

Highlights of this issue

By Kimberlie Dean

Outcome studies – of disorder burden, cognitive impairment and OCD

Three studies in the *Journal* this month address the long-term consequences of mental disorder. Gibb *et al* (pp. 122–127) found that the extent of psychiatric disorder present at ages 18–25 years in a birth cohort study was associated with poorer levels of workforce participation, income and living standards at age 30 years. They found that those individuals most at risk of negative outcomes were those who experienced repeated episodes of disorder rather than those experiencing any specific disorder. Lonie *et al* (pp. 135–140) highlight the clinical importance of having an accurate method to identify those presenting with cognitive impairment who are at high risk of progressing to a diagnosis of dementia. In a 4-year prospective cohort study, they found that the Addenbrooke's Cognitive Examination together with the discrimination index of the Hopkins Verbal Learning Test – Revised achieved such identification with 74% accuracy. Micali *et al* (pp. 128–134) followed a group of young people with obsessive–compulsive disorder (OCD) who were assessed over a 9-year period at a specialist clinic and found a persistence rate for OCD of 41%. They also found that a similar proportion had a psychiatric diagnosis other than OCD at follow-up. The former was predicted by length of illness duration before baseline assessment and the latter by high levels of baseline psychopathology.

Abreaction, psychodynamic psychotherapy and CBT

Poole *et al* (pp. 91–95) reviewed 55 studies of drug interviews used in the treatment of conversion or dissociative disorder and concluded that experimental studies of improved quality are needed. Poor study methodology was common but some evidence to support the usefulness of drug interviews, particularly when a proactive approach was used during the interview, was apparent. The authors commented that the decline in use of drug interviews has not been evidence-based. Watzke *et al* (pp. 96–105) have tested the effectiveness of a systematic treatment selection process for

delivering psychodynamic psychotherapy and cognitive–behavioural therapy in a randomised controlled trial conducted in an in-patient setting. Systematic treatment selection, based on matching the therapy offered to an assessment of both patient diagnosis and patient goals, was not found to have a general advantage over random treatment selection but did result in better outcomes for those receiving psychodynamic psychotherapy.

Understanding insight in psychosis and fatigue in a non-Western setting

In a first-onset psychosis sample, Morgan *et al* (pp. 141–148) found that poor global insight and poor symptom relabeling ability were both associated with cognitive impairment across a range of tasks indicating that global cognitive functioning (rather than specific cognitive functions) is important for insight in psychosis. There was also some evidence of an association between poor insight and grey matter deficits, with the cingulate gyrus and regions in the right hemisphere being particularly implicated. Ball *et al* (pp. 106–113) found that the prevalence of fatigue in Sri Lanka was similar to that reported in Western settings, although prolonged fatigue appeared to be less common. The authors also found evidence for a broadly similar aetiology.

Impact of mental disorder on earnings, and help-seeking in the military

Levinson *et al* (pp. 114–121) report on results from the WHO World Mental Health Surveys conducted in 19 countries. They found evidence for a strong link between serious mental illness and low individual and population-level earnings. These associations held in both high-income and low- and middle-income countries. In a sample of serving UK military personnel, Iversen *et al* (pp. 149–155) found that the majority of individuals with a diagnosis of common mental disorder were not receiving medical treatment. The authors also found evidence to indicate that a proportion of individuals with disorder failed to recognise their own need for treatment.

Alternatives to acute admission

Johnson presents a series of papers on residential alternatives to standard acute psychiatric wards in a special supplement to this issue of the *Journal*.