The results therefore provide a new instance of an already observed phenomenon (Phillips, 1974; Surtees, 1982).

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SURTEES, S. J. (1982) Suicide and accidental death at Beachy Head. *British Medical Journal,* **284,** 321–4.

SOMATIC SYMPTOMS OF ANXIETY MOULDED BY EARLY EXPERIENCES

DEAR SIR,

Two patients who had spent some of their childhood in German concentration camps, presented with depressive disorders which responded to tricyclic medication. Both initially complained of burning sensations; one, a lady in her fifties, had severe burning sensations in her arms and the other, a man in his forties, burning sensations and pains in his legs. In both cases the symptom was quickly relieved with benzodiazepine anxiolytics. The similarity in the constellation of the features was striking and suggested that the horrifying early experiences had moulded the anxiety symptoms.

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RE: THE DIAGNOSIS OF DEPRESSION IN OLD AGE

DEAR SIR,

The paper by Dr Elaine Murphy (*Journal,* February 1983, **142,** 111–19) would appear to be an excellent example of a study in prognosis. There is one important omission. There is no detailed account of the treatment of these patients and yet treatment is a very major factor in prognosis. Treatment of depression is not constant and there are effective and ineffective treatments. Electro-convulsive therapy is the most effective measure in the treatment of the severely depressed, particularly in those with delusional features. Even then, the administration of a course of ECT is not constant, for the number and frequency of treatments can influence the prognosis.

It is also likely that a number with severe physical illness would be excluded from having ECT because of potential hazard and so it is not surprising that a poor prognosis was associated with severe physical illness. As 30 out of the 124 died, and only one from suicide, within the first year, it would suggest that these physical illnesses were very severe and that there must have been among those that did not die a number who were also seriously ill. While death cannot be regarded as a good outcome, it is wrong to attribute death from physical causes to the depression, especially as depression is a common feature of organic disease both cerebral and systemic.

Dr Murphy herself in her comments on age and sex (p. 113) states that, "Age did not affect prognosis: older patients were just as likely to make a full recovery as younger ones." Yet the paper concludes that prognosis of depression in the elderly is poor. It would be fairer to say that if the patient has a serious and fatal illness and is probably considered unsuitable for an adequate course of ECT the outcome is unfavourable.

Even the administration of tricyclic anti-depressants can be a hazard in the elderly because of their vulnerability to the anti-cholinergic action of these drugs and it would be of interest to know what dosage of drug was tolerated and how many had to have the drug discontinued.

I stress these points, for in my long experience of treating psychotic depression, I consider the prognosis still to be excellent, regardless of age. In this I agree with Dr Murphy. My concern is that her general conclusions are not supported by her data and that effective treatment of a recoverable illness may be denied people merely on the grounds of age. Dr Murphy's paper does emphasize the importance of a thorough physical screening of the elderly because a number of physical conditions which may well be precipitating the depression are treatable and anti-depressant measures for these conditions would be entirely inappropriate.

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BRIEF PSYCHOTHERAPY IN FAMILY PRACTICE

DEAR SIR,

The study by Brodaty and Andrews ("brief psycho