provided for the assertions described above, we remain uncertain about what they are based on. Since these views are part of the consensus statement, which presumably will be used as a benchmark for clinical practice, for second opinions, and so on, this is a serious matter. In its present form the consensus statement is profoundly misleading in its comments on adolescents and we urge that it be revised in the light of current research and informed clinical opinion.

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Epilepsy in Down's syndrome

SIR: McVicker *et al* (*BJP*, April 1994, **164**, 528–532) describe the associated features of epilepsy in adults with Down's syndrome. In a similar study of a hospital population of people with Down's syndrome in Bristol, we found some markedly similar as well as contrasting results.

In a population of 43 patients with genetically proven full trisomy 21 (23 women, 20 men, mean age 51.5 years), 11 (26%) had epilepsy, which is the same percentage as in McVicker's hospital subsample. Other similarities were the dramatic increase in prevalence of epilepsy with age, being 38% for those over 50 years and only 6% for those under 50 (c.f. McVicker's 46% and 7%) and the strong association between epilepsy and dementia, with eight of the ten epileptics over 50 years dementing, and only two patients showing marked functional decline without evidence of epilepsy.

In contrast to McVicker, only 2 out of 11 epileptics (18%) had clearly secondary generalised seizures (McVicker reported the "majority" to have them) and only 6 (55%) showed paroxysmal features on electroencephalography (c.f. McVicker's 80%). The commonest seizure type was generalised tonic–clonic, but notably three had myoclonic, one atonic, and two a mixture of absence and tonic–clonic seizures. This mix of seizure type explained our finding that, as in McVicker's study, sodium valproate was the most commonly used anti-epileptic medication. I would therefore question the McVicker group's assertion that, on the basis of seizure type, carbamazepine is in general a more logical choice of anti-epileptic.

In the Bristol study, neurological examination was done on all patients except two who refused. A striking feature was the high prevalence of clinically increased muscle tone (19 out of 43 (44%)) in a group that is typically hypotonic. Prevalence increased with age, with no patients below the age of 40 years and 11 of the 14 over 60 years (78%) showing increased tone. Hypertonicity appeared to be associated with dementia and epilepsy: only one dementing and one epileptic patient had normal muscle tone, and all patients with both dementia and epilepsy had increased tone. This raises the possibility that increasing muscle tone is an important precursor of the dementia complex in Down's syndrome. A prospective study with more precise measurement of muscle tone is needed to evaluate this hypothesis.

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Defeating depression in Zimbabwe

SIR: Abas *et al* (*BJP*, March 1994, **164**, 293–296) describe how mental health research and service