

Highlights of this issue

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Depression – predictive factors, course, attributional style and the thalamus

In a prospective community study based in Korea, Kim *et al* (pp. 268–274) found that baseline levels of folate, vitamin B₁₂ and homocysteine were predictive of later occurrence of late-life depression. They also found that changes in the levels of B₁₂ and homocysteine during the follow-up period were associated with incident depression. The authors comment on the potential implications of their findings for developing interventions aimed at preventing depression among older adults. Kessing (pp. 290–293) found evidence to support the notion that the course of depressive disorder is progressive. In a sample derived from the Danish national case register of in-patients and out-patients, the prevalence of severe depressive episodes was found to increase over the course of illness observed, as did the prevalence of psychotic episodes. Attributional style has been identified as a potential indicator of vulnerability to developing depression. Ball *et al* (pp. 275–278) utilised data from the Cardiff Depression Study to examine the extent to which attributional style might be a genetically influenced risk factor for depression. The authors found that attributional style reflected mood state rather than familial risk for depression in their sample and that having prior experience of depression increased the tendency to subsequently internalise negative events. Young *et al* (pp. 285–289) found that thalamic volumes were influenced both by genotype (serotonin transporter variants) and the presence of major depressive disorder. They also found that suicide was associated with thalamic hypertrophy, and that those treated with antidepressants had smaller thalami.

General population studies of paranoia and suicidal acts

Using a computer-generated interactive or virtual reality method to examine non-clinical paranoia in a general population sample, Freeman *et al* (pp. 258–263) found that a substantial minority of individuals reported paranoid concerns when confronted by the experience of entering an underground train ride populated by neutral characters. Paranoia was predicted by higher levels of anxiety, worry, perceptual anomalies and cognitive inflexibility. Women and those using the underground in London regularly were less likely to report paranoid concerns. Robertson Blackmore *et al* (pp. 279–284) report that 0.6% of those included in a sample obtained from a Canadian epidemiological survey admitted to a

suicidal act in the 12 months prior to interview. They found that a number of psychosocial and clinical factors were associated with reporting a suicidal act. The authors highlight the importance of physical health and psychosocial risk factors in addition to psychiatric illness.

Longitudinal studies of schizophrenia – early life events and cognition

Waddington *et al* (pp. 264–267) report that the presence of craniofacial-midline congenital anomalies and/or early functional impairments commonly resulting from a central nervous system anomaly were associated with a doubling of risk for adult schizophrenia-spectrum disorder in a population-based birth cohort study. Other congenital anomalies and non-neural functional impairments were not associated with later schizophrenia, supporting the hypothesis-based categorisation of such exposures that the authors used. In a meta-analysis of studies examining the longitudinal course of cognitive functioning in schizophrenia, Szöke *et al* (pp. 248–257) found that most participants showed improvement over time in most cognitive tasks. After considering the fact that similar or greater improvements were seen for controls, the authors comment that practice rather than remediation is the most likely explanation for the improvement seen among those with schizophrenia.

Diagnosis and management of dementia – an integrated multidisciplinary approach

Wolfs *et al* (pp. 300–305) report on a cluster randomised controlled trial of care in the Diagnostic Observation Centre for Psychogeriatric Patients in The Netherlands. Improvement in health-related quality of life was observed in the intervention group whereas among those receiving treatment as usual, quality of life decreased. No differences were found for cognitive functioning, behavioural and psychological problems, activities of daily living or emotional functioning.

Partial eating disorder syndromes in adolescents

Partial eating disorder syndromes are known to be relatively common in the general population, particularly among young women, but their prognostic significance is not well understood. In a prospective community-based study, Patton *et al* (pp. 294–299) found that although progression to anorexia or bulimia nervosa was rare, adolescents with partial eating disorder syndromes were more likely to develop depressive and anxiety symptoms and substance misuse in adulthood. The majority of those with partial anorexia syndromes remained underweight in adulthood. A range of adverse social outcomes was also found for those with adolescent partial syndromes.