

## IN THIS ISSUE

This issue features a review of the cognitive deficits in schizophrenia, and papers on other aspects of schizophrenia, the impact of SARS, trauma and PTSD, genetic and environmental causation in substance use, panic disorder and gambling, the role of cytokines in sickness behaviour, depression, developmental and intellectual disorders.

### **Cognitive deficits in schizophrenia**

The lead Invited Review, by Joyce & Huddy (pp. 1151–1155), discusses the extensive recent neuropsychological literature on cognitive abnormalities in schizophrenia, which appear to reflect basic abnormal neural mechanisms in the disorder.

### **Aspects of schizophrenia**

Three papers report on other aspects of schizophrenia. Hajak *et al.* (pp. 1157–1163) report a controlled trial of repetitive transcranial magnetic stimulation. Active treatment significantly lessened negative symptoms, with tendencies to improvement of depression but worsening of positive symptoms. In a study of attitudes, Lobban *et al.* (pp. 1165–1176) found beliefs about greater negative consequences to be the strongest predictors of poorer outcome. In a wider psychopathological study, Krabbendam *et al.* (pp. 1177–1186) report seven dimensions related to depression, mania and symptoms of psychosis in a general population sample, paralleling findings in patient samples.

### **Severe acute respiratory syndrome (SARS)**

Two papers confirm substantial psychological impact of the epidemic of SARS in Hong Kong. In patients who survived and were studied one month or more after discharge from hospital, Cheng *et al.* (pp. 1187–1195) found three negative appraisal factors, of survival threat, physical impact and social impact, associated with substantial levels of anxiety and depressive symptoms. In frontline healthcare workers Tam *et al.* (pp. 1197–1204) found high levels of stress and distress.

### **Trauma**

Two studies concern consequences of trauma. Breslau *et al.* (pp. 1205–1214) report on work impairment and social impairment in partial PTSD and find them considerably less than in full PTSD. These results are important in establishing the threshold for major disorder as opposed to sub-threshold phenomena. Dalgleish (pp. 1215–1225) reports four studies of counterfactual thinking in trauma survivors and controls which show this process of generating alternative scenarios to be very common following trauma.

### **Genetic and environmental effects in substance use, panic and gambling**

A substantial group of six studies concern genetic and environmental causation, mainly from twin studies. Agrawal *et al.* (pp. 1227–1237) report on cannabis use and subsequent use of other drugs, finding the two strongly associated in individuals and also significant twin associations, largely due to correlated genetic and environmental influences. Lyons *et al.* (pp. 1239–1250) in a twin study seeking long-term residual effects of marijuana use on cognition, find little difference between previous marijuana using twins and their co-twins, suggesting that cognitive deficits which have been

reported are due to genetic vulnerability preceding drug use, rather than to effects of the drug. Maes *et al.* (pp. 1251–1261) examine the progression from tobacco initiation to nicotine dependence and find the genetic factors overlap. From the same research group Kendler *et al.* (pp. 1263–1269) find that, unlike in alcoholism, heritability of cigarette smoking in women decreases with higher family dysfunction in family of origin. Reichborn-Kjennerud *et al.* (pp. 1271–1277), in Norwegian twins, find that panic disorder and smoking have little in common genetically, but identical shared environmental factors. In a family study Oei & Raylu (pp. 1279–1288) find parents and offspring gambling cognitions and behaviours associated, with the link to offspring behaviour occurring via offspring cognitions.

### **Cytokines and acute illness behaviour**

A single paper deals with effects of cytokines on acute sickness. Studying subjects with Q fever and with Epstein–Barr virus infections, Vollmer-Conna *et al.* (pp. 1289–1297) show levels of IL-1 $\beta$  and IL-6 released from mononuclear cell cultures consistently correlated with manifestations of acute sickness behaviour including fever, malaise, pain, fatigue, mood and poor concentration.

### **Depression**

Three papers report studies of depression. From the major STAR\*D study Fava *et al.* (pp. 1299–1308) report on the detailed patterns shown by subjects with anxious depression, who comprised 46% of their sample. In a longitudinal cohort study, Franko *et al.* (pp. 1319–1330) find adverse life events at age 16 years to predict depression at 18 and at 21 years, in both black and white girls. Donaldson & Lam (pp. 1309–1318) report less effective problem solving in depressed patients with higher trait rumination, which may have implications for treatment approaches in depression related to adverse life events in such patients. In a further paper, related to depression, Duberstein *et al.* (pp. 1331–1337) confirm that the association between suicide and poor social integration is robust, in that it persists after adjustment for presence of mental illness and unemployment.

### **Developmental and intellectual disorders**

Lauritsen *et al.* (pp. 1339–1346) report on prevalence and incidence of childhood autism, atypical autism Asperger's disorder, and other pervasive developmental disorder in children under the age of 10 years in Denmark. They find increased rates in the 1990s, probably explained by changes in registration procedures and awareness of the disorders, although a true increase cannot be ruled out. Murphy & O'Callaghan (pp. 1347–1357) report on the sexual knowledge and vulnerability to abuse of adults with intellectual disability, and find deficiencies in knowledge and vulnerabilities to abuse in some, compared with young adults without disability, which are cause for concern.