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Highlights of this issue

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International studies of headache and chronic fatigue

Lee *et al* (pp. 111–116) pooled data from ten cross-sectional surveys conducted in countries in Latin and North America, Europe and Asia, to examine associations between various factors, including childhood family adversity and self-report headache. Early-onset mental disorders and childhood family adversities were found to be independently associated with adult-onset frequent or severe headache. Cho *et al* (pp. 117–122) undertook a comparison of the epidemiology of chronic fatigue syndrome in primary care in Sao Paolo, Brazil and in London. The prevalence of the syndrome was similar in the two countries but primary care practitioners were much more likely to recognise it in London than in Sao Paulo.

Brain imaging findings among those with ADHD, thought disorder and depression risk

Using a voxel-based group comparison magnetic resonance imaging (MRI) design, McAlonan *et al* (pp. 123–129) found that in addition to deficits in response inhibition and attention-shifting, the reaction times for tests of these cognitive abilities among children with attention-deficit hyperactivity disorder (ADHD) were correlated with frontostriatal temporal volumes. In addition, an age-related improvement in reaction times was found to parallel an age-related increase in volume across specific brain regions in the same group. Using voxel-based morphometry and MRI perfusion measurement, Horn *et al* (pp. 130–138) compared individuals with schizophrenia and various degrees of thought disorder with a sample of matched healthy controls. Correlations were found between left frontal and left temporoparietal language areas and severity of thought disorder, while correlations were also found between the latter and bilateral deficits in grey matter volume in specific brain regions. Chan *et al* (pp. 139–145) used functional MRI methodology to examine relationships between risk for depression, based on neuroticism scores, and neural responses to fearful and happy faces. High-risk participants demonstrated increased neural responses to increasing fear in specific brain regions, whereas the opposite was found among those in the low-risk group. The authors commented on the similarity in neural response patterns seen for those with depression risk compared with those previously observed in acute depression.

Treatment studies – adolescent schizophrenia and psychosis with violence

In a study of adolescents with acute schizophrenia (Haas *et al*, pp. 158–164), two dosing regimens of risperidone were compared (1.5–6 mg/day compared with a ten-fold lower dosing range). The greatest improvement in total Positive and Negative Syndrome Scale score was seen for those on the higher dosing regimen. Both dosing regimens were well tolerated. Cognitive–behavioural therapy (CBT) was compared with a social activity control treatment in a study by Haddock *et al* (pp. 152–157) which involved participants with both a diagnosis of psychosis and history of violent behaviour. Incidents of aggression over the treatment and follow-up period were lower in the CBT group; benefits were also seen in severity of delusions and in measures of risk management.

Suicide in dementia and attitudes among those who self-harm

Purandare *et al* (pp. 175–180) examined a national sample of suicides and found that people with a dementia diagnosis who took their own lives were most likely to have died by self-poisoning, drowning or hanging, with the latter being found to be less frequent among non-dementia suicides. Among those with dementia, suicide was less common in the first year after diagnosis, and a history of risk factors for suicide was less likely to have been present. On the basis of a systematic review of 31 studies, Taylor *et al* (pp. 165–167) concluded that service user satisfaction with clinical services and treatment adherence might be improved by increased staff knowledge of self-harm, enhanced communication between staff and service users, and improvement of after-care arrangements. The authors also found that although the studies included covered a variety of clinical settings, the experiences of service users were quite similar and often negative.

Psychology in bipolar disorder and outcomes in anorexia

Compared with healthy controls, individuals with bipolar disorder experiencing a range of clinical states (manic/hypomanic or mixed, depressed or euthymic) were found by Van der Gucht *et al* (pp. 146–151) to differ on a range of depression-related and reward-responsivity measures. Depressive symptoms were found to correlate with negative cognitive styles, whereas manic symptoms were found to correlate with reward responsivity. In an 18-year prospective study of adolescent-onset anorexia nervosa, Wentz *et al* (pp. 168–174) found that there were no deaths and only 12% had a persisting eating disorder at the end of the follow-up period, but 39% had at least one psychiatric disorder, and 25% were not in paid employment because of their mental health. Young age at anorexia onset, a history of premorbid obsessive–compulsive personality disorder and autistic traits were found to be predictive of a poorer outcome.