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Editors' Preface

M. T. ABOU-SALEH and V. FILIP

Psychopharmacology has revolutionised the practice of psychiatry and continues to evolve with developments in psychiatric nosology. It has provided the bridge for elucidating the biology of psychiatric disorders and has refined diagnostic distinctions with the introduction of highly specific agents such as lithium. Prediction in psychopharmacology has enhanced the clinical validity of psychiatric syndromes and has contributed to the delineation of meaningful subgroups, with implications for clinical practice.

This supplement encompasses selected papers presented at the Satellite Symposium on Prediction in Psychopharmacology organised by the Czech and Slovak Psychopharmacological Societies in collaboration with the Collegium Internationale Neuropsychopharmacologicum (the XVIIIth Congress). The Symposium was held in Prague on 24–27 June 1992.

The study by Professor W. Gaebel and colleagues from the Free University of Berlin addresses the value of prodromal symptoms for prediction of outcome in schizophrenia in the context of a study of the efficacy of maintenance treatment in comparison with crisis-intervention neuroleptic treatment. The study showed that maintenance treatment was the more effective of the two. Prodromal symptoms, however, failed to predict relapse and the most powerful predictor remains the continuation of neuroleptic medication. Dr J. Schröder and colleagues from the University of Heidelberg investigated early treatment response in relation to variables on computerised tomography (CT) brain scan in schizophrenic patients and report a significant association between CT abnormalities in different brain regions and poor response to treatment.

Lithium therapy is next, starting with the paper by Professor P. Grof and his colleagues from Hamilton in Canada on the challenge of predicting response to stabilising lithium treatment. Lithium has fallen victim to its own success: its established efficacy in the acute and the long-term management of bipolar illness has encouraged its use in other related conditions, loading the dice against it. Professor Grof and his colleagues argue for more careful selection of patients for lithium therapy and offer a number of clinical predictors of response derived from their own studies. Continuing with the same theme, the first editor (M. T. Abou-Saleh) offers an overview of predictors of response to prophylactic lithium, including clinical, psychological and biological predictors based on a series of studies undertaken in the setting of lithium clinics in Edinburgh and Epsom. It is shown that, within the spectrum of recurrent affective disorders, a number of subgroups could be identified with a differential response to lithium, including endogenous/psychotic unipolar depression, familial depression, and disorders associated with personality dysfunction. The most powerful predictor of response to prophylactic lithium is, however, an empirical one: a trial of lithium for six months appears to predict long-term response. Dr B. Ahrens and the Berlin University group offer an important contribution on the necessary length of treatment for predicting suicidal behaviour during lithium prophylaxis based on data obtained from lithium clinics in Berlin and Hamilton in Canada. The results indicate that a minimum of two years of continuous lithium therapy is needed to predict a reduction in mortality.

Dr F. M. Quitkin and the Columbia University group in New York have identified a subgroup of depressive patients with superior response to monoamine oxidase inhibitor (MAOI) compared with tricyclic antidepressants (TCAs) or placebo. Their definition of atypical depression with features of hyperphagia, hypersomnia, leaden paralysis and rejection sensitivity is validated by this differential response to phenelzine supporting the heuristic relevance of the distinction between MAOIs and TCAs.

Dr V. Filip and his colleagues from the Prague Psychiatric Centre address the role of efficacy measures in prediction in the context of a trial of levoprotiline and maprotiline.

Prediction of multiple drug abuse is approached by the study of drug–drug interactions in two trials involving cocaine coadministered with alcohol and buprenorphine carried out by Dr P. Mannelli and colleagues from Rome, which shows the potential of the model for the study of the complexity of the 'street environment'.

Finally, Professor C. Höschl from the Prague Psychiatric Centre offers a critique of the concept of prediction and depicts its different conceptions – the tautological, the heuristic, the logical and the irrelevant – applied to a large number of predictor variables derived from recent studies. His note is a positive one: prediction studies generate new hypotheses or falsify old ones.

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