MATTERS ARISING

Depression in Parkinson's disease

We were surprised at the choice of controls used by Huber *et al* in their study¹ which recently showed little relationship between depressive features and the progression of the disease. They recruited their "controls" from carers of Parkinsonian patients, either spouses of the patients or members of a support group, which we have previously criticised with respect to studies which have had similar methodological problems.²

We have studied a group of 100 Parkinsonian patients and their carers using the Hospital Anxiety and Depression scale³ which avoids many of the somatic elements of the Hamilton or Beck inventories, and has been well validated for the physically ill. We found a close relationship not only between the levels of depression in patient and carer, but also for features of anxiety. We have used controls of similar disability who were unrelated to the patients, and shown no difference in depressive features between Parkinsonian and non-Parkinsonians.⁴ This leads us to believe that in contrast to the argument proposed in this paper, and traditional teaching, much of the "depression" seen not only in Parkinson's disease but also in other chronically disabling diseases (such as stroke) is a non specific feature of disability, whereas anxiety is a much more specific and clinically relevant psychological feature of this intriguing disease.

We would hope that recognition of these psychological features will be reflected not only in therapy for the patient, but also considered in the management of their carers.

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- 1 Huber SJ, Friedenbergr DI, Paulson GW, Shuttlesworth EC, Christy JA. The pattern of depressive symptoms varies with the progression of Parkinson's disease. *J Neurol Neurosurg Psychiatry* 1990;53:275-8.
- 2 MacMahon DG, Fletcher PJ. Psychiatric symptoms of Parkinson's disease. *BMJ* 1989; 299:388-9.
- 3 Zigmund AS, Snaith RP. The Hospital Anxiety and Depression scale. *Acta Psych Scand* 1983; 67:361-70.
- 4 Fletcher P, Maguire R, MacMahon DG. The prevalence of anxiety and depression in elderly Parkinson's disease patients and their carers. *Movement disorders* 1990; 5(suppl 1):70.

Huber replies:

MacMahon and Fletcher have taken exception to the use of spouses of patients with Parkinson's disease (PD) as controls in our recent paper.¹ Their study compared patients with PD to controls of similar disability. This approach has been used several times in the past to examine the question of whether depressive symptoms associated with PD extend beyond that expected as a reaction to physical disability. Our study examined the relationship between severity of PD and depressive symptoms. We specifically

examined whether there is a differential relationship among the various aspects of depression and disease severity. We did not, as these authors suggest "find little relationship between depressive features and the progression of the disease". We found unique relationships between the various symptoms of depression and severity of PD. These results suggest that inconsistent findings in the literature may be due in part to the use of different depression scales. More importantly, our results suggest that the cause of depression in PD is more complicated than the simple endogenous versus reactive dichotomy would imply. These results do not agree with the suggestion of these researchers that depression is a nonspecific feature of PD. It would appear that the relationship between depression and disability in PD is complicated and varies with respect to different features of depressive symptoms.

While the finding of these researchers that there is a correlation between depression scores of carers and patients with PD is a useful methodological note, the interesting question is why patients have greater depression. Finally, these researchers should not have been "surprised" at the use of our controls based on their reported study. Our paper was submitted in October of 1988 and their letter related to anxiety was published in August of 1989 and the abstract related to depression in April of 1990. It is legitimate to criticise authors for not acknowledging new research in the area. It is not, however, legitimate to criticise the failure to cite as of yet published research.

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- 1 Huber SJ, Friedenbergr DI, Paulson GW, Shuttlesworth EC, Christy JA. The pattern of depressive symptoms varies with the progression of Parkinson's disease. *J Neurol Neurosurg Psychiatry* 1990;53:275-8.

Episodic paroxysmal hemicrania

The report by Blau and Engel¹ highlights the episodic nature of paroxysmal hemicrania and suggests that patients can be divided into three groups: A) those who begin with the chronic phase; B) those who remain episodic and C) those who start episodic and then progress to chronicity.

The report prompts me to detail the history of a female patient who presented at the age of 43 with a three year history of episodic left sided paroxysmal hemicrania. At worst, her attacks occurred up to 20 times per day with a maximum duration of 10-15 minutes. At best, they occurred twice per day. The initial cluster period was four to six months with four to six months of relief from the attacks. Investigation showed no abnormality and a diagnosis of episodic hemicrania was made and she showed a dramatic response to indomethacin.

The initial episodic phase of the disease lasted four years and in the fourth year, following the diagnosis being established at the end of the third year, she had two periods of therapy with indomethacin of five months each.

She then went into a three year period where she required daily therapy because of chronicity of her symptoms, the attacks occurring virtually daily. She then re-entered an episodic phase of the disease which has now lasted for two years.

The patient's history would suggest therefore that patients with episodic disease can have protracted chronic phases and then return to an episodic pattern and that this pattern should be recognised as part of the spectrum of paroxysmal hemicrania.

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- 1 Blau JN, Engel H. Episodic paroxysmal hemicrania: a further case and review of the literature. *J Neurol Neurosurg Psychiatry* 1990;53:343-4.

BOOK REVIEWS

Current and Future Trends in Anticonvulsant, Anxiety, and Stroke Therapy. Series: Progress in Clinical and Biological Research. Vol 361. Edited by B S MELDRUM AND M WILLIAMS. (Pp 555; Price \$142.00). New York, Wiley-Liss, 1990. ISBN 0 471 56869 4.

This book reports the proceedings of the first Princeton Drug Research Symposia. At first glance, these three subjects appear disparate bedfellows though on reflection there are obvious links, the Benzodiazepines with epilepsy and anxiety and the excitatory aminoacids with epilepsy and ischaemia. The book is set out in four sections. The first three are each preceded by a review article. In the first section on anti-convulsants, Dr Porter describes the development of anti-epileptic drugs firstly historically and then with regard to current drug treatments, the emergence of the new anti-convulsants and the design of clinical trials to assess efficacy. This is then followed by reviews on the mechanism of seizures and mechanism-based approaches to the development of new anti-convulsants. This whole section is of interest to the clinician and certainly points the way to the new and exciting pharmacological developments.

The second part begins with an historical review on the development of anti-anxiety agents and is followed by papers on serotonin mechanisms and the structure of GABA and Benzodiazepine receptors. This section contains a lot of basic science and is difficult for the non-expert to assimilate. The third part and to the reviewer, the most interesting commences with an authoritative overview from Dr Meldrum on the pathophysiology of Cerebral Ischaemia and Trauma with a view to therapeutic intervention. This is a definitive account and sets the scene for subsequent papers on the limitations of animal models of cerebral ischaemia, the potential neuroprotective value of NMDA receptor antagonist, the role of Oxygen Radical in stroke and finally brain anti-