

Highlights of this issue

By Kimberlie Dean

Trial research: adolescent depression, treatment recommendations, treatment adherence, CBT for borderline personality disorder and home treatment in the elderly

Four randomised controlled trials (RCTs) and one RCT meta-analysis are featured in the *Journal* this month. The latter is a review of trials of newer-generation antidepressants and cognitive-behavioural therapy (CBT) for adolescent depression (Dubicka *et al*, pp. 433–440). In an area of clinical practice plagued by controversy, the authors of this review were able to contribute the finding that adding CBT to antidepressants confers only limited advantage over the use of antidepressants alone. They found no benefit in terms of impact on depressive symptoms, suicidality or global improvement after acute treatment or at follow-up but did find a significant advantage of the combination for short-term impairment. In a randomised experimental study, Mendel *et al* (pp. 441–447) tested whether psychiatrists are prompted to reveal their personal rather than professional perspectives on treatment recommendations when confronted with a patient asking ‘What would you do if you were me, doctor?’ The authors did not find evidence for such a change in recommendation role prompted by this question but did find that psychiatrists tended to choose different treatments for themselves than those they recommended to patients. In a Dutch study of treatment adherence therapy – an intervention tailored to the reasons for an individual’s non-adherence to psychosis treatment – improvements in service engagement and medication adherence were found (Staring *et al*, pp. 448–455). A trend towards reduction in involuntary readmissions was also noted.

In a 6-year follow-up of patients with borderline personality disorder randomised to 1 year of CBT or treatment as usual, Davidson *et al* (pp. 456–462) found that the initial benefits seen in suicidal behaviour were maintained and, although a statistically significant cost-effectiveness advantage was not found, the cost of services was lower in the CBT group. In line with other longitudinal studies, the authors also found that less than half those meeting criteria for borderline personality disorder at study entry continued to do so at the 6-year follow-up point. Finally, Klug *et al* (pp. 463–467) report on the results of an RCT of home treatment *v.* conventional out-patient care for depression in the elderly. Those receiving home treatment had fewer depressive symptoms, better global functioning and a higher subjective

quality of life at both the initial (3 month) and later (12 month) follow-up point. Advantages in care costs and likelihood of nursing home or in-patient admission were also found.

Influences on parental disorder and parental help-seeking for offspring

Following a previous qualitative study, Hanlon *et al* (pp. 468–475) examined the impact of sociocultural practices on postnatal common mental disorders in an Ethiopian setting. The authors found no evidence for a protective effect of traditional attitudes on incident postnatal disorder but did find that discordance between endorsing such traditional practices and carrying them out postnatally was associated with increased incidence and persistence of disorder. The authors comment on the impact of changes occurring in rural Ethiopian society which might increase the occurrence of the latter. In a qualitative study involving parents with concerns about their child’s mental health, Sayal *et al* (pp. 476–481) found that although most of the children in question had clinically significant mental health symptoms or impairment, parents identified a number of barriers to help-seeking in primary care. Short appointment times, embarrassment, stigma associated with mental health problems and concerns about labelling were among the barriers identified.

Neuroanatomy of psychosis in epilepsy

In a voxel-based morphometry study of ten individuals with temporal lobe epilepsy (TLE) with psychosis and ten matched controls with TLE only, Sundram *et al* (pp. 482–492) found evidence of grey and white matter deficits in medial temporal lobe structures extending to lateral temporal and extratemporal regions. The authors of the study comment on the regional overlap of these structural deficits with those found in schizophrenia.

Non-fatal self-harm in England

Self-harm presentations to six general hospital emergency departments in three centres in England over an 8-year period (2000–2007) were examined by Bergen *et al* (pp. 493–498). The authors noted a decline in rates of self-harm presentation for males in three centres and for females in two centres. The declines were accounted for mainly by a reduction in rates of presentation for self-poisoning. The authors comment that their findings may reflect evidence of the success of prevention strategies undertaken in England since the introduction of the national strategy in 2002, together with favourable societal factors.