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IN THIS ISSUE

This issue features groups of papers on genetic epidemiology, personality traits and associations with psychopathology, depression, social support and psychiatric disorder, schizophrenia, together with papers on other topics.

Genetic epidemiology

In the lead Review Article, Middeldorp *et al.* (pp. 611–624) review twin and family studies of co-morbidity among anxiety disorders and between anxiety and depression. They conclude that the preponderance of evidence suggest a shared genetic vulnerability, although some family studies suggest that one disorder is an epiphenomenon of the other. In a female twin study of ADHD, Knopik *et al.* (pp. 625–635) find strong genetic effects, independent of associations with maternal heavy alcohol use in pregnancy and low birth weigh, which may themselves be indirect environmental effects. Blonigen *et al.* (pp. 637–648) report a twin study of psychopathic personality traits, and find genetic influences on two distinct trait clusters, fearless dominance (associated with reduced genetic risk of internalizing psychopathology) and impulsive antisociality (associated with increased genetic risk for externalizing psychopathology).

Personality and psychopathology

Two other studies also concern personality and psychopathology. Wonderlich *et al.* (pp. 649–657) report a study of bulimic women. They find three clusters: affective-perfectionistic (with highest levels of eating disorder symptoms), impulsive (with highest elevations on dissocial behaviour and lowest scores on compulsivity), and a low co-morbid psychopathology cluster. No differences were found on serotonin transporter gene variations. Knežević *et al.* (pp. 659–663) report a study of post-traumatic stress symptoms in students who had been exposed to air raids, and who had previous to this completed a personality inventory. Pre-trauma personality predicted 13% of variance in intrusion scores 1 year post-trauma, but did not predict avoidance.

Depression and the wish to die

Rurup *et al.* (pp. 665–671) report an unusual study, of subjects in The Netherlands who expressed a wish for euthanasia, in the absence of severe disease, although often in the presence of social problems and milder physical illness. Most such requests were refused, but most patients continued with the request.

Three studies concern clinical depression. Vuorilehto *et al.* (pp. 673–682) report a study of depressed patients in primary care in Vantaa, Finland, with most cases mild or moderate, but recurrent and often chronic. Kornstein *et al.* (pp. 683–692) report a high frequency of premenstrual exacerbation (64%) in women with major depressive disorder, who are not post-menopausal, with associations with a number of specific depressive symptoms. Vittengl *et al.* (pp. 693–704) report a longitudinal analysis of patterns of symptom change in depressed patients receiving cognitive therapy, and show considerable commonality between different clinician-rated and self-rated symptom scales, permitting avoidance of duplication.

Social support and psychiatric disorder

Two studies examine consequences of poor social support. In a prospective epidemiological study, Brugha *et al.* (pp. 705–714) find small primary group size to predict level of common mental disorder 18 months later, with effects independent of confounders. In a longitudinal community study of women, O'Connor *et al.* (pp. 715–724) find separation from a partner associated with worsening

of depressive symptoms over a year, but with considerable individual differences, and less effect for women who had been in a non-marital cohabitation, or who had experienced elevated marital discord prior to separation.

Schizophrenia

Heilä *et al*. (pp. 725–732) report on mortality in schizophrenics during the Finnish national reduction of psychiatric beds. They find raised natural cause and suicidal mortality in the first 5 years after onset, rising in the key time of the 1980s, but decreasing in longer periods since onset. Myin-Germeys *et al*. (pp. 733–741) report a further study of psychotic symptoms using their experience sampling method, during clinical remission, and show much variation in mild psychotic symptoms, associated with experience of mild stresses.

Additional papers

Khan *et al*. (pp. 743–749) examine the magnitude of placebo response and drug–placebo differences in the large FDA database of trials submitted for drug approval. They find largest placebo response in patients with generalized anxiety disorder, depression, and panic disorder. Chadwick *et al*. (pp. 751–760) report on psychiatric diagnoses and behaviour problems assessed at two points, in childhood, and 5 years later in early adolescence, with considerable stability, although some reduction, particularly in overactivity.