The recent open reports of five cases of body dysmorphic disorder (DSM–III–R), where ideas about body deformities bordered upon the delusional in the absence of prominent depression, and where the patients responded to treatment with 5-HT-reuptake inhibitors in preference to a variety of other antidepressants and neuroleptics, are consistent with the proposal of a common serotonergic pathology underlying some monosymptomatic delusional disorders and OCD (Hollander *et al*, 1989). Depressive symptoms commonly occur as part of OCD, and the concept of OCD as a syndrome composed of a spectrum of symptoms including delusions has gained some recognition (Solyom *et al*, 1985).

However, open reports of drug responses are notoriously unreliable and it is a pity that Dr Chiu's cases also fall into this category.

Controlled investigation of non-depressed individuals with monodelusional states, examining the efficacy of 5-HT-reuptake inhibitors and neuroleptics, either alone or combined, are indicated to explore OCD and delusions more thoroughly.

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Unmet needs for medical care

SIR: Brugha *et al* propose a potentially useful concept in their paper on unmet needs for medical care in the long-term mentally ill (*Journal*, December 1989, **155**, 777–781). However, because of suspect methodology and inadequate evidence (at least as reported in the paper) it is impossible to accept their conclusions.

Firstly, in a paper discussing physical health and illness, it is difficult to understand the rationale behind not performing a physical examination on each patient. The authors acknowledge this, but do not attempt to explain it. Nevertheless, they claim the presence of dental or gum disease in 28% of those "who were examined".

Secondly, the authors make two quite unsubstantiated claims regarding the particular value of thyroid and liver-function tests and the finding that need for medical care was equally likely in users of non-hospital day services. They are obvious important implications for both these claims, but it is impossible to judge their merits without being able to examine the evidence underlying them.

The final, and perhaps most glaring omission, is the absence of any reference to the primary health care services. It seems highly likely that the level of unmet need for medical care in a defined population is highly dependent on the local primary care services. The knowledge, concern and skills of the primary care team, together with the liaison between the primary and mental health care teams, particularly regarding responsibility for the physical care of these patients, will surely influence the levels of unmet need in the population.

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Glucose metabolic rate in schizophrenia

SIR: A decrease in the glucose metabolic rate in the right frontal lobe in schizophrenics compared with controls (assessed by positron emission tomography during a continuous performance test) (*Journal*, February 1990, **156**, 216–227), and a significant reduction of mixed- and left-handedness in male epileptics with schizophrenia (*Journal*, February 1990, **156**, 228–230) suggest a protective role for lateralised brain function. This is supported by norepinephrine-induced exacerbation of schizophrenia (van Kammen *et al*, 1990), manifested by auditory hallucinosis during oculogyric crises (*Journal*, July 1989, **155**, 110–113 and October 1989, **155**, 569–570), which may be elicited by noradrenergic-mediated inhibition of dopamine lateralised to the right hemisphere (Rascol *et al*, 1989 and *Journal*, February 1990, **156**, 285). In contrast, compulsions were characterised by prolonged spin-lattice relaxation time on magnetic resonance imaging in the right frontal cortex (Garber *et al*, 1989), and auditory-visual hallucinations preceding oculogyric crises were perhaps induced by fatigue in a non-schizophrenic epileptic woman (Leigh *et al*, 1987).