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HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on genetics, long-term outcome of depression, fatigue syndromes and somatization, and the neuropsychology of schizophrenia, autism and obsessive–compulsive disorder.

Genetics. In the lead editorial (pp. 763–768) Kenneth Kendler reviews five genetic studies in this issue and related literature. Two of the studies involve molecular genetics. Pooley *et al*. (pp. 775–783) report association of an allele of the tryptophan hydroxylase gene with deliberate self-harm. Extending earlier work, Johannson *et al*. (pp. 785–792) find modest evidence of association between serotonin transporter promoter repeat length and seasonality of mood. Three studies involve genetic epidemiology, all using twin studies. Rijsdijk and colleagues (pp. 793–801) find substantial heritability for scores on the General Health Questionnaire, a commonly used measure of milder psychiatric symptoms. Linney *et al*. (pp. 803–816) find also find considerable heritability of self-reported schizotypal personality traits. Kendler *et al*. (pp. 817–825) report a study seeking evidence that family dysfunction moderates the impact of genetic factors on personality neuroticism. They find no evidence of this, but instead a combination of genetic effects and environmental effects due to unique environment.

Outcome of depression. Successful long-term treatment of depression still remains a problem. Two follow-up studies report on long-term outcome. Kennedy *et al*. (pp. 827–838) report a 10 year follow-up. Comparing with earlier reports from similar studies, they find that the problem remains: recurrence rates are still very much the same in spite of modern treatment, although social outcome may possibly be better. Kanai *et al*. (pp. 839–845) report a 6 year follow-up of a milder sample of first episode major depressives. Even in this better prognosis sample, 42% had experienced a recurrence within 5 years of recovery and only 35% were free of subthreshold symptoms. An accompanying editorial (pp. 769–774) by Alan Lee, author of an earlier seminal follow-up study, discusses these papers and their implications.

Fatigue syndromes and somatic symptoms. Two follow-up reports concern fatigue. In a prospective study over 1 year of patients with infectious mononucleosis, Candy *et al*. (pp. 847–855) find fatigue up to 3 months predicted by increased baseline levels of immune activation, and at later points by female gender, illness perceptions and a symptom-disability factor. Skapinakis *et al*. (pp. 857–866) from a large WHO study in 14 countries examine 1 year outcome of unexplained fatigue in general practice and find it persistent in only a relatively small proportion of 20–30% of patients, with predictors comprising fatigue severity and psychiatric morbidity, and no differences between countries at different stages of economic development. In related papers Sheehan *et al*. (pp. 867–877) find somatization common in primary care attenders aged over 65, with similar correlates to younger somatizers, and Goodwin & Eaton (pp. 879–885) report on co-occurrence of asthma and panic attacks in the community.

Neuropsychology of psychiatric disorders. Four papers involve neuropsychology. Green *et al*. (pp. 887–895) report on forward and backward masking in schizophrenia and effects of age. Corcoran & Frith (pp. 897–905) find that subjects with schizophrenia show impaired performance on theory of mind, autobiographical memory and logical memory tasks, with significant relationships between the first two. Bölte & Poustka (pp. 907–915) find poorer facial recognition in autistic subjects and their relatives than in schizophrenic subjects and their relatives, with a tendency to more impairment in multiplex than simplex families with autistic loading. Nielen & Den Boer (pp. 917–925) find impairments in planning ability, spatial memory and motor speed in subjects with OCD to persist after symptomatic improvement, suggesting trait phenomena.