

Highlights of this issue

BY MARY CANNON

THE MEDIA AND EATING DISORDERS

Television was introduced to the islands of Fiji only in 1995. A unique naturalistic experiment by Becker *et al* (pp. 509–514) in this ‘media-naïve’ population found that 3 years’ exposure to television was associated with a dramatic increase in disordered eating attitudes and behaviour among adolescent girls. The impact of television was particularly powerful given the long-standing traditional preference for good appetites and robust body size in Fijian society. Crisp (pp. 480–482) notes that, despite attempted weight-loss tactics, the body mass index was actually higher in the (presumably sedentary) television-exposed group.

SHOULD WE WORRY ABOUT ANXIETY IN PREGNANCY?

Animal studies suggest that maternal stress can have long-term effects on offspring. In one of the few human studies on this topic, O’Connor *et al* (pp. 502–508) show that maternal anxiety in late pregnancy significantly increases the risk for behavioural and emotional problems in children at age 4 years. These findings persist even when controlled for postnatal anxiety and depression. In an accompanying editorial, Oates (pp. 478–479) wonders about the practical applications of this finding.

BRIEF CBT FOR PSYCHOSIS

Cognitive-behavioural therapy (CBT) appears to be beneficial in the treatment of schizophrenia but its cost-effectiveness has been questioned. Turkington *et al* (pp. 523–527) report improvements in measures of symptoms, insight and depression among patients with schizophrenia after just six sessions of CBT. This intervention was administered by community psychiatric nurses with only 10 days of intensive training. It is encouraging that such a brief intervention can produce clinically detectable effects, although it remains to be seen whether these effects are durable.

BACK TO BENZODIAZEPINES

Since the ‘demise’ of droperidol, there has been a gap in our armamentarium for rapid tranquillisation. McAllister-Williams & Ferrier (pp. 485–489) recommend that, while we await the arrival of intramuscular formulations of atypical antipsychotics, this gap is best filled by an increased use of benzodiazepines.

RACISM AND MENTAL ILLNESS

Racism in the UK has been a particularly topical issue since the MacPherson report into the death of Stephen Lawrence. Chakraborty & McKenzie (pp. 475–477) discuss the research linking racial discrimination to mental illness. They conclude that, despite its potential importance for

public health interventions, there is little rigorous scientific work supporting such an association at present.

THIORIDAZINE AND SUDDEN DEATH

Sudden death has been linked to anti-psychotic therapy. Reilly *et al* (pp. 515–522) surveyed all deaths among psychiatric in-patients between 1984 and 1995 in five large hospitals in the north-east of England and found that only thioridazine appeared to increase the risk of sudden death. Ray & Meador (pp. 483–484) suggest that the story is not so ‘neat’, as the study did not have sufficient power to examine other antipsychotics.

VIOLENCE AND SCHIZOPHRENIA

Is there an association between violence and schizophrenia? Walsh *et al* (pp. 490–495) review the evidence and conclude that such a relationship does exist although it accounts for only a small proportion of violence in society as a whole. Cannon *et al* (pp. 496–501) ask the question: do birth complications or childhood developmental problems increase the risk for criminality or violence in schizophrenia? The answer is basically ‘no’, although childhood attentional problems may be a risk factor.

PERSONALITY DISORDER IN BALTIMORE

A survey of 742 individuals residing in Baltimore, Maryland, shows that 9% suffer from a DSM-IV personality disorder. Rather worryingly, Samels *et al* (pp. 540–546) find that 4% of the sample fulfill criteria for antisocial personality disorder (ASPD) – a much higher rate than in previous community surveys. Either rates of ASPD are increasing rapidly over time or Baltimore is a particularly dangerous place to live!