53–74.

Jané-Llopis, E., Hosman, C., Jenkins, R., et al (2003) Predictors of efficacy in depression prevention programmes. Meta analysis. *British Journal of Psychiatry*, **183**, 384–397.

Lewinsohn, P. M., Antonuccio, D. O., Steinmetz, J. L., et al (1984) *The Coping with Depression Course. A Psychoeducational Intervention for Unipolar Depression.* Eugene, OR: Castalia Publishing Company.

Seligman, M. E. P., Schulman, P., DeRubeis, R. J., et al (1999) The prevention of depression and anxiety. *Prevention & Treatment*, **2**, article 8.

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Homicide data

I am writing to query the homicide statistics quoted by Dr Salib (2003). The figures he quotes for total annual homicides suggest a fall in homicide between 1979 and 2001. The source for his figures is quoted as the Office for National Statistics (ONS).

Homicide statistics are easily available through the website of the ONS and from various other sources, including Home Office statistical bulletins and the House of Commons Library. For example, Richards (1999) describes homicide trends between 1945 and 1997, demonstrating the dramatic rise in rates of offences initially recorded as homicide seen over that time from around 300 or 400 a year in the 1950s to more than 700 a year in the late 1990s. The recent Home Office Statistical Bulletin (Simmons & Dodd, 2003) shows a continuing rise in this trend with 1048 deaths initially attributed to homicide in 2002/2003, although these figures are based on date of notification and thus can include deaths that actually took place in earlier years.

Dr Salib's paper appears to use data on death registrations from the ONS where there has been a conviction for murder or for manslaughter. However, the ONS assigns a temporary ICD–9 code for cause of death for deaths where death was violent, unnatural or suspicious or pending the outcome of inquests and legal proceedings, which are of course often prolonged. The ONS site itself states that it is difficult to present accurate statistics on number of homicides using death registrations, which is what Dr Salib has seemingly attempted to do.

As psychiatry is faced with a Government currently determined to medicalise as far as possible the growing problem of violence in our society, it is essential that psychiatric journals present statistics on this subject in a meaningful fashion. Dr Salib's paper, although not specifically about trends in homicide over time, presents misleading data on this subject, which are neither helpful nor informative to the wider debate on violence in society.

Richards, P. (1999) *Homicide Statistics* (Research paper no. 99/56). London: House of Commons Library.

Simmons, J. & Dodd, T. (2003) *Crime in England and Wales, 2002/2003* (Home Office Statistical Bulletin 1358-510X, 07/03). London: Home Office Research Development and Statistics Directorate.

Salib, E. O. (2003) Effect of 11 September 2001 on suicide and homicide in England and Wales. *British Journal of Psychiatry*, **183**, 207–212.

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Author's reply: Dr Rowlands raises an important question, triggered by homicide data in my recent paper on the effect of

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