Highlights of this issue

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SCHIZOPHRENIA INTERVENTION FOR RELAPSE AND HIGH EXPRESSED EMOTION

Almond *et al* (pp. 346–351) found costs for patients with schizophrenia who experienced relapse to be fourfold higher than for a non-relapse group. The authors suggest that implementing effective relapse prevention programmes, even if expensive, may reduce the overall financial cost of treatment as well as improving overall outcome. Raune *et al* (pp. 321–326) found that 43% of carers of patients with first-episode psychosis had high levels of expressed emotion. Although high expressed emotion was not associated with patient illness characteristics, it was linked to high levels of burden, avoidant coping styles and lower perceived patient interpersonal functioning. It is suggested that cognitive–behavioural approaches targeting carers' appraisals may be particularly important in reducing high expressed emotion in early intervention services.

COGNITIVE THERAPY FOR COMMAND HALLUCINATIONS

Cognitive therapy for command hallucinations administered to 'high-risk' patients resulted in large and significant reductions in compliance with voices. Using a case–control design *v.* treatment as usual, Trower *et al* (pp. 312–320) also observed improvements in the degree of conviction in the power of voices and the need to comply, and in the levels of distress and depression. Although a small study with the problems of the control condition, it suggests promising clinical results that are durable and definitely worthy of further study using a randomised controlled design.

QUERULOUS PARANOIA IS FLOURISHING

Complaints organisations and the courts continue to be plagued by a small group of unusually persistent people who consume enormous amounts of resources. Using a case–control design Lester *et al* (pp. 352–356) found not only that people in this group seriously disrupted their social and financial functioning but also that over half made some form of threat of violence against those trying to help them. Equally troubling were threats of suicide. They appeared to be in pursuit of personal vindication and retribution, aims incompatible with modern complaints procedures. It was not possible to distinguish this group on the basis of the manner in which their claims were initially managed.

DEPRESSION – LONGITUDINAL SYMPTOMS AND PREVENTING RELAPSE

Most long-term follow-up studies of depression report recovery and recurrence rates rather than evaluating inter-episodic symptoms, sub-syndromal depression or symptom change over time. Kennedy *et al* (pp. 330–336) examined longitudinal depressive symptomatology after an episode of severe long-term depression in 61 people for up to 11 years. Many continued to suffer from depressive symptoms, particularly at sub-syndromal levels, with individual symptom levels changing frequently. Female gender predicted chronicity in the sample with index severity only weakly predicting a longer time at full depression. Tohen *et al* (pp. 337–345) present the first published report of a randomised, double-masked maintenance study of the use of the combination of lithium or valproate with olanzapine in the prevention of relapse of bipolar disorder. Results revealed that patients taking olanzapine added to valproate or lithium experienced sustained symptomatic (but not syndromic) remission for longer than those receiving valproate or lithium montherapy.

INTELLECT AND PSYCHOSIS

In the 1980s it was suggested that psychotic disorders might be associated with some favourable effect, as this would explain their surprisingly high frequencies in all human populations. Using the unusually complete demographic and scholastic records available in Iceland, Karlsson (pp. 327–329) studied the relationship between academic success and psychosis. Results revealed that individuals who subsequently developed psychosis and their relatives excelled in school. The risk of psychosis did not appear to be elevated in groups preparing for careers in languages, literature and jurisprudence but was elevated in those headed for science and mathematics. In a short report, Murray *et al* (pp. 357–358) suggest that cognitive impairment in psychosis is not always a 'static encephalopathy' but is partially reversible as a function of clinical status.

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