illness in old age (*Journal*, August 1989, **155**, 147–152). We also studied the use of ECT in elderly depressive patients (Malcolm & Peet, 1989), but reached somewhat different conclusions.

Evidence is far from conclusive that ECT is the most effective form of treatment for elderly depressed patients. There are few, if any, methodologically satisfactory controlled trials of ECT conducted specifically in elderly populations. Available data from open, uncontrolled trials reveal widely varying response rates, with short-term response rates being much more favourable than long-term rates. This is in keeping with controlled trials in younger patients, showing ECT to have short-term efficacy only (Johnstone *et al*, 1980; Brandon *et al*, 1984). Depression is a chronic disorder, with prolonged morbidity in the elderly, as Benbow rightly points out. The short-term nature of the ECT response necessitates continuation treatment with antidepressants after ECT to prevent relapse. If the clinician recommends ECT and fails to seek an initial effective antidepressant, there is no way of knowing which drug will be effective after ECT.

Furthermore, trials comparing ECT with antidepressant drugs also suffer from methodological defects (Rifkin, 1988) and do not take into account advances in psychopharmacology, such as the use of combined antidepressants and neuroleptics in delusional depression.

With regard to safety, ECT is held to be superior when compared with older antidepressants. However, as Benbow indicates, the cardiovascular side-effects of ECT are not uncommon. Trials comparing the relative safety of ECT and the newer antidepressants, known to be considerably less cardiotoxic than the older antidepressants, have yet to be done.

Finally, end-point states of depression requiring ECT are not reached suddenly. The duration of depressive symptoms may be especially long in the elderly, and in under-resourced services it is often only those who have deteriorated into severe depressive states who are admitted for treatment, by which time ECT may be considered inevitable. A comprehensive community-based service, which can mobilise pharmacological, psychological, and social help at an early stage of the depressive disorder, may well reduce the need for ECT.

KATY MALCOLM
MALCOLM PEET

Department of Psychiatry
Northern General Hospital
Herries Road
Sheffield S5 7AU

References

BRANDON, S., COWLEY, P., MCDONALD, C., *et al* (1984) Electroconvulsive therapy: results from the Leicestershire trial. *British Medical Journal*, **288**, 22–25.

JOHNSTONE, E. C., DEAKIN, J. F. W., LAWLER, P., *et al* (1980) The Northwick Park electroconvulsive therapy trial. *Lancet*, *ii*, 1317–1320.

MALCOLM, K. & PEET, M. (1989) The use of electroconvulsive therapy in elderly depressive patients. In *Antidepressants in the Elderly* (ed. K. Ghose). Beckenham: Croom Helm.

RIFKIN, A. (1988) ECT versus tricyclic antidepressants: a review of the evidence. *Journal of Clinical Psychiatry*, **49**, 3–7.

Pimozide in pathological jealousy

SIR: Byrne & Yatham (*Journal*, August 1989, **155**, 249–251) claim that treatment with pimozide was successful but produce no evidence. They are aware that pathological jealousy can occur in relation to alcoholism and one would assume that following admission to hospital this patient would have ceased to drink. In that case one would have expected the symptoms to have subsided in the ensuing few weeks without the use of any drugs; indeed the correct treatment of such a patient after admission would be *not* to give any drugs for some weeks and to review the diagnosis after that time if symptoms persisted. If persisting symptoms then subsided following the administration of a drug, that would be reasonably convincing evidence of the drug's effectiveness; the case report does not state that the patient was managed in this way.

I am bound to comment on the authors' statement that it is "well established" that pimozide is "very effective" in the treatment of monosymptomatic hypochondriacal delusional psychosis. I have tried the drug in a number of patients but found it singularly ineffective. Others have told me that they have had similar experience. It is possible that it has some effect but it is far from "well established" that it is "very effective". On the other hand it *is* well established that morbid jealousy in alcoholics frequently subsides when they stop drinking.

SAMUEL I. COHEN

Department of Psychiatry
The London Hospital Medical College
Turner Street
London E1 2AD

Syphilis screening

SIR: Boodhoo (*Journal*, August 1989, **155**, 259–262) poses a number of questions relating to syphilis screening in a psychogeriatric population.

Although syphilis remains a cause of reversible psychiatric illness, appropriate studies in patients