

## Highlights of this issue

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### IMPROVING ATTACHMENT

Maternal depression and social adversity have a deleterious impact on the quality of the mother–infant relationship. Infants from poor communities in the developing world are especially vulnerable. Cooper *et al* (pp. 76–81) report the results of a pilot study in which a group of unqualified community workers were trained to deliver an intervention to mothers and infants in South Africa. This intervention aimed to provide the mother with emotional support and to encourage her in sensitive, responsive interactions with her infant. Assessment at 6 months showed no reliable impact of the intervention on maternal mood. However, compared with a sample of matched neighbourhood controls, the quality of the mother–infant engagement was rated as significantly more positive for those who received the intervention. The findings of this pilot study are promising and are now being assessed in a controlled clinical trial.

### NEW RATING SCALES

Those interested in rating scales and their development have much to savour in this month's *Journal*. A new scale, the Signs and Symptoms of Psychotic Illness (SSPI) (Liddle *et al*, 45–50), assesses psychotic symptoms. Roy *et al* (pp. 61–66; 67–70) present the adapted Health of the Nation Outcomes Scales for People with Learning Disabilities (HoNOS-LD), and Evans *et al* (pp. 51–60) provide reliability and validity data on the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-

OM), which is designed to assess the efficacy and effectiveness of psychological therapies.

### TWIN STUDIES: SCHIZOPHRENIA

Previous work has, surprisingly, suggested no genetic effect for the nuclear syndrome of schizophrenia (based on the presence of one or more first-rank symptoms). Cardno *et al* (pp. 35–38) examine this issue in the Maudsley twin register. The concordance rate for the nuclear syndrome was found to be 27% for monozygotic twins and 0% for dizygotic twins, suggesting substantial heritability (71%) in this sample.

### ... AND CHRONIC FATIGUE SYNDROME

In another twin study, Roy-Byrne *et al* (pp. 29–34) investigate whether the association between chronic fatigue syndrome and psychological distress is causal or due to a common genetic or environmental factor. Results suggest that the relationship between chronic fatigue and psychological distress appears to be largely environmental in origin, although the direction of causality is unclear.

### SEROTONIN FUNCTION IN MAJOR DEPRESSION

Serotonin (5-HT) neurotransmission appears to be impaired in unmedicated patients with depression but it is unclear whether this abnormality persists following clinical recovery. Bhagwagar *et al* (pp. 24–28) use

the endocrine response to the selective 5-HT reuptake inhibitor citalopram to study brain 5-HT function in subjects with acute and recovered depression relative to healthy controls. Results presented suggest that some aspects of 5-HT neurotransmission may be trait markers of vulnerability to depression.

### BEYOND THE 'BEST EVIDENCE'

It is clear that mental health policy will continue to be made in the absence of clear evidence from randomised controlled trials and meta-analyses. This may not necessarily be a disadvantage, argue Williams & Garner (pp. 8–12), who worry that excessive reliance on evidence-based approaches neglects the psychosocial aspects of medicine, and urge the use of holistic approaches. The recent growth in high-quality user-led research is highlighted by Faulkner & Thomas (pp. 1–3), who believe that a marriage between user-led and professional research is an essential ingredient of the best-quality mental health care. Gilbody & Whitty (pp. 13–18) review the strengths and weaknesses of different study designs available for evaluation of mental health services.

### DELIRIUM – PERSONAL REFLECTIONS

Many clinicians regret the demise of the case report, one of the casualties of evidence-based medicine. Fleming (pp. 4–5) points out that to understand the phenomenology of delirium we need to understand the relationship between the subjective experience at the time of the episode and the person's memory of what happened. This month, a distinguished former Editor of the *Journal* (Crammer, pp. 71–75) does just that by bravely reporting his subjective experience of an episode of delirium due to renal failure, from notes he made immediately afterwards.