

IN THIS ISSUE

This issue contains three reviews, one on SSRI use in late pregnancy, one on dimensional approaches to psychiatric diagnoses, and one on resource utilization in the short-term management of deliberate self-harm (DSH). Other sets of papers examine various aspects of substance use and dependence, depression, and suicide, and two individual papers examine further topics.

Reviews

In the first review, Austin (pp. 1663–1670) examines the evidence linking SSRI use in late pregnancy (third trimester) and adverse neonatal effects on the child. The evidence demonstrates that exposure to SSRIs in pregnancy may be associated with adverse effects, but that these tend to be mild and short lived. Further, this evidence, Austin argues, is methodologically limited, particularly with regard to controlling for potential confounders. Consequently, Austin concludes, decisions about continuing SSRIs in late pregnancy need to be based on an assessment of the relative risks of relapse of depression in the mother and adverse effects in the child.

In the second review paper, Helzer *et al.* (pp. 1671–1680) examine the relative advantages and disadvantages of categorical and dimensional approaches to conceptualizing mental disorders. They argue that the current literature supports the inclusion of dimensional components to DSM and ICD taxonomies in upcoming revisions alongside categories. The authors conclude with a set of proposals for achieving this.

In the final review, Sinclair *et al.* (pp. 1681–1693) present findings from a systematic review of studies of health service use and costs involved in the short-term management of DSH. From a total of 17 studies, the authors found evidence that health service use and costs are increased by both clinical (demand) and service provision (supply) factors, including use of tricyclic antidepressants in self-poisoning and provision of specialist liaison services.

Substance use and dependence

This issue contains three papers on aspects of substance use and dependence. In the first, Hasin *et al.* (pp. 1695–1705) used data from two large national surveys in the US to investigate the validity of DSM-IV alcohol dependence as a dimensional phenomenon. Using three validating variables (family alcoholism, early-onset drinking, alcohol treatment), the authors found no evidence for clear boundaries between categories of alcohol use. The authors conclude that a dimensional alcohol dependence indicator may be more useful than categories, at least for research purposes.

D'Argebeau *et al.* (pp. 1707–1715) examined autobiographical memory recall in a group of 20 non-amnesic alcohol-dependent patients and 20 matched controls. They found that patients recalled specific memories less frequently, and general memories more frequently, than controls. The authors conclude that such differences in accessing specific memories may result from changes in frontal lobe function associated with alcohol dependence.

Kendler *et al.* (pp. 1717–1725) used data from the population-based Virginia Twin Register to investigate the relationship between caffeine consumption, at different levels of use and abuse, and risk of a number of internalizing and externalizing disorders. They found that caffeine use at each level was associated with an increased risk of all disorders considered, particularly generalized anxiety disorder. Further analyses of MZ twins only showed much reduced associations, which the authors interpret as suggesting the associations between caffeine and mental disorder are unlikely to be primarily causal.

Depression

Two further papers examine aspects of depression. Miyake *et al.* (pp. 1727–1735) investigated the impact of consumption of selected high fat foods and specific types of fatty acid on risk of postpartum depression in 865 women drawn from the Osaka Maternal Child Health Study. In

contrast to some previous studies, the authors found no evidence of a clear dose–response relationship between increasing intake of high fat foods and fatty acids and decreasing risk of postpartum depression.

Christensen *et al.* (pp. 1737–1746) conducted an online randomized controlled trial of six forms of brief and full cognitive behavioural therapy (CBT) to explore the factors that influence the effectiveness and retention of users in such programmes on open access websites. A total of 2794 users elected to be randomized. The authors found that extended CBT (with or without behavioural strategies added) was more effective than brief CBT. However, the authors caution that there is a need for strategies to be developed that reduce drop-out rates for such longer term online therapies.

Suicide

This issue contains four papers on aspects of suicide. In the first, Borges *et al.* (pp. 1747–1757) used data on 5692 subjects drawn from the National Comorbidity Survey Replication to develop a risk index for 12-month suicide attempts. The authors did this by, first, investigating the socio-demographic and clinical correlates of suicide attempts, and, second, using the strongest predictors of suicide attempts (including a prior history of attempts and parental mental disorder) to construct an index. In the final index, which distinguished four levels of risk (very low to very high), the very-high risk group accounted for 67% of suicide attempts.

Liu *et al.* (pp. 1759–1767) investigated the prevalence and correlates of suicidal ideation and behaviour in a sample of 2015 community participants aged 20–59 in Hong Kong. The authors found that 6.0% had considered suicide in the past year and 1.4% had made an attempt, although only 0.1% required medical attention. Correlates of suicidal ideation in the previous year included stressful events (e.g. relationship break-up) and psychological variables (e.g. reason for living).

Enns *et al.* (pp. 1769–1778) examined the relationship between a number of childhood adversities and risk of suicidal ideation and suicide attempts over a 3-year period using data from the Netherlands Mental Health Survey and Incidence Study. The annual incidence of suicidal ideation was 0.67% and that of suicide attempts was 0.28%. Childhood neglect, psychological abuse, and physical abuse were strongly associated with both ideation and attempts. Sexual abuse was not associated with either of these outcomes, but further analyses suggested that this may be due to an earlier onset of suicidal behaviour in those with a history of sexual abuse, which would have excluded many from the study.

In the final paper on suicide, Keilp *et al.* (pp. 1779–1788) investigated the relationship between impulsiveness, hostility and aggressiveness and suicide attempts in a group of 275 subjects with major depressive disorder (MDD), focusing specifically on whether any observed relationships were independent of co-morbid borderline personality disorder (BPD). When stratified by BPD status, only aggressiveness distinguished suicide attempters from non-attempters. The authors conclude that the failure of previous research to control for co-morbid BPD may have overestimated the role of impulsiveness and hostility in predicting suicide attempts in those with MDD.

Other topics

This issue concludes with two papers examining aspects of autism spectrum disorders (ASD) and bipolar disorder (BP). Rogers *et al.* (pp. 1789–1798) examined questions concerning possible overlaps with anti-social behaviour and ASD in a sample of 28 boys with ASD. The authors found no evidence that anti-social traits were related to severity of ASD or to cognitive deficits characteristic of ASD. They conclude that anti-social traits should not be considered part and parcel of ASD, but that they can co-occur in ASD and should be the focus of distinct assessment and intervention.

Summers *et al.* (pp. 1799–1809) investigated cognition and emotion processing in a group of 36 patients with BP (25 BP I, 11 BP II). They found that BP subjects were impaired compared with published norms on a range of memory, naming and executive measures, and in surprise recognition. BP II subjects performed worse than BP I subjects across a range of memory and executive functions. The authors suggest that this may indicate depressive episodes have more detrimental and lasting effects on cognition than manic episodes.

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