because they are more likely to be diagnosed as suffering from a psychotic illness, particularly schizophrenia. The higher rate of sectioned admissions may reflect differential access to services among black groups or presumptions about willingness of black patients to receive treatment.

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Unmet needs for medical care

SIR: We are pleased that Daly (*Journal*, June 1990, **156**, 909) finds our procedure for measuring unmet need potentially useful. We agree that it would be sensible, following our initial study (*Journal*, December 1989, **155**, 777–781), to apply the procedure cautiously to other populations. As we have pointed out in other papers on the same project, we can draw no conclusions beyond those based on our sample (Brewin *et al*, 1987, 1988; Brugha *et al*, 1988; MacCarthy *et al*, 1989). Thus, for example, the particular value of thyroid and liver-function tests in our study cannot be taken yet as a specific recommendation for their general use in this kind of population. It is difficult to see why Dr Daly disagrees with this position.

The surprising conclusion that unmet need was as high in the social services day centres as in the day hospitals was based on findings set out at the end of the fourth paragraph of the results, a point that Dr Daly appears to have overlooked. So far as physical examination is concerned, we did look for the side-effects of medication, including tongue tremor, and thus were able to comment on the patient's need for dental care.

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Compliance with antidepressant medication

SIR: Depressed patients may comply poorly with drug treatment; non-compliance may range from 15–44% (Myers & Calvert, 1984; Willcox *et al*, 1965). Compliance with newer antidepressants such as mianserin and lofepramine has been little studied in an everyday National Health Service setting. We therefore examined drug compliance in all patients prescribed tricyclics or mianserin and over a three-month period under the care of one consultant psychiatrist (n = 29: 16 out-patients, four day-patients, nine in-patients). Eight patients each received amitriptyline, imipramine and mianserin, and five received lofepramine. The dose of tricyclic varied from 25 mg to 210 mg daily and of mianserin from 30 mg to 90 mg daily. A blood sample was taken 8–12 hours after the previous dose, and the plasma antidepressant level measured by high-pressure liquid chromatography techniques. The plasma level was categorised as absent, low, therapeutic or high (Montgomery *et al*, 1977; Orsulak & Schildkraut, 1979). Depression and anxiety were assessed at the time of sampling by the Krawiecka scale for chronic psychotic patients, and a note made of current side-effects (e.g. dry mouth, blurring of vision, weight gain).

No antidepressant was detected in the serum of only one patient, a day-patient prescribed imipramine. Thus only 3% of the population were clearly non-compliant with their drug therapy. A further seven patients, all receiving tricyclics, had 'low' plasma levels. Non-compliance may be suspected in these patients but pharmacokinetic factors must also be considered. Inspection of the data did not suggest these eight patients differed from the others with regard to sex, hospital status, dose of antidepressant, duration of treatment, current anxiety or depression, and prescriber.

A previous study which also used the 'no antidepressant detected' category assessed non-compliance