

Highlights of this issue

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PSYCHIATRIC RESEARCH IN THE 'REST OF THE WORLD'

In a review of 2902 articles published in six high-impact psychiatric journals, Patel & Sumathipala (pp. 406–409) report that only 6% of papers derived from non Euro-American societies. With recent reports underlining the importance of an evidence base to influence health policy and practice for mental health in developing countries, the finding that only 11 articles (0.003%) described trials or intervention research in these regions is concerning. The three European journals, including the *British Journal of Psychiatry*, were far ahead of the three American journals in their international representation. The authors suggest that these journals should be the preferred ones for mental health professionals in Asia, Africa, Latin America and Eastern Europe.

PSYCHOSIS . . . PREDICTION IN CHILDREN

The ideal population in which to develop knowledge of childhood endophenotypes, is children who are known for certain to be at risk of the disorder (Skuse, pp. 395–396). In the absence of a genetic test, the next best solution is the use of childhood data in patients who present with the disease in adulthood. Using this method, in a sample of children attending a child psychiatric clinic, Cannon *et al* (pp. 420–426) found different premorbid precursors for schizophrenia and for affective psychosis. Children who later developed schizophrenia were significantly more likely to exhibit abnormal suspiciousness or sensitivity, have relationship difficulties and a history of previous psychological treatment. In contrast, affective psychosis was associated with childhood hysterical symptoms and disturbances in eating.

. . . IN MOTHERS

Nearly two-thirds of women with psychosis are mothers. Analysing data from the PRISM Psychosis Study, Howard *et al* (pp. 427–432) found that women with children were not clinically different from those without, in levels of disability and overall needs. Ten per cent had a history of having a child in the care of social services.

. . . AND COSTS

Byford *et al* (pp. 441–447) report that social services provide over a quarter of the costs for caring for patients with chronic psychosis. High costs were predicted by being young, single, having a longer duration of illness and having been more dependent on supported accommodation and psychiatric in-patient care in the past. Diagnosis was not found to be an independent predictor of costs. Nor was it found to be associated with aggression in Milton *et al*'s study (pp. 433–440) of 168 patients with first-episode psychosis. Nearly 10% of this group demonstrated serious aggression and 24% lesser acts of aggression. This study confirms the association between violence and substance misuse. It supports the claim that delusions, and, in particular, threat-control-override symptoms, may not specifically distinguish individuals who display aggression.

DEPLETING TRYPTOPHAN – ELEVATING DEPRESSION

Bell *et al* (pp. 399–405) review the evolution of the technique of tryptophan depletion and its current status as a tool for investigating psychiatric disorders. Despite decreasing serotonin in all groups, rapid tryptophan depletion (RTD) induces a transient relapse of depressive symptoms

in only 50% of recently remitted patients treated with selective serotonin reuptake inhibitors. Yatham *et al* (pp. 448–453) report that RTD resulted in a significant decrease in brain 5-HT₂ receptor binding in various cortical regions (using PET and ¹⁸F-labelled setoperone in healthy women) but it had no significant effects on mood. Taken with the evidence that antidepressant treatment is associated with a decrease in brain 5-HT₂ receptors, these findings suggest that a decrease in 5-HT₂ binding following RTD might be an adaptive response that provides protection against depressive symptoms.

MRI IN VCFS (22Q11)

In the first study to use quantitative MRI in adults with velo-cardio-facial syndrome, those with a deletion at chromosome 22q11 had differences in brain anatomy compared with people of a similar intellectual level. It is suggested that these abnormalities most likely reflect abnormal early brain development, and may partially explain the cognitive profile and neuro-psychiatric problems seen in people with this syndrome (van Amelsvoort *et al*, pp. 412–419).

SUICIDE MORE OR LESS

Linsley *et al* (pp. 465–468) recommend that open verdicts be included in suicide research after excluding cases in which suicide was unlikely. Comparing all cases of open and suicide verdicts recorded in the Newcastle Coroner's Court between 1985 and 1994, the two were found to be largely similar. Discriminating factors included leaving a note and method used. Schapira *et al* (pp. 458–464) extend this study and compare suicide rates and methods over two periods (1961–1965 and 1985–1994). A dramatic fall was found in the rate for women, and a modest decline in that for men, despite social and demographic changes that should adversely affect rates. Reduced exposure to lethal methods was responsible for the fall in rate in both genders. Less optimistic is the substantial increase in the suicide rate between the 1970s and the 1990s for males aged 15–19 in England and Wales reported by McClure (pp. 469–474).