In patients with HIV infection, serum tryptophan is also low (Werner *et al*, 1988; Larsson *et al*, 1989), blood serotonin is very low (Larsson *et al*, 1989) and neopterin and kynurenine levels are elevated (Werner *et al*, 1988). These changes are thought to be due to the induction of indoleamine 2,3-dioxygenase enzyme by cytokines (Werner *et al*, 1989). Further reductions of tryptophan, serotonin and increased kynurenine levels may therefore contribute to explain the exacerbation of symptoms of the eating disorder during the development of HIV disease.

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Suicide prevention

SIR: The west country district mentioned in Professor Morgan's paper (*Journal*, February 1992, **160**, 149–153) was one of three serviced by two mental hospitals which were among the first in the country to close (1986, 1987). We have examined rates of suicide and open verdicts for the three districts between 1983 and 1990. The following figures are expressed as standardised mortality ratios (mortality ratios corrected for age) with 95% lower confidence limits in parentheses. The overall male suicide rate was 140 (127) which, when open verdicts were taken into account, reduced to 116 (106); for females, the respective figures were 130 (112) and 107 (94). Analysis of the rates over time did not reveal any significant differences from the national average.

These figures indicate that the high male suicide rate was present even before the hospital closures, and that the move to community care has had no demonstrable effect on suicide rates.

The author makes useful points about suicide prevention. One of the districts is aiming to reduce the level of attempted suicide by 20% over ten years (Gentle, 1990). Achieving this goal will be beyond the remit of health authorities necessitating changes in not only health but also social, economic, cultural and political areas.

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SIR: The whole issue of in-patient suicides is very interesting and very emotive. This was exemplified by the recent study of in-patient schizophrenic suicides (Modestin *et al*, *Journal*, March 1992, **160**, 398–401). The authors cited a number of studies indicating the importance of schizophrenia for in-patient suicides. In a study of violent behaviour, over 15 months, our group (James *et al*, 1990) observed 14 episodes of attempted suicide among in-patients in our locked ward, all by schizophrenics ($\chi^2 = 9.48$, $P < 0.005$). Despite the supportive and supervised environment of the ward, schizophrenics are vulnerable to attempted suicides or suicides, suggesting such acts are difficult to predict among this group.

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SIR: Professor Morgan's report (*Journal*, February 1992, **160**, 149–153) provoked the following thoughts.

We psychiatrists know about the number of suicides we could not prevent. But do we have any information about the number of suicides we have probably averted? How reliable are our suicide predictions? How many of those whom we consider highly suicidal would commit suicide if not intervened?

Have the suicide rates fallen with the advances in psychiatric diagnosis and treatment? Have we