

In this issue

This issue contains two reviews, one on gender, victimization and psychiatric outcomes and the other on central coherence in eating disorders. There is one commentary, three papers examine aspects of trauma and mental health, four report findings from studies of eating disorders, and the final four papers examine other topics.

Gender, victimization and mental health

In the first paper, Gershon *et al.* (pp. 1377–1391) report findings from a review of 30 studies of the moderating effects of gender on the relationship between childhood victimization and mental-health outcomes. The authors found that around half of the studies showed an effect of gender, but half did not. Of those that did, victimization tended to be associated with a higher risk of disorder in females in adult samples and with a higher risk of disorder in males in younger samples. There was no evidence that gender effects were specific for internalizing, as opposed to externalizing, disorders.

Central coherence in eating disorders

In the second, Lopez *et al.* (pp. 1393–1404) report findings from a systematic review of 16 studies of local *versus* global information processing in eating disorders (ED), as a basis for assessing the hypothesis that people with ED have a cognitive style characterized by weak central coherence. They found that the majority of studies showed global processing difficulties in ED, but for local processing the results were more mixed. The authors conclude that there is insufficient evidence to refute the weak central coherence hypothesis.

Commentary

Krabbendam (pp. 1405–1408) contributes a commentary on the paper by Andrew *et al.* in this issue. Setting this paper in the context of recent research on trauma and psychosis, Krabbendam notes that, methodological issues notwithstanding, a basic relationship between trauma and psychosis has been established. What adds to the plausibility of this being a causal association, Krabbendam notes, is that there are now credible biological and psychological mechanisms linking the two. Krabbendam concludes that research now needs to focus on understanding these mechanisms, as Andrew *et al.* sought to do.

Trauma and mental health

In the first of three papers on various aspects of trauma and mental health, Andrew *et al.* (pp. 1409–1417) explored the ways in which traumatic life events contribute to beliefs about voices in a sample of 22 psychiatric voice hearers (PVH) and 21 non-psychiatric voice hearers (NPVH). The authors found that the prevalence of past traumatic events was high in both groups. However, PVH reported more trauma symptoms sufficient for a diagnosis of post-traumatic stress disorder (PTSD) and more sexual abuse. Current symptoms predicted more negative beliefs about voices. In addition, trauma accounted for a significant proportion of the variance in anxiety and depression.

Jones *et al.* (pp. 1419–1426) investigated the psychological effects of exposure to chemical weapons in a sample of 103 First World War servicemen awarded a war pension for the effects of gas, but without evidence of chronic respiratory pathology. At 12-year follow-up, four groups could be identified following cluster analysis: (1) those with a range of somatic symptoms; (2) those with respiratory symptoms; (3) those with neuropsychiatric symptoms, with diagnoses including neurasthenia and disordered action of the heart; and (4) those with specific throat and breathing difficulties. Those in the neuropsychiatric group reported many more symptoms than the other groups. The authors conclude that, in this group, the psychological effects of exposure show no signs of diminution over the 12-year follow-up.

Solomon *et al.* (pp. 1427–1434) examined attachment and PTSD in a sample of 103 ex-prisoners of war (POW) and 106 veterans all of whom had served in the 1973 Yom Kippur War and who were followed at 18 and 30 years. The authors found that ex-POWs suffered more PTSD symptoms at both time points and that in this group symptoms increased between the two time points. Attachment anxiety and attachment avoidance increased over time in the ex-POW group, but remained relatively stable in the control group. One of the conclusions that the authors draw is that complex traumas (i.e. being a POW) are implicated in attachment orientations and PTSD symptoms, even years after exposure.

Eating disorders

Four papers examine various aspects of eating disorders. In the first, Keel *et al.* (pp. 1435–1442)

investigated co-morbidity, distress and impairment in purging disorder (PD) in a sample of 24 with PD, 57 with bulimia nervosa (BN) – purging subtype, and 38 controls. The authors found that, compared with controls, PD and BN were associated with significant co-morbidity and impairment, independent of Axis I and Axis II disorders. Compared with BN, PD was associated with lower rates of mood disorders but higher rates of anxiety. The authors conclude that PD should be considered for inclusion as a disorder in DSM.

Pike *et al.* (pp. 1443–1453) report findings from the first US-based case-control study of risk factors for anorexia nervosa (AN), assessed using the Oxford Risk Factor Inventory. In a sample of 50 women with AN, 50 with other mental disorders and 50 controls, the authors found that compared with controls, women with any mental disorder reported higher rates of negative affectivity, parenting problems, family discord, parental disorder, and abuse. Women with AN reported greater severity and higher rates of negative affectivity, perfectionism and family discord, and higher parental demands than women with other disorders.

Wade *et al.* (pp. 1455–1464) investigated the degree of overlap in risk factors for objective binge eating (OBE) and self-induced vomiting (SIV) in a sample of 1002 female Australian twins, with a mean age of 35 years, assessed in three waves. The authors found that non-shared environmental influences were the largest contributor to the variance of both OBE and SIV, with only a modest contribution of genetic influences. There was a significant number of non-overlapping risk factors, including, for SIV, high neuroticism and lower parental care, and, for OBE, higher lifetime body mass index. The authors conclude that the substantial extent of non-overlapping risk factors suggests SIV and OBE warrant investigation in their own right.

Striegel-Moore *et al.* (pp. 1465–1474) examined health care service use by adults with an eating disorder (ED) in a health maintenance organization in the Pacific Northwest. From a sample of 104130 women and 93628 men, the authors found an administrative incidence of EDs of 0.3% for women and 0.02% for men. Co-morbidity in those with an ED was high. Health service use was significantly higher than in matched controls, although there was no evidence that this varied by ED subtype.

Other topics

In the first of the final four papers, Kendler *et al.* (pp. 1475–1483) investigated the probable genetic

influences on emotional facial expressions in a sample of 28 monozygotic (MZ) and dizygotic (DZ) twins from the Minnesota Study of Twins Reared Apart. Subjects were shown emotion-inducing films and their facial expressions recorded. The authors found that twin pairs were correlated for facial expressions of general positive emotions and happiness, but not for negative emotions. MZ pairs were more correlated than DZ pairs for most emotions. The authors conclude that these findings support significant genetic effects for emotional facial expressions.

Jenkins *et al.* (pp. 1485–1493) tested the hypothesis that the relationship between low income and mental disorder is mediated by debt and financial hardship in a sample of 8580 subjects drawn from a UK nationally representative cross-sectional survey. The authors found that the observed relationship between low income and any mental disorder (OR 2.1) was attenuated after adjusting for debt (OR 1.6) and disappeared altogether when other sociodemographic variables were controlled (OR 1.1). Of those with a mental disorder, 23% were in debt compared with 8% of those with no mental disorder.

Webb *et al.* (pp. 1495–1503) examined the relationship between maternal mental illness and risk of major birth defects in offspring in a large sample of 1.5 million people constructed from Danish national registers. The authors found that maternal admission for a mental disorder was associated with an increased risk of fatal birth defects. The highest risk was for maternal schizophrenia (relative risk 2.3). The authors note that there are many potential explanations for these associations and conclude that further research is needed to understand the causal mechanisms.

In the final paper, Soni *et al.* (pp. 1505–1514) investigated the phenomenology and prevalence of mental disorder in a sample of 119 individuals with genetically confirmed Prader–Willi syndrome, 46 of whom had a history of mental disorder. Those with maternal uniparental disomy (mUPD) subtype had a higher rate of mental disorder than those with the deletion subtype (delPWS). In both groups, the profile of mental disorders resembled atypical affective disorders with and without psychotic symptoms. Those with delPWS were more likely to have developed a non-psychotic depressive illness and those with mUPD to have developed a bipolar disorder with psychotic symptoms.

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