

HIGHLIGHTS IN THIS ISSUE

This issue features substantial groups of papers on anxiety disorders and on depression. A review article (pp. 589–599) provides a meta-analysis of antidepressant treatment trials in people with schizophrenia. The authors find suggestive evidence of benefit but this depends on small studies. No evidence is found of psychotic worsening.

Childhood depression. Goodyer *et al.* (pp. 601–610) report a further stage in an influential series of studies into the relationship between depression in adolescents and hormones, life stress and cognitions. They find elevated ratio of cortisol to DHEA at baseline to predict persistence of later depression. An accompanying authoritative editorial by Adrian Angold (pp. 573–581) reviews the series of studies.

Social phobia. Three papers report studies of social phobia. Two deal with assessment. Zaider *et al.* (pp. 611–622) report evidence supporting the validity of the commonly used Clinical Global Impression scale in this context. Newman *et al.* (pp. 623–635) report development and validation of a new self-report diagnostic measure, the Social Phobia Diagnostic Questionnaire. A third study by Lampe *et al.* (pp. 637–646) reports high rates of social phobia in a very large Australian National survey. An accompanying editorial reviews (pp. 583–588) these studies. In a related paper dealing with PTSD, Başoğlu *et al.* (pp. 647–654) report a brief cognitive-behavioural intervention in earthquake victims.

Adult depression. A large group of papers deals with adult depression. Continuing the neuro-endocrine theme, Rubin *et al.* (pp. 655–665) report greater growth hormone response to physostigmine challenge in depressives than controls and also differences between men and women. Steptoe *et al.* (pp. 667–674) report no association in a normal sample between mild depressive symptoms and immune and inflammatory markers. In late onset depression Almeida *et al.* (pp. 675–681) find MRI evidence of right frontal lobe atrophy. Miller *et al.* (pp. 683–692) report slow binocular rivalry in bipolar subjects, compared with normals, schizophrenics or major depressives.

One study deals with treatment of depression. In a report from a major controlled trial of a psychological therapy (CBASP) Manber and colleagues (pp. 693–702) find that proficiency in the main skill taught by the therapy is not enhanced by medication, although, as previously reported outcome was better in a combined group. Two further studies have implications for aetiology. In a family co-morbidity study Klein *et al.* (pp. 703–714) find that major depressive disorders and anxiety disorders tend to occur in families of probands with the single disorder, and co-morbidity aggregates in those with both disorders, suggesting independent transmission and aggregation due to non-familial factors. In a report from an epidemiological study, Targosz *et al.* (pp. 715–722) find very high rates of depression in lone mothers.