

to whether refusal of treatment does or does not comprise a danger to the self but, clearly, we are not seen adequately to be emphasising the essence of the 1983 Mental Health Act. Therein it is clear that compulsory detention and appropriate treatment in hospital of someone resisting such medical advice relating to their condition is only taken in the interests of their health or safety or for the protection of others. We are examining ways of printing an appropriate correction to the present text and will correspondingly change the text itself in the first reprint. In the meantime, we are making this latter change now to the text which shortly will be published on the College's website.

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Use of placebo

Sir: "There are only a few articles published on the use of placebo, either for diagnostic or treatment purposes; one notable and helpful example being Miller (1988)" (Cooney, *Psychiatric Bulletin*, January 1999, **22**, 53-54). Your correspondent must be referring only to diagnosis, for even if reports on placebo-controlled clinical trials are ignored, a search of Medline or the Cochrane Collaboration Library would list many publications on placebo therapy.

False modesty prevents direct reference to my own publications, but there have been several later articles on aspects of placebo treatment in the *Lancet* in 1994 (further details available from the author upon request), for example; and Shepherd & Sartorius (1989) have edited a comprehensive volume on *Non-Specific Aspects of Treatment* that deals in even more general terms with the topic. Attention may also be directed to the proceedings of a recent symposium (Schmidt, 1998).

SCHMIDT, J. G. (1998) Placebo - valuable if it helps the patient? *Research in Complementary Medicine*, **5** (suppl. 1), 102-111.

SHEPHERD, M. & SARTORIUS, N. (eds) (1989) *Non-Specific Aspects of Treatment*. Toronto: Huber and Geneva: WHO.

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Women in Psychiatry Special Interest Group

Sir: I was interested to read the survey by Blower (*Psychiatric Bulletin*, January 1999, **23**, 24-29) concerning staff grade psychiatrists, of whom the majority would appear to be female. The Women in Psychiatry Special Interest Group would like to encourage any staff grade psychiatrists who are Members, Affiliates or Inceptors of the College to join this group, which can be done in the usual way by contacting the College. The aims of the Group are to support and promote the careers of women psychiatrists and the health needs of female patients with mental illness.

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Inappropriate antidiuretic hormone secretion associated with zopiclone

Sir: The syndrome of inappropriate antidiuretic hormone (SIADH) is a well recognised complication of many psychotropic drugs (Thomas & Verbalis, 1995). Reports of an association with benzodiazepines are uncommon (Engel & Grau, 1988). To our knowledge this is the first report of SIADH associated with zopiclone, a cyclopyrrolone hypnotic which acts at benzodiazepine receptors.

A patient was treated by a general practitioner with zopiclone 7.5 mg nightly for a two-week history of insomnia. Over the next nine days the patient became confused, lethargic and depressed, culminating in an overdose of six zopiclone tablets. The previous medical history included hypertension controlled by felodipine 5 mg daily for the past two years. The patient had suffered two previous episodes of diuretic-induced SIADH which were confirmed by measurements of serum and urine osmolality.

On admission serum sodium was 129 mmol/L, falling to 113 mmol/L four days later. Serum osmolality was low at 240 mmol/kg and urine sodium was 20 mmol/L suggesting a further episode of SIADH. All other investigations were normal. Psychiatric assessment revealed mild cognitive impairment and depressive features which resolved spontaneously as the serum sodium returned to normal, 12 days after discontinuation of zopiclone.

The rapid resolution of symptoms and correction of hyponatraemia after discontinuation are consistent with this being related to prescription of zopiclone. Furthermore investigations excluded other causes of SIADH. 'Re-challenge to confirm' was considered