

Highlights of this issue

BY MARY CANNON

CANNABIS – THAT HARDY ANNUAL

Cannabis is the most commonly used illicit drug with 2–3 million users worldwide. A special section in this month's Journal edited by Farrell and Ritson presents four review papers devoted to this controversial drug, but, as ever, there is little consensus on the topic. Ashton (pp. 101–106) reviews the adverse physical effects of cannabis, which, although not negligible, are less severe than those of alcohol use or cigarette smoking. Johns (pp. 116–122) reviews the adverse psychological effects of cannabis, particularly the risk of dependence (10%) and the complex associations between cannabis and psychosis. On the other hand, Robson (pp. 107–115) points out that large-scale multicentre trials are already under way to explore the possible therapeutic uses of cannabis for some medical conditions. MacCoun & Reuter (pp. 123–128) move beyond the arena of health to consider wider societal issues. They conclude that “the primary harms of marijuana use (including those borne by non-users) come from criminalisation”.

I IN 7 AUSTRALIANS HAVE A MENTAL DISORDER

The 1997 Australian National Survey of Mental Health and Well-Being found that 1 in 7 individuals interviewed had a current ICD-10 mental disorder (anxiety, affective or substance use disorders) and 23% reported at least one mental disorder in the past year. These Australian rates may even be an underestimate as morbidity is generally higher among non-responders, and sampling did not include jails, hospitals or remote areas. Similar surveys in the UK and USA have yielded 1-year prevalence

figures of 27% and 29%, respectively. A very high proportion (65%) of those with a mental disorder had not sought help for their problem, mainly because they did not feel they needed treatment. The authors, Andrews *et al* (pp. 145–153), advocate greater public education on the benefits of mental health treatments so that people will know “how well they could become”.

AMITRIPTYLINE: IN REMEMBRANCE OF THINGS PAST?

Just when we thought that amitriptyline could be consigned to the historical chapters of psychiatric textbooks, a systematic review by Barbui & Hotopf (pp. 129–144) concludes that it is still the most effective antidepressant “after 40 years of randomised controlled trials”, and (along with dothiepin) should remain “the first-line TCA”. However, Thompson (pp. 99–100), in an accompanying editorial, argues that the clinical case for using amitriptyline as first-line treatment is not made by this study as the “marginal” efficacy advantage is counterbalanced by its adverse side-effect profile.

ETHNICITY, TREATMENT AND OUTCOME IN PSYCHOSIS

McKenzie *et al* (pp. 160–165) investigate whether the course, outcome and treatment of psychosis differ between people of Caribbean origin living in the UK and British Whites. Although there was no overall difference in outcome between the groups, people of Caribbean origin were less likely to be treated with antidepressants

or psychotherapy. This could reflect real differences in psychopathology or failure to diagnose depression in this group.

A MARKER FOR POOR OUTCOME IN BIPOLAR DISORDER

Bipolar affective disorder patients with poor outcome have greater numbers of deep subcortical white matter lesions (WMLs) on magnetic resonance imaging than patients with good outcome or normal controls, report Moore *et al* (pp. 172–176). The pathology of these WMLs is not known and prospective studies will be needed to test whether these lesions are a true risk factor for poor outcome or consequent to the disease process or treatment.

UNTREATED SCHIZOPHRENIA IN CHINA

Over 30% of patients with schizophrenia in a rural area of China in 1994 had never received any treatment for the disorder. Ran *et al* (pp. 154–158) show that these patients had a poorer outcome than those who received regular antipsychotic medication (5.9%) or even those who received ‘traditional’ treatments only. Cooper (p. 159) acknowledges that these results are “not sensational or novel” but emphasises the scarcity of such untreated samples. He highlights the finding that 78% of the untreated group were still able to carry out general housework or farm work, despite marked psychotic symptoms.

FINALLY, A USE FOR INTENSIVE CASE MANAGEMENT

The large UK700 randomised controlled trial showed no overall benefit of intensive case management (ICM) over standard case management for individuals with severe psychotic illness. However, Hassiotis *et al* (pp. 166–171) report that ICM does appear to be significantly beneficial for a subgroup of patients with psychosis and with borderline IQ, in terms of reduction in number and length of hospital admissions, decreased total costs and needs, and increased satisfaction.