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

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