INDICATIONS FOR COMBINED ANTIDEPRESSANT THERAPY

DEAR SIR,

It is unfortunate that Dr. Sethna described the patients treated by combined antidepressant therapy in his interesting study (*Journal*, 1974, **124**, 265–272) as 'refractory cases of depressive illness'. Whilst his results indicate that combined treatment was of some value in the patients their clinical features were not primarily those of a depressive illness. His description of a chronic unremitting disorder in which all patients 'showed considerable overt anxiety, and many of them feared being left on their own', is typical of anxiety states and can be distinguished clearly from depressive illness (1). Not only does it appear that the patients were primarily anxious but the results described in the paper showed that the combined treatment was not antidepressive at all. If one takes the results at the 1 per cent level of significance (a more appropriate figure than 5 per cent in view of the absence of controls in the study) 10 of the 15 items on the Hamilton Rating Scale for Anxiety showed significant treatment effects as opposed to only 6 of the 17 Hamilton Rating scores for Depression. As 2 of the latter were somatic and psychic anxiety, which show no admixture of depression, the combined treatment appeared to be anxiety reducing rather than antidepressive.

Dr. Haldane (2, 3) might argue that this is another dispute about 'meaningless anxiety and depressions', which is irrelevant to the real stuff of psychiatry, but it is an important practical issue. If psychiatrists reading Dr. Sethna's article only prescribe combined tricyclic and monoamine oxidase inhibitor therapy for 'refractory cases of depressive illness', they will treat a different group of patients from the one he has described and may be disappointed at the results. It is a mistake to assume that what is antidepressant in name must also be antidepressive in therapeutic action. This misconception has dogged the monoamine oxidase inhibitors since their introduction and has led to unnecessary confusion. If we are to define clearly the indications for combined therapy we must avoid making this mistake again, otherwise we shall only confirm T. H. Huxley's observation that 'irrationally held truths may be more harmful than reasoned errors'.

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2. HALDANE, F. P. (1972) Affective disorders. *Brit. J. Psychiat.*, **121**, 454–5.
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AN EXPERIMENTAL INVESTIGATION OF DESENSITIZATION IN PHOBIC PATIENTS

DEAR SIR,

The authors of the above paper (*Journal*, **124**, 392-401) regret that they omitted to mention that the treatment of the phobic patients took place at Rochford General Hospital, where Dr. Gillan is a part-time Senior Psychologist. They apologise for this omission.

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