

Highlights of this issue

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ST JOHN'S WORT

St John's wort extracts have long been used to treat depression. Previous systematic reviews concluding that such extracts are more effective than placebo and comparable to the older antidepressants were criticised for including people with mild symptoms who did not meet the criteria for major depression. Linde *et al* (pp. 99–107) have updated their Cochrane review paying particular attention to factors that might explain conflicting results, such as type and severity of depression and trial size. This review suggests that in patients with major depression *Hypericum* has minimal benefits compared with placebo, whereas trials not restricted to patients with major depression suggest that *Hypericum* and standard antidepressants have similar beneficial effects. However, difficulties in trials are multiple and the authors conclude that the evidence is far from definitive; further trials are needed comparing specific extracts with placebo and with standard synthetic antidepressants in clearly defined patient populations with and without major depression

22q11 DELETION SYNDROME AND DEVELOPMENT

Schizophrenia is a late manifestation in approximately 30% of people with micro-deletions at chromosome 22q11.2. Schizophrenia in people with 22q11 deletion syndrome has been shown not to differ from idiopathic schizophrenia in age of onset, symptom profile and medication response. Baker & Skuse (pp. 115–120) show that schizotypal phenomena similar to those observed in association with psychosis risk in the general population affect up to half of adolescents with 22q11 deletion syndrome. Findings imply that there is a continuum of developmental disruption in this syndrome associated with declining mental health in

early adulthood. The authors propose that strategies for the early identification of psychosis and the provision of prophylactic treatment to those in the general population may be applicable to individuals with this syndrome.

EXISTENTIAL NEEDS AND SOCIAL STIGMA

The most widely used needs assessment instruments in psychiatry give weight to factors regarded as important to professionals and in some cases carers but lack the perspective of the patient. Using a focus group approach in Brazil, Wagner & King (pp. 141–145) found that many expressed needs of patients could not be categorised into the domains of social well-being or health; rather, they involved the experiences of fear, questioning and search for meaning. These 'existential' needs were found to be of the greatest concern to patients and took precedence over more basic needs for housing and daily occupation. Lee *et al* (pp. 153–157), again using a focus group approach, found actual and anticipated interpersonal stigma experiences were substantially more common among people with schizophrenia than among those with diabetes.

BIPOLAR DISORDER – INCIDENCE AND OUTCOME

Epidemiological studies on bipolar disorder have been lacking in the literature over the past 20 years compared with those on schizophrenia and depression. Studying three areas in the UK, Lloyd *et al* (pp. 126–131) found incidence rates in the combined Black and minority ethnic groups to be significantly higher than those in the comparison White groups in all three areas. Incidence rates were similar for men and women but were higher in south London than in either Nottingham or Bristol. The results imply the need for greater public

health initiatives and clinical resources to be directed toward the care of patients from minority ethnic groups in the UK. Garno *et al* (pp. 121–125) retrospectively assessed childhood trauma in 100 adults with bipolar disorder and found half to have suffered such problems, with multiple forms occurring in one third. Childhood sexual abuse was linked to increased risk of suicide, warranting its assessment in routine screening for suicide risk factors. Distinct negative impacts on clinical outcome were associated with childhood physical, sexual or emotional abuse histories and the evidence suggested extensive suicidality, rapid cycling and possible comorbid substance misuse related to multiple forms of childhood abuse.

CHILDHOOD PREDICTORS OF ADULT DISORDERS

As part of the Helsinki High-Risk Study, Niemi *et al* (pp. 108–114) compared the development of high-risk and control group children to investigate factors that predict future psychiatric disorders. Childhood development of the high-risk offspring was found to differ from that of controls, and several developmental problems recognised in primary care predicted future development of psychiatric disorder. Severe neurological symptoms and preschool problems in social adjustment predicted the development of schizophrenia-spectrum disorders. In contrast, school-age emotional symptoms and problems in social adjustment were strongly predictive of substance-related, mood and personality disorders.

DID PRINCESS DIANA AFFECT BULIMIA INCIDENCE?

Currin *et al* (pp. 132–135) analysed the annual incidence rates of eating disorders within a primary care setting between 1994 and 2000. The incidence of anorexia remained fairly stable, whereas there was an increase in the incidence of bulimia, but rates declined after a peak in 1996. Various explanations are proposed, including the intense UK press coverage during the 1990s following the publication of *Diana: Her True Story*, which documented her battle with the disease. Identification with a public figure's struggle with bulimia nervosa may have temporarily decreased the shame associated with the illness, and encouraged women to seek help for the first time.