

Highlights of this issue

BY ELIZABETH WALSH

STRAIGHT TALKING

Bartlett *et al* (pp. 545–549) report the views of psychotherapists and psychoanalysts on homosexuality. Results reveal that gays and lesbians seeking psychoanalysis or psychotherapy in the National Health Service or outside it for personal and/or training purposes will be unlikely to find a gay or lesbian therapist if they want one. Of the 69% ($n=274$) responding to the postal questionnaire, only one said that he/she was homosexual. One-third said that gay and lesbian clients/patients have a right to a gay or lesbian therapist.

SCHIZOPHRENIA AND RESPIRATORY DEATHS

The first population-based study of cause-specific mortality related to mental disorders has been conducted by Joukamaa *et al* (pp. 498–502). Using a representative population sample in Finland, the presence of a mental disorder at baseline was associated with elevated mortality over the 17-year follow-up period. Of the mental disorders examined, only schizophrenia and depression increased mortality. In schizophrenia the risk of dying of respiratory disease was significantly increased. The risk of dying of cardiovascular disease was increased only in men with neurotic depression.

ROAD TRAFFIC ACCIDENTS – PSYCHIATRIC AND SOCIAL OUTCOME

Over half of a consecutive series of people attending an accident and emergency department after a road traffic accident reported clinically significant medical, psychiatric, social and legal consequences 1 year

later (Mayou & Bryant, pp. 528–534). Outcomes were considerably worse than would be expected from the nature of the physical injuries. The study suggests predictive variables that could be assessed easily at first attendance or follow-up to identify those at high risk of enduring problems. The authors suggest that further research could develop a simple clinical instrument for this purpose.

CHILD SEX ABUSE – VICTIM TO VICTIMISER

Glasser *et al* (pp. 482–494) performed a case-note review of 747 subjects attending a specialist forensic psychotherapy centre and found 27% to be child sex abusers. Among males the risk of being a perpetrator was positively correlated with reported sexual abuse victim experiences. The overall risk of having been a victim was 35% for perpetrators and 11% for non-perpetrators. The authors suggest that these data support the notion of a victim-to-victimiser cycle in a minority of male perpetrators.

SCHIZOPHRENIA, DRUGS AND RECEPTORS

Substance misuse is detrimental to those with schizophrenia. Duke *et al* (pp. 509–513) report on the extent and nature of comorbid non-alcohol substance misuse in people with schizophrenia or related psychoses in central London. Of the 352 individuals identified, 57 (16%) reported a lifetime history of non-alcohol substance misuse. Moving to therapeutic drugs, Xiberas *et al* (pp. 503–508) compare the binding of five antipsychotic compounds to extrastriatal and striatal structures in the brain using positron emission tomography. Atypical and typical antipsychotics had equal affinities for

extrastriatal or cortical sites, but in the basal ganglia atypical antipsychotics antagonise the dopamine transmission mediated by the D₂ receptor to a lower level than traditional neuroleptics do. This work confirms the evidence that high *in vivo* binding to the D₂ receptors in the cortex and a lower binding in the basal ganglia could be an indicator of a favourable benefit/risk profile for a putative antipsychotic compound.

DOSING OF SSRIs IN PANIC DISORDER

Selective serotonin reuptake inhibitors (SSRIs) appear effective in the treatment of panic disorder. What remains unclear is the minimal effective dose and whether doses associated with antidepressant efficacy are also effective. Michelson *et al* (pp. 514–518) in a double-blind placebo-controlled trial, report 20 mg fluoxetine to be associated with statistically significantly greater reduction in multiple measures of panic attack frequency, as well as reduction of other symptoms of panic disorder. Patients who fail to obtain a satisfactory response to 20 mg fluoxetine daily may benefit from further dose increases up to 60 mg daily.

ELECTRONIC MONITORING OF MISSED MEDICATION

It has been shown that replacing an SSRI with placebo may result in rebound-like worsening of depressive symptoms in as little as 2 days. Meijer *et al* (pp. 519–522), in a prospective observational study, assess the incidence and duration of missed doses by patients prescribed SSRIs in clinical practice using electronic drug exposure monitors. These medicine containers contain a built-in microchip that registers the time and date of each opening and closing of the package. During the 3-month study period dosing lapses of at least 2 days occurred in 30% of chronically ill patients treated with SSRIs in clinical practice.

SEASON'S GREETINGS

The Editor, Editorial Board and the staff of the *British Journal of Psychiatry* would like to wish all our readers a happy holiday season, free of conflict and threat.