

Highlights of this issue

By Kimberlie Dean

Psychotropic side-effects

De Hert *et al* (pp. 99–105) have completed a systematic review and quality assessment of guidelines for cardiovascular risk screening and monitoring in schizophrenia using the AGREE methodology. For most of the 18 guidelines identified, the domain of ‘rigour of development’ was found to be problematic while the lowest scores were found for the domains of ‘stakeholder involvement’ and ‘editorial independence’. Four European guidelines were considered worthy of recommendation. The occurrence of nocturnal enuresis was found to be over 20% for patients taking clozapine in a comparative cohort study undertaken by Harrison-Woolrych *et al* (pp. 140–144) – significantly higher than for those taking olanzapine, quetiapine or risperidone. The authors suggest that clinicians should routinely enquire about bed-wetting of those taking antipsychotics. They also highlight the possibility that enuresis is associated with treatment non-adherence.

Childhood maltreatment

Antenatal depression has been found to be associated with later risk of psychopathology in offspring, among other outcomes, but the role of childhood maltreatment has not previously been considered in the same sample. Pawlby *et al* (pp. 106–112) analysed data from the South London Child Development Study and found that the presence of both antenatal depression and childhood maltreatment was associated with offspring psychopathology but that neither risk factor had an impact on the outcome if present in isolation. In a case series of 28 individuals with a putative diagnosis of fabricated or induced illness (Munchausen’s syndrome by proxy) described by Bass & Jones (pp. 113–118), a somatoform or factitious disorder or both was detected in almost two-thirds. Pathological lying was also common and, in some cases, was of long duration, while motivation for the induced illness in children was not clear in two-thirds.

Late-life disorder: dementia and depression

In a two-stage cross-sectional study of individuals recruited from primary care in North London and aged 60 years or older, Adelman *et al* (pp. 119–125) found evidence of an increased

prevalence of dementia in those of African–Caribbean ethnicity compared with the White UK-born group, in line with other, mainly US-based studies. They also found that the African–Caribbean participants with dementia were younger than their White counterparts and comment that such early presentation supports the need for ‘needs-based’ rather than age-determined healthcare and social services provision. Oestrogen has been implicated in the aetiology of depression, particularly late-life depression. Ryan *et al* (pp. 126–131) examined oestrogen receptor polymorphisms in relation to the presence of severe depression in a sample of over 6000 community-dwelling elderly people. Associations between receptor polymorphisms and severe depression were found for women only.

Music therapy and treatment leverage

Addressing the challenge of rigorously testing the effectiveness of music therapy in the treatment of depression, Erkkilä *et al* (pp. 132–139) completed a randomised controlled trial in a sample of working-age people. Combined with standard care, individual music therapy led to greater improvements in depression symptoms, anxiety symptoms and general functioning than those receiving standard care only. The attendance rate for music therapy was also noted by the authors to be high. Non-statutory pressures to adhere to treatment have been identified as widespread in public mental healthcare in the USA. Burns *et al* (pp. 145–150) measured rates of leverage in four distinct clinical samples in England in order to compare with US rates. Over one-third of participants in the study had experienced leverage over their lifetime, with higher rates found among substance misusers. Leverage was found to be associated with a history of repeated hospitalisations and lower insight, with accommodation being the most frequent form of leverage. Interestingly, levels were much lower than those reported in the USA.

Implementing OPCRIT+

Rucker *et al* (pp. 151–155) have developed a data collection and diagnostic application for use in a broad range of clinical and research settings – the OPCRIT+. The application has now been incorporated into the electronic patient record used within the Maudsley and associated hospitals, and has been shown to have good interrater reliability. The authors contend that use of a standard assessment tool such as OPCRIT+ will enable progress towards better translation of research findings into clinical practice.