

From the Editor's desk

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THIS MONTH'S ISSUE

Journals have a reputation for distorting scientific knowledge by preferential publication of positive studies. This issue bucks the trend; there are more negative results than positive ones but the results are no less interesting. Indeed, negative conclusions in a study may be more lastingly important, and the demise of therapy with leeches, insulin coma therapy and malarial hyperpyrexia shows that negative studies are imperative if we are to advance. However, the immediate impact of the studies reported here are more difficult to predict, and readers may judge whether the failure to find synergistic effects of psychotherapy and pharmacotherapy in depression (de Jonghe *et al*, pp.37–45), to yield benefits for fluoxetine in depersonalisation disorder (Simeon *et al*, pp.31–36), to respond to antipsychotic drugs at any time in schizophrenia if premorbid function is poor (Perkins *et al*, pp.18–24) and to show important differences in the efficacy of haloperidol/promethazine and lorazepam in an impressive cross-national study (Alexander *et al*, pp.63–69) are ground-breakers or not. These findings should be set against the positive benefits of computerised cognitive-behavioural therapy in anxiety and depression in primary care (Proudfoot *et al*, pp.46–54; McCrone *et*

al, pp.55–62), papers that may disturb some in their discussion of satisfaction.

We also seem to be adumbrating more negative findings in preventing the offspring of mothers with schizophrenia from developing severe mental illness (Niemi *et al*, pp.11–17) and in tackling the putative changes in hypothalamic-pituitary-adrenal activity that accompany psychotic illness (Pariante *et al*, pp.5–10). The lot of the clinical psychiatrist continues to be varied and demanding, with McCabe & Priebe (pp.25–30) showing that versatility in understanding patients' explanations for schizophrenia needs to be profound and extensive. Perhaps Kua's account (pp.79–82) of the 1928 requirements for the Physician Superintendent in Singapore as having 'some taste for gardening and farming' should still apply.

PATIENT POWER

There is a current billboard advertisement in the UK promoting the advantages of private health care – 'The patient will see you now, doctor' is displayed below the silhouette of a patient awaiting a consultation at their convenience, not the doctor's. This control is not confined to the private sector. In my assertive outreach team it is often considered necessary for the patients

to be prepared for their interviews with me and to choose the time, place and personnel to attend. When I telephoned one recently to speed up this process I was firmly put in my place; 'I will decide whether or not to see you. Your call is considered impertinent and if it leads to a rant you will only have yourself to blame'. As ranting tends to be a prelude to admission I am fearful of further accusations.

GO WEST, YOUNG MAN, GO WEST

A well-known academic institution has just issued a directive for its staff to submit their papers to American journals in the first instance. Why? As Bill Clinton might retort, 'it's the impact factor, stupid'. The Research Assessment Exercise for 2007 is already dominating the horizons of many academic departments who should have more sensible things on their minds, and we have been told that excellence is being judged on the impact factors of the journals in which we publish our articles. Nothing else seems to matter: the nature of the article, its focus, its appeal to readers, its relevance to previous papers, or its actual citation rate (i.e. that for the paper not the journal). If this advice is followed, important British journals such as the *British Journal of Psychiatry* and *Psychological Medicine* will receive only the cast-offs from the US fashion show, papers tailored for a different audience but necessarily tinkered with before being exposed to the lower brow. We suggest potential authors ignore this advice and go with their instincts; and remember that the *British Journal of Psychiatry* aims to be the leading international general and clinical psychiatric journal to 150 states, not just 50.