

#### HIGHLIGHTS IN THIS ISSUE

This issue features papers on consequences of trauma, psychiatric epidemiology, somatization and genetics.

In their editorial Breslau and colleagues (pp. 573–576) discuss two related issues: the linkage in PTSD between trauma and specific symptoms, and the place of the disorders that often occur comorbidly with PTSD. They argue for the centrality of the first in the delineation of PTSD. The symptoms that follow trauma are the subject of several empirical papers later in the issue. Mayou & Bryant (pp. 671–675) report a range of symptoms 3 years after a road traffic accident, Altier *et al.* (pp. 677–685) report a variety of psychological disturbances 5 years after severe burns, and Simpson & Tate (pp. 687–697) report high rates of suicidal ideation and suicide attempts after traumatic brain injury. In a related paper Davidson and colleagues (pp. 661–670) examine in detail the effects of sertraline on PTSD.

A major set of papers deals with psychiatric epidemiology. Barraclough & Harris (pp. 577–584) report on homicide and suicide in England and Wales. This tragic conjunction is mainly a family occurrence, with suicide either in young men after killing their partners and children, or in women after killing their young children.

Cross-national and cross-cultural differences continue to stimulate and perplex psychiatric epidemiologists. How much is real and needing good explanatory hypotheses; how much is artefact of ascertainment methods and linguistic meanings? Simon *et al.* (pp. 585–594) report 15-fold differences in prevalence of depression in primary care across 14 countries. Symptom patterns and latent structures were the same, indicating a valid disorder but higher prevalences were associated with lower impairment, raising the possibility of differing thresholds.

Epidemiology has moved in recent years to emphasize the longitudinal frame. Barkow *et al.* (pp. 595–607) examine risk factors for onset of depression over 12 months, while Geerlings *et al.* (pp. 609–618) report raised mortality in a community depressed sample. Dhossche and colleagues (pp. 619–627) in an 8-year follow-up of a community sample of adolescents who reported hallucinations, find raised rates of depression and substance use, but not psychosis. This has important implications for other studies that identify hallucinations in community subjects.

Two papers deal with somatic symptoms. Mayou *et al.* (pp. 699–706) in a controlled trial find a brief educational and cognitive intervention by nurses effective for benign palpitations. Hiller *et al.* (pp. 707–718) examine the factor structure of hypochondriasis, and its differentiation from non-hypochondriacal somatization.

Two papers originate from large Virginia twin samples. Fanous *et al.* (pp. 719–728) examine gender differences in depression and neuroticism and suggest possible sex-specific genes, while Carbonneau *et al.* (pp. 729–741) focus on experience of family environment.