

The inclusion of data relevant to this question would have added important information on the interaction of medication and life events in MMD.

References

- AKISKAL, H. S. (1982) Factors associated with incomplete recovery in primary depressive illness. *Journal of Clinical Psychiatry*, **43**, 266–271.
- FEINBERG, S. S. & HALBREICH, U. (1985) Treatment Resistant Depression. Part I. Evaluating the Patient. *Drug Therapy*. (In Press).
- LLOYD, C., ZISOOK, S., CLICK, M. & JAFFE, K. E. (1981) Life events and response to antidepressants. *Journal of Human Stress*, **7**, 2–15.

SHALOM FEINBERG

*Albert Einstein College of Medicine
Bronx Psychiatric Center
1500 Waters Place
Bronx, N.Y. 10461*

EVALUATION OF DAY HOSPITALS

DEAR SIR,

It would appear that Dr Milne has made a methodological error in his comparison of the outcome of attendance at two psychiatric day hospitals (*Journal*, 1984, **145**, 533–537). He states that “the results indicated that although both day hospitals were serving similar patient samples, only one was achieving significant clinical improvement”. In fact the two samples are dissimilar in a fundamental way: at one day hospital he has looked at changes occurring over 3 months to a series of consecutive referrals, at the other he has investigated a series of current attenders who will already have been at the day hospital for some time.

Thus any differences between the outcomes seen at two hospitals could be put down to the fact that those studied in the first hospital were recovering from acute exacerbations of their disorders, whilst those assessed at the second hospital represented a group with continuing morbidity.

The evaluative literature on day care is not sparse (Wilkinson 1984) although depressingly few papers take adequate account of the process variable of the day hospitals studied. A notable exception is Linn (1979). This multicentre controlled trial of day care versus outpatient care of chronic schizophrenic men maintained on antipsychotic medication indicated that day hospitals improved social functioning, but only certain centres were superior in controlling symptoms and preventing relapse. For this population the good results centres placed emphasis on occupational and recreational therapies as opposed to group and family therapies. Poor result centres had a rapid patient turnover and more staff hours worked by psychologists and social workers.

As a separate point Dr Milne is surely correct in underlining the neurotic morbidity of day hospital attenders. Schizophrenics experience considerable neurotic morbidity (McCreadie 1982) and an enquiry into neurotic symptoms should be part of their regular assessment. However day care cannot be recommended for the generality of patients suffering from neurotic illness (Tyrer & Remington 1979), even “phobic anxiety states”.

FRANK HOLLOWAY

*King's College Hospital
Denmark Hill
London SE5 9RS*

References

- LINN, M. W., CAFFREY, E. M., KLETT, J., HOGARTY, G. E. & LAMB, H. R. (1979) Day treatment and psychotropic drugs in the after care of schizophrenic patients. *Archives of General Psychiatry*, **36**, 1055–1066.
- MC CREADIE, R. G. (1982) The Nithsdale schizophrenia survey I. Psychiatric and social handicaps. *British Journal of Psychiatry*, **140**, 582–586.
- TYRER, P. J. & REMINGTON, M. (1979) Controlled comparison of day hospital and outpatient treatment of neurotic disorders. *Lancet*, *i*, 1014–1016.
- WILKINSON, G. (1984) Day care for patients with psychiatric disorder. *British Medical Journal*, **288**, 1710–1711.