

From the Editor's desk

PETER TYRER

LEAVING THE TRAMLINES

All good research challenges existing orthodoxies and there are several papers in this issue that illustrate this well. Many years ago I had a patient under my care who had been diagnosed with breast cancer and who also developed schizophrenia round about the same time. Whenever I saw her I was concerned about her apparent indifference to her cancer, while she was equally concerned about my indifference to her fixed delusion that she was about to be murdered. I took my concerns to her surgeon; he was openly flabbergasted that she was still alive as her cancer was inoperable when he first saw her six years earlier. 'You and your colleagues must do some research on this; there must be something in schizophrenia that protects people against cancer', he told me with some feeling. The neurodevelopmental genetic hypothesis suggested by Levav *et al* (pp. 156–161) may have been close to the sort of thing he had in mind. The association between diet, serum lipids and self-harm is even more counter-intuitive but the studies by Garland *et al* (pp. 112–117) and Hallahan *et al* (pp. 118–122) suggest that it should be taken very seriously. In an era in which everyone is being exhorted to lower their cholesterol intake to protect against cardiovascular disease it is salutary to be reminded that there may be problems in having lower levels of both cholesterol and essential fatty acids – and it also helps to justify my penchant for chocolate éclairs. The finding of reduced self-harm in those treated with omega-3 fatty acid supplements (we do need a shorter identifying name for these additives – why not fish fats?) is a striking one but the sample is small and replication is needed (Hallahan *et al*, pp. 118–122). Ireland is known for both its export of fish and low domestic fish consumption (Fleming *et al*, 1997) and it would be interesting to know whether there is, as Peet (2004) alleges for depression,

variation in figures for self-harm across countries with different fish consumptions.

Diet also features in the recommendations in the paper from Howard *et al* (pp. 129–134) showing that hip fractures are more common in those with schizophrenia and those taking prolactin-raising antipsychotic drugs. The authors' suggestion for screening for osteoporosis and other health checks in schizophrenia echoes the need to keep both the regulatory policies for treatment (Barbui & Garattini, pp. 91–93) and the medical needs of those with severe mental illness (Osborn *et al*, 2006) under constant review. The tramlines imposed by specialist requirements can be a handicap for those with mental illness in medical settings too; the low rate of treatment adequacy for common mental disorders is a disturbing European statistic (Fernández *et al*, pp. 172–173).

So do not too get stuck in those familiar grooves. Break out into novelty. Perhaps it is no accident that those great tramline leavers, the Irish, have three papers in this issue – this illustrates the lofty position Ireland holds in the international psychiatry stakes (Marusic, 2004). How do they manage to do this while eating hardly any fish?

CONSEQUENCES OF PUBLICATION IN THE BRITISH JOURNAL OF PSYCHIATRY

It is often assumed that the authors of original research papers attain their peak self-esteem when their work is recognised by the world. This was put to me most vividly by a colleague who told me the nearest he had ever come to ecstasy was when he received a letter from the *Archives of General Psychiatry* saying that his paper had been accepted for publication. I gave him a moment or two to allow a change of name to the *British Journal of Psychiatry* but he stayed silent – perhaps this was the next challenge. To determine the high points of publication, we have been asking

our authors to let us have details of the consequences of appearance of their papers in the *Journal*; we thank them for their continuing feedback. What is extremely encouraging is the international impact of publication, with so many papers leading to new links between researchers, including a very interesting one between Africa and Iran (Assadi *et al*, 2006). The publication by Dean *et al* (2006) led to a conference on female offenders, the replication of the gene–environment interaction with the serotonin transporter gene in depression led to reports in *Time* magazine and a nationwide shortage of reprints (Wilhelm *et al*, 2006), and the paper by Smit *et al* (2006) was a core one in helping to develop a Policy White Paper in The Netherlands, where both the evidence of health and economic gain of preventing depression are being embraced by the government in a forthcoming health initiative. There was so much media interest in the paper on month of birth in suicide (Salib & Cortina-Borja, 2006) that the senior author became quite overwhelmed, ending his letter 'I have published a number of papers in BJP over that last 20 years, the last one is very special'. Now this is getting quite close to ecstasy too, and I suspect fish fats are not the reason.

Assadi, S. M., Noroozian, M., Pakravannejad, M., et al (2006) Psychiatric morbidity among sentenced prisoners: prevalence study in Iran. *British Journal of Psychiatry*, **188**, 159–164.

Dean, K., Walsh, E., Moran, P., et al (2006) Violence in women with psychosis in the community: prospective study. *British Journal of Psychiatry*, **188**, 264–270.

Fleming, S., Kelleher, C. & O'Connor, M. (1997) Eating patterns and factors influencing likely change in the workplace in Ireland. *Health Promotion International*, **12**, 187–196.

Marusic, A. (2004) Mental health in the enlarged European Union: need for relevant public mental health action. *British Journal of Psychiatry*, **184**, 450–451.

Osborn, D. P. J., Nazareth, I. & King, M. B. (2006) Risk for coronary heart disease in people with severe mental illness. Cross-sectional comparative study in primary care. *British Journal of Psychiatry*, **188**, 271–277.

Peet, M. (2004) International variations in the outcome of schizophrenia and the prevalence of depression in relation to national dietary practices: an ecological analysis. *British Journal of Psychiatry*, **184**, 404–408.

Salib, E. & Cortina-Borja, M. (2006) Effect of month of birth on the risk of suicide. *British Journal of Psychiatry*, **188**, 416–422.

Smit, F., Willemsse, G., Koopmanschap, M., et al (2006) Cost-effectiveness of preventing depression in primary care patients. Randomised trial. *British Journal of Psychiatry*, **188**, 330–336.

Wilhelm, K., Mitchell, P. B., Niven, H., et al (2006) Life events, first depression onset and the serotonin transporter gene. *British Journal of Psychiatry*, **188**, 210–215.