

known adrenal, thyroid, renal or hepatic disease indicates a diagnosis of water intoxication. Indeed this is one of the rare occasions when an estimation of serum sodium is of any clinical use.

M. WARNER  
G. MASTERTON

*Yeovil District Hospital,  
Higher Kingston,  
Yeovil, Somerset*

#### Reference

BLUM, A. B. & FRIEDLAND, G. W. (1983) Urinary tract abnormalities due to chronic psychogenic polydipsia. *American Journal of Psychiatry*, **140**, 915–16.

#### DEXAMETHASONE SUPPRESSION TEST AND DEMENTIA

DEAR SIR,

As Mahendra (*Journal*, January 1984, **144**, 98–99) and Balldin *et al* (*Journal*, September 1983, **143**, 277–81) pointed out it is now reasonably well established that approximately 50 per cent of patients with senile dementia are DST non-suppressors. Mahendra argues that non-suppression reflects the primary pathology of senile dementia and is unrelated to depression.

An alternative explanation for these findings would be the presence of unrecognised depression within senile dementia. Such depression is relatively inaccessible because of the reliance in normal clinical screening for depression on the eliciting of symptoms by direct questioning which is clearly impossible in severe dementia.

We have attempted to address this issue by devising a simple rating scale for signs of depression in the presence of severe senile dementia (Katona, 1983). In a small series of patients rated blind to DST results a

significant relationship was found between depression on our rating scale and DST non-suppression. There was no relationship between DST status and severity of dementia. The possibility that DST non-suppression in dementia reflects coexistent depression is further supported by our finding that in a few cases treatment with tricyclic antidepressants led to DST normalisation though not to clinical improvement.

Thus we suggest that the possibility remains that DST non-suppression may be related to depression even in the presence of senile dementia.

C. L. E. KATONA

*St. Georges Hospital Medical School,  
Cranmer Terrace, Tooting SW17 0RE*

C. R. ALDRIDGE

*Maudsley Hospital*

#### Reference

KATONA, C. L. E. (1983) The DST in schizo-affective illness and dementia. Abstracts of the 7th World Congress of Psychiatry, p.274.

#### CORRECTION

DEAR SIR,

The authors of the letter on "Suggestion and Suicide by Plastic Bag" (*Journal*, January 1984, **144**, 100–101) must apologise for a mistake in the numbers referring to two months segments. The sequence should have read:

$$0^2 1 0^6 1^3 0^{29} 1^3 0^{11} 1 0 1 0^2$$

This sequence leaves the number of runs and the lag 1 correlation unchanged.

I. C. CHURCH  
J. P. N. PHILLIPS