stopped. I hope to repeat this work on a larger series to see if a mild pyrexia is common in patients receiving neuroleptics and showing extra-pyramidal side-effects.

Finally, I should like to retract my statement that neuroleptic malignant syndrome is not mentioned in any British textbook (see O'Shea & Falvey, 1985).

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### References

ADDONIZIO, G., SUSMAN, V. L. & ROTH, S. D. (1986) Symptoms of neuroleptic malignant syndrome in 82 consecutive inpatients. *American Journal of Psychiatry*, **143**, 1587–1589.

O'SHEA, B. & FALVEY, J. (1985) *A Textbook of Psychological Medicine for the Irish Student*. Dublin: Eastern Health Board.

## Edinburgh Post-natal Depression Scale

SIR: Cox *et al* (*Journal*, June 1987, **150**, 782–786) have produced a concise instrument for detecting post-natal depression. I would question the inclusion of question seven in its present format. Probably the majority of new mothers experience sleepless nights for many weeks, because neonates generally take some time learning to sleep through the night. For such people, it might prove difficult to answer this question, which implies that unhappiness is the only cause for their insomnia. Rephrasing the question as follows might help:

"I have been so unhappy that I have had difficulty sleeping, even when my baby has been quiet and the opportunity for sleep was there. . .".

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SIR: Vincenti has drawn attention to the central dilemma of the validity of established self-report mood questionnaires when administered to pregnant or puerperal women and to our attempt to overcome these difficulties.

The main problem which was discussed in our paper (*Journal*, June 1987, **150**, 782–786) is that certain somatic symptoms, such as weight loss or palpitations, may be caused by the physiological changes of childbearing as well as by a mood disturbance. The wording of the questionnaire items may also need to take into account the particular social circumstances of the mother and the incessant demands that may be made on her. The Edinburgh Post-natal Depression Scale (EPDS) was developed to reduce these ambiguities as far as possible.

Because many mothers experience sleepless nights for many weeks after childbirth, the sleep item (item 7), "I have been so unhappy that I have had difficulty sleeping", was worded to detect those mothers whose sleep difficulty was secondary to a mood disturbance and not caused *directly* by a noisy baby or by a restless partner.

The correlation matrix (available on request) between the 10 items on the EPDS confirmed that we had been successful in this endeavour. The sleep item had its highest correlations ($r = 0.52$) with item 3 ("I have blamed myself unnecessarily when things went wrong") and item 8 ("I have been feeling sad or miserable"), which would indicate that this item is detecting women whose sleep difficulties relate to their depression.

The modification suggested by Vincenti is, in our opinion, unlikely to be an improvement and might cause yet further problems; for example, what *are* the requirements for "the opportunity to sleep" – a comfortable bed, or perhaps a quiet partner?

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## Predictions of Outcome in Depressive Illness

SIR: Eagles (*Journal*, May 1987, **150**, 715) appears to claim that we were unjustified in assuming that patients presenting for admission to hospital on clinical grounds were more likely to be depressed than those who remained in the community (*Journal*, January 1987, **150**, 43–48). We would like to hear the evidence supporting his rather idiosyncratic view.

We will answer Eagles' points seriatim. He observes that the sample was not "normally distributed" on the Newcastle Scale. However, elsewhere in the article, we clearly showed that there was evidence of discontinuity in the distribution.

He questioned the representative nature of the sample. However, we made no claim that the sample was representative of anything other than severely depressed patients. We made this clear on p. 46, second column: "we were probably not looking at a random sample of the general population, sources of potential bias being the mode of referral to hospital and the criteria of selection for the trials". Moreover, this was confirmed by the use of the Newcastle Scale worked out for use with similar in-patients.

We accept that there is a distinction between treatment response and outcome, and this may become