

## Highlights of this issue

By Kimberlie Dean

### Interventions throughout early life – antenatally, in childhood and in adolescence

Two papers in the *Journal* this month describe trials of interventions targeting young people – one focused on treating anxiety disorders in childhood and another on preventing eating disorders in adolescence. While CBT for childhood anxiety disorders is known to be effective, its availability is limited. Thirlwall *et al* (pp. 436–444) conducted a randomised controlled trial of low-intensity guided parent-delivered CBT in a sample of children with anxiety disorders referred by primary or secondary care to a specialist clinic. Compared with waiting-list controls, the children receiving the full intervention demonstrated superior diagnostic outcomes, whereas those receiving a brief version of the intervention showed no improvements. In a linked editorial, Cartwright-Hatton (pp. 401–402) highlights the prevalence of childhood anxiety disorders, the implications of failing to treat them and the evidence supporting their treatability. She also points to the implications of findings from Thirlwall *et al* indicating that therapists need not be highly trained or experienced to achieve significant results.

Taking a similar approach to the common problem of body image dissatisfaction during adolescence, Sharpe *et al* (pp. 428–435) report on the results of a cluster randomised controlled trial of a school-based prevention programme for eating disorders. In their trial, 16 classes of adolescent girls were allocated to a six-session body image programme delivered by classroom teachers. Those in the intervention group had improved self-esteem, body esteem and reduced ‘thin-ideal internalisation’, with effects for the last two being sustained at 3 months. However, no effects on the occurrence of eating pathology or depression were found.

Maternal depression during pregnancy has been postulated to have an adverse effect on fetal development. In an observational study, Barker *et al* (pp. 417–421) found an association between maternal depressive symptoms during gestation and poor nutrition, which in turn was associated with reduced cognitive function in offspring. The authors call for nutritional interventions to be considered in targeting the well-being of offspring born to mothers with antenatal depression.

### Clinically translatable research – CTOs, neuroimaging and capacity

Three papers in the *Journal* this month focus on important areas of clinical practice, highlighting the current state of evidence to

guide clinicians. In a reappraisal article, Rugkåsa & Dawson (pp. 406–408) highlight the widespread adoption of community treatment orders (CTOs) in many Western jurisdictions in the post-deinstitutionalisation era, despite the lack of evidence to support their effectiveness. The authors comment on the limited number of RCT studies and the methodological limitations of studies to date, and conclude that current evidence does not appear to support one of the main aims of CTOs – the prevention of hospital readmission.

In an editorial, Reilly & McGuire (pp. 397–398) comment on the apparent inability of scientific advances in neuroscience to alter clinical practice in psychiatry, with examples of translational psychiatry being rare. As a potential exception, the authors take the example of utilising neuroimaging findings in populations at high risk for psychosis to identify those most likely to develop the disorder. They challenge clinicians to embrace research findings in addressing such clinical problems, while acknowledging that this might require them to work outside their ‘comfort zone’.

Owen *et al* (pp. 461–467) examine the important clinical issue of assessing decision-making capacity for treatment, focusing in particular on comparing specific abilities relevant to such capacity for medical and psychiatric patients. An ability to appreciate their situation appeared to be a better test of capacity for psychiatric patients, whereas reasoning was a better test for medical patients (noting that psychotic and severe mood disorders predominated in the former and cognitive impairment dominated in the latter). In a linked editorial, Kim (pp. 403–405) highlights the complexity of evaluating decision-making capacity regarding treatment and argues for further careful theoretical and empirical research to guide clinicians who are asked to undertake such evaluations.

### Suicide – associations with diet and occupation

In a Japanese study by Nanri *et al* (pp. 422–427), the notion that diet might be linked to depression is extended to an examination of a potential link between dietary patterns and suicide. Multivariable analysis revealed that a ‘prudent’ dietary pattern was associated with a reduced risk of suicide among both men and women, whereas other dietary patterns appeared not to be associated with suicide risk. Milner *et al* (pp. 409–416) undertook a systematic review and meta-analysis of published research focused on examination of suicide rates by occupational status and found that those working in ‘elementary’ occupations (e.g. labourers and cleaners) were at highest risk. Overall, the pattern of results indicated a gradient in risk, with the lowest-skilled occupations associated with highest risk.