

hospital A figures. We conclude that drug prescription is more influenced by general training than by any association with a psychopharmacology unit.

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Compulsory Detention of Males of Different Ethnic Groups

SIR: We wish to comment on the article by McGovern & Cope (*Journal*, April 1987, **150**, 505–512).

Since 1976 the Mersey Region has had a secure unit, initially in the form of an interim facility and since 1983 as a regional secure unit. The unit accepts referrals from special hospitals, prisons, remand centres and other psychiatric hospitals. Our clinical impression was that admission rates for patients of West African and West Indian descent were in proportion to their numerical size in our catchment population. In the light of the above study we examined our data relating to admissions for a defined part of our catchment area, in which patients in the category defined above make up 6% of the population.

Since 1976 there have been 93 admissions to our unit from the defined area (78 male and 15 female): 14 patients were of West African or West Indian descent. Of the 93 admissions, 63 were offenders and 30 non-offenders. Patients of West African or West Indian descent were over-represented among offenders (12/63) but not among non-offenders (2/30).

Our figures support the findings of McGovern & Cope. We are unable to account for these differences, but can say that our clinical experience does not support the suggestion that patients of West African or West Indian descent are more disturbed, violent, or difficult to follow-up in the community. We are currently planning a survey in a larger sample including special hospital patients.

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The Psychological Well-Being of Supporters of the Demented Elderly

SIR: Two things puzzle me about the paper by Eagles *et al* (*Journal*, March 1987, **150**, 293–298). Firstly, it

seems little short of miraculous that the 1980–1982 MSQ had 100% sensitivity, specificity, and predictive values with the 1983–1984 psychiatric assessment of the presence of dementia in the “dependants” of the first 80 supporters agreeing to the interview. It is not clear whether this represents a startling improvement in psychiatric epidemiology, or whether there is some more prosaic reason.

Secondly, why were the ‘non-demented’ elderly people in this survey being “supported” at all? It is likely from the way they were apparently recruited that they were having problems, but since the vast majority of ‘non-demented’ elderly people look after themselves perfectly well, there must have been something else going on here. This, rather than the explanations offered in the discussion, may explain why GHQ scores did not differentiate between the groups.

It is a pity that such elementary points of clarification could not be dealt with before the paper was published.

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SIR: Macdonald’s puzzlement stems from his having misunderstood the methodology of our study. The MSQ carried out in 1980–82 allowed identification of a group of elderly patients who were living at home and were possibly demented, since their MSQ score was 8 or less at that time. These 205 subjects were matched for age and sex with 205 subjects scoring 9 or 10 on the MSQ. These subjects were then re-interviewed in 1983–84 with the aim of, among other things, assessing the follow-up validity of the MSQ. For the purposes of the present study, the 1980–82 MSQ was ignored and the ratings of the patients are those made during the psychiatrist’s visit in 1983–84.

With regard to Macdonald’s second point, the ‘non-demented’ people in this survey were not necessarily being “supported”. We make it fairly clear that the criterion for their inclusion was that they were co-habiting with someone who was willing to complete our questionnaires, and that this co-habitee would bear the burden of support, if such support were necessary. I cannot understand Macdonald’s contention about these patients that “from the way they were apparently recruited they were having problems”. They were recruited solely on the basis that they were ‘non-demented’ elderly patients whose co-habiting relative was willing to