

Highlights of this issue

BY SUKHWINDER S. SHERGILL

EDITORIALS

This first issue of 2005 sets an enviable standard. The editorials cover diverse and highly relevant topics, but share a common thread in combining optimal scholarly expertise with a pragmatic down-to-earth accessibility, which makes them a delight to read. Rutter (pp. 4–6) offers a contemporary view on the relationship between environment and mental health; he suggests a framework for examining associations and offers some guidance towards further investigations of the mechanisms that may link these together. Bolonna & Kerwin (pp. 7–10) review the background and the mechanism of action of the recently introduced antipsychotic drugs operating as partial agonists on the dopaminergic and serotonergic systems, while Tyrer (pp. 1–3) examines the thorny issue of institutional racism within medical publishing and explicitly states his view that ignorance can no longer be a defence while there is evidence of racist practice albeit ‘without intention or knowledge’ of the scientific journal.

COGNITION IN PSYCHOSIS

The instigation of well-designed prospective longitudinal studies in schizophrenia is a real boon to those researchers and clinicians seeking an answer to the question ‘who will go on to develop schizophrenia?’ Johnstone and colleagues (pp. 18–25) reveal that relatively straightforward ratings of schizotypal features such as social anxiety and withdrawal, rather than neurophysiological or neuropsychological variables, were the best predictors of which individuals within a genetically high-risk sample would go on to develop the disorder. However, mirroring the findings in patients with schizophrenia, this study demonstrated

significant deficits in neuropsychological function in the high-risk group compared with controls. One question that still perplexes the authors is why do not all those with the vulnerability factors become ill? A mechanism for some of these neuropsychological deficits is revealed by Chakos *et al* (pp. 26–31), who demonstrate smaller hippocampal volumes in patients with schizophrenia. This decrease was greater in older patients and less evident in patients treated with atypical antipsychotic medication, leading to the suggestion that there may be progressive hippocampal reduction in schizophrenia, which may be ameliorated by treatment with atypical antipsychotic drugs. Interestingly, in line with more contemporary data, a neuropsychological study of euthymic patients with bipolar disorder revealed neurocognitive deficits similar to those in schizophrenia (Thompson *et al*, pp. 32–40). The deficits were most evident in the attention, executive functioning and memory domains, and were not related to mood symptoms or cortisol levels.

DEPRESSION – OUTCOME, SUICIDE AND ECT

Depression is considered to be culturally influenced but to have a common core that is present across different countries. The cross-national multicentre LIDO study (Fleck *et al*, pp. 41–47) reports a relatively low rate of 35% of patients achieving complete remission over a 9-month period. Remission was associated with more education, a higher quality of life score at baseline, and fewer key life events during the follow-up period. While history is noted to be the best predictor of future behaviour, it is reassuring to validate our practice with

empirical data. Hariss *et al* (pp. 60–66), show that suicidal intent at the time of self-harm was associated with increased risk of subsequent suicide within 1 year, an effect that was more common among female patients. Furthermore, they suggest that evaluation of the objective circumstances of the self-harm was a better prognostic indicator than the subjective self-report of the patient. Continuing with the theme of the relevance of historical forces in shaping behaviour, Chan *et al* (pp. 67–73) report on the rise in the numbers of charcoal-burning suicides in Hong Kong. This method first came to attention via media reporting of a single case in 1998, and within 2 months had become the third most common method of suicide in Hong Kong. The authors dissect the social and ethnographic factors associated with this phenomenon.

BODY IMAGE, BRAIN ACTIVITY AND CONSENT TO ECT

The variation in the rates of eating disorders in men and women may be related to differences in brain activity evident within the prefrontal cortex. Participants in a study by Shirao *et al* (pp. 48–53) were required to attend to unpleasant words associated with body image, during functional brain imaging, and the males showed increased activation in the prefrontal cortex. The authors suggest that this may reflect men adopting a more cognitive style to body image terminology, while women may have a more emotionally based evaluation. The evaluation of informed consent in psychiatric practice is rarely easy; Rose and colleagues (pp. 54–59) found that half the patients given ECT did not consider that they had been given sufficient information and a third perceived themselves as having been coerced into having treatment. They suggest that special care may be needed in addressing this issue and that it is unlikely to improve with impending legislative change.

We take this opportunity to wish a happy and scientifically stimulating New Year to the readers of the *Journal*.