Brit. J. Psychiat. (1980), **136**, 408–412

Correspondence

DEPOT INJECTIONS FOR AFFECTIVE DISORDERS

DEAR SIR,

I was interested to read the letter published in this *Journal* (January 1980, **136**, 105) from G. J. Naylor and C. R. Scott. I have been using fluphenazine and flupenthixol for manic-depressive disease for the last four years, having introduced them mainly because of the unreliability of patients with oral medication, and also because the drugs are major tranquillizers suitable for manic and hypomanic states. I have also been aware of lithium toxicity since I saw a case of status epilepticus with blood lithium within the therapeutic range. The relapse rate of most of my patients has decreased since the introduction of these two drugs.

I have also used the injectable form of flupenthixol for recurring depressive illness; 20 or 40 mg weekly or fortnightly, with good results. I wonder, therefore, if a university psychiatric department would be interested in studying the use of these drugs in affective disorders more systematically?

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ON MATCHING

DEAR SIR,

I have read with interest the article 'Validity and Uses of a Screening Questionnaire (GHQ) in the Community' (*Journal*, May 1979, **134**, 508–15) in which "Each subject with a high GHQ score was matched with a low-score respondent, according to five criteria . . . The matched sample consisted of 118 persons. Refusals lowered this number to 105 (50 high and 55 low-scorers) left for the analysis". After the standardized interview was administered by psychiatrists to all participants, it was concluded that the difference did not reach 5 per cent level of significance for any of the six sociodemographic attributes observed (five criteria used for matching as well as education).

The conclusion may well be valid. However, the result might have been biased through taking into account five low-score respondents for whom matched pairmates were missing, and one has to assume that their presence did not confound the relationship and conceal a possible difference.

Therefore, whenever one uses the described procedure (i.e. individual matching) it is strongly advisable to base the analysis of data only on matched pairs. It is basically the technique used for case-control (retrospective) studies as described in some textbooks of epidemiology (MacMahon and Pugh, 1970; Mausner and Bahn, 1974).

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SOCIAL EFFECTS OF PERSONALITY

DEAR SIR,

Huxley, Goldberg, Maguire and Kincey (*Journal*, December 1979, **135**, 535–43) demonstrate how poor the relationship is between the clinical features of minor psychiatric disturbances and prognosis. They have excluded major depressive disorders, but it is of interest that the 'second unrotated component' consists largely of items which are very common in depressive illness—lack of concentration, reported depression, fatigue, and somatic symptoms. It seems likely that this finding is an expression of the fact that depressive disorders do improve more than do personality problems.

The authors do not point out that many social factors may be an expression of personality. It seems to me naïve not to recognize this. Dissatisfaction with social contacts, dissatisfaction with leisure activities, housing, income inadequacy, extent of social contact—and many others which could have been chosen—are largely the result of having a certain type of personality. In any given street of identical houses, all occupied by people of the same social class, there will be some young men who cycle off to play football a mile away, and others who lack the drive to do so, and claim that the opportunities to

https://doi.org/10.1017/S0007125000045840 Published online by Cambridge University Press