

Mental Health Act (Koffmann *et al*, 1997). Non-registration with a GP has been shown to be predictive of compulsory admission (Cole *et al*, 1995) and this is likely to be the greatest mediator of dissatisfaction with psychiatric services in which Black patients are over-represented, particularly those born in the UK (Parkman *et al*, 1997). It may therefore be necessary to distinguish between the experience and perception of services in patients at different stages of their illness course, as this might indicate at which point difficulties arise in terms of their interaction with health services. It is also necessary to examine intra-ethnic differences in perception of the services, as it appears that rejection of the services is greater among second-generation Black people.

Work currently being done by my colleagues and I at the Maudsley Hospital examining perceptions of racism in Black patients found that 55% of Black patients reported perceptions of racial bias and discrimination within the health care service. The same study found that second-generation Black patients are more likely than any other group questioned to express a preference for case managers of the same race. It is therefore relevant to assess the demographics of the service providers, particularly with regard to age, cultural allegiance and ethnicity, as this may identify some of the problems that result in dissatisfaction with services among Black patients at both primary and secondary levels. The perception of GPs of feeling less involved in the care of their Black patients also deserves investigation as it may provide further insight into the reluctance of Black patients to become registered with them from the outset.

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Subjective memory complaints, depression and dementia

Sir: The report by Schmand *et al* (1997) confirms our own findings on a community sample of elderly subjects with subjective memory complaint (SMC) (Tobiansky *et al*, 1995).

Using the short-CARE nine-item screening instrument (Gurland *et al*, 1984), 87% of all elderly residents in one inner-London electoral ward were screened for the presence of objective memory disorder, depression and SMC in 1988, and again in 1990. In this way, we studied the value of SMC as a predictor of future depression or dementia in elderly residents. SMC was common, occurring in 25% of all subjects. Forty-seven per cent of subjects who fulfilled criteria for dementia and a similar percentage of those with depression had SMC.

When followed-up over two years, a sample of subjects with SMC who were neither demented nor depressed when first seen, were at a five-fold greater risk of developing future dementia and a 2.5-fold greater risk of developing depression compared with those without the complaint. The presence of SMC cannot be regarded as an entirely benign symptom.

In our study, uni- and multivariate comparisons indicated that certain SMC items ("Forgets what he/she had read or heard", "Forgets where he/she has placed things" and "Says impaired memory is a problem for him/her") were more likely to predict the onset of future dementia, while the item "Is embarrassed by memory problem" was more likely to predict depression.

A number of instruments have been developed for the purposes of quantifying self-ratings of memory failure (Dawe *et al*, 1992). Comparison of the short-CARE SMC scale with other SMC instruments would be of interest.

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Lithium withdrawal mania supports lithium's antimanic action and suggests an animal model involving serotonin

Sir: In his cogent response to Moncrieff's (1997) dismissal of lithium's therapeutic properties, Cookson (1997) points out that the well-documented occurrence of lithium withdrawal mania provides indirect evidence for the antimanic properties of lithium on which Moncrieff casts doubt.

Animal studies have also demonstrated behavioural changes associated with lithium withdrawal after long-term treatment, in which rats show increased attention and attraction to stimulus change without significant alterations in overall levels of motor activity (Harrison-Read, 1988). Similar behaviour occurs briefly during the initiation of lithium treatment, and may provide the basis for an animal model of the cognitive and emotional features of hypomania and mania.

During the course of long-term (three weeks or more) treatment with lithium in doses giving typical average plasma concentrations of 0.6 mmol/l, rats develop behaviour (e.g. fore-paw treading) typical of a mild 'serotonin syndrome'. This abnormal behaviour can be attenuated by acute treatment with (–)-propranolol, possibly by blocking 5-HT₁ receptors within the brain. At the same time, propranolol unmasks the novelty-seeking behaviour characteristic of lithium withdrawal, even though lithium administration continues. Lithium-dependent novelty-seeking behaviour can, in turn, be selectively attenuated by drugs with 5-HT₂ receptor blocking properties, such as cyproheptadine.

In rats, at least, lithium initially appears to enhance cognitive and motivational processes by increasing neurotransmission at 5-HT₂ receptors, which somewhat paradoxically may mimic the situation in untreated patients with mania. These effects are later opposed and balanced by an increase in neurotransmission at 5-HT_{1A} receptors within the brain, possibly accounting for some of the antimanic and