

IN THIS ISSUE

This issue features an editorial on light therapy in non-seasonal depression, with a lead paper describing a trial reporting efficacy of this use, two other papers reporting treatment-related studies, and groups of papers reporting findings of longitudinal studies, and functional MRI and neuropsychology of psychiatric disorders.

Light therapy in affective disorders

In the lead editorial Wirz-Justice *et al.* (pp. 939–944) review use of light therapy and wake therapy (sleep deprivation) in affective disorders. Particularly they argue for use of bright light in non-seasonal depression. In the first original article Goel *et al.* (pp. 945–955) report a randomized controlled trial in chronic non-seasonal depression comparing this therapy and a less orthodox approach, exposure to negative air ions, with a placebo control of low-density ions. Both active treatments showed considerable benefit over the control treatment. In two further treatment-related papers Morriss *et al.* (pp. 957–960) report an educational intervention for primary care, emergency and mental health workers which failed to reduce suicide rates in a before-and-after evaluation, and Horvitz-Lennon *et al.* (pp. 961–970) report a new approach to the problems of dropout and treatment non-compliance in analyses of controlled trials.

Longitudinal studies

Two papers report data from the influential and productive Christchurch, New Zealand, birth cohort study. In the first paper, Fergusson *et al.* (pp. 971–981) report an analysis of sexual orientation at ages 21 and 25 years. By latent class analysis they derive three classes, exclusively heterosexual, predominantly heterosexual but with some same-sex inclinations, and predominantly homosexual. Cohort members with predominantly homosexual orientation had between 1.5 and 12 times higher rates of mental disorder and suicidal behaviour, persisting after adjustment for confounding variables. In a second paper (pp. 983–993) the same authors report that suicide attempts in adolescence are associated with later suicidal ideation, suicide attempts, major depression, and, in females, substance use disorders. In a 15-month follow-up of recent-onset schizophrenics, Horan *et al.* (pp. 995–1005) find moderate stability of personality traits derived from the MMPI, and associations of personality characteristics with clinical symptoms, and dependent, but not independent life events.

Functional MRI and neuropsychology

A substantial set of papers report studies of neuropsychology and of neural mechanisms using functional MRI in psychiatric disorders. Viard *et al.* (pp. 1007–1017), using functional MRI and a conflict task in adolescents and young adults with obsessive-compulsive disorder, find that OCD subjects activate more than controls a subregion of anterior cingulate gyrus and left parietal lobe, and that subjects not resisting their symptoms during the scans activate more than resistant subjects a bilateral network including precuneus, pulvinar and paracentral lobules. Koenigsberg *et al.* (pp. 1019–1030) report a number of regions activated during functional MRI by a visuospatial working memory task, and differences between patients with schizotypal personality disorder and normal controls. In a neuropsychological study in first-episode psychosis Barnett *et al.* (pp. 1031–1041) find impairment of visuospatial learning associated with greater clinical severity, in contrast to findings for a test of executive function. In a psychophysical study, Kéri *et al.* (pp. 1043–1051) report diminished facilitation of visual contrast perception by flankers in schizophrenics compared with controls, suggesting impairment of excitatory lateral connections in early visual cortex, but find no differences between bipolar patients and controls. In a study of delayed dependent memory in a

matching-to-sample task, Mathes *et al.* (pp. 1053–1062) report deficits both in patients with established schizophrenia and those with schizophreniform psychosis, compared with controls.

Additional papers

Rofail *et al.* (pp. 1063–1072) describe derivation and psychometric characteristics of a new questionnaire to measure satisfaction with antipsychotic medication. Kessler *et al.* (pp. 1073–1082) analyse data on generalized anxiety from the National Comorbidity Survey replication. They find many people with a syndrome like generalized anxiety disorder but duration of less than 6 months, with similar associations to those with longer duration, and find little justification for excluding these subjects from the diagnosis of GAD.