

- treatment of adults with major depressive disorder: a systematic review and network meta-analysis. *Lancet* 2018; **391**(10128): 1357–66.
- 23 Tibshirani R. Regression selection and shrinkage via the lasso. *J R Stat Soc B* 1996; **58**: 267–88.
 - 24 Friedman J, Hastie T, Tibshirani R. Regularization paths for generalized linear models via coordinate descent. *J Stat Softw* 2010; **33**: 1–22.
 - 25 Posternak MA, Baer L, Nierenberg AA, Fava M. Response rates to fluoxetine in subjects who initially show no improvement. *J Clin Psychiatry* 2011; **72**: 949–54.
 - 26 Bschor T, Kern H, Henssler J, Baethge C. Switching the antidepressant after nonresponse in adults with major depression: a systematic literature search and meta-analysis. *J Clin Psychiatry* 2018; **79**(1): 16r10749.
 - 27 Ruhé HG, Huyser J, Swinkels JA, Schene AH. Dose escalation for insufficient response to standard-dose selective serotonin reuptake inhibitors in major depressive disorder - systematic review. *Br J Psychiatry* 2006; **189**: 309–16.
 - 28 Dold M, Bartova L, Rupprecht R, Kasper S. Dose escalation of antidepressants in unipolar depression: a meta-analysis of double-blind, randomized controlled trials. *Psychother Psychosom* 2017; **86**: 283–91.
 - 29 Ueno F, Nakajima S, Suzuki T, Abe T, Sato Y, Mimura M, et al. Whether to increase or maintain dosage of mirtazapine in early nonimprovers with depression. *J Clin Psychiatry* 2015; **76**: 434–9.
 - 30 Hieronymus F, Nilsson S, Eriksson E. A mega-analysis of fixed-dose trials reveals dose-dependency and a rapid onset of action for the antidepressant effect of three selective serotonin reuptake inhibitors. *Transl Psychiatry* 2016; **6**: e834.
 - 31 Zhou X, Ravindran A V, Qin B, Del Giovane C, Li Q, Bauer M, et al. Comparative efficacy, acceptability, and tolerability of augmentation agents in treatment-resistant depression. *J Clin Psychiatry* 2015; **76**: e487–98.
 - 32 Adli M, Baethge C, Heinz A, Langlitz N, Bauer M. Is dose escalation of antidepressants a rational strategy after a medium-dose treatment has failed? A systematic review. *Eur Arch Psychiatry Clin Neurosci* 2005; **255**: 387–400.
 - 33 Jakubovski E, Varigonda AL, Freemantle N, Taylor MJ, Bloch MH. Systematic review and meta-analysis: dose-response relationship of selective serotonin reuptake inhibitors in major depressive disorder. *Am J Psychiatry* 2015; **54**: 557–64.
 - 34 Wisniewski SR, Rush AJ, Nierenberg AA, Gaynes BN, Warden D, Luther JF, et al. Can phase III trial results of antidepressant medications be generalized to clinical practice? A STAR*D report. *Am J Psychiatry* 2009; **166**: 599–607.
 - 35 Gullion CM, Rush AJ. Toward a generalizable model of symptoms in major depressive disorder. *Biol Psychiatry* 1998; **44**: 959–72.
 - 36 Uher R, Perlis RH, Placentino A, Dernovšek MZ, Henigsberg N, Mors O, et al. Self-report and clinician-rated measures of depression severity: can one replace the other? *Depress Anxiety* 2012; **29**: 1043–9.



psychiatry in history

Richard Morton: treatment of anorexia nervosa in a male

Greg Wilkinson

Richard Morton, an English physician, writing in 1689, is usually credited with the first description of anorexia nervosa. The opening chapter of *A Treatise of Consumptions* is entitled 'Of a Nervous Consumption': Morton provides two case histories, one female; the other, male.¹

The Son of the Reverend Minister Mr. *Steele*, my very good Friend, about the Sixteenth Year of his Age fell gradually into a total want of Appetite, occasioned by his studying too hard, and the Passions of his Mind, and upon that into an Universal *Atrophy*, pining away more and more for the space of two Years, without any Cough, Fever, or any other Symptom of any Distemper of his Lungs, or any other Entrail; as also without a Looseness, or *Diabetes*, or any other sign of a Colliquation, or Preternatural Evacuation. And therefore I judg'd this Consumption to be Nervous, and to have its seat in the whole Habit of the Body, and to arise from the System of the Nerves being distemper'd. I began, and first attempted his Cure with the use of *Antiscorbutick*, *Bitter*, and *Chalybeate* Medicines, as well Natural as Artificial, but without any benefit; and therefore when I found that the former Method did not answer our Expectations, I advis'd him to abandon his Studies, to go into the Country Air, and to use Riding, and a Milk Diet (and especially to drink Asses Milk) for a long time. By the use of which he recover'd his Health in a great measure, though he is not yet perfectly freed from a Consumptive state; and what will be the event of this Method, does not yet plainly appear.

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