In order to maximise efficacy and safety when administering drugs in this manner, it is vital to provide adequate training, perhaps during the induction period for new staff, and regular updates for all grades of staff.

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Defeat Depression Campaign

À propos of the letter from Dr Noble (*Psychiatric Bulletin*, February 1994, **18**, 111–112) I do not diminish the value of psychiatric rating scales. My aim in the article he quoted was to show the differing emphases of the depression scales in common use. I am, in fact, an advocate of the need for record of the severity of a disorder by some type of scale; the chart of this, over time, will give invaluable information concerning progress and response to treatment. Our scales have always been accompanied by charts for such records.

What I *do* warn against is the overinclusive use of terms such as 'depression' and measurement by scales which are a collection of items representing a wide variety of symptoms. I have previously drawn attention to my conviction that psychiatry will not advance as a science until this ingrained attitude is overcome (Snaith, 1993). What *is* required is closer attention to more discrete aspects of psychopathology, their carefully agreed definition and means of assessment. In this way we may begin to discern the characteristics of disorders which predict particular events, e.g. responses to specific treatments. Recently we have concentrated on the possibility that lowering of hedonic tone is an indication for biological rather than psychological intervention; it is this aspect of mood disorder which is highlighted by the Depression Subscale of our HAD Scale (Zigmond & Snaith 1983) referred to by Dr Noble.

I should add that I think the Defeat Depression Campaign is not a useful exercise. Simply to provide GPs with lists of symptoms and then to state that there exist effective remedies such as cognitive therapy or pharmacotherapy is of little use. The GP, like the hospital physician, Relate Counsellor or any other person in contact with unhappy, distressed people, requires more exact guidance: the patients who do well with counselling, or cognitive therapy are *not* the same patients whose distress may be relieved by antidepressant drugs.

SNAITH, R.P. (1993) Psychiatry is more than a science: correspondence. *British Journal of Psychiatry*, **162**, 843–884.

ZIGMOND A. & SNAITH, R.P. (1983) The Hospital Anxiety And Depression Scale. *Acta Psychiatrica Scandinavica*, **67**, 361–370.

(Scale with charts etc available from NFER-Nelson, Darville House, 2 Oxford Road East, Windsor, Berks SL4 1BU).

R.P. SNAITH, *St James's University Hospital, Leeds LS9 7TF*

Sir: Thank you for letting me have the opportunity to respond to Dr Snaith's comments on the Defeat Depression Campaign, particularly since he states that the campaign "is not a useful exercise". He seems to predicate his statement on the belief that the campaign will simply "provide GPs with lists of symptoms" and then "state that there exist effective remedies such as cognitive therapy or pharmacotherapy". I am happy to correct this false impression.

The article in the *British Medical Journal* (Paykel & Priest, 1992) publishing the results of our consensus meetings, gave a great deal of detail on how recognition and treatment of depression could be improved, particularly in general practice. We did not think that this publication would be read by all doctors and experience in medical education suggests a much more active programme is necessary.

The essential messages of the consensus statement were contained in a readable booklet, circulated to all principals in general practice in Great Britain with the aid of the Department of Health. A further booklet, dealing with the topics more extensively, written by Dr Alastair Wright (editor of the *British Journal of General Practice*) was sent to all members of the Royal College of General Practitioners. 'The Management of Depression in Primary Care' is a laminated yellow card, available to all doctors and other health care professionals on request (C5 sized SAE and 25p stamp please). The principal authors of this card are Liz Armstrong and Dr Keith Lloyd. This does list symptoms and provides straightforward advice on management. Maybe this is what Dr Snaith has seen. It has received favourable comment from GPs in pilot studies. In particular, it gives advice on management of patients with different degrees of suicidal potential, including monitoring and referral to specialist care.

Professor Brice Pitt has developed a set of cards for screening elderly patients for depression. The questions are printed in large type, and the questions avoid excessive reliance on features that may be found with physical illnesses so common in the elderly.

However if Dr Snaith is critical about written materials above, he may be more favourably impressed by the training package that is designed to enable general practitioners to improve their skills in the recognition of the depressed patients and in their subsequent treatment and management. The package includes videotapes, written materials and stencils for overhead

projectors. The videotapes contain interviews by general medical practitioners. The package was available from the College at a price of £30. So far we have distributed 500 and no longer have any in stock. Two further video training packages are currently in production, the first is aimed at teaching GPs basic cognitive techniques and the second will be targeting counsellors working in primary care.

Although I am disappointed that Dr Snaith has not appreciated the full extent of our educational programme so far, I am pleased to have the opportunity to correct a false impression that may have been shared by other readers.

PAYKEL, E.S. & PRIEST, R.G. (1992) Recognition and management of depression in general practice: consensus statement. *British Medical Journal*, **305**, 1198–1202.

ROBIN PRIEST, *Chairman, Defeat Depression Campaign Management Committee, 17 Belgrave Square, London SW1X 8PG*

Screening for mental illness in the elderly

Sir: Noble's study (*Psychiatric Bulletin*, February 1994, **18**, 111–112) on the content of over-75s health checks by Norfolk GPs is similar to one we undertook in Milton Keynes. We surveyed all 29 local general practitioners (GP) principals on their methods of screening the over-75s and received replies from 27 (93%). At least 16 (59%) of practices used questionnaires for screening. None appeared to use a validated depression rating scale, but 9 (33%) did attempt to identify depression – a typical method being a scale such as 'no problems' (score=0), 'discontented' (score=2), 'very unhappy' (score=4). Cognitive function was generally better examined with 14 (52%) of practices specifically testing it, e.g. a 10-item test covering memory, orientation and concentration. Those routinely involved in screening included: GPs (56%), practice nurses (67%), district nurses (48%), health visitors (11%) and 'others' (4%). General comments were also obtained – 6 (22%) expressed dissatisfaction with routine screening describing it as 'unnecessary', 'wasteful of time and energy' and 'intrusive'. Only 1 (4%) was positive – describing screening as 'worthwhile' – the remaining 20 (74%) expressed no particular opinion on its value.

We agree with Noble that opportunities for early diagnosis of depression are being missed. Nevertheless, our study suggests that a substantial minority (33%) of GPs in Milton Keynes attempt to identify depression – albeit using inadequate techniques. This could be improved with better training, more appropriate methods and closer links with psychogeriatric services. One potentially useful screening instrument for depression in general practice is BASDEC (an adaptation of the depression scale for the Brief Assessment Schedule as a set of cards). This has been shown to be quick, valid and acceptable in screening elderly medical in-patients (Adshead *et al*, 1992).

Community studies of depression and dementia in the over-65s have shown high prevalence rates of 11.3% and 5.2% respectively (Copeland *et al*, 1987). Screening seems a logical way to identify these common illnesses but at least six (22%) of our GPs are not convinced that routine screening is worthwhile. At present there is a lack of strong evidence to change their minds. We echo Noble's call for greater co-operation and research between psychiatrists and GPs to resolve this question.

ADSHEAD, F., DAY CODY, D. & PITT, B. (1992) BASDEC: a novel screening instrument for depression in elderly medical inpatients. *British Medical Journal*, **305**, 397.

COPELAND, J.R.M., DEWEY, M.E. & WOOD, N. (1987) Range of mental illness among the elderly in the community: prevalence in Liverpool using the GMS-AGECAT Package. *British Journal of Psychiatry*, **150**, 815–823.

J.D.D. LAIDLAW and E. ZAPATA, *Department of Psychiatry for the Elderly, Campbell Centre, Milton Keynes MK6 5LE*

Evaluation of counselling services

Sir: Having recently completed an evaluation of the first three years of a counselling service for carers of people attending the Bristol Memory Disorders Clinic, we would like to expand on the ideas put forward by Michael King (*Psychiatric Bulletin*, February 1994, **18**, 65–67). Our evaluation has shown that there are many unresolved difficulties associated with this exercise.

First, one has to decide on an end point. At what stage can you say that counselling has been successful? We originally thought that a mark of success in our setting would be to keep people out of institutional care. But many counselling sessions has involved helping carers let go, while maintaining their own integrity and that of their relationship with the person with dementia.

There are difficulties associated with how to measure emotions in an objective way, and how to measure change in these emotions. When working with a progressive condition like dementia, it is possible that counselling is perceived as beneficial but there is little or no change on a quantitative scale. Doctors work from a scientific background and are used to looking for hard data, but we have found that it is very difficult to measure emotion and stress solely in these terms.