differences in outcome in the three studies quoted. There were some modest differences related to illness, such as severity, but probably more important are the roles of social adversity and health invalidity as maintaining factors for depression, with an ensuing poorer prognosis, and here the Australians seem to have a clear advantage. This is reflected in their earlier observation (Emmerson *et al*, 1989) that severe, enduring life difficulties were rarely encountered in this affluent part of Western Australia. One could infer that such considerations, alongside the striking absence of cases with symptoms which had endured for over a year before presentation, are likely to lead to an improved prognosis. Certainly their prognosis is more positive than that of Murphy's cohort (1983).

Yet even these factors must be set alongside the critical role of treatment adequacy and aftercare, which the Australian group aptly highlight, and which was the major weakness of Murphy's study (although she was not responsible for management of the patients she studied). An agreed treatment protocol should surely be as important a part of future research into the outcome of depression as is the use of agreed operational diagnostic criteria for selecting which patients are for study. This will be especially relevant if the comments of Drs Burvill *et al* are registered concerning the low statistical power of all the studies to date: the most expedient way forward might be multi-centre studies of outcome.

Drs Burvill *et al* devised two methods of (dichotomised) outcome, and used the second, more stringent, one to assess the relationship of predictor variables to outcome. Yet examination of these two methods of expressing outcome suggests that they are as much to do with the uncertainty which exists in trying to define what we mean by an outcome as they are to facilitate comparison with other studies.

One method expresses outcome cross-sectionally (ignoring intervening relapses, etc.) and the other incorporates some longitudinal component (for example, clinical course of illness). This too is an important aspect of future research. Tools, such as the longitudinal interval follow-up evaluation (LIFE; Keller *et al*, 1987) are available, which allow systematic recording of mental state, psychosocial functioning, life events, medication and physical health, or any other factor thought likely to be relevant to prognosis, over a defined follow-up. When combined with statistical methods, such as survival analysis, such instruments form the basis for prognostic statements which can take into account a wide range of factors and can then be applied to the individual patient.

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AUTHOR'S REPLY: In reply to the letter of Dr R. C. Baldwin, I acknowledge and apologise for the misquote of the sex ratio, when referring to the paper of Baldwin & Jolley (1986). Even with this correction, our suggestion that the apparent unrepresentativeness of their 100 patients, compared with those presenting to most psychogeriatric services, as one possible explanation for the differences in the outcome of the three quoted studies, cannot be ignored. The causes of the differences are likely to be multifactorial, including the lower proportion of life difficulties encountered in the Western Australian study, as highlighted by Baldwin. We fully agree with his reservations about the methods of assessment of outcome. His comments coincide with our own views, which have been documented in detail elsewhere (Burvill *et al*, 1991).

BALDWIN, R. C. & JOLLEY, D. J. (1986) The prognosis of depression in old age. *British Journal of Psychiatry*, **149**, 574–583.
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Lithium education programme

SIR: We read with great interest the article by Peet & Harvey "Lithium maintenance: standard education programme for patients" (*Journal*, February 1991, **158**, 197–200), which included several important issues about patients' compliance and knowledge about medication.

However, we would like to raise some points that we feel weaken their results. The first point concerns their sample. Looking at the characteristics of the

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