

require lower doses of antipsychotic medication and benzodiazepines than young men. Gender is considered to be an important variable in the processes of absorption, distribution, metabolism and excretion of drugs (Fletcher *et al*, 1994). Gastric acid secretion, gastro-intestinal blood flow, proportions of muscular and adipose tissue, amount of drug-binding proteins, gender-specific cytochrome p450 isozymes, physiological and hormonal changes during the menstrual cycle, and renal blood flow have been highlighted by Fletcher *et al* as factors that may contribute to gender-related differences in pharmacokinetics. Cytochrome p450, the primary oxidative pathway of drug metabolism and a major site of drug, drug-diet and drug-disease/condition interactions (Rogers, 1994), is increasingly recognised as important in psychopharmacology (von Moltke *et al*, 1994). Isozymes of cytochrome p450 that are specific to females are known to exist and are reported to have significant influence on side-chain oxidation, especially on C-oxidation (Fletcher *et al*, 1994). Gender influences on psychopharmacology are therefore important. Future research should focus not only on the pathophysiology of conditions restricted to or more relevant in women, but also aim to provide more gender-specific information on drug disposition and clinical effect.

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#### Melancholia and response to ECT

SIR: I was interested to read the study by Hickie *et al* (1996) but am keen to offer an alternative

interpretation of their results. They found that degree of psychomotor retardation and presence of psychotic ideas better predict response to ECT than the initial severity of depression as measured by the Hamilton Rating Scale for Depression (HRSD). They conclude that this is supportive of the validity of melancholia, a postulated sub-type of depression.

The deficiencies of the HRSD have been well documented (Gibbons *et al*, 1993), especially for a group of predominantly elderly patients with a wide age-range and high rates of concurrent medical problems (Snaith, 1993), such as Hickie *et al*'s sample. It is therefore quite likely that psychomotor retardation and psychotic ideas were simply much better markers of severe depressive illness in this study than the HRSD score was. Therefore, a person with psychomotor retardation and psychotic ideas but with a lower HRSD score is likely to be more depressed than one with a high score but lacking these major symptoms. This is borne out by Hickie *et al*'s findings of stronger correlations between the initial Global Assessment of Functioning (GAF) and psychotic symptoms and retardation than between the initial HRSD and GAF scores. Viewed in this light, Hickie *et al*'s findings should be interpreted as showing that the likelihood of response to ECT depends upon the initial severity of illness and that severe illness is best characterised by poor global functioning and the presence of psychotic thought or psychomotor retardation. There is no need to postulate a sub-type of depression.

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#### Urine screening for drugs and trazodone

SIR: I write to draw the reader's attention to the interesting but spurious appearance of positive amphetamine results in the presence of trazodone on routine drug screening with polyclonal antibodies such as EMIT-1 (originally produced by SYVA). Reporting of amphetamines, therefore, on routine drug screening while a patient is on trazodone may be spurious. A confirmatory test