

Previous studies<sup>2</sup> consistently indicate increased prevalence of dementia in older African–Caribbean people when compared with the indigenous White population in the UK. The magnitude of this difference between these populations is not clear. Hence, there is a definite need for well-planned epidemiological studies to determine the actual burden of disease. Surprisingly, Adelman *et al*'s study<sup>1</sup> presumed that vascular factors such as hypertension and type 2 diabetes are likely to increase the burden of dementia in the African–Caribbean population. However, the possibility of other risk factors such as depression, illiteracy and prevalence of apolipoprotein 4, which, presumably, increase the chances of subsequent dementia, needs more emphasis.<sup>3,4</sup> Current data from sub-Saharan Africa and India<sup>4</sup> suggest that age-adjusted dementia prevalence estimates in 65-year-olds are low (1–3%) compared with other low- and middle-income countries. It appears that there is a need to identify potentially modifiable environmental/genetic factors to explain the increased prevalence of dementia when this population migrated to the UK. Therefore, future studies are needed to identify these risk factors in this migrant population.

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**Authors' reply:** We agree that it is helpful to emphasise that we do not know whether vascular factors are the primary aetiology behind the increased prevalence of dementia in this population. We considered literacy to be a risk, and this (like our earlier study) controlled for education<sup>1</sup> and found no difference between ethnic groups. Similarly, depression rates in older Black and minority ethnic populations have not been found to be raised;<sup>1</sup> nor has the prevalence of apolipoprotein 4 when compared with their White counterparts.

However, there are contradictory findings about whether the expression may be the same.<sup>2–5</sup> Thus, although all these factors may relate to the rates of Alzheimer's dementia, there was no clear evidence to suggest they are responsible for the increased rate in the African–Caribbean group. Finally, there is no evidence that the prevalence of dementia in the participant's country of birth (Caribbean Islands) is lower than that for the UK. A Delphi consensus study estimated that the rates for Latin America and the Caribbean are at least as high as for Western Europe.<sup>6</sup> We agree, however, that more research is needed to consider the possible aetiology and modifiable risk factors.

Declaration of interest

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## Internet-based CBT for severe health anxiety

Having appraised the evidence regarding the article by Hedman *et al*,<sup>1</sup> we write to comment as follows.

First, it is not possible, from the article,<sup>1</sup> to tell whether the comparison group was similar to the experimental group, as no statistical tests were done.

Second, the treatment described by the authors as internet-based cognitive–behavioural therapy (CBT) involved components of mindfulness and may have been more appropriately described as internet-based modified CBT.

Third, given that defined psychological approaches, including CBT are accepted as treatment for health anxiety,<sup>2–5</sup> CBT delivered as usual may have been a more appropriate control treatment than the online discussion forum. An online discussion forum is not recognisable or recommended treatment for health anxiety.

Fourth, the description of participant recruitment is contradictory: 'There were no advertisements in newspapers or in other media. However, an article about the study was published in a major nationwide newspaper'.

Fifth, we note that the power in per cent is not stated explicitly in the study such as to inform respective clinician's appraisal of this study as regards applicability of results to various clinical settings.

In light of the above, there is a need for cautious interpretation of the evidence presented, which we feel has limited therapeutic value in the acute psychiatry settings, such as crisis resolution and home treatment teams and in-patient wards, in which we work. However, we value this paper as adding to the limited body of knowledge available about treatments for health anxiety and expanding the notion that this disorder is treatable.

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