

Highlights of this issue

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FATTY ACIDS AND SELF-HARM

Two papers this month examine the potential importance of fatty acids for those presenting with self-harm. Garland *et al* (pp. 112–117) found that patients with self-harm had low levels of both total cholesterol and essential fatty acids compared with a control group. They also report that depression and impulsivity scores were inversely correlated with essential fatty acid levels but that no differences or associations were found when platelet serotonergic measures were examined for a subgroup. Hallahan *et al* (pp. 118–122) conducted a double-blind randomised controlled trial of omega-3 fatty acid supplementation in a group of patients presenting with recurrent self-harm. After 12 weeks, those receiving supplementation had significantly greater improvements in depression, suicidality and daily stress scores. No impact was found on measures of impulsivity, aggression or hostility.

CANCER AND HIP FRACTURE RISK IN SCHIZOPHRENIA

Linking Israeli population registers for psychiatric disorders and cancer, Levav *et al* (pp. 156–161) found that both the biological parents and full siblings of individuals with schizophrenia had a reduced risk of developing cancer. This was particularly true of gender-concordant parent–offspring pairs. The authors conclude that their findings lend support to the hypothesis that a genetic factor may be responsible both for reducing cancer risk and disturbing neurodevelopment. Howard *et al* (pp. 129–134) report that those with schizophrenia are at increased risk of hip fracture as a result of treatment with prolactin-raising

antipsychotics. The association was found to be particularly strong for men, in line with previous findings of lower bone density in men compared with women taking neuroleptics.

RANDOMISED TRIALS: INTERNET CBT AND CARER SUPPORT

Internet-based therapies for social phobia have been developed to increase access to treatment but compliance has been found to be a problem. Carlbring *et al* (pp. 123–128) conducted a randomised trial of internet-delivered cognitive-behavioural therapy for social phobia with the addition of weekly telephone support. Those in the treatment arm experienced a reduced level of symptoms and showed high treatment adherence, and, after 1 year, improvements were maintained. Those caring for relatives receiving palliative care are known to be at risk of psychological and physical ill health. Walsh *et al* (pp. 142–147) found that brief intervention by a carer advisor did not significantly reduce distress levels among such carers although qualitative benefits were reported. The authors postulate that the lack of significant benefit may be related to the brief duration of the intervention, the possibility that carers may already be well supported, or that the stress of caring for a dying relative may be particularly difficult to ameliorate.

DIAGNOSTIC STABILITY IN PSYCHOSIS AND THE PHENOMENOLOGY OF DELIRIUM

Over a 1-year follow-up period, Caton *et al* (pp. 105–111) found that 25% of those

with a baseline DSM-IV diagnosis of substance-induced psychosis were subsequently diagnosed with a primary psychotic disorder. Compared with those whose diagnosis of substance-induced psychosis remained stable, these patients had poorer premorbid functioning, less insight and greater family mental illness. Using the Delirium Rating Scale and Cognitive Test for Delirium, Meagher *et al* (pp. 135–141) assessed 100 consecutive cases of delirium in a palliative care setting. The most frequent symptoms identified were sleep-wake cycle abnormalities and inattention; disorientation was found to be the least frequent cognitive deficit. Just less than half of the sample had psychotic symptoms, presenting with either perceptual disturbances or delusions but not both.

NEURAL BASIS OF AUDITORY HALLUCINATIONS

Allen *et al* (pp. 162–169) used functional magnetic resonance imaging to examine the brain regions involved in conscious speech appraisal. Those with a prior history of auditory verbal hallucinations (the hallucinator group) were more prone to misidentify their own speech, particularly when it had been distorted. The authors also found altered activation in the superior temporal gyrus and anterior cingulate in the hallucinatory group compared with either the control or non-hallucinator patient groups. They suggest that the occurrence of hallucinations may be related to problems in the conscious evaluation of speech origin.

SHARING INFORMATION: BEST PRACTICE

Clinicians face an ethical dilemma when a service user does not consent to the sharing of information with a carer. Slade *et al* (pp. 148–155) completed a synthesis of data obtained from policy review, national survey and individual interviews. The authors identified a number of key guiding principles and propose a best-practice framework. They highlight the importance of distinguishing between the sharing of general and personal information, and the importance of employing clinical judgement in balancing competing ethical pressures.