depressants and even ECT while the reduction of barbiturates is accomplished can be a smooth, uneventful procedure. In such circumstances monoamine oxidase inhibitors are more likely to help the young patient with difficulty in getting to sleep, whereas tricyclic antidepressants such as amitriptyline and trimipramine are particularly useful in older patients with early morning waking.

For overtired, exhausted and tense patients the use of an hypnotic is imperative, but giving a hypnotic regularly rarely corrects central disturbances of sleep regulation. In depressive reactions, unless 'curative' treatment for depression is undertaken, the patient becomes dependent on a purely symptomatic treatment which allows the depressive illness itself to worsen.

Attitudes to antidepressants

In summary, the problem now with hypnotics is not with the choice of effective substances, but in the length of time they, as opposed to rational 'curative' treatment, are used while the underlying cause goes without investigation and recognition. It is not only a matter of professional knowledge, but of professional wisdom and management.

It would help enormously if public knowledge of the helpful effects of antidepressant drugs in the treatment of insomnia could be increased. Much is said in the press about the revolutionary effects of antidepressant substances in mental illness, but many people do not connect such illness with sleep regulation and will still ask only for sleeping tablets when their whole personality has been changed, and their marriage and livelihood threatened by the early inroad of a true depressive illness.

DISCUSSION

Dr J. D. Pollitt

The problems of using barbiturates are well known and their use is now dwindling rapidly. I was reminded of them recently when reading a book of howlers. An advertisement read " Blank's nerve tonic drives away nervy symptoms, gives power of brain and body. It leaves behind: irritability, indigestion, rheumatism, neuralgia and hysteria." Surely this is just what barbiturates have been doing for years.

In relation to the treatment of insomnia our real problem is to make a diagnosis. Is the disturbance of sleep due to a brief emotional upset or is it part of a true depressive illness? I believe that most, if not all patients, in which a chronic disturbance of sleep rhythm is sustained are suffering from depressive illnesses, however disguised.

We were told in the 1950s that five million people in this country were taking barbiturates, mostly for psychoneuroses. How many of these people were depressed? If the same number of people were now taking antidepressants instead, this would not be a retrograde step.

Firstly, a contributory factor in depression is the level of morale, and as national morale is now lower than 20 years ago, absence of increase in the proportion of the population needing medication of this kind would be encouraging. Secondly, the patients so treated would have a much higher chance of 'cure' with antidepressants than sedatives, and lastly, there is no need to increase the dose of antidepressants over a period of time as one has to do with barbiturates and similar drugs.

Professor J. Crooks

Dr Pollitt gave me the impression that a high proportion of patients who present to their general practitioner with insomnia, have in fact depressive states and ought to be

treated with antidepressant drugs. Could he give us evidence for his statement? What is the incidence? How does he make the diagnosis? What in fact are his justifications for making a statement of that kind?

Dr J. D. Pollitt

This is an impression gained from seeing large numbers of patients suffering from chronic sustained insomnia in hospital practice at all stages of their sleepless careers. The young cannot get off to sleep and the older patient usually wakes early. They do not necessarily present with insomnia but complain of a whole range of symptoms from chronic pain, marital difficulties, tiredness and any one of a list of symptoms that most people regard as prominent in depressive illnesses.

They are not patients who have just not slept for a few nights. They are patients with a regular change in their sleeping habits, and yet previously they slept normally. These are the patients about whom I am talking. They are ' chronic insomniacs ' to use an outmoded term. If you regard insomnia as a symptom and ask these patients about their appetite and weight and about their libido, about their diurnal variation in mood, and about their other symptoms you will find that those patients referred to our unit have between three and four of these distinct symptoms. These patients are suffering from an ' illness.'

Having worked in general practice, I think the patients with a chronic sustained sleep rhythm disturbance whom I saw then, and the patients now diagnosed as depressive illness, using a biological concept, are the same. The people who are prescribing these drugs and the patients taking them are convinced of their action in correcting these disturbances, but the exact presentation of scientific work will take longer. I think what I said in the initial paper is the way ahead for the treatment of chronic insomnia.

Professor W. Linford Rees

You infer that barbiturates can interfere with the recovery from certain illnesses, and neutralise the effects of treatment. On this point there is some scientific evidence that barbiturates do reduce the effects of tricyclic antidepressants in the blood. They do this by enzyme stimulation in the liver.

Professor Brian Davies of Melbourne has studied the effects of barbiturates and various tricyclic antidepressants. He found that clinical response was influenced by the serum level of tricyclic antidepressants and if the patient was given barbiturates concurrently (and this was done under controlled conditions) this greatly lowered the level of tricyclic antidepressants.

Dr J. D. Pollitt

This may also apply to alcohol and tricyclic drug treatment. Without taking them off alcohol they do not improve. Take them off the alcohol, start again and they clear up.

Dr J. N. M. Parry

May I ask Dr Pollitt if he is in fact saying that the prescribing of all barbiturates ought to be abolished?

Dr J. D. Pollitt

They should be used purely in emergency situations, where somebody has been through, say, a bereavement, or involved in civil or wartime catastrophe, or helped with rescue work. If they are over-tired, yet their conscience or other sense of duty is forcing them on, then you have got to rest them. I think in these situations, a short period of sleep with barbiturates—something that will work for up to eight hours or more must not be denied anyone. Also I think in the case of someone who is wildly excited and grossly mentally disturbed.

Dr W. H. R. Cook

I would like to ask Dr Pollitt if he could define what is a normal sleep pattern.

Dr J. D. Pollitt

A normal sleep pattern is what that particular patient found right for him, in his particular social situation and with his particular upbringing, before things began to change. A person's sleep pattern is just as much part of his personality as are his feelings of guilt.

Dr A. D. Clift

The papers read in this symposium and the comments from the floor emphasise that the long-term use of psychotropic drugs is an iatrogenic problem.

In our practice, at different times two groups of patients were followed up after being given a hypnotic drug for insomnia of recent origin and repeat prescriptions given on request. In one group no advice was given and at the end of one year 32 per cent were still taking the drugs.

In the other group, who were advised that it was desirable to stop the drug as soon as possible, only eight per cent were still taking drugs after one year. Some of the characteristics of those who managed to stop the drug soon after the initial prescription were also recorded. These suggest that it should be possible to select out patients potentially vulnerable to drug dependence and perhaps these are the ones who merit more of the general practitioner's time.

Most doctors are well aware of the problem of drug dependence but are at a loss to know which patients are most at risk. There is now a public awareness of the problem of drug dependence and therefore research is likely to be welcomed by most patients and doctors.

Dr W. Sargant

I agree with Dr Pollitt and wish to stress that whereas you have to go on increasing the dose of barbiturates the extraordinary thing about the antidepressants is that you can give them for five years without having to increase the daily dose. This is one of the great advances.

Professor W. H. Trethowan

I would agree that the time of the barbiturates is past. In my particular psychiatric unit we do not use barbiturates at all, except intravenously for abreactive therapy. I do appreciate, however, and this is often said to me by general practitioners, that there are a large number of people who are used to taking a couple of barbiturate pills at night and have done so for years. I put these patients in the same category as people who get a good sleep on a couple of double ' scotches ' every night. If that is what they are used to then it is ridiculous to stop the drug. But I do not think that new patients with insomnia should be treated with barbiturates. I think we should use one of the new non-barbiturate hypnotics.