Highlights of this issue

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GROUP CBT AND ADHERENCE THERAPY IN SCHIZOPHRENIA

Individual cognitive–behavioural therapy (CBT) is well known to be of benefit for those with schizophrenia suffering persistent symptoms but demand for individual therapy exceeds therapist availability in many areas. Barrowclough et al (pp. 527–532) examined the effectiveness of group CBT in a randomised controlled trial. They found no differences in symptoms, functioning or relapse in those assigned to therapy but did find reductions in feelings of hopelessness and low self-esteem in this group compared with those given standard care. Non-adherence rates for prescribed medication among those with schizophrenia are high and are associated with adverse outcomes but the evidence base for adherence therapy is not strong. On the basis of data from a multicentre randomised controlled trial, Gray et al (pp. 508–514) found that quality of life was no more likely to be enhanced by adherence therapy than by the comparison intervention, health education.

UNDERSTANDING PSYCHOPATHY AND PREDICTING COMMUNITY VIOLENCE

In a preliminary functional magnetic resonance imaging study, Deeley et al (pp. 533–539) found that those with psychopathy demonstrated reduced brain activation compared with controls when implicitly processing both fearful and happy faces. They also found that the pattern of brain activation response differed according to emotion type for the two groups. Doyle & Dolan (pp. 520–526) conducted a prospective evaluation of the predictive validity of measures used previously in the US MacArthur Violence Risk Assessment Study in addition to structured professional judgement in a UK sample. They found that the HCR–20 instrument was the most robust predictor of subsequent community violence and that dynamic items added significantly to static factors in the assessment of future risk.

TREATING DEPRESSION

On the basis of a systematic review and meta-regression analysis, Bower et al (pp. 484–493) report that no single component of complex 'collaborative care' interventions significantly predicted antidepressant use. Depressive symptom improvement was however predicted by: systematic identification of patients, case managers having a mental health background and provision of regular supervision for case managers. Considering treatment options for moderate and severe depression in secondary care, Simon et al (pp. 494–501) present an updated decision analysis originally developed for the National Institute for Health and Clinical Excellence depression guideline. They conclude that combination therapy (antidepressants combined with psychological therapy) is cost-effective as a first-line treatment compared with antidepressants alone for severe depression but for moderate depression the cost-effectiveness advantage is less certain.

COMMON MENTAL DISORDERS IN WOMEN

Women are at greater risk of developing depressive and anxiety disorders. The determinants of this risk have been investigated predominantly in high-income countries. Extending current research to low- and middle-income regions, Patel et al (pp. 547–555) found that poverty, being married, use of tobacco, symptoms of abnormal vaginal discharge, reports of chronic physical illness and having higher psychological symptom scores at baseline were all independently associated with later common mental disorder in a cohort of women in India.

BIPOLAR SUB-SYNDROMAL SYMPTOMS AND THE STRUCTURE OF INTERNALISING DISORDERS

After remission following acute episodes of illness, many people with bipolar disorder continue to suffer sub-syndromal symptoms. Tohen et al (pp. 515–519) found that following remission from a manic or mixed episode, those with depressive symptoms during the first 8 weeks were more likely to suffer a depressive relapse, whereas manic sub-syndromal symptoms during this period did not predict relapse. Using data from a longitudinal birth cohort study, Fergusson et al (pp. 540–546) found evidence that internalising symptoms in young adults reflect both a common generalised internalising factor and distinct domains related to specific disorders.

PERINATAL RISKS FOR SUICIDE

Riordan et al (pp. 502–507) identified a Scottish birth cohort and linked maternity records to death records in order to look at risk factors for suicide. They found that risk of offspring suicide in young adulthood was associated with higher maternal parity, younger maternal age, non-professional parental occupation and low birth weight. The authors concluded that interventions intended to reduce youth suicide should consider early-life factors as well as focusing on the immediate environments of young people.