

## HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on recurrent brief depression, psychological treatment of schizophrenia, psychological aspects of depression, attentional processes in ADHD and recovering alcohol abuse, and anxiety disorders. In addition an editorial reviews the role of GABA in mood disorders (pp. 387–393) and a systematic review of psychological autopsy studies of suicide finds mental disorder to be the strongest associated factor, with high population attributable fraction of 47–74% (pp. 395–405).

**Recurrent brief depression.** Pezawas *et al.* (pp. 407–418) report rates of recurrent brief depression in a large epidemiological study of young adults and find it relatively common, approaching 3% prevalence. In an accompanying editorial (pp. 383–386), Baldwin draws attention to the need for more research on this comparatively neglected depressive subtype, particularly in clinical samples.

**Schizophrenia treatment.** Two papers report controlled trials of psychological treatments for schizophrenia. Gumley and colleagues (pp. 419–431) carried out a trial of early intervention with a cognitive-behavioural approach for prodromal relapse. Relapse rates were reduced and other benefits found. Kern *et al.* (pp. 433–442), extend a previous report of a trial of rehabilitation training based on errorless learning in unemployed schizophrenics, with a finding that the treated group show high performance in the in two job-related tasks irrespective of neurocognitive impairment, while the control group show a close correspondence between job–task impairment and neurocognitive impairment. In another paper on psychoses, Peralta *et al.* (pp. 443–453), report a detailed clinical and nosological study of cycloid psychosis. They confirm its lack of correspondence to diagnoses in the DSM or ICD system and find evidence of affective and non-affective types.

**Psychological function in depression.** Murphy *et al.* (pp. 455–467), extending a series of studies on neuropsychology of depression by Sahakian and colleagues, find that misleading negative feedback disrupts performance of depressives, while accurate negative feedback does not. Lam and colleagues (pp. 469–479), in clinically depressed patients, sustain theories relating neuroticism, rumination and dysfunctional beliefs, previously depending on non-clinical populations, and related to cognitive therapy of depression.

**Attentional processes.** Koschak and colleagues (pp. 481–489), report a study of a key aspect, attention, in children with ADHD. Rather than deficits they find more rapid responses, which may lead to errors in self paced rather than externally paced attentional tasks. Waters & Green (pp. 491–498), in recovering alcoholics, find that alcohol related words impair ability on two tasks, but better recall of alcohol words than other stimuli, apparently as a result of a breakdown in ability to focus attention on other aspects.

**Anxiety disorders.** Two papers deal with anxiety disorders. Durham *et al.* (pp. 499–509) report long-term follow-up of two controlled trials of cognitive-behavioural therapy in generalized anxiety disorder, with sustained marked improvement in 50% of subjects, most fully recovered, and a small persistent advantage for CBT in lower symptoms and less interim treatment. Roy-Byrne *et al.* (pp. 511–518) find withdrawal symptoms in patients with panic disorder ceasing alprazolam to be higher with higher personality scores on symptom sensitivity and harm avoidance.