mental state examination and, where indicated, a physical examination or selective physical examination, and special investigations. This applies as much to people with Down's syndrome as it does to the general population.

We hope our papers help to establish that people with Down's syndrome experience increased rates of certain psychiatric disorders, and that the pattern of adaptive behaviour in these individuals changes with age. There is, of course, a distinction between descriptive psychopathology by which a psychiatric diagnosis is made, and aetiological factors which contribute to the described illness. Having established different rates of psychiatric disorders, the next stage is to determine the relevant aetiological factors. The view of Drs Prasher & Krishnan, that sensory impairment and medical illness account for the altered rates of psychiatric disorders, is speculative. We look forward with great anticipation to the publication of results from the Birmingham Down's syndrome study to support their hypothesis.

CRAPPER, D. R., DALTON, A. J., SKOPITZ, M., *et al* (1975) Alzheimer's degeneration in Down's syndrome: electrophysiological alterations and histopathology. *Archives of Neurology*, **32**, 618–623.

LAI, F. & WILLIAMS, R. S. (1989) A prospective study of Alzheimer's disease in Down's syndrome. *Archives of Neurology*, **46**, 849–853.

REID, A. H. & AUNGLE, P. G. (1974) Dementia in ageing mental defectives: a clinical psychiatric study. *Journal of Mental Deficiency Research*, **18**, 15–23.

—, MALONEY, A. F. J. & AUNGLE, P. G. (1978) Dementia in ageing mental defectives: a clinical and neuropathological study. *Journal of Mental Deficiency Research*, **22**, 233–241.

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Combination treatment of depression

SIR: The question of how to treat depressed patients who have failed to respond to a first antidepressant agent is of great clinical importance. Seth *et al* (*Journal*, October 1992, **161**, 562–565) describe the successful treatment of such patients by the addition of a selective serotonin reuptake inhibitor (SSRI) to the tricyclic antidepressant; a potentially more straightforward manoeuvre than lithium augmentation or changing to a monoamine oxidase inhibitor. Points by subsequent correspondents are well made (Cowen & Power, *Journal*, February, 1993, **162**, 266–267) but, given the potential hazards of combining drugs, may fail to address one critical issue – would *changing* to an SSRI be equally as effective as adding one? One influential study (Nolen *et al*, 1988) found no benefit in changing to fluvoxamine for patients who were tricyclic antidepressant non-responders, and is frequently cited to dismiss the strategy. However, a number of other authors have found that a clinically significant proportion of tricyclic non-responders do respond to a subsequent SSRI given alone (Lingjaerde *et al*, 1983; Delgado *et al*, 1988; Beasley *et al*, 1990; White *et al*, 1990). Admittedly these have been open studies but I would argue that it is premature to dismiss changing to another non-monoamine oxidase inhibitor antidepressant in favour of combination drug treatment on current evidence. Further research is required to determine the best 'second-step' treatment for patients failing to respond to an adequate trial of a tricyclic antidepressant drug.

BEASLEY, C. M., SAYLER, M. E., CUNNINGHAM, G. E., *et al* (1990) Fluoxetine in tricyclic refractory major depressive disorder. *Journal of Affective Disorders*, **20**, 193–200.

DELGADO, P. L., PRICE, L. H., CHARNEY, D. S., *et al* (1988) Efficacy of fluvoxamine in treatment-refractory depression. *Journal of Affective Disorders*, **15**, 55–60.

LINGJAERDE, O., BRATPOS, O., BRATLID, T., *et al* (1983) A double-blind comparison of zimelidine and desipramine in endogenous depression. *Acta Psychiatrica Scandinavica*, **68**, 22–30.

NOLEN, W. A., VAN DE PUTTE, J. J., DIGKEN, W. A., *et al* (1988) Treatment strategy in depression. I. Non-tricyclic and selective reuptake inhibitors in resistant depression: a double-blind partial cross-over study on the effects of oxaprotiline and fluvoxamine. *Acta Psychiatrica Scandinavica*, **78**, 668–675.

WHITE, K., WYKOFF, W., TYNES, L. L., *et al* (1990) Fluvoxamine in the treatment of tricyclic-resistant depression. *Psychiatry Journal of the University of Ottawa*, **15**, 156–158.

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Dysfunctional attitudes and Beck's cognitive theory of depression

SIR: I would like to comment on Brittlebank *et al*'s article (*Journal*, January 1993, **162**, 118–121) on autobiographical memory in depression. They compared a measure of autobiographical memory to the Dysfunctional Attitudes Scale (DAS; Weissman, 1979) with respect to: (a) whether scores on each measure fell as depression scores decreased (i.e., whether the variables behaved as state or trait markers); and (b) whether scores on each measure predicted depression at three- and seven-month follow-up. The findings concerning autobiographical memory are interesting