

gastrointestinal transit times and renal function, and the results cannot be explained by changes in the patients' medication. The fact that three patients with chronic schizophrenia developed abnormal intestinal permeability over time argues powerfully against the latter's role as an aetiological factor. The questions remain as to what the mechanism of abnormal intestinal permeability is, and what influence it has on both the disease process and the efficacy of medication.

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References

- FEIGHNER, J. P., ROBINS, E., GUZE, S. B., *et al* (1972) Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry*, **26**, 57–63.
- WOOD, N. C., HAMILTON, I., AXON, A. T. R., *et al* (1987) Abnormal intestinal permeability. An aetiological factor in chronic psychiatric disorders? *British Journal of Psychiatry*, **150**, 853–856.

'New long-stay' patients and social deprivation

SIR: Abbott (*Journal*, January 1990, **156**, 133) makes the point that a detailed analysis of the socio-demographic characteristics of catchment areas may reveal associations between accumulation rates of 'new long-stay' patients (admission duration of more than one year) and indices of social deprivation. At present, the Team for the Assessment of Psychiatric Services (TAPS) is evaluating the reprovision of services for patients leaving Friern and Claybury Hospitals. Furthermore, such an analysis has already been performed (Jones & Margolius, 1989) in which the Spearman rank correlation coefficient between the annual rate of accumulation of new long-stay patients and the Jarman-8 index (Jarman, 1983) of social deprivation for their nine districts of residence was 0.82 ($P < 0.01$).

Although this association has not been previously reported, it is not surprising. The association between residential area and incidence of schizophrenia was described in Chicago over 50 years ago by Faris & Dunham (1939) and has been replicated more recently in Bristol and Nottingham (Ineichen *et al*, 1984; Giggs & Cooper, 1987). The Royal College

study (Hirsch, 1988) found a correlation of 0.76 between district psychiatric admission rates and Jarman-8 indices in North West Thames. Indeed, a number of other combined deprivation scores such as ACORN, Unit 9, and the Department of the Environment Social Index (but not Standard Mortality Rate (SMR)) correlate equally highly with admission rates (Thornicroft, 1989). The strength of these associations support Hirsch's proposals that the service norms used in planning psychiatric services should be weighted to take explicit account of the extent of local social and economic deprivation.

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References

- FARIS, R. E. L. & DUNHAM, H. N. (1939) *Mental Disorders in Urban Areas*. Chicago: Hafner.
- GIGGS, J. & COOPER, J. (1987) Ecological structure and the distribution of schizophrenia and affective psychoses in Nottingham. *British Journal of Psychiatry*, **151**, 627–633.
- HIRSCH, S. (1988) *Psychiatric Beds and Resources: Factors Influencing Bed Use and Service Planning*. London: Gaskell.
- INEICHEN, B., HARRISON, G. & MORGAN, H. (1984) Psychiatric hospital admission in Bristol. 1. Geographical and ethnic factors. *British Journal of Psychiatry*, **145**, 500–504.
- JARMAN, B. (1983) Identification of under privileged areas. *British Medical Journal*, **286**, 1705–1709.
- JONES, D. & MARGOLIUS, O. (1989) Accumulation of new long-stay at Claybury and Friern. In *Proceedings of 4th Annual TAPS Conference*. London: NETRHA.
- THORNICROFT, G. (1989) Predicting district health authority psychiatric service utilisation rates in the South East Thames Region using socio-demographic census variables (MSc thesis). London: University of London.

Platelet MAO and 5-HT uptake in agoraphobics

SIR: The hypothesised association between neurotransmitter abnormalities and the anxiety-states panic disorder and agoraphobia with and without panic attacks has been the focus of renewed attention since the introduction of the concept with DSM-III (American Psychiatric Association, 1978). The recent report by Flakos *et al* (*Journal*, November 1989, **155**, 680–685) describes studies of platelet monoamine oxidase activity (MAO) and serotonin (5-HT) uptake in patients with agoraphobia and neurotic depression compared with a control group. Both measurements are relevant to the neurotransmitter hypotheses of these disorders. The findings of elevated MAO activity in agoraphobia are supported by some