

they drink! Heather (1993) has written, "implantation was pioneered by Wilson (1995) in Canada". In fact the initial study was that of Marie in 1955; his work and a variety of French and Italian papers in the 1950s and 1960s are discussed in Jacques' booklet (1970). Marie in 1955 also doubted the activity of implants.

We agree with Shergill and co-workers that, "implantation has a powerful placebo effect", in our view solely placebo, certainly after the first week. It would be interesting to see our biochemical investigations repeated. We still believe, as in 1974, that for disulfiram, "the need exists for development of an alternative form of parenteral administration".

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SSRI prescribing in the elderly: caution required

Sir: McAskill & Taylor (*Psychiatric Bulletin*, January 1997, **21**, 33-35) rightly bring to our attention the potential dangers associated with prescribing antidepressants, particularly SSRIs in the elderly. The syndrome of inappropriate antidiuretic hormone secretion (SIADH) is not uncommon in the elderly (Bouman *et al*, 1997a) and may lead to serious neurological sequelae. We agree that more careful monitoring of sodium levels are required in these cases, although in our experience this is not yet current practice. As is pointed out in their account, most information on the subject is through individual case reports at present, although we have made a retrospective study of elderly psychiatric in-patients prescribed SSRIs to assess the incidence of SIADH. Preliminary results suggest an incidence of 10% of SSRI-induced hyponatraemia associated with SIADH. These results need further validation and suggest the need for a larger prospective study to be carried out.

We would also like to draw the authors' attention to a report in press which describes the cross-over effect between one class of antidepressant and another (Bouman *et al*, 1997b).

In this case hyponatraemia due to SIADH occurred both when sertraline and when lofepramine were prescribed at different times. This would suggest that this phenomenon is not a class effect as previously suggested (Ball & Hertzberg, 1994).

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Sir: I would like to comment further on the recent drug information quarterly (*Psychiatric Bulletin*, January 1997, **21**, 33-35). A review of spontaneous reports of hyponatraemia and the syndrome of inappropriate anti-diuretic hormone (SIADH) associated with the use of selective serotonin reuptake inhibitors (SSRIs) concluded that the elderly may be at increased risk (Liu *et al*, 1996). Diuretics are commonly prescribed to the elderly in primary care, and often their usage is inappropriate, for example, to treat gravitational oedema (*British National Formulary* 31, March 1996, Prescribing in the Elderly). Hyponatraemia is a well recognised adverse effect of thiazide diuretics in the elderly, especially among elderly women (Baglin *et al*, 1995). Concurrent prescription of SSRIs and a diuretic may therefore increase the risk of hyponatraemia and will create difficulties in identifying the culprit drug, as both will cause an increase in urine osmolality. I suggest caution is exercised in the concurrent prescription of SSRIs and diuretics in the elderly, and that if this combination is used, it is accompanied by regular measurements of serum sodium.

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