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.

DG MACMAHON
Parkinson Disease Clinic,
Barncoose Hospital,
Redruth, Cornwall
P FLETCHER
Delancey Hospital,
Cheltenham, Gloucestershire, UK

- 1 Huber SJ, Friedenbergl 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.

STEVEN J HUBER
The Ohio State University,
Department of Neurology,
1654 Upham Drive,
Columbus, Ohio 43210, USA

- 1 Huber SJ, Friedenbergl 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.

WJK CUMMING
Cheshire, Cheshire

- 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-

cytotoxic oedema agents. I particularly enjoyed the article by Etienne and Hakim, on the clinical testing of compounds that might modify acute and chronic neurodegenerative disorders. The final section, without any introduction is entitled Novel Compounds. It is a confusing potpourri relating to novel anti-convulsants, NMDA antagonists and anxiolytics and apart from giving an impression of new directions, gives little else to the non-pharmacologist.

I found the text disconcerting because of the multitude of different type sets used. It does give the impression of rapid and (perhaps unfairly) careless assembly. One had a similar impression of the editorial control. As regards content, there were areas of interest obviously in stroke therapy and also in the development of new anti-convulsants and the review articles at the beginning of each section were generally excellent. I did not feel however, that these alone justified purchasing such an expensive text which is probably only of value to the Pharmacologist and Clinician with a detailed knowledge and research interest of the neuro-pharmacology of these disorders. I could not therefore, generally recommend this book.

IAN BONE

Evoked Potential Manual. A Practical Guide to Clinical Applications. 2nd Revised Edition. Edited by EJ COLON AND SL VISSER. (Pp 358; Price: Dfl 250.00, US\$ 149.00, UK£ 86.00.) Dordrecht, Kluwer Academic Publishers Group, 1990. ISBN 0-7923-0791-7

A purpose written book yet uneven in style, language and references, as if a conference date or place may have been overlooked or omitted. The first is a useful general chapter on technical and methodological considerations on the measurements of evoked responses. Individual chapters on all types of evoked potentials follow, detailing the short, long and middle latency responses. A chapter on magnetic stimulation, both transcranial and transcranial and one on event related potentials end the volume.

The book deals with the advantages, drawbacks and pitfalls of the various stimuli, electrode placement, source of artefacts, setting up control studies etc; it even deals with where to place a department of clinical neurophysiology! It gives anatomical and theoretical background and explanations of the various procedures. The one on visual evoked responses and the one on somatosensory potentials each give a paragraph on brain mapping as well. From the clinician's point of view, the best chapter is the one on visual evoked responses. Controversial theories and findings are mentioned or described in all chapters; only those which give a short summary with critical comment after each debate do help to clear rather than add to the confusion. For more than one reason the manual qualifies as heavy—not least because of its weight. Heavy language throughout; it feels like a translation and searching for a verb may or may not result in finding it at the end of a long sentence. The editor missed out on an abundance of misprints which do not make the reading any easier. Just a few examples: discuss, degrease, potential, will give the flavour. References are plentiful and relevant

including many up-to-date ones, an excellent feature and an asset to the book. After one of the chapters the bibliography is Vancouver style, all other lists appear in alphabetical (Harvard) order. The reasons for the inconsistency remain obscure. The subject index is erratic. Altogether ten clinical conditions are mentioned, Reye's, Wilson's, Huntington's disease among the ten; other diseases, occasionally or often dealt with in the text are omitted from the index, Multiple Sclerosis being one of the many omissions. The logic escapes me. The book assumes considerable knowledge of the field and limits its usefulness to the exclusion of the uninitiated in the techniques of electrophysiology. However it will be very helpful when introducing and setting up new techniques in an electrophysiological laboratory, both clinical and research.

MELIAN

Progress in Clinical Neurological Trials Vol. 1 Amyotrophic Lateral Sclerosis. Edited by F CLIFFORD ROSE. (Pp 238). New York, Demos Publications, 1990. ISBN 0-939957-23-X

This publication brings together the papers presented at the meeting held at Charing Cross Hospital in June, 1988, and devoted to the Consideration of Therapeutic Trials in Amyotrophic Lateral Sclerosis. The organiser of the meeting, F. Clifford Rose, is also this book's Editor.

Whilst the aetiology and pathogenesis of the disease remain unknown, the clinical picture in its various guises, is usually easily recognised. The course of the disease however, can be unpredictable but only with regards to the rate of deterioration and the length of survival to the inevitable fatal outcome.

Many chapters are devoted to the assessment and measurement of the motor deficit, muscle strength, bulbar dysfunction including dysphagia, and the help that electromyography can provide in this process. The ethical issues in the conduct of trials in such a disease, and in particular regarding the use of placebos, are sensitively considered. Definite preliminary evidence of the disease is a prerequisite for a well constructed placebo based therapeutic trial. Such trials are going on all the time; and in so much as this book gives good background reading to the researcher and the evaluating clinician, it can be recommended reading.

KJ ZILKHA

Management of Childhood Brain Tumours. Edited by MELVIN DEUTSCH. (Pp 523; Price: Dfl 410.00; US\$ 175.00; UK£123.25). Dordrecht, Kluwer Academic Publishers Group, 1990. ISBN 0-792-30669-4

This multi-author volume is the third in a series on Foundations of Neurological Surgery. All 26 contributors are from North America and the experience of two major centres of paediatric neurology in Pittsburgh

and in Toronto provide the majority of the clinical background for the views presented. The editor, who contributes a third of the 24 chapters, correctly states in his introduction that there has been major progress in the management of paediatric brain tumours in the last 20 years. It is arguable that the improvements in paediatric practice in this area have been more striking than those seen in adult neuro-oncology. Specifically improved shunts and methods of tumour excision, together with radiotherapy and chemotherapy, have resulted in radically improved results in certain types of tumour, for example a 70% 5 year survival in many stages of medulloblastoma.

This is a comprehensive textbook which provides well referenced review chapters in all the relevant areas, including neuropathology, neuroradiology, surgery, radiotherapy and chemotherapy of childhood brain tumours and spinal tumours. Several aspects of management of paediatric brain tumours remain controversial. In neuropathological classification the use of the term PNET (primitive neuroectodermal tumour) has been hotly debated and in the long and well referenced neuropathology chapter in this book this controversy, and others, is addressed in a very even-handed way. Equally controversial matters, which have led to strident disputes, are addressed in the excellent chapters on gliomas of the visual pathway, on craniopharyngioma, and on tumours of the cerebral hemispheres. Other more common tumours like medulloblastomas and cerebellar astrocytomas, where at present basic and clinical aspects are less controversial are also described in depth with clear reviews. Although paediatric neuro-oncology has made long and quite rapid strides recently, a consensus still has not been arrived at concerning many aspects of management. In several chapters it is made clear that progress in this field requires multicentre, possibly multinational, studies.

This book can be recommended to all in the neurosciences, whether neurobiologists, neurologists or neurosurgeons as well as to radiotherapists and medical oncologists. It is well produced but expensive. It should find a place in all departmental libraries at centres where children with brain tumours are treated.

DGT THOMAS

Obsessive-Compulsive Disorders 2nd Edition Theory and Management. Edited by MA JENIKE, L BAER AND WM E MINICHIELLO. (Pp 436; Price: £38.50). London, Wolfe Publishing Ltd, 1990. ISBN 0-8151-4888-7

1980 saw the first published reports of efficacy for pharmacological treatment for Obsessive Compulsive Disorders (OCD). Over the subsequent decade there has been an explosion of interest in the investigation of this intriguing illness, and many long-held myths have been dispelled. We now know, for example, that OCD is a common disorder and that treatment with certain drugs, notably those with 5HT-uptake inhibitor properties is likely to be effective.

The discovery of specific pharmacological treatments for OCD has not only revolutionised clinical management but also has initiated research in this previously neglected area. The body of knowledge is quickly