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Correspondence

To the Editor:

Pharmacological treatment of depression; a note of caution

We have no wish to quibble with the findings reported by Miller and his colleagues (1985): their patients were indeed a chronic group, with a poor prognosis, and the authors report an improvement rate which is certainly encouraging in such patients. The intensive, integrated treatment programme they describe is an impressive one, which may well hold out greater promise for previously treatment-refractory depressed patients.

The authors' description of their patients as "drug resistant" is nevertheless potentially misleading. Their criterion in this respect, as also used in the Fennell and Teasdale (1982) study, is "failure to respond to an adequate trial of antidepressant medication", and this they define as "greater than 150 mgs of Imipramine or equivalent for *three weeks*" (our italics). There is evidence to suggest, however, that even a trial length of four weeks, in keeping with currently accepted practice (Baldessarini, 1980) may be insufficient. Katona and Barnes (1985) emphasize the need for any antidepressant drug treatment trial to be of adequate duration, basing their recommendations on the findings of Quitkin *et al.* (1984) and Tyrer (1976): the former authors, pooling data from three controlled trials using a variety of antidepressants, found that the clear superiority of active drug over placebo, evident at six weeks, was not apparent at four weeks; the latter author, in a review of twelve controlled trials of Phenelzine, found a more favourable outcome to be associated with not only an adequate dose but also with the continuation of treatment for at least six weeks. Katona and Barnes conclude that "an adequate trial of a first-line drug should involve adequate dosage with good compliance *for six weeks or more*" (our italics). This may, admittedly, be of less importance in elderly depressives (Post and Shulman, 1985), but only one for Miller *et al.*'s subjects was aged over sixty, and the mean age was under forty.

Miller and his colleagues make no claim about which element or elements of their treatment package produced an improvement rate greater than that of several previous studies, but authors of future treatment outcome studies, particularly those which may try to identify the critical components of such combined treatment approaches, should bear the above in mind both in selecting their patients and in interpreting their findings.

J. S. Bell
R. J. Craig

Principal Psychologist,
Consultant Psychiatrist,
Rosslynlee Hospital, Roslin,
Midlothian, EH25 9QE, Scotland.

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