

- CARROLL, B. J. & DAVIES, B. (1970) Clinical associations of 11-hydroxycorticosteroid suppression and non-suppression in severe depressive illness. *British Medical Journal*, *i*, 789-91.
- FEINBERG, M., GREDE, J. F., TARIKA, J., ALBALA, A. A., HASKETT, R. F., JAMES, N. M., KRONFOL, Z., LOHR, N., STEINER, M., DE VIGNE, J. P. & YOUNG, E. (1981) A specific laboratory test for the diagnosis of melancholia. Standardization, validation, and clinical utility. *Archives of General Psychiatry*, *38*, 15-22.
- MONTGOMERY, S. A. & ASBERG, M. (1979) A new depression scale designed to be more sensitive to change. *British Journal of Psychiatry*, *134*, 382-9.
- NULLER, J. L. & OSTROUMOVA, M. N. (1980) Resistance to inhibiting effect of dexamethasone in patients with endogenous depression. *Acta Psychiatrica Scandinavica*, *61*, 169-77.
- PLATMAN, S. R., FIEVE, R. R. & COLUMBIA, U. (1968) Lithium carbonate and plasma cortisol response in the affective disorders. *Archives of General Psychiatry*, *18*, 591-4.
- SNAITH, R. P., BRIDGES, G. W. K. & HAMILTON, M. (1976) The Leeds scales for the self-assessment of anxiety and depression. *British Journal of Psychiatry*, *128*, 156-65.

BODY IMAGE DISTURBANCE IN ANOREXIA NERVOSA

DEAR SIR,

The denial of thinness in the face of severe emaciation is a striking, clinical observation of many patients with anorexia nervosa. This observation has led to a series of ingenious and careful studies which have attempted to demonstrate, empirically, a disturbance of body image in this disorder. These experiments have held out the hope that here is an important piece of psychopathology which can be investigated objectively, even measured with an interval scale.

Unfortunately, the straightforward results of the initial study of Slade and Russell (1973) have not been consistently replicated. It has become recognized that a host of variables (e.g. age, weight, the apparatus used, the instructions given) may influence the results (Garner & Garfinkel, 1981). Now Touyz *et al* (1984) have shown that with their group of patients and with their techniques, patients with anorexia nervosa as a group differed from the controls in the extent of variability of their body size estimates.

When doing research, investigators go to great lengths to ensure that their measurements are reliable and valid. Blind ratings are attempted and it is sometimes crucial that raters have no knowledge of the hypothesis being tested. We appear, however, to be rather lax in applying similar standards for patients when this might be necessary. It may be particularly important when patients suffer from a condition like anorexia nervosa which is reputed to be associated with denial and inconsistency. Patients with anorexia

nervosa are usually intelligent and well read and it is a reasonable assumption that most would be aware of the hypothesis being tested when they are subjected to body image experiments. What sort of confidence can be placed in their ratings? Perhaps these ratings bear a closer relationship to their attitudes to treatment or the experimenter than to their perception of their bodies. Some patients like to please, others are less well disposed. Factors like these could explain the extent of variability noted.

Body image experiments in anorexia nervosa are probably a good example of how confusing the results can be when the object being examined happens also to be a subject who knows what is being examined and why. Progress in this field must be limited unless this difficulty is taken into account.

GEORGE SZMUKLER

*Institute of Psychiatry,
De Crespigny Park,
Denmark Hill,
London SE5 8AF*

References

- GARNER, D. M. & GARFINKEL, P. E. (1981) Body image in anorexia nervosa: Measurement, theory and clinical implications. *International Journal of Psychiatry in Medicine*, *11*, 263-84.
- SLADE, P. D. & RUSSELL, G. F. M. (1973) Awareness of body dimensions in anorexia nervosa. Cross-sectional and longitudinal studies. *Psychological Medicine*, *3*, 188-9.
- TOUYZ, S. W., BEUMONT, P. J. V., COLLINS, J. K., MCCABE, M. & JUPP, J. (1984) Body shape perception and its disturbance in anorexia nervosa. *British Journal of Psychiatry*, *144*, 167-71.

AGORAPHOBIA AND HYPERTHYROIDISM

DEAR SIR,

A twenty-eight year old West Indian female patient presented with severe agoraphobia. Systemic enquiry and physical examination indicated probable hyperthyroidism. Appropriate serum samples were sent for biochemical analysis, but the results were within the normal range. The tests were repeated and the original results confirmed. The patient was then successfully treated with a combination of behaviour therapy, psychotherapy and a monoamine oxidase inhibitor. Eleven months later the patient deteriorated psychiatrically and demonstrated unequivocal signs of excess thyroid activity, which were amply confirmed on biochemical tests. Successful treatment of the hyperthyroidism again led to an abatement of the psychological symptoms. The initial failure of the biochemical indices to confirm the history and physical findings presumably arose because the normal values encompass a small proportion of false negatives.

Non-specific anxiety, irritability and emotional