

Bolton & Hill, 1996), and to the need for a new medical ethics (McIntyre & Popper, 1983).

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Author's reply: To "stay in treatment", and indeed to get through the day when one feels unremitting despair, takes courage and endurance. I did not state this explicitly to an experienced psychiatric readership; perhaps I should have done. The practitioner in turn has several tasks, one of which may be the expert use of psychotropic medication. The successful use of medication in chronic depression is inevitably a collaborative exercise because unless patients understand and agree with what is being suggested, why should they be concordant with treatment?

I sense from Michael Radford's comments that his ability to detect patronising attitudes in his colleagues is unusually well-developed (although not necessarily evidence-based). As John Locke pointed out, passion often tempts men into error. Presumably your readers, some of whom will know only too well what it feels like to be depressed, will judge whether the thunderbolt was merited on this occasion.

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Editor's reply: Michael Radford asks whether a statement in an article is endorsed by the Editorial Board. All articles in *APT* are peer-assessed, and articles that are accepted for publication are revised in the light of the assessors' comments. This does not make articles into an expression of either the assessors' or the Editorial Board's opinion, neither is *APT* meant to express any agreed 'party line' of the Royal College of Psychiatrists. Discussion and debate form the essential ethos of *APT* and that is why we are so glad to publish Michael Radford's letter.

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Sleep disorders in the elderly

Sir: I read with great interest the excellent review by Jagus & Benbow (1999). In a local sleep disorder clinic in north Cheshire, 463 patients were seen during a period of three years. North Cheshire has an estimated elderly population of 40 000. Of all the sleep disorder clinic attendees, 16% were over the age of 65 years, of whom 88% were males and 12% were females. Eighty-eight percent presented with primary snoring, 41% had sleep apnoea, and in 4%, restless legs syndrome and other reported periodic movements were diagnosed. Daytime complaints included irritability (3%), headache (5%), impotence (2%), and daytime sleepiness (45%). Associated physical features included: hypertension (30%), angina (20%), nocturia (11%), chronic obstructive airway disease (14%), and 23% had a large uvula. Of all elderly attendees, 40% reported using alcohol, 60% took regular night sedation and 22% smoked. Only three (4%) of the total 73 elderly attending the clinic were found to be known to the elderly psychiatric service.

In their review, Jagus & Benbow reported that up to 50% of the elderly suffer from sleep disorder which gives an estimated 20 000 potential sufferers in north Cheshire. Surprisingly, only 25 of those potential sufferers found their way to the sleep disorder clinic each year, a probability of 0.001 of being referred to the sleep clinic. The low rate of referral to specialist clinics may be due to the fact that sleep disorders in elderly patients are either underdiagnosed by their general practitioners or are not regarded as serious enough to warrant therapeutic intervention.

There is a need for proper education of health care professionals in the assessment of the neglected area of sleep disorders in the elderly population. Jagus & Benbow's article provides an excellent start.

Jagus, C. E. & Benbow, S. M. (1999) Sleep disorders in the elderly. *Advances in Psychiatric Treatment*, 5, 30–38.

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Treatment of sleep disorders in adults

Sir: I was disappointed when reading the article by Wilson & Nutt (1999) that very little was said about non-pharmacological interventions for insomnia, although what was said did involve a behavioural approach using sleep hygiene and stimulus control. I was looking for a more detailed discussion in these areas, although it is possible they were not allowed the space to discuss such interventions in detail.

I work in the field of substance misuse – I have been through the temazepam traumas (e.g. Ruben &