physiological response to these patients' abnormal eating habits or their low body weight.

The data on *treatment* are also highly equivocal. Whilst several reports have described the benefits of antidepressant medication in the treatment of patients with anorexia nervosa, no study has even met the minimal requirements of proper evaluation (Szmukler, 1982). There have also been claims that antidepressant medication helps patients with bulimia (DSMIII). However, the only controlled outcome study found that adequate dosages of mianserin had no specific effect on eating habits or attitudes, or indeed on mental state (Sabine *et al*, 1983). It must be added that it is questionable whether response to antidepressant medication is a legitimate basis for assigning patients to a particular diagnostic category (Murray and Murphy, 1978).

With regard to *family history* of affective disorder, the study of Hudson and colleagues certainly substantiates earlier findings of a high prevalence of affective disorder amongst the relatives of patients with eating disorders. However, the only conclusion that can be drawn from this observation is that a family history of affective disorder predisposes individuals to develop an eating disorder.

In conclusion, an association between eating disorders and disturbances of mood is incontrovertible. However, the balance of evidence weighs against the suggestion that eating disorders are forms of affective disorder.

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PHONEME DISCRIMINATION IN SCHIZOPHRENIA

DEAR SIR,

I read with interest the paper by Drs Kugler and Caudrey (*Journal,* January 1983, **142,** 53–59).

I have, however, found one point puzzling. It was reported in the article that all the patients met Feighner's diagnostic criteria of schizophrenia but, at the same time, the duration of their illness ranged from two months to 27 years. This seems to be contradictory since Feighner's criteria of schizophrenia requires the duration of at least six months.

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Dr Kugler replies:

All patients in this study were initially tested on the basis of hospital diagnoses. Case-note summaries were made at the time of testing and were subsequently examined, using the syndrome checklist of the Present State Examination and Feighner's diagnostic criteria, to confirm diagnoses before the data were analysed. The mental state of the patients in the time between testing and data analysis was also referred to and the minimum duration of illness for any schizophrenic patient at the time of analysis was 18 months. Age, duration of illness, age at onset of the illness and medication data *at the time of testing* are reported in our paper.

I hope this answers Dr Kitamura's query and apologise for the lack of clarity on this point.

Harperbury Hospital, Herts

WEEKLY PIMOZIDE VERSUS FLUPHENAZINE DECANOATE IN SCHIZOPHRENIC OUT- AND DAY-PATIENTS

DEAR SIR,

Pimozide has been found to be effective as maintenance treatment in schizophrenics when given four days weekly to in- and day-patients (McCreadie *et al,* 1980) and once weekly to in-patients (McCreadie *et al,* 1982). A preliminary investigation has now been carried out in schizophrenics living in the community.

In a double-blind study, 27 male and female chronic

https://doi.org/10.1192/S000712500011668X Published online by Cambridge University Press