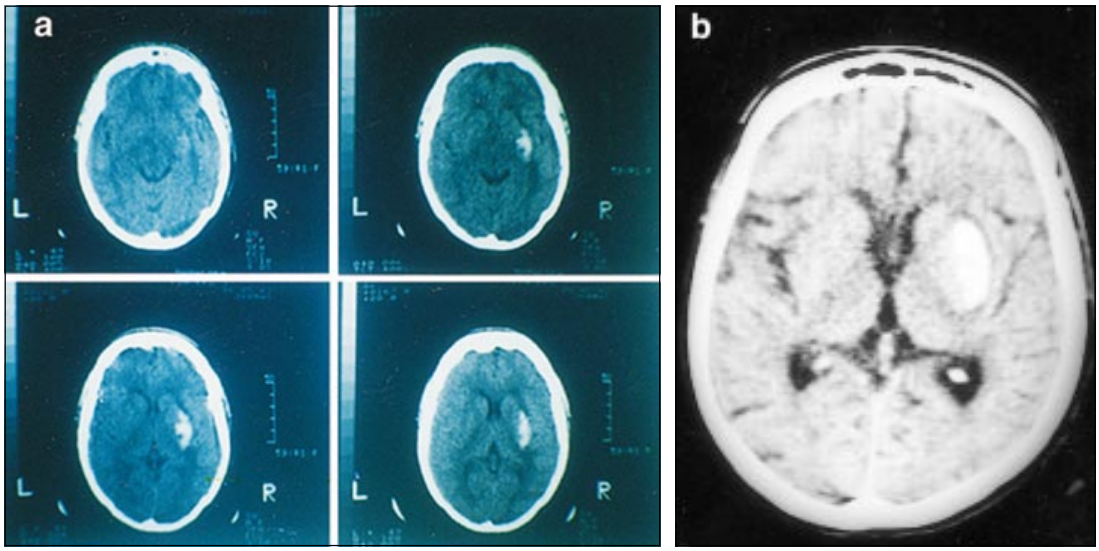

Computed tomograms showing putamen haemorrhage in case 1 (a) and case 2 (b)

hours has been recognised.[3] Although rare, clinicians should be aware that an intracerebral haemorrhage may cause a transient neurological deficit. To start antiplatelet drugs before having the results of computed tomography may be illogical in such cases although I know of no reports of patients with intracerebral haemorrhage becoming worse clinically after receiving aspirin. A computed tomogram should, however, be mandatory before starting anticoagulant treatment in any patient with features of transient ischaemic attack. It is also rational management to arrange computed tomography early in patients who have started antiplatelet treatment as features of an intracerebral haemorrhage may not be apparent on a late scan. Thus if patients with transient focal neurological symptoms are to be treated appropriately they should have computed tomography soon after the onset of symptoms.

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Admission for depression among men in Scotland, 1980-95: retrospective study

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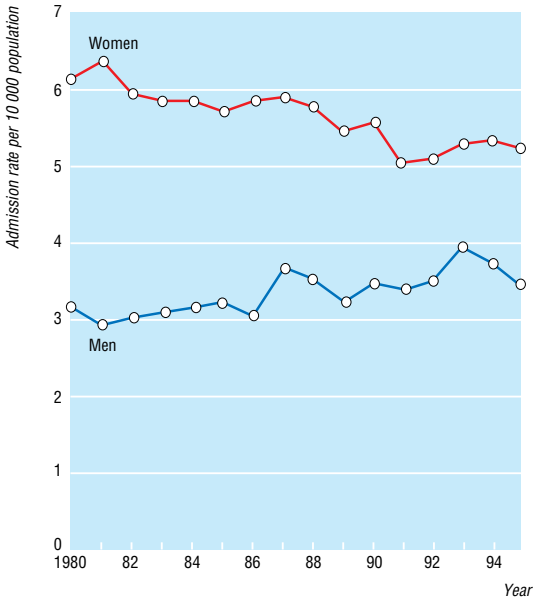
It has been reported consistently that women have higher rates of depression than men; however, this difference in prevalence may be changing.[1] An increase in the prevalence of depression among men might help to explain the rising number of men who are committing suicide.[2] The sex ratio for deliberate self harm—a phenomenon that is related to suicide and depression—is also changing, with an increasing number of men deliberately harming themselves.[3] We hypothesised that there would be a decrease in the ratio of the number of women to the number of men admitted to Scottish hospitals for depression between 1980 and 1995. During this time there have been important changes in economic conditions and gender roles in industrialised countries.

Methods and results

We reviewed discharge data on first admissions to Scottish hospitals for patients aged between 15 and 65 years old; data were obtained from the information and statistics division of the NHS in Scotland. The period from 1980 to 1995 was chosen for study because during this time diagnoses were recorded according to the ICD-9 (international classification of diseases, ninth revision) and important changes had occurred in socioeconomic and employment patterns. We included the following subcategories of depression from the ICD-9 in our analysis of discharge diagnoses: 296.1, 296.3, 298.0, 300.4, and 311.9. We assumed that diagnoses in these categories would be least likely to be confused with other conditions, for example, psychotic



Rates of first admission to hospital for depressive disorders for women and men per 10 000 population in Scotland, 1980-95

syndromes (other 298 subcategories), stress (308), or adjustment disorders (309). For each year in our study we examined the population adjusted rates of first admissions for depression for women and men and the ratio of women to men who were admitted to hospital. Correlation analyses were done using linear regression to examine the relation between admission rates, the ratio of women to men, and the year.

The rate of admission for depression among women fell from 6.1 per 10 000 in 1980 to 5.3 per 10 000 in 1995 ($r=0.89$, $P<0.0001$) (figure). The rate of admission for depression among men rose from 3.1 per 10 000 to 3.5 ($r=0.79$, $P=0.0003$) during the same time. The ratio of the number of women admitted to hospital to the number of men admitted fell from 1.9 to 1.5 ($r=0.92$, $P<0.0001$) during the same period.

Comment

The data support our hypothesis. The ratio of women to men who were admitted to hospital for depression has decreased as a result of an increase in the rates of admission for depression in men and a decrease in the admission rate for women. Anxiety disorders occur more often in women and this may be a confounding factor in the higher risk of major depression in women. Important changes in gender roles have occurred over the last 20 years. These include a decrease in the number of men in full time work and an increase in the number of women in both part time and full time work. For men, the resultant loss of status as sole financial provider for the family, the perceived loss in social status, and the consequent social isolation could all be considered risk factors for depression.

There are several factors that may account for the increasing number of men being admitted to hospital for depression. These may include a rise in the number of men referred by their general practitioners for treatment of depression or a change in admission criteria, for example, people with less severe forms of depression may be being admitted. There may be an increased recognition of depression, either as a sole diagnosis or as one coexisting with other conditions (for example, substance abuse). There may also have been a change in the health seeking behaviour of men and they may be more willing to accept psychiatric help.

Our findings are in keeping with those of other studies which have observed increasing rates of depression in men.[1] Is this a true reflection of prevalence or a reflection of a change in admission criteria? Other reports have not supported the idea that there has been a change in diagnostic practice, such as a decline in the diagnosis of schizophrenia, that can be accounted for by a corresponding increase in depression.[4]

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Conflict of interest: None.

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Fifty years ago

The new NHS: Yes and no

The result of the fourth plebiscite to be held by the British Medical Association will be known soon after this issue of the Journal is published. If the majority of consultants and specialists, general practitioners, and those working whole-time in voluntary hospitals vote against accepting service, and if this majority includes approximately 13,000 general practitioners, the B.M.A. will continue to advise the medical profession not to enter the National Health Service on July 5. The corollary of this is that if the majority as stated is not secured the B.M.A. will not offer this advice. Should the majority be in favour of accepting service in view of the changed situation resulting from Mr. Bevan's concessions, the Representative Body may consider it wise to urge the minority to enter the new Service so that the majority may have a fair chance of giving the public at least some of the benefits that have been so extravagantly promised it.

(*Editorial*, 1 May 1948, p 839. See also editorial by Gordon Macpherson, 3 January 1998, p 6.)