

## Highlights of this issue

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### DEATH AND DEPRESSION

This issue of the *Journal* carries studies relating psychopathology to deaths from both accidental and homicidal causes. A psychological autopsy study from Taiwan found accidental deaths to be associated with increased rates of alcohol misuse and other common mental disorders. Gau & Cheng (pp. 422–428) suggest that better early psychiatric care may have the potential for reducing accidental deaths. Homicides carried out by people with mental illness have raised significant concerns, particularly during a period of rapid deinstitutionalisation. Simpson *et al* (pp. 394–398) examined homicides in New Zealand over a 30-year period and demonstrated that 8% of homicides were perpetrated by persons with mental illness, the majority with a diagnosis of schizophrenia. Importantly, 74% of victims were family members or partners and only 2% were strangers. They found no association between increased deinstitutionalisation and increased risk of homicide by people with mental illness. There has been increased use of newer antidepressants over the past decade, and Kessing *et al* (pp. 372–377) demonstrate that this has had no discernable impact on the relapse rates of patients with depressive and bipolar disorders over this period. As in previous studies, the risk of relapse increased with the number of episodes of illness; the authors suggest that newer antidepressants do not alter the progressive course of the illness. Many patients presenting to primary care have subclinical levels of depressive symptoms, but with

considerable impact on their quality of life. Willemse and colleagues (pp. 416–421) report that minimal-contact cognitive-behavioural intervention reduced the incidence of depressive disorder in these individuals at 1-year follow-up. They suggest that this offers a simple self-help solution with the advantage of consuming relatively little health care resource. At the other extreme of the depressive spectrum, use of electroconvulsive therapy (ECT) is usually reserved for severe depressive symptoms. While numerous studies have demonstrated its efficacy there have been concerns about the effects on patients' quality of life. McCall *et al* (pp. 405–409) address this issue, describing improvements in quality of life 2 and 4 weeks after treatment with ECT. Interestingly, improvements in quality of life were associated with mood, while improvement in activities of daily living were associated with changes in cognitive measures.

### PSYCHOSIS – RISKS AND RESILIENCE

The importance of the environment in the aetiology of psychosis has been highlighted by excellent epidemiological studies. However, an editorial by Harland and colleagues (pp. 361–362) highlights the potential offered by anthropological research, using the example of migration, psychosis and the effects on self, in bridging the traditional biological and social aspects of the disorder. Maternal influenza during pregnancy has been proposed as one

environmental risk factor for schizophrenia. Sørensen *et al* (pp. 366–371) demonstrate that the effects of prenatal exposure to analgesics is associated with a four-fold increase in the development of schizophrenia and may be one possible intermediary to the influenza factor. However, risk at the individual level is difficult to assess; only 7% of the patients developing schizophrenia had been exposed to analgesics. How do patients with psychotic symptoms 'deal with' their symptoms once they improve? Tait and colleagues (pp. 410–415) found that patients who adopt an avoidant coping strategy, using sealing-over rather than integrating coping mechanisms, tended to have more negative self-beliefs, poorer childhood experiences and were less likely to remain engaged with services. However, sealing over was not associated with increased levels of depressive symptoms at 6-month follow-up.

### EATING AND ANXIETY

An editorial by Collier & Treasure (pp. 363–365) concludes that eating disorders have complex aetiologies including genetic and social factors and increased research should be dedicated to the gene-environment interaction. Among other things they discuss the significant comorbidity with anxiety and depression, and the deficiencies of the current diagnostic systems; and provide an excellent review of recent research on genetic markers and linked complex traits such as childhood perfectionism and novelty-seeking personality. In an epidemiological study of older subjects, anxiety disorder has been associated with increased mortality in men only. Van Hout *et al* (pp. 399–404) suggest that both physiological and psychological mediators may be involved; increased rates of cardiovascular disorders in men and their relative alexithymia may lead them to seek medical attention later in their illness. They conclude that it may be important to treat anxiety disorders in older people.