

TABLE
Experimental phase

		A1	A2	B1	B2	C1	C2	D1	D2	A vs B
DEX-CORTISOL ($\mu\text{g}\%$)										
	4 pm									
	\bar{x}	1.1	1.3	6.1	4.7	1.8	1.2	0.9	2.2	<.05*
	SD	0.1	0.1	3.2	1.4	0.0	0.2	0.8	2.3	
DEX-DEX ng/dl										
	9 am									
	\bar{x}	413	478	278	357	597	544	310	—	n.s.
	SD	290	233	105	197	317	308	243	—	
TRH-TSH										
	basal									
	\bar{x}	1.6	2.1	1.0	1.1	1.5	2.5	1.2	1.0	<.025§
	SD	0.8	1.5	0.5	0.3	0.8	1.2	0.5	0.3	
30 min										
	\bar{x}	12.8	14.4	8.5	8.7	14.0	14.7	12.7	11.1	<.01§
	SD	3.6	6.2	3.5	3.3	3.9	4.5	5.2	3.3	

* = P-values, Wilcoxon Test (df = 4); § = paired t-Test (df = 3!); n.s. = non significant (df = 3!); DEX = Dexamethasone; \bar{x} = mean; SD = Standard Deviation.

after the weight gain phase (C) while the response was normal during the fasting phase. Fasting also resulted in a significant increase of the 24-hour growth hormone level, a regression to infantile secretion patterns of luteinizing hormone in three of five cases, and a decrease of plasma prolactin.

Disturbances in the HPA- and thyroid-axis have been described for depressed (and other mental) patients. Our findings in starving healthy normal weight subjects present strong evidence that weight loss, catabolic state or reduced caloric intake have a very powerful influence on neuroendocrine secretion and regulation. The HPA-axis appears to be particularly sensitive to the caloric intake and we feel that retrospective inquiry of patients concerning previous weight loss is clearly an insufficient control. Our results question the specificity of endocrine function tests such as the DST, TRH-test and clonidine test as biological markers for certain mental disorders such as (major) depression. We suggest that caloric intake and indicators of metabolic states (free fatty acids, γ -amino butyric acid) are used as controls in future neuroendocrine studies in mental patients.

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Trazodone and Mania

DEAR SIR,

Apropos Roy-Byrne *et al's* comment (*Journal*, November 1984, 145, 543–550) that trazodone has not been reported to induce mania, I would like to draw attention to a recent report by Warren & Bick (1984). The latter reported two patients with a DSM-III diagnosis of major depressive disorder without previous history of mania, who developed manic features (again DSM-III diagnosed) after one week and one month of trazodone respectively.

I suspect that more such reports will be forthcoming as the use of trazodone becomes more prevalent.

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Reference

WARREN, M. & BICK, P. A. (1984) Two case reports of trazodone-induced mania. *American Journal of Psychiatry*, 141, 1103–1104.