

DAYTIME ENURESIS

DEAR SIR,

In his excellent review, 'Child Psychiatry and Enuresis' (*Journal*, September, 1981, 139, 247-8), Dr Berg mentions the use of tricyclic antidepressant medication in the treatment of nocturnal enuresis. He states, "No effective method of treating daytime wetting has so far been found".

While having no formal case series to offer, we have the strong clinical impression that in many patients, medication such as imipramine or the triprolidine/pseudoephedrine combination ('Actifed') may be helpful in diurnal, as well as nocturnal, enuresis. α -adrenergic agonist activity increases bladder neck tone, and accommodation of the bladder wall is facilitated by anticholinergic action, resulting in increased capacity. The antispasmodic oxybutynin may also reduce the incidence of enuresis by increasing capacity and by reducing the sensitivity of the bladder mucosa by local action.

We find that imipramine is generally better tolerated by children. While none of these drugs can be expected to induce a change which will persist significantly beyond the period of prescription, reduction in the frequency of enuresis may make for striking advantages in the social acceptability and management of daytime enuretics, whether they be children, the mentally or physically handicapped, or geriatric patients.

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THE CONCEPT OF SOMATIC ANXIETY

DEAR SIR,

Dr Hallstrom and his colleagues (*Journal*, November, 1981, 139, 417-21) could have carried out a valuable study in assessing the comparative value of diazepam, propranolol and their combined use in the treatment of anxiety. They express some surprise that somatic anxiety (as measured by the somatic factor derived from the Hamilton Rating Scale for Anxiety) showed no response to propranolol despite previous evidence that somatic anxiety specifically responded to beta-blocking therapy. Their findings do not necessarily disagree with earlier ones because they are using a different concept of somatic anxiety.

In our paper it was emphasised that the patients with somatic anxiety "did not necessarily have more somatic symptoms than those in the psychic anxiety group, but they complained of them primarily and tended to deny the psychological aspects of their

condition" (Tyrer and Lader, 1974). The notion of anxiety being conceptualized from the standpoint of personal cognition is amplified elsewhere (Tyrer, 1973, 1976) and is not an easy one to rate quantitatively. Perhaps it would be more appropriate to name the types somatosthenic and psychasthenic anxiety so as to emphasise the mediating influence of cognition. If the simple system of combining somatic symptoms is taken as somatic anxiety it will tend to correlate highly with psychic anxiety, particularly when anxiety levels are high, and is not a good indicator of response to beta-blockade. Not all patients with somatosthenic anxiety have marked somatic symptoms or high levels of physiological arousal and their somatic preoccupation is such that they often tend to be classified in the hypochondriacal group disorders. We have previously shown that one reason for their emphasis on somatic symptoms might be heightened awareness of physiological function (Tyrer, Lee and Alexander, 1980) although there are also other factors involved.

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ALCOHOLISM IN IRAQ

DEAR SIR,

Despite religious and social taboos alcoholism is increasing as a public health problem in Iraq. This has been reported in our journals (Maghazaji, 1976) but not previously abroad.

A special treatment unit for alcoholism has been established in a psychiatric hospital in Baghdad and alcoholics are also admitted to neuropsychiatric and medical departments of The Medical City teaching hospital.

We describe 50 consecutive patients with alcohol-related conditions admitted to the teaching hospital in 20 months of 1979 and 1980. All the patients were males, and 44 were between 31 and 50 years of age. Forty were married, 8 single, and 2 divorced. There was a preponderance of middle social class occupations, and two-thirds had deteriorated in their