

From the Editor's desk

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TO SAVE, TO CONVERT, TO JUSTIFY

With these words the Archbishop of Chieti opened the 44th Congresso della Società Italiana di Psichiatria in Pescara in October, reminding the audience that the task of the priest or missionary is very similar to the task of the psychiatrist. While I have some reservations about the emphasis on conversion, something Mahatma Gandhi described as 'a fraud on humanity', I none the less could not help being impressed by the commonality between our endeavours. I also think we have a duty to explain and inform even if we cannot carry out any of these more directive endeavours. So proselytising is only one of our tasks, informing our readers about the 'chronomics of suicide and the solar wind' (Cornélissen & Halberg, pp. 567–568) is quite another. Among the articles in the 'save' category in this issue I deliver the following edicts: 'stopping smoking saves lives – and psychiatric morbidity' (Jochelson, pp. 479–480, Patel *et al*, pp. 547–555), and 'those at risk of bulimia will travel – to the countryside' (van Son *et al*, pp. 562–563). For justification what better than 'combination therapy in depression is indeed nice' (Simon *et al*, pp. 494–501), and 'professional judgement of risk is still worthwhile in a world where formal risk assessment tools unfairly reign' (Doyle & Dolan, pp. 520–526). And when it comes to conversion, how pleasing it is to me, as an unashamed 'lumper' in psychiatric classification, to have good lucid arguments for keeping the mood disorders in nosological check as subgroups of internalising disorders (Clark & Watson, pp. 481–483; Fergusson *et al*, pp. 540–546), rather than as independent planets circling round a sun radiating DSM morbidity to all corners of a gullible solar system.

IT'S NOT CRICKET

Cricket is a mysterious and curious game, with a vocabulary and set of rules that flummox those who are unfamiliar. So the batsman who 'makes a score by nicely nurdling past a provocatively placed leg slip' is not indulging in some unusual courtship behaviour but getting runs in a precisely defined part of the field. Cricket also has 'declarations', but these are optional and depend on the captain of one side choosing not to continue batting in the hope they can get a win by bowling the other side out. When rules are complicated people depend heavily on the decisions of arbitrators, umpires in cricket vocabulary, and these people have to be paragons of integrity to interpret the game with confidence. Those who have followed a small problem with international repercussions in the latest cricket series between England and Pakistan will recognise immediately the importance of umpires and their decisions.

'It's not cricket' has now become a judgement that refers to anything that is at, or just beyond, the borderline of acceptable behaviour. It is my task, as one of the umpires of the *British Journal of Psychiatry*, to remind contributors that, unlike cricket, declarations (of interest) are not optional but mandatory for those who contribute papers. The reasons for this have been made clear from analysis of results by origin of papers (Baker *et al*, 2003; Healy & Cattell, 2003), and these are particularly relevant for papers from the drug industry. There is increasing concern that evidence in the selection of drug treatment may be trumped and distorted by less than accurate promotion and local demand (Ito *et al*, 2005; Adams *et al*, 2006) and we need to be constantly reminded of good cost-effective practice (Chisholm *et al*, 2004; Lieberman *et al*, 2005). Thus, declarations of interest in drug studies in the *Journal* have to be

unimpeachably open, transparent and untrammelled, as indeed they normally are in our columns, particularly when dealing with sensitive subjects (e.g. weight gain with that very commonly prescribed drug, olanzapine (Zipursky *et al*, 2005)). Psychiatrists still generally retain the trust and confidence of their multidisciplinary colleagues in their decision-making (Hutschemaekers *et al*, 2005) but we must be sure they are properly informed. Declarations of interest indicate the importance of this requirement, and, despite grumbings to the contrary, are not just pofaced political correctness. Neutrals all want a level playing field, and anyone who has ever played cricket will know the importance of this when bowling on a pitch that is noticeably bent. So we are pleased that Dr Post and his colleagues (Post *et al*, 2006) have remembered this (p. 569), but others also need to be reminded that the word 'forfeit' can apply to games of cricket, scholarly papers (including those that have no drug interest) and, indeed, careers.

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Baker, C. B., Johnsrud, M.T., Crismon, M. L., et al (2003) Quantitative analysis of sponsorship bias in economic studies of antidepressants. *British Journal of Psychiatry*, **183**, 498–506.

Chisholm, D., Sanderson, K., Ayuso-Mateos, J. L., et al (2004) Reducing the global burden of depression. Population-level analysis of intervention cost-effectiveness in 14 world regions. *British Journal of Psychiatry*, **184**, 393–403.

Healy, D. & Cattell, D. (2003) Interface between authorship, industry and science in the domain of therapeutics. *British Journal of Psychiatry*, **183**, 22–27.

Hutschemaekers, G., Tiemens, B. & Kaasenbrood, A. (2005) Roles of psychiatrists and other professionals in mental healthcare. Results of a formal group judgement method among mental health professionals. *British Journal of Psychiatry*, **187**, 173–179.

Ito, H., Koyama, A. & Higuchi, T. (2005) Polypharmacy and excessive dosing: psychiatrists' perceptions of antipsychotic drug prescription. *British Journal of Psychiatry*, **187**, 243–247.

Lieberman, J. A., Stroup, T. S., McEvoy, J. P., et al (2005) Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. *New England Journal of Medicine*, **353**, 1209–1223.

Post, R. M., Altschuler, L. L., Leverich, G. S., et al (2006) Mood switch in bipolar depression: comparison of adjunctive venlafaxine, bupropion and sertraline. *British Journal of Psychiatry*, **189**, 124–131.

Zipursky, R. B., Gu, H., Green, A. I., et al (2005) Course and predictors of weight gain in people with first-episode psychosis treated with olanzapine or haloperidol. *British Journal of Psychiatry*, **187**, 537–543.