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IN THIS ISSUE

This issue features a review article on costs of eating disorders, two papers on bulimia, groups of papers on genetics, family studies in obsessive–compulsive disorder, treatment, and an additional paper on catatonia.

Eating disorders

In the lead article (pp. 1543–1551) Simon *et al*. review available evidence on the high economic costs and health service burden from eating disorders. Two original papers report studies of bulimia. Steiger *et al*. (pp. 1553–1562) used hand-held computers to measure eating behaviour, mood and self-concept in bulimic women. Before binge episodes mood and self-concept worsened and cognitive constraint increased, with mood and self-concept worsening further after the episodes. Lower platelet paroxetine binding predicted worse mood and self-concept, and also greater dietary restraint after the episodes, suggesting underlying biological mechanisms. Striegel-Moore *et al*. (pp. 1563–1572), using latent class analysis in binge-eating women, find three subtypes, labelled purger, binger and binge-purger respectively. Only subjects in the third subtype satisfied DSM-IV criteria for bulimia nervosa, although all three subtypes appeared clinically significant.

Genetic studies

Two papers report data from twin studies. Kendler *et al*. (pp. 1573–1579) find earlier age at onset for major depression related to greater risk of illness in relatives, but mainly for onsets between the ages of 15 and 35 years. Stubbe *et al*. (pp. 1581–1588) find subjective life satisfaction in Dutch twins to have approximately 40% heritability. Two papers report molecular genetic studies, both of the neuroregulin 1 gene and schizophrenia. Lin *et al*. (pp. 1589–1598) find a relationship with schizotypal personality and particularly with perceptual aberration. Duan *et al*. (pp. 1599–1610) find no association with actual schizophrenia in a US family sample.

Family studies of obsessive–compulsive disorder

Two further papers report data from related family studies of OCD. Combining direct interview and informant data, Fyer *et al*. (pp. 1611–1621) find moderate familial aggregation, without relationship to anxiety disorders, except, possibly, generalized anxiety disorder. In a further study from the same group, focusing on methods of data collection, Lipsitz *et al*. (pp. 1623–1631) find evidence for familial transmission is weaker, less specific and only present in data from interview with affected probands about their relatives, and not in data based on direct interview with relatives plus informants other than probands, suggesting a need for caution in conclusions and possible heterogeneity in samples.

Treatment

Three papers report treatment studies. Mead *et al*. (pp. 1633–1643) report a randomized controlled trial which found no benefit from guided self-help for patients with anxiety and depression while on a waiting list for specialized psychological treatment, providing a salutary reminder that skilled therapy is often needed. Craske *et al*. (pp. 1645–1654) report a naturalistic sub-analysis from a controlled trial of panic disorder in primary care. Comparing patients who received medication alone and those who received additional cognitive therapy, and controlling for factors leading to treatment selection, they find clear benefit from additional CBT. Focusing on predictors of change in quality of life in a community psychiatry study, Laslavia *et al*. (pp. 1655–1665) find that in addition to a relationship with improvement in clinical symptoms, this is associated with reducing perceived unmet needs in the social domain, pointing to the importance of addressing social aspects.

Catatonia

In an additional paper, Chalasani *et al*. (pp. 1667–1675) report a study of consecutive hospital admissions with catatonia in India, and in Wales, UK. They find catatonia commonly present in in-patient admissions in both countries, but with classic signs such as posturing, catalepsy, staring and stupor more common in India.

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