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Declaration of interest

T.B. is currently a visiting scientist at McGill University, Montreal, and in this capacity is supported by Pfizer Lab, Canada.

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Gender differences in treatment response to antidepressants

Parker (2001) expertly reviews the evidence for efficacy and effectiveness of different classes of antidepressants. In particular, he addresses the issue of whether selective serotonin reuptake inhibitors (SSRIs) are less efficacious in melancholia; reviews effectiveness studies; examines why there is a discordance between efficacy studies and clinical observation; and reviews the implications of differential effectiveness.

An additional important area that should be considered is that of gender differences in treatment response to antidepressants. Recent evidence has arisen to suggest that women may have a better response to SSRIs and men a better response to tricyclic antidepressants (Kornstein *et al*, 2000). As depression is approximately twice as common in women than in men, gender differences of this nature are important and should be considered when reviewing this area. The reasons for this difference may be related to the effects of female sex hormones on serotonergic neurotransmission and in particular on the function of the 5-HT_{1A} receptor (Young *et al*, 1993). The evidence for gender differences in treatment response to antidepressant is not definitive (Kornstein *et al*, 2001; Quitkin *et al*, 2001) and further studies are needed to fully establish the validity of this notion. However, there are potentially important implications, and in the future clinical

management strategies may take account of gender differences in treatment response.

Kornstein, S. G., Schatzberg, A. F., Thase, M. E., et al (2000) Gender differences in treatment response to sertraline versus imipramine in chronic depression. *American Journal of Psychiatry*, **157**, 1445–1452.

—, —, —, *et al* (2001) Dr Kornstein and Colleagues reply (letter). *American Journal of Psychiatry*, **158**, 1532–1533.

Parker, G. (2001) 'New' and 'old' antidepressants: all equal in the eyes of the lore? *British Journal of Psychiatry*, **179**, 95–96.

Quitkin, F. M., Stewart, J. W. & McGrath, P. J. (2001) Gender differences in treatment response (letter). *American Journal of Psychiatry*, **158**, 1531–1532.

Young, A. H., Dow, R. C., Goodwin, G. M., et al (1993) The effects of adrenalectomy and ovariectomy on the behavioural and hypothermic responses of rats to 8-hydroxy-2-(di-n-propylamino)tetralin (8-OH-DPAT). *Neuropharmacology*, **32**, 653–657.

Declaration of interest

I have received speakers' fees from pharmaceutical companies that manufacture SSRIs.

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World psychiatric literature

Patel & Sumathipala (2001) have provided an interesting survey of the country of origin of papers published in six psychiatric journals over a 3-year period. Only 6% of the literature was published from non-Euro-American countries. Unfortunately, the authors equate this low representation with the state of international research in psychiatry and these inferences are amplified by two accompanying commentaries (Leff/Cheng, 2001).

It has been repeatedly shown that use of journals' impact factors to infer the actual citations of individual papers or investigators is misleading (Fava & Ottolini, 2000). Further, both the authors of and the commentators on the study have failed to cite the research evidence available in terms of international trends (Fava & Montanari, 1998). Such evidence is based on the National Science Indicators on Diskette developed by the Institute for Scientific Information. All journals listed in *Current Contents* under the heading of Psychiatry were included in the database. The number of papers published per year, their citations, and the number of citations received per paper published were reported. Even though North America and the European

Union rule the psychiatric arena, the picture is rather different from the one portrayed by Patel & Sumathipala. In the most recent survey of world psychiatric literature (Fava *et al*, 2001), limited to the journals included under the heading of Clinical Psychology and Psychiatry in *Current Contents (Clinical Medicine)*, an impressive growth in impact from Latin America was documented. Fortunately, the progress of international psychiatric research is not confined to the six journals selected for the analysis by Patel & Sumathipala. None the less, many of their comments are valid and useful.

Fava, G. A. & Montanari, A. (1998) National trends in behavioral sciences (1981–1996). *Psychotherapy and Psychosomatics*, **67**, 281–301.

— & **Ottolini, F. (2000)** Impact factors versus actual citations. *Psychotherapy and Psychosomatics*, **69**, 285–286.

—, — & **Sonino, N. (2000)** Which are the leading countries in clinical medicine research? A citation analysis (1981–1998). *Psychotherapy and Psychosomatics*, **70**, 283–287.

Leff, J./Cheng, A. T. A. (2001) Invited commentaries on: International representation in psychiatric literature. Survey of six leading journals. *British Journal of Psychiatry*, **178**, 410–411.

Patel, V. & Sumathipala, A. (2001) International representation in psychiatric literature. Survey of six leading journals. *British Journal of Psychiatry*, **178**, 406–409.

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Error in Andrews *et al* (2001)

Dr Meadows and colleagues have drawn our attention to a wrong and misleading sentence in the Method section of Andrews *et al* (2001a). We conclude the sub-section on assessment (p. 146) by saying "Perceived health need was based on the UK Survey of Psychiatric Morbidity questions". This sentence should read: "Perceived health need was based on work by Meadows *et al* (2000a). Similar concepts were used by the UK Survey of Psychiatric Morbidity questions".

We apologise for this omission and draw readers' attention to Meadows *et al* (2000b) for a more complete discussion of the development of the Perceived Need for Care Questionnaire. This is a reference we have used in subsequent papers (e.g. Andrews *et al*, 2001b).

Andrews, G., Henderson, S. & Hall, W. (2001a) Prevalence, comorbidity, disability and service utilisation.