

Highlights of this issue

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CHRONIC FATIGUE IN YOUNGSTERS

There is little agreement about the prevalence of disabling fatigue in young people. Farmer *et al* (pp. 477–481), in a large twin study, demonstrate a lifetime prevalence ranging from 2.34% for disabling fatigue lasting 3 months to 1.29% for a disorder resembling adult operationally defined chronic fatigue syndrome. The study confirms that chronic fatigue is rare in children under 10 years of age, but those aged over 11 show a similar prevalence, symptom profile, gender distribution and rate of co-occurring depression as do adults. The implications of this in terms of impairment in overall development are concerning. One in six consecutive attenders at primary care have a diagnosis of somatoform disorder, according to a large Dutch cross-sectional survey (de Waal *et al*, pp. 470–476). When occurring in combination with anxiety and depressive disorders, impairments were additive. Sharpe & Mayou (pp. 465–467), in an accompanying editorial, ask whether diagnosing these symptoms as somatoform disorders helps or hinders us in our overall approach to illness.

DIRECT AND INDIRECT COSTS OF PSYCHOSIS

Carr *et al* (pp. 517–525), using a large Australian database, showed that from a government perspective direct mental health care costs were the largest contributor to the annual cost of psychosis, whereas from the societal perspective indirect or time-loss costs contributed more. The most robust predictors of annual psychosis-related costs per patient were failure to complete high school and chronicity of illness. The authors suggest that appropriate

early intervention programmes for psychosis need to be developed and their cost-effectiveness evaluated from both the government and societal perspectives. In another study, Knapp *et al* (pp. 509–516) found medication non-compliance to exhibit a consistent association with greater resource use and to be a key factor in the use of in-patient and external services.

ANTIPSYCHOTICS AND OSTEOPOROSIS – UNIDENTIFIED RISK FACTORS

Meaney *et al* (pp. 503–508) show patients with schizophrenia on long-term typical antipsychotic medication to have high rates of hyperprolactin and reduced bone mineral density as a result of hyperprolactin-induced hypogonadism. Although other risk factors may have contributed to the association in this study, results suggest that long-term prolactin-raising antipsychotics may be an unidentified risk factor for osteoporosis.

AFFECTIVE DISORDER – STRUCTURAL CHANGE AND TRAIT MARKER

Evidence of hippocampal damage in depression exists, possibly secondary to hypercortisolaemia and vascular pathology. Lloyd *et al* (pp. 488–495) compared hippocampal volume in people with early- and late-onset depression and in normal controls. Bilateral hippocampal atrophy was found in participants with late-onset illness compared with both those with early-onset illness and controls, whose volumes did not differ. Although cumulative lifetime duration of depression was not associated with hippocampal volume change, a trend for a

negative correlation was found with age of onset of depression. Results suggest that different aetiologies may underlie early- and late-onset depression. Watson *et al* (pp. 496–502) reveal the dexamethasone/corticotrophin-releasing hormone test to be abnormal in patients with bipolar disorder in states of both relapse and remission. Previous evidence of an abnormal response in a proportion of healthy subjects with a family history of affective disorder suggests that hypothalamic–pituitary–adrenal axis dysfunction may be a trait abnormality in bipolar disorder.

COST-EFFECTIVENESS AND OPTIMAL TREATMENT

Andrews *et al* (pp. 526–533) have drawn together the results of four papers that analysed the cost-effectiveness of current treatment for ten mental disorders. They found that the cost-effectiveness, in dollars per unit of health gain, varied tenfold across disorders. They argue for increased coverage for the most cost-effective treatments for disorders such as anxiety and depression but recognise that external factors may justify investment in less cost-effective treatments for disorders such as schizophrenia. The authors invite discussion about mechanisms for setting priorities in mental health services.

CHILDHOOD V. ADOLESCENT TRAUMA – DIFFERENCES IN OUTCOME

Maercker *et al* (pp. 482–487), studying women between 18 and 45 years of age from Dresden, examine the impact of traumatisa-tion in childhood *v.* adolescence in terms of risk of subsequent post-traumatic stress disorder (PTSD) and major depressive disorder. Risk of developing major depression following childhood trauma was approximately equal to the risk of PTSD. For trauma occurring after the age of 13, the risk of PTSD was greater than the risk of major depression. Results indicate the importance of enquiring after traumatic experiences in patients presenting with depression in adulthood in order to obtain a comprehensive record of possible aetiological factors.