

TREATING DEPRESSION AT HOME

The Poisons Information Service of Belfast has produced a report for 1972 under the guidance of Professor P. C. Elmes. This states that 65 per cent of enquiries were concerned with drugs acting on the central nervous system. The list includes hypnotics, tranquillisers and antidepressant drugs. Without going into details, many would agree that hypnotics and tranquillisers are often overprescribed, and often given unnecessarily, or to the wrong type of patient.

This, however, does not apply to the antidepressant drugs which if correctly given have a real therapeutic value. The diagnosis may be difficult and we must admit that many of the people who take overdoses are not really depressed. They are often immature people anxious to draw attention to themselves or their problems.

Towards the end of his report the writer notes it is interesting that the drugs used in the treatment of depression are used in self-poisoning at least as frequently as other drugs. He then goes on to suggest that this reinforces the view that *patients with depression cannot safely be treated at home with this type of drug.*

We must be grateful to Professor Elmes for reminding us once again of the serious nature of depression, and the importance of an accurate assessment of each case. One of the leading authorities on depression in general practice, Watts (1974), believes 40 per cent of patients are a suicidal risk and with 17 per cent it is a major hazard. However, if patients are adequately treated, and this means supportive measures as well as drugs, the job is well within the scope of general practice for 90 per cent of such patients. It is no easy task and it requires considerable sympathy and skill.

What is the alternative? Many general practitioners would be reluctant to give up the domiciliary treatment of depression, and surely the psychiatric services would be equally appalled by the idea of increasing their case-load in this field nine or ten-fold. Increasingly nowadays the trend is to treat patients at home rather than in hospital. Referral to consultants would not remove the danger, as many patients seen by them are dealt with as outpatients—and they take their drugs home with them.

REFERENCE

Annual Report (1972). Belfast Division, Royal Victoria Hospital: Poisons Information Service.
Watts, C. A. H. (1974). Personal communication.

HEALTH SERVICE EXPENDITURE IN SCOTLAND

Expenditure on the Health Service in Scotland increased during 1971–72. Allowing for the changes in the value of money there has been a real increase in health service expenditure of about 70 per cent during the ten-year period from 1961–62.

REFERENCE

Health Services in Scotland (1973). *Reports for 1972*. Edinburgh: H.M.S.O.